

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

Date	Time	Venue
Friday, 28 June 2019	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM
Clerk

Membership

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

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

Further Information

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

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

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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.

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Minute of Meeting Renfrewshire Health and Social Care Integration Joint Board

Date	Time	Venue
Friday, 22 March 2019	09:30	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam-McGregor, Councillor Lisa-Marie Hughes and Councillor Bill Binks (substitute for Councillor Scott Kerr) (all Renfrewshire Council); Dr Donny Lyons, Morag Brown, Dorothy McErlean and Ian Ritchie (proxy for Dr Linda de Caestecker) (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Shilpa Shivaprasad (Registered Medical Practitioner (non-GP)); Louise McKenzie (Council staff member involved in service provision); David Wylie (Health Board staff member involved in service provision); Alan McNiven (third sector representative); Fiona Milne (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); Graham Capstick (Trade Union representative for Health Board); Dr Chris Johnstone (proxy for Dr Stuart Sutton); David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership); and John Trainer, 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); Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services, Fiona Mackay, Head of Strategic Planning & Health Improvement, Carron O'Bryne, Head of Health and Social Care (Paisley) and Jean Still, Head of Administration (all Renfrewshire Health and Social Care Partnership).

Apologies

Councillor Scott Kerr (Renfrewshire Council), Dr Linda De Caestecker (Greater Glasgow & Clyde Health Board) and Dr Stuart Sutton (Registered Medical Practitioner (GP)).

Declarations of Interest

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

Order of Business

In terms of Standing Order 4.1 (iii), the Chair intimated that he proposed to alter the order of business to facilitate the conduct of the meeting by considering item 9 of the agenda after item 5 of the agenda.

Prior to the start of the meeting the Chair welcomed Shilpa Shivaprasad to her first meeting of the Integration Joint Board. The Chair also welcomed Suzanne Ferguson, Health and Social Care Scotland Policy Officer to the meeting.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 25 January 2019 was submitted.

In relation to item 2 of the Minute – Update on Capability Scotland Services – Whitehaugh and West Lane Gardens – it was noted that Capability Scotland would end the provision of services by them on 26 April 2019 and that West Lane Gardens would be the location of the new Community Networks Hub in Johnstone.

DECIDED:

- (a) That the update be noted; and
- (b) That the Minute be approved.

2 Integration Joint Board Membership Update

The Head of Administration submitted a report providing an update on the membership arrangements for the IJB.

The report intimated that Morag Brown's term of office with NHS Greater Glasgow & Clyde Health Board expired on 31 March 2019 and that Morag would cease to hold her position of voting member of the IJB as of that date. No replacement voting member had been confirmed as yet but arrangements had been put in place to ensure appropriate cover.

The report further intimated that Shilpa Shivaprasad replaced Alex Thom as the Registered Medical Practitioner (non-GP) representative on the IJB as of 1 March 2019 and that Dr Christopher Johnstone would continue to cover the position of Registered Medical Practitioner (GP) in the absence of Dr Stuart Sutton.

At the meeting of Renfrewshire Council held on 28 February 2019 it had been agreed that Councillor Bill Binks would now be the substitute member for Councillor Scott Kerr, a voting member on the IJB.

DECIDED: That the content of the report be noted and that it be noted that a further report would be brought back to a future meeting to confirm the voting member representative from NHSGGC.

3 Financial Report 1 April 2018 to 31 January 2019

The Chief Finance Officer submitted a report relative to the revenue budget position at 1 February 2019 and the projected year-end position for the year ended 31 March 2019.

The overall revenue position for the HSCP for the year-to-date and projected outturn for 2018/19 was an underspend as detailed in the report, prior to the transfer of balances to General Reserves at the financial year-end. The key pressures were highlighted in section 4 of the report.

Appendix 1 to the report detailed the HSCP revenue budget position as at 31 March 2019; Appendix 2 to the report detailed the adult social care revenue budget year-to-date position as at 1 February 2019; Appendix 3 to the report detailed the adult social care budget projected year-end position as at 31 March 2019; Appendix 4 to the report detailed the health revenue budget position as at 31 January 2019; Appendix 5 to the report detailed the health revenue budget position as at 31 March 2019; Appendix 6 to the report detailed the 2018/19 adult social care financial allocation to the HSCP; Appendix 7 to the report detailed the 2018/19 health financial allocation to the HSCP and Appendix 8 to the report detailed the projected movement in reserves.

The report provided information on prescribing; reserves; and the Living Wage increase for 2018/19.

DECIDED:

- (a) That the in-year position as at 1 February 2019 be noted; and
- (b) That the projected year-end position for 2018/19 be noted.

4 2019/20 Delegated Health and Social Care Budget

The Chief Finance Officer submitted a report relative to the financial allocation and budgets made available to the IJB for 2019/20 by Renfrewshire Council and NHSGGC and outlining the main financial pressures on health and adult social care services.

The Scottish Government published their draft budget for 2019/20 on 12 December 2018 which was subject to parliamentary approval over the course of January and February 2019. Included within the conditions of the 2019/20 budget was the continued prioritisation of financial support for social care including the use of earmarked funding of £160 million to support social care and mental health investment. This was made up of £120 million from the Health Portfolio to go to local authorities in-year for investment in integration including delivery of the Living Wage and uprating free personal care and school counselling services. In addition, £40 million had been included directly in the local government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s. The report set out

the implications of the Scottish Government budget announcement and provided members with an overview of the IJB's anticipated budget allocation for 2019/20.

The Chief Finance Officer intimated that in 2018/19 the adult social care budget was £65,647 million and that this would be £67,723 million in 2019/20 and that the health budget was £192,572 million in 2018/19 and that this would be £196,357 million in 2019/20.

A copy of the letter dated 12 December 2018 from the Director of Health Finance, Corporate Governance and Value, Scottish Government formed Appendix 1 to the report; a copy of the letter dated 12 December 2018 from the Cabinet Secretary for Finance, Economy and Fair Work, Scottish Government formed Appendix 2 to the report; a copy of the letter dated 21 January 2019 from the Cabinet Secretary for Finance, Economy and Fair Work, Scottish Government formed Appendix 3 to the report; and a copy of the letter dated 7 March 2019 from the Local Government and Communities Directorate, Scottish Government formed Appendix 4 to the report.

It was proposed (i) that the delegated adult social care budget for 2019/20 be accepted; (ii) that authority be delegated to the Chief Officer, in consultation with the Chair, to accept the 2019/20 delegated health budget subject to the expected uplift of 2.54% reflecting the Board's uplift for 2019/20 including any final adjustments in relation to recurring budget adjustments at month 12; (iii) that it be noted that the final budget offer should include a budget for set-aside for 2019/20, that this be the subject of further discussion with NHS GGC and that further information be brought back to the IJB; (iv) that it be noted that the Renfrewshire share of the transfer of budgets in relation to the closure of continuing care beds should be included, that this be the subject of further discussion with NHS GGC and that further information be brought back to the IJB; (v) that the drawdown of reserves in order to fund any shortfall in funding for 2019/20 be approved; (vi) that it be noted that the Strategic Plan could not be approved at this stage; (vii) that the Chief Finance Officer submit a report to the next meeting of the IJB to be held on 28 June 2019 relative to the continuing care bed transfer of funding. This was agreed.

DECIDED:

- (a) That the delegated adult social care budget for 2019/20 be accepted;
- (b) That authority be delegated to the Chief Officer, in consultation with the Chair of the IJB, to accept the 2019/20 delegated health budget subject to the expected uplift of 2.54% reflecting the Board's uplift for 2019/20 including any final adjustments in relation to recurring budget adjustments at month 12;
- (c) That it be noted that the final budget offer should include a budget for set-aside for 2019/20, that this be the subject of further discussion with NHS GGC and that further information be brought back to the IJB;
- (d) That it be noted that the Renfrewshire share of the transfer of budgets in relation to the closure of continuing care beds should be included, that this be the subject of further discussion with NHS GGC and that further information be brought back to the IJB;
- (e) That the drawdown of reserves in order to fund any shortfall in funding for 2019/20 be approved;
- (f) That it be noted that the Strategic Plan could not be approved at this stage; and

(g) That the Chief Finance Officer submit a report to the next meeting of the IJB to be held on 28 June 2019 relative to the continuing care bed transfer of funding.

5 Performance Management Report: Unscheduled Care

The Chief Officer submitted a report relative to unscheduled care with particular focus on the six Scottish Government Ministerial Strategic Group (MSG) targets and performance specifically related to older people aged 65 plus.

The report intimated that unscheduled care was the unplanned treatment and care of a patient usually as a result of an emergency or urgent event. Most of the focus on unscheduled care was on accident and emergency attendances and emergency admissions to hospital. It was an important area of focus for Renfrewshire HSCP working in partnership with NHSGGC acute and local primary services.

The IJB had a set-aside budget for commissioning unscheduled care and there was no scope for this budget to be used differently. This might change based on how the MSG led integration review proposals were implemented.

The report detailed the progress and the work being done to achieve the six MSG targets which were appended to the report.

It was proposed (i) that the unscheduled care commissioning intentions for Renfrewshire Health and Social Care Partnership (HSCP) be noted; (ii) that the MSG targets for Renfrewshire HSCP for 2019/20 be agreed; (iii) that the additional data available for Renfrewshire patients aged over 65 be noted; and (vi) that the Chief Officer submit six-monthly reports to the IJB relative to progress made against the targets. This was agreed.

DECIDED:

(a) That the unscheduled care commissioning intentions for Renfrewshire Health and Social Care Partnership (HSCP) be noted;

(b) That the MSG targets for Renfrewshire HSCP for 2019/20 be agreed;

(c) That the additional data available for Renfrewshire patients aged over 65 be noted; and

(d) That the Chief Officer submit six-monthly reports to the IJB relative to progress made against the targets.

6 Review of Learning Disability Day and Respite Services

The Chief Officer submitted a report relative to the review of learning disability day and respite services.

The report intimated that in August 2018, Paradigm had been commissioned to support this review, the purpose of which had been to assess all aspects of Renfrewshire's learning disability day and respite services to ensure they were modern, flexible, outcome focused, financially efficient and fit for the future.

Over the course of the review Paradigm had engaged with over 300 people and had undertaken research to support recommendations across four broad themes of strategic direction and relationships; day opportunities; respite and short breaks, and people and processes. Paradigm's work focused on services and supports for people with a learning disability and those with a learning disability and autism. A copy of Paradigm's report had been issued to members.

Capability Scotland Services had not been included within the scope of this review, however, service users, families and carers associated with the services at West Lane Gardens and Whitehaugh had been invited to participate.

It was noted that this was the beginning of the HSCP's consultation on Paradigm's report, its findings and recommendations and it was too early to say whether the views expressed at the initial consultation were fully representative of carers in Renfrewshire.

One recommendation from Paradigm's report was for a Learning Disability Strategy to be developed for Renfrewshire. There were mixed views expressed on this and it was felt that what was needed was a Plan of Action. Paradigm's report had been available on the HSCP's website from 25 February 2019 for a period of six weeks to enable people to share their views and comments on the findings and further consultation events would take place during March and April 2019. The outcome of this consultation alongside identified priority areas would be shared with the IJB in June 2019.

DECIDED:

- (a) That the contents of the Paradigm report be noted;
- (b) That the HSCP's commitment to further consultation and engagement be noted; and
- (c) That it be noted that a subsequent paper would be presented to the next meeting of the IJB to be held on 28 June 2019 which would include the outcome of the consultation and an outline of the HSCP response and next steps with clear actions included.

Adjournment

The meeting adjourned at 10.40 am and reconvened at 10.50 am.

Sederunt

Fiona Milne was not in attendance when the meeting reconvened.

7 Strategic Plan 2019/22

The Chief Officer submitted a report relative to the draft Strategic Plan 2019/22.

The report intimated that as the IJB budget had not yet been agreed, the plan remained in draft format. The Strategic Plan set out how the HSCP would meet both local and nationally agreed outcomes and had been an accessible and inclusive process enabled and supported by the HSCP Strategic Planning Group.

The draft Strategic Plan had been launched for formal consultation on 18 January 2019 and the report provided detail on the consultation event and responses received which had been incorporated in the final draft of the document. Further work was planned with

local third-sector organisations to better represent the contribution made by them to improving health in Renfrewshire.

DECIDED:

(a) That the final draft Strategic Plan 2019/22 be approved subject to final budget agreement; and

(b) That the engagement process followed in the development of the draft Strategic Plan be noted.

8 Change and Improvement Programme Update

Under reference to item 7 of the Minute of the meeting of the IJB held on 25 January 2019, the Chief Officer submitted a report providing an update on the HSCP's evolving Change and Improvement Programme including the service reviews underway and seeking approval for an additional programme workstream, delivering safe and sustainable services, to support the delivery of the IJB's financial and strategic plans.

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

The report provided an update on these workstreams and sought approval to introduce an additional workstream, delivering safe and sustainable services, to support the delivery of the IJB's financial and strategic plans through assessment and case management; unlocking the benefits of integration; and cost containment and discretionary spend efficiencies.

In relation to charging, it was noted that Rocket Science had concluded their review setting out a range of opportunities, informed by a benchmarking exercise and local data analysis, which would significantly contribute to the IJB delivering on its challenging financial plan. At a time of increasing demand and financial constraint, the implementation of Rocket Science's recommendations in their entirety would provide a welcomed increase in Council revenue through income generation. However, the HSCP was committed to protecting our most financially challenged service users and, where possible, maintain the current level of protection afforded to individuals via their financial assessment.

The report proposed that the Chief Officer, in consultation with Council officers and the Chair and Vice Chair of the IJB, conduct a review of the findings and that following this, the Chief Officer submit a paper for the IJB to consider for submission to the Council. Views would be sought before making recommendations to the Council.

DECIDED:

(a) That the content of the report be noted;

(b) That it be agreed that an additional workstream, delivering safe and sustainable services, and its supporting proposals as outlined in section 7 of the report be progressed; and

(c) That the HSCP undertake research over 2019/20 to fully investigate whether other HSCPs in Scotland were moving away from risk-based eligibility criteria to an approach based on outcomes and fairer access to resources.

9 Update on Review of Addiction Services in Renfrewshire

The Chief Officer submitted a report relative to the review of addiction services in Renfrewshire, commissioned in January 2018 by the Alcohol and Drug Partnership.

The report intimated that the review had been led by John Goldie, an independent reviewer, supported by a review team comprising core HSCP staff, third-sector, service-users and lived experience representation. The purpose of the review had been to consider all aspects of service and care delivery to ensure they were person-centred, recovery focused and had clear pathways identified in and out of services. The process incorporated a review of the overall demand and capacity of each of the core services; a review of the current staffing profile to ensure the appropriate skill mix; and a review of the current clinical and care models within each service.

The report detailed the engagement; key findings and key recommendations of the review; the service redesign work currently underway and the future service model. It was noted that work was progressing to develop a fully integrated model of care and that developing the access service, shared care and the development of a Recovery Hub were the priorities. Progress updates would be provided within the regular Change and Improvement Programme update reports submitted to IJB meetings.

DECIDED:

(a) That it be noted that the first phase of the review had been completed and that updates were provided routinely through Alcohol and Drug Partnership Strategic and Operational Delivery Groups;

(b) That it be noted that work was ongoing to develop the new future model for Alcohol and Drug Treatment and Care Services in Renfrewshire; and

(c) That it be noted that a future progress update would be brought to the next meeting of the IJB to be held on 28 June 2019.

Sederunt

Alan McNiven and Stephen Cruickshank left the meeting prior to consideration of the following item of business.

10 Updated Primary Care Improvement Plan 2019/20

Under reference to item 7 of the Minute of the meeting of the IJB held on 14 September 2018, the Chief Officer submitted a report providing an update on the delivery of the Renfrewshire HSCP Primary Care Improvement Plan (PCIP) and the implementation tracker for the period 2018/19, a copy of which was appended to the report.

The report detailed progress achieved in year 1, 2018/19, and changes to the PCIP in year 2, 2019/20.

The report intimated that an NHSGGC-wide evaluation process would be undertaken, led by Public Health for Evaluation, of the six HSCP Primary Care Improvement Plans.

Ongoing communication and engagement with the GP Sub-committee, General Practice, service providers and the population of Renfrewshire would continue to guide further iterations of the PCIP to ensure the delivery of safe, effective and high- quality services that met the key priority areas by the end of the implementation period.

DECIDED:

(a) That the progress towards delivery to date be noted;

(b) That it be noted that ongoing communication and engagement would guide further iterations of the local PCIP; and

(c) That it be agreed that further changes to the PCIP and implementation tracker would be presented twice-yearly in advance of submission to the Scottish Government.

11 NHS Greater Glasgow and Clyde Review of Health and Social Care Out of Hours Services: Urgent Care Resource Hub Proposal

The Chief Officer submitted a report providing an update on the progress of the review of the health and social care out-of-hours (OOHs) services and seeking approval on the proposals outlined in the report.

The report intimated that a review of primary care out of hours services had been commissioned by the Cabinet Secretary for Health, Sport and Wellbeing in January 2015. The review had been led by Sir Lewis Ritchie and his report advised that a whole-system approach to enable a safe, sustainable, patient-centred service model to be developed was central to enhanced joint working across health and social care services during the OOHs period. The approach was described through 28 recommendations.

The review recommended a model for out-of-hours and urgent care in the community that was clinician-led but delivered by a multi-disciplinary team where patients would be seen by the most appropriate professional to meet their individual needs. The review also stated that GPs should continue to play a key and essential part of urgent care teams providing clinical leadership and expertise, particularly for more complex cases.

Following publication of Sir Ritchie's report, a local review of health and social care out-of-hours provision had been commissioned across the six GGC Health and Social Care Partnerships, led by Glasgow HSCP. A project governance structure had been agreed to oversee this work and a Project Manager had been appointed in September 2017 to manage and co-ordinate all aspects of the review.

The report provided information in relation to the current issues to resolve in delivering health and social care OOHs services; the process undertaken to develop an integrated health and social care OOHs service model; outcomes and enablers of the urgent care resource hub; the model for an integrated, co-ordinated, patient-centred, sustainable health and social care OOHs model for Greater Glasgow and Clyde; and the next steps to finalise Greater Glasgow and Clyde's review of health and social care OOHs services.

DECIDED:

(a) That the progress to date be noted; and

(b) That the agreed outcome and phased actions identified by the Review of Health and Social Care Programme Board, Chief Officers and Health Board Corporate Management Team be approved.

Sederunt

John Trainer left the meeting prior to consideration of the following item of business.

12 Local Code and Sources of Assurance for Governance Arrangements

The Head of Administration submitted a report seeking approval of the updated Local Code and Sources of Assurance for Governance Arrangements, a copy of which was appended to the report.

The report intimated that the Audit Committee, at its meeting held on 25 January 2019, had considered the document and decided that it be referred to the IJB for approval.

Renfrewshire IJB operated through a governance framework based on legislative requirement, governance principles and management processes and worked to ensure that its governance arrangements were robust and based on good practice. It was noted that some evidence of assurances contained within the document were the responsibility of NHSGGC and/or Renfrewshire Council and this would be noted with ongoing monitoring arrangements.

DECIDED: That the updated Local Code and Sources of Assurance, as appended to the report, be approved.

13 Ministerial Strategic Group for Health and Social Care: Review of Progress with Integration of Health and Social Care

The Chief Officer submitted a report relative to the Review of Progress under Integration Authorities

The report intimated that in May 2018, the then Cabinet Secretary for Health and Sport made a commitment to Parliament to undertake, with CoSLA, a Review of Progress under Integration Authorities. Through the Ministerial Strategic Group for Health and Social Care, a small leadership group had been commissioned to undertake this review of progress. The group produced a set of 26 proposals for driving forward health and social care integration.

The group recognised that the Audit Scotland report published in November 2018 provided important evidence for changes that were needed to deliver integration well and agreed that the recommendations of that report were acted upon. In addition, the group noted specifically that the Audit Scotland report provided a helpful framework and therefore set out its proposals under each of the six features. The report detailed the proposals from the review and focused on a joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland.

In support of these proposals, the Ministerial Group would provide support with implementation; prepare guidance and involve partners in the preparation of these; assist with the identification and implementation of good practice; monitor and evaluate progress in achieving proposals; make the necessary links to other parts of the system, such as workforce planning; continue to provide leadership to making progress with

integration; and report regularly on progress with implementation to the Ministerial Group for Health and Community Care.

In response, the Ministerial Group would expect that every health board, local authority and IJB would evaluate their current position in relation to the report and the Audit Scotland report and take action to make progress using the support on offer; partnerships to initiate or continue the necessary 'tough conversations' to make integration work and to be clear about the risks being taken, and ensure mitigation of these was in place; and partnerships to be innovative in progressing integration.

DECIDED:

(a) That, as detailed in section 4.2 of the report, the work with partner organisations to evaluate Renfrewshire HSCP's current position in relation to each of the proposals be noted; and

(b) That from this, a jointly agreed action plan, consistent with the timelines indicated in the review report, be developed.

14 Proposed Dates of Meetings of the Integration Joint Board 2019/20

The Clerk submitted a report relative to proposed dates of meetings of the IJB in 2019/20.

DECIDED:

(a) That it be noted that the next meeting of the IJB would be held at 10.00 am on 28 June 2019 in the Abercorn Conference Centre;

(b) That meetings of the IJB be held at 10.00 am on 13 September and 22 November 2019 and 31 January, 20 March and 26 June 2020; and

(b) That meetings of the IJB be held in the Abercorn Conference Centre, Renfrew Road, Paisley unless that venue is unavailable or unsuitable, in which case it be delegated to the Clerk and Chief Officer, in consultation with the Chair and Vice Chair, to determine an alternative venue.

Valedictories

Dr Lyons intimated that this would be the last meeting of the Board for Morag Brown and Fiona Mackay. He acknowledged Morag and Fiona's input to the work of the Board and wished them both well for the future.

Item 2

Board	Report Name	Description	Name	Meeting Date	Due Date	Completion Date	Notes
Renfrewshire Health and Social Care Integration Joint Board	Integration Joint Board Membership Update	Submit report to future meeting regarding voting member representative from NHSGGC.	Ms Jean Still	22/03/2019	28/06/2019	28/06/2019	
Renfrewshire Health and Social Care Integration Joint Board	2019/20 Delegated Health and Social Care Budget	In consultation with the Chair, accept the 2019/20 delegated health budget subject to the expected uplift of 2.54% reflecting the Board's uplift for 2019/20 including any final adjustments in relation to recurring budget adjustments at month 12.	Mr David Leese	22/03/2019	28/06/2019	28/06/2019	
Renfrewshire Health and Social Care Integration Joint Board	2019/20 Delegated Health and Social Care Budget	Submit report to next meeting relative to continuing care bed transfer of funding.	Ms Sarah Lavers	22/03/2019	28/06/2019	28/06/2019	
Renfrewshire Health and Social Care Integration Joint Board	Performance Management Report: Unscheduled Care	Submit six-monthly reports to the IJB relative to progress made against targets.	Mr David Leese	22/03/2019	13/09/2019		
Renfrewshire Health and Social Care Integration Joint Board	Review of Learning Disability Day and Respite Services	Submit report to next meeting of the IJB which would include the outcome of the consultation and an outline of the HSCP response and next steps with clear actions included.	Ms Christine Laverty	22/03/2019	28/06/2019		Note this report will be submitted to the September 2019 IJB meeting
Renfrewshire Health and Social Care Integration Joint Board	Update on Review of Addiction Services in Renfrewshire	Submit future progress update to the next meeting of the IJB.	Ms Christine Laverty	22/03/2019	28/06/2019	28/06/2019	
Renfrewshire Health and Social Care Integration Joint Board	Updated Primary Care Improvement Plan 2019/20	Present further changes to the PCIP and implementation tracker to the IJB twice-yearly prior to submission to the Scottish Government.	Angela Riddell	22/03/2019	13/09/2019		
Renfrewshire Health and Social Care Integration Joint Board	Proposed Dates of Meetings of the Integration Joint Board 2019/20	Advise members of dates of IJB meetings agreed for 2019/20 and add these to CMIS.	Ms Elaine Currie	22/03/2019	12/04/2019	11/04/2019	
Renfrewshire Health and Social Care Integration Joint Board	Proposed Dates of Meetings of the Integration Joint Board 2019/20	Book Abercorn Conference Centre and catering for IJB meetings agreed for 2019/20.	Mr James Higgins	22/03/2019	28/06/2019	11/04/2019	

To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Head of Administration

Heading: IJB Membership Update

1. Purpose

1.1. The purpose of this report is to provide an update on the membership of the Integration Joint Board (IJB).

2. Membership Changes

2.1. The IJB received a report on 22 March 2019 notifying of changes to the membership. Within that report it was agreed an update would be brought back to confirm the arrangements for the vacant position of voting member representing NHS Greater Glasgow & Clyde.

2.2. NHS Greater Glasgow & Clyde Health Board have confirmed that Margaret Kerr has been appointed as a Non-Executive Director of the Health Board and, as such, replaces Morag Brown in the position of voting member of Renfrewshire IJB, effective from 1 April 2019.

2.3. Renfrewshire Council also met on 9 May 2019 and considered a report recommending that Councillor James McLaren replaces Councillor Scott Kerr as a voting member representative of Renfrewshire Council.

2.4. At the above meeting this recommendation was agreed and, as such, Councillor McLaren will replace Councillor Kerr, effective of 9 May 2019.

3. Chairmanship

3.1 On 23 June 2017, the IJB received a report which set out the arrangements for Chairing meetings of the IJB, noting that Councillor Cameron had been appointed as the Chair during the intervening period until September 2017 and that Dr Donny Lyons, the then current Vice Chair, would be appointed as Chair from September 2017.

3.2 The Procedural Standing Orders for Meetings of the IJB note that, in accordance with the arrangements within the Integration Scheme, the post of Chair shall rotate every two years between representatives from the NHS Board and Council, with the Chair being from one body and the Vice-Chair from the other.

3.3 In accordance with the terms of the above, IJB members are asked to note that Councillor Cameron will be appointed as the Chair from 15 September 2019, for a further two year period.

3.4 Dr Donny Lyons will assume the position of Vice Chair from 15 September 2019.

4. IJB Audit Committee

4.1 The IJB established an Audit Committee which came into being on 1 April 2016. It was agreed that the membership of this would comprise of two voting members from the Health Board, two from the Council and two from non-voting membership. It was also agreed that the Chair of the Audit Committee must not be the Chair of the IJB or be a representative of the same constituent authority as the Chair of the IJB.

4.2 In light of the changes outlined above, members are invited to nominate representatives from both constituent authorities to replace the positions previously held by Morag Brown and Councillor Scott Kerr as voting members of the Audit Committee.

4.3 There is also a requirement to now consider the arrangements for the Chair and Vice Chair arrangements of the Audit Committee, from September 2019. Members are therefore invited to propose which of their respective nominations will assume the role of Chair and Vice Chair of the Audit Committee.

5. Recommendation

It is recommended that the IJB:

- Note the appointment of Margaret Kerr as voting member representing by NHS Greater Glasgow & Clyde, replacing Morag Brown;
- Note the appointment of Councillor James McLaren as voting member representing Renfrewshire Council, replacing Councillor Scott Kerr; and
- Note that Councillor Cameron will be appointed as the Chair of the IJB from 15 September 2019;
- Note that Dr Donny Lyons will be appointed as the Vice Chair of the IJB from 15 September 2019;
- Agree the voting members from each constituent authority to sit on the Audit Committee, replacing Morag Brown and Councillor Scott Kerr; and
- Consider and agree the arrangements for Chair and Vice Chair of the Audit Committee from September 2019.

Implications of the Report

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

List of Background Papers – None.

Author: Jean Still, Head of Administration

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To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Chief Finance Officer

Heading: Financial Report 1st April 2018 to 31st March 2019

1. Purpose

1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget year end outturn for the HSCP for the financial year 2018/19.

2. Recommendations

2.1. It is recommended that the IJB:

- Note the year-end financial position; and
 - Approve the proposed transfers to Earmarked and General Reserves in Section 11 and Appendix 8 of this report.
-

3. Year End Outturn

3.1. Budget Monitoring throughout 2018/19 has shown the IJB projecting a breakeven position subject to the draw down of reserves to fund any delays in the delivery of approved savings, and, the transfer of specific ring-fenced monies (including Scottish Government funding for Primary Care Improvement, Mental Health Action 15 and ADP monies) and agreed commitments to ear marked reserves.

3.2. As detailed in the table below the IJB final outturn position for 2018/19 is an underspend of £1.293m, prior to the transfer and draw down of balances to Ear Marked and General Reserves.

Division	Year End Outturn (prior to the transfer and draw down of balances to Ear Marked Reserves)	Year End Outturn
Total Renfrewshire HSCP	Underspend £1.207m	Breakeven
Other Delegated Services	Underspend £0.086m	Underspend £0.086m
TOTAL	Underspend £1.293m	Underspend £0.086m

3.3. The IJB approved the drawdown of reserves throughout 2018/19, in order to deliver on specific commitments including e.g. funding to mitigate any delays in delivery of approved savings, Care at Home redesign costs etc. The total amount drawn down in 2018/19 was £1.305m from earmarked reserves and £0.824m from the flexible use of non-recurring resources made available by

Renfrewshire Council. Appendix 8 provides a summary of the IJB's reserves at 31 March 2019.

- 3.4. The key pressures are highlighted in section 4.
- 3.5. Throughout the financial year, adjustments were made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendices 5 and 6 provide a reconciliation of the main budget adjustments which were applied in 2018/19.

4. Renfrewshire HSCP Outturn

	Year End Outturn (prior to the transfer and draw down of balances to Ear Marked Reserves)	Year End Outturn
Total Renfrewshire HSCP	Underspend £1.207m	Breakeven

4.1. Throughout 2018/19 the Chief Finance Officer's budget monitoring reports to the IJB, forecast a breakeven position subject to the drawdown of reserves to fund any delays in the delivery of approved savings and, the transfer of specific ring-fenced monies (including Scottish Government funding for Primary Care Improvement, Mental Health Action 15 and ADP monies) and transfers to ear marked reserves which relate to commitments made in 2018/19 which will not be fully delivered until future years.

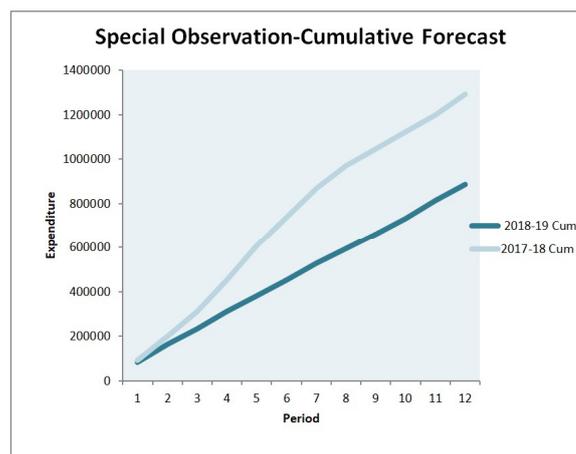
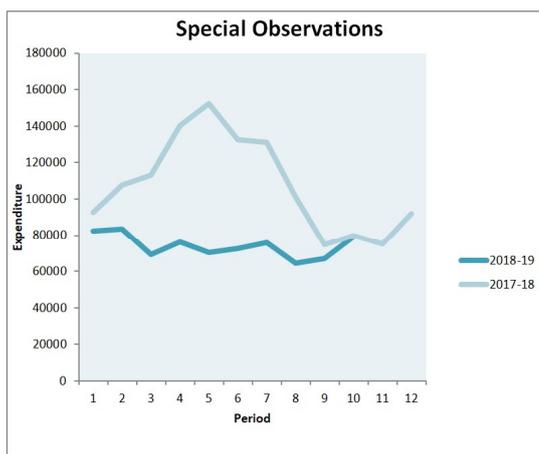
4.2. The final HSCP outturn position includes the flexible use of recurring and non-recurring resources made available by Renfrewshire Council to support the financial sustainability of Adult Social Care services as well as a draw down from ear marked and general reserves as detailed in Section 11 and Appendix 8.

4.3. The main broad themes of the final outturn remain in line with those previously reported and include:

4.3.1. Adults and Older People - Underspend £932k

- *Care at Home:*
Continued pressures within the care at home service which have been subject to a range of strengthened financial governance arrangements put in place by the Chief Officer and Chief Finance Officer early on in 2018/19. However, it should be noted that the success in keeping delayed discharges to a minimum has had a significant impact on this budget.
- *Employee costs - Adult Social Care*
Underspend in employee costs (excluding care at home) reflecting vacancies throughout all service areas which helped to offset pressures within the Care at Home service.
- *Addictions (including ADP)*
Underspend reflecting the planned hold on recruitment pending the implementation of the review of addiction services. Members should note that an earmarked reserve of £321k has been created with regards to the balance of unspent ADP monies.
- *Adult Community Services*
 - Net overspend reflecting the costs associated with keeping delayed discharges to a minimum, offset by underspends reflecting turnover and recruitment issues across the Rehabilitation and District Nursing services.

- 4.3.2. **Mental Health - Overspend £128k**
- This overspend is mainly due to ongoing pressures within the Adult Placement budget and reflects the historical budget profile versus current client mix. In 2019/20 the budget for Adult Placements will be realigned to reflect the current client profile.
 - Turnover and vacancies within the community mental health team contributed to an improved financial position within mental health.
- 4.3.3. **Learning Disabilities - Overspend £598k**
- Similar to Adult Social Care mental health services, this overspend is due to ongoing pressures within the Adult Placement budget and reflects the historical budget profile versus current client mix. In 2019/20 the budget for Adult Placements will be realigned to reflect the current client profile.
- 4.3.4. **Children's Services – Underspend £344k**
- As previously reported, the underspend within Children's Services reflects vacancies within School Nursing and Health Visiting.
- 4.3.5. **Hosted – Underspend £196k**
- As previously reported, this underspend reflects vacant administrative posts in the Primary Care screening service, and, a combination of: staff turnover; maternity/unpaid leave and vacancies within Podiatry in relation to the implementation of the new workforce plan. Members should note that the service is currently recruiting to posts in line with its new workforce plan.
- 4.3.6. **Resources – Overspend £680k**
- The mechanism to create reserves from the delegated Health budget to the IJB balance sheet is via the 'resources' account code within the health ledger. Accounting for reserves through this resource code ensures the client group year-end position is accurate. A number of accounting entries in relation to the draw down and creation of reserves are posted through this code which resulted in the overall net overspend of £680k.
- 4.3.7. **Health Improvement & Inequalities – Underspend £122k**
- This underspend reflects monies received in the final quarter of 2018/19 which, due to time constraints could not be fully spent in 2018/19. In addition, the service has a number of vacancies which are in the process of being recruited to.
- 4.4. **Enhanced Observations**
- As at 31 March 2019, expenditure on enhanced observations was £902k. Members will be aware, as part of the 2018/19 Financial Plan a £900k budget was created for enhanced observations and a commitment was made by the management team to work towards reducing these costs in line with this budget, which they have successfully delivered.
- 4.5. The graphs below show that the full year spend for 2018/19 is significantly lower than in 2017/18. Enhanced observation costs have reduced by £389.7k from 2017/18 to 2018/19.



5. Prescribing

- 5.1. As previously indicated to members, with the ending of the risk sharing arrangement across NHSGGC partnerships, prescribing costs represent the greatest financial risk to the HSCP, mainly due to the volatility of global markets and the impact of drug tariffs in relation to contracts with community pharmacy.
- 5.2. The yearend position for prescribing was an overspend of £0.640m. Earmarked reserves of £0.450m were drawn down to partially offset this pressure reducing it to £0.190m of an overspend. As activity data is two months behind the figures in the financial ledger, the year-end adjustments were based on the position as at January 31.
- 5.3. The main contributor to the above overspend was, as previously reported, largely due to additional premiums paid for drugs on short supply (there are currently an unprecedented number of drugs on short supply for which significant premium payments are being made).

6. Delegated Health Budget Update 2019/20

- 6.1. At its meeting of 22 March 2019/20, the IJB agreed to delegate responsibility for the Chief Officer in consultation with the Chair, to accept the 2019/20 delegated health budget subject to the expected uplift of 2.54% reflecting the Board's uplift for 2019/20 including any final adjustments in relation to recurring budget adjustments at month 12.
- 6.2. On 3 June 2019 the Assistant Director of Finance for NHSGGC wrote to the CO confirming that the 2019/20 Financial Allocation to Renfrewshire Health and Social Care Partnership was approved by the NHSGGC Board on the 16 April 2019. The CO in consultation with the Chair has now agreed to accept this budget, which is in line with the CFO's anticipated budget uplift, subject to confirmation of the additional funding due from the Scottish Government to meet the increased employer's superannuation cost from 1 April 2019.

7. Continuing Care

- 7.1. As detailed in the CFOs 2019/20 Delegated Health and Social Care Budget report to the IJB on 22 March, funding to be released as part of the overall continuing care beds closure programme forms a significant element of the financial planning for 2019/20.

- 7.2. At its meeting of 22 March 2019, the IJB requested further details on the bed closure programme. The following section provides background information on: Scottish Government Guidance on Hospital Based Complex Clinical Care; The Context of NHS Continuing Care (NHSCC); Implementing the New Guidance and, the Financial Framework.
- 7.3. **Scottish Government Guidance on Hospital Based Complex Clinical Care**
- 7.3.1. In May 2015 the Scottish Government issued guidance on 'Hospital Based Complex Clinical Care' (HBCCC) which replaced the previous guidance on NHS Continuing Care (NHSCC). The guidance is set in the context of integrating health and social care and builds on the following core principles:
- As far as possible hospitals should not be places where people live, even for people with ongoing clinical needs
 - When someone is living in the community it is not the role of the NHS to pay for accommodation and living costs (except specific short term, time limited episodes of care, e.g. NHS respite, intermediate care)
 - This reform of NHS Continuing Care contributes to the realisation of the 20:20 vision with the NHS building healthcare support around the individual, in the community, through the work of Health and Social Care Partnerships
 - More people with ongoing clinical needs should be cared for in the community, with services commissioned to provide this through proportionate and measured disinvestment in long stay beds
- 7.3.2. The guidance aims to achieve the following objectives:
- To promote a consistent and transparent basis for the provision of Hospital Based Complex Clinical Care (HBCCC) with entitlement based on the main eligibility question "*Can this individual's care needs be properly met in any setting other than a hospital?*"
 - To maintain clinical decision making as part of a multi-disciplinary process and ensure that patients, their families and their carer's have access to relevant and understandable information
- 7.3.3. In response to the new guidance NHSGGC established a Steering Group to make recommendations for the application of this guidance across NHSGGC in relation to Frail Elderly Care. The Steering Group had representation from all HSCPs and from the Acute Division and reported into the Whole Systems Planning Group.
- 7.3.4. At the August 2016 NHSGGC Board Meeting a paper (ref. 16/47) was presented providing information on the new guidance and the planning process established to plan services to replace NHSCC. The paper outlined the key tasks to be undertaken by the planning process as follows:
- Assessing the number of HBCCC beds required on Acute hospital sites
 - Transitioning contracted former NHSCC beds to HSCPs
 - Developing new models of extended nursing home care and new approaches to clinical support to underpin that approach
 - Working with HSCPs to continue to reduce delayed discharges to ensure acute hospital beds are occupied only by patients who require acute care, including HBCCC; and
 - Developing a financial framework for the resources which funded NHSCC to enable a shift in the balance of care.
- 7.3.5. The Board Paper recognised that moving to the new arrangements would be complex with the need to deal appropriately with individual patients, reshape

contracted services and develop new models of clinical care in hospitals, in care homes and in the community.

7.3.6. Regular progress updates were provided to the NHSGGC Whole Systems Planning Group. A final report was presented to the Whole Systems Planning Group in November 2017 summarising the recommendations and outstanding work for implementation.

7.4. **The Context of NHS Continuing Care (NHSCC)**

7.4.1. Historically NHS Continuing Care was provided and used quite differently within each Sector of NHSGGC; some patients placed in NHSCC had a short length of stay whilst others stayed for many years.

7.4.2. There was a mixed model for the provision of NHSCC across NHSGGC which included beds within acute hospitals (RAH and IRH), community hospitals (Drumchapel and Mearnskirk), one Hospice (St Margarets), and commissioned Care Homes (Rogerpark, Fourhills and Greenfield Park).

7.4.3. It was within this context of a complex approach to the use of NHSCC capacity that work was undertaken to identify models of care which could in the future support greater numbers of people in the community and ensure that only those patients whose needs cannot be met anywhere other than a hospital receive Hospital Based Complex Clinical Care.

7.5. **Implementing the New Guidance**

7.5.1. The HBCCC Steering Group acknowledged the complex nature of provision across NHSGGC but also recognised the opportunity for significant numbers of people to be supported within a community setting, concluding that local/sector-based proposals should be developed taking account of local circumstances.

7.5.2. Four subgroups were therefore established to develop proposals for North East Glasgow, South Glasgow, South Clyde and West Glasgow/West Dunbartonshire. As agreed within the 2016 NHS Board Paper each sub-group was tasked with developing proposals that would consider:

7.5.3. Any new models of care in the community required to support patients in community settings who were previously accommodated in NHSCC

- The number of beds requiring to be retained within the acute division to support individuals previously in NHSCC who are not able to be discharged from the acute division into the community
- The range of contractual arrangements in place with NHSCC provider organisations and the impact of this for implementation plans
- Appropriate levels of community capacity in residential and/or peoples own homes, to support timely hospital discharge and avoid rising delayed discharge

7.5.4. The sector proposals were agreed with the Whole Systems Planning Group in November 2017.

7.5.5. The South Clyde subgroup (representation from clinical, managerial and planning from Renfrewshire and Inverclyde HSCPs and Clyde Acute Division) concluded that 24 beds should be retained at RAH/IRH to support patients with complex care needs (beyond that which can be provided within residential or nursing care or in their own homes and who otherwise would have to remain in hospital). This would be 12 beds at RAH, 6 at IRH and the remaining 6 beds at IRH for historical palliative care use. Resources released via the financial

framework would enable Renfrewshire and Inverclyde HSCPs to develop their community services to support people with complex care needs discharged from hospital.

7.6. The Financial Framework

7.6.1. A financial framework was developed on a pan-GGC basis to ensure that each partnership had funding to invest to meet not only the needs of people moving from former NHS continuing care, but also to invest in community services to provide support to the growing number of older people who have complex and palliative care needs in their homes or care homes rather than in hospital. The Steering Group elected to distribute funding on an NRAC basis. This was supported by Chief Officers on the basis that if each sector were treated in isolation some HSCPs would have little or no funding to invest (given the closure of Drumchapel did not release any funding to transfer to Partnerships and the decision was taken to retain complex hospital-based care at St. Margaret's).

ALLOCATED ON NRAC : TOTAL		2017/18 Budget (£000)
Health and Social Care Partnership	NRAC %	
Glasgow City	53.96%	4,100
East Dunbartonshire	8.30%	631
East Renfrewshire	7.01%	533
Renfrewshire	15.23%	1,157
Inverclyde	7.38%	561
West Dunbartonshire	8.12%	617
100%		7,598

7.6.2. Distribution of Funds / Financial Planning Assumption 2019/20

The redistribution of funds from the NHSCC financial framework to HSCP's will be released as services are de-commissioned across the sector. The table below provides an illustration of the timescales and amounts which will be released.

Health and Social Care Partnership	Current Budget (excluding St Margarets and Ward 1A and Ward 36 - Acute)	Greenfield Park (Nov 2018)					Budget per Approved Allocation
		Greenfield Park (Nov 2018)	Fourhills (Nov 2018)	Mearnskirk (March 19)	Larkfield Ward 1A	Ward 36	
Glasgow City	3,853	- 105	- 164	517			4,100
East Dunbartonshire		19	30	513	39	30	631
East Renfrewshire		16	25	433	33	26	533
Renfrewshire		35	54	941	71	56	1,157
Inverclyde		17	26	456	34	27	561
West Dunbartonshire		19	29	502	38	30	617
Acute	3,745			- 3,362	- 215	- 168	0
7,598		-	-	-	-	-	7,598

7.6.3. The draft budget offer to Renfrewshire HSCP from NHSGGC confirms that the recurring budget for the continuing care beds financial framework is now included in the overall delegated Health budget for 2019/20, in line with the CFOs expectations.

8. Set Aside Budget

- 8.1. The Health Board is required to determine an amount set aside for integrated services provided by large hospitals. There is an expectation that for the 2018/19 annual accounts that Health Boards and Integration Authorities agree a figure for the sum set aside to be included in their respective Annual Accounts. For 2018/19 this is based on activity and cost data provided by ISD in September 2018, uplifted by an inflationary factor to provide an accounting estimate. The set aside figure agreed with the Health Board for 2018/19 is £30.468m.
- 8.2. Work continues to be progressed in relation to finalising local activity and cost data to calculate the sum set aside for hospital services, however, in the absence of guidance on how this is to be implemented, and, until Integration Authorities have fully developed their Commissioning Plans for unscheduled services the current arrangements remain in place for 2019/20.

9. Services Hosted by other HSCP's

- 9.1. Appendix 7 provides a summary of all hosted services across Greater Glasgow and Clyde. There is no risk sharing arrangement in place in relation to hosted services therefore each IJB is responsible for managing the services they host.

10. Other Delegated Services

Description	Full Year Budget	Final Outturn	Variance
Housing Adaptations	£879k	£800k	£79k
Women's Aid	£87k	£80k	£7k
Total	£966k	£880k	£86k

- 10.1. The table above shows the costs of other Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. Renfrewshire HSCP monitors the delivery of these services on behalf of the IJB.
- 10.2. The summary position for the period to 31 March 2019 is an underspend of £86k.

11. Reserves

- 11.1. At its meeting of 24 November 2017, the IJB approved the Revised Reserves Policy, which recommended creation of reserves of up to 2% of net expenditure. This amount refers to general reserves only and excludes any earmarked reserves which are held for specific purposes.

"In light of the size and scale of the IJB's responsibilities, over the medium term the level of general reserves proposed is a maximum of 2% of the net budget of the IJB. This will be in addition to any identified ear marked reserves which are excluded from this calculation. The % to be held will be dependent on the yearend position and ability at that time to transfer monies into a reserve for future use."

- 11.2. It is important for the long term financial stability of both the IJB and of the parent bodies that sufficient usable funds are held in reserve to manage 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.

- 11.3. For the IJB, reserves can be held for three main purposes:
- a working balance to help cushion the impact of uneven cash flows;
 - a contingency to cushion the impact of unexpected events or emergencies (this also forms part of the general reserves); and
 - a means of building up funds, often referred to as earmarked reserves, to meet known or predicted requirements; earmarked reserves are accounted for separately but remain legally part of the General Fund.

- 11.4. As detailed in Appendix 8, the opening IJB reserves position for 2018/19 was £3.442m. This figure comprised £2.512m of ear marked reserves and £0.930m of General Reserves.

- 11.5. As detailed in Appendix 8 and the table below the total amount drawn down from IJB reserves in 2018/19 was £1.305m:

Description	Amounts Drawn down 2018/19
Primary Care Transformation Monies - GP Support	£21k
GP premises improvement monies	£38k
Prescribing	£450k
Funding to mitigate delays in delivery of approved savings	£339k
Care at Home redesign	£399k
Additional set up costs for planned placement	£35k
SWIFT system update	£23k
TOTAL	£1,305k

- 11.6. Consistent with the IJB's Reserves Policy Members are asked to approve the following new ear marked reserves for draw down as required, totalling £3.336m, details of which are included below and Appendix 8 of this report.

Proposed Earmarked Reserves for Approval

Earmarked Reserves	New Reserves
Primary Care Improvement Program (19/20)	816
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	186
District Nurse 3 year Recruitment Programme	11
Prescribing	557
ADP Funding (19/20)	321
Tec Grant	20
Single Point of Access Implementation (19/20)	28
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings	150
Mental Health Improvement Works	150
Mental Health Action 15 (19/20)	306
TOTAL Delegated Health Ear Marked Reserves	2,545
Mile End Refurbishment	100
LA Care Home Refurbishment	300
Westland Gardens Refurbishment	105
Eclipse Support Costs (2 Year)	156
Care @ Home Refurbishment and Uniform Replacement	70
Additional Support Costs for Transitioning Placement	60
TOTAL Adult Social Care Ear Marked Reserves	791
TOTAL EARMARKED RESERVES	3,336

12. Living Wage

12.1. Summary of 2018/19 Living Wage

To date, all Care at Home providers have accepted our 2018/19 increase, for Supported Living, all 11 providers have accepted the increase for day hours, however, we await a response from 2 providers with regards to the uplift for sleepovers. The 3 Contracted providers of adult residential services were offered and agreed an increase of 3.39% in line with the increase for the NCHC 18/19. Renfrewshire HSCP continues to review out of area placements and offer uplifts in line with either the Scotland Excel Framework Agreement, the host local authority rate or offer a rate that allows the payment of the Living Wage for 2018/19.

12.2. Summary of 2019/20 Scottish Living Wage (SLW)

For 2019/20, the new Living Wage rate has been set at £9.00, an increase of 25p from the 2018/19 rate. In line with the current practice adopted for uprating provider rates to reflect Living Wage increases, 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 all Care at Homes providers have accepted the increase, for supported living services 7 providers have accepted the increase, we await a further response from the remaining 3.

The 3 Contracted providers of adult residential services within Renfrewshire will be offered an increase of 3.4% in line with the increase for the NCHC 19/20 for the payment of the new Scottish Living Wage. All Scottish Living Wage uplifts will be from the 1st May 2019.

13. National Care Home Contract 2019/20

- 13.1. The terms of the contract for 2019/20 were negotiated by COSLA and Scotland Excel, with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS). An increase of 3.4% for Residential Care and 3.65% for Nursing Care was agreed which includes an allowance to support delivery of the Living Wage for 2019/20 of £9.00 per hour to all care staff from 1st May 2019. A Minute of Variation (MOV) will be issued to providers of care homes for older adults in Renfrewshire which includes for their acceptance of the payment of the new Living Wage rate for 2019/20.

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.

List of Background Papers – None.

Author: Sarah Lavers, Chief Finance Officer

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

Subjective Heading	Revised Annual Budget (reflecting adjustments to Annual Accounts) £'000's	Actual Year End (reflecting movements to Reserves) £'000's	Variance		
			£'000s	%	
Employee Costs	78,068	76,124	1,944	2.5%	underspend
Property Costs	1,136	1,065	71	6.3%	underspend
Supplies and Services	8,289	10,071	(1,782)	-21.5%	overspend
Contractors	63,961	64,432	(471)	-0.7%	overspend
Purchase Of Healthcare	2,466	2,476	(10)	-0.4%	overspend
Transport	821	765	56	6.8%	underspend
Family Health Services	83,058	83,714	(656)	-0.8%	overspend
Administrative Costs	71	58	13	18.3%	underspend
Payments to Other Bodies	2,986	3,144	(158)	-5.3%	overspend
Set Aside	30,468	30,468	-	0.0%	breakeven
Gross Expenditure	271,324	272,316	(993)	-0.4%	overspend
Income	(38,258)	(39,337)	1,079	-2.8%	underspend
NET EXPENDITURE	233,065	232,979	86	0.04%	underspend

Care Group	Revised Annual Budget (reflecting adjustments to Annual Accounts) £'000's	Actual Year End (reflecting movements to Reserves) £'000's	Variance		
			£'000s	%	
Adults & Older People	63,112	62,180	932	1.5%	underspend
Mental Health	21,106	21,233	(128)	-0.6%	overspend
Learning Disabilities	14,547	15,145	(598)	-4.1%	overspend
Children's Services	5,403	5,058	344	6.4%	underspend
Prescribing	35,752	35,942	(190)	-0.5%	overspend
Health Improvement & Inequalities	1,062	940	122	11.5%	underspend
FHS	45,281	45,281	0	0.0%	overspend
Resources	4,546	5,226	(680)	-15.0%	overspend
Hosted Services	10,823	10,626	196	1.8%	underspend
Set Aside	30,468	30,468	-	0.0%	breakeven
Other Delegated Services	966	880	86	8.9%	underspend
NET EXPENDITURE	233,065	232,979	86	0.04%	underspend

Appendix 2

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

Subjective Heading	Annual Budget	Adjustment to Budget in line with Annual Accounts	Revised Annual Budget (reflecting adjustments to Annual Accounts)	Actual Year End (reflecting movements to Reserves)	Revised Variance		
	£'000s	£'000s	£'000s	£'000s	£'000s	%	
Employee Costs	46,692		46,692	44,968	1,724	3.8%	underspend
Property Costs	38		38	55	(17)	-31.1%	overspend
Supplies and Services	20,872	(14,419)	6,453	7,951	(1,498)	-18.8%	overspend
Purchase Of Healthcare	2,466		2,466	2,476	(10)	-0.4%	overspend
Resource Transfer	18,035	(18,035)	-	-	-		breakeven
Family Health Services	83,508		83,508	83,714	(206)	-0.2%	overspend
Set Aside	30,468		30,468	30,468	-	0.0%	breakeven
Gross Expenditure	202,078	(32,454)	169,624	169,631	(7)	0.0%	overspend
Income	(4,725)		(4,725)	(4,732)	7		underspend
NET EXPENDITURE	197,353	(32,454)	164,898	164,899	0	0.0%	overspend

Care Group	Annual Budget	Adjustment to Budget in line with Annual Accounts	Revised Annual Budget (reflecting adjustments to Annual Accounts)	Actual Year End (reflecting movements to Reserves)	Revised Variance		
	£'000s	£'000s	£'000s	£'000s	£'000s	%	
Addiction Services	2,704		2,704	2,609	96	3.7%	underspend
Adult Community Services	8,763		8,763	8,813	(50)	-0.6%	overspend
Children's Services	5,403		5,403	5,058	344	6.8%	underspend
Learning Disabilities	1,085		1,085	1,017	68	6.7%	underspend
Mental Health	18,680		18,680	18,586	93	0.5%	underspend
Mental Health-Action 15	332		332	332	-	0.0%	breakeven
Hosted Services	10,823		10,823	10,626	197	1.9%	underspend
Prescribing	35,752		35,752	35,942	(190)	-0.5%	overspend
Gms	23,157		23,157	23,157	-	0.0%	breakeven
Other	22,124		22,124	22,124	(0)	0.0%	overspend
Planning & Health Improvement	1,061		1,061	940	122	12.9%	underspend
Administration & Management	3,341		3,341	4,021	(680)	-16.9%	overspend
Primary Care Improvement Prog	1,205		1,205	1,205	-	0.0%	breakeven
Resource Transfer	20,029	(20,029)	0	0	-	0.0%	breakeven
Veterans	171	(171)	0	0	0	0.0%	overspend
Social Care Fund	12,254	(12,254)	0	0	-	0.0%	breakeven
Set Aside	30,468		30,468	30,468	-	0.0%	breakeven
NET EXPENDITURE	197,353	(32,454)	164,898	164,898	-	0.0%	breakeven

Note 1: Adjustments to budget to reflect year end accounting treatment whereby expenditure is incurred in Adult Social Care Budget re Social Care Fund; Resource Transfer and Veterans Monies

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

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

Appendix 3

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

Subjective Heading	Annual Budget £000's	Actual Year End (reflecting movements to Reserves) £'000's	Revised Variance		
			£000's	%	
Employee Costs	31,574	31,071	503	1.6%	underspend
Property Costs	448	376	72	16.1%	underspend
Supplies and Services	1,911	2,113	(202)	-10.6%	overspend
Contractors	63,961	64,432	(471)	-0.7%	overspend
Transport	818	758	60	7.3%	underspend
Administrative Costs	70	57	13	18.6%	underspend
Payments to Other Bodies	2,642	2,864	(222)	-8.4%	overspend
Gross Expenditure	101,424	101,671	(247)	-0.2%	overspend
Income	(34,223)	(34,470)	247	-0.7%	underspend
NET EXPENDITURE	67,201	67,201	-	0.0%	breakeven

Client Group	Annual Budget £000's	Actual Year End (reflecting movements to Reserves) £'000's	Revised Variance		
			£000's	%	
Older People	42,829	42,459	370	0.9%	underspend
Physical or Sensory Difficulties	7,956	7,543	413	5.2%	underspend
Learning Difficulties	13,462	14,128	(666)	-4.9%	overspend
Mental Health Needs	2,094	2,315	(221)	-10.6%	overspend
Addiction Services	860	756	104	12.1%	underspend
NET EXPENDITURE	67,201	67,201	-	0.0%	breakeven

**Other Delegated Services Year End Position
1st April 2018 to 31st March 2019**

Subjective Heading	Annual Budget £000's	Actual Year End £000's	Variance £000's	Revised Variance		
				£000's	%	
Employee Costs	111	86	25	25	23%	underspend
Property Costs	649	634	15	15	2%	underspend
Supplies and Services	16	7	9	9	56%	underspend
Transport	3	7	(4)	(4)	-133%	overspend
Administrative Costs	1	1	-	-	0%	breakeven
Payments to Other Bodies (Transfer	344	280	64	64	19%	underspend
Gross Expenditure	1,124	1,015	109	109	-34%	underspend
Income	(158)	(135)	(23)	(23)	15%	overspend
NET EXPENDITURE	966	880	86	86	-19%	underspend

Client Group	Annual Budget £000's	Actual Year End £000's	Variance £000's	Revised Variance		
				£000's	%	
Housing Adaptations	879	800	79	79	9%	underspend
Women's Aid	87	80	7	7	8%	underspend
Grant Funding for Women's Aid	-	-	-	-	0%	breakeven
NET EXPENDITURE	966	880	86	86	17%	underspend

2018/19 Adult Social Care Financial Allocation to Renfrewshire HSCP	
	£k
2018/19 Renfrewshire HSCP Opening Budget:	63,690.0
	63,690.0
<u>Budget Adjustments Posted in Period 6</u>	
18/19 Vehicle Insurance Budget Realignment	-0.8
Adult Social Care Budget as at P8	63,689.2
<u>Budget Adjustments Posted in Period 11</u>	
Transfer of Corporate Finance Posts to HSCP	52.7
Adult Social Care Budget as at P11	63,741.9
<u>Budget Adjustments Posted in Period 12</u>	
Transfer of Swift Budget to ICT	-11.0
Adult Social Care Budget as at P12	63,730.9
<u>Budget Adjustments Posted in Period 13</u>	
3.5% payroll uplift	939.2
HSCP recurring budget drawdown	2,550.9
Backsneddon Virement	-19.8
Adult Social Care Budget as at P13	67,201.2

2018/19 Health Financial Allocation to Renfrewshire HSCP		£000's
2017/18 Renfrewshire HSCP Closing Budget:		165,010.6
Add: Set Aside		29,964.0
less: non recurring budgets (allocated annually)		-4,046.3
less: Budget Adjustments*		
SCF		-12,254.0
Veterans		-171.0
RT		-18,866.0
	= base budget rolled over	159,637.3
Additions:		
1.5% Uplift		1,751.0
Children's Service Collaboration Fees - Fostering Reports		31.9
Podiatry Budgets from Inverclyde		123.5
GP Income Budgets to Facilities		370.0
		2,276.4
Reductions:		
Savings Legacy		-519.0
GMS ADJ 1819 (*GMS = costs associated with GP services in Renfrewshire)		-2,294.4
		-2,813.4
Non-Recurring:		
Consultant Arrears		34.5
Protection Cost - EMI HCA Displaced through redeployment		2.4
		36.9
Budget allocated as per 2018/19 Financial Allocation 31st May 2018		159,137.2
Budget Adjustments posted in month 3		
Additions:		
Income for building maintenance - Accommodation		2.3
Non-Recurring:		
Primary Care Improvement Programme		904.6
MH Action 15		261.5
EMIS staff transfer PC Screening from Board		81.0
		1,247.1
Health Budget as reported @ 30th June 18		160,386.5
Budget Adjustments posted in month 4		
Reductions:		
Prescribing		-1,151.4
Non-Recurring:		
Veterans		171.4
Health Budget as reported @ 31st July 18		159,406.5
Budget Adjustments posted in month 5		
Non-Recurring:		
ADP Funding		577.3
Health Budget as reported @ 31st August 18		159,983.8
Budget Adjustments posted in month 6		
Additions:		
Additional Pay Award		640.2
GMS Adjustment		1,587.0
SESP Nurse: Pay award. Post transferred from board		3.2
		2,230.4
Non-Recurring:		
SESP Funding: Posts with Adult comm Care, Hosted services and PHI		338.8
Modern Apprentice		3.6
		342.4
Health Budget as reported @ 30th September 18		162,556.6
Budget Adjustments posted in month 7		
Additions:		
Adjustment to Set Aside Budget		504.0
Reductions:		
Smoking Cessation transferred to the Board		-65.2
Non-Recurring:		
Funding for Syrian Refugees		8.1
Adjustment to GMS - Match to Expenditure		1,084.3
Transfer of SESP Budget for East Ren - Service provision ceased		20.2
		1,112.6
Health Budget as reported @ 31st October 2018		164,108.1
Budget Adjustments posted in month 8		
Additions:		
CAMCHP56 PC Medical - To support GP Subcommittees		35.0
Reductions:		
Primary Care Support - Transfer of budget for Nurses -Rent of Rooms		-26.8
Non-Recurring:		
Transfer to Resource Transfer Budget - To fund inflationary Rise		-698.2
Primary Care Support - Transfer of budget for Nurses -Rent of Rooms		-2.3
PCIP Tranche 2 Funding		299.0
Action 15 - Mental Health		71.0
Mental Health Bundle Funding - CAMHS Innovation Fund		290.0
Funding for Syrian Refugees		7.2
Funding for September 2018 Health Visiting intake		131.0
		97.7
Health Budget as reported @ 30th November 2018		164,214.0
Budget Adjustments posted in month 9		
Reductions:		
Adjustment to GMS - Match to Expenditure		-186.3
Non-Recurring:		
Adjustment to GMS - Match to Expenditure		1,106.1
Health Budget as reported @ 31st December 2018		165,133.8
Budget Adjustments posted in month 10		
Additions:		
CAMCHP114 MINF Funding - PHI		10.8
Non-Recurring:		
Adjustment to GMS - Match to Expenditure		202.3
Transfer to Resource Transfer Budget - To fund delayed discharges		-465.0
		-262.7
Health Budget as reported @ 31st January 2019		164,881.9
Budget Adjustments posted in month 11		
Additions:		
Transfer of Admin post from Health Board		9.7
Non-Recurring:		
Tabacco Monies		63.0
GP Subcommittee Funding		17.1
		80.1
Health Budget as reported @ 28th February 2019		164,971.7
Budget Adjustments posted in month 12		
Additions:		
Continuing Care Beds Funding		18.0
Reductions:		
GMS Adjustment		-28.8
Non-Recurring:		
Smoking Cessation post transfer to board		-25.5
GMS Adjustment		-35.8
		-61.3
Health Budget as reported @ 31st March 2019		164,899.6

Partnership Hosted Budget Position at 31 March 2019

Host	Service	Actual Net Expenditure to Date	Budgeted Net Expenditure to Date	Variance to Date	Comment
East Dunbartonshire	Oral Health	£9,719,289	£9,917,919	-£198,630	
	Total	£9,719,289	£9,917,919	-£198,630	
East Renfrewshire	Learning Disability	£7,961,400	£8,085,922	-£124,522	Underspend is generated as there is unused budget as a result of the closure of Waterloo as part of the overall LD redesign. A number of care packages have been funded however a number of potential discharges didn't take place so care package costs didn't materialise. These would have been funded from the Waterloo budget.
	Total	£7,961,400	£8,085,922	-£124,522	
Glasgow	Continence	£3,802,932	£3,952,315	-£149,383	
Glasgow	Sexual Health	£10,164,132	£10,177,460	-£13,327	Turnover within SHS has been high this year resulting in a full year Pays underspend of £164k however, this has been offset by a cost pressure within PrEP due to increasing demand.
Glasgow	Mh Central Services	£6,027,304	£6,128,812	-£101,508	Pressure within 11 teams Doctors £300k includes agency & bank charges; offset by favourable position within Central Nursing due to turnover and Clinical Psychology due to additional NES funds.
Glasgow	MH Specialist services	£11,345,743	£11,554,151	-£208,408	
Glasgow	Alcohol + Drugs Hosted	£16,019,893	£16,447,800	-£427,907	
Glasgow	Prison Healthcare	£6,905,286	£7,095,287	-£190,002	The underspend in Prison Healthcare is due to the addition of £300k for Low Moss which has not been fully utilised yet. This is due to a review of staffing in Prisons and difficulty in recruiting and retaining staff.
Glasgow	HC In Police Custody	£2,330,293	£2,564,206	-£233,913	The underspend in Police Custody is mainly against salaries and is due to a number of vacancies. Like Prisons, they have a difficulty recruiting and retaining staff.
Glasgow	Old Age Psychiatry	£17,870,028	£18,643,530	-£773,502	
Glasgow	General Psychiatry	£37,675,266	£36,589,858	£1,085,408	
	Total	£112,140,877	£113,153,418	-£1,012,542	
Inverclyde	General Psychiatry	£5,477,833	£5,332,247	£145,586	Overspend is due to high level of patients with complex issues requiring enhanced observations, resulting in high use of bank nursing. Overspend is also due to medical vacancies and sickness resulting in use of locums and bank and agency medics.
Inverclyde	Old Age Psychiatry	£3,152,932	£3,104,051	£48,881	Overspend is due to high level of patients with complex issues requiring enhanced observations, resulting in high use of bank nursing. Overspend is also due to medical vacancies and sickness resulting in use of locums and bank and agency medics.
	Total	£8,630,765	£8,436,298	£194,467	
Renfrewshire	Podiatry	£6,563,080	£6,625,775	-£62,695	Underspend due to vacancies throughout the year as the service works towards new workforce profile.
Renfrewshire	Primary Care support	£4,040,145	£4,174,479	-£134,334	Underspend due to vacancies and turnover
Renfrewshire	General Psychiatry	£6,938,153	£6,843,191	£94,962	
Renfrewshire	Old Age Psychiatry	£6,330,739	£6,302,993	£27,746	
	Total	£23,872,118	£23,946,438	-£74,320	
West Dunbartonshire	MSK Physio	£5,864,493	£6,103,211	-£238,718	
West Dunbartonshire	Retinal Screening	£752,278	£771,062	-£18,783	
West Dunbartonshire	Old Age Psychiatry	£1,107,840	£1,367,745	-£259,905	
	Total	£7,724,611	£8,242,017	-£517,406	
Total		£170,049,059	£171,782,012	-£1,732,954	

Movement in Reserves

Earmarked Reserves	Opening Position 2018/19 £000's	Amounts Drawn Down in 2018/19	New Reserves	Closing Position 2018/19 £000's	Movement in Reserves in 2018/19	To be Drawn Down 2019/20 c.£000's	To be Drawn Down 2020/21 c.£000's	Ongoing c.£000's
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	438	-19		419	-19	✓	✓	✓
Primary Care Improvement Program (19/20)			816	816	816		-816	
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	414	-38	186	562	148	✓	✓	
Primary Care Transformation Fund Monies	39			39	0		-39	
District Nurse 3 year Recruitment Programme	150		11	161	11	✓	✓	✓
Prescribing	450	-450	557	557	107	✓		
ADP Funding (19/20)			321	321	321		-321	
Tec Grant			20	20	20		-20	
Single Point of Access Implementation (19/20)			28	28	28		-28	
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings	339	-339	150	150	-189		-150	
Health Visiting	181			181	0	✓	✓	
Tannahill Diet and Diabetes Pilot Project	17	-2		15	-2		-15	
Mental Health Improvement Works			150	150	150	✓	✓	
Mental Health Action 15 (19/20)			306	306	306		-306	
TOTAL Delegated Health Ear Marked Reserves	2,028	-848	2,545	3,725	1,697			
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	-35			
ICT Swift Update Costs	50	-23		27	-23			
Mile End Refurbishment			100	100	100		-100	
LA Care Home Refurbishment			300	300	300		-300	
Westland Gardens Refurbishment			105	105	105		-105	
Eclipse Support Costs (2 Year)			156	156	156		-78	-78
Care @ Home Refurbishment and Uniform Replacement			70	70	70		-70	
Additional Support Costs for Transitioning Placement			60	60	60		-60	
TOTAL Adult Social Care Ear Marked Reserves	484	-457	791	818	334			
TOTAL EARMARKED RESERVES	2,512	-1,305	3,336	4,543	2,031			

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

OVERALL RESERVES POSITION	3,442	-1,305	3,336	5,473	2,031
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To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Chief Finance Officer

Heading: Unaudited Annual Accounts 2018/19

1. Summary

- 1.1 The IJB's Accounts for 2018/19 will be submitted for audit by the statutory deadline of 30 June 2019. A copy of the IJB's Unaudited Accounts is attached for members approval. The accounts fully comply with International Financial Reporting Standards (IFRS).
- 1.2 The Auditor is planning to complete the audit process by early September 2019. Their report on the Accounts will be made available to all members and will be submitted to a future meeting of the IJB Audit Committee for consideration.
-

2. Recommendations

It is recommended that the IJB:

- Approve, subject to Audit, the Annual Accounts for 2018/19; and
 - Note that the Auditor is planning to complete the audit of the Accounts by early September 2019 and that their report will be made available to all members and will be submitted to a future meeting of the IJB Audit Committee for detailed consideration.
-

3. Background

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of health and adult social care in Scotland, to be governed by Integration Joint Boards (IJB's) with responsibility for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.
- 3.2 The IJB is specified in legislation as a "section 106" body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom (ACOP) and International Financial Reporting Standards (IFRS). The ACOP seeks to achieve comparability of financial performance across all IJB's and therefore prescribe the format to be used in presenting income and expenditure information.
- 3.3 LASAAC (The Local Authority (Scotland) Accounts Advisory Committee) and CIPFA have produced additional guidance on accounting for the integration of health and social care.

4. **The Annual Accounts 2018/19**

- 4.1 The Annual Accounts provide an overview of the financial performance of the IJB. Their main purpose is to demonstrate the stewardship of the public funds for the delivery of the IJB's vision and its core objectives.
- 4.2 The attached Unaudited Annual Accounts contain the financial statements for Renfrewshire IJB for the year ended 31 March 2019.
- 4.3 IJB's need to account for their spending and income in a way which complies with our legislative responsibilities, the annual accounts for the IJB have been prepared in accordance with appropriate legislation and guidance.
-

5. **Financial Governance and Internal Control**

- 5.1 An overview of the process is set out below:
- **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the IJB (or a committee of the IJB whose remit include audit & governance). This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB.
 - **Unaudited Accounts:** the regulations require that the unaudited accounts are submitted to the External Auditor no later than 30 June immediately following the financial year to which they relate. The IJB annual accounts for the year ended 31 March 2019 will be considered at the IJB meeting of 28 June 2019.
 - **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1 July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts.
 - **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the IJB (or a committee of the IJB whose remit include audit & governance) by the 30 September immediately following the financial year to which they relate. In addition, any further report by the external auditor on the audited annual accounts should also be considered by the IJB (or a committee of the IJB whose remit include audit & governance).
 - **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts. The annual accounts of the IJB must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate.
-

6. **External Auditors Report and Audit Certificate**

- 6.1 The IJB Audit Committee will consider the external auditors report and proposed audit certificate (ISA 260 report) prior to inclusion in the audited annual accounts. Subsequently, the external auditor's Board Members Report and the audited annual accounts will be presented to the IJB for approval.

7. Approval Process and Timetable

7.1 Key Dates

The proposed sequence of events to approve the IJB's annual accounts is summarised in the table below:

Meeting	Items to be Approved
IJB: 28 June 2019	Approve Annual Governance statement and associated reports for inclusion in the statutory accounts Approve the submission of the unaudited annual accounts to Audit Scotland
IJB Audit Committee: 20 September 2019	Consider the Report of the External Auditors, the Board Members' Report and the audited annual accounts
IJB: 20 September 2019	Approve the audited annual accounts

7.2 Key Documents

The regulations require a number of key documents to be signed by the Chair of the IJB, the Chief Officer and the Proper Officer. These are detailed in the table below:

Section	Signatory
Management Commentary	Chair of the IJB Chief Officer Chief Finance Officer
Statement of Responsibilities	Chair of the IJB Chief Finance Officer
Remuneration Report	Chair of the IJB Chief Officer
Annual Governance Statement	Chair of the IJB Chief Officer
Balance Sheet	Chief Finance Officer

Implications of the Report

- 1. Financial** – These are the Unaudited Annual Accounts of the IJB for 2018/19. Subject to approval by the IJB, the Accounts will be released for audit by the statutory deadline of 30 June 2019.
- 2. HR & Organisational Development – None.**
- 3. Community Planning – None.**
- 4. Legal** – The Unaudited Annual Accounts form part of the Local Authority Accounts (Scotland) Regulations 2014.

5. **Property/Assets – None.**
6. **Information Technology – None.**
7. **Equality & Human Rights – None.**
8. **Health & Safety – None.**
9. **Procurement – None.**
10. **Risk – None**
11. **Privacy Impact – None.**

List of Background Papers – None.

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Renfrewshire Integration Joint Board Annual Accounts 2018/19



Renfrewshire Integration Joint Board (IJB) – 2018/19 Annual Accounts

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Renfrewshire Integration Joint Board (IJB) – 2018/19 Annual Accounts

Management Commentary

Purpose

This publication contains the financial statements of Renfrewshire Integration Joint Board (IJB) for the year ended 31 March 2019.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2018/19 and how this has supported delivery of the IJB's strategic priorities. This commentary also looks forward, outlining the future financial plans for the IJB and the challenges and risks that we will face as we strive to meet the needs of the people of Renfrewshire.

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 (NHSGGC).

This agreement, referred to as the Integration Scheme, is available at: <http://www.renfrewshire.hsc.scot/article/6315/Governance-Documents>

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.

A Profile of Renfrewshire

A full profile of Renfrewshire IJB is set out in the Strategic Plan. Some of the key characteristics include the following:

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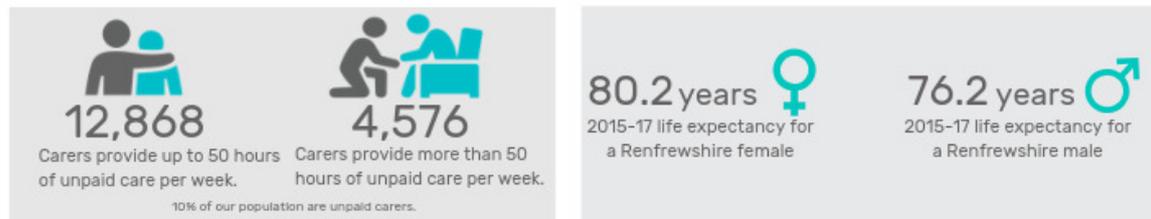
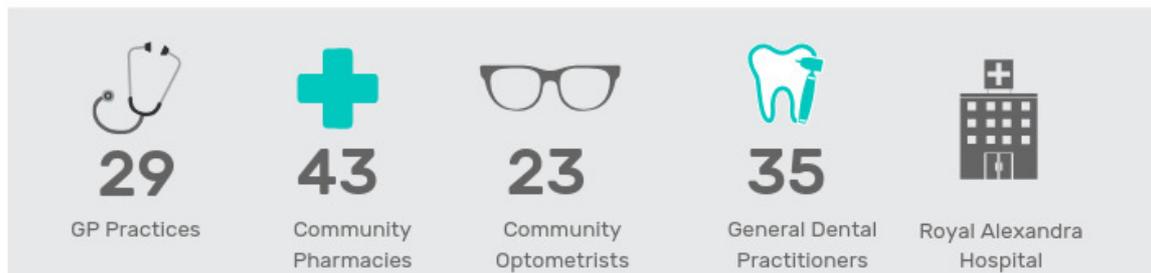
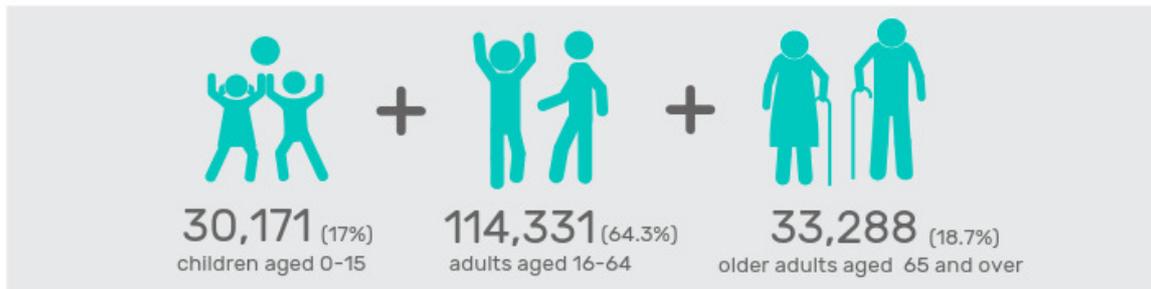
Renfrewshire Population

177,790

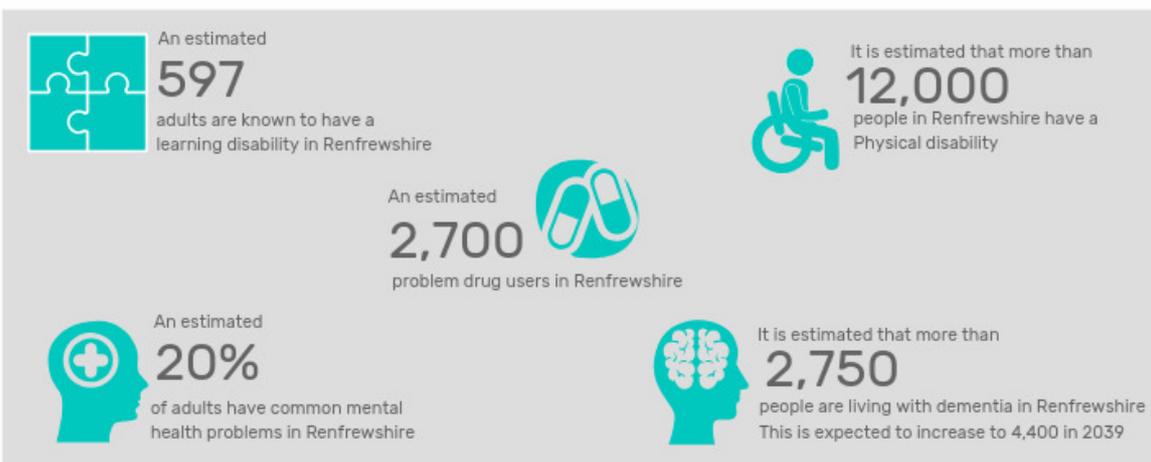
(2018 National Records of Scotland), which is 3.4% of the population of Scotland



It comprises of:



Demographic Profile:



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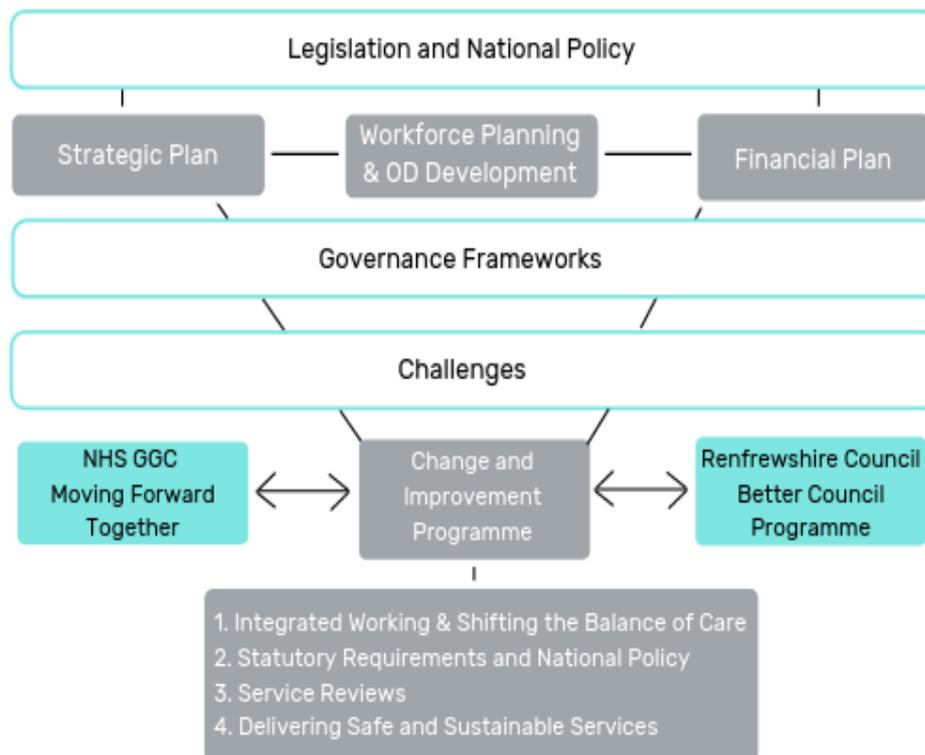
Renfrewshire IJB Operations for the Year

We have remained committed to our 3 key strategic priorities, set out in our Strategic Plan:

- Improving Health and Wellbeing;
- Ensuring that the people of Renfrewshire will get the health and adult social care services they need: the right service, at the right time, in the right place; and
- Working in partnership to support the person as well as the condition.

Renfrewshire HSCP has an established Change and Improvement Programme which 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.

A Change & Improvement Programme has been established in support of the IJB's Vision and to enable the delivery of our Strategic, Workforce and Financial Plans and in line with the national direction set out in the National Clinical Strategy and Health and Social Care Delivery Plan. This is outlined in the diagram below. This programme provides a structured approach to manage change, optimise the use of change and improvement approaches and to develop and share best practice to deliver on this vision.



Further detail regarding each strand of the programme and key highlights of activity throughout the last year is provided overleaf.

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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.

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 can often present.

Service Reviews -

the HSCP is committed to undertaking regular Service Reviews to ensure our Services are modern; flexible; outcomes focused; financially efficient and 'fit for the future' and taking account of changing trends; demographics; demands; local and national policy drivers; changing needs; inequalities; good practice and service user and carer views.

Delivering Safe and Sustainable Services -

to identify innovative and smarter ways of working to support the HSCP deliver on its strategic priorities within budget.

Key Highlights



In addition to the above, a number of additional improvements have been taken forward within specific Renfrewshire HSCP services in the last year to ensure the best possible outcomes for our population.

Early Intervention, Prevention and Harm Reduction

- 100% of Early Education and Childcare Establishments in Renfrewshire (local authority, partnership, and private) are Breastfeeding Friendly Nursery accredited.
- Significant shift to empower and support people to manage their long-term health conditions. Renfrewshire HSCP does this in a range of ways including supporting community-led activity with our community and third-sector partners, promoting tools such as My Diabetes My Way (MDMW) and encouraging people to access local assets and resources to maintain their wellbeing. Over the last year there has been a steady rise in people signing up to MDMW in Renfrewshire from 1,713 (April to June 2018) to 1,869 (January to March 2019).
- Renfrewshire HSCP has been working with the Health and Social Care Alliance over the last few years to populate ALISS (A Local Information System for Scotland) with local community groups, aiming to make it easier for people to find local groups and activities which can support their health and wellbeing. There are currently more than 300 entries for Renfrewshire and this will continue to increase.
- One of our key areas of continued success is the Sunshine Recovery Café which was established to promote recovery and improve the life chances of individuals affected by alcohol and drugs. The Café provides peer led support to assist individuals becoming abstinent and sustaining abstinence from alcohol and drugs, and provides support to access training and employment opportunities. Between 50-60 individuals attend on a weekly basis and benefit from a broad network of activities such as volunteering in the Café and accessing a variety of holistic therapies.

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Providing Greater Self Determination and Choice

- Continued to extend Self-Directed Support (SDS) services across Renfrewshire HSCP area which further embeds the requirement to assess for outcomes rather than services. This continuing practice ensures that the supported person is an active participant and assists those involved in support planning by ensuring the assessment process is a multi-participant exchange that supports decisions to be taken that reflect the outcomes that will be most appropriate to the supported person.

Shifting the Balance of Care

- Introduced the Red Bag Scheme which involves the provision of a transportable red bag to care homes which is used to store information, medication and property, for care home residents who require unplanned acute attendance and/or admission. This bag follows the resident through their journey into acute and back to the care home, with staff using it to provide key information on transfer, speeding up operational processes and supporting better decision making.
- Renfrewshire HSCP continues to work closely with partners in primary and secondary care to ensure that everyone has access to the treatment they need in the most suitable setting. Providing appropriate treatment at the right time and in the right place is at the heart of what the HSCP does.

Enabling Independent Living for Longer

- Our Care at Home Services Transformation Programme continues to work with staff, our service users, Trade Unions and partners to develop services which will enable us to better manage the ongoing demand for our services, within current budgets, whilst supporting people to remain as independent as possible within their own home.

Public Protection

- Renfrewshire's Adult Protection Committee (RAPC) completed its biennial self-evaluation report in 2018. This self-evaluation included a case file audit of 100 cases and consultation with stakeholders; these were cases in which an Adult Support and Protection (ASP) referral was made, and for which a "no further action under ASP" decision was taken during the Inquiry phase of the process. Good practice was identified, and areas of improvement have been incorporated into an action plan.
- Following a review of the Adult Support and Protection Duty Team within Specialty Services, it was agreed to continue to provide the service on a permanent basis. The Duty Team will be reviewed annually to continue to improve on the service provided.
- The Adult Protection Committee is currently undertaking an audit alongside K-Division of Police Scotland. This audit includes Inverclyde Health and Social Care Partnership; this is an opportunity to compare adult support and protection activity across the shared police division.
- Renfrewshire continues to embed the Safe and Together model of practice and social work, health and third sector managers attended training specifically designed for child protection supervisors in May 2018. Plans have been put in place this year to undertake joint training for health visiting and social work staff on the use of the neglect toolkit. Training took place in May 2019. The aim is to further embed a shared understanding of thresholds in relation to neglect and consolidate the use of a shared approach and language for professionals.
- A multi-agency case file audit was undertaken by the Renfrewshire Child Protection Committee. This audit focused on three quality indicators to measure how well partners are working together to improve the lives of children, young people and families. This also included a GP case file audit of child protection cases.

Engaging and Developing Our Staff

- Views and options of staff are sought via the iMatter survey which provides results on a team basis and enables them to identify areas of improvement. The iMatter tool from the Scottish Government aims at helping individuals, teams and public sector organisations understand and improve staff experience. Staff experience involves individuals feeling motivated, supported and cared for at work and can be observed in levels of engagement, motivation and productivity.
- Ongoing development of the HSCP’s website to improve information on health and social care Integration. During 2018/19 there were 9,500 visitors to this website with 62,670 page views.

Service Performance

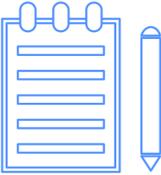
Renfrewshire HSCP has had a proactive approach to reporting on performance since 2015, with changes in our reporting approach reflecting the IJB’s views/preferences on how and what is reported. Renfrewshire HSCP produced its second Annual Report on 30 July 2018, which is available at www.renfrewshire.hscp.scot.

In our regular IJB reports, and, in the Annual Report we have used a range of methods to demonstrate progress towards our organisational vision. The IJB discusses performance at every meeting.

An overview of our performance for 2018/19 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):

Green Indicators	Performance	Target	Direction of Travel	Performance Update
<p>Smoking cessation: non-smokers at the 3-month follow up in the 40% most deprived areas.</p> <p>The rate has increased from 201 at March 2018 to 229 at Quarter 3 2019, which exceeds the annual target of 228.</p>	229	171	↑	<p>We have used social media to promote tobacco prevention across the Partnership and to gain commitment to the ASH Scotland Charter with key stakeholders. The Charter aims to help deliver a tobacco free Scotland by 2034. 19 primary schools in Renfrewshire have registered to date with a view to reducing exposure of children to second hand smoke to 12% by 2020. (NB: as of November 2018, this service became integrated into the wider NHSGGC service) therefore, Renfrewshire HSCP is no longer responsible for its monitoring and evaluation.</p>
<p>Reduce the rate of pregnancies for those under 16 years (rate per 1,000 population).</p> <p>The rate has reduced from 3.1 in 2017/18 to 2.4 in 2018/19, against a target of 3.1.</p>	2.4	3.1	↑	<p>The Health Improvement Team support school staff to deliver this agenda via ongoing staff training, most recently LGBT+ training.</p> <p>There has also been a national review of curricular resources and these are now available in draft status (near completion) for schools and can be accessed online.</p>

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Green Indicators	Performance	Target	Direction of Travel	Performance Update
Uptake rate of child health 30-month assessment. The rate has continued to increase from 82% at March 2017, to 89% at March 2018, and to 93% of eligible families at March 2019, against a target of 80%.	93%	80%		This has been achieved by using improvement methodology, which resulted in a range of improvements such as: increased frequency of clinics, follow up on non-attendance, and sharing good practice across the Health Visiting Teams.
				
% of complaints within Renfrewshire HSCP responded to within 20 days. Performance has increased from 76% at March 2018 to 81% at March 2019.	81%	70%		Following a dip in performance at September 2018, new parameters were set around timescales for complaints which saw a more stringent approach in receiving investigation outcomes. As a result, we have seen a 5% increase in performance in 2018/19, exceeding the 70% target.
				
Exclusive breastfeeding at 6-8 weeks. At 24.4%, the rate remains above target for 2018/19 (target 21.4%). This is an increase on the 2016 figure of 23.0% and a further 1% increase on the 2017 rate of 23.4%. Whilst the rate in the most deprived areas is still below target (19.9%), it should be noted that it has increased by 3.2% from 14.5% in 2017/18 to 17.7% in 2018/19, which is just outside amber status.	24.4%	21.4%		<p>Both Paisley Maternity Unit and Renfrewshire HSCP have achieved UNICEF Baby Friendly Accreditation.</p> <p>A weekly HSCP Breastfeeding Support Group is available to breastfeeding mothers, facilitated by a trained Health Visitor.</p> <p>43 establishments in Renfrewshire have achieved the Breastfeeding Welcome Award.</p> <p>100% (74/74) of nurseries have achieved the Breastfeeding Friendly Nursery Award.</p>
				

Red Indicators	Performance	Target	Direction of Travel	Performance Update
Emergency admissions from care homes. Performance at Q2 is 281 against a target of 242. Unfortunately, due to a data completion issue, Q3 data is currently unavailable.	281	242		<p>Work is ongoing with Care Home Liaison Nurses continuing to provide support to Care Homes with high admission rates.</p> <p>A Red Bag initiative has also been introduced to support Care Homes' transfers to and from Acute Services. Benefits include:</p> <ul style="list-style-type: none"> • Quicker transfer to hospital • Less time collecting key information • Less time spent in hospital • Better communication at point of discharge
				

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Red Indicators	Performance	Target	Direction of Travel	Performance Update
<p>The percentage of children seen within 18 weeks for paediatric Speech and Language Therapy assessment to appointment has decreased from 73% at March 2018 to 63.0% at March 2019.</p>	63%	100%		<p>% of children seen within 18 weeks for assessment to appointment was 63.0% at March 2019 increasing to 71.0% in May 2019. Urgent referrals are seen within target of 48 hours, those with high risk clinical profiles are seen for assessment within two weeks of referral. An Improvement Plan is in place focusing on reducing lengths of clinical journey, joint capacity building approaches with education, and maximising skill mix. Evidence based pathways in relation to dismissal criteria/thresholds have been applied. It is anticipated that the 18 week target will be achieved in late 2019.</p>
				
<p>Percentage of HSCP staff who have passed the Fire Safety LearnPro module.</p>	45.6%	90%		<p>Percentage of staff who have passed the Fire Safety LearnPro module reduced from 81.9% to 45.6% at March 2019, against a target of 90%. This is due to the module being re-designed and staff must now complete annually. All staff whose compliance has expired should have completed the module by June 2019.</p>
				
<p>Number of delayed discharge bed days.</p>	6,085	3,200		<p>Work is ongoing to reduce delayed discharges. In a small number of cases there have been difficulties with Care at Home provision due to levels of demand in particular areas, steps are being taken to address this. The remainder are awaiting care home places, either in the process of assessment or looking at their second or third choices due to unavailability of their first-choice option.</p>
				
<p>Sickness absence rate for Adult Social Work staff (work days lost per FTE). At 4.64 days at September 2018, performance has deteriorated slightly compared to March 2018 when the rate was 4.34 days against a target of 1.79 days.</p> <p>Unfortunately, year-end data is currently unavailable due to the transfer to the new Business World Council IT system.</p>	4.64 days	1.79 days		<p>There are a number of planned measures in place to address ongoing sickness absence challenges. These include:</p> <ul style="list-style-type: none"> • HR Teams continuing to work closely with service management teams to offer training and identify areas that require additional support. • Ongoing health improvement activities and support through Healthy Working Lives (HWL), aimed at raising employee awareness of health issues.
				

Renfrewshire IJBs Strategy and Business Model

Strategic Plan

We have now completed our three-year Strategic Plan for 2019-2022, which was approved by our Integration Joint Board on 22 March 2019, subject to final budget agreement.

The Strategic Plan sets out how the Health and Social Care Partnership will meet both local and nationally agreed outcomes. The development of the Strategic Plan was an accessible and inclusive process, enabled and supported by the Partnership's Strategic Planning Group (SPG).

Workshops were established to develop individual sections of the Plan, involving a wide range of staff and stakeholders. These sections were then brought together and tested with the SPG and other stakeholders.

The draft was launched for formal consultation on 18 January 2019 at an event in Johnstone Town Hall, attended by over 100 people. During the formal consultation period, the Plan was presented to the HSCP Leadership Network and to Renfrewshire Council's Corporate Management Team. We used social media to reach into the community for additional feedback. The deadline for responding to the consultation was Friday 1 March 2019.

Responses to the formal consultation raised a wide range of issues. These included requests to:

- Focus even more on prevention and early intervention
- Highlight the importance of availability of appropriate housing
- Ensure a balance of health and social care
- Dovetail the plan with service reviews
- Highlight the importance of the voluntary sector in delivering care in Renfrewshire
- Link closely with the work of Renfrewshire Council and Community Planning partners.

The new Strategic Plan takes account of national strategies and legislation, regional planning, Renfrewshire Council's Plan, the Community Plan and NHS GGC's Moving Forward Together programme.

The Strategic Plan is also aligned to our Market Facilitation Plan, which 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.

The Market Facilitation Plan is a live document which is continually updated as data becomes available. It will help inform financial planning and ultimately how we allocate our resources moving forward. It will also give service providers 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.

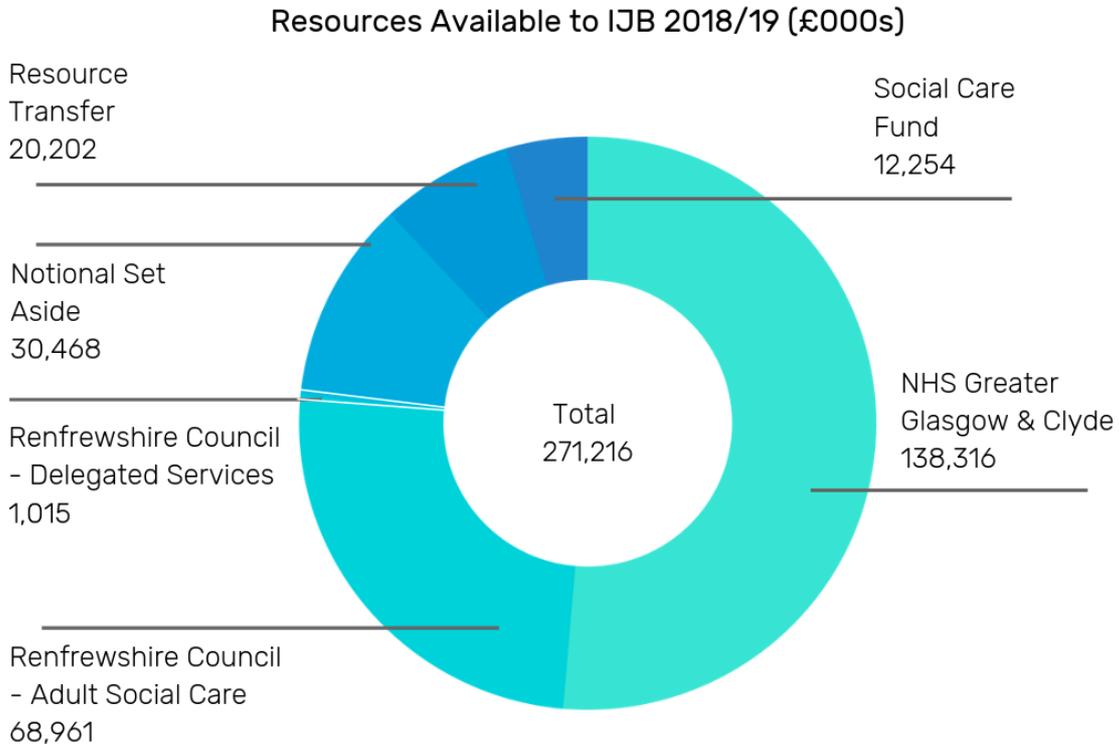
Financial Performance 2018/19

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 Chief Finance Officer 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 2019/20.

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Resources Available to the IJB 2018/19

The resources available to the IJB in 2018/19 to take forward the commissioning intentions of Renfrewshire Health and Social Care Partnership in line with the strategic plan totalled £271.216m. The chart below provides a breakdown of where this funding came from.



Included within the funding sources above is a 'Large Hospital Services' (Set Aside) budget totalling £30.468m. 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.

Summary of Financial Position

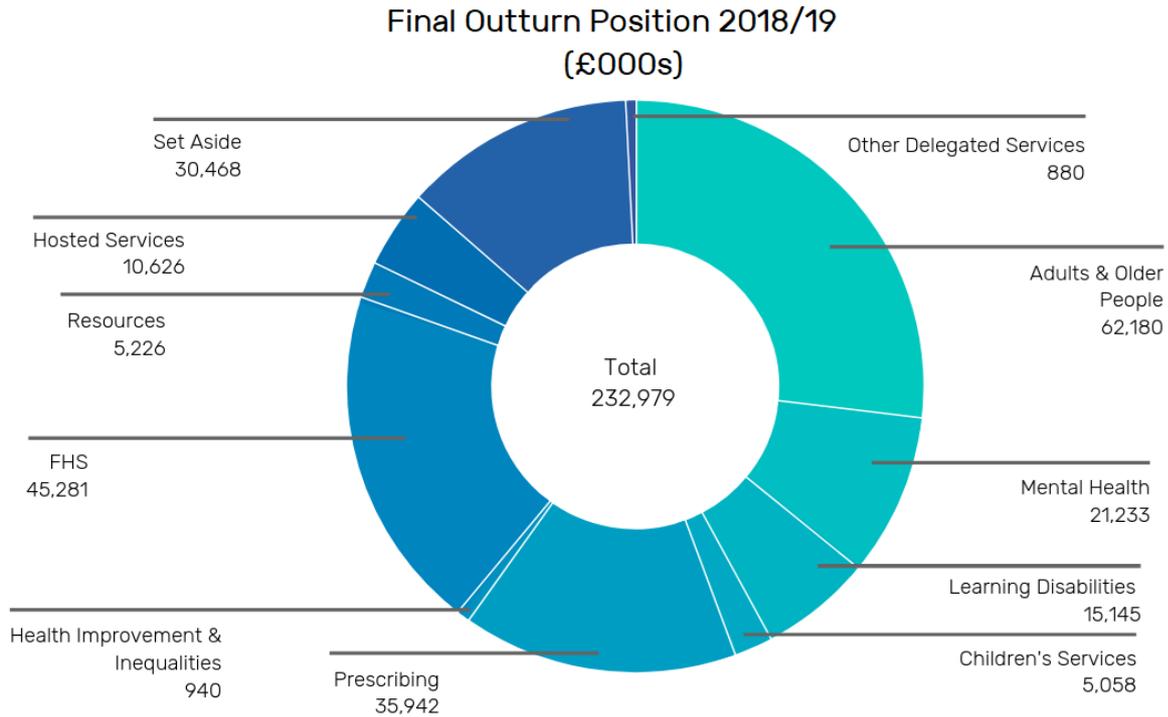
Throughout 2018/19, the Chief Finance Officer's budget monitoring reports to the IJB, forecast a breakeven position subject to the drawdown of reserves to fund any delays in the delivery of approved savings and, the transfer of specific ring-fenced monies (including Scottish Government funding for Primary Care Improvement, Mental Health Action 15 and ADP monies) and transfers to ear marked reserves which relate to commitments made in 2018/19 which will not be fully delivered until future years.

The final HSCP outturn position includes the flexible use of recurring and non-recurring resources made available by Renfrewshire Council to support the financial sustainability of Adult Social Care services as well as a drawdown from earmarked and general reserves.

The Comprehensive Income and Expenditure Statement describes income and expenditure by client group across the partnership, and, shows that a surplus of £2.031m was generated in 2018/19.

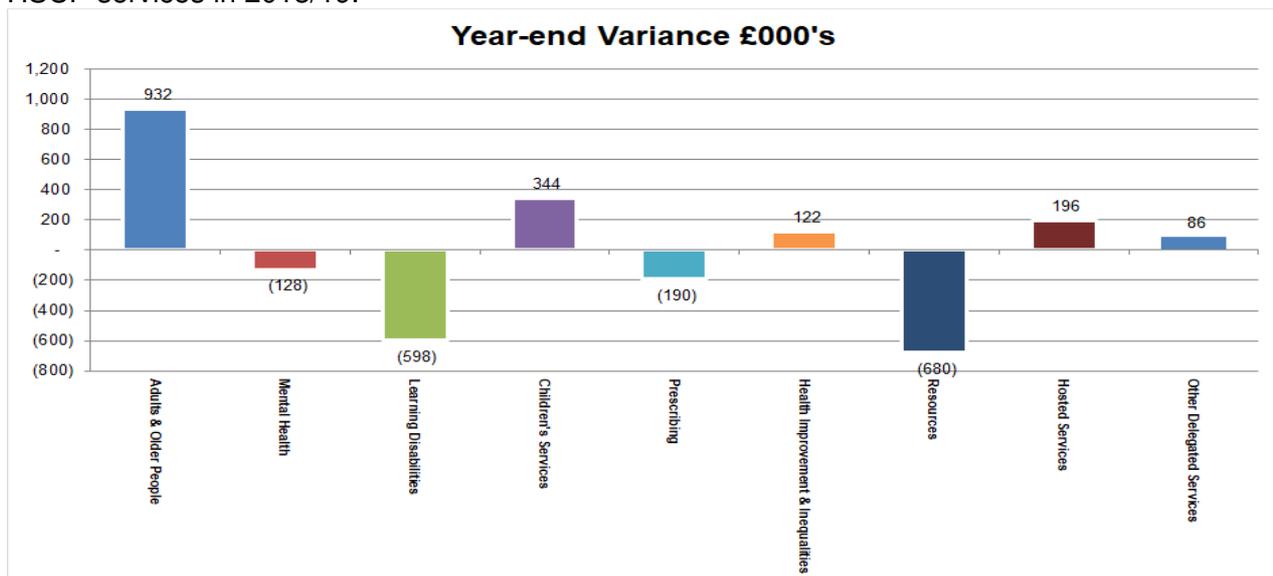
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The diagram below shows the final outturn position for all delegated Renfrewshire HSCP services in 2018/19.



The IJB approved the drawdown of reserves throughout 2018/19, in order to deliver on specific commitments including e.g. funding to mitigate any delays in delivery of approved savings, Care at Home redesign costs etc. The total amount drawn down in 2018/19 was £1.305m from earmarked reserves and £0.824m from the flexible use of non-recurring resources made available by Renfrewshire Council.

The following graph summarises the year-end variances, per client group, for all delegated HSCP services in 2018/19.



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The main broad themes of the final outturn include:

Adults and Older People Underspend £932k:

- *Care at Home*: Continued pressures within the care at home service which were subject to a range of strengthened financial governance arrangements put in place by the Chief Officer and Chief Finance Officer early on in 2018/19. However, success in keeping delayed discharges to a minimum had a significant adverse impact on this budget.
- *Employee costs - Adult Social Care*: Underspend reflecting vacancies throughout all service areas which helped to offset pressures within the Care at Home service.
- *Addictions (including ADP)* Underspend reflecting planned hold on recruitment pending the implementation of the review of addiction services.

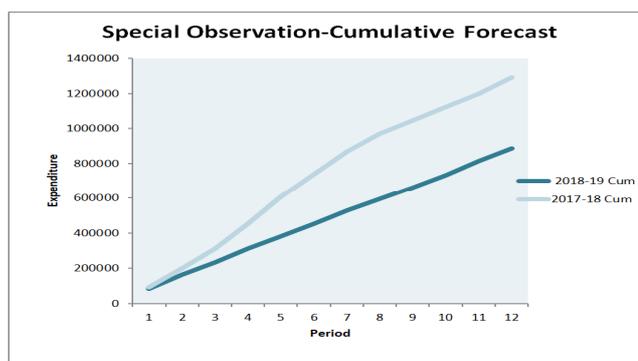
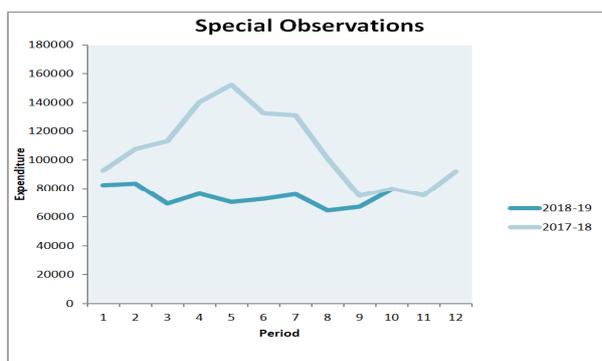
Learning Disabilities - Overspend £598k: Overspend due to ongoing pressures within the Adult Placement budget and the historical budget profile versus current client mix.

Children's Services – Underspend £344k: Underspend reflects vacancies within School Nursing and Health Visiting.

Resources – Overspend £680k: The mechanism to create reserves from the delegated Health budget to the IJB balance sheet is via the 'resources' account code within the health ledger. Accounting for reserves through this resource code ensures the client group year-end position is accurate. A number of accounting entries in relation to the draw down and creation of reserves are posted through this code which resulted in the overall net overspend of £680k.

Enhanced Observations: As part of the 2018/19 Financial Plan a £900k budget was created for enhanced observations and a commitment was made by the management team to work towards reducing these costs in line with this budget, which they successfully delivered. At 31 March 2019, expenditure on enhanced observations was £902k.

The graphs below show that the full year spend for 2018/19 was significantly lower than in 2017/18. Enhanced observation costs reduced by £389.7k from 2017/18 to 2018/19.



Prescribing

With the ending of the risk sharing arrangement across NHSGGC partnerships on 31 March 2018, 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.

The year-end position for prescribing was an overspend of £640k. Earmarked reserves of £450k were drawn down to partially offset this pressure reducing it to £190k of an overspend. As activity data is two months behind the figures in the financial ledger, the year-end adjustments were based on the position as at 31 January 2019.

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Services Hosted by other Health & Social Care Partnerships (HSCPs)

The services hosted by Renfrewshire are identified in the table below which includes expenditure for 2018/19 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	6,563,080	5,638,342
Renfrewshire	Primary Care Support	4,040,145	3,474,836
TOTAL		10,603,225	9,113,178

The services which are hosted by the other 5 Greater Glasgow and Clyde IJB's, on behalf of the other IJB's including Renfrewshire are detailed in the table overleaf. The table also includes expenditure in 2018/19 and the value consumed by Renfrewshire IJB.

Host	Service	Actual Net Expenditure to Date	Consumed by Renfrewshire IJB
East Dunbartonshire	Oral Health	£9,719,289	£1,416,100
TOTAL		£9,719,289	£1,416,100
East Renfrewshire	Learning Disability Tier 4 Community & Others	£1,666,932	£213,059
TOTAL		£1,666,932	£213,059
Glasgow	Continence	£3,802,932	£581,402
Glasgow	Sexual Health	£10,164,132	£1,299,214
Glasgow	MH Central Services	£6,027,304	£1,076,875
Glasgow	MH Specialist Services	£11,345,743	£1,660,070
Glasgow	Alcohol & Drugs Hosted	£16,019,893	£1,552,328
Glasgow	Prison Healthcare	£6,905,286	£940,587
Glasgow	HC in Police Custody	£2,330,293	£354,205
TOTAL		£56,595,583	£7,464,681
West Dunbartonshire	MSK Physio	£5,864,493	£856,646
West Dunbartonshire	Retinal Screening	£752,278	£117,732
TOTAL		£6,616,771	£974,378

Future Challenges

Looking into 2019/20 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 that the IJB plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner the position which emerges over the next few years – with the likely scenario that a significant level of further recurring savings will be required.

Taking into account a range of scenarios, current projections for the two-year period 2020/21 to 2021/22 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 £11m to £14m for this period. Subject to clarification over the coming months and years, the Chief Finance Officer (CFO) recommends that the IJB adopts a financial planning assumption to deliver savings between £5m - £7m per annum in the years 2020/21-21/22. This assumed budget gap does not take into account potential additional funding for any pressures from either the Scottish Government or our partner organisations.

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Local demographics and socio-economic issues such as poverty, deprivation and inequalities can vary significantly across Renfrewshire, which in turn, can impact upon the demand and supply of services in the community. In addition to local pressures, it is important to note the impact of pressures associated with national strategies such as the Scottish Living Wage and local GGC system wide pressure.

Other key financial risks and pressures for Renfrewshire include:



How we agree the budget for HSCPs to deliver unscheduled hospital care

The Health Board is required to determine an amount set aside for integrated services provided by large hospitals. Since the Joint Bodies Act came into force, this has not operated fully as the legislation required.

The recent Ministerial Steering Group (MSG) Review of Integration Report (February 2019) proposes that all delegated hospital budgets and set aside requirements must be fully implemented over 2019.

The increased costs of drugs, that have a short supply, created an additional financial pressure over 2018/19 in the region £2.1m and this is projected in 2019/20 to be at the same level.



Rising costs of prescriptions



Delivery of new statutory requirements such as the Carers Act, the Living Wage, free personal care for under 65s and the National Dementia Strategy

A number of new statutory requirements such as the Carers Act, the Living Wage, free personal care for under 65s and the National Dementia Strategy are anticipated to create additional financial pressures for Renfrewshire IJB over 2019/20, 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.

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, our need to further invest in digital technology is therefore paramount, creating additional financial pressure. Locally, all telecare equipment (used to support our most vulnerable service users in their home) must be upgraded from analogue to digital by 2025, creating a pressure of circa £1m.



Required investment in digital technology, key to transforming health and social care services so that care can be more person centred

Renfrewshire HSCP will continue to monitor and update these key assumptions and risks 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.

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.

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These wider strategic risks and uncertainties for the IJB include:

- 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. The Ministerial Strategic Group (MSG) Review of Integration Report acknowledges the challenging environment in which Integration Authorities are operating and makes specific proposals around governance and accountability arrangements to be implemented over 2019/20; and
- 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.

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.

Two key national documents, The Scottish Government's Medium-Term Framework for Health and Social Care and Audit Scotland's Health and Social Care Integration Review (February 2018) both highlight the need for integrated finance and financial planning to be a core component to shifting the balance of care.

Framed by these two key documents, our Financial Plan reflects the economic outlook beyond 2018/19, it 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 set out in our Strategic Plan.

Critical to its delivery are:

- Implementation of the MSG's proposals for integrated service and financial planning to enable us to deliver and focus on the gaps identified in the Audit Scotland report and the required environment to deliver the Scottish Government's medium-term strategy; and
- Delivery of our local medium-term financial strategy.

MSG - Review of Progress with Integration of Health & Social Care

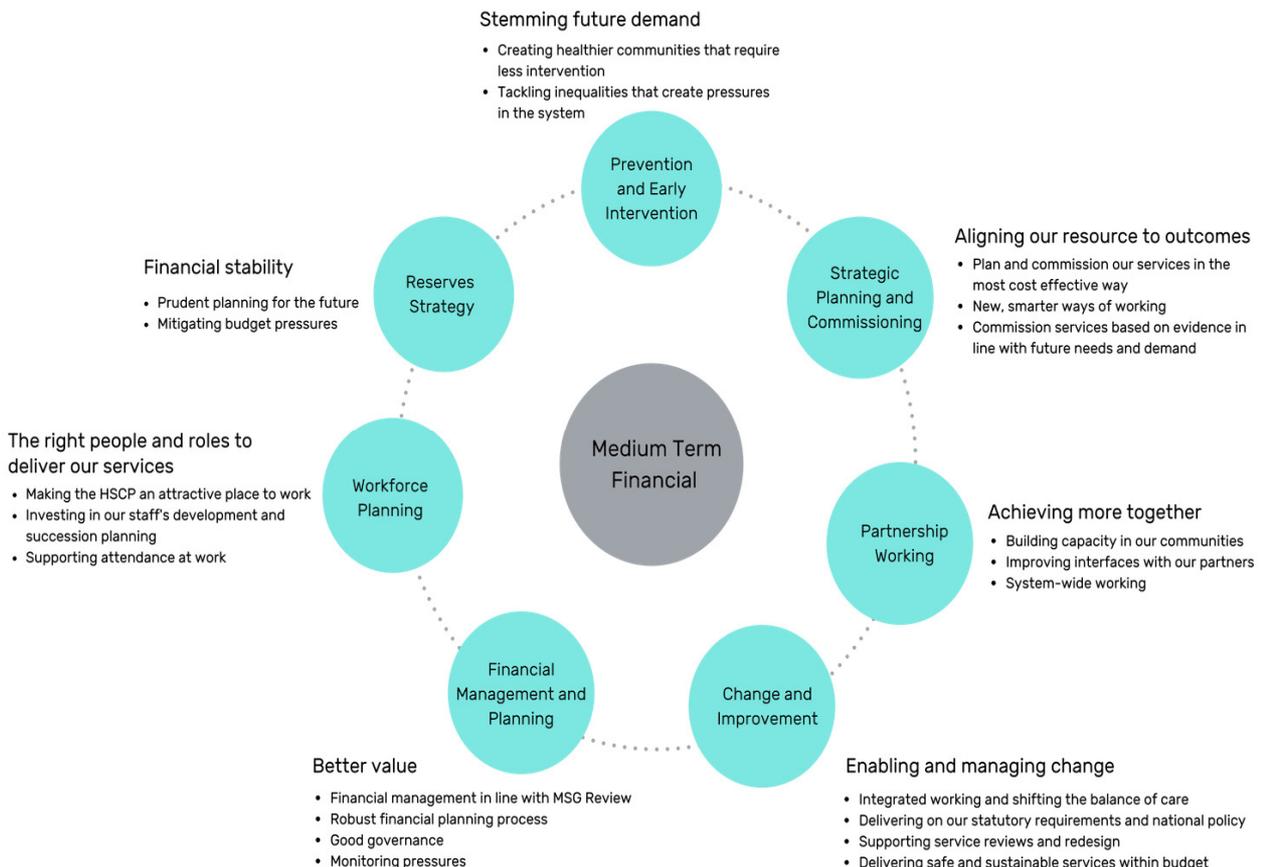
The recent MSG Review of Progress with Integration of Health and Social Care (February 2019), highlights **integrated finance and financial planning** as one of six key features which support integration. The report highlights a number of proposals central to ensuring that *"money must be used for maximum benefit across health and social care and to ensure arrangements are in place to support the Scottish Government's Medium-Term Framework for Health and Social Care"*:

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- Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration
- Delegated budgets for IJBs must be agreed timeously
- Delegated hospital budgets and set aside requirements must be fully implemented
- Each IJB must develop a transparent and prudent reserves policy
- Statutory partners must ensure appropriate support is provided to IJB S95 Officers
- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

Locally, NHSGGC, Local Authorities and Integration Joint Boards have carried out a self-evaluation to collectively evaluate their current position in relation to the findings of the MSG review. Based on the outcome of this evaluation, an Action Plan will be developed. Actions relating to integrated finance and financial planning will be led by the Chief Officer and Chief Finance Officer working with the Scottish Government and partner organisations.

Medium Term Financial Strategy



Renfrewshire Integration Joint Board (IJB) – 2018/19 Annual Accounts

Jacqueline Cameron

XX/09/19

IJB Chair

David Leese

XX/09/19

Chief Officer

Sarah Lavers CPFA

XX/09/19

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 XX September 2019.

Signed on behalf of Renfrewshire IJB

Clr Jacqueline Cameron

Date:

IJB Chair

XX/09/19

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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 2019 and the transactions for the year then ended.

Sarah Lavers CPFA
Chief Finance Officer

Date XX/09/19

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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 2018/19, 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:

Total Earnings 2017/18 £	Name and Post Title	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total Earnings 2018/19 £
119,111	D Leese Chief Officer, Renfrewshire IJB	122,632	-	122,632
84,949	S Lavers Chief Financial Officer, Renfrewshire IJB	88,983	-	88,983

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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 31/03/18 £	For Year to 31/03/19 £		As at 31/03/18 £	As at 31/03/19 £
D Leese , Chief Officer, Renfrewshire IJB	16,979	17,469	Pension	21,898	25,085
			Lump sum	65,695	60,478
S Lavers , Chief Finance Officer, Renfrewshire IJB	16,395	17,101	Pension	32,432	36,859
			Lump sum	57,602	62,440

* 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 2018	Remuneration Band	Number of Employees 31 March 2019
1	£80,000 - £84,999	-
-	£85,000 - £89,999	1
1	£115,000 - £119,999	-
-	£120,000 - £124,999	1

CLlr Jacqueline Cameron
IJB Chair

Date XX/09/19

David Leese
Chief Officer

Date XX/09/19

Annual Governance Statement

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

Scope of Responsibility

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 2018/19 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 draft 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.
- The HSCP has an Organisation Development and Service Improvement Strategy developed in partnership with its parent organisations. Progress, including an update 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

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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 2018/19 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.

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.

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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.

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.

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.

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
Review and update, as necessary, the Audit Committee Terms of Reference.	Jean Still	March 2020
Implement Ministerial Steering Group Review of Integration Proposals and Self Evaluation Actions identified to be delivered over 2019/20.	David Leese	March 2020
Carry out a review of the Renfrewshire Integration Scheme in line with the Public Bodies (Joint Working) (Scotland) Act 2014	David Leese	June 2020

Update on the 2017/18 Action Plan

Agreed action	Progress	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.	Completed and approved by the IJB in March 2019.	Jean Still	March 2019

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Review of financial regulations and associated guidance by Internal Audit.	Review of governance has been completed, including a review of financial governance documents.	Andrea McMahon	March 2019
Alignment of the new Strategic Plan, to be developed over 2018/19, to the Financial Plan.	Completed, new Strategic Plan approved by IJB in March 2019.	Fiona MacKay	March 2019

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.

Cllr Jacqueline Cameron

Date XX/09/19

IJB Chair

David Leese

Date XX/09/19

Chief Officer

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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.

2017/18 Gross Exp. £000's (Restated)	2017/18 Gross Income £000's (Restated)	2017/18 Net Exp. £000's (Restated)	Renfrewshire Health & Social Care Partnership Integration Joint Board	Note	2018/19 Gross Exp. £000's	2018/19 Gross Income £000's	2018/19 Net Exp. £000's
82,489	(13,778)	68,711	Adults & Older People		81,683	(12,402)	69,281
25,141	(326)	24,815	Mental Health		23,657	(330)	23,328
24,934	(1,323)	23,611	Learning Difficulties		26,987	(1,228)	25,760
5,548	(525)	5,023	Children's Services		5,449	(390)	5,058
36,271		36,271	Prescribing		35,942		35,942
1,044		1,044	Health Improvement & Inequalities		1,066	(127)	939
47,412	(2,274)	45,138	FHS		47,777	(2,495)	45,282
2,513	(703)	1,810	Resources		4,241	(230)	4,011
10,342	(233)	10,109	Hosted Services		10,900	(296)	10,603
29,582		29,582	Set aside for Delegated Services Provided in Large Hospitals		30,468		30,468
1,502	(139)	1,363	Services Delegated to Social Care	8	1,015	(135)	880
266,778	(19,301)	247,477	Total Costs of Services		269,185	(17,633)	251,552
	(245,425)	(245,425)	Taxation and Non-Specific Grant Income	5		(253,583)	(253,583)
266,778	(264,726)	2,052	(Surplus) or deficit on Provisions of Services (movements in Reserves)		269,185	(271,216)	(2,031)

The Comprehensive Income and Expenditure Statement has been restated in 2017/18 to reflect revised segmental reporting inline with the IJB's financial monitoring reporting.

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 as it is not required to provide a true and fair view of the IJB's finances.

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
Movement in Reserves during 2017 – 2018:			
Opening Balance at 31 March 2017	(2,644)	(2,850)	(5,494)
Total Comprehensive Income and Expenditure			
(Increase) or Decrease in 2017/18	1,714	338	2,052
Closing Balance at 31 March 2018	(930)	(2,512)	(3,442)
Movement in Reserves during 2018 – 2019:			
Opening Balance at 31 March 2018	(930)	(2,512)	(3,442)
Total Comprehensive Income and Expenditure			
(Increase) or Decrease in 2018/19		(2,031)	(2,031)
Closing Balance at 31 March 2019	(930)	(4,543)	(5,473)

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Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2019. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2018 £000's		Notes	31 March 2019 £000's
3,442	Short Term Debtors	6	5,473
3,442	Current Assets		5,473
-	Short Term Creditors	6	-
-	Current Liabilities		-
3,442	Net Assets		5,473
(930)	Usable Reserves: General Fund	7	(930)
(2,512)	Unusable Reserves: Earmarked	7	(4,543)
(3,442)	Total Reserves		(5,473)

The statement of Accounts presents a true and fair view of the financial position of the Integration Joint Board as at 31 March 2019 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 28 June 2019 and the audited accounts were authorised for issue on **xx September 2019**.

Balance Sheet signed by:

Sarah Lavers CPFA
Chief Finance Officer
XX/09/2019

Notes to the Financial Statements

Note 1: Significant Accounting Policies

General Principles

The Financial Statements summarise the transactions of Renfrewshire IJB for the 2018/19 financial year and its position at 31 March 2019.

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. It is a joint venture between NHSGGC and Renfrewshire Council.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19, 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. The historical cost convention has been adopted.

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 income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- 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 and service recipients in Greater Glasgow & Clyde, for services which are delivered under Hosted arrangements.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. All 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. This has resulted in there being no requirement for the IJB to produce a cash flow statement. 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.

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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.

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. Where material, the Chief Officer's absence entitlement at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but, is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but, is disclosed in a note only if it is probable to arise and can be reliably measured.

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. In light of the size and scale of the IJB's responsibilities, the IJB's approved Reserve Policy recommends the holding of general reserves at a maximum of 2% of the net budget of the IJB.

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. NHSGGC 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.

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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 the values included for set aside services. The set aside figure included in the IJB accounts is based on acute hospital activity data provided in September 2018 and is based on 3-year average activity and cost data to 2016/17. As such, the sum set aside included in the accounts does not reflect actual hospital usage in 2018/19.

In preparing the 2018/19 financial statements within NHTSGC, each IJB has operational responsibility for services, which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility 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 Renfrewshire IJB 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 2019**. 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 2019, 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.

Due to the introduction of a new chart of accounts by Renfrewshire Council in 2018/19, Adult Social Care has been restated in 2017/18 to reflect the revised position in relation to a realignment of some subjective categories.

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Renfrewshire Health & Social Care Partnership Integration Joint Board	2017/18 £000's Restated	2018/19 £000's
Health Services		
Employee Costs	43,749	43,880
Property Costs	29	55
Supplies and Services	8,779	6,496
Purchase of Healthcare	2,483	2,476
Family Health Service	83,655	83,712
Set Aside	29,582	30,468
Income	(4,336)	(3,884)
Total Health Services	163,941	163,203
Adult Social Care Services		
Employee Costs	30,641	31,157
Property Costs	968	1,010
Supplies and Services	1,950	2,120
Contractors	60,717	63,845
Transport	757	765
Administrative Costs	966	58
Payments to Other Bodies	2,502	3,143
Income	(14,965)	(13,749)
Total Adult Social Care Services	83,536	88,349
Total Cost of Services	247,477	251,552
Partners Funding Contributions and Non-Specific Grant Income	(245,425)	(253,583)
(Surplus)/Deficit on Provision of Services	2,052	(2,031)

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	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	162,925	164,900
Renfrewshire Council	82,500	88,683
Total	245,425	253,583

The funding contribution from the NHS Board shown above includes £30.468m 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 31 March 2019, Renfrewshire IJB had short term debtors of £5.473m relating to the reserves held, there were no creditors. Amounts owed by funding partners are stated on a net basis.

Renfrewshire Integration Joint Board (IJB) – 2018/19 Annual Accounts

Short Term Debtors	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	2,958	4,655
Renfrewshire Council	484	818
TOTAL	3,442	5,473
Short Term Creditors	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	-	-
Renfrewshire Council	-	-
TOTAL	-	-

Note 7: Usable Reserves

As at 31 March 2019 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 tables below show how reserves are allocated:

General Reserves	2017/18 £000's	2018/19 £000's
Renfrewshire HSCP – Health delegated budget underspend carried forward	930	930
TOTAL GENERAL RESERVES	930	930

Earmarked Reserves	2017/18 £000's	2018/19 £000's
Renfrewshire HSCP – Health delegated budget planned contribution to reserve:		
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	438	419
Primary Care Improvement Program (19/20)		816
GP Premises Fund – Renfrewshire share of NHSGGC funding for GP premises improvement	414	562
Primary Care Transformation Fund Monies	39	39
District Nurse 3 year Recruitment Programme	150	161
Prescribing	450	557
ADP Funding (19/20)		321
Tec Grant		20
Single Point of Access Implementation (19/20)		28
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings	339	150
Health Visiting	181	181
Tannahill Diet and Diabetes Pilot Project	17	15
Mental Health Improvement Works		150
Mental Health Action 15 (19/20)		306
TOTAL Renfrewshire HSCP	2,028	3,725
Renfrewshire Council delegated budget planned contribution to reserve:		
Care @ Home Redesign/Locality Services Redesign Associated Costs	399	0
Costs Associated With Additional Set Up Costs for Specific Planned Placement	35	60
ICT Swift Update Costs	50	27
Mile End Refurbishment		100
LA Care Home Refurbishment		300
Westland Gardens Refurbishment		105
Eclipse Support Costs (2 Year)		156
Care @ Home Refurbishment and Uniform Replacement		70
TOTAL Renfrewshire Council	484	818
TOTAL EARMARKED RESERVES	2,512	4,543

Renfrewshire Integration Joint Board (IJB) – 2018/19 Annual Accounts

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. Renfrewshire HSCP monitor the delivery of these services on behalf of the IJB.

Additional Council Services Delegated to the IJB	2017/18 £000's	2018/19 £000's
Garden Assistance Scheme	370	
Housing Adaptations	910	800
Women's Aid	222	215
Grant Funding for Women's Aid	(139)	(135)
NET AGENCY EXPENDITURE (INCLUDED IN THE CIES)	1,363	880

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.

Service Income Received	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	(4,336)	(3,884)
Renfrewshire Council	(14,965)	(13,749)
TOTAL	(19,301)	(17,633)

Expenditure on Services Provided	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	168,277	167,087
Renfrewshire Council	98,501	102,098
TOTAL	266,778	269,185

Funding Contributions Received	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	162,925	164,900
Renfrewshire Council	82,500	88,683
Total	245,425	253,583

Debtors	2017/18 £000's	2018/19 £000's
NHS Greater Glasgow and Clyde Health Board	2,958	4,655
Renfrewshire Council	484	818
TOTAL	3,442	5,473

Note 10: IJB Operational Costs

NHSGGC 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.

Renfrewshire Integration Joint Board (IJB) – 2018/19 Annual Accounts

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

IJB Operational Costs	2017/18 £000's	2018/19 £000's
Staff Costs	281	292
Audit Fees	24	25
TOTAL	305	317

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 2018/19 are £25,000. There were no fees paid to Audit Scotland in respect of any other services.

Note 13: New Standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have significant impact on its annual accounts.

To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Chief Officer

Subject: Performance Management End of Year Report 2018/19

1. Summary

- 1.1 Performance information is presented at all Renfrewshire IJB meetings. This is the second performance report for the financial year 2018/19 and covers the period April 2018 to March 2019. The performance Dashboard summarises progress against the nine National Outcomes and is attached (Appendix 1) along with the full Scorecard updating all performance measures (Appendix 2).
- 1.2 While this report is for the period April 2018 to March 2019, data is not yet available for all performance measures to March 2019. Information provided in the report is the most up to date available at this point.
- 1.3 The report provides an update on indicators from the Performance Scorecard 2018/19. There are 65 indicators of which 40 have targets set against them. Performance status is assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or above target.
- 1.4 Currently 32.5% of our performance measures have red status, 12.5% amber status and 55% green status.
-

2. Recommendation

It is recommended that the IJB:

- Approves the Performance Management End of Year Report 2018/19 for Renfrewshire HSCP.
 - Approves the process to finalise the Renfrewshire HSCP Annual Performance Report 2018/19 which will be published on 31 July 2019 and presented to the IJB on 13 September 2019.
-

3. Performance Reporting 2018/19

- 3.1 The Scorecard is structured on the nine National Outcomes. It includes measures from the Core Indicator set, incorporating some high level outcome indicators drawn from the Health and Care Experience Survey, which is carried out every two years. Feedback from our performance reporting during 2017/18 has been taken into account to

ensure a balanced coverage in terms of services, outcomes and performance measures.

3.2 The Scorecard for 2018/19 has 65 indicators:

- **25** data only
- **13** red indicators (target not achieved)
- **5** amber indicators (within 10% of target)
- **22** green indicators (target achieved)

3.3 The national indicators included in the report are those advised by the Scottish Government to enable benchmarking across all HSCPs. Some of the indicators included in the Scorecard also come from Renfrewshire's Health and Social Care Survey. This survey is carried out every two years. The next Health and Social Care Survey will be published in 2020.

3.4 We have focused our attention in the last year on tracking progress and working to achieve the six Ministerial Strategy Group (MSG) targets as part of our overall performance management process. The Scorecard focuses on

- Emergency admissions
- Unplanned bed days
- A&E attendances
- Delayed discharge bed days (18+)

Current performance is as follows:

Emergency admissions: 18,958 admissions against an annual target of 18,000 (amber status)

Unplanned bed days: 144,712 against an annual target of 123,820 (red status)

A&E Attendances: 61,175 against a target of 56,119, (amber status)

Delayed discharge bed days (18+): 6,085 against a target of 3,200 (red status)

3.5 There has been improved performance in 2018/19 for the following indicators:

- At 24.4%, the rate for the number of babies exclusively breast fed at their 6-8 week review (Outcome 1) remains above target for 2018 (21.4%). This is an increase on the 2016 figure of 23.0% and a further 1% increase on the 2017 rate of 23.4%. Whilst the rate in the most deprived areas (Outcome 5) is still below target (19.9%), it has increased by 3.2% from 14.5% in 2017/18 to 17.7% in 2018/19.
- A&E waits less than 4 hours (Outcome 3) has shown some improvement in performance, with an increase from 84.9% at March 2018 to 89.5% at March 2019, against a target of 95%

- Percentage of paediatric speech and language therapy wait times triaged within 8 weeks (Outcome 4) has increased from 97.6% at September 2018 (Quarter 2) to 100% at March 2019 (Quarter 4) against a 100% target
- We have exceeded our target for alcohol related hospital stays (Outcome 4) with a rate of 8.1 per 1,000 population aged 16+ (target 8.9) at December 2018 (Quarter 3). This is the lowest rate achieved since the recording of this indicator in January 2009. The rate was 9.1 at December 2017.
- Uptake rate of the 30-month child assessment (Outcome 4): the current uptake of assessments has increased from 89% at March 2018 to 93% of eligible families at March 2019. Within this group, 89% of infants have achieved their developmental milestones, an increase of 6% on the 2018 figure. For children where difficulties are identified, there is an intervention pathway in place to support behavioural and communication needs
- We have exceeded our target for reducing drug related hospital stays (rate per 100,000 population) (Outcome 4). The rate has reduced from 179.6 at 2016/17 to 156.1 at 2017/18 against a target of 170. Data for 2018/19 will be available in 2020.
- Percentage of complaints in the HSCP responded to within 20 days (Outcome 8) has increased from 53% at September 2018 (Quarter 2) to 81% at March 2019 (Quarter 4) against a 70% target
- The percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks (Outcome 3), has increased to 86.5% at March 2019 from 79.0% at March 2018, however the status remains at red against the target of 100%.

Factors that have influenced performance in this area and reduced capacity to meet the demand on service and the completion of assessments within 28 days include:

- 4% increase in referrals, including a 12% increase in self-referrals which require additional telephone triage time
- increased long term sickness absence within the service

3.6 Performance has deteriorated in 2018/19 for the following indicators:

- Performance on Alcohol Brief Interventions (ABIs) (Outcome 1) at March 2019 is 306 completed compared to 370 for the same period in 2017/18. To improve performance, we are now targeting the wider community rather than focusing specifically on primary care and in line with other areas in NHSGGC, we are exploring alternative ways of increasing ABI delivery in Renfrewshire.

- The percentage of children seen within 18 weeks for paediatric Speech and Language Therapy assessment to appointment was 63.0% at March 2019 and has increased to 71.0% at May 2019. In September 2018 the longest waiting time was 18 weeks, increasing to 33 weeks at February 2019. The longest wait reduced to 27 weeks at May 2019. All children with an urgent referral are seen within the target of 48 hours although this is generally in an acute setting, while those with high risk clinical profiles e.g. eating, drinking and swallowing needs are seen for assessment within the service standard of two weeks of referral. An Improvement Plan is in place focusing on ensuring more work at universal rather than specialist level, reducing unnecessary length of clinical journey, joint capacity building approaches with education, maximising skill mix, and we have applied evidence based pathways in relation to dismissal criteria/thresholds.
- Child and Adolescents' Mental Health (CAMHS) – percentage of patients seen within 18 weeks (Outcome 3) has reduced from 100% at March 2018 to 82.5% at March 2019, against a target of 100%. This recent reduction in performance around waiting times can be attributed to a 12-month period of workforce turnover and the subsequent filling of vacancies and up-skilling of staff. In addition, the Scottish Government has requested rejected referral rates are reduced to around 10%, requiring an increase in appointments from existing capacity. To mitigate this, all vacancies have been released and are in the recruitment process. Specifically two new nursing posts have been approved which will enhance the capacity of the team and address the increased waiting times.
- The percentage of staff who have passed the Fire Safety LearnPro module (Outcome 3) has reduced from 81.9% to 45.6% at March 2019, against a target of 90%. This is due to the module being re-designed and staff must now complete annually rather than bi-annually. All staff whose compliance has expired should have completed the module by June 2019.
- Emergency admissions from Care Homes (Outcome 4): Quarter 2 data is the latest available due to a data recording issue, with performance at 281 against a target of 242. Work is ongoing with Care Home Liaison Nurses continuing to provide support to Care Homes with high admission rates. A Red Bag initiative has also been introduced to support Care Homes' transfers to and from Acute Services. Benefits include:
 - Quicker transfer to hospital
 - Less time collecting key information
 - Less time spent in hospital
 - Better communication at point of discharge

- The percentage of people seen within three weeks for Alcohol and Drug Services (Outcome 4) has reduced from 87.0% at June 2018 (Quarter 1) to 74.4% at December 2018 (Quarter 3). Significant resource issues due to staff sickness and an increase in referrals has resulted in the service not meeting the waiting times target. Further analysis has shown that this issue is more prevalent within the Alcohol Service but will be resolved when the HSCP moves to a fully integrated Alcohol and Drug Service.
- The percentage of babies with a low birth weight (< 2,500g) (Outcome 4) increased from 6.2% at June 2018 (Quarter 1) to 6.4% at December 2018 (Quarter 3). The target for this indicator is 6%, which was last achieved at June 2017.
- The percentage of Health Care Support Worker staff with standard induction completed within the deadline (Outcome 8) decreased from 100% at Quarter 2 to 80% at Quarter 4. This was one of five members of staff due to complete induction in March 2019 and measures have been put in place within the service to ensure this does not recur.
- The percentage of health staff with completed TURAS profile/PDP (Outcome 8) has reduced from 75.8% at March 18 to 48.7% at March 2019, against a target of 80%. Performance has dipped in the crossover from eKSF to the new TURAS system and a focused approach is underway to increase compliance. April 2019 performance is expected to be closer to 60%. Renfrewshire's performance is above the NHS Board average of 39.2% and the Greater Glasgow & Clyde Partnership average of 33.0%.
- At 6,085, the number of delayed discharge bed days for 2018/19 is above the annual target of 3,200, remaining at red status. A great deal of work has been ongoing to reduce delayed discharges in Renfrewshire. In a small number of cases there have been difficulties with Care at Home provision due to levels of demand in particular areas, but steps are being taken to address this. The remainder are awaiting care home places and either in the process of assessment or looking at their second or third choices due to unavailability of their first choice option. The latest data available shows the number of delayed discharge episodes has reduced from 119 at April to 85 at May 2019, with a further reduction expected in June 2019.

4. Annual Report

- 4.1 Renfrewshire HSCP's second Annual Performance Report 2017/18 was published on 31 July 2018. It provided an overview of the strong partnership working within Health and Social Work Services, and with our partners in Community Planning, Housing, and the Third Sector.

Work has now begun on the 2018/19 report which will follow a similar format, balancing qualitative information against statistical data and highlighting the importance of patients', service users' and carers' feedback in the development and improvement of our services. The report will feature an overview of each service area, and will measure performance against the nine National Health and Wellbeing Outcomes. The 2018/19 Annual Report will be published on 31 July 2019 and will be presented at the IJB meeting on 13 September 2019.

The full 2017/18 report is available on our website via the link below:

http://www.renfrewshire.hsc.scot/media/4627/Annual-Performance-Report-2016-17/pdf/Annual_Performance_Report_2017-18.pdf

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – Meets the obligations under clause 4.4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

List of Background Papers – None.

Author Clare Walker, Planning and Performance Manager

Any enquiries regarding this paper should be directed to Clare Walker, Planning and Performance Manager (Clare.Walker@ggc.scot.nhs.uk /0141 618 7656)
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Dashboard Indicators

Appendix 1	Perf.	Target
Smoking cessation non-smokers at 3-month follow up in 40% most deprived areas (Q3 data)	229	228
Reduce the rate of pregnancies for those under 16 years (rate per 1,000 population)	2.4	3.1
Uptake rate of child health 30-month assessment	93%	80%
Percentage of complaints within HSCP responded to within 20 days	81%	70%
Exclusive breastfeeding at 6-8 weeks	24.4%	21.4%
Number of Emergency Admissions	18,958	18,000
A&E waits less than 4 hours	89.5%	95%
Reduce the percentage of babies with a low birth weight (<2500g) (Q3 data)	6.4%	6%
Percentage of long term care clients receiving intensive home care (national target: 30%)	28%	30%
Total number of A&E attendances	61,175	56,119
Emergency admissions from care homes (Q2 data)	281	242
Percentage of children seen within 18 weeks for paediatric SLT assessment to appointment	63%	100%
Percentage of staff who have passed the Fire Safety LearnPro module	45.6%	90%
Number of delayed discharge bed days	6,085	3,200
Sickness absence rate for Adult Social Work staff (work days lost per FTE)	4.13	2.79

Renfrewshire Integration Joint Board Scorecard 2018-2019

Performance Indicator Status		Direction of Travel	
	Target achieved		Improvement
	Warning		Deterioration
	Alert		Same as previous reporting period
	Data only		

National Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer					
Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Exclusive breastfeeding at 6-8 weeks	23.1%	23.4%	Qtr.3 24.4%	21.4%		
Number of Alcohol brief interventions	779	549	306	-	-	

National Outcome 2	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community					
Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Percentage of clients accessing out of hours home care services (65+)	89%	89%	89%	85%		
Average number of clients on the Occupational Therapy waiting list	340	302	349	350		
People newly diagnosed with dementia have a minimum of 1 year's post-diagnostic support	100%	100%	100%	100%		
Number of unscheduled hospital bed days; acute specialties	128,961	125,084	144,712	123,820		
Number of emergency admissions	22,448	18,552	18,958	18,000		
Percentage of long term care clients receiving intensive home care (national target: 30%)	27%	28%	28%	30%		
Number of delayed discharge bed days	3,205	4,680	6,085	3,200		

Appendix 2

Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Homecare hours provided - rate per 1,000 population aged 65+	460	459	444	-	-	
Percentage of homecare clients aged 65+ receiving personal care	99%	99%	99%	-	-	
Population of clients receiving telecare (75+) - Rate per 1,000	29.13	39.47	40.17	-	-	
Percentage of routine OT referrals allocated within 9 weeks	-	-	Baseline 52%	-	-	
Number of adults with a new Anticipatory Care Plan	1,847	257	185	-	-	

National Outcome 3 People who use health and social care services have positive experiences of those services, and have their dignity respected						
Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Percentage of deaths in acute hospitals (65+) (See Note 1)	40.3%	41.9%	Qtr.2 41.7%	42%		
Percentage of deaths in acute hospitals (75+) (See Note 1)	39.2%	40.7%	Qtr.2 40.5%	42%		
Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	100%	100%	94%	90%		
Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%	100%	82.5%	100%		
A&E waits less than 4 hours	89.5%	84.9%	89.5%	95%		
Percentage of staff who have passed the Fire Safety LearnPro module	-	67%	45.6%	90%		

Appendix 2

Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks.	95%	79%	86.5%	100%		
Number of routine sensitive inquiries carried out	319	178	249	-	-	
Number of referrals made as a result of the routine sensitive inquiry being carried out	16	8	1	-	-	

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	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	3.9	3.1	2.4	3.1		
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation (See Note 2)	89.6%	85.1%	Data recording issue	80%		
Uptake rate of child health 30-month assessment	82%	89%	93%	80%		
Percentage of children vaccinated against MMR at 5 years	96.4%	97.0%	97.2%	95%		
Percentage of children vaccinated against MMR at 24 months	96.2%	95.5%	96.0%	95%		

Appendix 2

Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Reduction in the rate of alcohol related hospital stays per 1,000 population	9.9	9.0	Qtr.3 8.1	8.9		
Emergency admissions from care homes (See Note 3)	538	519	Qtr. 2 281	242		
Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%	100%	100%		
Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	94.1%	84.9%	Qtr. 3 74.4%	91.5%		
Reduce drug related hospital stays - rate per 100,000 population	179.6	156.1	2018/19 data not available until 2020	170		
Reduce the percentage of babies with a low birth weight (<2500g)	5.9%	7.0%	Qtr. 3 6.4%	6%		
Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	47%	73%	63%	100%		
Emergency bed days rate 65+ (rate per 1,000 population)	297	263	262	-	-	
Number of readmissions to hospital 65+	2,032	1,337	1,368	-	-	

National Outcome 5	Health and social care services contribute to reducing health inequalities					
Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	197	201	Qtr.3 229	228 (Annual)		
Exclusive breastfeeding at 6-8 weeks in the most deprived areas	13.6%	14.5%	Qtr.3 17.7%	19.9%		

Appendix 2

Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Number of staff trained in sensitive routine enquiry	-	-	94	-	-	
Number of staff trained in Risk Identification Checklist and referral to MARAC.	-	-	133 (Mental Health, Addictions, Children's Services Staff)	-	-	

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	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Number of carers accessing training	233	242	229	220		
Number of adult support plans completed for carers (age 18+)	-	-	93	-	-	
Number of adult support plans refused by carers (age 18+)	-	-	78	-	-	
Number of young carers' statements completed	-	-	78	-	-	

National Outcome 7 Health and social care services contribute to reducing health inequalities						
Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Suicide - rate per 100,000	16	23	Annual figure. Due Jun 2019	-	-	
Number of Adult Protection contacts received	2,578	2,830	2,723	-	-	
Total Mental Health Officer service activity	200	200	723	-	-	

Appendix 2

Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Number of Chief Social Worker Guardianships (as at position)	107	117	113	-	-	
Percentage of children registered in this period who have previously been on the Child Protection Register	12%	23%	24%	-	-	

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	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
% of Health Care Support Worker staff with mandatory induction completed within the deadline	100%	100%	100%	100%		
% of Health Care Support Worker staff with standard induction completed within the deadline	100%	100%	80%	100%		
% of health staff with completed TURAS profile/PDP	68.9%	75.8%	48.7%	80%		
Improve the overall iMatter staff response rate	65%	59%	64%	60%		
% of complaints within HSCP responded to within 20 days	-	76%	81%	70%		
Sickness absence rate for HSCP NHS staff	5.6%	5.5%	5.39%	4%		
Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE)	3.65	4.34	4.13	2.79 days		
No. of SW employees in the Managing Team and Individual Performance Development process, with a completed IDP	543	909	1,000	-	-	

Appendix 2

National Outcome 9	Resources are used effectively in the provision of health and social care services, without waste					
Performance Indicator	16/17	17/18	18/19	Target	Direction of Travel	Status
	Value	Value	Value			
Formulary compliance	79.5%	79.7%	78.5%	78%		
Prescribing cost per treated patient	New indicator	£83.70	£83.23	£86.63		
Total number of A&E attendances	57,244	56,681	61,175	56,119		
Care at Home costs per hour (65 and over)	£23.56	£22.40	Annual Indicator Due early 2020	-	-	
Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	3.7%	4.25%	Annual Indicator Due early 2020	-	-	
Net residential costs per week for older persons (over 65)	£360	£414	Annual Indicator Due early 2020	-	-	
Prescribing variance from budget	0.83% underspent	3.95% over budget	0.5% over budget	-	-	

Notes

1. Percentage of deaths in acute hospitals 65+ and 75+

There is an issue with data completion for this indicator and 2018/19 year end data is currently unavailable.

2. Antenatal Care

There has been a delay with the data from ISD for this indicator and unfortunately the data is still unavailable at year end 2018/19.

3. Emergency Admissions from Care Homes

There is an issue with data completion for this indicator and 2018/19 year end data is currently unavailable.

To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Chief Officer

Heading: Renfrewshire Gender Based Violence Strategy and Service Provision

1. Summary

1.1. The purpose of this paper is to provide the Integration Joint Board with an overview of Year 1 performance against the 4 priorities of Renfrewshire's ^{No To} Gender Based Violence Strategy (2018-2021) and the strategic direction for Year 2. An annual update on the service delivery within Women and Children First is also provided.

2. Recommendation

It is recommended that the IJB:

- Note the update on the service delivered by Women and Children First and the ongoing work of the Gender Based Violence Strategy Group.
-

3. Renfrewshire's ^{No To} Gender Based Violence Strategy (2018-2021)

3.1. Equally Safe, Scotland's strategy for preventing and eradicating violence against women and girls was published in 2014 and updated in 2016. The aim of the strategy is to ensure partnership working across the public, private and third sector in order to create a "strong and flourishing Scotland where all individuals are equally safe and protected, and where women and girls live free from all forms of violence and abuse – and the attitudes which perpetuate them".

3.2. The implementation of Equally Safe is the responsibility of local Violence Against Women Partnerships. In Renfrewshire the local multi-agency Gender Based Violence (GBV) Strategy Group, jointly chaired by John Trainer (Head of Child Care and Criminal Justice, Renfrewshire Council) and Jackie Dougall (Head of Health and Social Care, Renfrewshire HSCP), provide an annual assessment to the Scottish Government against the Equally Safe Quality Standards and Performance Framework.

- 3.3. To support the implementation of Equally Safe the Renfrewshire GBV Strategy Group published its first strategy in November 2018 (link available under 'Background Papers'). The vision of Renfrewshire's No To Gender Based Violence Strategy (2018-2021) is that 'Renfrewshire is a place where GBV is not tolerated and where victims, perpetrators and communities are supported to address its causes and consequences'. The strategic priorities are:
1. Ensure strong partnership working of Renfrewshire's GBV Strategy Group.
 2. Provide high quality services which meet the needs of victims and perpetrators.
 3. Improve the knowledge, skills and behaviour of local workers.
 4. Improve the knowledge, skills and behaviour of the wider community.
- 3.4 A review of Year 1 of the strategy highlighted significant progress against the Year 1 action plan (Appendix 1). As a result of the strong partnerships within the GBV Strategy Group achievements included: the provision of robust MARAC (multi-agency risk assessment conference) and MATAC (multi-agency tasking and co-ordination); implementation of sensitive routine enquiry (SRE) and referral to MARAC in the HSCP Mental Health, Addictions and Children's Services; the delivery of multi-agency GBV training across all sectors; Mentors in Violence Prevention (MVP) programme delivered in 6 local secondary schools; delivery of a Renfrewshire Women's Conference and Reclaim the Night March during the 16 days of action.
- 3.5 Priorities for Year 2 of the strategy include: development of an evaluation framework; production of a Renfrewshire GBV website; specialist services to complete Equality Impact Assessment for service delivery; Renfrewshire Council's Domestic Abuse Policy to be finalised and launched; production of GBV guidelines for youth workers in line with child and adult protection procedures; and the launch of Rape Crisis Sexual Violence Programme in local secondary schools (Appendix 2).

4. Women and Children First Service Delivery

- 4.1 Women and Children First provides a comprehensive service to women and children in Renfrewshire who have experienced or have witnessed any or all forms of Gender Based Violence (GBV) including rape, sexual assault, harassment, child sexual abuse, physical violence, threats, isolation emotional and verbal abuse. The service sits within Renfrewshire Council Children's Services Social Work. The Social Work Manager – Operations, manages the Women and Children First Coordinator. This includes advice and guidance on managing day to day matters including child and adult protection situations. Part of this role is also to provide management and leadership, together with

Renfrewshire Council's Head of Child Care and Criminal Justice, in relation to the area of GBV.

- 4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 required that domestic abuse services be delegated to Integration Joint Boards. In Renfrewshire it was agreed that Women and Children First would remain under the management of Renfrewshire Council Children's Services Social Work. Women and Children First provides support to women and children who have experienced all forms of GBV. Due to the interconnection of GBV with domestic abuse, it is not possible to extract the delivery of domestic abuse services from the wider service delivery. The Women and Children First budget sits with Children's Services Social Work, but the Health and Social Care Partnership reports the outturn position in the annual accounts. The plan for Women and Children First to remain under the management of Renfrewshire Council Children's Services Social Work was agreed at the HSCP Senior Management Team meeting on 4 September 2017. It was further agreed that an update on the service delivered by Women and Children First (Appendix 3) and on the work of the GBV Strategy Group would be provided annually to the Renfrewshire Integration Joint Board. Further updates are provided to the Chief Officers' Public Protection Group and the appropriate Community Planning Thematic Board as requested.
- 4.3 In 2013 Big Lottery funding was secured by the GBV Strategy Group that allowed the Women and Children First service to be developed further by introducing the Women and Children First Reconnections project. This has provided a discreet child focussed element to the service. Women and Children First Reconnections has been awarded two blocks of funding by the Big Lottery and is currently in year three of five years funding.
- 4.4 The services under the umbrella of Women and Children First now include:
- Support and Advocacy Service provide a range of services for women who are in crisis and require practical support with issues such as housing, or require emotional, therapeutic support.
 - Two Children 1st workers who provide one to one service for children aged five to 16 who have experience domestic or sexual abuse.
 - One Rape Crisis worker who provides a range of services to women and young girls affected by abuse.
 - Women and Children First Reconnections provide a range of group supports to both women and their children affected by domestic abuse.
 - Other support services include play therapy and cognitive behavioural therapy by volunteers and sessional workers.

Referrals

- 4.5 In 2018/19 Women and Children First received 599 new referrals (clients may be referred more than once in the same year) and supported 296 individual clients. Of the 599 new referrals, 231 were to the

Reconnections service providing supports to women and their children affected by domestic abuse. In 178 of the remaining referrals, the main contact reason was multiple forms of abuse. Sexual abuse was the main contact reason in 131 cases, with emotional abuse being the main contact reason in 67 cases and physical abuse in 16. This highlights the complex nature of GBV and the comprehensive service that Women and Children First can offer those affected. The majority of referrals were made by social work staff or women themselves with 162 self-referrals made and 171 referrals coming from social work teams. Health visitors made 23 referrals, 37 referrals came from community health services and three from GPs.

4.6

Finance

The annual budget breakdown for Women and Children First for 2018/19 is detailed in the table below.

Women and Children First Budget 2018/19		
	Renfrewshire Council	Big Lottery
Staff costs (salaries, travel, training)	£142,924.00	£111,498.00
Client resources (client travel, resources for groups etc)	£8,740.00	£16,000.00
Administration (tele/printing, conferences, multi-agency training)	£5,860.00	£7,800.00
Monitoring and Evaluation		£600.00
Rape Crisis	£32,000.00	£5,000.00
Children 1 st	£37,767.00	£39,151.00
TOTAL	£227,291.00	£180,049.00
Management	£18,259.00	
Facilitators	£6,300.00	
Overheads (rent/electricity)	£12,542.00	
Total in kind	£37,101.00	

Implications of the Report

1. **Financial** – n/a
2. **HR & Organisational Development** – n/a
3. **Community Planning** – n/a
4. **Legal** – n/a
5. **Property/Assets** – n/a

6. **Information Technology** – n/a
 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** – n/a
 9. **Procurement** – n/a
 10. **Risk** – None.
 11. **Privacy Impact** – n/a.
-

List of Background Papers –

Renfrewshire GBV Strategy

http://www.renfrewshire.gov.uk/media/7942/Renfrewshire-GBV-Strategy-2018-2021/pdf/Renfrewshire_GBV_Strategy_2018-2021.pdf

Renfrewshire GBV Strategy Summary

http://www.renfrewshire.gov.uk/media/7943/Renfrewshire-GBV-Strategy-2018-2021---Summary/pdf/Renfrewshire_GBV_Strategy_2018-2021_-_Summary.pdf

Renfrewshire GBV Strategy Plan on a Page

http://www.renfrewshire.gov.uk/media/7944/Renfrewshire-GBV-Strategy-2018-2021---Plan-on-a-Page/pdf/Renfrewshire_GBV_Strategy_2018-2021_-_Plan_on_a_Page.pdf

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Report: Renfrewshire GBV Strategy Year 1 (2018-2019) Performance Update

Date: 02/04/19

Author: Lindsay Jack, Health Improvement Lead

1.	<u>Introduction</u>	
1.1	This paper will update the Gender Based Violence (GBV) Strategy group on the progress made, against the 4 priorities, of the Renfrewshire GBV Strategy in year 1 of the strategy. The Year 1 performance measures will also be provided.	
2.	<u>Background</u>	
2.1	The Renfrewshire's Gender Based Violence (GBV) Strategy 2018-2021 outlines how the Renfrewshire GBV Strategy Group aims to achieve its vision that "Renfrewshire is a place where GBV is not tolerated and where victims, perpetrators and communities are supported to address its causes and consequences".	
2.2	To achieve this vision the strategy sets out 4 key priorities: <ol style="list-style-type: none"> 1. Ensure strong partnership working of Renfrewshire GBV Strategy Group. 2. Provide high quality local services which meet the needs of victims and perpetrators. 3. Improve the knowledge, skills and behaviour of local workers. 4. Improve the knowledge, skills and behaviour of the wider community. 	
2.3	Annual action plans for each year of the 3 year strategy are produced which outline how the partnership will work towards the achievement of the 4 priorities. Additional performance measures are also reported annually which incorporate those outlined in the Scottish Government's Equally Safe Performance Framework as well as local measures. A summary of the Year 1 progress against the performance measures and Year 1 action plan are provided in sections 3 and 4 respectively.	
3.	<u>Overview of Year 1 Additional Performance Measures</u>	
3.1	A summary of the Year 1 (2018/2019) Performance Measures is outlined below. Full details can be found in Appendix 1.	
3.1.1	Percentage of GBV Strategy group agencies with GBV HR policies in place: <ul style="list-style-type: none"> • 63% • Renfrewshire Council currently has no GBV HR policy in place. This is currently in draft awaiting approval. • Barnardo's and Children 1st do not have GBV HR policy in place. 	
3.1.2	Number of victims and perpetrators of GBV referred to specialist services: <ul style="list-style-type: none"> • 1215* women and children. • 115 perpetrators. • Information from Barnardo's and ASIST not available. • *Possibility of double counting exists for women who may be referred to more than 1 agency. 	

3.1.3	<p>Specialist service waiting times:</p> <ul style="list-style-type: none"> • There is currently no waiting time for the following services: Women's Aid Advice Centre; Children 1st; Up2U perpetrator and partner support programmes. • The average wait for Women's Aid refuge space is 9 days. • Rape Crisis waiting times in Renfrewshire service are minimal but are 3-4 months at Glasgow base for allocated worker. • Women and Children First cannot currently provide this information. • Information from Barnardo's and ASIST not available.
3.1.4	<p>Sources of referral to GBV services:</p> <ul style="list-style-type: none"> • The main sources of referral to specialist services are: self referral; social work; health; Police. • All referrals to Up2U programme come from Court, or as parole licence conditions. Partner support referrals come from the Criminal Justice Team. • Information from Barnardo's and ASIST not available.
3.1.5	<p>Percentage of service users reporting positive outcome:</p> <ul style="list-style-type: none"> • 100% of Children 1st service users reported positive outcome following involvement with the service. • Women and Children First, Women's Aid, Rape Crisis, Up2U do not currently record this formally. • Information from Barnardo's and ASIST not yet available.
3.1.6	<p>Percentage of service users reporting feeling safer:</p> <ul style="list-style-type: none"> • 100% of sample of Women's Aid clients reported feeling safer following support from the service. • Women and Children First, Rape Crisis and Up2U do not currently record this. • Information from Barnardo's and ASIST not available.
3.1.7	<p>Percentage of service users reporting increased levels of wellbeing:</p> <ul style="list-style-type: none"> • 100% of a sample of Women's Aid clients strongly agreed/agreed that they had increased levels of wellbeing following support from the service. • 100% Children 1st clients. • Women and Children First, Rape Crisis Up2U do not currently record this. • Information from Barnardo's and ASIST not available.
3.1.8	<p>Service user voices heard:</p> <ul style="list-style-type: none"> • The method and frequency by which this is carried out varies across services.
3.1.9	<p>Number of participants in local GBV training programme:</p> <ul style="list-style-type: none"> • 150 HSCP staff were trained in Sensitive Routine Enquiry and referral to MARAC. • Training figures from multi-agency training programme unavailable. • 35 Housing staff trained in GBV awareness as part of 16 Days of Action.
3.1.10	<p>Training courses available on all aspects of GBV:</p> <ul style="list-style-type: none"> • Not available in 2018/19. Training focussed on GBV, domestic abuse and childhood sexual abuse.
3.1.11	<p>Percentage of training attendees reporting an improvement in knowledge, skills and behaviour:</p>

		<ul style="list-style-type: none"> Not available across all courses in 2018/19.
3.1.12	Percentage of clients in key HSCP services who are routinely asked about GBV:	<ul style="list-style-type: none"> 78% (Community Mental health: 95%, Children's Services: 68%).
3.1.13	Number of local events to raise awareness during 16 days of actions:	<ul style="list-style-type: none"> 5 – Including Women's Conference, Reclaim the Night March, event at Women's Centre and targeted training of housing staff.
3.1.14	Number of people in attendance at local events:	<ul style="list-style-type: none"> Approximately 300 people attended across the 2 events.
3.1.15	Improved community understanding of GBV:	<ul style="list-style-type: none"> A robust and regular system for monitoring community understanding was not in place.
3.2	Completion of the Year 1 performance measures has highlighted a number of areas for action in 2019/20 to enable more robust reporting in Year 2. These have been incorporated into the 2019/20 action plan.	<ul style="list-style-type: none"> Develop a reporting template for monitoring service user's levels of wellbeing, safety, and positive outcomes following support from specialist services. Deliver a multi-agency training plan across the spectrum of GBV. Develop standardised evaluation template questions to monitor knowledge, skills and behaviour immediately after GBV training and following a period of practice. Develop a robust process for monitoring community understanding of GBV.
<u>4. Year 1 Action Plan Summary</u>		
4.1	A summary of the main achievements from the Year 1 action plan and actions that were not completed and therefore will be carried into 2019/20 are outlined below. Full details can be found in Appendix 2.	
4.2	Priority 1: Ensure strong partnership working within Renfrewshire's GBV Strategy Group.	
4.2.1	Achievements:	<ul style="list-style-type: none"> The performance of the Renfrewshire GBV Strategy Group was assessed against the Equally Safe Quality Standards and Performance Framework. Gaps identified have been included in the 2019/20 GBV Strategy action plan. GBV Strategy has been equality impact assessed and an associated action plan produced.
4.2.2	Continued areas for action in 2019/20:	<ul style="list-style-type: none"> Development of a performance framework template for specialist services to monitor Equally Safe performance measures. Development of an evaluation framework for the strategy. An initial support meeting for this has been arranged for May 2019. Development of the 2019/2020 communications plan will be produced by the end of May 2019. Work to produce Renfrewshire GBV website will continue in 2019/2020.
4.3	Priority 2: Provide high quality services which meet the needs of victims and address the behaviour of perpetrators.	

4.3.1	<p>Achievements:</p> <ul style="list-style-type: none"> • Equality Impact Assessment (EQIA) training provided to representatives from specialist services who do not have a current service EQIA. • Robust MARAC and MATAC provision continues in Renfrewshire. • 150 HSCP staff were trained, across 17 sessions, in sensitive routine enquiry and referral to MARAC. • The combined results of 2 service audits showed that 95% and 68% of Community Mental Health and Children's Services clients were asked about their experience of GBV. • The Early Action System Change (EASC) project has awarded 10 voluntary sector organisations small grants to co-design responses to working with young people on positive relationships.
4.3.2	<p>Continued areas for action in 2019/20:</p> <ul style="list-style-type: none"> • EQIA's will be completed for all specialist services.
4.4	<p>Priority 3: Improve the knowledge, skills and behaviour of local workers around the topic of GBV through training and awareness raising activity.</p>
4.4.1	<p>Achievements:</p> <ul style="list-style-type: none"> • A multi-agency GBV training plan has been produced which will offer training on the spectrum of GBV to staff across Renfrewshire organisations in 2019/20. • A subgroup has been established to produce a Safe and Together training and implementation plan for staff in Child Welfare settings. • All Police Officers in K Division completed e-training package in advance of new co-ercive control legislation start date on 1st April. Face to face training is underway.
4.4.2	<p>Continued areas for action in 2019/20:</p> <ul style="list-style-type: none"> • Evaluate impact of previous Safe and Together training on practice and develop implementation plan. • Finalise and launch Renfrewshire Council Domestic Abuse Policy. • Produce GBV guidelines for youth workers in line with child and adult protection procedures. • Face to face training for Police Officers on new co-ercive control legislation to be completed.
4.5	<p>Priority 4: Improve the knowledge, skills and behaviour of the wider community around the topic of GBV through awareness raising activity.</p>
4.5.1	<p>Achievements:</p> <ul style="list-style-type: none"> • The Mentors in Violence Prevention (MVP) Programme is now delivered in 6 Renfrewshire secondary schools. Training dates for the next 3 schools have been identified. • 100 women attended the Renfrewshire Women's Conference and 200 people attended Renfrewshire's Reclaim the Night March. Both events took place during the 16 days of action. • Renfrewshire Council's Chief Executive's statement on supporting victims of domestic abuse was launched during the 16 days of action. • Social media engagement with a series of posts during the 16 days of action was: twitter engagement – 16,346; facebook reach – 4289. • Social media engagement with Female Genital Mutilation (FGM) was: twitter engagement – 379; facebook reach – 506.

	4.5.2	<p>Continued areas for action in 2019/20:</p> <ul style="list-style-type: none"> Rape Crisis Sexual Violence Prevention Programme to be re-launched in secondary schools following staff changes.
<p>5. <u>Conclusion</u></p>		
	5.1	<p>Although the Renfrewshire GBV strategy is a 3 year strategy (2018-2021) it was not launched until November 2018. Consequently the partnership had approximately 6 months to complete the first year's action plan. During this time substantial achievements have been made in completing many identified actions and progressing others to their current position. This review of the Year 1 performance as highlighted the progress that has been made towards the achieving the 4 local priorities as well as identifying areas for action in Year 2.</p>
<p>6. <u>Recommendations</u></p>		
	6.1	<p>The Renfrewshire GBV Strategy Group is asked to:</p> <ul style="list-style-type: none"> Note the progress made by the partnership in the first year of the Renfrewshire GBV Strategy. Agree the actions to be carried forward to Year 2.

Renfrewshire GBV Strategy Additional Performance Measures April 2018 - March 2019

Performance Measure	Completed By	Position at end March 2019
Percentage of GBV strategy group agencies with GBV HR policies in place.	All Strategy Group partners.	Renfrewshire Council – No policy in place NHSGGC – Policy in place Greater Glasgow and Clyde Rape Crisis – Policy in place Police Scotland – Policy in place Women’s Aid – Policy in place ASSIST – Policy in place Children 1 st – unknown Barnardo’s – unknown
Number of victims and perpetrators of GBV referred to specialist services.	Barnardo’s Women and Children First Women’s Aid Children 1 st Rape Crisis Up2U ASSIST	Barnardo’s No information received. Women and Children First 599 (Women and Children First: 368, Renfrewshire Reconnection: 231). Women’s Aid 427 Children 1st 33 Rape Crisis

		<p>111 survivors supported through their outreach service in Renfrewshire. A further 39 survivors from Renfrewshire were supported at the GCRC base in Glasgow.</p> <p>Up2U 115 service users were assessed for their suitability to undertake Up2U modules.</p> <p>6 women were referred for Up2U partner support work.</p> <p>ASSIST No information received.</p>
Specialist service waiting times.	<p>Barnardo's Women and Children First Women's Aid Children 1st Rape Crisis Up2U ASSIST</p>	<p>Barnardo's No information received.</p> <p>Women and Children First Information not available</p> <p>Women's Aid No waiting for support at Advice centre. Average wait for refuge space – 9 days.</p> <p>Children 1st We do not currently measure waiting time. We capture waiting list at any one point.</p> <p>Rape Crisis Waiting times for Glasgow and Clyde Rape Crisis services in Renfrewshire are minimal as we operate in partnership with Women and Children First. Waiting time for services at our Glasgow base is longer with a possible 3 – 4 months wait to be allocated a named worker.</p> <p>Up2U Up2U has no waiting times. Everyone who is assessed as suitable can access our service with no delay.</p> <p>Up2U partner support has no waiting times.</p>

		ASSIST No information received.
Sources of referral to GBV services.	Barnardo's Women and Children First Women's Aid Children 1 st Rape Crisis Up2U ASSIST	Barnardo's No information received. Women and Children First Social Work Self referral Health Police Relative/friend/other Advocate Housing Other agencies (including armed forces). Women's Aid Assist – 10 Education – 5 Friend/Relative – 39 Health – 31 Housing – 12 MARAC – 1 Other Voluntary Sector – 10 Other WA Group – 12 Police – 20 Self – 221 Social Work – 20 Women & CF – 4 Children 1st Education- 3 Health – 1 Voluntary Organisations – 1 Parent/carer self referral – 13 Child/Young Person self referral – 1 Social Work - 14 Rape Crisis Self referrals

		<p>Police Health Other voluntary organisations</p> <p>Up2U Up2U – all referrals require to come from court, or as parole licence conditions.</p> <p>Up2U – partner support referrals come from Criminal Justice team.</p> <p>Women who are involved with the Women’s Community Justice service via the Court have access to 2 IDAAs in the team</p> <p>ASSIST No information received</p>
<p>Percentage of service users reporting positive outcome.</p>	<p>Barnardo’s Women and Children First Women’s Aid Children 1st Rape Crisis Up2U ASSIST</p>	<p>Barnardo’s No information received</p> <p>Women and Children First Not recorded</p> <p>Women’s Aid Not recorded</p> <p>Children 1st 100%</p> <p>Rape Crisis Not recorded</p> <p>Up2U</p> <p>We are in the early stages of gathering information, however some of the comments we have had regarding Up2U work includes:</p> <p>“I feel I have a better understanding of the factors which contributed to my behaviour and what I need to do to prevent</p>

		<p>further domestic incidents.</p> <p>““In the future relationships I am going to slow down and build trust... I also saw in the media about men controlling their partners’ phones, social media etc. That was who I was! I don’t want to be that man and I am going to continue to challenge negative self talk as I know this leads to harmful outcomes.”</p> <p>One woman who we referred to MARAC got a very positive outcome by being rehoused in a new tenancy. We have made 5 referrals to MARAC in the last year resulting in storm markers being placed on their addresses and phone and this has made</p> <p>ASSIST No information received.</p>
<p>Percentage of service users reporting feeling safer.</p>	<p>Barnardo’s Women and Children First Women’s Aid Children 1st Rape Crisis Up2U ASSIST</p>	<p>Barnardo’s No information received</p> <p>Women and Children First Not recorded.</p> <p>Women’s Aid Of 14 women surveyed 14 strongly agreed that the support from Renfrewshire Women’s Aid made them feel safer.</p> <p>Children 1st No service users reported feeling unsafe at start of support – we are a recovery service therefore referrals come to our service when children are no longer living with Domestic Abuse. Some children and young people, however, report feeling unsafe as a result of on-going harassment and challenges with contact arrangements/court procedures – this has not been the case in this year.</p> <p>Rape Crisis Not recorded.</p>

		<p>Up2U We do not currently measure this. We have made 5 referrals to MARAC in the last year resulting in storm markers being placed on their addresses and phones and this has made the women feel safer. Additionally, we offer all the women we work with who are victims of domestic abuse safety planning, risk assessment, link to other support agencies and, on occasion, referral to MARAC.</p> <p>ASSIST</p>
Percentage of service users reporting increased levels of wellbeing.	<p>Barnardo's Women and Children First Women's Aid Children 1st Rape Crisis Up2U ASSIST</p>	<p>Barnardo's No information received</p> <p>Women and Children First No information received</p> <p>Women's Aid Of 14 women surveyed 13 strongly agreed and 1 agreed that the support from Renfrewshire Women's Aid made them improved their emotion and physical health and wellbeing.</p> <p>Children 1st 100%</p> <p>Rape Crisis</p> <p>Up2U We do not currently measure this but we definitely work towards this.</p> <p>ASSIST No information received</p>
Service users' voices heard.	<p>Barnardo's Women and Children First Women's Aid Children 1st Rape Crisis Up2U</p>	<p>Barnardo's No information received</p> <p>Women and Children First</p> <p>Women's Aid</p>

	<p>ASSIST</p>	<p>Quarterly service user lunches are held by Women's Aid. Service users from across the service are invited and asked to evaluate the service they have received.</p> <p>Children 1st All service users contribute to their own work plan and to their reviews. We have also supported the a young person's group to form and decide on relevant areas for discussion.</p> <p>Rape Crisis Evaluations gathered by GCRC are used to improve services and focus on gaps in service. Using this method of giving survivors the chance to feed back to us on the service, we have improved our disability access, increased evening services, increased drop in provision and improved access through our Connect Live service.</p> <p>GCRC also has a young women's participation group that meets regularly and is currently working on the development of an online resource created by young survivors for young survivors.</p> <p>Up2U Following completion of Up2U modules, we seek service user feedback via a questionnaire. This allows us to improve the service and evaluate the work being undertaken.</p> <p>Women's Community Justice service use end of Order Questionnaires for those on statutory orders.</p> <p>We also have regular review meetings with women where they contribute verbally.</p> <p>Qualified IDAAs are trained and skilled in listening to women in Up2U partner support.</p> <p>ASSIST No information received.</p>
Number of participants in local GBV training	Louise Moore	In addition to the multi-agency GBV training plan the following

programme.	Lindsay Jack	GBV training took place: 150 HSCP staff were trained in sensitive routine enquiry and referral to MARAC. 1 MP and 6 members of staff received basic awareness of domestic abuse training.
Training courses available on all aspects of GBV.	Louise Moore Lindsay Jack	2018/19 training courses included: Overview of GBV Domestic Abuse Childhood Sexual Abuse 2019/20 training plan has been expanded to include: Domestic Abuse Scotland Act Child Sexual Exploitation Human Trafficking Female Genital Mutilation Rape and Sexual Assault Remaining gaps will be addressed in 2020/21.
Percentage of training attendees reporting an improvement in their knowledge, behaviour and skills.	Louise Moore Lindsay Jack	Not available – will be incorporated into 2019/20 training plan.
Percentage of clients in key HSCP services who are routinely asked about GBV.	Lindsay Jack	Total: 78% Community Mental Health: 95% Children's Services: 68%
Number of local events to raise awareness during 16 days of action.	Louise Moore Maxine Hendry	2 events took place: Women's conference and Reclaim the Night March.
Number of people in attendance at local awareness raising events.	Louise Moore Maxine Hendry	300 people attended across the 2 events which took place during 16 days of action.
Improved community understanding of GBV.		This cannot currently be measured. We will explore opportunities to develop ways of measuring this in 2019/20.

Renfrewshire Gender Based Violence Strategy Year 1 Action Plan (2018-2019) – March 2019 Update

Key

Green = complete

Red = not completed by end March 2019

Local Priority 1: Ensure strong partnership working within Renfrewshire's GBV Strategy Group

What will we do?	Who will do it?	How will we do it?	When will we do it by?	How will we know we have done it?	Progress update Jan	Status – Jan 2019	End of year update March 2019	Status March 2019
1.1 Assess GBV Strategy Group Performance against the Equally Safe Quality Standards and Performance Framework.	Social Work Manager – Operations	Map local activity against Quality Standards.	September 2018	Online survey for Equally Safe Quality Standards complete.	Mapping exercise complete	Green	Mapping exercise complete	Green
	Health Improvement Lead	Identify gaps in delivery of Quality Standards.	March 2019	Actions to address gaps included in 2019-2020 Action plan.	Gaps will be highlighted in action plan for 2019/2020 Mapping exercise complete		Gaps highlighted in action plan for 2019/2020	
		Map Performance Framework data across all partner agencies.	December 2018	Online survey for Equally Safe Performance Indicators complete.	Mapping exercise complete		Mapping exercise complete	
		Identify gaps in Performance Framework data collection.	December 2018	Actions to address gaps included in 2019-2020 Action Plan.	Gaps will be highlighted in action plan for 2019/2020		Gaps highlighted in action plan for 2019/2020	
		Pilot quarterly data collection in preparation for national reporting.					Pilot took place. Only 2 organisations responded. Further work required.	
1.2 Equality Impact	Health Improvement	Establish short life working group.	December 2018	EQIA submitted.	Draft EQIA and action plan will	Amber	EQIA complete	Green

Assess (EQIA) the Renfrewshire GBV Strategy (2018-2021).	Lead	Undertake EQIA of GBV Strategy.		EQIA action plan produced.	be complete by end March.			
1.3 Evaluate the impact of the GBV Strategy annually.	Social Work Manager – Operations Health Improvement Lead	Develop an evaluation framework.	March 2019	Evaluation framework complete. Year 1 of GBV Strategy assessed in line with the framework.	Support being sort for development of evaluation framework.	Red	Support being sought to develop framework – initial meeting to take place 14 th May.	
1.4 Create a Renfrewshire GBV Communication Plan.	Women and Children First Co-ordinator Health Improvement Lead	Identify key GBV messages to be communicated. Identify communication methods.	December 2018	Communication plan approved at GBV Strategy Group.	Draft Communication plan for 2019/2020 will be complete by end March.	Amber	In progress, awaiting key campaign dates. Will be presented at June strategy group meeting	Red
1.5 Create a Renfrewshire GBV website.	Women and Children First Co-ordinator Women's Aid Refuge Support Worker	Establish short life working group (SLWG). Agree website content. Agree website design.	March 2019	SLWG Established. Process for website establishment agreed.		Red	Discussion with Communication team. Website content and cost to be discussed and agreed at April GBV Strategy Group	Red

Local Priority 2: Provide high quality services which meet the needs of victims and address the behaviour of perpetrators.

What will we do?	Who will do it?	How will we do it?	When will we do it by?	How will we know we have done it?	Update January 2019	Status	End of year update March 2019	Status March 2019
2.1 Service users are consulted in individual GBV service and programme redesign (victim and perpetrator).	Women and Children First Co-ordinator Barnardo's Service Manager Women's Aid Refuge Support Worker Criminal Justice Services Manager ASSIST Operations Manager Children 1 st Manager Glasgow and Clyde Rape Crisis Manager	Evidence of service user consultation provided to GBV Strategy Group when services undergo redesign.	As required.	Report of service user feedback presented to GBV Strategy Group.	ASSIST's last partnership agency and client evaluation report was completed in April 18. Next client satisfaction survey is scheduled for March/April 19 Children 1st - Young people consulted on the purpose, focus and name of new group, which will start in early February. Young people selected the name RISE (Respect, Inclusion, Strength, and Empowerment)	Red	Children 1st – 8 week young persons group completed. The group were consulted on the issues to be discussed and one young person played a peer mentor role in the group WCF No service redesign planned at WCF at this time. Consultation group establish with young people (Children 1 st taking lead.) Routine exit interview established to record impact/feelings on wellbeing and safety However the worked planned by SafeLives will involve significant amount of service	

							user contact and consultation about their experiences of local services. When completed the research will be included in a national report and may have a significant impact on service delivery.	
2.2 EQIA's are undertaken for all GBV services and programmes (victim and perpetrator).	Health Improvement Lead	Identify current practice for each service and programme. Undertake EQIA with services/programmes that do not have one.	March 2019	EQIA complete for all services/programmes. EQIA action plan for each service/programme as required.	WA have EQIA ASSIST – Leading Lights Accredited – query EQIA required. EQIA required for WCF, Up2U, Children 1 st , ASIST? Health Improvement will deliver a session before end March 2019. Services will be supported to undertake EQIA.	Red	Training undertaken. Next step to form short life consultation and planning group (stakeholders) and complete draft of EQIA template.	Red
2.3 The local MARAC operates in line with legal	Public Protection Manager	Ongoing consultation with MARAC Co-ordinators Group and SafeLives.	March 2019	Annual review of MARAC Operating Protocol complete.	MOP review has been completed and implemented	Green	MOP review has been completed and implemented.	Green

responsibilities and keeps up to date with changes to legislation and national guidelines.								
2.4 The local MATAC operates on a multi-agency basis to target high risk perpetrators of domestic abuse to decrease risk and increase the protection of victims.	Detective Chief Inspector for Public Protection	Monthly MATAC meetings will be Police led with attendance for multi-agency partners. Decrease threat, risk and harm to victims. Target perpetrators at all criminal levels.	March 2019	Monthly reviews of ongoing MATAC actions. Compliance of MATAC Operational Policy. Multi-agency attendance. Number of referrals.	MATAC process continuing well with no issues of note. Multi-Agency attendance remains strong with full participation. Number of referrals April 2018 – Present 23 Police 13 ASSIST 10	Green	MATAC process continuing well with no issues of note. Multi-Agency attendance remains strong with full participation. Number of referrals April 2018 – Present 25 Police 14 ASSIST 11	Green
2.5 Sensitive Routine Enquiry (SRE) and referral to MARAC is embedded in key HSCP settings.	Health Improvement Lead	Co-ordinate and deliver SRE and risk identification checklist (RIC) training to: Mental Health Services Addictions Services Children Services.	March 2019.	Number of training sessions delivered. Number of staff trained. % of staff group trained.	17 sessions delivered (10 full day & 7 half day) 150 staff trained: 114 mental health, 30 addictions, 6 children's services.	Green	17 sessions delivered (10 full day & 7 half day) 150 staff trained: 114 mental health, 30 addictions, 6 children's services.	Green
		Audit records of key HSCP services for SRE delivery: Children's Services	August 2018 February 2019	Number of audits per service. % service users asked about their experience of GBV. % of service users who	1 audit for each service complete. 2 nd audit for each service due in	Amber	2 audits completed for Community Mental Health Services and Universal	Green

		Mental Health Services.		disclosed abuse.	February.		<p>Children's Services. % service users asked about their abuse: Mental Health 95% (114/120)</p> <p>Children's Services 68% (135/200)</p> <p>% of service users asked who disclosed abuse: Mental Health: 37% (incomplete data set) Universal Children's Services (0.03%).</p>	
2.6 Develop new ways of working with young people regarding mental health and positive relationships.	Quality Assurance & Practice Development Manager	Big Lottery funded Early Action System Change (EASC) project will work with local young people to explore their experiences of coercive control and identify new approaches to promote positive relationships.	Three year project commences October 2018.	Milestones & deliverables as per Big Lottery project plan/funding agreement.	The two System Changer posts have been recruited and in post since 10 December 2018. System and service mapping is underway and Fund mapping was completed in January 2018. Work with young people	Amber	System and service mapping continues and will be completed by 30 April 2019. Practitioner workshops involving Social Work and the voluntary sector took place in March 2019. Further workshops are scheduled for Education staff in May and June 2019.	Green

					<p>will commence in March 2018. Voluntary sector organisations have been invited to submit Expressions of Interest for 10 small grants of £3,000 to work with young people to co-design responses and to facilitate design sprints.</p>		<p>10 voluntary sector organisations have been awarded small grants to work with young people to co-design responses. Work with young people as part of this phase of the project will take place between April and July 2019. Successful applicants have participated in a system design session facilitated by Dartington SDL.</p>	
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Local Priority 3: Improve the knowledge, skills and behaviour of local workers around the topic of GBV through training and awareness raising activity.

What will we do?	Who will do it?	How will we do it?	When will we do it by?	How will we know we have done it?	Update January 2019	Status	End of year update March 2019	Status March 2019	
3.1 Produce a multi-agency GBV training plan for Renfrewshire.	Health Improvement Lead Women and Children First Co-ordinator	Re-establish GBV training subgroup. Identify gaps in GBV training provision. Produce GBV training plan.	December 2019	Training plan for January 2019 - March 2020.	Training subgroup established. Mapping of current training provision complete. Training plan for 2019/2020 will be complete by end of March 2019.	Amber	Meetings now established. Training plan for 2019/2020 complete. Webropol link set up to record and evaluate the training.	Green	
3.2 Identify staff in Child Welfare Settings and agree appropriate level of Safe and Together Training.	Barnardo's Service Manager SW Manager - Operations	Establish Safe and Together Subgroup. Map Child Welfare Settings in Renfrewshire. Align staff groups to level of Safe and Together training.	December 2018	Sub group established.	Sub Group established.	Green	Sub group continues to meet.	Green	
			December 2018	.					
			March 2019	Develop action plan for Safe and Together implementation.	Evaluation of previous activity and impact on practice taking place in order to inform and develop action plan.	Amber	Plan to evaluate ongoing with view to develop implementation plan.	Amber	
				Identify child welfare settings where training is required.	Mapping exercise to be undertaken, informed by evaluation of	Red	Mapping exercise to follow on from evaluation exercise.	Red	

					training already undertaken.			
				Identify number of staff to be trained/ level of training required.	Mapping exercise to be undertaken, informed by evaluation of training already undertaken.	Red	Mapping exercise to follow on from evaluation exercise.	Red
				Number of practitioners trained across settings.	Group has identified practitioners and managers who have been trained and who are still working in local area.	Green	Group has identified practitioners and managers who have been trained and who are still working in local area.	Green
				Number of managers trained across settings.	Group has identified practitioners and managers who have been trained and who are still working in local area.	Green	Group has identified practitioners and managers who have been trained and who are still working in local area.	Green
3.3 All GBV Strategy Group member organisations have an HR domestic abuse policy.	Public Protection Manager	Review of all agency DA policies in line with best practice guidelines. Renfrewshire	March 2019	All strategy group members have a domestic abuse policy. Improvement plans produced for relevant agencies.	This is ongoing and with also consider the Make a Stand Pledges that Communities,	Amber	Renfrewshire Council HR policy at draft stage. Renfrewshire HR linking with the national Equally Safe at work.	Red

		Council domestic abuse policy to be established.			Housing and Planning have signed up to. Dates have been arranged for the delivery of training to HR advisers.			
3.4 Ensure youth workers across all GBV partner agencies are equipped to respond to disclosures of GBV.	Health Improvement Lead	Establish process in line with local child and adult protection procedures.	March 2019.	Local youth workers guidelines approved by GBV Strategy Group.	Working Group established. Mapping of current support complete. Awareness training available for 2019/2020. Guidelines to be produced in 2019/2020.	Red	Working Group established. Mapping of current support complete. Awareness training available for 2019/2020. Guidelines to be produced in 2019/2020.	Red
3.5 All Police Officers in K Division to be trained in identifying and responding to co-ercive control.	Detective Chief Inspector for Public Protection	2 Police Officers from K Division Domestic Abuse Investigation Unit trained as part of SafeLives training cohort. Training commence October/November 2018. All officers up to rank of Inspector to be trained in legislation.	October 2018 March 2018	All identified officers trained. Review of training records.	Training programme now underway with 18 month completion date. RAG status shown as red as training will not be completed by March 2019 but is on track to complete within designated timescales.	Red	Training programme now underway with 18 month completion date. All officers (510) completed e-training package in advance of legislation start date (1.4.19), with face to face training continuing and due to complete on schedule.	Amber

Local Priority 4: Improve the knowledge, skills and behaviour of the wider community around the topic of GBV through awareness raising activity.

What will we do?	Who will do it?	How will we do it?	When will we do it by?	How will we know we have done it?	Update January 2019	Status	End of year update March 2019	Status March 2019
4.1 Promote the delivery of the Mentors in Violence Prevention (MVP) Programme in all Renfrewshire Secondary Schools.	Flexible Learning Manager	Meet with school Management Team Identification of School Lead Whole school awareness raising meeting. Identification of staff team. Training for staff. Staff led training for pupils. Support and preparation time for mentors. MVP classes and assemblies delivered.	March 2019	MVP delivered in 6 Local Authority Secondary Schools	Staff and pupil training in all 6 schools complete. MVP being delivered in 5 out of 6 schools in Renfrewshire. Sixth school have not yet implemented programme.	Red	Staff and pupil training complete in all 6 schools. MVP being delivered in 6 identified schools. Training dates for next 3 schools identified. Training capacity reduced as 2 of 4 trainers have left their posts.	Green
4.2 Rape Crisis National Sexual Violence Prevention Programme is delivered in Renfrewshire Secondary Schools	Glasgow and Clyde Rape Crisis Manager	Establish partnership agreements with local authority secondary schools to deliver prevention workshops as part of PSE classes (S1-2, S3-4, S5-6).	March 2019	Established in 4 Local Authority Secondary Schools.		Red	No information provided.	

4.3 Co-ordinate and deliver a programme of events for 16 Days of Action.	Women and Children First Co-ordinator	Work in partnership with the Diversity and Equality Renfrewshire Group to deliver Renfrewshire Woman's Conference.	December 2018	Number of conference attendees. Conference evaluation report produced.		Green	Over 100 women in attendance. Theme was Feminist and equality. Feedback was very positive	Green
		Deliver domestic abuse and MARAC training to Housing Officers.		Number of training sessions. Number of staff trained. Evaluation report produced.			40 Housing officers trained. Care pathway document at final draft stage.	Green
		Launch of Renfrewshire Council's commitment to supporting victims of domestic abuse.		Chief Executive's Statement produced. Communications strategy produced. Media coverage. Social Media analytics collated.			Statement launched during 16 days. No information re social media engagement/medi a coverage.	Green
		Deliver 1 day Multi-agency Childhood Sexual Abuse training.		Number of training sessions. Number of staff trained. Evaluation report produced.		Red	Complete	Green

		Co-ordinate Renfrewshire's annual Reclaim the Night March.		March programme produced. Number of attendees. Media coverage.		Green	Reclaim the Night March took place in November 2018. 200 people attended.	Green
4.4 Develop and deliver 2 GBV social media campaigns.	Health Improvement Lead	Identify campaign themes. Undertake focus groups with target audiences to develop campaign materials and methods. Map identified channels for promotion. Promote campaign materials.	March 2019	Campaign materials produced. Social media analytics collated.	Series of social media throughout 16 days of action. FGM campaign in February. Awaiting analytics.	Amber	16 days of action posts: twitter engagement 16,346; facebook reach FGM campaign: twitter engagement 379; Facebook reach 506.	Green

Report: Renfrewshire GBV Strategy Year 2 Action Plan - Draft

Date: 02/04/19

Author: Lindsay Jack, Health Improvement Lead

1. Introduction

1.1 Renfrewshire's Gender Based Violence (GBV) Strategy 2018-2021 is a 3 year strategy which outlines how the Renfrewshire GBV Strategy Group will address the causes and consequences of GBV in Renfrewshire. The draft 2nd year action plan (2019/2020) for the strategy is provided for consideration and comment to the GBV Strategy Group.

2. Background

2.1 The Renfrewshire's Gender Based Violence (GBV) Strategy 2018-2021 outlines how the Renfrewshire GBV Strategy Group aims to achieve its vision that "Renfrewshire is a place where GBV is not tolerated and where victims, perpetrators and communities are supported to address its causes and consequences".

2.2 To achieve this vision the strategy sets out 4 key priorities:

1. Ensure strong partnership working of Renfrewshire GBV Strategy Group.
2. Provide high quality local services which meet the needs of victims and perpetrators.
3. Improve the knowledge, skills and behaviour of local workers.
4. Improve the knowledge, skills and behaviour of the wider community.

2.3 The draft 2019/20 action plan (Appendix 1) includes actions across the partnership to help progress these 4 key priorities in the second year of the strategy. The actions are based on identified gaps from: the Scottish Government's Quality Standards and Performance Framework; unmet actions from Year 1 action plan; and local need.

3. Considerations

3.1 The GBV Strategy Group are asked to consider the following:

- Whether the actions in the 2019/20 action plan are appropriate in supporting the achievement of the Renfrewshire GBV Strategy priorities.
- Is there capacity across services to take this plan forward?
- Any actions that need to be removed or added from the draft action plan.

Renfrewshire Gender Based Violence Strategy Year 2 Action Plan (2019 - 2020) Draft

Local Priority 1: Ensure strong partnership working within Renfrewshire's GBV Strategy Group

What will we do?	Who will do it?	How will we do it?	When will we do it by?	How will we know we have done it?
1.1 Assess GBV Strategy Group Performance against the Equally Safe Quality Standards and Performance Framework.	Social Work Manager – Operations Health Improvement Lead Service Planning & Policy Development Manager (Children's Services)	Map local activity against Quality Standards.	September 2019	Online survey for Equally Safe Quality Standards complete.
		Identify gaps in delivery of Quality Standards.	March 2020	Actions to address gaps included in 2020-2021 Action plan.
		Map Performance Framework data across all partner agencies.	June 2019	Online survey for Equally Safe Performance Indicators complete.
		Identify gaps in Performance Framework data collection.	December 2019	Actions to address gaps included in 2020-21 Action Plan.
1.2 Evaluate the impact of the GBV Strategy annually.	Social Work Manager – Operations Health Improvement Lead	Develop an evaluation framework.	March 2020	Evaluation framework complete. Year 1 and 2 of GBV Strategy assessed in line with the framework.

Local Priority 2: Provide high quality services which meet the needs of victims and address the behaviour of perpetrators.

What will we do?	Who will do it?	How will we do it?	When will we do it by?	How will we know we have done it?
2.1 Incorporate service user engagement and feedback into local GBV service and programme reviews and redesign.	Women and Children First Co-ordinator Barnardo's Service Manager Women's Aid Refuge Support Worker Criminal Justice Services Manager ASSIST Operations Manager Children 1 st Manager Glasgow and Clyde Rape Crisis Manager	Service users are consulted in individual GBV service and programme reviews and redesigns (victim and perpetrator). .	As required.	Report of service user feedback presented to GBV Strategy Group.
2.2 Ensure our GBV services and programmes are sensitive to inequalities and meet the needs of our diverse community.	Health Improvement Lead	Equality Impact Assessments (EQIA's) are undertaken for all GBV services and programmes (victim and perpetrator) to identify actions to address discrimination and promote equality.	Children 1 st to pilot by October 2019 then review,	EQIA complete for all services/programmes. EQIA action plan for each service/programme as required.
2.3 Provide a multi-agency response to supporting high risk victims of domestic abuse and targeting high risk perpetrators.	Tasking and Deployment Manager Detective Chief Inspector for Public Protection	The local MARAC operates in line with legal responsibilities and keeps up to date with changes to legislation and national guidelines. The local MATAC operates on a multi-agency basis to target high risk perpetrators of domestic abuse to decrease risk and increase the protection of victims.	March 2020	Annual review of MARAC Operating Protocol complete. Multi-agency attendance. Monthly reviews of ongoing MATAC actions. Compliance of MATAC Operational Policy. Multi-agency attendance. Number of referrals
2.4 Sensitive Routine Enquiry (SRE), risk assessment and	Health Improvement Lead	Co-ordinate and deliver SRE and risk identification checklist (RIC) training to:	March 2020.	Number of training sessions delivered. Number of staff trained.

referral to MARAC is embedded in key HSCP settings.		Mental Health Services Addictions Services Children Services.		.
		Audit records of key HSCP services for SRE delivery: Children's Services Mental Health Services. Addiction Services	August 2019 February 2020	Number of audits per service. % service users asked about their experience of GBV. % of service users asked who disclosed abuse.
2.5 Develop new ways of working with young people regarding mental health and positive relationships.	Quality Assurance & Practice Development Manager	Big Lottery funded Early Action System Change (EASC) project is working with local young people to explore their experiences of coercive control and identify new approaches to promote positive relationships.	Three year project commenced October 2018.	Milestones & deliverables as per Big Lottery project plan/funding agreement.
2.6	Flexible Learning Manager Children 1 st Asst Director	Short life working group to be set up to consider how best to raise awareness with teaching staff to support young people in relation to coercive control.	August 2019	

Local Priority 3: Improve the knowledge, skills and behaviour of local workers around the topic of GBV through training and awareness raising activity.

What will we do?	Who will do it?	How will we do it?	When will we do it by?	How will we know we have done it?
3.1 Deliver a multi-agency GBV training plan for Renfrewshire.	Health Improvement Lead Women and Children First Co-ordinator	Build capacity of local GBV trainers. Deliver training on full spectrum of GBV in line with knowledge and skills required by the general contact workforce, specific contact workforce and intensive contact workforce.	March 2020	Number of staff attending trainer for trainers. Number of courses delivered. Number of staff attending each course. End of year training evaluation report.

3.2 Ensure staff in Child Welfare Settings are trained in the appropriate level of Safe and Together.	Barnardo's Service Manager SW Manager - Operations	Map Child Welfare Settings in Renfrewshire. Align staff groups to level of Safe and Together training.	August 2020	Identify child welfare settings where training is required.
				Identify number of staff to be trained/ level of training required.
				Develop action plan for Safe and Together implementation.
3.3 All Police Officers in K Division to be trained in identifying and responding to coercive control.	Detective Chief Inspector for Public Protection	All officers up to rank of Inspector to be trained in coercive control legislation.	March 2020	All identified officers trained. Review of training records.
3.4 Ensure Renfrewshire Council Domestic Abuse Policy is produced.	Public Protection Manager	Renfrewshire Council domestic abuse policy to be established. Training for managers on the policy.	March 2020	Policy launched. Number of managers trained.
3.5 Ensure youth workers across all GBV partner agencies are equipped to respond to disclosures of GBV.	Health Improvement Lead	Establish process in line with local child and adult protection procedures.	March 2020.	Local youth workers guidelines approved by GBV Strategy Group.

Local Priority 4: Improve the knowledge, skills and behaviour of the wider community around the topic of GBV through awareness raising activity.

What will we do?	Who will do it?	How will we do it?	When will we do it by?	How will we know we have done it?
4.1 Promote early consent messages to pre-5 children.	Health Improvement Lead	Early Protective Messages Programme implemented in all Renfrewshire Early Years Education and Childcare Establishments.	May 2020 March 2020	Number of staff trained Number of establishments represented at training. Number of staff trained from each staff group.

		Ensure all relevant Health, Education and Social Work staff are trained in Early Protective Messages.		Programme evaluation report.
4.2 Promote respect and healthy relationships to primary school aged children.	Health Improvement Lead	Explore models of best practice for whole school approaches to healthy and respectful relationships.	March 2020	Options paper for Primary School approach.
4.3 Work with young people to explore attitudes and increase knowledge of GBV, consent and healthy relationships.	Flexible Learning Manager	Ensure delivery of Mentors In Violence Prevention Programme (MVP) in all secondary schools. Rape Crisis National Sexual Violence Prevention Programme is delivered in 7 Renfrewshire Secondary Schools.	August 2020 March 2020	MVP delivered in 11 Local Authority Secondary Schools Rape Crisis National Prevention Programme delivered in 7 Local Authority Secondary Schools Reach 1000 young people.
4.4 Co-ordinate a thematic approach to increasing public awareness and understanding of GBV	Renfrewshire GBV Strategy Group subgroup	Co-ordinate and deliver a programme of events for 16 Days of Action.	November 2019	16 days of action programme. Number of events Number of attendees Number of attendees reporting increased awareness and understanding. Media coverage
	Service Planning & Policy Development Manager (Children's Services) Women and Children 1 st Co-ordinator	Create a Renfrewshire GBV Strategy Group Website.	March 2020	Renfrewshire GBV Strategy Group Website live.

	Health Improvement Lead	Establish a data set to measure public perception.	March 2020	Data set produced
	Health Improvement Lead	Identify opportunities to measure public perception.	March 2020	Plan to measure public perception.
	Health Improvement Lead	Deliver social media campaigns in line with communication plan.	March 2020	Number of social media campaigns delivered. Social Media analytics.

Annual Report

2018/19

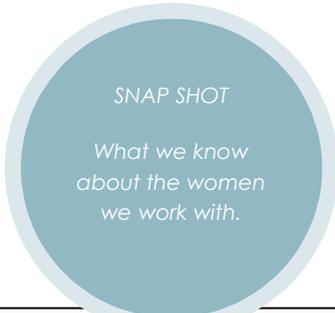
Women and Children First





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BACKGROUND

Women and Children First (WCF) is a multi-agency service created in 1999 by Renfrewshire Multi-Agency Partnership Group Tackling Violence Against Women and Children (now known as the Gender Based Violence Strategy Group). Research into survivor's experiences of support following domestic and sexual abuse revealed that no single agency (police, social workers, health, etc) was solely responsible for addressing it and that the quality of agency responses varied considerably and depended on the knowledge, skills and ability of their workforce (Humphreys et al, 2000). Funding was identified from the Children's Services Social Work budget and the Scottish Executive provided match funding on the condition that all aspects of service delivery was founded on the notion that a partnership approach offered best value. The Scottish Government grant was later devolved to local authorities in the concordant agreement.

The Public Bodies (Joint Working) (Scotland) Act 2014 required that domestic abuse services be delegated to Integration Joint Boards. In Renfrewshire it was agreed that WCF would remain under the management of Renfrewshire Council Children's Services Social Work. WCF provides a comprehensive service to women and children who have experienced or have witnessed any or all forms of Gender Based Violence (GBV) including rape, sexual assault, harassment, child sexual abuse, physical violence, threats, isolation emotional and verbal abuse. Due to the interconnection of these forms of GBV with domestic abuse, it is not possible to extract the delivery of domestic abuse services from the wider service delivery. The WCF budget sits with Children's Services Social Work, but the Health and Social Care Partnership reports the outturn position in the annual accounts. It was agreed that an update on the the service delivered by WCF and on the work of the GBV Strategy Group would be provided annually to the Renfrewshire Integration Joint Board.

In 2013 Big Lottery funding was secured by the GBV Strategy Group that allowed the WCF service to be developed further by introducing the WCF Reconnections project. This has provided a discreet child focussed element to the service. WCF Reconnections has been awarded two blocks of funding by the Big Lottery and is currently in year 3 of 5 years funding.

The services under the umbrella of Women and Children First now include:

- Support and Advocacy Service provide a range of services for women who are in crisis and require practical support with issues such as housing, or require emotional, therapeutic support.
- Two Children 1st workers who provide one to one service for children aged 5 to 16 who have experience domestic or sexual abuse.
- One Rape Crisis worker who provides a range of services to women and young girls affected by abuse.
- WCF Reconnections provide a range of group supports to both women and their children affected by domestic abuse.
- Other support services include play therapy and cognitive behavioural therapy by volunteers and sessional workers.

DEFINITION

Gender Based Violence

Gender based violence (GBV) is a major public health, equality and human rights issue, which cuts across the whole of society. It encompasses a range of abuse including domestic abuse, childhood sexual abuse, rape and sexual assault, sexual harassment, stalking, commercial sexual exploitation and harmful traditional practices such as female genital mutilation (FGM), forced marriage and so-called 'honour' crimes (NHS Scotland, 2015).

The different forms of violence have their roots in gender inequality and in the different power relations between men and women in society. GVB is a term used by the Scottish Government to define a range of actions which harm or cause suffering and indignity to women and children (Scottish Government, 2015). Since 2000, the Scottish Government has provided strategic direction and leadership on tackling GBV.

The current framework for addressing this abuse is *Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls*. The strategy has been produced by Scottish Government and COSLA, with input from key justice agencies (Police Scotland and Crown Office and Procurator Fiscal Service) and third sector agencies which support women. The overall aim of the strategy is to prevent and eradicate violence against women and girls, creating a strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from such abuse and the attitudes that help perpetuate it. The strategy is in line with the United Nations definition of GBV which will be used throughout this evaluation report:

“Violence that is directed against a woman because she is a woman, or violence that affects women disproportionately... (and) is a manifestation of historically unequal power relations between men and women”.
(United Nations, 2015)

This definition is also used by NHS Health Scotland (2014) and the Scottish Government. GBV cuts across all boundaries of age, ethnicity, disability, sexual orientation, religion and belief and socio-economic inequality. It is also important to recognise that men too can experience abuse whilst women may be perpetrators, and that abuse within same sex relationships has a similar prevalence to heterosexual relationships. Crucially, issues such as gender, sexuality and ethnicity intersect to shape the experience and impact of GBV.

Domestic Abuse as Gender Based Violence

The term 'domestic abuse' acknowledges the gendered nature of abuse and is presently the most commonly employed definition by various local authorities, statutory and voluntary agencies, and multi-agency partnerships in Scotland. This definition has also been implemented by the National Health Service (NHS) in Scotland (NHS Scotland, 2009), The Association of Chief Police Officers in Scotland (representing all Scottish Police Forces), and the Crown Office and Procurator Fiscal Service (ACPOS & COPFS, 2004; ACPOS, 2015)

30 % of cases
have ongoing
child care
concerns

“Domestic abuse can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family or friends...)” (Scottish Executive, 2000).

- ***Domestic abuse is most commonly perpetrated by men against women and takes a number of specific and identifiable forms.***
- ***While the existence of violence against men is not denied, nor is the existence of violence in same sex relationships, nor other forms of abuse, domestic abuse requires a response***
- ***This takes account of the gender-specific elements and the broader gender inequalities which women face... (Scottish Executive, 2003).***

THE SERVICE

WCF aims to provide a range of support and advocacy services to women and children affected by physical, sexual or emotional abuse (including domestic abuse, rape and childhood sexual abuse). Following a robust trauma-based risk assessment the woman and her children are invited to participate in either one to one or group supports. WCF's philosophy is to offer a strength-based recovery programme. It is a single point of contact for several different types of support.

SERVICE OBJECTIVES

WCF's main objectives are to identify and challenge strategic, organisational and operational barriers, within multi-agency networks, in a bid to streamline services and ultimately provide a consistent and accessible multi-agency service network for women and children surviving GBV and domestic abuse.

WCF was a practical response to the strategy set out by the Renfrewshire Multi-Agency Strategy Tackling Violence Against Women and Children in 2000. The objectives have remained unchanged although the approaches used to meet them have changed dramatically.

Objectives

- To provide support and therapeutic services to women and children who have been victims of abuse whether sexually, physically or emotionally by offering individual and group services;
- To offer support, advice and assistance in dealing with Police, Courts and statutory agencies;
- To provide training and resources to voluntary and statutory organisations that provide services to women who have been abused;
- To assist women to discuss and explore their current crisis and to promote assertiveness and self-confidence;
- To help women to ameliorate the detrimental effects that abuse has on child care and child development;
- In collaboration with other agencies record and evaluate the work of the service and establish further strategies for reducing abusive attitudes and behaviour.

- WCF Reconnections project developed these objectives further to focus on the needs of children and young people.

VALUES AND ETHOS

WCF works with all clients from a person-centred perspective believing that the client is the expert in their own problematic situation. We therefore must:

- Involve service users in all aspects of their case;
- Ensure that no decisions are made without their informed consent except in circumstances clearly identified as child or adult protection;
- Realise potential and promote independence;
- Work to ensure that clients are supported to do everything they are able to do for themselves and have the same opportunities as everyone else (appendix 2 Trauma and Recovery Model);
- Promote independence through self-help where feasible.

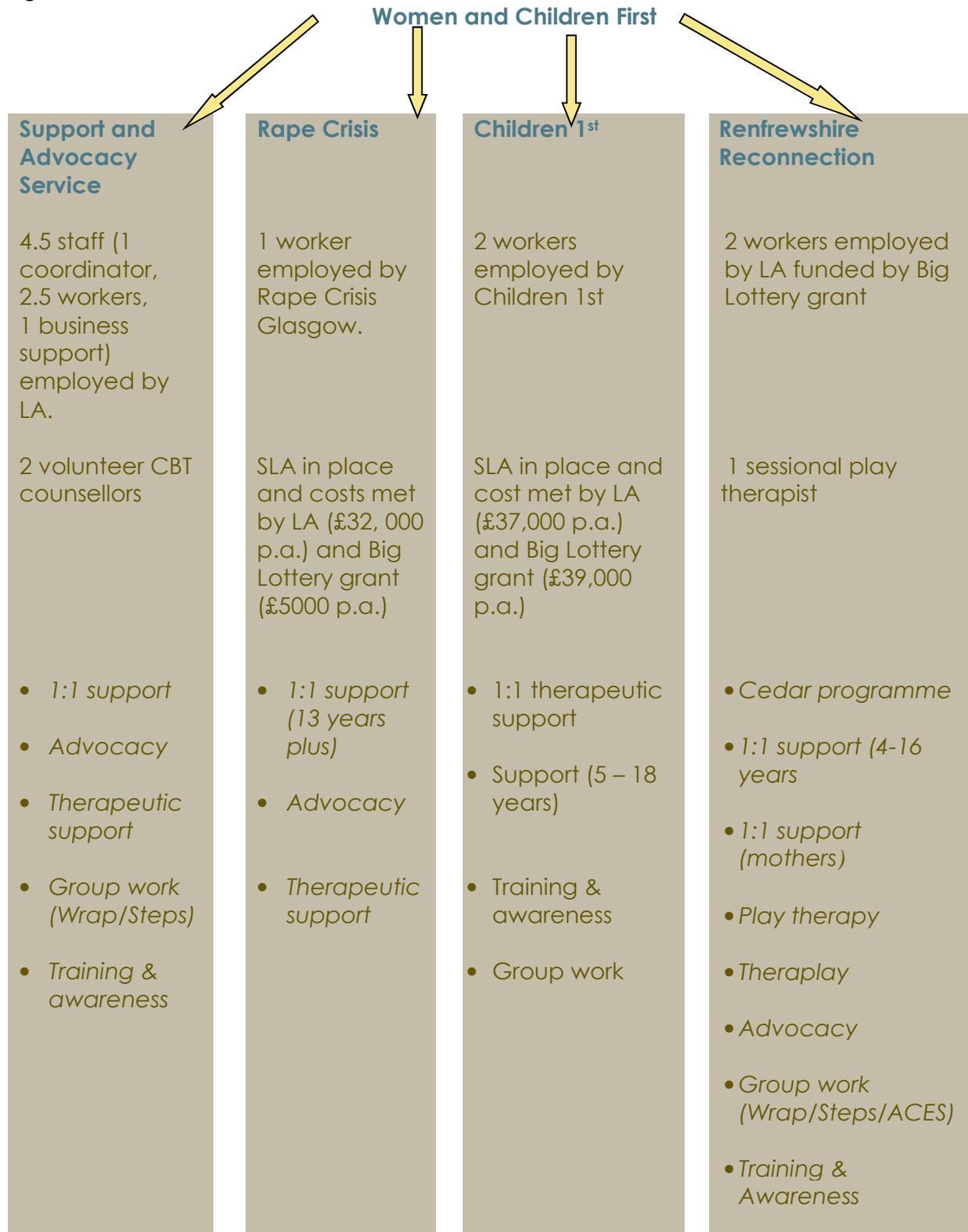
Promote quality and diversity

- Foster attitudes, values and relationships which promote an understanding of and respect for others, irrespective of their ethnic, cultural, national, religious and linguistic background;
- Work in partnership with others to tackle the inequalities faced by the most disadvantaged in our society and work to eradicate all forms of institutional discrimination.

Evidence based

- Develop approaches that are based on the most up-to-date research evidence, best practice and legislation by participating in GBV National Forums and partnership working at local level;
- Ensure nationally agreed risk assessment tools such as Domestic Abuse Stalking and Harassment Risk Assessment are incorporate into our practice.

Figure 1: Women and Children First



REFERRALS

Referrals can come directly from women or other organisations and agencies (for instance police or schools).

WCF offers a unique service for the following reasons:

- Referral and engagement is voluntary.
- Assessment is a form of engagement. The first assessment is a supportive discussion usually in one of our support rooms but sometimes in a family home.
- If women are not ready to engage, their initial referral is kept on record and they are made aware that they can re-refer themselves at a later date. Self referral is encouraged.
- The single point of access means that women are assessed once and then directed to the most appropriate service, without having to go to different services or needing another referral.
- Self-referral is encouraged.

REFERRAL ANALYSIS

Data is collected from the initial referral form and recorded on CCM, the social work information system. This information is analysed periodically and used to monitor and evaluate the service against the service objectives. The tables below represent an overview of data collected in the year to 31/03/19. Data from previous years has been included for comparison. This shows the number of initial referrals, the number of women and children taking up the offer of a support service and a comparison between the number of referrals from social work staff and self referrals.

Contact Reason	No of contacts
Domestic Abuse (Reconnections/Cedar)	207
Emotional Abuse	67
Multiple Forms of Abuse	178
Physical Abuse	16
Sexual Abuse	131
Total	599

142 women reported being victims of more than one form of abuse.

67 women stated that they were sexually abused either as children or as adults

44 women were referred because of physical abuse

169 women chose not to engage following their referral

33% of new referrals mention low mood and anxiety

55% of our open case load focuses on work around mood and anxiety

16% of women talk about ending their life.

43% of women describe themselves as living with depression

	Number of referrals	Number of New Allocations	% of referral/allocations	Source of Referrals (%)	
				Social Work	Self
2009/10	248	114	45	47	25
2018/19	599	341	56	28	27

The main priorities for the WCF team are that we engage with women and children considered to have 'complex needs' and who are perhaps reluctant to engage with mainstream or other services.

Women feel able to contact the service directly when in crisis or looking for additional support. 27% of all referrals come from women themselves with a further 9% coming from other family members or friends.

Contact Source Type	No of contacts
Addiction Services	2
Assist	30
Education	53
Community Health Service	37
General Practitioner	3
Health Visitor	23
Psychiatrist	1
Other Health Staff	6
Housing	5
Not Recorded	4
Other Agency (Includes Armed Forces)	47
Relative/Friend/Other	55
Self	162
Social Work Team/Unit	171
Sum:	599

Contact Outcome	No of contacts
Progress To Referral (allocation)	296
Progress To Assessment (duty appointment offered)	45
NFA - Did Not Engage	169
NFA - Intervention Not Required	44
NFA - Onward Referral	4
NFA - Service Not Appropriate	7
NFA - Service Refused	24
NFA - Client Not Suitable	10
Total	599

WORKING IN PARTNERSHIP*.....with our colleagues in the Third Sector***GLASGOW AND CLYDE RAPE CRISIS**

There has been a Rape Crisis worker seconded to Women and Children First since April 2003. A formal service level agreement and contract has been operational since then. Rape Crisis are also involved with the service at a strategic level. The Rape Crisis worker is based mainly in Renfrewshire to provide an 'on-site' service to Renfrewshire women affected by sexual violence. There is still a need for the worker to be part of the Rape Crisis organisation and she therefore also attends meetings in Glasgow receives professional support and supervision from the Rape Crisis Service Manager. The Rape Crisis worker generally follows the same referral procedures as the rest of the Women and Children First adult service and will carry out the same duty services. This means that the Rape Crisis statistics are included with those shown above.

Choices

If a woman makes contact with Rape Crisis either through the National Help Line or the telephone support service and says that she is from Renfrewshire she will be given information about Women and Children First. With her permission a referral can be made on her behalf to the Service. This provides more choices for women and they can either access the local service in Renfrewshire or continue with Rape Crisis Glasgow. Some women receive face to face support from Women and Children First and also access the Rape Crisis help line from time to time.

CHILDREN 1ST*Children and Young Persons Service*

Women and Children First work in partnership with Children 1st which is one of Scotland's leading welfare charities with a wide variety of service provision. This includes supporting families under stress, protecting them from harm and assisting children to recover from abuse. Children 1st also promote children's rights and interests.

A formal service level agreement and contract was set up to deliver a locally based therapeutic service focussed around children and young people who had been directly affected by or witnessed domestic abuse and sexual violence. Two workers are employed by Children 1st and based at the Women and Children First service. Referrals come from numerous sources including social work, education and parents/carers.

The ethos of the service is to keep the child at the centre with their views being heard at every stage. Children have to understand and agree to attend the initial visit having in the first instance given their informed consent to the referral being made.

- Children are responsible for making the decision to access the service and are assisted to compile a working agreement which helps to identify both tasks and work to be completed.
- Following the first visit, if the child takes the decision to attend then an initial four to six sessions will be arranged. This is followed by a child led review process which takes place every six weeks.

- An eclectic approach is used designed to meet the individual needs of the child.
- The SHANARRI indicators are used to assess, monitor and evaluate the work with the child
- A therapeutic approach is used; this can include person centred counselling, sand work, play-therapy and therapy.
- Endings are important and are considered throughout the process using the review system

.....with Renfrewshire Children's Services (Social Work)

PAISLEY SOCIAL WORK TEAM

Women and Children First provide an outreach service to Paisley Locality team, providing practical and emotional support to women and children who have been referred to social work by the police.

The WCF support/advocacy worker attends the locality team once a week and any referrals received during that week where domestic abuse is mentioned as a referral reason are discussed with the worker. In some cases, both a social worker and the WCF advocacy worker will carry out a joint home visit and/or office appointment. Women are also offered a referral to the WCF service for continued advocacy support and/or access to therapeutic services. Uptake of this service is entirely voluntary for the women.

.....In Multi Agency Forums

In collaboration with other agencies Women and Children First will work to monitor, evaluate and develop services and policies that best reflect the needs of survivors.

<p>Renfrewshire Gender Based Violence Strategy Group</p>	<p>The role of the Renfrewshire GBV Strategy Group is to co-ordinate an integrated approach which effectively addresses violence against women and children at a local level. It will provide direction and assist local partners to work towards meeting National and Local outcomes. The GBV Strategy group plays a vital role in ensuring local policy making and practices are shaped by the experiences, needs and views of those who use the services. Renfrewshire's Gender Based Violence Strategy and Action Plan was launched in 2018.</p>
<p>Diversity and Equality Alliance Renfrewshire</p>	<p>Diversity and Equality Alliance in Renfrewshire (DEAR) group aims to tackle inequality issues in constructive ways in order to positively change perspectives and promote more inclusive</p>



	attitudes in Renfrewshire by working closely with Renfrewshire Community Planning Partnership and equality led community groups.
Renfrewshire GBV Training Group	The GBV Training Sub group work at the request of the Strategy Group to provide basic GBV awareness training opportunities. This training aims to challenge staff attitudes and values and develop their skills, knowledge and understanding of GBV
Renfrewshire Child Protection Committee Training Sub group	Leads the RCPC's role in respect of developing and delivering a programme of inter-agency child protection training in Renfrewshire. It promotes best practice in relation to all child protection training within agencies in Renfrewshire, including promoting the evaluation of its effectiveness in relation to outcomes for children. The Training sub group also facilitates the planning and organisation of Renfrewshire's bi-annual Child Protection Conference.
Multi Agency Risk Assessment Conference (MARAC)	A MARAC (multi-agency risk assessment conference) is a victim focused, confidential meeting which takes place on a monthly basis where women who are at risk of serious domestic abuse are discussed and a safety plan devised
National GBV Coordinator Forum	The National Violence against Women Network brings together a range of workers from across Scotland who are currently involved in coordinating Multi-Agency Partnerships (MAPs) and/or training within local government areas. The overall aim of the Network is to provide support to Multi-Agency Coordinators / Development officers in order to enable them to work effectively with local MAPs and take forward Scottish Government strategies / priorities within local authority areas. Additionally, the Network will provide a consultative function and contribute to the national strategic direction of the VAW agenda by gathering views of MAPs.
Nation Cedar Network	This national form brings together Cedar coordinators from across Scotland to show case best practice, review and monitor policy, share information and identify both short and longer term funding opportunities feed into the Scottish Government
Cedar Scottish Advisory Partnership (SAP)	The CSAP runs in parallel to the National Cedar Network and links directly with The BIG Lottery. It focuses on the monitoring and evaluation of all lottery funded service.

TRAINING AND AWARENESS RAISING

A multi-agency GBV training programme has been in place in Renfrewshire for a number of years. The programme is organised by the training sub-group of the GBV

Strategy Group, with workers from Women and Children First, Active Communities, Barnardo's, Health and Renfrewshire Women's Aid acting as trainers. The current programme consists of bi-monthly courses on the following topics:

- Understanding Domestic Abuse;
- Introduction to Gender Based Violence;
- Childhood Sexual Abuse;
- Safe Lives Training.

Understanding Domestic Abuse	43
Introduction to Gender Based Violence	80
Childhood Sexual Abuse	58
Safe Lives Training	17
GBV Awareness (Housing)	35
	233

Between April 2018 and March 2019, 233 local workers from Social Work, Health, Education, Housing, and the third sector, amongst other agencies, were trained on these topics. A workshop was also delivered at the Renfrewshire Adult Protection Committee Conference.

FINANCES

	Renfrewshire Council	Big Lottery
staff costs (salaries, travel, training)	£142,924.00	£111,498.00
client resources (client travel, resources for groups etc)	£8,740.00	£16,000.00
Administration (tele/printing, conferences, multi-agency training)	£5,860.00	£7,800.00
Monitoring and Evaluation		£600.00
Rape Crisis	£32,000.00	£5,000.00
Children 1 st	£37,767.00	£39,151.00
TOTAL	£227,291.00	£180,049.00
Management		£18,259.00
Facilitators		£6,300.00
Overheads (rent/electricity)		£12,542.00
total in kind		£37,101.00

10% of women open due to domestic abuse score 14 or more on the SafeLives RIC.

Appendix 1 Snap Shot

total clients in Snap Shot Exercise	99
male adult clients	1
age range 25-59	78%
Referral reason primary DA	67%
Focus of work DA	70%
Referral reason secondary mood/anxiety	33%
Focus of work Mood/Anxiety	55%
Sexual Violence	40%
High Risk Client DA 14 plus RIC	10%
Child Protection issues in referral	11%
GP support re mental health	35%
Have spoken about ending their life in session	16%
Describe themselves as living with depression	43%
Drug issues	10%
Alcohol issues	16%
Physical disability requiring walk aids	10%
Child care issues	30%
Adult protection issues	10%
Legal system	20%

Appendix 2 Trauma and Recovery Model

A Coordinated Interagency Response to Women and Children who have Experiences of Sexual Violence and Domestic Abuse

	INTERPERSONAL <i>What are the Tasks being asked for by the client (implicit or explicit)?</i>	INTERDISCIPLINARY <i>Which workers are involved?</i>	INTERAGENCY <i>Which agencies have a role?</i>
STAGE 1 <i>Safety planning and Symptom Management</i>	Crisis Intervention Safety Planning Symptom Management Empowering the woman to make choices (what can the woman do for herself?)	Support and Advocacy Worker Rape Crisis Support Worker Counsellor (Volunteer) WCF Service Coordinator	<ul style="list-style-type: none"> • Social Work • Police • Assist • Solicitor • Procurator Fiscal • Children's Reporter • Housing • Benefits Agency • Accident and Emergency • GP • Community Mental Health Team • Alcohol/Drug teams • Women's Aid • Victim Support • Other Vol. Orgs.
STAGE 2 <i>Working with Traumatic Memories</i>	Therapeutic Work Telling the Story Processing and Healing Group Work	Support and Advocacy Worker Rape Crisis Support Worker Volunteer Counsellor Children 1st Worker Women's Group Work Children's Group Worker WCF Service Coordinator	<ul style="list-style-type: none"> • Counselling Services • Community Mental Health Team • Social Work • Women's Aid • Other Vol. Orgs etc.
STAGE 3 <i>Reconnection and Community Involvement</i>	WCF Reconnections CEDAR STEPS WRAP Connecting to the community Reducing Isolation	Rape Crisis Support Worker Support and Advocacy Worker Group Workers WCF Service Coordinator	<ul style="list-style-type: none"> • Housing • Women's Aid • Community Education • Befriending services





To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Chief Officer

Heading: Renfrewshire's Local Child Poverty Action Report 2018/19

1. Summary

- 1.1 The purpose of this report is to detail the existing, new and planned work being undertaken which contributes to tackling poverty. This is in line with the Child Poverty (Scotland) Act 2017 ambitions and requirements for publication of the first Local Child Poverty Action Report (LCPAR) by 30 June 2019.
- 1.2 The Child Poverty (Scotland) Act 2017 included a duty on Local Authorities and NHS Boards to commit to new actions to reduce child poverty, alongside key partners, and to report annually (via the LCPAR) to the Scottish Government.
-

2. Recommendation

- 2.1 It is recommended that the IJB:
- Note the work undertaken in 2018/19 to support NHS Greater Glasgow & Clyde and Renfrewshire Council to meet their statutory duty to contribute to reductions in child poverty rates;
 - Note the commitments within the LCPAR for all staff across HSCP services to have a duty to contribute towards tackling child poverty in 2019/20;
 - Note the wider partner actions undertaken and planned to tackle child poverty and continue to influence development of these through appropriate local partnership structures.
-

3. The Child Poverty (Scotland) 2017 Act

- 3.1 The Child Poverty (Scotland) 2017 Act sets out targets to reduce the number of children experiencing the effects of poverty by 2030. The targets state that by 2030, less than 10% of children living in Scottish households should be living in relative poverty; less than 5% should be living in absolute poverty; less than 5% should be living with combined low income and material deprivation, and less than 5% should be living in persistent poverty.
- 3.2 The Act also set interim targets to be met by 2023. Less than 18% of children living in households in Scotland should be living in relative poverty; less than 14% should fall within absolute poverty; less than 8% to be experiencing

low income and material deprivation, and less than 8% to be living with persistent poverty.

4. Relevance to Renfrewshire HSCP Strategic Plan

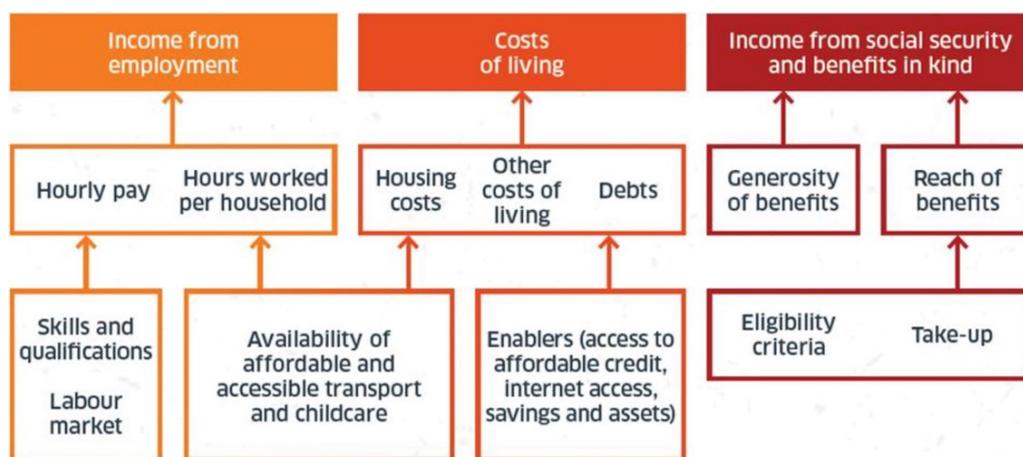
4.1 The Renfrewshire HSCP Strategic Plan 2019–22 states that “we will support local collective action to meet the requirements of the Child Poverty (Scotland) Act 2017”. The plan further states that “we will continue to promote referral pathways for health and social work staff to direct patients and clients into financial and employability services”. Therefore collective action across HSCP services is required to contribute to these strategic aims.

5. Renfrewshire’s Local Child Poverty Action Report (LCPAR)

5.1 The first Renfrewshire LCPAR sets out the context for child poverty in Renfrewshire and provides an annual reflection on activities undertaken during 2018/19 to mitigate and prevent child poverty and planned work for 2019/20. A copy of the LCPAR is available for members to review via the weblink below:

<https://renfrewshire.cmis.uk.com/renfrewshire/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=0S9r9JkCfnwdampO2NnBwWW%2bzNre8uHLqVlocIEISmsLq4PsnRaGgg%3d%3d&rUzwRPF%2bZ3zd4E7kn8Lyw%3d%3d&pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTlbCubSFfXsDGW9IXnlg%3d%3d=hFflUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFflUdN3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJf55vVA%3d&FgPIIEJYlotS%2bYGoBi5olA%3d%3d=NHdURQburHA%3d&d9Qji0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJf55vVA%3d&WGewmoAfeNQ16B2MHuCPMRKZMwaG1PaO=ctNJf55vVA%3d>

The LCPAR is supported by an additional report from NHSGGC detailing their activity (Appendix 1). There are many local programmes detailed in the report. These programmes are themed using the child poverty model recommended in the ‘Every Child Every Chance’ national action plan, as shown below.



5.2 There has been a significant investment from Renfrewshire Council, NHS Greater Glasgow and Clyde and Renfrewshire HSCP in mitigating against child poverty.

The following are examples of some of the steps the HSCP is taking, in partnership, to reduce child poverty.

- 5.2.1 Healthier Wealthier Children is funded through Renfrewshire Tackling Poverty Programme. This service supports families, with children under the age of five years, with benefits advice. Our health visitors routinely ask and refer families to an advice service. In 2018 the referrals increased by 157% from 35 in quarter two to 90 in quarter three. In the year 2018/19 the additional income of £885,526 was generated for families in Renfrewshire.
- 5.2.2 Employability resource – this information resource was developed to support health professionals and third sector organisations raise the issue of employability with patients and participants.
- 5.2.3 Child Poverty Information for Staff:
- Universal credit training to HSCP, Renfrewshire Council and partner organisations to understand the impact of moving from legacy benefit to Universal Credit.
 - All new health visitors receive information on financial wellbeing; the benefits of income maximisation and referral pathways.
- 5.2.4 Reduce Fuel Poverty – In partnership with Home Energy Scotland support staff and patients visiting the Tannahill Centre in Ferguslie Park increase their knowledge on how to minimise their home energy costs and sign up those eligible to warm home discount scheme.
- 5.2.5 Provision of Financial Advice in GP Practices – A pilot will run in three GP practices to offer patients direct access on the premises to an advice worker at the GP practice. The advice worker will be able to help with money, debt and welfare benefits advice.

Implications of the Report

1. **Financial** – Healthier Wealthier Children Advisor post funded through Tackling Poverty project until 31st March 2020.
 2. **HR & Organisational Development** – None
 3. **Community Planning** – The final LCPAR will be presented to Renfrewshire Community Planning Executive group.
 4. **Legal** – None
 5. **Property/Assets** – None
 6. **Information Technology** – None
 7. **Equality & Human Rights** – Recent data (May 2019) indicates that 1 in 4 (24%) children in Renfrewshire live in poverty. Family poverty is associated with a health risks and adverse social outcomes. It is known that household income is a causal factor in a child's cognitive, emotional, behavioural and physical development.
 8. **Health & Safety** – None
 9. **Procurement** – None
 10. **Risk** – It is estimated that £78 billion (£1 in every £5) is spent in the public sector each year dealing with the consequences of poverty. The risk to the HSCP in the long term is increased service pressure as a result of Poverty. Poverty is the single biggest risk factor associated with mental ill health (Scottish Government 2017).
 11. **Privacy Impact** – n/a.
-

List of Background Papers – Renfrewshire HSCP Strategic Plan 2019–22

Author: Laura Mullen, Health Improvement Lead

Any enquiries regarding this paper should be directed to Heather Cunningham, Health Improvement & Inequalities Manager (Heather.Cunningham@ggc.scot.nhs.uk / 0141 618 7652)

NHS Greater Glasgow and Clyde

Public Health Standing Committee

17 April 2019

Paper No: 19/14

Dr Sonya Scott, Consultant in Public Health
Dr Noreen Shields, Planning and Development Manager

NHSGGC Corporate and Acute Service Child Poverty Action Report 2018

Recommendations

The Public Health Committee is asked to:

- Note the work undertaken by NHSGGC staff in 2018/19 to meet our statutory duty to contribute to reductions in child poverty rates in Scotland.
- Respectively approve and endorse the planned deployment of health resource directly managed by the health board and delegated to Integration Authorities (IJB's) in pursuit of reduced child poverty levels in 2019/20, as described in our six local area child poverty action reports and summarised in this paper.
- Approve the wider partner actions undertaken and planned to reduce child poverty in each of our six community planning partnership areas and continue to influence development of these through appropriate local partnership structures.

Purpose of Paper

This paper aims to summarise the range of activities undertaken in 2018/19 by NHSGGC staff which contribute to reducing child poverty rates in Scotland and outline planned future actions for approval.

Summary of Key Messages:

- The NHS has a new statutory duty to report in partnership with local authorities, action taken to reduce child poverty and maximise the incomes of pregnant women and families with children.
- A range of activity has been undertaken by corporate, acute and health and social care partnership (HSCP) health staff to contribute to reducing child poverty across Greater Glasgow and Clyde (GGC).
- Employability actions have focused on promoting NHS career opportunities and pathways into NHS employment via a range of activity including awareness and guidance sessions for unemployed people in the community and awareness and guidance training sessions for staff in Jobcentre Plus and employability advisors in partner agencies. IJB's also support, fund and deliver a range of employability programmes for groups of patients with specific engagement needs. Note the review of employability services funded and managed through GGC specialist mental health services hosted within Glasgow Integration Authority.
- Work has also been undertaken to understand and support staff financial wellbeing, with training for managers on universal credit and available sources of support for staff experiencing money worries.
- There has been a substantial amount of work undertaken to refresh and extend the Healthier, Wealthier Children Programme (HWC)¹, including staff information and

¹ HWC is a programme routine enquiry about family financial wellbeing by maternity and health visiting staff and referral to money advice services where required.

training sessions and the development of staff support materials and promotional materials.

- HWC continues to result in substantial financial gains for families resident in GGC.
- An innovative and enhanced model of co-located money advice support for families has been piloted with our Special Needs in Pregnancy Service, highlighting the significant financial vulnerabilities of this patient group (average household income <£6000).
- Co-location of money advice services in GP practices in deprived areas has been successfully piloted in Glasgow.
- Evidence and data briefings have been produced and a development session hosted by NHSGGC to support evidence-informed action in partner local authority areas.
- In 2019/20 there will be a continued focus on improving the practice of routine enquiry of financial wellbeing. We will develop electronic referral pathways into money advice services for health visitors and in some HSCP areas pilot the co-location of money advisors with vaccination clinics in deprived communities. We will also explore how we can have a focus on parents within our employability programmes and understand current gains from community benefits with a view to maximising for children and families.

Any Patient Safety/Patient Experience issues

This work seeks to improve patient experience by ensuring assessment and treatment of social health has parity with physical and mental health.

Any Financial Implications from this Paper

NHSGGC received a small amount of funding (£2, 640) to provide for one month of a band 7 officer's time to report on child poverty reduction actions and an additional £63, 750 to: enhance referral pathways from maternity and children's services into money advice services, provide training for midwives and health visitors on family financial wellbeing and provide capacity in money advice services for responding to referrals from maternal and child services.

A recent review of NHSGGC's Healthier Wealthier Children (HWC) programme² noted the precarious nature of funding for money advice services, which are often reliant on non-recurrent funding and funding from charitable sources.

NHSGGC's Child Poverty Strategy seeks to ensure maximal community benefits are gained from our procurement spend.

Any Staffing Implications from this Paper

Effective action requires strategic leadership on a board-wide and community planning partnership-specific basis and therefore time of health staff working in corporate and acute directorates and health and social care partnerships.

The new statutory duty requires that midwives and health visitors in particular, support action to maximise the incomes of pregnant women and families with children.

Any Equality Implications from this Paper

Some members of our population are at greater risk of experiencing poverty in childhood. Action to reduce child poverty should therefore particularly benefit children of lone and/or

² Naven, L. Review of Healthier, Wealthier Children (HWC) in NHS Greater Glasgow and Clyde. Glasgow Centre for Population Health. 2018. Available at: https://www.gcph.co.uk/assets/0000/6927/Review_of_Healthier_Wealthier_Children_HWC_for_Financial_Inclusion_Group.pdf [Accessed 4 February 2019]

young parents, children with disabilities and/or children of parents with a disability and black and minority ethnic children.

Any Health Inequalities Implications from this Paper

Health inequalities are fundamentally caused by inequalities in income, resource and power. Work to reduce child poverty will contribute to reduced inequalities in income and therefore inequalities in health outcomes.

Has a risk assessment been carried out for this issue? If yes, please detail the outcome.

No

Highlight the Corporate Plan priorities to which your paper relates

Produce and implement joint reports and plans on tackling child poverty including maintaining and developing the healthier, wealthier children programme and exploring how to use our role as an employer and procurer of goods and services to help tackle child poverty.

Authors: Sonya Scott and Noreen Shields.

Tel No: 01412014888

Date: April 2019

NHS Greater Glasgow and Clyde Child Poverty Report 2018/19

1. Purpose

This paper aims to summarise the range of activities undertaken in 2018/19 by NHSGGC staff which contribute to reducing child poverty rates in Scotland and outline planned future actions for approval.

2. Background

The Child Poverty (Scotland) Act 2017 placed a new statutory duty on health boards to maximise the incomes of pregnant women and families with children and to jointly plan and report on these and other actions taken to reduce child poverty in each local authority area. The submission deadline for the first local area action reports is 30th June 2019.

Family poverty is associated with a range of health risks and adverse outcomes including unplanned pregnancy, smoking in pregnancy, stillbirth, injury in childhood, child neglect and maltreatment, emotional and behavioural problems and adverse health-related behaviours. Furthermore it is now known that household income is a cause factor in a child's cognitive, emotional, behavioural and physical development. It is estimated that £78 billion (£1 in every £5) is spent in the public sector each year dealing with the consequences of poverty.

Twenty-nine percent of children are living in relative poverty after housing costs³ in NHSGGC. Over 40% of all children in poverty in Scotland are in the Greater Glasgow and Clyde Valley Region. Rates vary across local authority areas from 1 in 7 children in East Dunbartonshire and East Renfrewshire to 1 in 3 in Glasgow City. As a result of welfare reform it is predicted that if we do nothing child poverty rates in Scotland will increase from 26% to 38% by 2030.

Child Poverty is not inevitable, indeed rates halved in the UK between 1997 and 2012. The causes of poverty are often confused with the consequences which can impede progress in reducing rates of poverty. The new legislation and accompanying guidance makes clear that poverty is caused by the costs of essential goods and services outstripping household income from employment and/or social security. It requires local authorities and health boards to work with other community planning partners to consider and act on powers they have to maximise incomes and reduce costs for families.

In 2018/19 NHSGGC received Scottish Government funding of £2, 641 to report on child poverty actions and an additional £63, 750 to enhance the Healthier Wealthier Children (HWC) Programme. HWC is a programme of routine assessment of the financial wellbeing of pregnant women and families with children by health staff and where required referral into money advice services. This programme was established in NHSGGC in 2010. In the last eight years the programme has resulted in over £20 million financial gain for families living in GGC. Due to its success in NHSGGC it is currently being rolled out across all Scottish health boards. Recent funding has been provided to: enhance or develop referral pathways from maternity and children's health services into money advice services, provide training on addressing family financial wellbeing for midwives and health visitors and/or fund increased capacity within money advice services to respond to referrals from maternity and children's health services.

The majority of HWC monies (£35812) were disbursed according to the national funding formula to Health and Social Care Partnership (HSCP) health improvement teams. These teams have been strategically leading HWC in their areas since 2013. The remaining

³ defined as living in a household with less than 60% of the average household income for equivalent family size and composition

£27938 (including South Glasgow and Renfrewshire’s HWC funding) has been used to fund continued provision of a co-located money advice service with our Special Needs in Pregnancy Service.

3. Approach

While statutory responsibility for local area planning and reporting falls to the NHS and Local Authority the guidance accompanying the legislation states, “we know that solving poverty requires collaborative working across a range of partnerships. In many cases it will make sense for the Community Planning Partnership process to provide a helpful vehicle to coordinate reports.”

Community Planning Partnerships (or similar partnership fora e.g. Glasgow City Poverty Leadership Panel) have therefore often been the structures through which local partnership strategies have been created, agreed and delivered.

Health staff have contributed to reducing child poverty on both a board-wide and locally specific basis. Board-wide actions are delivered through the following existing strategic groups: The Financial Inclusion Group, The Employment and Health Strategic Group and The Equalities and Health Group. At a local level health improvement staff in health and social care partnerships have been integral to, sometimes leading, local partnership planning processes.

NHSGGC staff can and have taken action to increase family incomes and reduce family costs in our role as an employer and in the provision of our service. Staff have also advocated evidence informed action to relevant partners where authority for action lies out with our control. Appendix 1 describes the range of action undertaken in 2018/19 within these categories.

Impact

Action to maximise incomes and reduce costs for pregnant women and families with children through Healthier, Wealthier Children and the Neonatal Expenses Fund have resulted in the financial gains for families in NHSGGC detailed in tables 2 and 3. Referrals and average financial gain have increased substantially between 2017 and 2018 for all services. This could be the result of improved detection of need and/or increasing levels of financial needs.

Table 2. Healthier Wealthier Children referrals and financial gain Jan-Dec 2017 & 2018

Year	Midwifery referrals	Health visiting referrals	Other referrals*	Average gain per family p.a.	Total gain
2017	293	1581	708	£2,100**	£2,498,258
2018	304 (4% ↑)	1965 (24% ↑)	767 (8% ↑)	£2,533**	£4,415,769

*GPs and health care assistants

**Approximately 46% of those referred take up the referral.

Table 3. Money advice referrals from wards and Family Support and Information Service (FSIS) in the Royal Hospital for Children (RHC) and families supported through the Neonatal Expenses Fund 17/18 & 18/19 (Q1-3)

	Number of families supported	Average gain per family p.a.	Income gained
17/18			
Referrals to money advice services from RHC wards and FSIS	361	£6,743	£2,434,358 (income)
18/19 (Q1-Q3)			
Referrals to money advice services from RHC wards and FSIS	332	£8,024	£2,664,077
Neonatal expenses fund	206	£195	£40, 201

4. Future Areas of Development

Appendix 2 details child poverty reduction-relevant actions which are planned for 2019/20.

5. Challenges

- Local action to reduce child poverty necessarily requires relationships, intelligence and influence across a complex range of internal and external policy areas.
- Funding to NHS boards has been provided for one month of reporting activity only and being the same for all boards does not reflect local levels of child poverty or the number of local authority reporting partners.
- Despite clear and compelling evidence of effectiveness in maximising incomes, referral rates from maternity and health visiting services into money advice service are less than we might expect, more work is required to develop relationships between health and money advice services, embed routine enquiry in practice and reduce stigma of accepting a money advice referral.
- Demand for money advice services is increasing at a time of static or decreased funding⁴.

6. Recommendations

The Public Health Committee is asked to:

- Note the work undertaken by NHSGGC staff in 2018/19 to meet our statutory duty to contribute to reductions in child poverty rates in Scotland.
- Approve and endorse the planned deployment of health resource in pursuit of reduced child poverty levels in 2019/20 as described in our six local area child poverty action reports and summarised in this paper.
- Note the wider partner actions undertaken and planned to reduce child poverty in each of our six community planning partnership areas and continue to influence development of these through appropriate local partnership structures.

⁴ The Improvement Service. *Money Advice Services – Investing in the Future*. 2018. Available from: http://www.improvementservice.org.uk/documents/em_briefing_notes/em-briefing-future-money-advice-svcs.pdf [Accessed Feb 2019].

APPENDIX 1. Actions undertaken by NHSGGC staff to maximise incomes and reduce costs for families in 2018/19

A	Employer-related actions	Poverty driver	Partners involved	Priority Groups ⁵	How measure success?	Timeframe
A1	<p>Promotion of NHS career opportunities and pathways into NHS employment via:</p> <ul style="list-style-type: none"> schools engagement activity awareness and guidance sessions for unemployed people in the community awareness and guidance training sessions for staff in JobcentrePlus and employability advisors in partner agencies college visits attendance at community jobs fairs and careers events <p>. A total of 84 events have been hosted in 2018/19</p>	Income from employment	<p>NHS Workforce Employability Team Local Authority Education Services Developing the Young Workforce Regional Groups Jobcentre Plus Clyde Gateway Rosemount Learning Centre Prince's Trust Jobs and Business Glasgow</p>	All	May be possible in future to report activity by SIMD of school, community organisation and report the number of parents reached.	2018/19
A2	NHSGGC pre-employment training programme delivered to 21 people, 13 of whom gained employment following the programme, 11 within NHSGGC.	Income from employment	NHSGGC Workforce Employability Team Clyde Gateway and partner agencies	All	Number of people supported into good quality employment.	2018/19
A3	<p>Apprenticeship opportunities provided for young people including:</p> <ul style="list-style-type: none"> 3 Foundation Apprenticeship Engineering placements for senior phase school pupils hosted by hospital based Estates Teams Modern Apprenticeship Programme recruitment (20 MAs starting with NHSGGC in next 6 	Income from employment	NHSGGC Workforce Employability Team and range of services across NHS accepting MAs.	All	Number of apprentices securing positive destination following programme.	2018/19

⁵ Lone parents, families with disabled member, families with child aged <1y, families with three or more children, BME families.

	months).					
A4	Research on staff financial health needs and creation of an action plan to address those needs.	Income from employment, social security, reduced costs and mitigation of impact.	Public Health, staff participants across range of directorates.	All	As below for actions A5-A7	2018/19
A5	Poverty Awareness training for HR, occupational health and support and information services staff, delivered by Public Health Staff in partnership with Poverty Alliance and Child Poverty Action Group. Training content included Welfare Reform and 'in work' benefits, the rise in 'in work' poverty and the impact of poverty, how to raise the issue of money, the support and resources available and appropriate pathways for referral and signposting staff.	Income from employment, social security, reduced costs and mitigation of impact	Public Health Poverty Alliance Child Poverty Action Group	All	Number of staff trained (100 in 2018/19) Pre and post training assessments Explore feasibility of monitoring number of staff supported through support and information services.	2018-20
A6.	Money advice information to be included with standard Payroll letters informing staff of either move from full to half or half to no pay during sickness absence or recovery arrangements for overpayments.	Income from social security. Reducing household costs.	HR and Payroll staff.	All	Standardisation of process.	2018/19
A7.	Money and debt advice webpage developed for managers and staff on NHSGGC intranet.	Income from social security. Reducing household	Public Health	All	Number of visits to website.	2018/19

		costs. Mitigation of impact.				
A8.	Continued provision and promotion of family-friendly working policies and opportunities.	Income from employment and reduced costs.	HR	All but may particularly benefit lone parents and families with disability.	.	Ongoing
A9.	Continued provision of monthly payment scheme for annual travel cards for staff.	Reduced costs	First Glasgow, ScotRail, Scottish Passenger Transport.		890 staff benefited during 2018 calendar year.	Ongoing
A10	Provision of educational bursaries to support in-work progression for staff.	Income from employment	Learning and Education Team.	All	Number of applications received and awarded by job band.	2018/19
B	Service-related actions	Poverty driver	Partners involved	Priority Groups	How measure success?	Timescale
B1	Four child poverty information sessions reaching 70 staff in total across all HSCP areas, two chaired by Director of Nursing and in collaboration with University of Stirling, to raise awareness of new child poverty legislation and new statutory income maximisation duty , provided for health visiting, family nurse and senior midwifery staff.	Income from social security. Reduced costs	Director of Nursing, public health, health visitors, midwives, family nurses, academic colleagues.	All	Post-event evaluation on knowledge and confidence responding to money worries	2018/19
B2	Development of refreshed staff and patient-facing materials to promote new statutory duty, routine enquiry of financial wellbeing, maternity benefits available and referral pathway into money advice services.	Income from social security. Reduced costs	Public Health Communications colleagues	All	Number of referrals from midwifery and health visiting colleagues into money advice services.	2018/19

B3	Development of materials for staff on sources of support for asylum seekers who have no recourse to public funds.	Mitigation of impact	Public Health	All particularly black and minority ethnic families.		2018/19
B4	Further development and promotion of a poverty and financial inclusion e-learning module for staff. 83 staff have completed in 11 months from 1/4/18	Income from social security, reduced costs and mitigation	Public Health	All	Number of staff completing e-module	Ongoing
B5	Face-to-face briefing sessions for new midwives and Royal Hospital for Children staff on assessment of family financial wellbeing. 32 new midwives and 16 RHC staff attended these briefings.	Income from social security, reduced costs and mitigation of impact.	Public Health, midwifery and paediatric staff.	All	Number of staff trained	2018/19
B6	Development of team-level training programme on raising issue of money worries for existing midwifery staff.	Income from social security and reduced costs	Public Health, Glasgow City Health Improvement.	Priority groups highlighted	Increased referrals from midwifery teams into money advice services.	2018/19
B7	Training for new health visitors on financial wellbeing, benefits of income maximisation, referral pathways and broader employability services available from money advice providers.	Income from social security and reduced costs	Public Health HSCP Health Improvement teams.	Priority groups highlighted	Increased referrals from health visiting teams into money advice services.	2018/20
B8	Use of health visiting peer champions for promotion of routine financial health enquiry and referral in Glasgow City HSCP.	Income from social security and reduced costs	HSCP Children and Families Teams and Health Improvement	All	Increased referrals from health visiting teams into money advice services.	2018/20

B9	<p>Training and information for adult health service staff on assessment of patient financial wellbeing.</p> <p>Information provided at nursing induction sessions in both Greater Glasgow and Clyde.</p> <p>FI briefings provided to Diabetes MCN, Beatson and Pulmonary Rehab staff. 78 staff in total attended these sessions.</p>	Income from employment, social security, costs of living and mitigation of impact.	Public Health and range of community and acute adult service staff.	All	Number of staff attending sessions.	2018/19
B10	<p>Inclusion of a question on financial wellbeing in adult acute ward nursing admission documentation and associated staff training.</p> <p>Three training sessions for senior nursing staff and 26 ward briefings delivered.</p>	Income from employment, social security, costs of living and mitigation of impact.	Public Health and acute adult service nursing staff.	All		2018/19
B11	<p>Development of a NHSGGC briefing for organisations representing priority groups on referral pathways from maternal and child services into money advice services.</p>	Income from social security and reduced costs	Public Health		Increased referrals into money advice services for priority groups.	2018/19
B12	<p>Management of the Financial Inclusion, Money Advice service in the Royal Hospital for Children (RHC) which provides parents/carers with a range of services to support their financial wellbeing including: benefits checking, income and expenditure support, financial capability and budgeting information debt management support, assistance with housing and eviction issues and energy advice. Parents and carers can also access emergency family funds and foodbank vouchers via the Family Support and Information Service co-located with the Financial Inclusion service at the RHC.</p>	Income from social security and reduced costs. Mitigation of impact.	Public Health	All	Number of families' supported, average and total financial gain.	Ongoing

B13	Management of neonatal expenses fund for parents or guardians with either premature or sick babies in neonatal care to claim reimbursement for food and travel expenses.	Reduced costs	Public Health	Families with child under age of one.	Number of families supported and average financial gain.	Ongoing
B14	Facilitation of co-location of money advice services with Special Needs in Pregnancy Service (SNiPs) to target income maximisation support and advocacy to those with greatest financial health needs (e.g. average household income for this client group <£6000 per annum).	Income from employment, social security, reduced costs of living and mitigation of impact.	Third sector money advice service SNiPs staff, Glasgow City and Renfrewshire HSCP Health Improvement, Public Health	All, particularly pregnant women, young families.	Number of families' supported, average and total financial gain.	Ongoing
B15	Development of electronic referral pathway into money advice services developed for health visiting staff.	Income from social security, reduced costs.	Public Health, children and families staff, e-health, local authority and third sector money advice providers	All	Increased number of referrals into money advice from health visiting.	2018/20
B16	Regular feedback to health visiting teams on money advice referrals and patterns.	Income from social security and reduced costs.	HSCP health improvement teams	All	Increased number of referrals into money advice from health visiting.	Ongoing
B17	Analysis of uptake of healthy start food vouchers for low income families to support ongoing promotion to families by midwifery and health visiting staff.	Income from social security	Public Health, midwifery and health visiting teams.	All, particularly Pregnant women and families with children under one.	Increased uptake of health start benefit.	2018/20

B18	Survey of family financial health needs undertaken for families of children with disabilities attending child development centres.	Income from social security and reduced costs.	Families with lived experience of poverty. Specialist Children's Services. Glasgow City Council, Third sector Carers' Centre and Money Advice Services Public Health, Glasgow City HSCP Health Improvement.	Families with a disabled household member.	Increased money advice referrals from CDC staff. Average financial gain of £5000 per family supported.	2018/19
B19	Proposal developed and funding secured for research into the financial impact of pregnancy and possible cost-related barriers to attending antenatal care for low income families living in NHSGGC	Reduce costs, mitigation of impact.	NHS Health Scotland, NHS Ayrshire and Arran, Glasgow Centre for Population Health (GCPH), The Poverty Alliance, Child Poverty Action Group, Midwives, Family Nurses, Health Visitors, Public Health.	All, with particular focus on pregnant women and families with children under one year and inclusion of BME families.	Funding secured.	2018/19
B20	Financial incentives for pregnant women to stop smoking in pregnancy.	Mitigate impact of poverty	Midwives, Lead Midwives, University of Glasgow, Corporate Communications, HSCP Health Improvement Teams, eHealth, Public Health Directorate, Quit Your Way Services (Pregnancy, Pharmacy, Community, Acute)	All eligible pregnant women.	Number of women who receive full incentives by SIMD. Number and rate of women who maintain quit at 12 and 24 weeks post-	2018/20

					quit date.	
B21	Colocation of money advice service in nine GP practices in deprived areas in North East Glasgow. Over 350 people supported in the first three quarters of 2018/19 with total financial gain of £1,148,423 for those benefiting financially.	Income from social security and reduced costs	Money Advice services, Clyde Gateway, Primary Care Teams, Glasgow City Health Improvement Team	All	Total and average financial gain	2018/19
C	Advocacy	Poverty driver	Partners involved	Priority Groups	How measure success?	Timescale
C1	Child Poverty Action network for local authority and HSCP leads established to co-ordinate board-wide and local area action and to share evidence and best practice across GGC.	All	All six local authorities and HSPCs, NHS Health Scotland, Public Health.	All	A number of supporting resources have been developed for local areas including an evidence briefing and data guide.	2018 -
C2	Development session for local area child poverty leads organised with input from NHS Health Scotland, The Improvement Service and the Scottish Poverty and Inequalities Research Unit – focus on advocacy of automation of local area benefits and return on investment from referrals into money advice services from health service sources.	All	All six local authorities and HSPCs, NHS Health Scotland, The Improvement Service, GCPH, Public Health.	All	A number of areas are now exploring automation of local benefits.	2018/19
C3	Presentations on impact of child poverty on health, new statutory duty and evidence base for local action presented to: - NHSGGC Board Heads of Children’s Health and Social Care Services and Area Partnership Forum and also -partnership forums in each local authority area	All	Public Health	Priority risk groups highlighted.	Child Poverty plans discussed at and endorsed by senior strategic partnership	2018/19

	-the national Scottish Local Authority Economic Development Conference.				committees.	
C4	Guidance on evidence informed action to reduce child poverty at a local level produced.	All	Public Health	All		2018/19
C5	Guidance on data available at local authority level to measure poverty and its drivers produced.	All	Public Health	All	Indicators being used in local child poverty action reports	2018/19
C6	A range of articles produced for staff news, core brief and hot topics related to child poverty.	All	Communication Staff and Public Health	All	Increased awareness of child poverty legislation amongst staff	2018/19
C7	A blog on evidence informed local action to reduce child poverty written for GCPH - https://www.gcph.co.uk/latest/news/861_poverty_isn_t_in_evitable_local_action_is_possible	All	Public Health and GCPH	All	Increased awareness of causes of poverty and evidence informed actions which can be taken at local level in local policy makers and practitioners	2018/19
C8	A blog on the benefits of integrating money advice into primary care health services written for GCPH https://www.gcph.co.uk/latest/news/877_at_the_deep_end_integrating_money_advice_workers_into_gp_practices	All	Glasgow City Health Improvement Team and GCPH	All	Further roll out of co-location of money advice support in general practice.	2018/19

APPENDIX 2. Planned actions to maximise incomes and reduce costs for families in 2019/20

FA	Employer related actions	Poverty driver	Partners involved	Priority Groups	How measure success?	Timeframe
FA.1	Implementation of the NHSGGC Widening Access to Employment Strategy recommendations with specific action to support parents to access NHS job opportunities	Income from employment.	Widening Access to Employment Strategic Group, Workforce Employability Lead, Public Health Employability partner agencies	All	Number of parents accessing employability programmes going on to sustained employment.	2019/20
FA.2	Explore how we could optimise the impact of our procurement spend on local job creation and/or job quality for low-wage employees ⁶ .	Income from employment	Head of Procurement, Commodity Manager Corporate Services, Public Health	All	Number and type of community benefits gain through capital spend and contracted services.	2019/20
FA.3	Plans in place to deliver Poverty Awareness training to Payroll staff in 2019/2020	Income from employment, social security, reduced costs and mitigation of impact.	Public Health	All	Number of staff trained. Pre and post-training assessments.	2019/20
FA.3	Include information on support for financial wellbeing in attendance management policy guidance and processes.	Income from social security and reducing costs of living.	Public Health and HR	All	Staff know sources of support for financial wellbeing.	2019/20
FA.4	Payslip messages	Income from social	Public Health and	All	Staff know sources of	2019/20

⁶ Earning less than £17,550 per year whilst working full-time (based on living wage rate of £9 per hour and 37.5h week.

	signposting to sources of money advice and support to be issued quarterly from April 2019.	security and reduced costs of living.	Payroll colleagues.		support for financial wellbeing.	
FB	Service-related actions	Poverty driver	Partners involved	Priority Groups	How measure success?	Timeframe
FB.1	Develop electronic prompt for routine financial health enquiry and promotion of Best Start Pregnancy and Baby grant at 22 week antenatal appointment.	Income from social security.	Maternity services, Public Health.	All, particularly pregnant women	Midwifery referrals to money advice services increase. High levels of uptake of Best Start Pregnancy and Baby Grant in GCC	2019/20
FB.2	Explore development of electronic prompt for promotion of Best Start Grant Nursery and School grant payments at 27month and pre-school health visiting assessments on EMIS Web.	Income from social security	Children and Families, e-Health, Public Health	All	High levels of uptake of Best Start Nursery and School grant payments in GGC.	2019-21
FB.3	Develop quality assurance process for electronic referrals into money advice services from maternity service IT system.	Income from social security and reduced costs of living.	Maternity services, public health, money advice providers.	All, particularly pregnant women.	We can evidence referrals made are being received by the eleven money advice providers across GGC.	2019/20
FB.4	Facilitate targeted co-location of money advice services in vaccination settings in East Dunbartonshire, East	Income from social security and reduced costs of living.	Children and Families teams, money advice services, health improvement teams.	All particularly families with a child under the age of one.	Referrals made, families engaging with service and financial gain.	2019/20

	Renfrewshire HSCPs.					
FB.5	Provide dedicated money advice support for family nurses in North East Glasgow City.	Income from social security, reduced costs of living.	Family nurses, health improvement staff.	All, particular young parents.		2019/20
FB.6	Expand provision of co-located money advice service in GP practices in Glasgow	Income from social security, reduced cost of living	Money advice services, primary care teams, Glasgow Health Improvement Team.	All	Referrals made, average and total financial gain	2019/29
FB.7	Raise awareness of child poverty legislation, statutory duty and available support services with GPs working in Deep End practices.	All	GPs, public health.	All	Increased referrals to money advice services from primary care.	2019/20
FB.8	Undertake research into the cost of the pregnancy pathway to explore the financial impact of pregnancy on low income families and how services can mitigate, given evidence that this can be a point of transition to poverty for some families.	Reduce costs, mitigation of impact.	Families with lived experience of poverty, NHS Health Scotland, NHS Ayrshire and Arran, GCPH, The Poverty Alliance, Child Poverty Action Group, Midwives, Family Nurses, Health Visitors, Public Health.	All, with particular focus on pregnant women and families with children under one year and inclusion of BME families.	Breadth of participants recruited. Useful insights and actionable recommendations generated.	2019/20
FB.9	Develop questions on	Income from social	Public Health, acute	All	Families are routinely	2019/20

	money worries for Children's Hospital admission documentation.	security, reduce costs, mitigation of impact.	children's services.		asked about social health when child admitted for acute care.	
FB.10	Disseminate findings of family financial health needs of families attending child development centre (CDC) to improve pathways into support services for families of disabled children.	Income from social security, reduce costs.	Public health, specialist children's services	Families with a disabled child	CDC staff are aware of new statutory duty on child poverty, the likely levels of need in families using their service and the benefits or referring to money advice services. Referrals into money advice from CDC's increase.	2019/20
FB.11	Develop child poverty microsite for staff, partners and general public on causes, relevance for health, local rates and current NHS actions.	NA	Public Health	All	Number of visits to site	2019/20
FB.12	Continue to deliver and improve routine financial health enquiry and referral into money advice in midwifery, family nurse and health visiting services.	Income from social security and reduced costs of living.	Maternity, family nurse, children and family services, public health and health improvement.	All, with focus on pregnant women and young parents.	Recorded enquiry Referrals made Number of families engaged Total and average financial gain.	Ongoing.
FB.13	Continue to monitor and feedback on income maximisation referrals	Income from social security and reduced costs of	Public health and health improvement in HSCPs	All	Increasing enquiry and referrals made.	Ongoing.

	from maternal and child services.	living.				
FB.14	Research into the prevalence of financial hardship in families of children attending outpatient ENT clinics in Royal Hospital for Children	Income from social security, reduced costs.	ENT staff, public health, service users.	All	Completion of results with actionable recommendations to improve health and/or care.	2019/20
FC	Advocacy	Poverty Driver	Partners involved	Priority Groups	How measure success?	Timeframe
FC.1	Analysis and reporting, in partnership with GCPH, on indicators of child poverty and economic, housing, childcare and transport drivers in the Glasgow and Clyde Valley Region.	Income from employment and costs of living.	GCPH, Glasgow City Region, Glasgow City Council, Children's Specialist Services, Public Health, Health Improvement.	All	There is a greater understanding of levels and distribution of determinants of child poverty amongst relevant senior decision makers across GGC	2019/20

To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Chief Officer

Heading: Change and Improvement Programme Update

1. Summary

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

2. Recommendation

It is recommended that the IJB:

- Note the content of the report.
-

3. Background

3.1. Renfrewshire Health and Social Care Partnership's 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 underpins 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 report provides an update on the Programme's 4 workstreams:

1. Optimising Joint and Integrated Working and shifting the balance of care;
 2. Statutory Requirements, National Policy and Compliance;
 3. Service Reviews; and
 4. Delivering Safe and Sustainable Services.
-

4. Workstream 1: Optimising Joint and Integrated Working

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

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

- Work to build an effective and dynamic approach to 'locality' and 'cluster' based working, and to build collaboration and joint working between services to better support the needs of local patients and service users; 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 Care at Home Services Transformation Programme has been continuing to work with staff, our service users, Trade Unions and partners to develop services which will enable us to better manage the ongoing demand for our services, within current budgets, whilst supporting people to remain as independent as possible within their own home.

Recent developments include:

- Aligning of Care at Home Coordinators to commissioned services and specified areas, to ensure staff and service users can easily contact someone with working knowledge of their area, offering a more consistent approach to service delivery.
- Improved supplier management with commissioned services, including monthly review meetings to review how suppliers can best respond to current and future need. The initial feedback from these meetings has been positive and has set the groundwork for building strong working relationships.
- With a continued focus on delayed discharges, we have introduced a number of improvement measures:
 - Introduced a dedicated Care at Home phone line for hospital discharges to reduce the waiting time for ward staff trying to make a referral for social care support;
 - Care at Home have worked with health colleagues to streamline and simplify the referral script;
 - Weekly meetings between the HSCP and the RAH to create better outcomes for HSCP service users being discharged from hospital.
- Care at Home geographic boundaries has recently been realigned to alleviate recognised pressures in some areas. This new model has increased the capacity of the existing staff to provide a more responsive service across the Partnership.
- It was recognised Care at Home staff often had to incorporate their travel time between visits which could put staff under increased pressure and often result in a reduction in time spent with the service user to allow for travel. Care at Home has recently worked with the Trade Unions and frontline staff to include travel time within staff schedules, without reducing client time.

Recruitment and retaining staff will be a key focus moving forward, where we want to create a more dynamic service that can respond to the changing demands of the service through the introduction of flexible contracted hour's staff and sessional staff.

- **Care at Home Scheduling and Monitoring System:** The HSCP has formally agreed a contract with Totalmobile Ltd which officially commenced from 29 April 2019. Planning discussions are now underway to develop a detailed plan for the implementation of the new system across the Care at Home service. Following agreement of a detailed plan, key dates will be shared in further updates to the IJB. It is envisaged that implementation of the new system will commence in June 2019, with full implementation achieved by the end of 2020.

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

5.1 The HSCP's Change and Improvement Team works closely with the Senior Management Team, Professional Leads and Service Managers to ensure the HSCP comply with new statutory duties, national policy and adhere to any external compliance requirements.

5.2 Current work programme includes: the GP Contract; the requirement to upgrade telecare equipment from analogue to digital; embedding Self-Directed Support (SDS); delivery of the new Dementia Strategy; the introduction of Free Personal Care for Under 65s; the replacement of the Council's Social Care Case Management system and the Supported Living Framework. More recently the HSCP has been involved in progressing two Scottish Government self-assessments with our partner organisations, one in relation to our health and social care digital maturity, and the other in response to the Ministerial Steering Group's recent Review of Health and Social Care Integration.

5.3 The IJB are asked to note a number of developments since the last reporting period in March 2019:

5.3.1 **Ministerial Steering Group Self Evaluation:** As members will be aware from the update to the March 2019 IJB meeting, the Scottish Government recently asked every Health Board, Local Authority and IJB to complete a self-evaluation against the proposals set out in the Ministerial Strategic Group (MSG) for Health and Community Care's Report on the Review of Health and Social Care Integration (February 2019).

The Review's proposals fall under 5 themes:

- Collaborative leadership and building relationship
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Governance and accountability arrangements
- Ability and willingness to share information
- Meaningful and sustained engagement.

Over recent months, the Chief Officer has led a range of productive discussions with the Senior Management Team, the IJB and the Chief Executives of our partner organisations to complete Renfrewshire's self-evaluation. Our return was submitted, as required, to the Scottish Government on the 15 May 2019. We will now consider how we take forward improvement actions.

5.3.2 Digital Maturity Assessment: One of the stated aims in Scotland's Digital Health and Care Strategy is for all health and social care services to complete an assessment of their digital maturity.

In April 2019, the Scottish Government asked both parent organisations of Renfrewshire HSCP to complete a maturity assessment by June 2019. The assessment aims to baseline, measure and enable ongoing monitoring of the readiness of all NHS Scotland, Local Authorities and Integration Authorities.

Work is underway to complete the assessments which must be signed off by the relevant Chief Executive. The NHS GG&C eHealth Team is leading the NHS return, whilst Renfrewshire HSCP is leading Renfrewshire Council's return. A variety of methods, including staff surveys and workshop discussions, are being utilised to ensure a thorough and wide ranged response to the assessments process.

Following completion and submission of these assessments, a Digital Maturity Index will be published nationally by the Scottish Government, created from the individual Digital Maturity Self-Assessment returns. This will allow progress at a regional and national level towards the goal of digital at the point of care to be monitored. The overall outputs will be used to review, shape and re-design services using the correct resources in the right place and at the right time as part of the new Digital Health and Care Strategy. It is intended that the self-assessment will be completed every 18-24 months as progress is made towards delivery of Digital Health and Care Strategy ambitions.

5.3.3 GP Contract: Renfrewshire HSCP's updated Primary Care Improvement Plan (PCIP) outlines the priorities in 2019/20 to expand teams of HSCP and NHS Board employed health professions in and around General Practice to meet the needs of patients who do not need to be seen by the GP (Expert Medical Generalist).

Priorities include:

- Ongoing recruitment of pharmacists and pharmacy technicians;
- Expansion of phlebotomy service and scoping for Community Treatment and Care Services;
- Further recruitment of Advanced Nurse Practitioners and Advanced Physiotherapists Practitioners;
- Expansion of Link Worker resource;
- Vaccination Transformation expansion; and
- Board wide evaluation process to be undertaken led by Public Health.

5.3.4 Supported Living Framework: The Council, under the direction of the Renfrewshire Health and Social Care Partnership is currently carrying out a tender process to update and replace the current Support Living Services Framework. The Supported Living Service delivers individual, personalised support to service users who may have a learning disability, physical disability, mental health issues or an addiction, enabling them to lead fulfilled and independent lives within their own homes and the wider community. The evaluation and clarification of tender submissions has now passed, with individual negotiations concluding. It is expected that new contracts will be available for use from 1 July 2019.

Following this, we will work with providers to transition from allocating specified care hours to an outcomes-based approach. This will mean that each service user will be given a personalised budget, enabling providers to be more creative and flexible in providing care around an individual's needs. It is expected that all current service users will transition to new individual service contracts by April 2020.

5.3.5 Extending Free Personal Care to Under 65s: The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018 came into effect on 1 April 2019. In line with this change people who have been assessed by the local authority as needing personal care services will now receive these services free of charge regardless of age or condition.

This legislative update brings important benefits for service users and will ensure that charging arrangements for personal care apply equally regardless of age or care group. In addition, other people who may in the past have declined support due to concerns about the cost will now be able to receive that care, if eligible.

The partnership has made significant progress in reviewing care packages to ensure personal care services are appropriately reflected and exempt from charging. This review work is ongoing with progress updates being provided via the regular Change and Improvement paper.

5.3.6 Replacement of Social Care Case Management System: The contract for a new social care case management system commenced on 1 April 2019. The new system - OLM System's Eclipse, will replace the current Northgate SWIFT system when the contract expires in March 2020. Eclipse will replace SWIFT as the core social care system for both the HSCP and Renfrewshire Council's Children's Services.

An implementation programme is planned to formally commence in June 2019 and will be led by Renfrewshire Council. This will be a significant exercise and planning is currently underway with the supplier, Renfrewshire Council and the HSCP. Given the scale of this programme, it will be managed in two phases. Phase 1 will focus on implementation across Children's Services. It is envisaged that Phase 2, the implementation across HSCP, will commence in April 2020.

6. **Workstream 3: Service Reviews**

6.1 In June 2018, the IJB approved four Service Reviews:

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

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

To ensure Services are modern; flexible; outcomes focused; financially efficient and 'fit for the future' and taking account of changing trends; demographics; demands; local and national policy drivers; changing needs; inequalities; good practice and service user and carer views.

6.3 An update on the Review of Addictions Services is subject to a separate paper at this IJB meeting.

6.4 **Older People**

As detailed in the March 2019 IJB report, the HSCP research to date has highlighted a number of current issues and emerging opportunities in relation to future services and provision for Older People in Renfrewshire.

This Review sits within a wider strategic ambition for transformation of HSCP services in Renfrewshire to be person-centred and to connect more with the wider community, including support agencies and citizens.

Building on initial multi-stakeholder engagement sessions undertaken by Journey Associates, the HSCP are in the process of working to further progress their initial findings, in a second phase. This Phase 2 will run for approximately 8 months in length from the start of their commission.

The overarching aim is to identify and clearly define pertinent challenges, themes and opportunities related to the future of older people's services to enable these challenges to be addressed through a partnership approach. Regular updates on outputs from the review will be provided to the IJB.

6.5 **Learning Disabilities**

Since the last update to the IJB in June 2019, the HSCP has continued to focus on engagement with key stakeholders on the Paradigm Review findings and recommendations.

The approach adopted has included a 6-week online consultation and series of events, this has allowed for over 300 people to engage directly with the HSCP over the course of March, April and May 2019. These include:

- Launch Event including staff, families and carers, people with a learning disability and IJB Chair and Vice Chair
- 3 events for Families and Carers

- 3 events for staff
- An event for people with a Learning Disability, which included a short video.
- As part of the consultation, hard copies of the report were available at all events and in key locations, as well as posted out upon request.

There remains concern amongst some carers and staff that the Review will result in cuts to services or closures of Day Centres. Some families and carers at the consultation sought assurance that there would be no change, at all, in the care of their family member now or in the future. Whilst the HSCP can confirm there is no intention to close day centres, it cannot provide assurance that people's care will always remain the same. The HSCP is committed to ensuring that Renfrewshire has the best services for people with a Learning Disability.

The feedback received through the engagement process has been critical of Paradigm for the approach adopted and the language and style of the report. As such, the HSCP will share the outputs from the consultation with Paradigm to allow them an opportunity to address/respond to the issues raised.

Communication emerged as a key theme from the consultations with families and carers. A number of helpful suggestions were received about how to improve communication. The HSCP will progress these and discussion about how we can ensure good communication will be ongoing.

An extended Learning Disability Planning Group meeting has been set for July 2019, this event will allow for discussion on the consultation outputs and for priority areas to be identified. The outcome of the consultation and identified priority areas for action will be shared with the IJB in September 2019.

6.6 **Capability Scotland – West Lane Gardens and Whitehaugh**

As planned, Capability Scotland withdrew service provision at West Lane Gardens and Whitehaugh on the 26 April 2019. All service users have transitioned to the provision of their choice, with early indications that those who have moved to Community Networks are particularly pleased with the new service they are now attending.

The expansion of Community Networks, which included the creation of a hub at West Lane Gardens, began on 29 April 2019. This included the TUPE of six employees from Capability Scotland as well as the recruitment of several new staff to support the expansion.

The final step of the expansion is improvement works at West Lane Gardens. Funding has been secured and work is ongoing to programme the required works, which are likely to begin at end June 2019. One further update on the expansion will be provided on the completion of works in Autumn 2019.

6.7 Charging

Since the last reporting period, a Charging Steering Group has been established with representatives from the HSCP and Council, including the Chief Finance Officer and Director of Finance respectively. This group will consider the impact and viability of any changes to the existing policy. As previously noted, any change to the current charging policy would be subject to Council approval.

7. Workstream 4: Delivering Safe and Sustainable Services

- 7.1 The HSCP Senior Management Team, led by the Chief Finance Officer, has commenced financial planning for the period 2020–23, with a focus on continuing to ensure safe and sustainable services whilst meeting the significant financial challenges we face. It is estimated that within this period the IJB will face between £18m to £24m of pressures. The level of Scottish Government and partner organisation funding to address these pressures is not yet clear, however, there is a working assumption that the HSCP will require to make significant savings.
- 7.2 The HSCP recognise this cannot be achieved without radically transforming the way we work and engage with each other, our communities and partners, which will take time. Building upon our established medium-term financial planning strategy, outlined in our Financial Plan, the HSCP believe working to a 3-year planning cycle will allow for a more strategic approach and provide the required time to support and embed change to structures, processes and behaviours.
- 7.3 Over the coming months, the HSCP will look to refine its financial planning approach and start to identify where we believe there are potential opportunities to realise further efficiencies. Regular updates will be brought to the IJB.

Implications of the Report

1. **Financial** – the Change and Improvement Programme supports the delivery of the 2019/20 Financial Plan.
2. **HR & Organisational Development** – there are implications for NHS and Council posts. HR and OD work in close liaison with the Change and Improvement Programme.
3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider community planning process.
4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – technology enabled solutions may be identified as part of the service reviews and pilot work.
7. **Equality & Human Rights** – the proposal contained in this report place due regard on equality requirements.
8. **Health & Safety** – health and safety processes and procedures are being reviewed in order to support safe and effective joint working.

9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
 10. **Risk** – the report highlights a range of risks associated with the proposals and mitigation treatment where identified.
 11. **Privacy Impact** – n/a.
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List of Background Papers – None.

Author: Frances Burns, Change and Improvement Manager

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To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Chief Officer

Heading: Update on Review of Addiction Services in Renfrewshire

1. Summary

1.1 A review of the Addictions Services in Renfrewshire was commissioned in January 2018 by Renfrewshire Alcohol and Drug Partnership (ADP). The Review was led by John Goldie, an independent reviewer supported by a review team which comprised of staff from Renfrewshire HSCP, third sector and service users, including those with a lived experience.

1.2 This paper provides an update to the Integration Joint Board on the progress to date in relation to the implementation of the key findings and recommendations from the Review.

2. Recommendation

It is recommended that the IJB:

- Note the content of the report.
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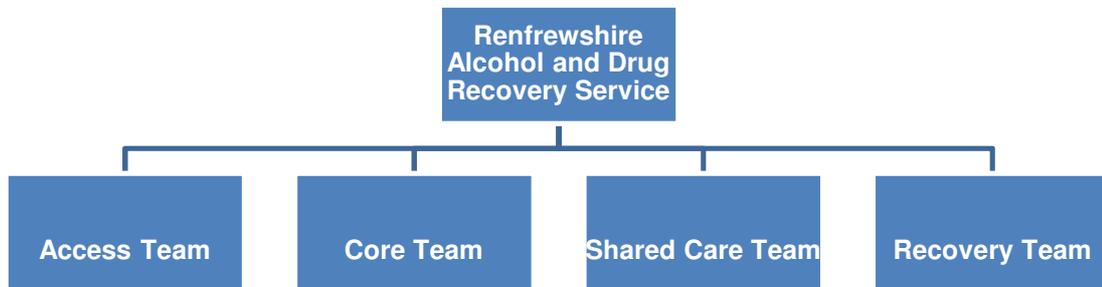
3. Service Redesign Progress Update

As highlighted to the IJB in March 2019, work is underway to implement all the recommendations from the Review. Significant redesign of services will be required to ensure the recommendations are fully implemented. This will also involve engagement with service users, staff and wider key stakeholders. It was highlighted in the Review that the current workforce is committed to moving forward to a new recovery and outcome focused model of service delivery.

The undernoted provides an update on the main key areas:

Single Service Model

Work is currently underway to ensure drug and alcohol services become fully integrated into a single service model. This model will have 4 teams:



The staffing structure to underpin the model is being developed, with ongoing discussion with Team Leaders, HR and Trade Unions. This should be finalised and communicated with the wider staff group by the end of the summer.

Included in the development of the staffing structure is the analysis of current caseload, alongside the trends in demand. In Renfrewshire there are approximately 1,850 people currently receiving treatment and care for alcohol or drugs, with just over 300 individuals being supported by their GP.

A desktop exercise is also underway to review and assess where each person will be supported within the new service model. This exercise will also inform the staffing structure.

Dedicated Shared Care Team

Currently in Renfrewshire there are 17 GP practices who support over 300 people affected by drug misuse.

An event will take place on 11 June 2019 for GPs which will begin the process of fully adopting the NHS Greater Glasgow & Clyde Shared Care Scheme. This will include the development of a dedicated specialist Shared Care Team who will support GPs to deliver enhanced care which will contribute to the well-being and recovery of people with problems related to their drug misuse.

Recovery Hub

This area requires the biggest shift in practice and investment. The Review identified a significant gap in recovery opportunities for people in Renfrewshire. The Sunshine Recovery Café provides excellent support, but this is currently limited to one afternoon per week.

The initial priority focus was to identify premises which would be suitable for the development of a Recovery Hub for Renfrewshire. The plan will be to provide a full recovery programme. Renfrewshire HSCP have been working closely with Renfrewshire Council's Property Services and have recently identified Whitehaugh Centre located on Glasgow Road as a base for our Recovery Hub. It is an excellent fit in terms of location and size. A photograph of the site is included overleaf.



The property requires improvement works to both the fabric of the building and internally, with some minor layout changes and full decoration.

The Sunshine Recovery Café is a key stakeholder within the Renfrewshire Recovery Community and their views in terms of the refurbishment will be key in progressing the development of the new premises. Due to the nature of the works required, it is envisaged that works will begin after the Summer. Renfrewshire HSCP and Renfrewshire Council Property Services are working to finalise the programme of works and associated timescales. This should be completed by end of June 2019 and an update on timescales will be provided.

4. **Engagement**

Engagement with staff and stakeholders on the redesign of services in Renfrewshire will continue to be a priority focus.

July and August will see another staff communication and engagement programme as we move closer to finalising the structure and staffing model. The multi-agency Steering Group will also be key in progressing the recommendations which will include service user views. Progress is routinely reported via the ADP meeting structure.

5. **Next Steps**

8.1 The recommendations will continue to be progressed to develop a fully integrated model of care. The development of the single point of access, the specialist Shared Care Team and the Recovery Hub will continue to be progressed. In addition to this, ongoing engagement with staff will be the key focus for the next period.

8.2 Progress updates will be provided via the Change & Improvement Programme.

Implications of the Report

1. **Financial** – tbc
2. **HR & Organisational Development** – tbc
3. **Community Planning** – tbc
4. **Legal** – tbc
5. **Property/Assets** – property remains in the ownership of the parent bodies.

6. **Information Technology** – tbc
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** – tbc
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

List of Background Papers – Update on Review of Addiction Services in Renfrewshire (March 2019)

Author: Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services

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

To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Chief Officer

Heading: Quality, Care and Professional Governance Annual Report 2018/19

1. Purpose

- 1.1 This paper is to present the Quality, Care and Professional Governance Annual Report for the period April 2018 - March 2019 to the Integration Joint Board.
-

2. Summary

- 2.1 The Renfrewshire Quality Care and Professional Governance Annual Report provides a variety of evidence to demonstrate the continued delivery of the core components within Renfrewshire HSCP Quality, Care & Professional Governance Framework and the Clinical & Care Governance principles specified by the Scottish Government. Core components of Renfrewshire HSCP Quality, Care & Professional Governance Framework are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient and Effective.
- 2.2 Over the last year the HSCP has continued to review its governance arrangements, to ensure that the HSCP structures going forward are both efficient, effective and to avoid areas of duplication and overlap.
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3. Recommendation

It is recommended that the IJB:

- Note the content of the report (Appendix 1); and
 - Note that future annual reports will be produced in line with NHS Greater Glasgow & Clyde's reporting cycle (April – March).
-

Implications of the Report

1. **Financial** – Nil
2. **HR & Organisational Development** – Nil
3. **Community Planning** – Nil
4. **Legal** – Nil
5. **Property/Assets** – Nil
6. **Information Technology** – Managing information and making information available may require ICT input.
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** – None.

List of Background Papers: None

Authors: Angela Riddell, Change and Improvement Officer
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Any enquiries regarding this paper should be directed to Jackie Dougall/Carron O'Byrne, SMT Governance Leads Email: jackie.dougall@ggc.scot.nhs.uk/
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Renfrewshire HSCP

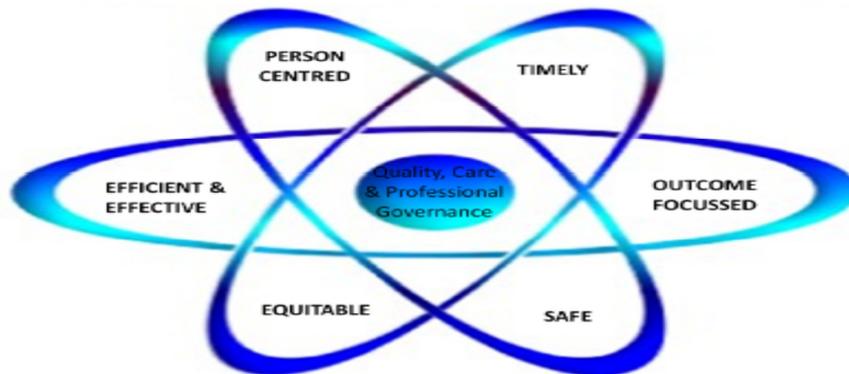
Quality, Care & Professional Governance Annual Report (April 2018 – March 2019)

1. Purpose

- 1.1 The purpose of this report is to note Renfrewshire HSCP Quality, Care & Professional Governance activities during the period April 2018 - March 2019. The report provides a variety of evidence to continue to demonstrate the delivery of the core components within Renfrewshire HSCP Quality, Care & Professional Governance Framework and the Clinical & Care Governance principles specified by the Scottish Government. Link:
<http://www.gov.scot/Resource/0049/00491266.pdf>.

Core components of Renfrewshire HSCP Quality, Care & Professional Governance Framework are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient and Effective.

Renfrewshire Health & Social Care Partnership Quality, Care & Professional Governance



2. Clinical & Care Governance Arrangements

2.1 Scottish Government's Policy Statement on Integration states that:

“Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal committee structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act of organisations and individuals delivering care”.

2.2 Renfrewshire Health and Social Care Partnership is responsible for delivering adult social care and health services for adults and health services for children in the communities of Renfrewshire.

Services included are:

- Renfrewshire Council’s adult and older people community care services e.g. Addictions, Learning Disability, Residential Care Homes and Care at Home.
- Renfrewshire Community Health Services, e.g. District Nursing, Health Visiting, Mental Health and Learning Disability Services.
- Elements of Housing Services relating to adaptations and gardening assistance.
- Aspects of Acute services (hospitals) relating to unscheduled care.

Renfrewshire HSCP hosts two NHS Greater Glasgow & Clyde Board wide services: Podiatry and Primary Care Support.

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 182,236 (as of January 2019).

2.3 The HSCP have a number of supporting governance arrangements in place. These include:

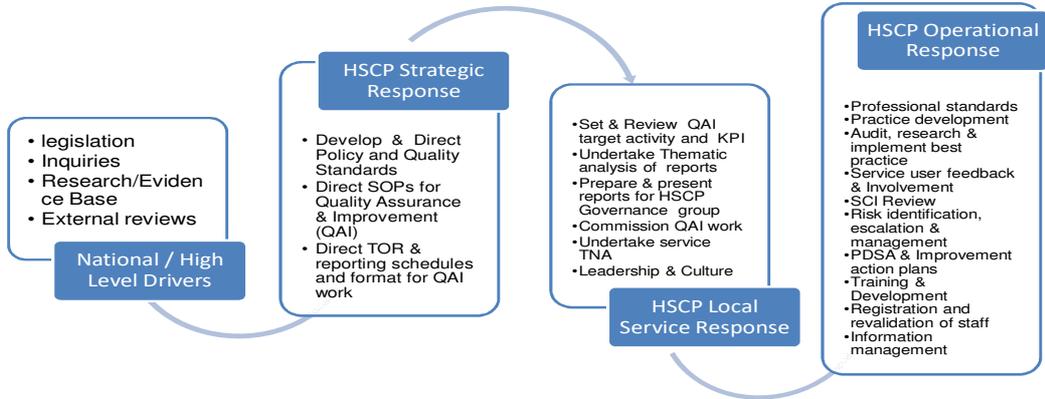
Renfrewshire HSCP Quality Care & Professional Governance Groups	Chair	Meeting Frequency & Remit
Renfrewshire Executive Group	Chief Officer	Twice Yearly <ul style="list-style-type: none"> • This is the overarching HSCP governance group to ensure clear strategic objectives for clinical and care governance are in place, delivered and are reported on.
Renfrewshire Localities Clinical & Care Governance & Mental Health, Addictions & Learning Disability Services Governance Groups	Heads of Health & Social Care & Mental Health, Addictions & Learning Disability Services	Bi-monthly <ul style="list-style-type: none"> • These groups provide a focus for all quality, clinical and care governance activity. To enable more integrated ways of working and joint learning the opportunity will be explored further to combine these groups and review meeting frequency.
Chief Social Work Officers Professional Group	Chief Social Work Officer	Quarterly <ul style="list-style-type: none"> • This group ensures the HSCP’s responsibilities for Renfrewshire Council’s statutory Social Work duties and functions are discharged to the appropriate standards. Work is being taken forward to refresh this group due to the appointment of a new Chief Social Work Officer.

Renfrewshire HSCP Quality Care & Professional Governance Groups	Chair	Meeting Frequency & Remit
Medicines Management Group	HSCP Lead Clinical Pharmacist	No less than every 12 weeks <ul style="list-style-type: none"> This group provides a focus for all medicines management and prescribing budgets.
Renfrewshire Health & Safety Committee	Co-chaired by HSCP Head of Administration and Locality Authority Service Manager	Quarterly <ul style="list-style-type: none"> This group has responsibility for a co-ordinated framework for the management of health and safety issues.

Attendance levels at each of these groups is regularly monitored and a requirement for deputies to be identified where members are not able to attend.

2.4 In addition, the HSCP have an established structure for professional governance, including system wide arrangements, providing leadership, guidance, support and advice for relevant staff. The HSCP Chief Nurse attends the hospice governance groups, and provides an advisory role in relation to training and development, local and national policy and best practice. The HSCP Clinical Director is a member of the NHS GG&C Primary Care and Community Clinical Governance Forum.

2.5 Within Renfrewshire Quality, Care & Professional Governance arrangements are a dynamic process as illustrated below:



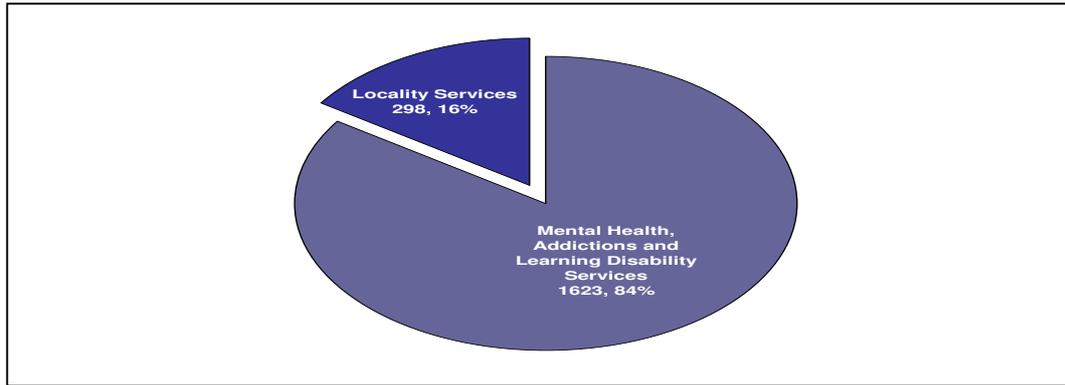
The response/process is dynamic with feedback and influence at and between each link providing both a top down and bottom up approach.

3. Safety (Incident Management, Reporting and Investigation)

3.1 All incidents, regardless of the severity require reporting to review, action and share learning where appropriate. Incident reports are produced and discussed on a regular basis at the relevant governance groups. There are various systems currently used within Renfrewshire HSCP for incident reporting and management.

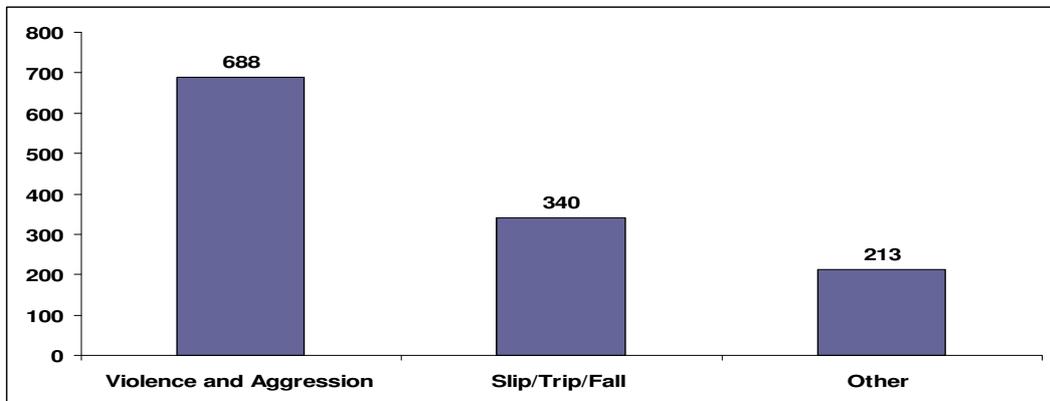
3.2 The DATIX Incident Reporting System is used within health to provide a clear reporting structure to record clinical incidents, near misses and complaints. From April 2018 – March 2019 there were **1921** incidents reported on DATIX, compared to **2476 (-555)** in the previous year report.

Incidents Reported on DATIX



The highest reported categories relate to:

Highest Incident Categories



3.3 The Accident Incident Reporting Database which allows users within social work services to record accidents electronically has recently changed. Due to this change data was not available at the time of writing this report; however we anticipate that the highest reported categories relate to falls and violence and aggression incidents.

3.4 Actions in place to address the highest reported incident categories:

- **Violence and Aggression:** Training and refresher training are in place for staff and an e-learning module is available. The Violence Reduction service is also available for staff to provide advice and support around violence reduction and de-escalation strategies.
- **Slips/Trips and Falls:** A multi-factorial assessment tool had been developed specifically to meet the mental health population needs which was implemented by all mental health services in September 2018. The implementation process included replacing Cannard (numerical assessment) with a multi-factorial assessment and interventions documentation, replacing one single assessment document with a falls bundle, new documentation including additional risk factor enquiry and Medical Post Incident Review form to be completed by medical staff. To support the falls documentation implementation, a standard operating procedure has been developed outlining the plan to implement to new Falls Multi-factorial Assessment and Intervention documentation across mental health services. The new process is now in place.

Renfrewshire Learning Disability Services are also familiar with the falls risk assessment. These are completed with all new referrals where mobility is an issue.

- **Other incidents:** Work is ongoing board wide to further refine categories and descriptors and with Service Managers to ensure that appropriate categories are used for incidents and in order to avoid using the “other” category if appropriate. This will enable better analysis and action planning of known incidents.

3.5 Significant clinical incidents are those events that have or, could have significant or catastrophic impact and may adversely affect the organisation and its staff and have potential for wider learning (i.e. learning that can be gained for future care delivery). The purpose of an SCI investigation is to determine whether there are any learning points for the partnership and wider organisation following an adverse event. All Significant Clinical Incidents must have a Rapid Alert Template or a Severity 4/5 Template completed.

Renfrewshire HSCP Social Work services continue to adopt the “Rapid Alert” template used within health for serious incidents to ensure consistency in approach within the HSCP. All incidents are appropriately investigated to minimise the risk of recurrence through learning.

From April 2018 – March 2019 a total of **5** SCIs have been commissioned within Renfrewshire HSCP, in Mental Health Services. This compared to **12** SCIs (**-7**) in the previous year. Description of these incidents varied between Unexpected Deaths, Suicides and Sudden Illness/Deterioration or Collapse. All staff involved in commissioning/conducting SCI investigations must adhere to a series of principles and key requirements.

The main actions from the **5** SCIs were:

- Reminding support workers to seek additional support/guidance from registered staff regarding any required intervention.
- EMIS WEB entries follow the guidance within the Situation, Background, Assessment, Recommendation (SBAR) tool used by the local Community Mental Health Team.
- Concerns regarding waiting lists priorities are escalated to line managers should targets be missed and team leads to improve caseload management and increase engagement with nurse line supervision during increased stress and challenging periods.
- Review of the current model of care in place for the Intensive Home Treatment Team.
- Risk assessment documentation to be updated in a timely manner.
- All community staff to be reminded of the limitations of the police powers to remove individuals to a place of safety.
- Team Leaders to discuss the function and application of the AIS/Child Protection template check list at their own team meetings, to ensure all staff are aware of its application and to ensure there is a process that individuals are supported when they receive adverse news that significantly impacts on their individual personal and family relationships.
- To ensure that when discharging vulnerable individuals risk assessment should be reviewed and findings shared with GP.

3.6

Examples of incident management/investigation/reporting improvements:

- A number of bespoke events have been held to support system wide learning from SCIs and improve patient outcomes. The Significant Clinical Incident Review Executive Group (SCIREG) held a Patient Safety Learning Event across NHS GG&C HSCPs on the 6 June 2019, with the purpose of sharing the key messages from Significant Clinical Incident reviews.
- Learning from SCIs is presented at GP Forum (as appropriate).
- A process is in place to share learning across HSCP Governance Groups and NHS Greater Glasgow & Clyde Primary Care & Community Clinical Governance Forum.
- Thematic analysis exercise is carried out to identify recurring themes and to ensure the actions that were put in place following SCIs, have been implemented.
- The SCI review teams are now required to provide feedback sessions to those members of staff who were interviewed as part of the SCI review, to discuss the findings of the investigation, the learning and the actions that were put in place to improve the systems and processes.
- There are several audits as part of SCI Action Plans which are progressing at present.

3.7

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) regulations require organisations to report certain incidents to the Health & Safety Executive (HSE) that occur as a result of, or in connection with the work that is undertaken. If an incident meets the criteria stipulated in the regulations then it must be reported under RIDDOR within a set timescale.

From April 2018 – March 2019 a total of **11** incidents were investigated as RIDDORs within health and social work services, this was the same number as the previous reporting period:

Area	Categories	Number of incidents investigated as RIDDOR
Mental Health Inpatient Services	Contact with an Object	1
	Moving and Handling	1
	Slips/ Trips and Falls	2
	Violence and Aggression	4
Localities	Contact with an Object	1
Social Work	Fall	1
	Slip, trip, fall	1

For each of the incidents action plans were put in place and these are discussed at the Renfrewshire HSCP Health and Safety Committee and local governance groups to ensure shared learning.

3.8

Example of the recommendations and actions from a Violence and Aggression (V&A) incident:

Recommendation	Action(s)
<ul style="list-style-type: none"> • The reporting of V&A incident to senior staff to be improved. Where staff have been injured whilst undertaking their duties, this should be reported immediately so that actions can be taken. 	<p>The importance of communication and alerting senior staff has been highlighted to all staff and to be noted in patient's notes following incidents.</p>

<ul style="list-style-type: none"> The generic risk assessment for V&A to be reviewed and brought to the attention of all staff. Further controls to be added re communication. 	<p>Risk Assessment for V&A document has been reviewed, updated and shared with all staff.</p>
<ul style="list-style-type: none"> In line with the Violence Reduction Training, restraints should be coordinated and requirements of dynamic risk assessment should be followed when interacting with patients. 	<p>Violence Reduction Team were invited to staff meeting to discuss, review and ensure staff communicate better and follow practices and procedures.</p>

4. Contracts Management

4.1 The HSCPs Contracts Management Team adopts both a proactive and reactive approach to the contract management of commissioned services as follows:

Proactive:

Following an assessment of risk which priorities/identifies the services that require input, the team during the reporting period have undertaken:

- **24** full contract monitoring visits to services and completed detailed evidence based performance reports to assess performance across a broad range of key indicators.
- **18** follow up visits to evidence that actions required of the provider to improve services had been completed to the HSCP's satisfaction.

Reactive:

The team have responded to:

- **1150** significant event reports have been sent by providers during the reporting period. The initial inputting of these reports is handled by ASeRT with the Contracts Management Team overseeing and signing off actions for each report.
 - The number of reports has remained broadly consistent with last year. The bulk of reports relate to notification of unplanned hospital admissions, reports of potential harm relating to Adult Protection and significant medication errors.
 - The majority of significant event reports come from care homes and Learning Disability/Mental Health supported living services.
- **359** significant events were forwarded by Adult Services Referral Team (ASeRT) to the localities or specialised teams for action through Adult Support and Protection measures. This has increased significantly from last year.

The number of contracted service providers has decreased slightly from last year's total of **61 to 59 (-2)**. This is due to the challenges of providers operating in the present economic climate, provider buyouts, and the outcome of tendering activity.

4.2

<p>Examples of improvements within the Contracts Monitoring Team:</p> <ul style="list-style-type: none"> • The team has increased the number of services being monitored by revising its practice; the team has also been working closely with colleagues in care at home to devise new systems of maintaining closer links with care at home providers and their reporting of key performance information. • Supporting the development of fresh commissioning strategies and procurement exercises, particularly in the area of the provision of supported living.

5. Risk Management

5.1 Renfrewshire HSCP aim to ensure that robust Risk Management processes, systems and culture are embedded within services. Risks are managed and escalated accordingly. A high level risk register is in place and reviewed on a regular basis. This Risk Register is shared with the Audit Committee and is reviewed by service managers and the senior management team. A number of services have risk registers which feed into the HSCP Risk Register (as appropriate) for very high level risks.

5.2 Example of risk management improvements:

- In line with strategic implementation of 2018 'Coming Home' Report and NHS GG&C 'Designing an effective assessment and treatment model' Report, The Renfrewshire Learning Disability Service is working alongside third sector partners and is developing a dynamic local risk register to support the monitoring, response and management of interventions to reduce the potential for individuals community support arrangements to break down.
- The HSCP is in the process of establishing a new information governance and risk management group.

6. Public Protection

6.1 Renfrewshire HSCP remains committed to ensuring children and vulnerable adults remain safe from harm and that, where necessary, appropriate action is taken to reduce risk and protect them. Training is regularly reviewed to ensure it is fit for purpose, and that learning and development is available through practice forums, communication in a variety of formats, and events such as significant case reviews.

6.2 Adult Support & Protection

6.2.1 **2,723** adult welfare concern and adult protection referrals were received from April 2018 to March 2019. This is compared to **2,829, 2,578 and 2,523** for the same time periods in 2017/18, 2016/17 and 2015/16 respectively. Of these, **1,022** were adult protection concerns and **1,701** were adult welfare concerns. Following initial inquiries, **102** adult protection investigations were conducted, with **28** resulting in an initial adult case conference.

The total contacts for 2018/2019 reflect a small decline in referral rate as compared to the previous year but are higher than referral numbers from 2015/16 and 2016/17. Data quality continues to be scrutinised to confirm accuracy of data. A pilot is currently underway to amend the pathway for recording adult protection data, with the intention of improved data quality. Across the year Police Scotland were responsible for **65.7%** of all referrals. While this has been a short-term increase across the year, the long-term trend reflects a decrease in the ratio of referrals received by Police. They were responsible for **79%** of all referrals

6.2.2 A Large Scale Investigation (LSI) under adult support and protection involving an independent sector care home for older people in West Renfrewshire commenced in September 2017 and was concluded in April 2018. Draft revision of Renfrewshire's Large Scale Investigation Guidance and Procedures has been completed and will soon go to consultation with relevant stakeholders.

6.2.3 Renfrewshire's Adult Protection Committee (RAPC) biennial self-evaluation report was approved by RAPC on the 13 August 2018. The 2018 self-evaluation included a case file audit of **100** cases; these were cases in which an Adult Support and Protection (ASP) referral was made, and for which a "no further action under ASP" decision was taken during the Inquiry phase of the process. The case file audit sample was generated to ensure proportional representation across multiple fields. The self-evaluation also included consultations with stakeholders, including service users and carers, as well as input from Glasgow Caledonian University. Subsequent actions relating to recommendations made have been progressing since the report's publication and are kept under review by RAPC.

6.2.4 Scottish Government has advised of its intention to inspect the adult protection services of all those partnership areas who were not included in the national thematic inspection. Renfrewshire is therefore likely to be subject to an Adult Support and Protection thematic inspection within the next 18 months.

6.3 **Child Protection**

6.3.1 Renfrewshire Child Protection Committee (RCPC) continues to be held every three months. A series of network lunches have been held in locality areas. The aim of these sessions was to deliver feedback from a multi-agency casefile audit undertaken by the committee. This audit focused on three quality indicators to measure how well partners are working together to improve the lives of children, young people and families. This also included a GP casefile audit of child protection cases.

Renfrewshire Child Protection Committee has also engaged with the work of the National Child Protection Improvement Programme (CPIP). An audit of Renfrewshire Child Protection Committee members has also been undertaken to seek their views on a number of key factors:

- The structure of RCPC meetings, leadership and quality of information
- The vision values and aims of RCPC
- The contribution from agencies
- The outcomes for children, young people and families
- Staff awareness
- Supporting practitioners
- Informing the wider community
- Obtaining the views of children and young people.

6.3.2 Due to an increasing trend in the number of shared referrals received from Health a breakdown analysis is now provided to Renfrewshire HSCP every quarter. The main sources of referrals from health are maternity wards, acute hospital staff and health visitors. From an acute perspective, there has been a lot of staff education to increase awareness and improve assessment/identification of Child Protection concerns. This could be a contributing factor to the increase of referrals.

6.3.3 Work has commenced locally to undertake a multiagency self-evaluation focusing on the most vulnerable children following the latest Care Inspectorate Framework "A quality framework for children and young people in need of care and protection", which was published in July 2018.

The self-evaluation exercise will focus on the undernoted quality indicators:

- Impact on children and young people
- Impact on families

- Recognition and response to initial concerns
- Assessing risk and need
- Care planning, managing risk, and effective intervention
- Involving individual children, young people and families.

6.4

Examples of work undertaken to support Public Protection:

- A full range of public protection training is offered to all staff across the partnership. This training is targeted at the duties carried out by each professional.
- Following a review of the Adult Support and Protection Duty Team within Specialty Services, it was agreed to continue to provide the service on a permanent basis. The Duty Team will be reviewed annually to continue to improve on the service provided.
- The Adult Protection Committee is currently undertaking an audit alongside K-Division of Police Scotland. This audit includes Inverclyde Health and Social Care Partnership; this is an opportunity to compare adult support and protection activity across the shared police division.
- In March 2019, Renfrewshire HSCP contributed to the Scottish Government Consultation on Improving Multi-agency Risk Assessment Centres for victims of high risk of domestic abuse.

7. Healthcare Associated Infections (HAI)/ Healthcare Environment Inspectorate (HEI)/Core Audits

7.1 Renfrewshire HSCP aim to comply with core audit schedules, ensuring improvements are implemented where required.

Some examples include:

- Within nursing services there are a number of quality assurance tools in place including Core Audit, Professional Assurance Framework and clinical dashboard tools, the outcomes of which are utilised to populate any necessary action plans. This also includes compliance with Pressure Ulcer Prevention policy and SCI processes.
- All Mental Health wards are inspected annually and measured against the HEI readiness aide memoire. In June 2017, this tool was reviewed and adapted to meet the Healthcare Improvement Scotland HAI standards, (2015), was signed off by the Mental Health HAI Steering Group in July 2017 and is now in use.
- Staff compliance with Standard Infection Control Procedures (SICPs) was audited by Senior Charge Nurses (SCNs) in April and October 2018 and this will continue 6 monthly. SICPs are the basic infection control measures necessary to reduce risk of transmission of microorganisms from both recognised and unrecognised sources of infection. Results were sent to the Mental Health HAI Lead to action.
- Every ward is required to complete a monthly audit of staff adherence to standards of hand washing. This is sent to the local Professional Nurse Advisor (PNA) who reports to the Mental Health HAI group.
- Infection Outbreaks are a standing agenda item at the Partnership Infection Control Support Group meetings and any learning following outbreaks is shared at the Mental Health HAI meeting and with local HAI meetings.
- The Senior Charge Nurses (SCNs), Senior Managers, Infection Control Nurses and any other nominated persons have access to the Share site that includes all Infection Control related information.

- The implementation of an electronic dashboard is currently in progress. This will reduce any duplication for SCNs and perhaps reduce delays in returns of any audits or action plans to the Professional Nurse Advisor.

8. Scottish Patient Safety Programme (SPSP)

8.1 The Scottish Patient Safety Programme in Primary Care aim is to reduce the number of events which could cause avoidable harm from healthcare delivered in any primary care setting. The work is supported by clinicians and staff from NHS Greater Glasgow & Clyde, Clinical Governance Support Unit.

8.2 **Examples of risk management improvements:**

- There have been 4 rounds of patient and staff climate surveys completed. Reports are shared with teams to reflect on and discuss the findings during a dedicated meeting with staff on the ward.
- Staff continue to utilise the safety brief which is completed throughout the shift by trained and untrained staff, this information forms the base of the shift handover meetings.
- The annual patient and staff surveys continue with the patient climate survey with action plan drawn from the information gathered. The most recent survey continues to show year on year improvement, though staff continue to review and draw up action plans in regards to any areas highlighted where we can still improve to ensure improvement continues.
- A recent Safety conversation was held on the ward on the 24 April 2019, this appeared to go well and we await the following report and will implement any recommendations from this.

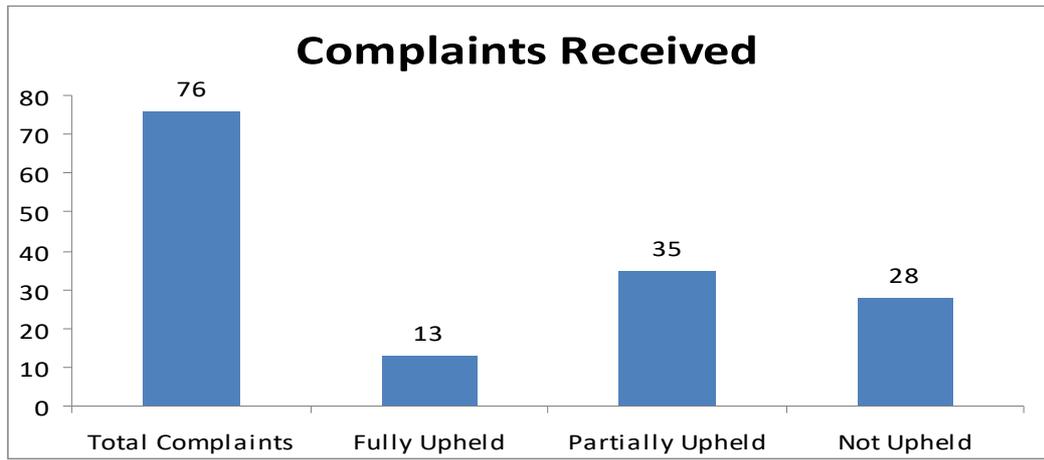
9. Professional Registration

9.1 Registration, revalidation and assurance are essential to maintaining a high level of professionalism. There are systems and processes in place to monitor clinical and non-clinical staff registration and revalidation to ensure that any lapses are minimised and any issues are escalated and actioned accordingly. A key area of focus for the HSCP remains around the Scottish Social Services Council (SSSC) registration work for front line Care at Home and Day Care Staff.

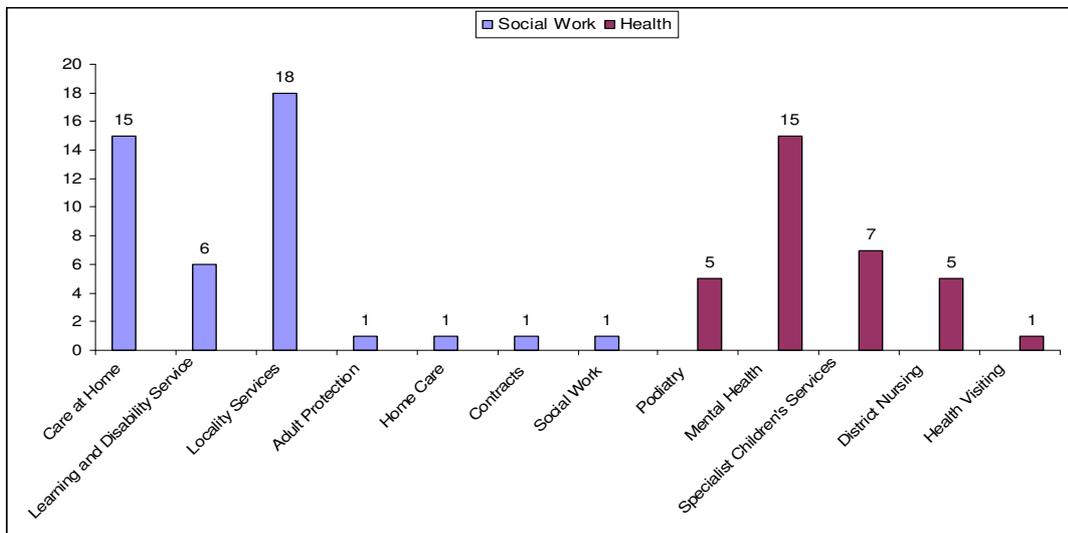
10. Patient Centred

10.1 **Complaints**

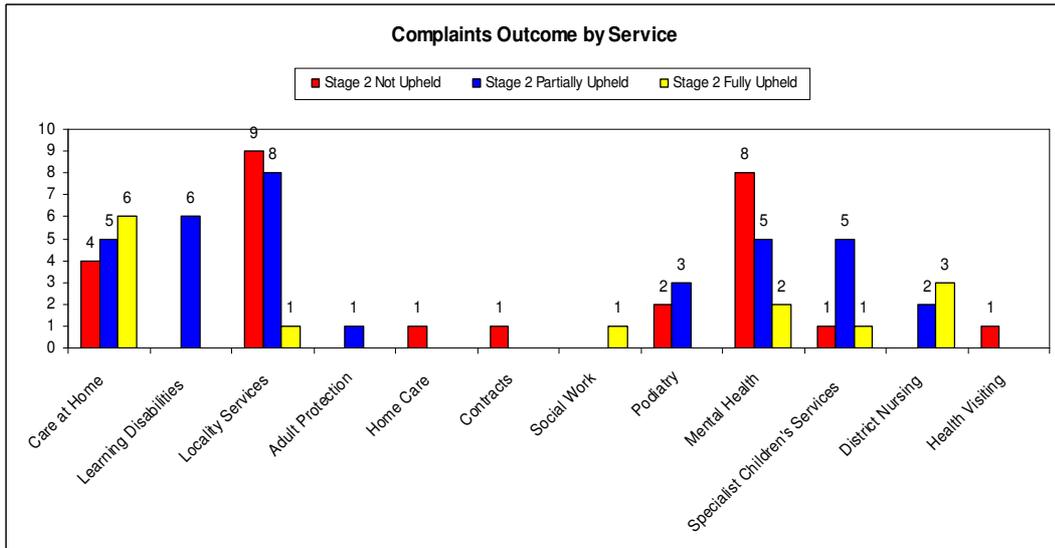
There were **76** formal and **45** informal complaints received across the HSCP from April 2018 - March 2019. The formal complaints are shown below:



The graph below breaks these formal complaints into Social Work and Health Services



The graph below breaks these formal complaints into services



10.2 In bringing these complaints together into one process, social work complainants can now receive a 20 day holding letter if required. The HSCP now have specific mailboxes for complaints and enquiries, enabling all staff and complainants to email directly to the mailbox instead of to a staff member's personal email address. This enables the team to respond to all complaints and enquiries in a timely fashion. Email addresses are:

Complaints: RenfrewshireHSCP.Complaints@ggc.scot.nhs.uk

Enquiries: RenfrewshireHSCP@ggc.scot.nhs.uk

10.3 The issues and themes identified from health and social work complaints included:

- Disagreement with clinical treatment/care plan
- Staff attitude and behaviour
- Delay in appointments and waiting times
- Failure to follow agreed procedures
- Communication
- Change in service
- Service quality.

10.4 **Some of the actions taken in response of Complaints issues:**

- A district nursing complaint regarding lack of communication around home visits and record keeping has resulted in the following:
 - Staff involved attended training sessions to improve standard of record keeping.
 - Improved communication with patients by informing them of visits by either telephone or arranging the next visit whilst they are out visiting them.
- A complaint regarding access to the Child and Adolescent Mental Health Services (CAMHS) has resulted in the following:
 - Gatekeeping/referral management protocol to be updated.
 - Review NHSGG&C Operational Policy for transfer to care and ensure all staff are aware and compliant. Produce local Standing Operating Procedure for audit.
 - 'Learning from Complaints' education session for CAMHS team to be arranged.

10.5 **Scottish Public Services Ombudsman (SPSO)**

Once a complaint has been investigated and a response issued to the complainant, individuals have the right to approach the ombudsman if they remain dissatisfied. Of the total number of complaints for health and social care, 2 were submitted to SPSO in the last year, 1 for Podiatry Services and 1 for Social Work Locality Services. Of these:

- The SPSO advised in July 2018 that a complaint submitted by a complainant regarding the care and treatment her mother received from the Podiatry Service did not require a formal investigation.
- A complaint submitted to the HSCP in September 2018 regarding the care received from Social Work Locality services was submitted in November 2018. We await the outcome of this complaint.

10.6 Patient/Service User/Client and Carer Feedback

Renfrewshire HSCP have a positive approach to feedback and aim to use this to inform continuous improvement in service provision and ways of working. The HSCP continues to ensure mechanisms are in place to obtain feedback from patients/service users/carers. Various mechanisms have been used to capture experience of people who have been using/receiving our service(s) so that we can learn both from what works for people and their priorities.

10.7 Examples of Patient Experience Initiatives which has led to improvements in services based on feedback from patients/carers:

- Renfrewshire Learning Disability Services (RLDS) have a Communications Officer in post to support individuals who have difficulties with aspects of communicating.
- The Speech and Language Therapy within RLDS have supported client communication with group and individual strategies across the service.
- In April 2018, the Mental Health network carried out an in-depth review of the post diagnostic support service within Older People Community Mental Health Service (OPCMHS). Although issues were raised with regards to waiting times due to staff shortages, the feedback from patients/families was very positive. The contact made with people waiting to get a service was praised and the relationship between the service users and link worker was important as people commented on feeling it instilled trust and helped them feel relaxed and able to open up. The service provides guidance on rights and signposting, which was very valuable. Recruitment was praised by service users and carers - staff having the right skills, knowledge and abilities for this post. There was 100% positive feedback given to questions related to people feeling they are treated with dignity and respect.
- Client and carer involvement is widely recognised across our services, and there is liaison with the local carers centre. Carer's assessments are offered to those who have caring responsibility, and the use of independent advocacy is supported.
- A recent review of the Assertive Outreach Team within the adult Community Mental Health Teams (CMHTs) evidenced a positive approach to person centred care for people who would be otherwise challenging to engage in services.
- Peer support worker role has been established in Adult Mental Health wards as part of the Action 15 proposals. The new post aims to run activities to support recovery and positive role modelling through lived experience.

10.8 Views and options of staff are also sought via the iMatter survey which provides results on a team basis and enables them to identify areas of improvement. iMatters tool from the Scottish Government aims at helping individuals, teams and public sector organisations understand and improve staff experience. Staff experience involves individuals feeling motivated, supported and cared for at work and can be observed in levels of engagement, motivation and productivity.

11. Mental Health Officer (MHO) Service

11.1 The Mental Health Officer Service provides a responsive service to requests for consent to detentions under the Mental Health (Care and Treatment) (Scotland) Act (MHCTA) and ensures that individuals who are subject to detention receive information regarding their rights to appeal detention, access to independent advocacy and independent legal advice or representation. The service also ensures identification of Named Person in terms of the MHCTA.

11.2 Demand for Adult with Incapacity (AWI) reports, which require to be completed by a qualified Mental Health Officer (MHO), has risen steadily over recent years (this mirrors increases across Scotland). In 2018-2019 Renfrewshire received **196** requests for AWI MHO reports. In the previous year there were **208** such requests and **137** in the 2015/2016 year. It is worth noting that **65%** of all new orders granted are for periods of less than 5 years which now brings additional work pressure in respect of renewal reports required from an MHO.

Often such requests arrive with less than 4 weeks until the expiry of the existing order. Orders where the Chief Social Work Officer (CSWO) is appointed Welfare Guardian have also risen significantly in recent years, from **79** in March 2015, to **107** in March 2016, to the current figure of **114**. Each order requires a qualified social worker to act as the “nominated officer” on behalf of the CSWO for day to day management of the case. In addition, there are currently in excess of approximately **425** private welfare guardianship orders running throughout Renfrewshire. These require a minimum of one statutory visit by a guardianship supervisor after being granted.

The other main area of work for the Mental Health Officer Service is around the Mental Health (Care and Treatment) (Scotland) Act 2003. The number of detentions under the Act has risen by **24%** in the past year. There has been an increase in referrals (all types) to the MHO Service of **30%**.

11.3

Examples of key areas of work within the Mental Health Officers (MHOs)

- Assist and advice colleagues in terms of the application of legislation MHCTA/AWI/Adult Support and Protection (ASP) and attend case conferences (as necessary)
- Comply with the National Standards for MHO services and codes of practice for the MHCTA/AWI & ASP Acts and SSC Codes of Practice.
- Involved in MDT meetings CPA/MAPPA and other meetings as required.

12. Care Inspectorate

12.1 The Care Inspectorate regulates and inspects care services to make sure that they meet the right standards. They also jointly inspect with other regulators to check how well different organisations in local areas work to support adults and children. They carry out inspections of registered services such as care homes, day services and care at home and publish inspection reports which grade care services according to set criteria.

13. Quality Improvement / Clinical Effectiveness

13.1 Renfrewshire HSCP aim to ensure that priorities are identified that lead to improvement in services.

Renfrewshire HSCP has an established Change and Improvement Programme which 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.

13.2 In the HSCPs last HSCP Annual Quality, Care & Professional Governance report, Link: [LJB Gov Report](#) a number of specific commitments were made that have been implemented. Some examples include:

Commitment	Update on progress made
Governance:	
Continue to facilitate bespoke sessions to support Quality, Care & Professional Governance arrangements and to learn from incidents and complaints.	Two complaints sessions were held in early 2019. The complaints paperwork is currently being updated in light of feedback from these sessions.
Legislative Requirements:	
Ensure compliance with the new General Data Protection Regulation (GDPR).	A comprehensive programme of work has been undertaken within the HSCP aimed at putting suitable arrangements in place to ensure compliance with the new GDPR legislation. Around 70+ presentation meetings have been held across the HSCP.
Policies & Procedures:	
Develop combined Locality Services Service Specification and Operational Policies.	Draft specifications have now being developed.

13.3 In addition, a number of additional improvements have been taken forward within specific Renfrewshire HSCP services in the last year. See Appendix 1.1.

13.4 Other examples include:

- The Care Quality Commission works in conjunction with partner agencies to ensure standards of care are of high quality. The Renfrewshire Learning Disability Service works in partnership with the third sector to improve and maintain standards of care and appropriate action is taken by the statutory organisations, when care quality is compromised.
- A Physical Health Clinic has been introduced as part of the Older People's Community Mental Health Team. This will include, assisting in monitoring High Dose Antipsychotic Therapy and Cholinesterase Inhibitor Therapy.
- All four Older People's wards have completed the Health Palliative Care Implementation to update the Mental Health Bundle to support the use of the NHS GG&C Guidance at End of Life (GAEL) for Health Care Professionals. The updated bundle is now ready to use within all Mental Health Inpatient areas for expected deaths.
- Two Staff Nurses in Ward 37 Royal Alexandra Hospital (RAH) have undertaken the Dementia Specialist Improvement Leads Programme, allowing them to train and educate all staff on the ward in Specialist Dementia care.
- All Supported People from Capability Day Services were reassessed and supported into alternative day service options and a significant increase in children in transition taking up community based alternatives to day centres.
- The Drugs Action Partnership Group (DAPG) has been established to combat the increasing Drug Related Death trend and to improve extant information sharing processes in order to protect those most at risk to harm as a result of drug misuse. The overall objective is that through strong partnership working, improve overall knowledge of the illicit drug commodity user market in order to protect those most vulnerable to harm and to reduce the tragic impact of drugs on individuals, families and communities within Renfrewshire and Inverclyde.

- A Specialist Children Services (SCS) governance event was held in 2019 to showcase best practice from across SCS in NHS GG&C. Many clinicians from a range of SCS professions presented posters on innovative clinical work in their area. Small tests of change are being planned accordingly to implement the innovations where practical. The EMIS dashboard has also allowed for better data information to measure performance across NHS GG&C SCS. This data has been used to improve the flow of the disability pathway and improve both admin and clinical systems.

13.5 We enclose below a case study to demonstrate how our services work together, to ensure they provide the best possible services and care to our service users.

Case Study - Weekly Integrated System Response (WISeR)

An elderly gentleman, Mr X, with a history of upper gastro intestinal tract cancer was referred to WISeR in December 2018. He lived with his wife. Mr X had stopped treatment for his cancer in February 2018 and had been experiencing ongoing problems with fluid building up in his abdomen. His GP was aware of ongoing changes and problems that Mr X was experiencing and referred him to WISeR for care coordination. WISeR coordinated the care for a total of 16 weeks. On referral Mr X was not linked in with any community services and the team agreed that the Rehabilitation and Enablement Service nurse would be the lead service. At the WISeR weekly updates it was clear that Mr and Mrs X needs were complex and required support and intervention from multiple services. From analysis of recorded observation of the weekly MDT discussions and sharing of information about Mr X care.

The following themes emerged:

Increasing burden of illness		Week on week Mr X was experiencing a persistent increase in symptoms and frailty as a result of his disease. It was clear he was striving to hold on to his independence and mobility. He was still getting out with help from his family at week 8.			
Care Coordination- Multiple services providing care		GP, RES (Nurse, OT, Physio, Dietician), Community Nurses, Palliative care clinical nurse specialist, Care at Home, Advice Works were all involved. Through WISeR they coordinated visits, shared information and planned ahead together. They also coordinated their response to providing care when the family expressed feelings of being overwhelmed by services.			
Complex care	Equipment	Anticipatory Care Planning	Carer Support	Finances	Admission to RAH for procedure to increase comfort
weeks when discussed and documented	3,5,7,8,9,15	3,6,8,9,14	3,5,6,7	4,8,6	6,11,12
“Seeing it coming”		Services were recognising and responding to increasing burden of illness and frailty and planning ahead with each other and Mr and Mrs X.			
Person centred care-supporting growing acceptance		Staff were walking along side this family supporting their growing acceptance of care, support, equipment, services and ultimately of dying.			

The evidence was clear that services were working together and responding to Mr Xs changing needs and those of his wife. There were times when the family felt overwhelmed by the number of services involved and increasing frequency of visits, services responded to this by coordinating visits and sharing important updates through WISeR. Equally there was lots of evidence of going at the families pace, offering guidance and planning ahead but being person centred and respecting Mr and Mrs X as decision makers about care. There is documented evidence of offering additional care, services and equipment as part of ongoing and evolving Anticipatory care conversations, alongside documented evidence that these things were only put in place when the person and their family were ready to accept them. When Mr X died, he was peaceful and at home with his wife, where he wanted to be.

14. Implementation of Guidance/Policies

- 14.1 Renfrewshire HSCP aim to ensure that services are compliant with national standards and guidance by implementation and monitoring of impact on services. Any new policies and guidelines are discussed and actioned accordingly. A recent example includes, Renfrewshire have implemented the Specialist Children Services, Autism Spectrum Disorder (ASD) Pathways in line with current SIGN guideline recommendations and best practice. This move is to reduce waiting times and where possible children moving from one waiting list to another.

15. Good News - Recognising and celebrating success

- 15.1 Renfrewshire HSCP aim to recognise and celebrate success, whereby a number of staff within the HSCP have received a number of awards for service improvements/initiatives through Renfrewshire HSCP Staff Awards, Chairman's Awards, Mental Health Nursing Forum Scotland - Practice Excellence.

Some examples of areas of success to celebrate:

- **District Nursing:** Two HSCP Community Nurses were nominated, recruited and successfully completed the Queen Nurse Development Programme in 2018/19. This title is awarded to clinical leaders who can demonstrate their impact as expert practitioners. Three nurses within Renfrewshire have now gained this title.
- **Learning Disability Service:** Gateway Intensive Support Service won the Improving Care category at the NHS GG&C Celebrating Success Staff Awards. Gateway's 'Think Tank' initiative demonstrates excellent joint working between the staff team and the people who attend Gateway on shaping ideas and developing new ways of improving and modernising our service. Following their win at the Renfrewshire HSCP Staff Awards, Gateway was nominated for the NHS GG&C Platinum Chairman's Awards which was presented to the team at a Gala Dinner in Glasgow.
- **Mental Health Inpatient Services:** Arran ward (Recovery Rehabilitation) had a visit from the Mental Welfare commission in May 2018 as they are planning to review all Rehabilitation units across the Scotland. The ward was complemented on the variety of activities taking place on the ward. The links and communication between the Multi- Disciplinary Team were strong and very well evidenced. They liked the fact that staff empower and encourage patients to take part in activities. The ward received good carer feedback and the commission were impressed with the carer involvement at In-depth Reviews. There is good Occupational Therapy input.
- Occupational Therapy (OT) article written by the Lead OT and published in the OT news in February 2019 in relation to educating people with Dementia and their carers using social media.
- The North and East ward were awarded funds from the Royal Voluntary Service to support with individualised song playlists and purchase of a therapeutic Vintage Bar.

16 Conclusion

- 16.1 Renfrewshire HSCP will continue to work in a way that fosters continuous improvement in clinical, quality and safety at all times. We believe we have achieved an effective mechanism for assessment and assurance regarding quality, care & professional governance and we will strive to make improvement wherever possible. Through our governance arrangements we will ensure safe and effective quality care has a focus on management of risk, of improving care and delivering better outcomes.

Next steps for 2019/2020:

Legislative Requirements

- **Ongoing implementation of:**
- **GMS Contract/Primary Care Improvement** which involves placing of expanded teams of HSCP and NHS Board employed health professions in and around general practice to meet the needs of patients who do not need to be seen by the GP (Expert Medical Generalist).
- **Mental Health Strategy** A key focus over the last year has been engaging with the development work for implementation of the 5 year mental health strategy. The aim of the work is to optimise the efficiency and effectiveness of patient care across mental health services, shifting the balance of care not only from inpatients to community but in enabling people to be supported with their continuing recovery away from mental health services. Some key areas of change are focused on introduction of peer recovery support workers, which Renfrewshire is involved in piloting; improving responses to unscheduled care, and building on recovery oriented systems of care within our CMHT.
- **Action 15** of the National Mental Health Strategy aims to increase access to mental health professionals with a strong focus on primary care and acute hospital settings. Additional funding is being used to employ two Borderline Personality Disorder (BPD) Nurses to facilitate and care manage clients with BPD and support early discharge into the community and the introduction of Navigator posts to be managed by Police Scotland, a new innovative service based within the RAH Emergency Department and a service that supports people to move away from violent lifestyles.
- **Dementia Strategy:** The Renfrewshire Dementia Strategy Group is developing an action plan to ensure it delivers on its commitments within the national strategy. In parallel, the HSCP is developing a Renfrewshire Dementia Strategy. This will be a public facing document which will be used to engage with the general public, people with a diagnosis of dementia, their carers, statutory services, local business and other agencies. The aim is to provide information to help people with a diagnosis of dementia feel included and supported within their local communities. The group is also awaiting an update on the Scottish Government's paper 'Transforming Specialist Dementia Hospital Care' which recommends reducing the number of specialist dementia hospital beds and using the funds released to improve community and care home services. This could have significant implications for Renfrewshire

Governance:

- Review of both Adult Community Mental Health Team (CMHT) Operating Procedures to standardise practice, where possible, across both teams. This will ensure that both teams are prepared for the upcoming improvement activity which will be actioned as part of the NHS GG&C Mental Health Strategy. The recommendations of the Efficient & Effective CMHT improvement activity will begin implementation in autumn of 2019.
- Work to review and update Medicine procedures in line with the updated Council Medication Policy currently being implemented.

Renfrewshire HSCP

Some examples of improvements which have been developed in specific Renfrewshire Services over the last year (April 2018 – March 2019):

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Children's Services			
Increase uptake of Preschool immunisations.	Introduction of a text prompting service.	Uptake of primary immunisation programme above the NHS GGC Board and Scottish average.	Uptake all above 95% target.
Specialist Children's Services			
Nursing team: Disability Pathway: Standardiation of Nurse led sleep pathway.	Families can access support for sleep problems quicker. Aim to prevent sleep problems escalating and assist families to manage their child's sleep quality.	Nursing staff are trained to have same skills to deliver standardised sleep service.	Clinics commenced spring 2019 – will be reviewed towards end of 2019.
Prescribing Support Service			
Increase number of referrals to Pharmacy Support Technician led medication compliance service by supporting Care at Home.	Link in with Care at Home team to increase number of referrals.	Patient able to take their medication. Medication reviewed and only essential medication taken thereby reducing the requirement for medication prompts.	Increase number of referrals and reduction of medication prompts.
Review pharmacotherapy service and support the introduction of pharmacy support workers to the team.	Review all roles within team in the GP practice to make them more beneficial to the team and the GP practices.	More time dedicated to each individual role so that increase in clinics delivered by PSPs, increase in pharmacotherapy support across the HSCP.	More support within GP practices and roles all working and linking well together.
Learning Disability (LD) Services			
Dementia framework implementation group.	Looking to provide baseline dementia assessments for all people with Down's syndrome aged 30+.	To establish a data base to enhance effective care monitoring and planning for people who are diagnosed.	Measure of appropriate post diagnostic care uptake /suitable supported living in place.
Providing an effective transitions process.	To have all children with possible LD, diagnosed and assessed from age 14.	Establish clear transitions pathway for children and families and provide appropriate specialist health and social care when required.	
Development of postural management clinic-physiotherapy.	To improve the posture of people with LD who have specific mobility/postural issues.	To assess the benefits of early proactive care and treatment.	

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Development of a Nurse Lead Clinic (May 2019).	To review the general health of people who take long term antipsychotic medication in accordance with SIGN guideline on prescribing.	Better health/life quality for people on long term antipsychotic drugs. Promotion of national screening initiatives.	
Adult Mental Health Community Services			
Increase staff awareness of Gender-based violence and Childhood Sexual Abuse.	Improved and earlier access to services if clients would support.	Increased staff awareness.	Training will be ongoing throughout 2019.
All Paisley CMHT clients who are on "High dose monitoring" and depot injections will now receive a physical health check in line with the GG&C Physical Health Care Policy.	Better physical health outcomes for clients.	Re-audit completed in May 2019.	Actions from audit to be agreed and timescale set for improvements.
Standardisation of best practice across both adult CMHTs.	Review of adult CMHT Operating Procedures.	Both CMHTs will be prepared to undertake the actions for the Efficient & Effective CMHT improvement activity.	Best practice actions to be implemented by Autumn 2019.
Implementation of the Efficient & Effective CMHT Improvement Activity recommendations.	Development of an action plan based on the recommendations of the improvement activity.	A standardisation of best practice across all GG&C CMHTs.	Ongoing review.
Older Adults Community Mental Health Services			
Moving towards a paperless system.	EMIS introduced in February 2017, training rolled out across the HSCP for Community Mental Health Services.	All staff now record notes electronically, upload assessments, care plans and other relevant correspondence.	Core audits, Multi Disciplinary Teams, Case load management.
To ensure all patients referred to Older people's Community Mental Health Team receive initial appointment within four weeks of referral.	To create one community nursing team able to assess patients across RHSCP for mental health initial assessment. OT staff now included within initial assessment rota.	By removing area boundaries for nursing team, 4 week target now being met.	Able to manage through EMIS.
To ensure standards of practice across Older People's CMHT.	All rooms now have Multi Disciplinary Team (MDT) presence, to share learning, experience and knowledge. MDT meetings now attended by all professions within OPCMHT on a weekly	Increase effective integrated working, enhancing knowledge and skill base of each worker, whilst reducing associated and potential risks for patient group.	Reviewed at MDT and case load management, Core audits, Moving forward Group.

	<p>basis.</p> <p>All MDT assessments and reviews compiled within SBAR template to ensure effective communication of patient's needs and associated risks.</p> <p>The "Moving Forward" peer-led group has been devised to allow staff the ability to discuss cases openly that may not be presenting as high risk, however, there has been an element of resistance to either care interventions or treatment.</p>		
To ensure that patients are receiving the appropriate care within community.	To create a process for all staff involved with Self Directed support (SDS), that would enable integrated work, employing staff with the correct skills to ensure an enhanced level of care of patients and reduce staff tensions.	Process discussed and agreed with agencies involved with SDS within OPCMHT, leading to an agreed pathway and process that utilises skills of staff. Staff aware of their role and responsibilities within this process.	Process reviewed by senior members of staff 6 monthly.
To ensure robust management of emergency respite care.	Created an operating procedure that provides clear guidance on the appropriate use of emergency respite within OPCMHT and those alternatives to respite have been explored effectively.	Staff are aware of assessment criteria that is required by management to ensure patients' needs are being met. Encouraging staff to think through alternative community solutions, where care management may have previously been considered respite.	A reduction of emergency respite has been required since introduction of new operational standards and procedures, leading to more effective use of community resources whilst attending to the needs of patients.
To gain an enhanced assessment of those individuals referred to memory service, and the impact that cognitive decline is having within their lives.	All memory assessments are carried out within patients home and when agreed, family/ carers present.	Reduction in Did not Attend (DNA) rates. Enhanced assessments gained. Increase in ASP referral made due to home conditions and other risks identified at assessment.	All ASP referrals to locality team from memory clinic, remain open to team in conjunction with social work team lead, until communication regarding progress around AP procedures within locality team has been established.

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
To ensure robust screening, assessment and management of potential Adult Protection (AP) information	Staff raising issues with social work team lead, or nurse team lead, when risks identified that require further assessment that potentially may lead to AP referral. This is carried out through open door policy and MDT structures.	An enhanced understanding and management of potential AP, and AP referrals, ensuring risks are met with appropriate response in a planned and cohesive structured manner.	Social work team lead updates Team AP log for repeat referrals. Three or more referrals within six months, Team lead will request review of case with RMO through the MDT. Team lead will also ensure that staff review case within appropriate timescales.
To provide enhanced level of care for those older adults admitted to acute wards experiencing mental health complex difficulties.	Role of liaison team with acute hospital is now firmly established.	Older adults admitted to acute wards with complex mental health issues, now receiving enhanced support. Reduction in length of stay for older adults with complex mental health issues within acute wards due to effective management of mental health issues.	Caseload management, MDTs, Referral meetings.
To enhance level of care provided to those older adults residing in care homes.	Care home liaison team now established. Care homes now have dedicated staff from OPCMH liaison service, to enhance collaboration and communication between OPMHS and care homes. Stress and Distress training to be delivered for relevant care home staff. Team lead to engage with care homes also to enhance communication and proactively address any barriers to delivering effective care within care homes.	Reduction of admissions to hospital Increase awareness of BPSD and management of same for care home staff.	MDTs, Caseload management, Team Lead and care home meetings.
To Increase treatment options for anxiety management for older people within Renfrewshire area	Developing anxiety management groups within local areas within Renfrewshire, to be delivered by mixed staff group.	Enhance patient experience; broaden support networks, and increasing coping skills.	Patient feedback.

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
To establish Physical health clinic in accordance with NHS GG&C guidelines	Physical health clinic process to be agreed across OPCMHT and responsibilities of staff to be agreed. Physical health team to set up system that allows for patients newly prescribed anti psychotic medication, prescribed high dose antipsychotic monitoring, lithium to receive appropriate health monitoring	Assessment of physical health care needs of patients in our care, particularly those illnesses most likely to affect their general wellbeing and quality of life.	Core audits, Patient feedback, Three monthly review meetings with team lead.
Mental Health Inpatient Services - Occupational Therapy:			
Improve delivery of an OT service in the rehab and recovery ward.	Occupational therapy service plan contributed to Rehab and Recovery service specification.	Improved service user outcomes.	Positive discharge outcomes.
Improve adherence to OT documentation standards.	Bi monthly 5 case qualitative audit of cases notes.	Improve patient outcomes, improved adherence to OT documentation standards.	Achieved 98% in November 2018 audit.
Improve quality and quantity of clinical supervision sessions.	Annual audit of supervision documentation.	Increased robust and regular supervision structure within Renfrewshire mental health OT.	All OT's participate in regular supervision. TI's to increase engagement in supervision.
Improve quality of life and wellbeing for patients in the non acute Dementia wards.	Through Commitment 15 monies, recruit a Band 3 OT support worker to enhance existing service.	Provide a range of therapeutic activities to the patient population in North and East to help support wellbeing and decrease stress and distress behaviours.	Band 3 OT support worker established in non acute wards in April 2019.
Improve vocational rehab opportunities for both adult MH inpatients and community patients.	Provide training on the Allied Health Professionals (AHP) fitness to work report to all MH OT's within Renfrewshire.	Ensure that OT's in adult mental health are skilled to deliver vocational rehab interventions.	All CMHT OT's now trained. Adult Inpatient OT's will be trained by the end of April 2019.
Improve use of standardised assessment within Adult and Older Adult Mental Health.	The Model of Human Occupation, Occupational Self Assessment and Worker Role Interview assessment tools purchased for all MH OT's within Renfrewshire.	Improvement on patient's functional performance and independence.	Improved patient outcomes. Improved audit results.
Improve access to specialist seating.	Develop a data base of all specialists seating within all Renfrewshire MH wards.	Improvement in patients function and participation in activity/feeding. Improved postural and pressure management.	Reduce costs. Recycle and re use approach to seating in line with robust risk assessment and infection control assessment. Links to falls reduction work.

<p>Improve access to Psychological therapies for older adults.</p>	<p>Undertake 7 week pilot of the Cognitive Behavioural Therapy (CBT) group "Moving forward" with patients in Ward 39, RAH.</p>	<p>Improved patient outcomes. Joint working between Psychology and OT.</p>	<p>Improvement to patient's mental health and wellbeing.</p>
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To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Chief Officer

Heading: Provision of Primary Medical Services - Tender for a New Contractor

1. Purpose

1.1 The purpose of this report is to update the Integration Joint Board on work underway to tender for a new contractor. This requirement has arisen as a result of the departure of the previous GP contractor providing primary medical services (located in the GP Practice at Erskine Health Centre, Bargarran Erskine) from 1 March 2019. It is prudent for the Health Board/HSCP to consider the possible options available following this contract termination.

The four options available for consideration include:

- Option 1 – disperse patients
 - Option 2 – allocate patients to an existing contractor
 - Option 3 – tender for a new contractor
 - Option 4 – 2c practice.
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2. Summary

2.1 NHS Greater Glasgow and Clyde has been looking after the patients of the former practice as a directly managed practice (2c practice) from 2 March 2019 to the present following the departure of the previous GP contractor.

2.2 During this transition period sufficient locum GP cover has been provided, to ensure the highest standards of clinical care are maintained. GP, Practice Nurse and Health Care Assistant appointments, prescriptions and all current services are available as normal.

2.3 A range of media has been used to effectively communicate and engage with patients and staff on how this change affects them, with a number of patient drop-in sessions held in February and March 2019. TUPE regulations currently apply to all staff employed within this practice.

2.4 On the 25 April 2019, a meeting was held to consider all options available and agree next steps for the GP practice. The decision was made to progress work to tender for a new contractor to support continuation of services and minimise risk. The HSCP Chief Officer, Acting Clinical Director, Head of Primary Care Support, Primary Care Development Manager, Change & Improvement Officer and Local Area Medical Committee, GP Sub Committee Representative were in attendance at this meeting.

3. **Next Steps - Tendering for a new contractor or allocate to an existing contractor**

3.1 On progressing work to tender for a new contractor for the GP Practice at Erskine Health Centre, Bargarran Erskine, Primary Care Support have prepared all relevant tender documents and will advertise the vacancy in the BMJ and will email all GP practices in NHSGG&C. The timeline for the procurement process is expected to run from June to October 2019.

3.2 An interview panel will be established. This panel will consist of a non-executive member of the Health Board, a local Clinical Director, representative from the local Area Medical Committee GP Sub Committee and a lay-person/patient representative. This panel will shortlist applications (if required) and conduct the interviews and make a recommendation to the Chief Executive as to how the new contract should be allocated. Panel members should be objective and have no personal interest in the outcome of the tendering process.

3.3 The successful provider will be required to enter into a contract with NHS Greater Glasgow and Clyde on:

- **The terms of the General Medical Services Contract (“GMS Contract”)** the form of which is prescribed by The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 or
- **A Primary Medical Services agreement (“PMS Agreement”)** the form of which is prescribed by The National Health Service (Primary Medical Services Section 17c Agreements) (Scotland) Regulations 2018.

4. **Recommendation:**

It is recommended that the IJB:

- Note the content of the report to tender for a new contractor.
- Note until new contract is awarded the Health Board/HSCP will continue to directly manage the GP Practice at Erskine Health Centre, Bargarran Erskine.

Implications of the Report

1. **Financial** – Nil.
2. **HR & Organisational Development** – Arrangements to transfer staff under TUPE to their new employer with require HR input.
3. **Community Planning** – Nil.
4. **Legal** – Nil.
5. **Property/Assets** – Nil.
6. **Information Technology** – Managing information and making information available may require ICT input.
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** – Arrangements to tender for a new contract with require procurement input.
 10. **Risk** – If we fail to appoint a new contractor, alternatives arrangements would need to be considered.
 11. **Privacy Impact** – None.
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List of Background Papers: None.

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To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Head of Administration

Heading: Change to Date of Next Meeting

1. Purpose

- 1.1. The purpose of this report is to propose a change of date of the next meeting of Renfrewshire IJB.
- 1.2. At the IJB meeting on 22 March 2019, the IJB agreed the schedule of meeting dates for 2019/20.
- 1.3. Following discussion with the Chair and Vice Chair, it is proposed that the September meeting be rescheduled from 13 September 2019 to 20 September 2019 at 10am in the Abercorn Conference Centre.
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2. Recommendation

It is recommended that the IJB:

- Approve the change of date for the September meeting.
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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** – None.
 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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