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**To: Renfrewshire Integration Joint Board**

**On: 24 November 2017**

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**Report by: Chief Officer**

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**Heading: Change and Improvement Programme Update**

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## **1. Summary**

- 1.1. At its meeting on 23 June 2017 the IJB approved the initial draft of the 2017/18 Change and Improvement Programme and agreed to bring regular updates to the IJB.
  - 1.2. This report and attached appendix seeks members continued support for this evolving Change and Improvement Programme, including approval of a number of savings and efficiencies.
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## **2. Recommendation**

It is recommended that the IJB:

- Note the scope and progress of the 2017/18 Change and Improvement Programme to date;
  - Consider and approve the saving proposals set out in Section 6; and
  - Note that regular updates will continue to be brought to the IJB to report on Programme progress and to seek approval for any new change and improvement work, including further savings proposals identified, to be included within this evolving programme.
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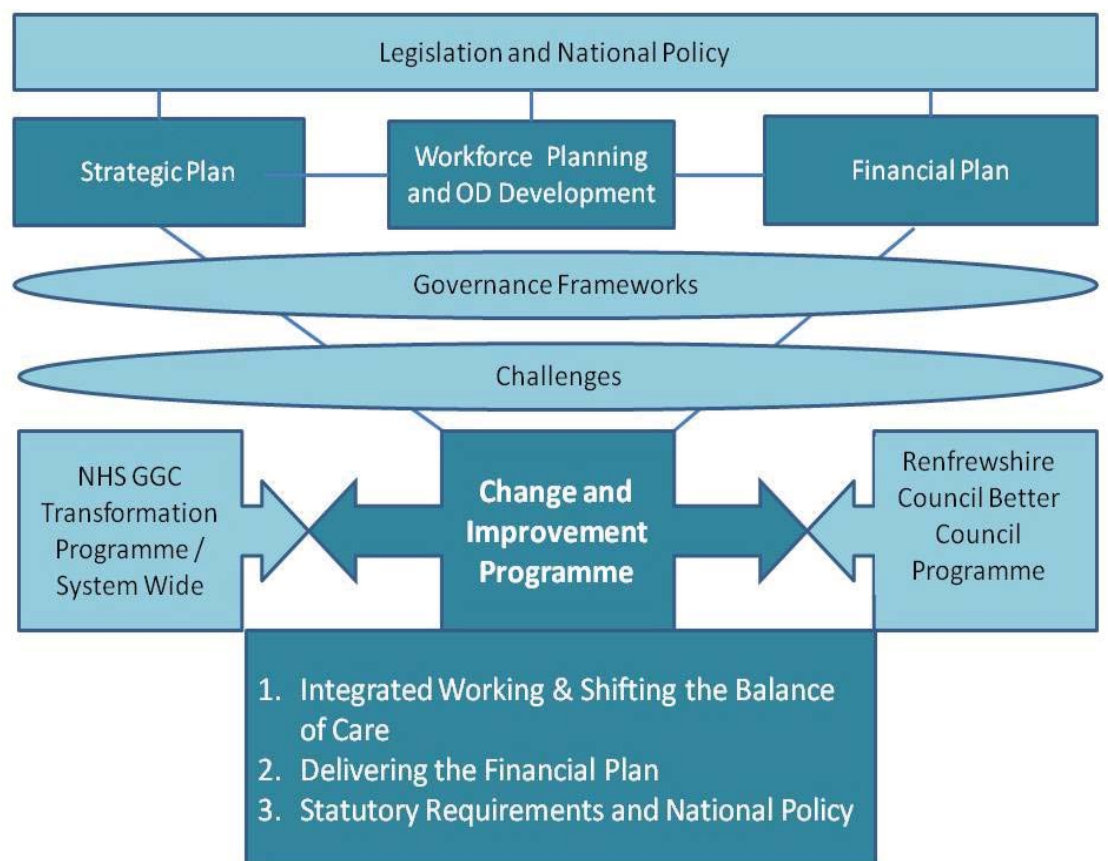
## **3. Background**

- 3.1. Due to growing demand on our resources, we know that more of the same is often not an option. If we continue to deliver services only in their current form, the health and social care system will be unable to deliver the high-quality services the people of Renfrewshire need. Since its establishment the HSCP has been focused on planning, commissioning and delivering services that are focused on the outcomes we must achieve and making the best use of the resources available. It is an established feature of both national and local policy

that more joined up care, along-with targeted anticipatory and preventative approaches, must be prioritised and shape our planning to manage the growing demands we face. Linked to this, we have a clear and consistent focus in our resource prioritisation on home and community based care reducing demands on hospital and other more specialist services where appropriate. Adult and child protection remain significant features of what we do and how we work.

- 3.2. As an HSCP we are ambitious about what we want to achieve. The Change and Improvement Programme has been established in support of the HSCP'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 – see diagram 1. This Programme provides a structured approach to manage change, optimise the use of change and improvement approaches and develop and share best practice throughout the HSCP to deliver on this vision.

*Diagram 1: Change and Improvement Programme*



- 3.3. As illustrated above, the Change and Improvement Programme is being delivered through 3 work streams:

1. **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 and deliver the savings required to address the IJB's budget shortfall.

2. **Delivery of the Financial Plan** – to deliver approved health and social savings plans in line with the HSCP's established financial planning process.
3. **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.

3.4. Appendix 1 provides an overview of the supporting projects which are being delivered by each Workstream and progress to date.

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

- 4.1. Our aim is to proactively develop our health and social care services, exploiting the opportunities integrated working offers and with service redesign being informed by a strategic commissioning approach.
- 4.2. Members will note in Appendix 1 \ Workstream 1 the range of service reviews and improvement work which are being successfully progressed to mitigate a number of key demographic and financial pressures and contribute to addressing capacity issues. These include:

##### Primary Care

- 4.3. The HSCP is working closely with Renfrewshire GPs to support the establishment of GP Clusters and the development of Cluster Quality Improvement Plans; workforce capacity and recruitment solutions, more integrated community working models which alleviate pressure on GP resources.

##### Localities

- 4.4. A range of workstreams are underway to embed geographical locality services and optimise the benefits of integrated, multidisciplinary working. Recent improvements include:
  - Scoping our Vision for Community Nursing to ensure we have a service fit for the future and in line with local, NHS Board and national direction.

- Continual professional development approaches for existing staff to enhance knowledge and skills, and address resource and capacity challenges across the system i.e. Care Home Liaison Nurses related to advancing nursing practice (Advanced Clinical Assessment and Decision Making and V300 Independent Prescribing). This is an evolving development programme which will allow ongoing opportunities for clinical staff.
- A successful pilot that provides a more centralised homebound flu vaccinations model enabling a more joined up and efficient approach to a critical public health initiative.
- The HSCP is committed to tackling the recognised system wide capacity issues across District Nursing. Over 2016/17 our Professional Nurse Advisor worked with the Chief Finance Officer to identify earmarked reserves to support District Nursing succession planning and the Scottish Executive Nurse Director's Transforming Roles Agenda.

#### Care at Home

- 4.5. The Care at Home service is pivotal to shifting the balance of care; enabling many people to live in their own homes as safely and independently as possible. However due to increasing demographic pressure along with the need to reduce hospital admissions and timely discharge from hospital, the consequential impact for the HSCP is despite significant investment from Renfrewshire Council over the past two years this service continues to face financial pressures. The Chief Officer has established a team and process to undertake an objective and focused review to identify service pressures and to determine root causes of the challenges and concerns which impact on delivery of Care at Home Services. The progress of this review is the subject to a separate IJB paper.

#### Mental Health and Addictions

- 4.6. One of the key aims of Health and Social Care Integration is to provide joined-up high quality health and social care services to better support the needs of patients, services users and carers to achieve positive and sustainable outcomes. The 5 year Mental Health Strategy is an ongoing review process which has been examining evidence and data relating to our current service models and reviewing options for future service provision.
- 4.7. Following an initial scoping exercise, the HSCP Head of Mental Health and Addictions has commissioned a more in depth review of our Addictions Services which will help inform the overall change programme over the next three years that will support clients in line

with the Scottish Government's National Frameworks "The road to recovery" and the 2009, "Changing Scotland's Relationship with Alcohol: A Framework for Action". This model ensures clients and services are person-centred, recovery and outcome focused when meeting future care needs.

#### Unscheduled Care

- 4.8. In March 2017 the IJB approved the HSCP's draft unscheduled care strategic commissioning plan which included the need to develop a detailed implementation plan to support reductions in bed days consumed due to unscheduled admissions, enable effective discharge and inform future configuration of acute activity and services.
- 4.9. Since March 2017 significant progress has been made in joining up the HSCP's activity with that of the wider health and care system, including the other 5 NHSGGC HSCPs. A NHSGGC Board wide Unscheduled Care Steering Group is chaired by the NHS Board Chief Executive and is underpinned by Unscheduled Care Delivery Groups in each of the three Acute sectors (one of which is Clyde).
- 4.10. These arrangements are bringing together all related activity with the common aim of reducing unscheduled care related bed days in the acute system by 10%. It is through these arrangements that local and cross-system reform activity will be agreed and implemented.
- 4.11. As work continues towards this target, we will review our future unscheduled care commissioning. However, for the whole system to remain in balance it is imperative that this improvement is realised through a reduction in acute service provision and associated savings to the set aside budget. Any planned efficiencies will therefore assume that the HSCP will realise its share of these in financial terms from our set aside budget. Our aim will be to redirect funding to ensure sustainable HSCP service provision into the future.
- 4.12. In addition, section 6 of this report seeks IJB approval for a number of strategic opportunities, identified through these change programmes, which can help address the IJB's budget shortfall.

### **5. Financial Planning Process**

- 5.1. After many years of budget reductions it is reasonable to state that the dual objective facing the IJB - to deliver a balanced budget whilst continuing to deliver accessible, high quality and safe services - is challenging to realise. It is increasingly difficult to identify low to medium risk financial efficiencies within an organisation faced with

growing and more complex demand, reduced resources and growing policy demands and greater service user expectation.

- 5.2. Subject to certainty emerging over the coming months and in future years, the Chief Finance Officer recommends that the IJB adopts a financial planning assumption to deliver health and social care savings of circa £6m per annum in the years 2018/19-2020/21 to fund new rising demand and cost pressures, assuming that no additional funding is received from our partner organisations or the Scottish Government to fund these pressures. This savings requirement is needed to at best retain similar levels of service currently delivered by the HSCP. An on-going assessment and update of key financial planning assumptions will ensure the IJB is kept aware of this evolving situation and the assumed impact that changes to our funding will have on services.
- 5.3. In light of this, the Chief Officer has established a structured and robust financial planning process and this was approved by the IJB in September 2017 as part of the HSCP 3 Year Financial Plan. This process ensures a robust approach is being taken to assess the impact reduced resource could have on service capacity, delivery and performance in the context of the aspirations set out in the HSCP Strategic Plan, and delivery of health and social savings plans in line with the HSCP's established financial planning process.
- 5.4. This report presents the first phase of savings identified through our ongoing change and improvement work. In line with this agreed process, our Finance and Planning Forum have assessed each of these saving proposals to ensure they align with our Strategic and Financial Plans, and are deliverable and viable within the next three years.
- 5.5. Our newly established Professional Advisory Group have also reviewed and risk assessed each proposal to provide an independent view on whether these efficiencies can be delivered safely, are in line with agreed clinical, quality and care standards and have identified mitigation where risks have been highlighted.
- 5.6. Based on these reviews, the Chief Officer and his SMT are confident that these initial set of savings can be delivered with minimal impact to current service delivery levels and service user outcomes. .
- 5.7. Each proposal has also been subject to an initial Equality Impact Assessment Screening, which recommends any mitigating action and also highlights where a full Equality Impact Assessment will be required.



- 5.8. Some initial engagement has taken place with stakeholders to develop and impact assess these proposals. Subject to IJB approval, wider consultation and engagement activities are planned where appropriate.

## 6. Delivering the Financial Plan

### Mental Health and Addictions Change Programme (Year 1)

- 6.1. Through the initial reviews of Mental Health and Addictions outlined earlier in this report, service efficiencies can be realised through:

- The in-depth review of Addictions Services which has been commissioned by the Head of Mental Health, Addictions and Learning Disability Services. This is expected to introduce new service models and pathways across Addictions, including staff learning/education and quality improvements, to deliver service improvements and efficiencies of £286,000; and
- As detailed in previous Financial Reports to the IJB, a 'Prescribing Efficiency Group' has been established, consisting of cross party representation across HSCPs, GP practices and the NHS Board's Lead Pharmacists. The Group's overarching theme is to appropriately contain and/or reduce volumes and costs and influence current prescribing practice across both Acute and Community through tightened application of ScriptSwitch, and refreshed approaches to polypharmacy reviews, repeat prescribing, serial dispensing and care home patient reviews. Linked to this work, the Group has estimated it can deliver a saving of £40,000. Most savings identified will be created in primary care through Mental Health Teams.

- 6.2. The HSCP believe these saving, totalling **£326,000**, can be realised without detriment to Mental Health and Addictions services and their users. It is envisaged further savings will be identified through the system wide review of Mental Health which is underway.

### Integrated, Multidisciplinary Locality Working

- 6.3. This saving proposal is based on realising a locality / neighbourhood leadership model to deliver community based nursing, rehabilitation and reablement services. Since the establishment of the HSCP we have been continuing to review and design our locality services providing the opportunity to review our leadership structure across all professionals. The current proposal realises the ambitions of integrated leadership and allows for a review of skill mix. This ensures the most appropriate professionals deliver interventions to the right person, right place at the right time.

- 6.4. It is recognised that the impact of external policies (e.g. new GP Contract, Unscheduled Care Acute) and population changes, may increase demand for locality services. To mitigate this we will continue to assess and monitor demand, capacity and service responsiveness. It is considered achievable to safely realise **£185,000** through vacancy management and recruiting to posts consistent with our planned model

#### Podiatry Transformation Programme

- 6.5. This is the final tranche of planned savings resulting from a 5 year service transformation programme which commenced prior to the establishment of the IJB. This includes delivery of recurrent savings from the current workforce plan and a reduction of supplies expenditure by improving stock controls and practices which will realise a **£60,000** saving over 2018/19. A further saving of **£100,000** will be delivered by 2020/21 through the planned redesign of the podiatry management structure.

#### Vacancy Management

- 6.6. Due to the ongoing progress in integrating teams throughout the HSCP, a number of staff changes are proposed. These can be realised from a combination of long standing vacancies and retirements. Each proposal has been subject to operational and professional review, with no risks to service user outcomes identified. In planning and delivering these changes we will also ensure that we are reviewing staff workload and ways of working. These staff changes will realise **£311,000** over the next 3 years. Members should note that further staff changes are anticipated through our review work and these will be brought to the IJB as opportunities arise which are deemed safe and viable.
- 6.7. Workstream 2: delivering the Financial Plan summarises the proposed savings and efficiency proposal described above.

### **7. Statutory Requirements, National Policy and Compliance**

- 7.1. Workstream 3 has been established to manage the HSCPs implementation preparations for a range of statutory and national policy requirements being introduced over 2017/18, and to ensure timely compliance. These include:

- The Carers (Scotland) Act which largely commences from 1 April 2018;
- The new (3rd) Dementia Strategy launched in June 2017; and
- The new GP Contract the proposed new contract for GPs was unveiled on 13th November 2017



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

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

7.3. Whilst Renfrewshire HSCP is supportive in principle to the broad direction set out by the Scottish Government, it is anticipated that these new statutory and policy changes will bring new and significant resource demands in an already challenging financial environment. The HSCP is currently not in a position to fully determine the financial and resource impact as this is subject to the detail in pending national guidance and Scottish Government funding allocations. The HSCP will, through the Chief Officer and Chief Finance Officer, keep this under review.

## **8. Alignment with Parent Organisation Transformation Programmes**

8.1. Renfrewshire Council's 'Better Council' Change Programme is entering its third phase. This programme is designed to identify and deliver service redesign and transformational change at both a service and organisational level; to deliver financial efficiencies and service improvements. The HSCP Chief Officer sits on the 'Better Council' Change Programme Board and works closely with Council senior officers to evaluate opportunities potential benefits and/or any impact, and to ensure continual alignment with the IJB's Strategic and Financial Plans.

8.2. NHS Greater Glasgow and Clyde have initiated work to develop a Board-wide Transformation Strategy. The aim of this work is to develop a medium term (5-10 year) transformational plan for NHS Greater Glasgow and Clyde. The scope of this work will include development of a system wide strategic framework, with associated implementation plans for acute, primary care and community health services. The Chief Officer will be one of two Chief Officers on the Transformational Programme Governance Board. The Transformation Strategy is also subject of a separate paper to this meeting.

8.3. The Chief Officer will ensure that the IJB are kept sighted on the work of these programmes, and briefed on any plans which directly impact the HSCP.

## 9. Reporting

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

## 10. Delivery and Support Model

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

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## Implications of the Report

1. **Financial** – the Change and Improvement Programme will support the delivery of the 2017/18 Financial Plan. The proposals contained in this report release £1,172k savings.
  2. **HR & Organisational Development** – HR and OD resources will be aligned to the new Change and Improvement Team. There are implications for NHS and Council posts.
  3. **Community Planning** – the HSCP will ensure there are appropriate links into the wider community planning process
  4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
  5. **Property/Assets** – property remains in the ownership of the parent bodies.
  6. **Information Technology** – technology enabled solutions may be identified as part of the service reviews and pilot work.
  7. **Equality & Human Rights** – the proposal contained in this report place due regard on equality requirements
  8. **Health & Safety** – health and safety processes and procedures are being reviewed in order to support safe and effective joint working.
  9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
  10. **Risk** – the report highlights a range of risks associated with the proposals and mitigation treatment where identified.
  11. **Privacy Impact** – n/a.
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## **List of Background Papers – None.**

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## 2017/18 Change and Improvement Programme

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

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

Workstream	Driver	Proposed projects						
1. Optimising Integrated Working and shifting the balance of care	Effective use of resources / Demand mitigation / Financial	<b>1.1. Primary Care (inc GPs)</b>  Below provides a summary of the key areas of work that our Clinical Director, Heads of Health & Social Care and Change & Improvement Officer are working closely with our independent contractor colleagues to optimise integrated working and shift the balance of care:						
		<table><tr><th>Workstream</th><th>Progress</th></tr><tr><td>Development of Cluster Quality Improvement Plans which set out the key areas each cluster will work on collaboratively to improve outcomes, pathways and services for patients, each GP Cluster will be allocated £5,000 to fund a test of change</td><td>Renfrewshire GP Clusters (x6) now have a Cluster Quality Improvement Plan in place. Each cluster will review practice level quality in a peer based manner on quality improvement issues of mutual interest.</td></tr><tr><td>Workforce Planning - explore possible solutions and support for primary care capacity challenges</td><td>The HSCP undertook a local GP workforce survey and held a GP workforce event earlier in May 2017. Following on from this, the HSCP has since developed links between the local GP training scheme, NES and practices seeking to recruit GPs in an effort to boost retention. The</td></tr></table>	Workstream	Progress	Development of Cluster Quality Improvement Plans which set out the key areas each cluster will work on collaboratively to improve outcomes, pathways and services for patients, each GP Cluster will be allocated £5,000 to fund a test of change	Renfrewshire GP Clusters (x6) now have a Cluster Quality Improvement Plan in place. Each cluster will review practice level quality in a peer based manner on quality improvement issues of mutual interest.	Workforce Planning - explore possible solutions and support for primary care capacity challenges	The HSCP undertook a local GP workforce survey and held a GP workforce event earlier in May 2017. Following on from this, the HSCP has since developed links between the local GP training scheme, NES and practices seeking to recruit GPs in an effort to boost retention. The
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			<p>Clinical Director is also working with NHS GGC primary care colleagues to develop innovative new roles to attract GPs to the local area.</p> <p>Work has commenced to develop accessible information, raise awareness of the alternatives to hospital admission available to GPs into a bespoke area of the HSCP website, including access to consultant advice via email and telephone.</p> <p>Following a successful pilot, Renfrewshire has now moved from a GP practice based pre-school immunisation model to a community model, delivered within Health Centres. This approach has enabled a more effective use of staff resources whilst maintaining high uptake rates. The Community Clinics now offer 350 immunisation appointments each week, higher than the national average. The service has also been well received by families.</p> <p>Work has commenced to agree and establish a more structured joint working approach between</p>
	<p>Work along with Acute Services colleagues, as part of the wider Unscheduled Care Programme, to:</p> <ul style="list-style-type: none"> <li>• develop a sustained communication plan, and supporting / accessible information to raise awareness of the alternatives to hospital admission available to GPs into a single website</li> <li>• increasing access to consultant advice to GPs should be in there too.</li> </ul> <p>Working with Children's Services childhood immunisations and developing children's clinics with the Health Visitor team and possibly the pilot work around flu immunisations</p>		
	<p>Agree and establish a more structured joint working approach between optometrists and GPs</p>		



		and acute	optometrists and GPs and acute to improve communication and ways of working. A multidisciplinary meeting is being planned for the evening of 10 <sup>th</sup> January 2018.
		<p><b>1.2. Localities</b></p> <p>Below provides a summary of the key workstreams that our Heads of Health &amp; Social Care, Professional Nurse Advisor and Change &amp; Improvement Officer are working closely with our senior nursing staff and other key stakeholders to enable geographical working and to optimise the benefits of integrated multidisciplinary working:</p> <p><b>Vision for Community Nursing:</b> Scoping work with Specialist Nurses and the potential to maximise safe, effective and person centred care, including scoping feasibility of creating Advance Nurse Practitioners. Work has commenced with senior nurses to scope out the vision for Community Nursing in Renfrewshire, to maximise effectiveness, resources and deliver efficiencies. Through a series of facilitated discussions this work is looking at designing the safest, most effective and person centred model and considering additional skills and knowledge that may be required for the future.</p> <p><b>Phlebotomy:</b> A Short Life working group has been established to develop implementation plan around actions required to develop a Phlebotomy Service within Renfrewshire.</p> <p><b>Flu Vaccinations:</b> A pilot has been undertaken to allow all household vaccinations for flu to be completed within a six week period. The pilot was successful delivered ahead of schedule. Actual outcomes will become explicit after flu season where the DN service will be able to compare flu admission rates against previous year's performance.</p> <p><b>Diabetic Patients:</b> Through the work of Renfrewshire Integrated Diabetes Group joint working is taking place in Diabetes Care to maximise outcomes and impact on self-management and the efficient use of resource.</p> <p><b>Continual professional development approaches:</b> are being sought for existing staff to enhance knowledge and skills, and address resource and capacity challenges across the system i.e. Care Home Liaison Nurses</p>	

	<p>related to advancing nursing practice (Advanced Clinical Assessment and Decision Making and V300 Independent Prescribing). This is an evolving development programme which will allow ongoing opportunities for clinical staff.</p> <p><b>System wide capacity issues across District Nursing:</b> Our Professional Nurse Advisor has worked with the Chief Finance Officer to identify earmarked reserves, to support District Nursing succession planning and the Scottish Executive Nurse Director's Transforming Roles Agenda.</p>
	<p><b>1.3. Care at Home Transformation Programme (Year 2)</b></p> <p><b>Independent Strategic Service Review within the Care at Home Service</b></p> <p>In June 2017, the HSCP Chief Officer commissioned a review of the Care at Home Service, in light of the current financial position and a growing trajectory in spend in spite of static implementation of packages. To do this, the Chief Officer requested that a review team be established led by the Professional Nurse Advisor and our Change and Improvement Officer within Renfrewshire HSCP, to undertake an objective and focused review to identify service pressures and to determine root causes of the challenges and concerns which impact on delivery of Care at Home Services. From this, four emerging themes were identified: Improving ways of working, productivity and overall service governance, Improving data collection, Improving referral process &amp; service user pathways and Assessment and review. A number of subsequent workshops with Care at Home Team Leaders, Adult Service Coordinators, Service Coordinators and Managers have taken place to identify how the HSCP can overcome the challenges identified and accelerate some of the work that is already underway within the service.</p> <p>The Senior Management Team are receiving fortnightly updates on the review progress and the financial position.</p> <p>The Care at Home Review is the subject of a separate report to this meeting.</p> <p><b>Electronic Scheduling and Monitoring System</b></p> <p>The Specification to Tender for the Scheduling and Monitoring system has now been published and this will close at the end of November 2017 when Renfrewshire HSCP will review and evaluate the tenders submitted</p>

	<p>from potential suppliers. The evaluation process will allow Renfrewshire HSCP to identify a preferred system supplier and will then seek authorisation of the finalised tender process at the Finance, Resources and Customer Services Policy Board on 31st January 2018.</p>
	<p><b>1.4. Mental Health and Addictions</b></p> <p>One of the key aims of Health and Social Care Integration is to provide joined-up quality health and social care services in order to better support the needs of patients, services users and carers to achieve positive and sustainable outcomes. The 5 year Mental Health Strategy is an ongoing review process which has been examining evidence and data relating to our current service models and reviewing options for consideration for future service provision. It is proposed that the unscheduled care should be standardised across the Board to provide a consistent model of service provision with equality of access. It will consider Bed remodelling, Liaison Services, Crisis Services and Out of Hours Service.</p> <p>Following an initial scoping exercise, the Head of Mental Health and Addictions has also commissioned a more in depth review of Addictions Services which will help inform the overall change programme over the next three years. This review will aim to support clients in line with the Scottish Government's National Frameworks "The road to recovery" and in 2009, "Changing Scotland's Relationship with Alcohol: A Framework for Action". This model ensures clients and services are person-centred, recovery and outcome focused when meeting future care needs.</p>
	<p><b>1.5. Unscheduled Care (Acute)</b></p> <p>During 2016/17, work commenced with the Acute sector and colleagues from other NHS Greater Glasgow and Clyde HSCPs to develop a set of Acute Commissioning Intentions for Unscheduled Care. These were approved by the IJB in March 2017. Since then, the HSCP and RAH Acute Services have held two workshops, and have successfully developed a joint set of matrices and targets, and shared action plan, to support the commissioning intentions which will be progressed over 2017/18. This work will link into the wider NHS GGC system wide Unscheduled Care Programme.</p> <p>It is intended that this work will demonstrate how the HSCP can reduce demand on Acute Services and create a compelling case for resource transfer.</p>

2. Delivery of the Financial Plan	Financial	Initial saving proposals for IJB consideration and approval:																																	
		<table><tr><th rowspan="2">Saving Programme</th><th colspan="3">Amount</th><th rowspan="2">Total</th></tr><tr><th>2018/19</th><th>2019/20</th><th>2020/21</th></tr><tr><td>MH &amp; Addictions Change Programme</td><td>£176k</td><td>£150k</td><td>-</td><td>£326k</td></tr><tr><td>Integrated, Multidisciplinary Locality Work</td><td>£135k</td><td>£50k</td><td>-</td><td>£185k</td></tr><tr><td>Podiatry Service Change Programme</td><td>£60k</td><td>£49k</td><td>£51k</td><td>£160k</td></tr><tr><td>Vacancy Management</td><td>£376K</td><td>£75k</td><td>£50k</td><td>£501k</td></tr><tr><td>TOTAL</td><td>£611k</td><td>£324k</td><td>£101k</td><td>£1,172k</td></tr></table>	Saving Programme	Amount			Total	2018/19	2019/20	2020/21	MH & Addictions Change Programme	£176k	£150k	-	£326k	Integrated, Multidisciplinary Locality Work	£135k	£50k	-	£185k	Podiatry Service Change Programme	£60k	£49k	£51k	£160k	Vacancy Management	£376K	£75k	£50k	£501k	TOTAL	£611k	£324k	£101k	£1,172k
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TOTAL	£611k	£324k	£101k	£1,172k																															
3. Statutory Requirements, National Policy and Compliance	Compliance	<p><b>3.1. Implementation of the Carers Act</b></p> <p>The Carers (Scotland) Act will commence on 1 April, 2018. The Act will introduce a package of provisions in the Act is designed to support carers' health and wellbeing.</p> <p>Renfrewshire HSCP and Renfrewshire Council Children's Services have undertaken a desktop exercise to determine their readiness against the Act's provisions to fully determine the work that needs to be done in advance of 1 April 2018. This exercise has highlighted that the HSCP and Council are in a good position of readiness and, subject to outstanding national guidance being made available as a priority; the Carers Act Strategic Steering Group is satisfied that all outstanding provisions will be in place in advance of the Act.</p> <p>A detailed update on preparations of the Carers Act is the subject of a separate paper to this meeting.</p> <p><b>3.2. Joint Inspection of Adult Services</b></p> <p>The Advanced Evidence was submitted to the Care Inspectorate and Healthcare Improvement Scotland on 25 October 2017, followed by the Position Statement and report on 27 October 2017. As part of the self-evaluation process the HSCP Senior Management Team scored each of the three Quality Indicators at level 4, Good.</p> <p>On 10 November 2017 the HSCP gave a presentation for the Inspectors setting out our 5 year plan and providing assurance of the work being planned and progressed to ensure we deliver on this.</p>																																	

	<p>As part of the inspection process, staff were asked to complete a survey however the response rate and findings have not been shared with the HSCP to date.</p> <p>The Renfrewshire inspection team are now ensuring preparations are in place for the Inspectors fieldwork which is scheduled for November and December.</p> <table border="1"> <tr> <th colspan="2">Inspection Timeline</th></tr> <tr> <td>13-17<sup>th</sup> November</td><td>Fieldwork</td></tr> <tr> <td>4-6<sup>th</sup> December</td><td>Fieldwork</td></tr> <tr> <td>8<sup>th</sup> January</td><td>Interim feedback</td></tr> <tr> <td>9<sup>th</sup> February</td><td>Final feedback</td></tr> </table>	Inspection Timeline		13-17 <sup>th</sup> November	Fieldwork	4-6 <sup>th</sup> December	Fieldwork	8 <sup>th</sup> January	Interim feedback	9 <sup>th</sup> February	Final feedback
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	<p><b>3.3. Dementia Strategy</b></p> <p>Scotland's third national dementia strategy was launched in June 2017. The new strategy's vision describes 'a Scotland where people with dementia and those who care for them have access to timely, skilled and well-coordinated support from diagnosis to end of life which helps achieve the outcomes that matter to them'.</p> <p>A work plan will be developed in November, which will detail the actions, responsibilities and timescales required to achieve the 21 commitments within the strategy. The new strategy is the Scottish Government's most ambitious, with resource and cost implications connected to several of the commitments. The commitments which will have the largest impact on HSCP services relates to Post Diagnostic Support (PDS). To date there is a commitment that every person that receives a new diagnosis of dementia will receive 1 year's post diagnostic support from a named link worker. The new commitment offers PDS without a time limit and until the person moves into the care coordination phase.</p> <p>The Renfrewshire Dementia Strategy Group (RDSG), with representatives from across the HSCP and third sector organisations, is tasked with leading this work and reports into the Mental Health, Addictions &amp; Learning Disabilities Operational Governance meeting. The Renfrewshire Dementia Strategy Lead also sits on the Focus on Dementia National Advisory Group, which is part of Healthcare Improvement Scotland's IHUB. Similar to the previous strategies, an evaluation report will be completed at 18 months and on completion of the strategy, which will be presented to the SMT for consideration. A more detailed paper will be presented to the IJB in</p>										



	January 2018.	
	<p><b>3.4. GP Contract</b></p> <p>The proposed new contract for GPs was unveiled on 13th November 2017 representing the biggest reform of GP services in more than a decade. GPs have between December 7 2017 and January 4 2018 to take part in a poll on whether to accept the new contract, which will come into effect on 1 April 2018.</p> <p>A more detailed report will be brought to the IJB setting out any governance arrangements required; to ensure we effectively manage its implementation and to manage any potential impacts the new Contract may have on current HSCP service delivery models and resources.</p>	
	<p><b>3.5. Duty of Candour</b></p> <p>The new duty of candour regulations will commence from 1<sup>st</sup> April 2018. The duty will create a legal requirement for health and social care organisations to inform people (or their families/carers acting on their behalf) when they have been harmed (physically or psychologically) as a result of the care or treatment they have received. The principles of disclosure of the adverse event include: Open &amp; timely communication, Acknowledgement of harm, Apology/expression of regret and Supporting the needs &amp; expectations of patients/family.</p> <p>Guidance to support implementation is being developed nationally and is awaited. This will inform planning and governance arrangements.</p>	
	<p><b>3.6. Telecare: Analogue to Digital</b></p> <p>The current community alarm system operates over the old Analogue phone line system known as (PSTN) Public Switched Telephone Network. These systems are becoming obsolete and OFCOM have advised that the PSTN will be decommissioned with works starting to reduce analogue lines from 2018 and to be concluded by 2025. In Renfrewshire 3000 basic alarms will need replaced with digital models. Replacement costs are estimated at £480,000.00 for basic boxes and buttons without the cost of the SIM. Telecare peripherals will be an additional cost, with approx. 500 telecare packages in place.</p>	



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