

Date: 16 September 2019  
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**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

A meeting of the East Renfrewshire Integration Joint Board will be held within the **Council Offices, Main Street, Barrhead** on **Wednesday 25 September at 10.30 am or if later at the conclusion of the Performance & Audit Committee.**

**Please note the change in venue and time for the meeting.**

The agenda of business is attached.

Yours faithfully

**Anne-Marie Monaghan**

Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
WEDNESDAY, 25 SEPTEMBER AT 10.30am  
COUNCIL OFFICES,  
MAIN STREET, BARRHEAD**

**AGENDA**

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting of IJB of 14 August 2019 (copy attached, pages 5 - 12).**
- 4. Matters Arising (copy attached, pages 13- 16).**
- 5. Rolling Action Log (copy attached, pages 17 - 20).**
- 6. Care at Home: August Update (copy attached, pages 21 - 30).**
- 7. Annual Report and Accounts (copy to follow).**
- 8. Chief Social Work Officer Annual Report (copy attached, pages 31 - 84).**
- 9. Clinical and Care Governance Annual Report (copy attached, pages 85 - 98).**
- 10. Charging for Services (copy attached, pages 99 - 110).**
- 11. Reappointment of IJB Members (copy attached, pages 111 - 114).**
- 12. Revenue Budget Monitoring Report – position as at 31 July 2019 (copy attached, pages 115 - 130).**
- 13. Date of Next Meeting: Wednesday 27 November 2019 at 10.30 am, Eastwood Health and Care Centre, Drumby Crescent, Clarkston.**

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**Minute of Meeting of the  
East Renfrewshire  
Integration Joint Board  
held at 10.00 am on 14 August 2019 in  
the Eastwood Health and Care Centre,  
Drumby Crescent, Clarkston**

**PRESENT**

Councillor Caroline Bamforth	East Renfrewshire Council (Vice-Chair)
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Anne Marie Kennedy	Third Sector representative
John Matthews	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Julie Murray	Chief Officer – HSCP
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Councillor Jim Swift	East Renfrewshire Council
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

**IN ATTENDANCE**

Iain Arnott	Finance Business Partner HSCP
Kim Campbell	Localities Improvement Manager
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Candy Millard	Head of Adult Health and Social Care Localities

**ALSO IN ATTENDANCE**

Jennifer McKean	Team Manager, Intensive Family Support and Foster and Adoption Service
Caitlyn Heron	Care Experienced Young Person
Nicole Sim	Care Experienced Young Person
Jonathan Todd	Care Experienced Young Person

**APOLOGIES FOR ABSENCE**

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Andrew McCready	Staff Side representative (NHS)
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Councillor Paul O'Kane	East Renfrewshire Council
Ian Smith	Staff Side representative (East Renfrewshire Council)

### **Variation in Order of Business**

Councillor Bamforth advised that in accordance with Standing Order 16.2 she had agreed to alter the order of business to facilitate the conduct of the meeting.

### **DECLARATIONS OF INTEREST**

1. There were no declarations of interest intimated.

### **TEAMWORK MAKES CHAMPIONS – EAST RENFREWSHIRE CHAMPIONS BOARD 3 YEARS ON**

2. Councillor Bamforth welcomed to the meeting Jennifer McKean, Team Manager in the Intensive Family Support and Foster and Adoption Service, accompanied by Caitlyn Heron, Nicole Sim and Jonathan Todd, who preceded to give a presentation on the success and achievements of the East Renfrewshire Champions Board over the previous 3 years.

Ms McKean having provided some contextual background to the establishment and funding of the Board, Ms Heron and Ms Sim were then heard on their positive personal experiences of having been involved in the Champions Board, and how engagement and building relationships was a key part of the work of the Board.

Reference was made to the key themes adopted by the Champions Board including Mental Health, Housing and Health & Wellbeing amongst others, and examples provided of some of the changes that had been made in these areas as a result of the work of the Champions Board.

There followed a question and answer session during which Ms Tudoreanu asked the young people what had been seen by them as initial barriers to participation and what changes had now been experienced by them. In reply, Ms Heron explained that she had been anxious at meeting a number of new people, but that participating in the Champions Board had made her more self-confident and outgoing. In addition Ms Sim explained that the stigma associated with Care Experienced Young People and the concerns that adults would not take seriously the views of young people had been of concern to her. However participating in the Champions Board had been a positive experience for her and the Board had made a positive impact.

Responding to further questions, Ms McKean emphasised how participation and engagement were central to the activities of the Champions Board. High levels of engagement with clients meant that services that young people actually wanted could be developed and better risk management arrangements could be put in place to support them.

Councillor Bamforth spoke in positive terms of the work of the Champions Board and how it was highly regarded across the country. She also highlighted the way in which the Council's Chief Officers had embraced participation and engagement with the Champions Board.

Thereafter Ms McKean having commented on the positive impact the Champions Board had made to the lives of many Care Experienced Young People, Councillor Bamforth, on behalf of the IJB thanked Ms McKean, Ms Heron, Ms Sim and Mr Todd for the presentation.

**MINUTE OF PREVIOUS MEETING**

3. The Board considered and approved the Minute of the meeting held on 26 June 2019.

Having heard the Chief Officer, the Board agreed that the Minute be approved subject to the following amendment:-

Page 11 last paragraph, insert 'and confidentiality' after the word "process".

**MATTERS ARISING**

4. The Board considered a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

Commenting further, the Chief Officer explained that attempts to recruit a replacement Clinical Director for Dr Masson had been unsuccessful to date. However Dr Masson had agreed to attend future meetings of the Board as a GP representative to give a primary care perspective on matters. In response to Mr Matthews she explained some of the possible reasons why recruitment was proving to be a challenge.

The Chief Officer also advised the Board that the draft Strategic Inspection Report had been received. Comments on the draft report were to be submitted by 26 August with the final report being published on 9 October. The draft report was a positive one overall which identified some areas for further work.

In response to comments from Mr Matthews on the recent Self-Evaluation Exercise associated with the Ministerial Review of Health and Social Care Integration Review, the Chief Officer explained that the long history of collaborative working between the Council and the Health Board had been one of the factors in attributing high scores. This collaboration had been recognised in the Strategic Inspection Report.

Referring to the discussions at the previous meeting regarding housing development in East Renfrewshire and their impact on GP practices (Minutes Item 14 refers), Councillor Swift questioned what discussions were taking place with the health board in respect of this issue.

In reply, the Chief Officer explained that every effort was being made to encourage the health board to allocate new resources based on increasing demand. As part of this she reported that she would be making a presentation at a future health board seminar when this matter would be covered, and hoped that she would receive support from the NHS members of the IJB.

Following further discussion during which it was highlighted that not only increasing house numbers but demographics of the existing population had an impact on demand, the Board noted the report.

**ROLLING ACTION LOG**

4. The Board considered a report by the Chief Officer providing details of all open actions, and those which had been completed since the last meeting.

The Chief Officer having confirmed that dates for action to be taken would be added to future versions of the report, the Board noted the report.

**PERFORMANCE AND AUDIT COMMITTEE**

5. The Board considered the Minute of the meeting of the Performance and Audit Committee held on 26 June 2019.

In response to Mrs Kennedy, the Democratic Services Manager confirmed that the names of the inspectors who had attended the meeting could be added to the draft Minute prior to it being submitted to the next meeting of the committee for approval.

The Board noted the Minute.

**CARE AT HOME IMPROVEMENT UPDATE**

6. Under reference to the Minute of the previous meeting (Item 8 refers), when the Board had noted the progress report into the delivery of the Care at Home Improvement Plan and the associated implications of the decision by Allied Health Care to withdraw from the Care at Home contract, the Board considered a report by the Chief Officer providing a further update on the Care at Home Improvement Plan, outlining the performance measures that had been put in place to track progress, and providing further information about responses to the Allied Health Care decision and the associated issues for service delivery and improvement activity.

The Head of Adult Health and Social Care Localities made a short presentation to the Board highlighting the key issues contained in the report and providing further information in respect of the actions that were being taken. Reference was made in particular to ongoing work to reduce the differentials between contractual hours, planned hours available and actual hours worked.

Thereafter full discussion took place. Responding to questions, the Head of Adult Health and Social Care Localities explained the systems currently in use by staff and that looking for better integration was a key aim. She further provided examples of some of the issues that led to discrepancies in planned hours against actual hours worked, such as staff travelling time or a client declining a service on a particular day.

Responding to Dr Campbell, the Head of Adult Health and Social Care Localities explained that care plans were reviewed every six months as a minimum, but could be reviewed more frequently depending on circumstances. She also outlined steps that were being taken to try and recruit additional local staff.

The Board noted the report.

**HOME AND MOBILE HEALTH MONITORING**

8. The Board considered a report by the Chief Officer providing an overview and update of progress of Home and Mobile Health Monitoring (HMHM) across East Renfrewshire.

By way of background, having explained the definition and purpose of HMHM, the report referred to the longstanding commitment of the HSCP to the use of technology and digital solutions to support health and care. It was explained that in supporting this approach, the Technology Enabled Care Team had made the necessary arrangements for the use of the



Florence (FLO) telehealth text messaging system; identified hypertension as a condition that would benefit from HMHM; and created a model that would fit into current hypertension pathways in place in GP practices with additional costs relating to licences, text bundles and equipment being met by the Scottish Government.

The report then explained the developmental work that had taken place since the launch of the East Renfrewshire HMHM service in September 2017 at which time 9 GP practices had opted to use FLO to manage hypertension. Additional Scottish Government funding was secured in April 2018 which enabled the upscaling of FLO in hypertension management and also the implementation of FLO in the management of Chronic Obstructive Pulmonary Disease (COPD). Details of how both of these additional elements were introduced were outlined.

Thereafter, the report provided details of the independent national evaluation of HMHM that had been carried out by Dr Helen Alexander, Evaluation Manager, NHS Lanarkshire, a copy of which accompanied the report. It was noted that East Renfrewshire had achieved almost 500 people using HMHM for hypertension which, at 3.7% of the population estimated to have the condition, was as high a proportion as any of the partnerships using HMHM.

The report also referred to the positive results of a local patient survey that had been carried out, as well as explaining that not only was HMHM found to positively contribute to the optimisation of face to face service contact, but also that it allowed the need for appointments to be avoided as clinicians were able to obtain information from remote monitoring and use it to inform decision-making without the need for patients to be present.

The evaluation concluded that the evidence for East Renfrewshire showed the contribution made by HMHM to a higher proportion of the population self-managing; increased condition control; optimised face-to-face contacts; and improved service access.

The report then reported on future developments for HMHM including the rollout of video conferencing for patients, and the potential use of Woundsense technology alongside FLO to help reduce unnecessary lengthy appointments for wound dressings.

The Head of Adult Health and Social Care Localities and Localities Improvement Manager having been heard further on the report, Councillor Swift suggested that in his view the evaluation was silent on how the use of the system aided in blood pressure reduction rather than just stabilisation. The Chief Officer confirmed that this would be fed back to the evaluation team.

The Localities Improvement Manager was then heard in further explanation of the use of FLO in the course of which she explained that the Scottish Government had met the cost of the meters and that it had been estimated that the use of the system had resulted in a reduction in the number of GP appointments required by approximately 1400. She also commented further on the plans regarding Woundsense

The Chief Nurse having welcomed the project, the Chief Officer in response to comments from Mr Mohamed on extending the project regardless of the availability of Scottish Government funding, explained that ways to manage this would be investigated.

Councillor Swift having referred to the significant GP time efficiencies that could be generated in relation to COPD treatment if the correct processes and specialist staff were in place at the outset, the Board:-

- (a) noted the progress and evaluation of Home and Mobile Health Monitoring; and;

- (b) instructed the HSCP to continue to work with primary care and acute colleagues to explore options for the continued expansion and long-term sustainability of this approach.

### **HSCP UNSCHEDULED CARE PROGRAMME UPDATE**

**9.** The Board considered a report by the Chief Officer providing an update on the HSCP Unscheduled Care Programme, detailing progress on the delivery of the HSCP targets in relation to the Ministerial Steering Group (MSG) 2019/20 objectives.

Having referred to the importance placed on reducing unscheduled care activity in the context of the increasing elderly population and longer life expectancy and the associated increase in demand, the report provided statistical data for the period April to December 2018 tracking progress towards the MSG objectives as well as providing an overview of recent activity both within the HSCP and across the wider NHSGGC area.

The Localities Improvement Manager then made a short presentation to the Board in the course of which she gave further information on some of the activities taking place and the challenges to be faced in delivering the objectives.

In the course of ensuing discussion, Dr Campbell, in response to Councillor Swift, confirmed that some physical factors could be slowed down and in some cases reversed, the Chief Officer explaining that work to develop evidence based activities was ongoing.

The Localities Improvement Manager having been heard in response to Ms Tudoreanu explain the work that was ongoing to redirect people away from A&E to minor injury clinics, the Board:-

- (a) noted HSCP performance against the MSG targets;
- (b) noted the HSCP's contribution to whole system planning for unscheduled care across the whole NHSGGC area; and
- (c) recognised the challenges given the growing elderly population and limited available primary and community care resources.

### **REVENUE BUDGET MONITORING REPORT**

**10.** The Board took up consideration of a report by the Chief Financial Officer providing details of the projected outturn position of the 2019/20 revenue budget as at 30 June 2019 seeking approval of a number of budget virements.

It was reported that against a full year budget of £117.708M there was a projected overspend of £0.467M (0.4%), with details of the projected overspend being provided. It was noted that any overspend at the end of the year would be funded from reserves if required although every effort would be made to eliminate the operational overspend during the year.

Comment was made on the main projected variances, it being noted that at these would be subject to change as the year progressed.

The report also provided further details of the proposed virements in respect of which approval was sought.

In response to questions from Councillor Swift to the number of people affected by Frank's Law, it was confirmed that the details would be provided at the next meeting.

The Chief Officer was heard further on the report. She highlighted that this was the first time in a number of years that an overspend had been reported and that this demonstrated the increasing pressures and challenges to be faced.

The Board:-

- (a) noted the report; and
- (b) approved the budget virements as set out in Appendix 7 accompanying the report.

### **STRATEGIC RISK REGISTER ANNUAL UPDATE**

**11.** Under reference to the Minute of the meeting of the Performance and Audit Committee of 26 June 2019 (Item 6 refers), the Board considered a report by the Chief Officer submitting for consideration the annual update on the IJB Strategic Risk Register, a copy of which accompanied the report.

The report explained that those risks that scored between 11-16 on the risk matrix, as well as those the management team considered to be significant, were brought to the attention of the committee by way of an exception report. Thereafter, the report highlighted those risks identified as red, these being in relation to financial sustainability and workforce issues, and explained how these risks were being mitigated.

Having heard the Head of Adult Health and Social Care Localities further, the Board noted the Strategic Risk Register.

### **DATE OF NEXT MEETING**

**12.** It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 25 September 2019 at 10.30 am in the Council Offices, Main Street, Barrhead.

CHAIR

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 September 2019
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<b>Summary</b>	
<p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 14 August 2019.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 September 2019**

**Report by Chief Officer**

**MATTERS ARISING**

**PURPOSE OF REPORT**

1. To update the Integration Joint Board on progress regarding matters arising from the discussion that took place at the meeting of 14 August 2019.

**RECOMMENDATION**

2. Integration Joint Board members are asked to note the contents of the report.

**REPORT**

**Home and Mobile Health Monitoring**

3. Scottish Government funding of £38,484 has been secured to support a six month test of change which will include the work we are currently undertaking with John Carson, Lead Nurse for Heart Failure who will use Flo management for hypertension along with Attend Anywhere video conferencing to support East Renfrewshire patients. This will allow patients to self-manage blood pressure without attending a hospital appointment. We are currently working on measures of success.

4. In terms of the evaluation, blood pressure readings were not used as part of the evaluation as it was agreed that there is enough evidence in place to show HMHM can help in the management of the stabilisation of blood pressure.

**Participation and Engagement Strategy – Update on Progress**

5. Following a successful pathway event on 23<sup>rd</sup> August 2019 we are looking to further develop our participation and engagement strategy. A full update will be presented to the Integration Joint Board in November 2019.

**Audit Scotland Report: Health and Social Care Integration – Update on Progress**

6. We are pulling together a single strategic improvement plan incorporating actions from the Audit Scotland report, Ministerial Strategic Group and our recent joint strategic inspection by the Care Inspectorate and Health Improvement Scotland. This will be presented to the Integration Joint Board in November 2019.

**RECOMMENDATIONS**

7. Integration Joint Board members are asked to note the contents of the report.

**REPORT AUTHOR AND PERSON TO CONTACT**

Chief Officer, IJB: Julie Murray

September 2019

**BACKGROUND PAPERS**

None





<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 September 2019
<b>Agenda Item</b>	5
<b>Title</b>	Rolling Action Log
<b>Summary</b>	
The attached rolling action log details all open actions, and those which have been completed since the last meeting on 14 August 2019.	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
Integration Joint Board members are asked to note progress.	

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Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due	Progress Update /Outcome
258	14/08/2019	5	Rolling Action Log	Add proposed action completion dates to the report for the next meeting of the IJB.	CO	CLOSED	25/09/2019	scheduled dates for updates added to rolling action log
257	14/08/2019	6	Minute of Meeting of Performance & Audit Committee of 26 June 2019	Amend the Minute to include reference to the CI reps who attended the meeting	DSM	CLOSED	25/09/2019	
256	14/08/2019	8	Care at Home Improvement Update	Continue to submit progress reports to each meeting until further notice.	HAHSL	CLOSED	25/09/2019	Paper included on Sep IJB agenda
255	14/08/2019	9	Home and Mobile Health Monitoring	Work with primary care and acute colleagues to explore options for the continued expansion and long-term sustainability of this approach.	HAHSL	CLOSED	25/09/2019	
254	14/08/2019	9	Home and Mobile Health Monitoring	Feed back to the evaluation team on the need for the more information to be contained about the number of participants using the system which saw a drop in blood pressure	CO	CLOSED	25/09/2019	
253	14/08/2019	11	Revenue Budget Monitoring Report	The Board noted the report and approved the virement as set out at appendix 7. Make the appropriate budget adjustments.	CFO	CLOSED	25/09/2019	
251	26/06/2019	5	Rolling Action Log.	Submit update reports on Action Nos 59 and 208 to the September meeting	HAHSL	OPEN	27/11/2019	Update included in Sep Matters Arising paper with fuller updates scheduled for November IJB
249	26/06/2019	7	Unaudited Annual report and accounts	Submit the audited accounts to the Performance & Audit Committee and the IJB in September	CFO	CLOSED	25/09/2019	Included on Sep IJB and PAC agendas
248	26/06/2019	8	Annual Performance Report 2018/19	Submit it to the Scottish Government by 31 July.	SPPPO	CLOSED	31/07/2019	Report published online
247	26/06/2019	8	Annual Performance Report 2018/19	Work with the Comms Team to consider a range of media to engage with the public, illustrate performance and publish the report on the website and through social media.	SPPPO	CLOSED	31/07/2019	Senior Policy, Planning & Performance Officer liaising with comms team re promotion on social media
244	26/06/2019	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	20/03/2020	Added to forward planer - Timing of progress report will be dependant on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde
242	26/06/2019	11	Individual Budget Update	Submit a progress report to a future meeting.	CFO	OPEN	30/01/2020	Added to forward planner - scheduled for Jan 2020
239	26/06/2019	13	Primary Care Improvement Plan – Year 2 Report	Bring forward a progress report in November 2019.	Localities Improvement Manager	OPEN	27/11/2019	Added to Nov agenda
238	26/06/2019	14	Planned housing developments in East Renfrewshire: Measuring Impact on GP Practice populations	Make arrangements for a seminar to be held to consider the wider implications for health and social care of increasing housing development, prior to submitting an options paper to the Board in Autumn 2019.	Localities Improvement Manager	OPEN	31/10/2019	Provisional date had to be rescheduled. Date for October being progressed
237	26/06/2019	15	Sexual Health Services Transformational Change	Submit the report to a future meeting.	CO	OPEN	27/11/2019	Added to Nov agenda
232	01/05/2019	8	East Renfrewshire's Corporate Parenting Plan 2016-18 – Year 2 Progress Report	The Board also recognised the value of engaging with young people and recommended that this method be used as an exemplar for engagement by other services. Submit a report on engagement strategies to a future meeting.	CSWO	OPEN	27/11/2019	Added to forward planner - scheduled for November 2019
225	01/05/2019	11	Talking Points	Submit a report to a future meeting monitoring the use of the funding provided to the Carers Centre and also on the training and support being provided by Voluntary Action East Renfrewshire	HAHSL	OPEN	30/01/2019	Added to forward planner - scheduled for January 2020
221	20/03/2019	6	East Renfrewshire's Family Wellbeing Service	Bring update reports to future meetings, including a report on the proposed evaluation framework for the project	CSWO	OPEN	27/11/2019	Update report scheduled for November IJB

213	20/03/2019	12	Review of Progress with integration of Health & Social Care	Take appropriate steps to deliver on the targets and continue with involvement in the wider programme	HAHSL	CLOSED	18/08/2019	Report presented at IJB 14.08.2019
212	20/03/2019	12	Review of Progress with integration of Health & Social Care	The Board also agreed to formalise the commitments in relation to support for carers and carers reps as set out in para 6(iii) of the table and the necessary arrangements	CFO	OPEN	27/11/2019	The Terms of Reference for Your Voice has been updated to include details of expenses and support available. HSCP Replacement Care form developed (Aug 19) awaiting approval and will be shared at Your Voice in Sep
208	30/01/2019	9	Audit Scotland Report: Health and Social Care Integration – Update on Progress	Following the issue of the MSG report consider the amalgamation of the action plan that will be prepared in response to the MSG recommendations and the actions in the current plan in relation to the Audit Scotland recommendations.	HAHSL	OPEN	27/11/2019	Recommendations from the Audit Scotland Report and the proposed actions agreed through the self evaluation have been amalgamated into one action plan. Progress will be reported to a future IJB (SEE ALSO 251)
207	30/01/2019	10	IJB Records Management Plan	Make arrangements for a copy of the Records Management Plan and Memorandum of Understanding to be sent to the Keeper of the Records of Scotland for agreement and implementation thereafter.	BSM	OPEN	27/11/2019	The RMP has been sent to the Keeper of Records Scotland. Signed MOU received from NHGGC Chief Executive 14.08.2019.
170	27.06.2018	11	Regional Planning	Note this item was deferred to the August meeting of the IJB	HAHSL	OPEN	30/01/2020	Awaiting updated regional report from the regional planning partnership and will share when available.
131	29.11.2017	14	Appointment of Standards Officer	Make a presentation on Code of Conduct to a future seminar	DSM	OPEN	31/10/2019	Seminar date being rescheduled
59	17.08.2016	10	Participation & Engagement Strategy	Make the necessary arrangements for the implementation of the strategy and the publication of information on the web.	HSS	OPEN	27/11/2019	SUPERSEDED BY ACTION 251 - Paper will be presented to IJB Nov '19 To be updated in light of new strategic planning approach - we are currently drafting a participation & engagement statement for strategic plan and commissioning plan



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 September 2019
<b>Agenda Item</b>	6
<b>Title</b>	Care at Home Improvement Update – August 2019
<p><b>Summary</b></p> <p>This report gives an update on the Care at Home Improvement Plan actions and the performance measures developed to track progress. Much of the initial work outlined in the plan has concentrated on care planning documents and procedures and undertaking reviews which gives a foundation for further improvement activity. The service recognises the need to ensure care planning and delivery is fully person centred and to support staff in their day to day practice. To progress this, senior and home care managers have been engaging with staff to hear their suggestions about how we can work together improve the service we deliver.</p>	
<b>Presented by</b>	Candy Millard, Head of Adult Health & Social Care Localities
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to note and comment on the report.</p>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></p> <p> <input checked="" type="checkbox"/> Finance                      <input type="checkbox"/> Policy                      <input type="checkbox"/> Legal                      <input type="checkbox"/> Equalities  <input checked="" type="checkbox"/> Risk                              <input checked="" type="checkbox"/> Staffing                      <input type="checkbox"/> Directions                      <input type="checkbox"/> Infrastructure </p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 September 2019**

**Report by Chief Officer**

**CARE AT HOME IMPROVEMENT UPDATE - AUGUST 2019**

**PURPOSE OF REPORT**

1. This report gives an update on the Care at Home Improvement Plan actions and the performance measures developed to track progress.

**RECOMMENDATION**

2. The Integration Joint Board is asked to note and comment on the report.

**BACKGROUND**

3. The Integration Joint Board has received a series of reports on the issues with the in-house care at home service and the improvement activity underway. Links to all previous papers are provided at the end of this report in the section background papers.

**REPORT**

**Improvement Progress**

4. The Care Inspectorate undertook a full inspection of our Care at Home service at the end of August and we await their independent report on our progress.
5. Our overview of progress on improvement actions is summarised below with a more detailed update available in appendix 1. As requested by the Integration Joint Board, the improvement plan contains information about timescales for action and whether these are being met on time.
6. Care and support personal plans – Staff have been trained on the new documentation and how to record this on CareFirst, the social work information system. Further work is required to develop our quality assurance process to ensure plans are to the required standard:
  - Accurately reflect the current health and care needs of the service user
  - Include person-centred information outlining needs, abilities and preferences
  - Demonstrate consultation with the service user/relative
  - Include the use of appropriate risk assessment documentation which provides the outcomes of these and are used to inform support planning
  - Consider issues for Adults With Incapacity
7. Medication management – Learning and Development are developing operating procedures and workbook to support the implementation of the new policy. Staff training will commence in September and will be followed by competency assessments in the field. Following our meeting with the Care Inspectorate Pharmacy Lead we will implement his suggestion that we use a PDSA (plan, do, study, act) incremental approach rather than the previously proposed patch based roll out. We have revised the timeline for the completion of this requirement due to previously reported delays.

8. Review of personal plans – The review team has continued to work through the backlog of reviews, of which 251 reviews have been undertaken to date. This is just over half of the outstanding reviews. More intensive quality assurance is required to ensure that care and support plans reflect the changes identified at review. The service also needs to develop a process for sustaining and managing regular reviews of care plans at least every six months, and also where there is significant change in service user's needs or in response to requests from service users and their representatives.
9. Complaints handling – The service is actively working to ensure that all complaints including those that can be resolved immediately at the frontline are recorded. More work is required to embed these processes. Whilst a basic overview of complaints is available, more analysis of patterns and learning is required to drive continuous improvement.
10. Service delivery times - As reported at the last meeting we have started to discuss the reasons for variance between planned and actual service times with our frontline staff. Organisers have been asked not to schedule visits under 15 minutes moving forward, but currently the percentage of visits scheduled for under 15 minutes remains high. The service is also looking at continuity of care and identifying some service users who have high numbers of different care staff scheduled to provide their care.
11. Staffing levels – Following second induction, 4 recruits commenced in post on 17 August. From our latest round of recruitment, 9 candidates have been shortlisted, with interviews scheduled for 19 September. The interview process will include realistic scenarios to ensure that candidates gain a better appreciation of the carer's role within the service. This follows feedback from staff who left during or following our last two inductions, which found that they did not fully understand the extent of the job role. The service will also be advertising for more staff to undertake care and support in the evenings. We hope that this will attract staff looking for part time hours, particularly those who are currently studying for roles in health and social care.
12. Staff training – Staff training has been on hold until the service had the capacity to release staff time for training. In August staff commenced online training in food hygiene and General Data Protection Regulation (GDPR). Our in-house training for the next quarter will focus on medication management and adult support and protection. In order to ensure staff competency, follow up in the field is required to ensure the training is reflected in practice. This has yet to commence.
13. Staff supervision – We have set a minimum standard for frontline care at home staff supervisions of 2 individual and 2 group sessions per year. This is in addition to their annual quality conversation and regular patch team meetings. Home care organisers have commenced work towards this. They have attended briefings on the Council's new quality conversation process and will attend the forthcoming full day training sessions.
14. We have appointed a temporary senior home care manager who will take on the registration of the service and support our frontline operational managers and service delivery.
15. Three staff engagement events took place in August. These events gave an opportunity to discuss some of the most significant challenges facing the service at this time. Staff contributed many helpful suggestions for the next phase of improvement.



## IMPLICATIONS OF THE PROPOSALS

### Finance

16. The Care at Home service is currently projected to overspend by £457k based on the current cost commitments against a recurring budget of £7.4 million (5.97%). This is a prudent estimate and costs are continually being revised to reflect the ongoing impact of the action plan, including recruitment, reducing agency use, the interim framework contract and review of care packages. The cost projection will be refined as the year progresses and we are working hard to bring costs closer in line with budget.
17. The additional £750k recurring budget (included in the position above) agreed for 2019/20 is meeting the costs of 12 responders, 10 care at home FTE (full time equivalents) and additional contract management capacity.
18. The £250k non-recurring resource has been fully committed and is funding a number of development posts, training and recruitment, this is fully committed and the working assumption is any in year slippage will carry forward to fund a full 12 months of activity.

### Risk

19. The risk associated with the care at home service remains high but the improvement plan mitigations should see the risk reduce over the course of 2019.

## CONCLUSIONS

20. We continue to implement our improvement plan. Much of the initial work has concentrated on care planning documents and procedures and undertaking reviews which gives a foundation for further improvement activity. The service recognises the need to ensure care planning and delivery is fully person centred and to support staff in their day to day practice. To progress this, senior and home care managers have been engaging with staff to hear their suggestions about how we can work together improve the service we deliver.
21. The care inspectorate undertook a full inspection of our Care at Home service at the end of August and we await their independent report on our progress. Their findings along with suggestions from our frontline staff will inform the next phase of our improvement plan.

## RECOMMENDATIONS

22. The Integration Joint Board is asked to note and comment on the report.

## REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

September 2019

## BACKGROUND PAPERS

IJB PAPER: August 2019 – Care at Home Improvement Update  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24912&p=0>

IJB PAPER: 26 June 2019 – Care at Home Improvement Update  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24640&p=0>

IJB PAPER: 1 May 2019 – Care at Home Inspection Report and Improvement Plan  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24316&p=0>

IJB PAPER: 20 March 2019 – Care at Home Improvement Activity  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24127&p=0>

IJB PAPER: 30 January 2019 – Care at Home Update  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23706&p=0>

IJB PAPER: 29 March 2017 – Care at Home Programme Update  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=19790&p=0>

CCGC PAPER: 20 June 2018 – Homecare Service Inspection  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22587&p=0>

Last Updated- 30/08/19



Care at Home Service – Improvement Plan April 2019							
Requirement Related Improvements							
Category	Requirement	Ref	Actions	Original Completion Date	Revised Completion Date	August Progress Update	Status
Care and Support	Ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met	1	Develop outcome focussed templates/documentation	26/04/19	-		COMPLETED
		2	Develop process for documentation completion	26/04/19	-		COMPLETED
		3	Upskill staff to undertake the personal planning to address agreed outcomes	30/08/19	-	<b>23/08-</b> Arrangements in hand to have all staff trained and utilising revised plan documentation by 01/09. <b>27/08</b> – Development session undertaken to support use of revised documentation on Carefirst.	PROGRESSING – DELAYED -MORE WORK REQUIRED
		4	Develop a quality assurance process to ensure plans are to required standard/in correct places	30/04/19	30/08/19	<b>23/08-</b> quality process for checking documentation in place.	PROGRESSING- MORE WORK REQUIRED
Care and Support	Medication must be managed in a manner that protects the health and wellbeing of service users	5	Agree medication policy with key stakeholders	05/06/19	30/08/19		COMPLETED
		6	Develop key documentation (including assessment tool and recording) and roll out to staff in pilot area	30/08/19	30/09/19	<b>29/08</b> – L&D resource developing operating procedures to support medication roll out	PROGRESSING DATE REVISED
		7	Deliver staff training (all care at home staff)	30/09/19	-	<b>23/08-</b> New resource in place and actively working on plan and scheduling- commencing September.	PROGRESSING
		8	Implement a staff competency based assessment approach	31/05/19	30/09/19	<b>23/08-</b> New resource in place and has reviewed and is amending current workbook to support medication training.	PROGRESSING DATE REVISED
Care and Support	Ensure that personal plans are reviewed in line with legislation	9	Appoint a dedicated team to undertake review (QRT)	31/05/19	-		COMPLETED
		10	Develop and implement a clear process and documentation for reviews	30/04/19	10/05/19		COMPLETED
		11	Develop a tracking mechanism to ensure that the progress of plan provision/reviews is being completed to the required timeline	30/04/19	-		COMPLETED
Care and Support	Ensure handling of complaints is in accordance with our procedures and good practice guidelines. <b>IMMEDIATELY</b>	12	Deliver relevant training across all home care and key business support staff	30/08/19	-	<b>23/08-</b> All Home Support Organisers online training to be completed by 30/08.	PROGRESSING Further work required
		13	Provide accurate and up to date info to service users on how to complain	31/05/19	-	<b>23/08-</b> Final batch of folders now being delivered.	COMPLETED
		14	Reinforce current quality assurance mechanisms to ensure complaints are being handled correctly and they inform practice	31/05/19	30/08/19	<b>23/08-</b> Meeting held with new Service Manager and Quality Assurance Officer to focus on in house complaints and lessons learned from these- analysis of 2019 complaint data underway to support this.	PROGRESSING – Further quality assurance work required
Care and Support	Ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs. <b>BY 31/07/19</b>	15	Undertake further CM2000 analysis on planned v actual and refine these, in advance of communication to service users	30/06/19	TBA	<b>23/08-</b> Compliance now consistently over 80%- we have data on planned v actual, on time/late/early visits and this has been shared with staff at engagement events.	PROGRESSING – DELAYED Revised date to be agreed
		16	Review current scheduling arrangements (to include consideration of factoring in travel time)	30/06/19	30/09/19	<b>23/08-</b> Scheduling of visits includes travel time and agreement reached that no further visits to be scheduled for under 15 mins	PROGRESSING
		17	Reinforce the communication process re instances where service timing parameters are significantly exceeded	30/06/19	TBA	<b>30/08</b> - Use of real time alerts to monitor timing of visits in place	PROGRESSING – DELAYED Revised date to be agreed
Staffing	Ensure that we employ and deploy support staff in sufficient numbers to adequately meet the needs of service users. <b>BY 28/09/19</b>	18	Review staff deployment/shift patterns to ensure that visit capacity and efficiency is being maximised	30/06/19	30/09/19	<b>23/08-</b> Hospital discharge team dispersal remains on hold due to further discussions required with trade unions.	PROGRESSING – DELAYED
		19	Recruit sufficient levels of additional staff	31/07/19	-	<b>23/08-</b> Induction numbers were as planned but we have had a handful of leavers (various individual reasons). Further advert was delayed but is now live	PROGRESSING - DELAYED
		20	Address sickness absence levels by consistently	31/05/19	-		COMPLETED

			implementing the Council's 'Maximising Attendance' policy				
		21	Review partnership working approach with private providers to obtain maximum additional capacity	31/07/19	-	23/08- 2 providers still to confirm acceptance of interim contractual arrangement	PROGRESSING - DELAYED
Staffing	Ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform	22	Complete the gap analysis of training/skills in current staff group	17/05/19	-		COMPLETED
		23	Develop and deliver training and upskilling plan to address the gaps	31/03/20	-	23/08- New training resource commenced 30/08 – Training Plan signed off	PROGRESSING
		24	Develop a comprehensive induction plan for new recruits	31/05/19			COMPLETED
		25	Deliver induction training to all new staff in advance of service commencement	15/07/19		23/08- Now completed and staff are in patches.	COMPLETED
Staffing	Ensure provision of staff supervision and appraisals	26	Upskill home care organisers and managers to effectively deliver high quality supervisions and appraisals	30/06/19	30/08	23/08- Managers/organisers will attend corporate training course roll out from September	PROGRESSING – DELAYED
		27	Develop a process and timeline to ensure timely delivery of the supervision and appraisals	31/07/19	30/08	23/08 – Temporary Service manager now in situ and will support process implementation by end September	PROGRESSING – DELAYED Due for completion end Sep
		28	Develop a tracking solution to ensure appraisal and supervisions have been undertaken in line with plan	31/07/19	30/08	Tracking tool now in place and population with year to date 2019 info is now underway.	COMPLETED
Management & Leadership	Ensure the service follows the guidance on notification reporting to the Care Inspectorate	29	Upskill staff in understanding CI notifiable events	31/05/19	-		COMPLETED
		30	Reinforce internal processes and responsibilities in carrying out notifications in a timely manner	17/05/19	-		COMPLETED
Staffing	The service should the review the results of the training in dementia awareness for staff and ensure proposals are in place to increase the access of this training for staff	31	Include dementia training in both induction plan and for existing staff yet to undertake it (as noted in Requirements above)	17/05/19	-		COMPLETED
		32	Develop an evaluation mechanism to ensure that after training staff can put learning into practice	31/05/19	-	23/08- Resource in place and dementia training & evaluation is being included in the plan.	PROGRESSING
		33	Ensure relevant dementia information is included in key documents including care plans	31/07/19	-	Sampling of CareFirst has shown evidence of dementia information in care plans	PROGRESING
Care and Support		34	Develop and implement a mechanism to obtain regular qualitative and quantitative feedback from service users and their families/carers	17/05/19	30/08/19	23/08- Quantitative feedback is now being gathered via reviews and initial results are positive. Further feedback routes are included in communication plan	COMPLETE
Staffing		35	Develop and implement a procedure to cover earlier alerting of changes in the field (carers to office) which will impact planned care times during a run	30/06/19	-		COMPLETE
Staffing		36	Implement the revised documentation covering risk assessments for staff dealing with particular service users/settings	30/04/19	-		COMPLETE
Staffing		37	Develop and implement a standing agenda for patch team meetings to include standard operating procedures including Health and Safety, Lone Working and use of PPE	10/05/19	-		COMPLETE
Staffing		38	Develop and implement a workforce development programme for 1 <sup>st</sup> line managers	31/08/19	-	23/08- Quarterly planning approach now in place and topics agreed until end Q3.	COMPLETED
Management & Leadership		39	Develop and implement a care at home staff ongoing communication plan	30/06/19	30/08/19	23/08- Awaiting final sign off from senior leadership team	PROGRESSING – DELAYED
Management & Leadership		40	Develop a process to ensure PVG checks are refreshed on a 3 yearly basis, in conjunction with HR	30/06/19	TBA	23/08-Care Inspectorate will respond to us on this in due course regarding potential revision of refresher timeline to 5 yearly basis	PROGRESSING – DELAYED

						Revised date to be agreed
Management & Leadership	41	Develop a programme plan to ensure SSSC registration & relevant qualifications are met with required timelines	31/05/19	30/08/19	<b>23/08</b> - New December 2019 timescale requirement noted and our plans been revised to reflect this - awaiting sign off with L&D	PROGRESSING TO IMPLEMENTATION
Management & Leadership	42	Create required service level risk assessments	31/05/19	-		COMPLETED
Management & Leadership	43	Review phone system and call handling to improve communications for service users, families and frontline staff	30/06/19	30/08/19	<b>23/08</b> - Meeting date still to be confirmed <b>30/08</b> – NHS Comms attended to review phonenumber capacity – confirmed space on comms board. Next step to review set up of phone system across both health centres – awaiting confirmation of NHS comms to attend workshop	PROGRESSING – DELAYED
Management & Leadership	44	Develop and implement a culture where key operational and performance data is readily available and is actively used to identify remedial management actions required	30/08/19	30/08/19	<b>23/08</b> - ISD analyst now assigned to task, framework developed and weekly meetings in place to track progress on building the dashboard solution required.	PROGRESSING - DELAYED
Management & Leadership	45	Review and extend out of hours contact arrangements	30/08/19	30/08/19	<b>23/08</b> - Draft rota developed by staff team now reviewed and revisions have been requested in advance of next meeting date on 11/09 with Unison	PROGRESSING - DELAYED

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 September 2019
<b>Agenda Item</b>	8
<b>Title</b>	Chief Social Work Officer Annual Report 2018/19
<p><b>Summary</b></p> <p>This report provides an overview of the professional activity for social work within East Renfrewshire for 2018/19 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.</p>	
<b>Presented by</b>	Kate Rocks, Head of Public Protection and Children Services (Chief Social Worker Officer)
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked is asked to consider the contents of the report and approve its submission to Council.</p>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></p> <p> <input type="checkbox"/> Finance                      <input type="checkbox"/> Policy                      <input type="checkbox"/> Legal                      <input type="checkbox"/> Equalities  <input type="checkbox"/> Risk                              <input type="checkbox"/> Staffing                      <input type="checkbox"/> Directions                      <input type="checkbox"/> Infrastructure </p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 September 2019**

**Report by Chief Social Work Officer**

**CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018/19**

**PURPOSE OF REPORT**

1. This report presents to members the Chief Social Work Officer Annual Report for 2018/19. The report is attached at Appendix 1. It is presented in the format to comply with the template issued by the Office of the Chief Social Work Adviser to the Scottish Government. Use of the template by Chief Social Work Officers across Scotland is intended to help information sharing and benchmarking across services regarding good social work practice and improvement activity. The Chief Social Work Adviser uses this information to produce a national report.

**RECOMMENDATIONS**

2. The Integration Joint Board is asked to consider the contents of the report and approve its submission to Council.

**BACKGROUND**

3. Each year, the Chief Social Work Officer is required to produce an annual report. To ensure consistency across Scotland, the Office of the Chief Social Work Adviser to the Scottish Government developed a template for these reports in 2014. The intention was to allow succinct and consistent presentation of information on how social work services are being delivered, what is working well, what needs to be improved and why, and how local authorities, and partners, are planning for and delivering change. It is also designed to highlight innovative and good practice as well as areas of challenge for local authorities.
4. The report provides a brief narrative on the local authority to set the delivery of social work services in context. It describes partnership structures and governance arrangements, as well as the social services landscape. The report then sets out information relating to:
  - Finance
  - Performance
  - Statutory functions
  - Continuous improvement, including complaints
  - Planning for change
  - User and carer empowerment
  - Workforce planning and development; and
  - Key challenges for 2019/20.
5. Performance data on some of the key social work indicators are set out throughout the report and reflects the operational delivery of services into the main key groups, childrens services, criminal justice and community care. The report also acts as the required annual report to elected members and council on the operation of the statutory social work.

## CONSULTATION AND PARTNERSHIP WORKING

6. The Chief Social Work Officer role is key in a number of partnership arrangements including the Health and Social Care Partnership, North Strathclyde Community Justice Authority, Multi Agency Public Protection Arrangements (MAPPA), East Renfrewshire Child Protection Committee, East Renfrewshire Adult Support and Protection Committee, and the voluntary sector.

## IMPLICATIONS OF THE PROPOSALS

### Finance

7. There are no financial implications arising from this report, although the report does refer to the significant financial challenges facing the Council and other public sector partners in delivering within the constraint of ongoing financial austerity.

## CONCLUSIONS

8. This report provides an overview of the professional activity for social work within East Renfrewshire for 2018/19 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.
9. There continues to be a number of significant challenges and risks facing social work and the Council in East Renfrewshire including:
  - The continuing challenging financial climate and the uncertainty for all public services
  - The increasing expectations and demands from the public and stakeholders
  - The increasing cost of supporting vulnerable people
  - The impact of the living wage.
  - The redesign services to ensure that savings are delivered over 2018/18 and the potential for any unintended consequences for service users and carers due to change management activity.
  - The management of increased service demand at a time of diminishing resources.
10. 2018/19 continues to be a challenging year for the HSCP, and Council in delivering social work services that remain high quality, responsive and provide value for public money against a background of budgetary constraint. Despite these very real difficulties there were key successes and this has been outlined within the annual report.
11. The landscape for all public service will continue to change over the coming years and, in particular, statutory social work and social care will be required to adapt to meet the growing demands associated with protecting and caring for our most vulnerable citizens and those who at risk in our communities.
12. At the heart of the social work profession lies a commitment to enabling and supporting vulnerable individuals to make positive, sustainable changes to their lives to achieve the best outcomes for them, their families and communities as a whole.

## **RECOMMENDATIONS**

13. The Integration Joint Board is asked is asked to consider the contents of the report and approve its submission to Council.

## **REPORT AUTHOR**

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0141 451 0748

September 2019

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

IJB Paper 28.11.2018 – Item 9. Chief Social Work Officer Annual Report 2017-18  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23425&p=0>

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**EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE PARTNERSHIP**

**CHIEF SOCIAL WORK OFFICER  
ANNUAL REPORT**

**2018 – 2019**

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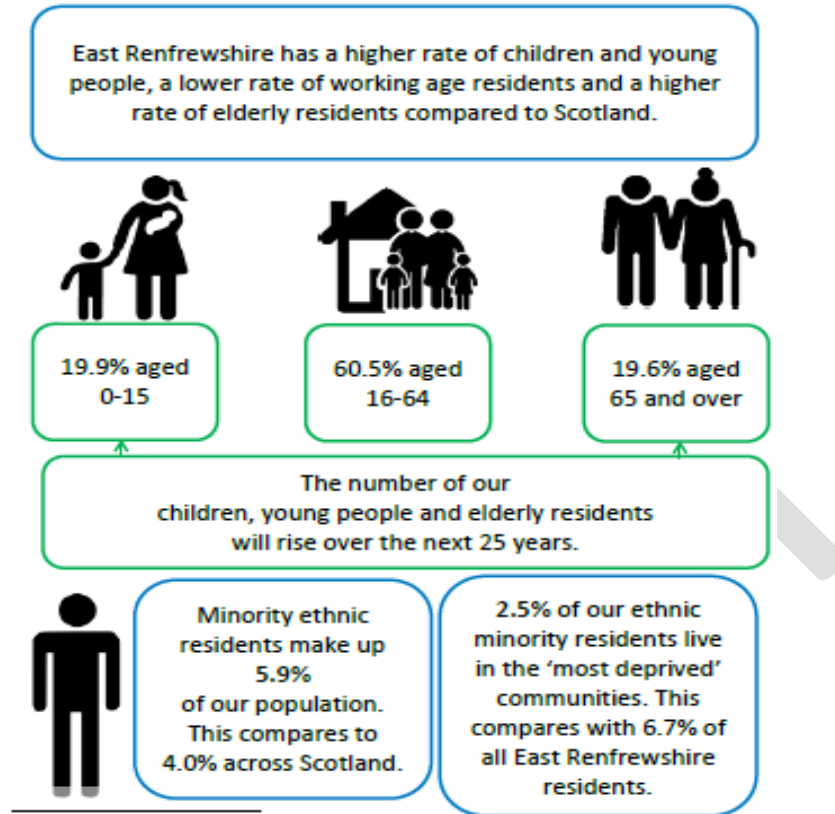
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1. INTRODUCTION

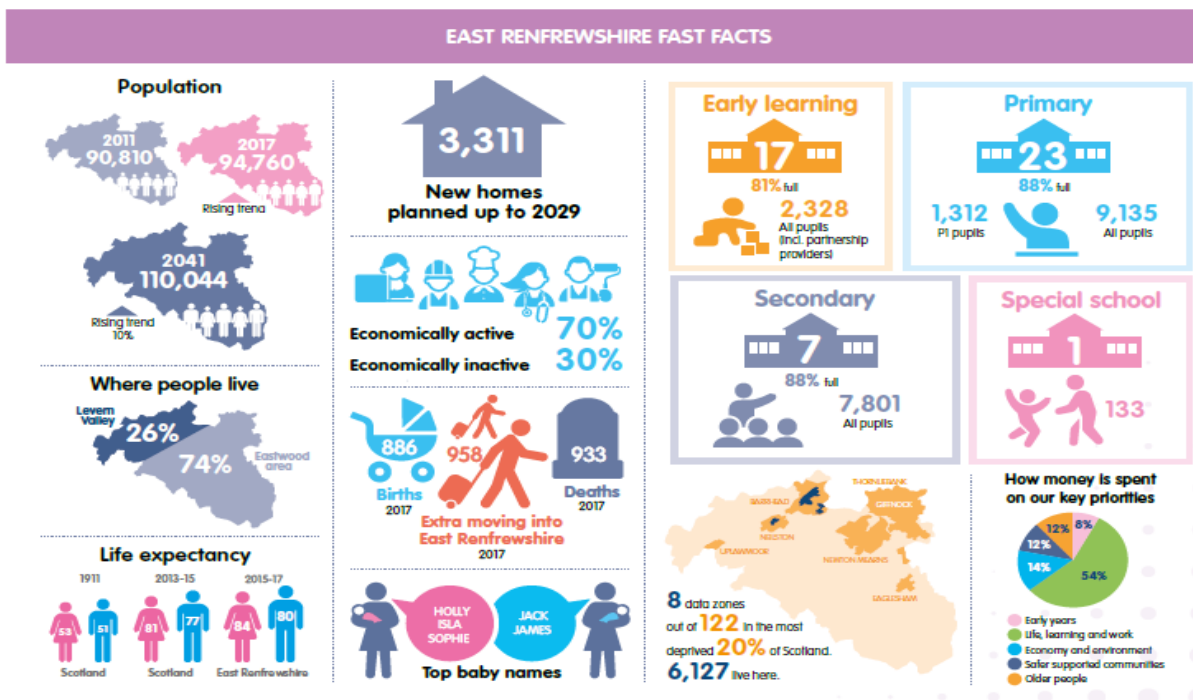
East Renfrewshire covers an area of 174 square kilometres and borders the City of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

Some key facts:



Local context





## 2. PARTNERSHIP STRUCTURES / GOVERNANCE ARRANGEMENTS

East Renfrewshire Health and Social Care Partnership was established in 2015 under the direction of East Renfrewshire's Integration Joint Board and it has built on the Community Health and Care Partnership, which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.

Our Partnership has always managed a wider range of services than is required by the relevant legislation. Along with adult community health and social work and care services, we provide health and social work services for children and families and criminal justice social work.

During the last 13 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

East Renfrewshire Health and Social Care Partnership is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work very closely with our fellow partnerships to share good practice and to develop more consistent approaches to working with our colleagues in acute hospital services.

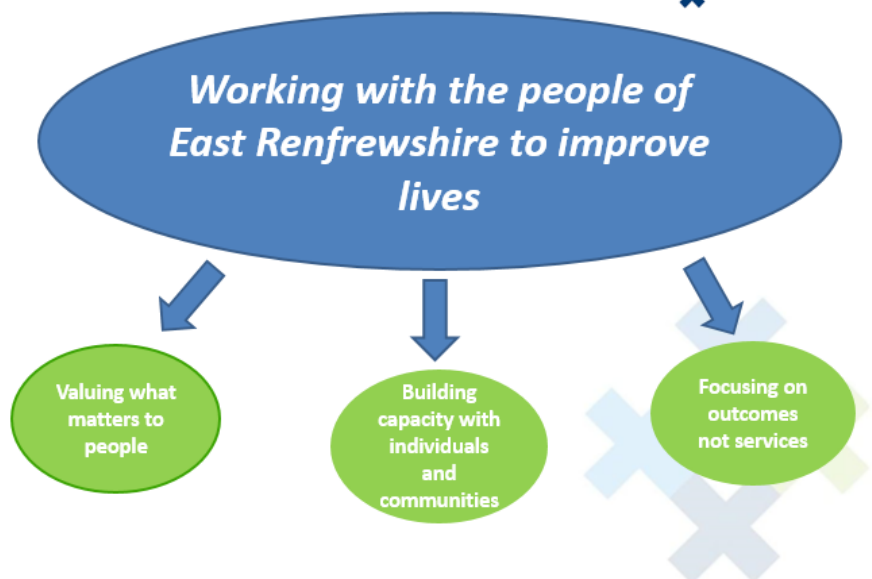
This Chief Social Work Officer report reflects the fourth year of the move to a Health and Social Care Partnership and whilst it outlines the key statutory social work functions, it also explains how they are delivered within the spirit of the Public Bodies (Joint Working) (Scotland) Act 2014 legislation.

### Our Strategic Vision and Priorities

East Renfrewshire has been integrating health, social work and care services for thirteen years. From the outset of the Community Health and Care Partnership we have focused firmly on outcomes for the people of East Renfrewshire, improving health and wellbeing and reducing inequalities. Under the direction of East Renfrewshire's Integration Joint Board, our new Health and

Social Care Partnership builds on this secure foundation. Throughout our integration journey, we have developed strong relationships with many different partner organisations. Our longevity as an integrated partnership provides a strong foundation to continue to improve outcomes for the citizens of East Renfrewshire.

## Our Vision



Our vision statement, “*Working together with the people of East Renfrewshire to improve lives*”, was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction through our Strategic Plan. At the heart of this are the values and behaviours of our staff and the pivotal role individuals, families, carers, communities and wider partners play in supporting the citizens of East Renfrewshire.

### The Social Care Landscape

In last year’s report we noted that we were seeing some adjustments to the local care market which in turn were introducing uncertainty and risk. We were concerned about the quality of care homes, with our local market reflecting the national challenges of turnover and recruitment. In July 2018 a court order suspended the registration of another care home service. The closure of this home took place less than six months on from the closure of Greenlaw Grove Care home.

In response to the rapid closure, locality social work staff supported residents and their families to choose and move to alternative care settings, whilst Health and Social Care Partnership staff worked together to ensure safety and continuity of care in the interim. Colleagues from other local authority areas with residents and independent advocacy also supported the process. Whilst this was a very distressing situation for residents and their families, once they were settled in their new homes many complimented our social work staff on the work they did to support their moves and the difference it made at a difficult time. We shared our learning about responding to rapid home closures with other areas at a joint Chief Officer and Care Inspectorate event in February 2019.

A number of care and support providers have signalled that they are experiencing issues sustaining services in the local area. There are challenges in recruiting and retaining a local social care workforce. The HSPC is extending its workforce planning to include third and independent sector providers, however it will take some time for this work to impact.

The Health and Social Care Partnership recently engaged with a broad spectrum of local and national stakeholders to develop our commissioning intentions. This exercise highlighted the commitment of a range of stakeholders to work differently in our localities, including a willingness to

work in a place based approach; to developing and working with local assets building on digital opportunities and to reimagine 'care in the home.

## Our Strategic Plan

The strategic plan for 2018 - 2021 sets out seven strategic priorities where we need to make significant change or investment during the course of the plan. These are:

- Working together with **children, young people and their families** to improve mental wellbeing.
- Working together with our community planning partners on new **community justice** pathways that support people to prevent and reduce offending and rebuild lives.
- Working together with our communities that experience shorter life expectancy and **poorer health** to improve their wellbeing.
- Working together with people to maintain their **independence at home** and in their local community.
- Working together with people who experience **mental ill-health** to support them on their journey to recovery.
- Working together with our colleagues in primary and acute care to care for people to reduce **unplanned admissions** to hospital.
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities.

## Strategic Commissioning

Similar to the rest of Scotland the challenges we experience are of increased demand set against diminished funding. Although incredibly challenging, our commissioning plan outlines a wider 'public' service context and is written to compliment the strategic plan. The commissioning plan provides the drivers for our strategic objectives and sets out the following commissioning priorities:

- Transformation and Sustainability
- Community Led Support
- Prevention and Early Intervention
- Mental Health and Recovery
- Getting the Right Support
- Transforming Models of Care
- Building Capacity in Primary and Community Care
- Digital and Technology Enabled Care and Support

Our new commissioning focus on market facilitation within our localities will develop clear and specific solutions to the needs of those communities.

Our carer's service operating within the provisions of the 2016 Act have been trained and resourced to provide adult and young carers assessments within East Renfrewshire and will be a key partner (in collaboration with other stakeholders) in facilitating changes to the way we deliver prevention and manage demand.

## Annual Performance Report

In East Renfrewshire we have been leading the way in integrating health and care services. Our partnership has always managed a much wider range of services than is required by the legislation. Along with community health and care services, we provide health and social care services for children and families and criminal justice social work.

Our [Annual Performance Report 2018-19](#) has given us an opportunity to demonstrate how we have delivered on our vision and commitments over 2018/19. It provides information about the progress

we are making towards achieving the national outcomes for children, the national health and wellbeing outcomes, and criminal justice outcomes.

### **Clinical and Care Governance Committee**

In order to exercise its governance role in relation to the delivery of effective social work services, the Clinical and Care Governance Committee considers the following areas fundamental; service and workforce development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection. Over 2018/19 we reviewed the membership, purpose, governance and reporting arrangements of this group. Although no longer a formal structure of the Integrated Joint Board it continues to provide regular scrutiny on the areas requiring development and improvement. Quality assurance is fundamental to safe and effective care and the Chief Social Work Officer Annual Report is remitted to the Clinical and Care Governance Group to provide the group with assurance concerning the delivery and performance of statutory social work functions. Furthermore this allows the committee to consider the interdependencies of delivering effective and high quality care within the context of integrated practice. More information can be found in the Annual Clinical and Care Governance Report.

The Clinical Care Governance Committee is chaired by a voting member of the Integration Joint Board and the wider membership of the group includes the following: the Chief Social Work Officer; Clinical Director; Chief Nurse; Allied Health Professional Lead; service user and carer representatives; third sector and independent sector representatives; and Health and Social Care Partnership senior management.

### **3. IMPACT OF LEGISLATIVE CHANGE**

In East Renfrewshire in 2018/19, the key areas of legislative change which have had significant implications for social work services include:

- Children's and Young People Act (2014)
- Community Justice
- Carers Scotland Act 2016
- Mental Health (Scotland) Act 2015
- Domestic Abuse Act 2019

All of these will be referenced throughout the report.

### **4. DEVELOPMENT AND PERFORMANCE OF KEY STATUTORY RESPONSIBILITIES, INCLUDING PLANNING FOR CHANGE**

#### **4.1 CHILDREN SERVICES**

As a consequence of the roll out of the Fit for the Future programme over the last year we have revised our management structure which in turn has enabled us to:

- Provide a consistent approach to targeted, relational based and intensive interventions across all ages
- Ensure support and development of staff to deliver evidence-based programmes
- Embed relational practice to our interventions with children and families when they need it most
- Develop our support for parents by including our fathers

We have also commenced on a refresh of our vision and delivery of intensive support to younger children and their families. Our focus has been to continue to develop innovative and creative ways to engage with children and families working in partnership with the third sector.

## **Early Identification and Intervention**

The Request for Assistance (RFA) team was established in 2014 and continues to ensure that children and their families, the community and partners receive a thorough and prompt response to any referrals and/or enquiries for a child or young person. The team is staffed by experienced social work practitioners, an experienced Health Visitor, and also benefits from the expertise of our third sector partner, Children 1st who consider referrals under Section 12 of the Children and Young People (Scotland) Act 2014 for Family Group Decision Making (FGDM). The RFA team provides advice, guidance, assistance and interventions on a range of issues from child wellbeing to child protection.

From 1 April 2018 to 31 March 2019, the Request for Assistance team completed a total of 1151 initial assessments, with 22% requiring targeted intervention. This is a significant increase in the number of referrals from last year (12%). Early analysis suggest that this is influenced by an increase in the number of parents seeking assistance under Section 23 of the Children (Scotland) Act 1995 children with additional needs.

A key function for the team is to support our partners' agencies at the earliest opportunity. Sharing information and offering advice at these early stages promotes our preventative approach for children, young people and their families.

## **Family Group Decision Making**

The Family Group Decision Making Service provided by our third sector partner, Children 1st, supports families at an early stage. The service offers an opportunity for families to work together to participate in decision making and manage their own plans to keep their children safe. In turn this is preventing the need for repeat referrals or targeted intervention at a later stage.

A total of 8% of all children who may have required targeted intervention have been redirected to the service. Encouragingly, 52% of children and young people have actively participated in the Family Group Decision Making process by providing their views and attending meetings.

## **Our Response to Domestic Abuse**

Domestic Abuse continues to be one of the most common reasons for referral to our service. Over the course of this year, 376 children were referred to Children's Services by police due to concerns relating to domestic abuse. Of these children, 12% were referred to our Domestic Abuse Referral Group with 10% of them progressing to Scottish Children's Reporter Administration.

Over this year we implemented a new domestic abuse pathway for children and adult victims and we have ensured that the pathway continues to support early identification and intervention. Importantly our Pathway has now been further strengthened by the involvement of Education Services and Adult Services.

## **Strength Based Practice Models**

### **Support for Families and Parenting**

East Renfrewshire Health and Social Care Partnership Children and Families Teams work alongside local partners to support families and carers access a range of high quality family and parenting programmes, jointly coordinated and delivered across the localities. This important joint working ensures that families receive help early, which in turn prevents concerns escalating to a level where statutory intervention would be required. Similarly, as the population of children and young people with complex needs increases, demand for advice and support from parents locally has risen too. Specific national evidence based programmes to meet needs have been identified and adopted for local roll out.

## Psychology of Parenting Programme

The Psychology of Parenting Project is aimed at improving the availability of high-quality evidence-based parenting programmes for families with young children who have elevated levels of behaviour problems. In East Renfrewshire, Education and Health and Social Care Partnership staff have worked together to coordinate and deliver the programme over the last four years, to families who agree to attend and participate.

The programme is robustly evaluated after delivery with each family and child's experience individually measured across a range of outcome indicators. 45 families enrolled in Psychology of Parenting Project courses in 2018 and the table below outlines the positive impact of the programme locally with national comparator data also included for benchmarking purposes.

### East Renfrewshire Psychology of Parenting Project Delivery in 2018/19 – Key Indicators

Indicator	East Renfrewshire	Nationally
% children with pre and post SDQ data available had an improved SDQ score.	89%	82%
% parents who complete the group they have started	60%	53%
% children (whose parents completed a group) who started in the high risk clinical range	81%	67%
% children (whose parents completed a group) who moved out of the clinical range	68%	61%
% children (whose parents completed a group) moved into normal range	59%	44%

## Barnardo's Cygnet

Barnardo's Cygnet Programme was introduced to East Renfrewshire in 2016 as a means of providing post diagnostic support for parents whose children were diagnosed by East Renfrewshire Autism Diagnostic Team (ERADT). The programme aims to improve outcomes for children and young people by increasing parental confidence in positively supporting behaviours associated with an Autism Spectrum Condition.

Currently around 50 school age children living in East Renfrewshire per year receive an Autism Spectrum Diagnosis. Additional to this approximately 18 children per year are diagnosed by the South Pre-School diagnostic team. Post diagnostic supports are not provided as part of this pathway. In addition young people may also receive a diagnosis within a CAMHS pathway. Within the school age population in East Renfrewshire, Educational Psychologists have determined the prevalence of a diagnosed Autism Spectrum Condition as 2.88 per 100.

The Cygnet Programme is offered to parents within one year of diagnosis. During 2017/18, six Cygnet courses were delivered by the Health and Social Care Partnership and the Carers Centre, with 68 families attending the programme. Programme evaluation and feedback strongly indicates high parental satisfaction with the course content and methods of delivery however an external

evaluation process is planned over the next year to provide formal feedback on family and child experience and the overall impact.

### **Mellow Ability**

In the last quarter of 2018/19 a Mellow Ability parenting programme to support parents of children aged 4-7 years with additional needs was delivered jointly by Education, Psychological Services, and Health and Social Care Partnership staff. The programme, a partnership between the charitable organisation “Mellow”, East Renfrewshire Council, Glasgow City Council and Falkirk Council, ran for 14 weeks with six local families enrolled at the beginning, with a dads group emerging from the wider group.

Evaluation results have highlighted improvements across a range of parent and child measures. For parents these include reduced reports of symptoms of depression and anxiety and enhanced understanding of their child(ren)s’ behaviour and improved confidence in managing behaviour. Our intention would be to continue to support the programme run in East Renfrewshire and promote attendance among the eligible families who access Health and Social Care Partnership services.

### **Targeted evidence based programmes.**

Over 2018/19 we implemented targeted evidence based practice models; Safe and Together and Signs of Safety.

Safe and Together was introduced in East Renfrewshire in 2017 and since then we have continued to promote the model across Children’s Services. We have now become one of the first local authorities recognised in Scotland as accredited *Safe and Together* Champions delivering gold standard child protection domestic abuse training to all staff including adult services, health visitors, early years, education and after school care. Over and above this we have engaged with our local General Practitioners and our Children’s Hearing panel members who have enthusiastically engaged with the principles and standards of Safe and Together. Over the course of 2019/20, it is our intention to provide this training to our citizens within our communities where domestic abuse is highlighted as a significant issue.

### **Signs of Safety**

Over 2018/19 we have commenced the implementation of the Signs of Safety model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model is child focused, risk sensible, solution orientated and inclusive. The Signs of Safety model will support us to improve our practice but more importantly it will enhance how we relationally work with children, young people, their families and carers in order to reduce risk and improve children’s wellbeing.

Our key objectives for the first year of our five year implementation plan are:

- Children and families involved in the child protection system feel listened to
- Children and their families are integral to the development of their plans
- Professionals recognise what needs to happen for children and their families and what could happen if risk is not reduced

Some of the early learning from implementing Signs of Safety has identified the need for cultural shifts in practice across all agencies. The model will be used across the whole children’s system within East Renfrewshire.

In our first year some of our achievements have been:

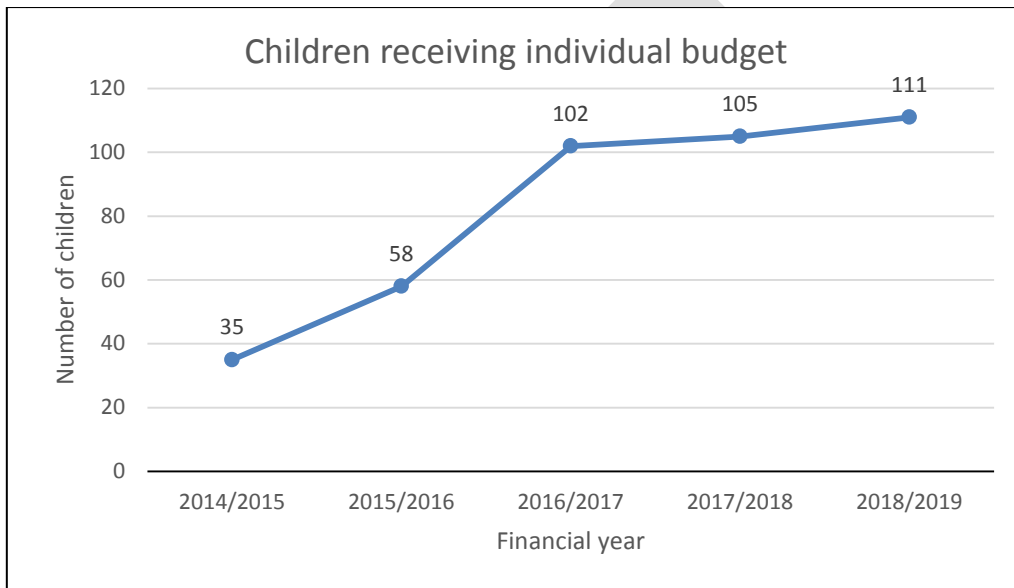
- Establishment of Multi Agency Implementation Team and Plan



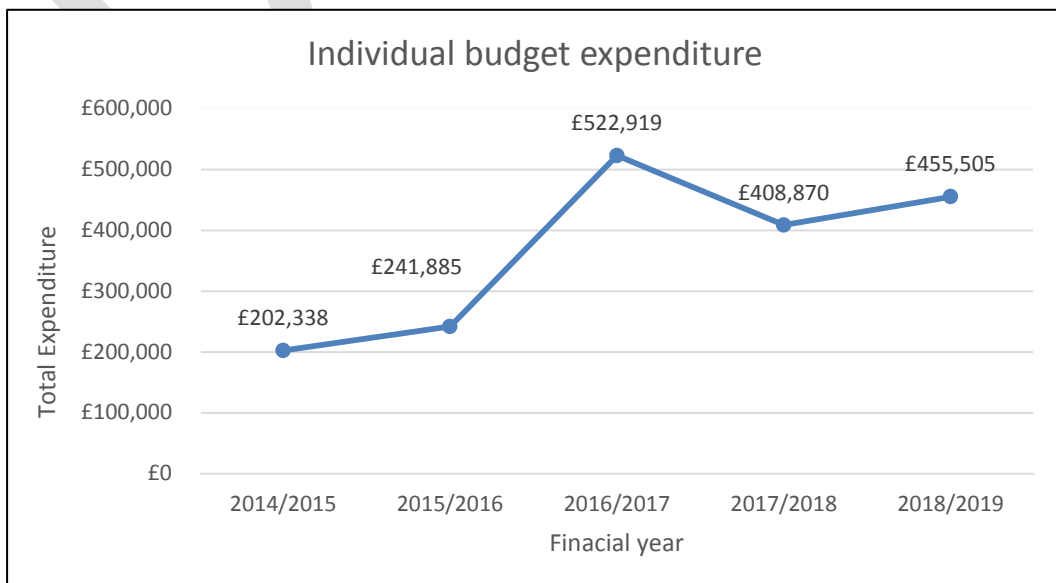
- Workforce training provided at different levels, advanced and generic for all staff groups including education, health, police and adult services. In total 215 individuals across children and adult services have been provided various levels of training
- All our processes and documentation have been reviewed to complement the model
- Review and restructure our Child Protection Case Conferences to ensure they are solution orientated, strength based and risk focused

**Children with Disabilities**

The number of children and young people affected by disability continues to rise in East Renfrewshire and constitutes a third of allocated cases across children and families social work teams. Over a number of years we have been fully adopting the principles of self-directed support in partnership with the children and their families. We recognise that good support planning is reliant on relationship based practice, starting with the family and recognising what matters to them and we are embedding this way of working throughout children’s services.



The number of children in receipt of an individual budget has increased more than three times from 35 to 111 since 2014. In 2018/19 57% of children with disabilities allocated to social workers were in receipt of an individual budget. This will be an area of significant growth and budgetary pressure as we move forward.



Over 2014-19 there has been a 225% rise in the expenditure for children / young people who receive self-directed support, with the average budget award for a child / young person reducing by 29% in the same period. It is however anticipated that this will be an area of significant demand over the years, considering the migration of families who have children with disabilities into the local authority area, and further analysis will be needed to consider the required financial investment moving forward. The impact has been recognised as a considerable pressure for families and the service at the transition stage with a growth of 100% from last year for young people requiring an individual transition budget. This reflects the increase in families moving to the area who have a child with a disability.

### **Children's Community Occupational Therapy Service**

The Children's Community Occupational Therapy Service within social work aims to promote and maintain independence in children aged 0 – 18 years of age who are experiencing functional difficulties which may arise due to one or more of the following:

- Physical disability
- Complex multiple disability
- Accident or operation
- Co-ordination difficulty impacting on ability to function
- Sensory difficulty impacting on function and occupational performance.

A child's life is made up of occupations (daily activities) which include, playing, learning and self-care. The service aims to promote the child's health and wellbeing through everyday activity, enabling the child to participate successfully by minimising the impact of their difficulty. This is achieved by adapting the environment, providing specialist equipment and advice and strategies which work to:

- Improve the child's and family's quality of life
- Increase independence and safety
- Enable the child to access other services (for example education or the wider community)
- Increase choice and control (in line with Health and Social Care standards).

The Children's Community Occupational Therapy Service works in partnership with others to provide specialist equipment and adaptations. Referrals to the service continue to increase, as does the complexity of the conditions that the children present with. Parental feedback reflects the value placed on the service particularly with regard to continuity when new adaptations or equipment are required as children grow or their condition changes.

### **Inclusive Support Service**

The Inclusive Support Service delivers support to children and young people with complex additional support needs. The service provides:

- Holiday Play Scheme - spring, summer and October breaks, providing fun activities, outings and events, supported by trained staff. Parents / carers value the support that this provides throughout the school holidays and young people enjoy the activities, achievements and friendships that develop.
- Clubs – sports, activities, hobbies. Throughout school term there is an extensive programme of evening / weekend events, supported by trained staff, delivered in partnership.
- Individual Support - opportunities for friendship groups to meet and access community facilities, opportunities for individual and small groups of young people to access mainstream activities.

The number of young people being supported by the service has significantly increased as has the complexity of their additional support needs. The service now supports 224 children and young people. There continues to be a steady increase in demand for the service which in turn mirrors the demand for statutory social work services. We have had a higher number of requests for places for clubs and holiday programmes than previous years with more requests being made by children and young people who attend mainstream schools.

In addition to the individual support opportunities provided, the service works in partnership with young people, families, professionals and agencies to create, extend and improve opportunities for young people with additional support needs. Relationships between Cosgrove Care Children's Services, Young Person's Services, Isobel Mair School and East Renfrewshire Culture and Leisure Trust (ERCLT) have continued to develop providing further opportunities for children and young people with additional support needs to access a variety of social and physical activities with peers in their local community.

Over 2018/19 an average of five clubs per week were delivered to families over a Monday, Tuesday, Wednesday, Thursday and Saturday. We continue to co-deliver our Holiday Programme with Cosgrove Care and have supported Isobel Mair School deliver an extended school year.

During 2018/19 the Inclusive Support Team worked with East Renfrewshire Culture and Leisure Trust to support the provision for children with additional support needs to access movie screenings due to the challenges they experience as families to undertake ordinary activities.

### **Corporate Parenting in East Renfrewshire**

Within East Renfrewshire, robust strategic partnerships continue to support the delivery of improved outcomes for children and young people. The Corporate Parenting Group comprises senior representation from both local and national corporate parenting bodies and continues to be the main vehicle which, in conjunction with Champions Board activity, progresses the actions within the East Renfrewshire Corporate Parenting Plan.

In 2018/19, key improvements have included:-

- Ensuring early decision making is in place to ensure children's permanence destinations
- Minimising placement moves for children where they are looked after away from home
- Early improvements in children's baseline assessments in numeracy and literacy and with regard to development milestones
- Improvement in the uptake of advocacy support
- The continued success of the Family Firm initiative which has supported 70 young people with a range of work-related activities in 2018/19 as well as the provision of 4 traineeships for care experienced young people within East Renfrewshire Council Environment Services

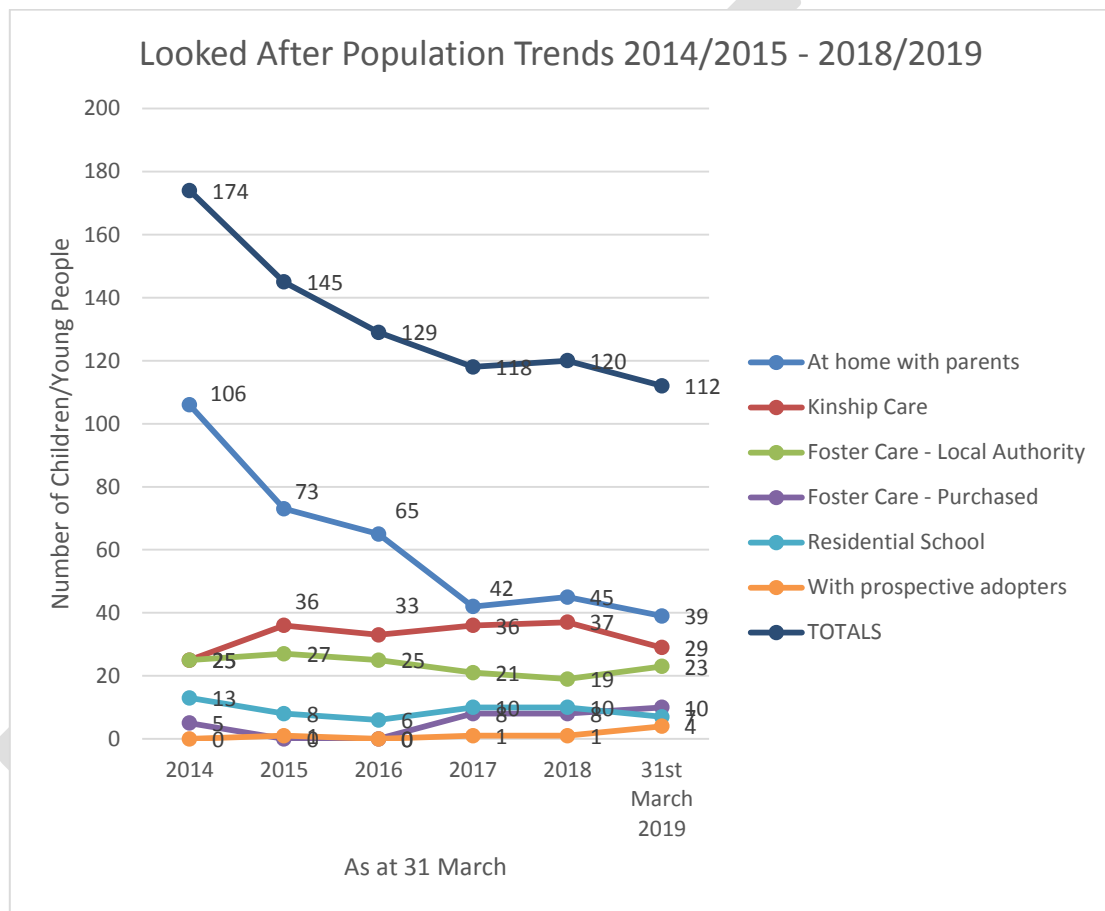
In addition, participation through the Champions Board and Mini Champs remains amongst the highest in Scotland and this will be outlined later on in the report.

In line with national issues, some areas of challenge remained in relation to access to specialist services and achievement. A new Specialist Children's Health pathway commenced in autumn 2018 and the introduction of local outreach clinics is supporting the delivery of children's health assessments within 4 weeks of them becoming looked after. There has been creative use of resourcing to provide a Family Wellbeing Service in schools where particular emotional support needs have been identified. Following consultation with looked after and care experienced children and young people, a new Education Looked After Children Policy will be implemented in June 2019 which will strengthen support for looked after children in relation to attainment and achievement. Our focus remains on ensuring the greatest possible access to opportunities not only for our children and young people who remain within East Renfrewshire, but also those looked after and attending school outwith the authority.

The current corporate parenting plan came to an end in 2018/19, with a further plan taking account of both current and newly identified areas for improvement as we move forward in 2019/20.

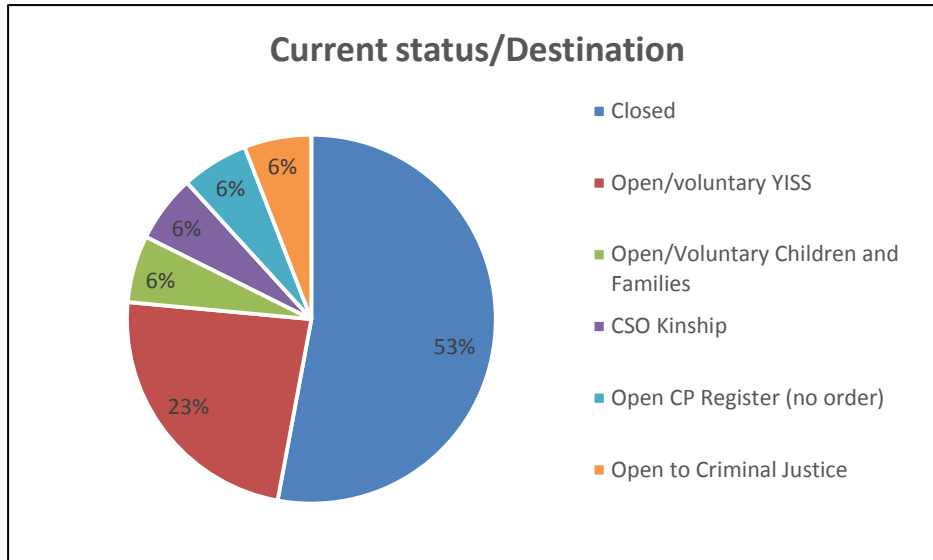
### East Renfrewshire's Looked After Children and Young People's population - A profile of our children

On 31 March 2019, 112 children and young people in East Renfrewshire were looked after in a range of settings. 55% of the children were boys and 45% were girls. This constitutes approximately 0.5% of the total children's population of the area and is one of the smallest proportions in Scotland. We have continued to consolidate the PACE (Permanence and Care Excellence) Programme, working to improve outcomes for children by securing permanent destinations for them. This can be seen in a continued overall reduction of looked after children, in particular those looked after at home by birth parents (see graph below).



The numbers of children in each of the respective placement categories has shown some subtle changes as several children have been secured on kinship care orders therefore are no longer looked after. There also has been an increase in prospective adopters again reflecting our priority to secure children in permanent placements. There were four adoption orders granted in 2018/19.

## Analysis of our looked after population



Further analysis of the reduction of children who are looked after at home has shown that during 2018/19 a total of 14% compulsory supervision orders for children and young people at home with parents were terminated and 53% no longer have any involvement with social work.

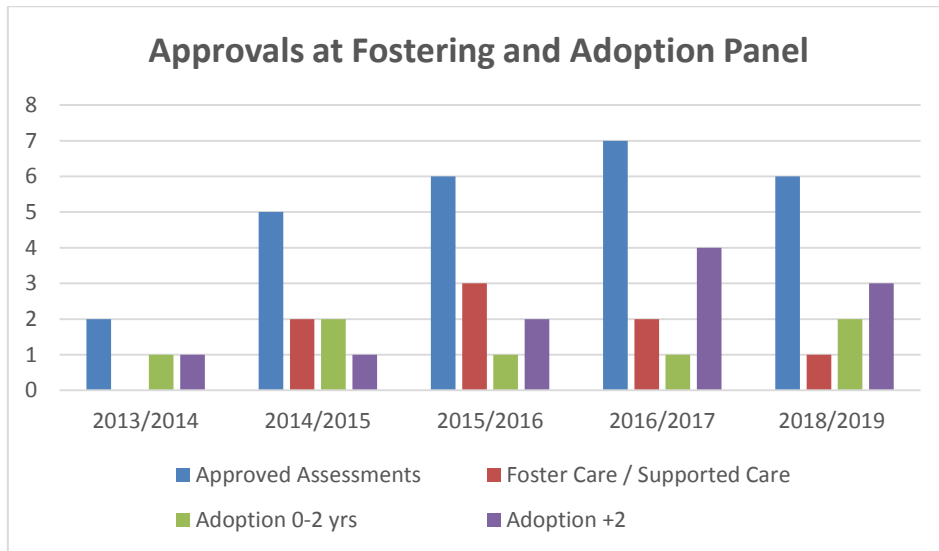
### Intensive Services

In 2018/19, the Intensive Family Support Service, Youth Intensive Support Service and Fostering, Adoption and Supported Care Service were aligned to a singleton management structure under the umbrella of Intensive Services. This resulted in management efficiencies that were re-invested in operational delivery. This has strengthened the delivery for children, young people and their families that require intensive supports due to the trauma, adversities and complexities they face.

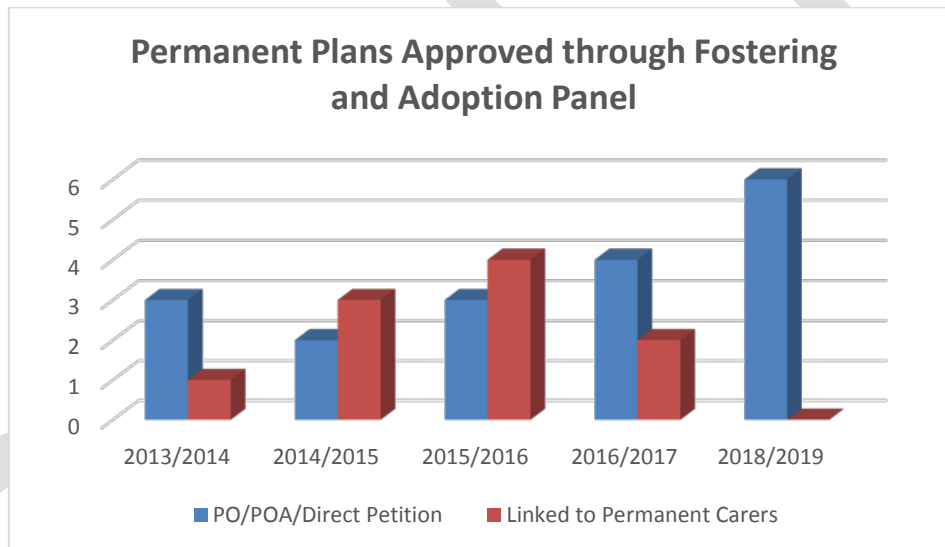
Intensive Services provides flexible intensive service to children and young people (0 – 26 years) and their families over seven days per week, including evenings and weekends. The service delivers a range of tailored support to children, young people and their families to enhance parenting capacity, improve relationships, build resilience and promote positive change. The service has continued to place relationship based practice at the centre of intervention, listening to and empowering the families we work alongside, providing individualised, responsive support. Interventions offered include direct support for children, group work, family/parenting support and activity programmes.

### Fostering and Adoption and Supported Care

Fostering and Adoption services remain pivotal to ensuring that our most vulnerable children are provided with high quality services and permanent family care.



Our adoption assessments have remained relatively static as a result of the success of Permanence and Care Excellence Programme in securing children's futures.



As outlined in last year's report, an independent review of the Fostering and Adoption service and the Fostering and Adoption Panel was commissioned. A series of recommendations around practice improvement, team processes, competence-based assessments and decision making, as well as agency practice have been taken forward. Key to this has been the appointment of an independent chair of the Fostering, Adoption and Permanence Panel. This has improved the resilience of the service and enhanced practice. Implementation of the recommendations will be regularly reviewed during 2019/20 to monitor improvement progress.

Our adoption work with children and their carers continues to improve and again evidences the shift in culture and practice.

The Adoption Service also provides direct support to families affected by adoption, including providing post adoption support for all those affected. Working in this area can be challenging and there is a legislative duty to provide post-adoption support following the granting of an Adoption Order. The service provides a counselling role to birth families who have themselves been adopted, as well as the siblings of adopted families. During 2018/19, the service has:

- Provided targeted intervention and letter box contact support to a number of birth families

- Provided support to a small number of families who have been affected by adoption issues in the form of origin counselling and access to file requests
- Provided an adoption support group to families on a quarterly basis.

Over 2018/19 the service will explore support to parents whose children have been removed on a permanent basis.

We have had significantly more enquiries from prospective carers for foster care rather than supported care. Analysis of our looked after children population patterns of need has identified that we require carers for older children. To address this need we are working with our existing carers to expand our capacity to care for older children. We will undertake a further recruitment campaign later in 2019 with a specific focus on meeting the needs of older young people.

Fostering enquiry, assessment and approval

	Completed Assessments	Approvals
2016/17	3	1
2017/18	1	1
2018/19	1	1

Supported carer enquiry, assessment and approval

	Assessments	Approvals
2016/17	0	0
2017/18	2	1
2018/19	1	1

### Improvement Activity for Looked After Children

The Permanence and Care Excellence Programme formally started in February 2016 with the aim of reducing drift and delay in permanence planning for infants, children and young people. This improvement work was important because East Renfrewshire had the highest percentage of children in Scotland on Compulsory Supervision Orders (CSOs) per head of population and more than 50% of those children had been on a Compulsory Supervision Order for more than two years. 2018/19 has seen a 6% drop in the number of children looked after in comparison with a national reduction of 1.1%.

The Permanence and Care Excellence Champions group continues to be a positive and committed multi-agency team working together to improve outcomes for looked after children. This has led to stronger partnership working.

The focus of work during 2018/19 has been on children in kinship care and looked after at home for more than 15 months. Just under 75% of children who had been placed in kinship care since 2016 had been in placement for more than one year. 2018/19 has seen a 22% reduction of children looked after in kinship placements. This reduction can be attributed in part to the work of Permanence and Care Excellence in securing children's permanent futures through kinship orders. A review of the kinship guidance was undertaken and implemented and includes a new assessment framework and refreshed timescales with the aim of strengthening and consolidating consistency in practice. The following examples demonstrate this:

- Kinship Guidance completed and implemented.
- Updated LAC review minute format in place, including a checklist for chairs.
- New tracking document for all LAC in place with introduction of exception reporting to senior management.
- Permanence report writing training and development of mentorship approaches.

## Young People's Services

Intensive Services for Young People was established during 2015 as the lead service for all looked after young people (12 years of age and over) and for young people eligible for Continuing Care and After Care. This is in recognition that for these young people more intensive interventions are required to improve their recovery from trauma, neglect and abuse.

The team reflects the statutory duties within the Children and Young People's (Scotland) Act 2014, to support young people eligible for continuing care up to the age of 21 and for after care up to the age of 26. For young people subject to the Children (Scotland) Act 1995 Section 22 who are at risk of being accommodated and or custody, intensive services provide direct interventions alongside community social work colleagues.

Intensive Services for young people also comprises the Youth Intensive Support Service (YISS) and Child and Adolescent Mental Health Services (CAMHS). The service has the following shared aims across social work and health services:

- To reduce the number of young people looked after, looked after and accommodated and at risk of hospitalisation
- To reduce the impact of historical trauma and abuse for young people
- To ensure that the transition into adulthood achieves better long term outcomes

Of the 134 young people allocated to the Youth Intensive Support Service as at 31<sup>st</sup> March 2019

- 56% were receiving intensive support services
- 34% were care experienced young people in receipt of Continuing or After Care support
- 28% were subject to Compulsory Measures of Supervision

## Participation - Model of our Champions Board groups

### Champions Board

East Renfrewshire Council is now in its third year of Champions Board activity. The Board members consist of care experienced young people, elected members, Directors and senior managers within the organisation, including the Chief Executive. Some of the young people who contribute are looked after at home and away from home and have been defined as on the edges of care or hard to reach. Some have been hospitalised due to mental health issues. Their inclusion in the Champions Board has proven to boost their confidence and resilience. It allows them to feel included in the decisions that are made by corporate parents and to influence policy and practice for care experienced young people in the future.

### Engagement

We have continued to be creative and innovative in our approaches at engaging with young people and in offering different opportunities and experiences in showcasing their talents. Over 25% of our looked after young people have attended champions board meetings and they continue to build relationships with their adult champion and continue to direct the agenda setting mainly around themes. The young people are the voices of their peers and they take great responsibility for working with their corporate parents to find solutions to the barriers that have been identified.

### Participation

The table below outlines a high level of engagement by our care experienced young people with the service.



	2016/2017	2017/2018	2018/2019	TOTAL
Number of Hours of Participation Activities	244hrs	378hrs	260hrs	882hrs
Number of Participation Opportunities	26	39	32	97
Number of Champions Board Prep meetings	3	15	25	43
Number of Engagement events for young peoples and their family	1	3	3	7
Number of young people who have taken part in participation	26	45	47	118
Number of team building events with corporate parents	2	2	1	5
Number of Residential weekends	1	1	1	3
Number of Young People Attending Residential Weekend	14	17	24	55

### **Mini Champs (Age Group 8-12)**

The Mini Champs continue to develop. Over this year the focus of this group is to create a safe and fun environment to explore and address some of the challenges the younger children may face over time and assist them in developing their confidence. They also contribute to the champions' board as they are supported by the senior champions to ensure their voices are also heard.

### **Innovation and Leading Practice**

East Renfrewshire's Champions Board has taken shape within a strong culture of integration – from the fully integrated Health and Social Care Partnership, where the Champions Board is supported by a dedicated co-ordinator in the Youth Intensive Support Service team, to the strong partnerships between Council departments and across the statutory and voluntary sector. This landscape of joined-up service delivery has benefitted the Champions Board.

### **Other group work activity**

Throughout the year a group work programme has been delivered for all young people involved in Intensive Services with an average 22 young people attend weekly. We have found this has been an effective way of bringing young people together, and has led to many of our care experienced young people joining the Champion's Board groups.

### **Throughcare and Aftercare Drop in (Age: 16 – 25)**

A monthly drop in service for all care experienced young people aged 16 plus is operated from a locally accessible venue. A Champions Board member and family firm coordinator are always present at these evening sessions. Drop in sessions are young people led, but usually involve a meal cooked by all who attend, open forum for questions / issues and also consultation around themes for board meetings.

There are no identified gaps with regards to who is engaged with the champion's board however we are working more closely with In Control Project to discuss expanding participation-in particular, giving disabled young people who are care experienced opportunities to take part in champions' board activities.

## **Summer Holiday Programme**

Our summer programmes have ran for four years and have given care experience young people and their sibling's opportunities to try new activities and adventures throughout the summer holidays. It further enhances the development of relationship based practice between children, young people, families and practitioners.

As Chief Social Worker Officer I have had the privilege to participate in a range of activities delivered by the service and I have seen in that time the young people grow and social workers strengthening their relationships with young people and their families.

## **In-Control and East Renfrewshire – Rights and Equalities project**

In March 2019 In Control and East Renfrewshire embarked on a partnership project to support young disabled people with care experience to be more included; in their home life, local community and in decision-making and in their local champions board. There are three central aims for the project:

- To support young disabled people with care experience to plan their future.
- To support young people to develop skills, that would help them in gaining employment.
- To support young disabled people with care experience to be more included in the work of the local Champions Boards.

In Control Scotland will be working alongside the Champions Board over the next couple of years to support the board to be inclusive and for the young disabled people to access self-directed support by the use of an individual budget. This work is in its early stages.

## **Key Results through Engagement and Participation**

We have seen some tangible outcomes achieved from our work with corporate parents through the champion's board

- Two school nurses who will specialise in mental health intervention have been aligned to care experienced children and young people. These posts will ensure that care experienced young people have early access to mental health services and there will be a focus on relationships and prevention. This was identified by care experienced young people as a significant gap in maintaining positive emotional wellbeing.
- Housing worker to be employed who is knowledgeable of care experienced young people to lead the review of the supported accommodation within East Renfrewshire.
- More inclusive opportunities to learn new skills within supported accommodation in East Renfrewshire.
- Ring-fenced tenancies for care experienced young people in areas that they desire to live in.
- Bespoke service for care experienced young people by Money Advice and Rights Team.
- Plus one scheme to be adopted for looked after children when accessing sports, art and cultural activities within East Renfrewshire through their free entitlement card.

## Family Firm

Family Firm is an innovative programme supporting East Renfrewshire's care experienced young people into sustainable work-related activities.

Since its inception in 2016, Family Firm has supported 60 care experienced young people into 130 work related activities, putting the young person at the heart of their own employment journey. Through a long-term relationship based approach supported by a 'no fails' policy, our young people have grown in confidence and skills with 25% of current recruits already reaching employment and 100% of those surveyed saying the programme had a positive long term impact on their life. Through the support and experience gained by our young people, we aspire to improve employment prospects and wellbeing in later life and reduce the need for future interventions.

Commitment from corporate leaders within the Council is excellent. The Director of Environment who is the champion for training and work has created, funded and ring-fenced four trainees posts within Environment for 2018/19, a pilot expected to continue into 2019/20.

### Outcomes to date

- 100% of young people surveyed feel Family Firm has a positive long term effect.
- 50% increase in care experienced young people engaging in positive work related activities.
- 60 young people supported, participating in 130 work related activities (since 2016).
- 35 disconnected and vulnerable young people currently meaningfully engaged with Family Firm; of these 30% supported in further education and 50% working towards removing barriers to work and moving young people up the employability pipeline.
- 25% of young people (15) supported into full time work with in work support still on offer. Four young people entered full time work but not sustained (receiving ongoing support).

In 2018/19 Family Firm has had:

- 70% young people engaged with programme and all receiving one to one work coaching and support during this period.
- 37% young people supported to vocational/further training and education.
- 39% young people gaining qualifications.
- 41% young people supported to employment and in employment.

### Young Carers

New arrangements for the identification, assessment, and support of young carers were outlined in the East Renfrewshire Carers Eligibility Framework approved in April 2018. The framework agreed a tiered approach to responding, with schools leading on the task of initial identification and support, in partnership with the East Renfrewshire Carers Centre. It is expected that the majority of young carers will be supported through this approach. Where schools and/or the local Carers Centre identify a child or young person in an inappropriate or high risk caring role they may seek the involvement of children's social work to support a more thorough assessment of the child or young person.

To support the introduction of new duties Health and Social Care Partnership and Education have commissioned the Carers Centre to provide support to young carers individually, and within a group programme. Along with this young carers can access advocacy advice and support from Partners in Advocacy a service commissioned by Health and Social Care Partnership for this purpose. In addition a new Young Carers app has been developed to enable self-identification and referral to services. This has been piloted in primary and secondary schools and will be rolled out further to increase the number of young carers known to schools and wider services.

## Mental Health

East Renfrewshire Health and Social Care Partnership has an established joint forum between Child and Adolescent Mental Health Services, Social Work and Educational Psychology to establish better joint working practices and allow staff to share professional advice and guidance. Staff have found this useful in coordinating support for young people. Our care experienced young people have benefitted from this approach, as a full range of options from differing professional bodies can be explored in pursuing better outcomes for them. Speech and Language Therapy will join us in our next phase of this planned work.

## Family Wellbeing Service

The Family Wellbeing Service was delivered initially as a pilot by Children 1<sup>st</sup> to provide direct support to children and young people aged 8 - 18 years who present to their GP with a range of significant social or emotional wellbeing concerns. Initially delivered across two GP practices before being rolled out to six, the service works with the child and their family to ensure that early help is offered to improve the connection, relationships and resilience of the family. Children and parents who have accessed the service have reported improved outcomes in relation to emotional resilience and family relationships, GPs reported less repeat presentations for the issues addressed by the service and schools have also indicated that there have been additional benefits in relation to improved school attendance.

Central to the success of the service has been the employment of systemic family work as the key method of engagement. This involves working with all family members to understand and empathise with each other, to get a greater sense of understanding, connection and to build a sense of safety within relationships.

In 2018/19, East Renfrewshire Health and Social Care Partnership in partnership with Children 1st, was successful in securing funding through the Robertson Trust Social Bridging Fund to test the rolling out of the service across the fourteen GP surgeries in East Renfrewshire. From June 2019 the service will begin this extension, building on the learning from the earlier successes to ensure that:

- Children and young people's wellbeing is improved;
- Family relationships are stronger; and
- Children and young people and families get effective support at the right time.

## 4.2 CRIMINAL JUSTICE

During 2018/19, in contrast to the previous year increase, we experienced a decrease in the overall workload of the service (see Figure 1). This is unlikely to continue as the Scottish Parliament has recently voted to extend the presumption against short sentences from 3 to 12 months.

Workload variation of +/- 5% or more: 2018-2019 from 2017-2018

Area of service	Number 2018-19	Number 2017-2018	Change (n)	Change %
<b>Criminal Justice Social Work Reports</b>	241	259	-18	-7%
<b>Community Payback Orders</b>	103	126	-23	-18%
<b>Community Service Orders</b>	0	0		0
<b>Through-care (released prisoners)</b>	5	12	-7	-58%
<b>Drug Treatment &amp; Testing Order</b>	0	0		0
<b>Fiscal Work Order</b>	8	14	-6	-43%
<b>Diversion</b>	26	39	-26	-33%

The reduction in workload helped bridge the additional resourcing implications of the disaggregation of the specialist sexual offender programme, which was previously delivered by Renfrewshire on behalf of Inverclyde and East Renfrewshire. In 2018/19, East Renfrewshire had 3 social workers undertake specialist training in preparation for taking over full case management of sexual offenders which due to their complexity, require both specialist programmes of work and higher levels of supervision.

The service has continued to benefit from strong and effective relationships across the Health and Social Care Partnership and with external partners as well as strategic linkages with the Alcohol and Drug Partnership, Child Protection Committee and Adult Protection Committee. In March 2019, we commenced a multi-agency programme of offender focussed trauma training. Led by the criminal justice service and delivered to a multi-agency group of professionals, this has strengthened the effectiveness of multi-agency partners in delivering interventions with those who hold convictions.

### **Community Payback Orders (CPOs)**

Community Payback Orders are statutory imposed court orders that include: community supervision, unpaid work, alcohol / drug treatment, mental ill health treatment, programme requirements and compensation. Community Payback Orders can last from 6 months to 3 years. Non-compliance can result in a return to court and an alternative disposal being imposed, including a custodial sentence.

During 2018/19, 103 people living in East Renfrewshire were sentenced to Community Payback Orders. This represents a reduction from previous years. Nationally, social work orders imposed by courts has have reduced by 6% over the past two years.

### **Supervision requirement**

Individuals subject to supervision often present with complex needs and require intensive levels of support and interventions. In addition to addressing offending behaviour, other support needs may include multiple deprivations such as poor education, lack of housing and money, addiction, poor mental health and trauma.

Those offenders who pose a Risk of Serious Harm (RoSH) are robustly managed Under Multi Agency Public Protection Arrangements (MAPPAs). All registered sex offenders subject to statutory supervision are jointly managed by ourselves and police from the Offender Management Unit (OMU). Accredited intervention on an individual or group-work basis is provided to offenders which seeks to reduce the risk of further offending. This service was previously delivered by Renfrewshire Council and following staff training, is now provided by our own service.

Existing links with employability services including WorkEastRen, Family Firm and Apex, have supported people subject to Community Payback Orders to overcome barriers to accessing employability services. This resulted in a number of people having successful outcomes in accessing training and employment. Similarly, our links to adult education remain strong with the focus in 2018/19 being on our Barrhead project, No Barriers Barrhead, which provides support with literacy and numeracy.

During 2018/19 we made some changes to the structure of the team, including recruitment of three new unpaid work sessional supervisors and an additional support worker. This was undertaken with a view to meeting the demands placed on the service with the introduction in 2019 of the presumption against short sentences. There is an expectation that this legislation, which is set to increase from 3 to 12 months, will increase the number of people made subject to community supervision by the courts.

## **Unpaid Work**

People who were sentenced to undertake unpaid work completed a range of activities within our work squad which operates 7 days per week. During 2018/19 the service completed 10,779 hours of unpaid work in East Renfrewshire. We continue to have strong links with a number of charitable and voluntary agencies with the service assisting in painting and decorating and environmental work. During 2018/19 we chose to focus on developing environmental projects with local partners in order to enhance the local area and enable those on unpaid work to learn new skills. This included tree planting, restoration of Barrhead allotments and building an area to house bee hives in Eastwood. The service also helps to clear sites where unsightly fly tipping has been reported by members of the community.

## **Diversion from Prosecution**

This service is provided to people who have been referred by the Procurator Fiscal who are accused of minor offences. Such cases are overseen by support workers in the justice team. People who agree to participate in Diversion can receive one to-one counselling support, be referred to services such as alcohol and drug recovery or be referred to mental health services for support. There has been a decrease in the number of cases referred by the Crown Office Prosecution Service, although due to reported administrative Crown Office delays, it may be that this increases in 2019/20.

## **Fiscal Work Orders (FWO)**

When an alleged offender appears to have committed an offence, the Procurator Fiscal may make the offender an unpaid work offer. The focus of these cases is public nuisance type offences. A minimum of 10 hours and a maximum of 50 hours unpaid work can be imposed. There was slight reduction in the number people referred for Fiscal Work Orders during 2018/19. Those who agreed to participate carried out a range of duties including assisting with painting, decorating and gardening tasks.

## **Prison Through-Care**

Pre and post sentence support is provided by social workers to people serving long term custodial sentences. The purpose of this is to ensure a smooth transition from prison back into the community. People serving longer term sentences require to abide by licence requirements upon release specified by the Parole Board. Social workers have attended annual Integrated Case Management meetings with the individual, prison staff and family members to agree release plans and supervision arrangements in the community.

In 2018/19, we had on average 45 – 50 people at any one time serving a custodial sentence (less than 1% of the prison population). Our numbers of women and young people serving custodial sentences remains very low.

In East Renfrewshire, a strong partnership exists between our criminal justice and housing services. These close links ensure short stay accommodation is identified for individuals at the release stage and that they are supported in accessing an appropriate council tenancy.

The Justice Lead Officer has representation on the Multi Agency Risk Assessment Committee (MARAC), bringing valuable information around risk and perpetrators' patterns of behaviour as part of the local multi-agency response to domestic abuse.

## East Renfrewshire Community Justice Partnership

The Health and Social Care Partnership has been involved in developing and delivering parts of the local plan for Community Justice – this partnership is led by the Council’s Deputy Chief Executive. We work with our partners to lead, develop, support and promote Smart Justice measures that work for those who have offended, those who have been harmed and for our community at large. Criminal justice social work services have supported the partnership’s [Community Justice Outcome Improvement Plan](#) (CJOIP).

As a partnership, during 2018/19 we have:

- Engaged with local communities to improve the environment, completing 10,779 hours of activity equating to £88,496 of unpaid work which directly benefited the local community.
- The Community Payback Team have been involved in a range of new projects bringing benefits to the environment, local community and service user groups including local people with learning and physical disabilities. We continue to receive regular feedback from the public on the positive impact that community payback has had on their local community.
- Worked in partnership with adult learning, employability and justice services to support people with pre-employment needs and literacy to support and reduce reoffending.
- Engaged with the Crown Office Procurator Fiscal service (COPFS) to increase and develop the use of Diversion.
- Completed a trauma needs assessment and implemented trauma informed practice training across our services.
- Worked closely with our partners in Victim Support to ensure that victim’s rights and needs are supported within the justice system.

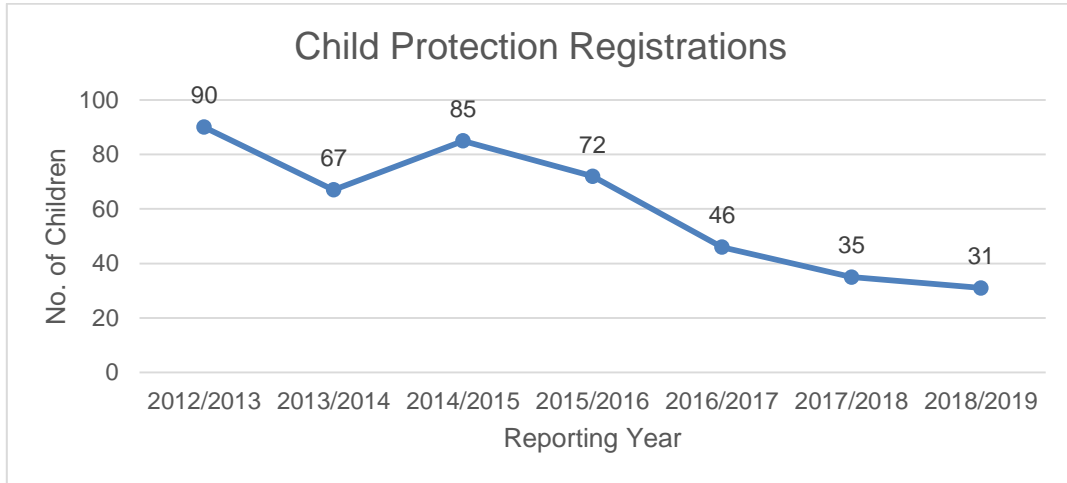
### 4.3 PUBLIC PROTECTION IN EAST RENFREWSHIRE

The Chief Officer Group is responsible for the quality assurance of all public protection services in East Renfrewshire. This also includes Violence against Women and Girls. The group is chaired by East Renfrewshire Council’s Chief Executive and meets bi-annually and the Chief Social Work Officer acts as their professional advisor. The use of driver diagrams and logic modelling supports the scrutiny of public protection processes. For the purposes of the Chief Social Work Officer report, the data and analysis of child and adult protection are provided in the [Annual Public Protection Report](#). In November 2018 East Renfrewshire had its first Public Protection conference focusing on the impact for people and this was a huge success.

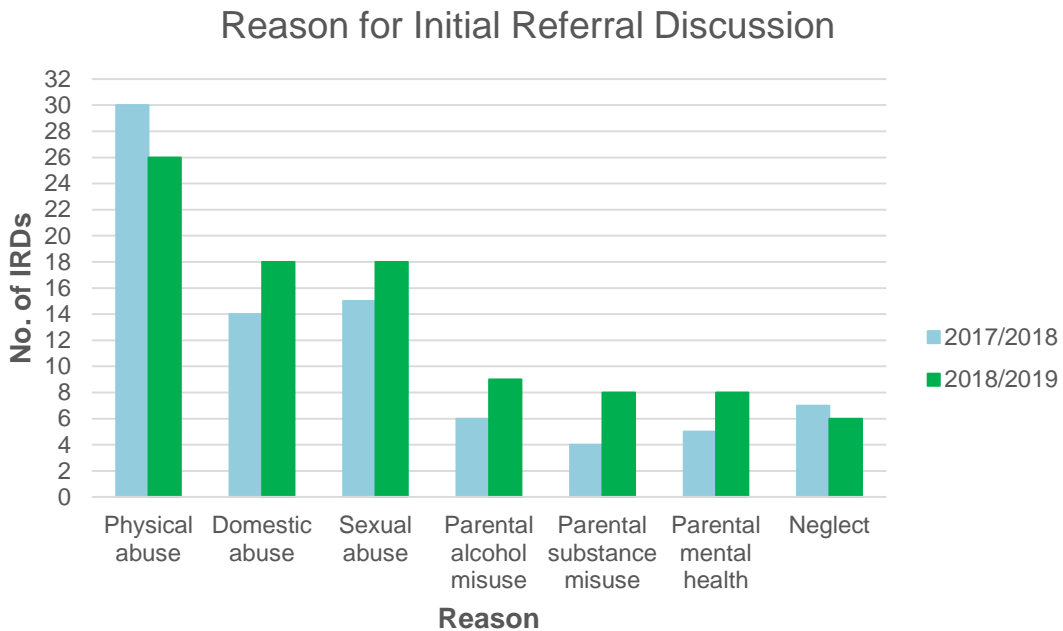
#### Child Protection, Quality Assurance and Continuous Improvement

The number of children on East Renfrewshire’s Child Protection Register was 31. This is a reduction of 4 on the 2017/2018 year, with the trajectory over the last few years showing a steady reduction. The numbers of children on the register in East Renfrewshire are subject to fluctuation when reporting on individual children and sibling groups. Nationally there has been a 3% increase from 2016/2017 to 2017/2018 and as a consequence of the continued downward trajectory we continually benchmark our self against comparator authorities and have undertaken quality assurance activity that measures the impact for children. We continue to be confident that the reduction in registration has not ultimately impacted on the safety for children within East Renfrewshire.

Child Protection Registrations



Initial Referral Discussion (IRD)



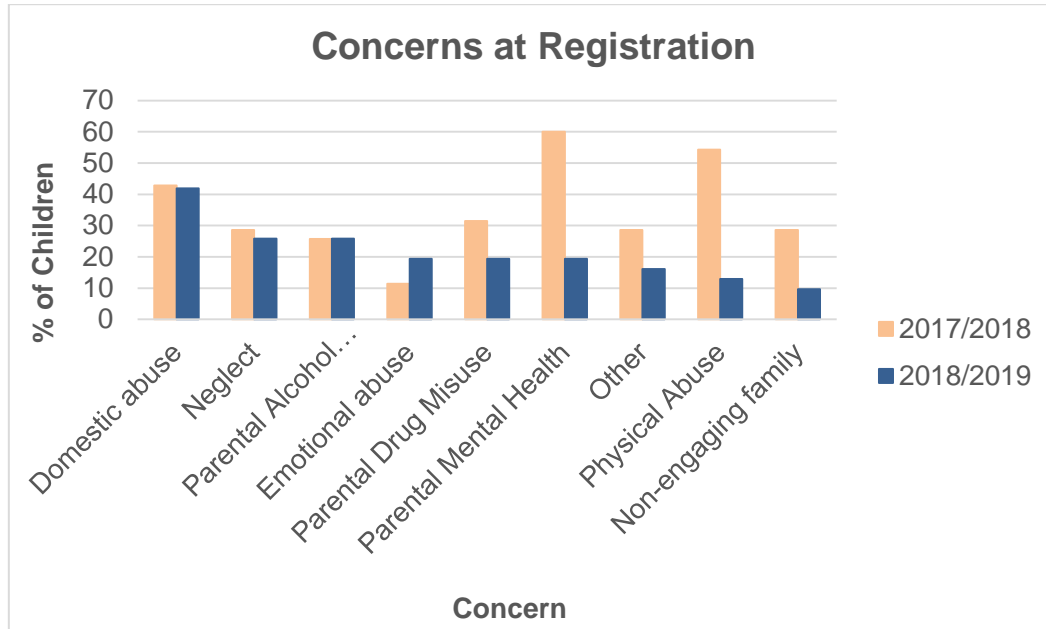
During the period April 2018 – March 2019, we have undertaken 128 Initial Referral Discussion’s in respect of 214 children. Initial Referral Discussions are undertaken with police and health staff. This is a significant increase on the 91 children who were subject to Initial Referral Discussion in the preceding year. Following our audit of our Initial Referral Discussion we learned that we had not included children who were currently allocated to a social worker where significant harm had been identified to an Initial Referral Discussion. In August 2018, we implemented the requirement for all children to be subject to an Initial Referral Discussion and this does account for the significant increase.

The six most common reasons for initiating an Initial Referral Discussion during 2018/2019 were physical abuse, domestic abuse, sexual abuse, domestic abuse, parental alcohol/substance misuse and neglect. There has been a slight increase in Initial Referral Discussion’s relating to domestic abuse, sexual abuse, domestic abuse, parental alcohol/substance misuse and a slight decrease in Initial Referral Discussion’s relating to physical abuse and neglect. We will continue to monitor these trends over the coming years.



Of the 214 children and young people subject to Initial Referral Discussions, 26% went on to have an initial or pre-birth child protection case conference. Of the 26% of children and young people who were subject to an initial/pre-birth child protection case conference 48% were registered, equating to approximately 12% of all the children and young people who were subject to an Initial Referral Discussion.

### Concerns Identified at Registration



The proportion of children who were registered for domestic abuse, neglect and parental alcohol misuse remained the same as 2017/2018. We have seen a significant reduction in the proportion of children who were registered because of concerns of parental drug misuse, parental mental health, physical abuse and non-engaging families. One possible explanation for the reduction relating to non-engaging families may be the implementation of the Signs of Safety model that promotes stronger partnership working with children and their families. This will be explored further over 2019/20.

### Children's Quality Assurance and Self-Evaluation

Building on our annual audit of Initial Referral Discussions, a quarterly programme of audit activity was approved by the East Renfrewshire's Child Protection Committee (ERCPC). This is now an established part of our continuous improvement programme for Child Protection and it has identified significant strengths in our practice and provides us with the evidence that we are quick to identify and respond to children at risk of significant harm:

- Our Initial Referral Discussion audit identified that 100% of the children subject to child protection investigation met the threshold for child protection.
- Initial Referral Discussion was assessed as good or above in identifying, analysing and making a decision for children about the risk of significant harm in over 90% of cases.
- Planning to reduce risk to children was assessed as good or above in 97% of cases.

In addition to an established quarterly programme of audit for Initial Referral Discussion, we also regularly review the quality of our Joint Investigative Interviews (JII's), with the audit team comprising of Police (G Division), Social Work, Health, Educational Psychology, Scottish Children's Reporter Administration and Speech and Language Therapy. The multi-agency audit team brings considerable skills and knowledge that is assisting us to improve the quality of the experience for children.

The audit programme is providing us with clear evidence of improvement in this area and both audits have identified significant strengths in systems, practice and evidences that we are building strong supportive relationships with children and their families.

Our data and continuous improvement robust data and management continues to provide the necessary reassurance that children and their families are getting the help when they need it most.

From our data we can demonstrate that we intervene earlier; in 2013/14 it took an average of 46 days to complete an initial assessment where there were wellbeing concerns, in 2017/18 this was reduced to just 11 days. We are confident that children and / or young people who require social work (targeted) intervention are provided with this support timeously.

- Our Initial Referral Discussion (IRD) audit identified 100% that the children subject to child protection investigation met the threshold for child protection.
- Repeat registrations of children who were previously on the register were nil providing strong evidence that step down support is achieving positive outcomes and continuing to keep children safe.

#### **4.4 ADULT SOCIAL WORK AND SOCIAL CARE**

During 2018/19 as part of our Health and Social Care Partnership Fit for the Future programme we have been working to develop new structures for Adult Health and Social Care (older adult and adult populations). This has seen a move to two Localities; Barrhead and Eastwood. The managers for each locality will have responsibility for service planning and delivery for their locality, along with responsibility for an East Renfrewshire wide specialist service.

The new senior management team for Adult Health and Social Care Localities includes a senior manager for Adult Support and Protection. This post was added to the structure to strengthen the professional governance for social work, with a particular focus on adult support and protection, adults with incapacity and mental health legislation.

The next phase of our Fit for the Future programme focused primarily on our social work teams and structures as part of our integrated pathways for Adult Health and Social Care Localities. The team managers were appointed in February 2019 in preparation for the new team structure implementation in May 2019. The teams and their roles are set out below:

##### **Barrhead and Eastwood Locality Teams**

The Locality Social Work Teams have been set up to strengthen our performance in relation to our statutory duties. The purpose of creating the Locality Community Teams is to:

- Improve our response to Adult Support and Protection delivering proportionate and timely interventions where required.
- Undertake outcome assessment and support planning with people and their carers underpinned by principles of Self Directed Support.
- Enable us to respond to Carers Act requirement for adult carer support plans working in partnership with Carers Centre.
- Focus on sustaining people in their homes wherever possible, working together with primary care, community nursing and rehabilitation services.
- Take a risk enablement approach to working with people underpinned by sound risk assessment and analysis.
- Further embed the use of technology as part of assessment and support planning.

For some time Jewish Care workers (Health and Social Care Partnership staff aligned to work with the Jewish welfare organisation) have been based at Eastwood Health & Care Centre not Jewish

Care. As part of this move there is no longer a dedicated Health and Social Care Partnership Jewish Care resource, although we identify link staff.

### **Complex Assessment and Review Team**

The purpose of creating the Complex Assessment and Review Team is to:

- Review the extent to which people's outcomes have been and what outcomes remain to be addressed.
- Ensure use of personal, family, community assets and technology has been fully considered in meeting outcomes.
- Enable people in receipt of care and support to exercise choice and ensure they are aware of their individual budget and SDS options.
- Improve the consistency, quality and analysis of review information relating to different care setting and providers, working closely with contracts staff, care home liaison and care inspectorate.

The team will review care packages using the new individual budget calculator and procedures once this is implemented. Initially the team will work closely with care at home to review care packages identified as complex and commence reviews in care homes where we have concerns.

### **Learning Disability Team**

The Learning Disability Team provides support to people with a learning disability who live in East Renfrewshire Health and Social Care Partnership area and are aged over 16 years, support is also offered to people who care for those who have a learning disability. The team is a mix of social work and health professional staff (nursing, OT, physio, speech and language therapy) and aligned psychiatry and psychology clinicians.

The purpose of the Learning Disability Team is to:

- Promote social inclusion, independence and self-care focussing on people's strengths and promoting the outcomes that are important to them.
- Ensure that, as far as possible, people with a learning disability have the same opportunities, rights and responsibilities as everyone else.
- Enable people with learning disability to live as full a life as possible, working closely with colleagues from housing, social enterprises and employability services.
- Support carers of people with a learning disability in accordance with carers legislation.

Further work will be undertaken at the next stage to review the span of control and links with wider locality rehabilitation services.

### **Hospital to Home Team**

The Hospital to Home team leads on our hospital discharge pathways. The purpose of creating the Hospital to Home Team is to:

- Develop strong links with hospital sites to enable identification and referral.
- Focus on returning people to their homes wherever possible, working together with care at home, community nursing and rehabilitation services.
- Improve pathways through hospital for adults with incapacity.
- Ensure the right supports are in place to reduce hospital readmissions.

## Initial Contact Service

The Initial Contact Service provides a single point of access for all new referrals and contacts for Adult Health and Social Care Localities, with the exception of professional to professional health referrals and hospital discharge. The purpose of creating the Initial Contact Service is to:

- Enable us to focus on early engagement - improving outcomes for adults and older people and reducing crisis interventions
- Create a culture where people feel able to engage in a good conversation, which focuses on outcomes and strengths
- Provide rapid access to professional advice, equipment, aids and technology – supporting people and their carers to live at home
- Simplify and streamline referral routes
- Improve the consistency and quality of information gathered at an earlier stage

## Talking Points

Over the past two years the Health and Social Care Partnership and partners have been developing and testing 'Talking Points', a community led support early intervention and prevention approach. Talking Points are places in the community where people can come along and get information, support and advice about adult health, wellbeing and community activities going on in their local area. The Talking Points Core Group consists of 12 cross-sector partners; Voluntary Action East Renfrewshire, Carers Centre, Care & Repair, Recovery Across Mental Health, East Renfrewshire Disability Alliance, Enable Scotland, Health and Social Care Partnership, East Renfrewshire Council Communications Team, Self-Directed Support Forum, Neilston Development Trust, East Renfrewshire Culture & Leisure Trust/Libraries, and Community Volunteers.

21 Talking Points were held between October and December 2018 at various locations across East Renfrewshire. During this time 124 people attended with only 6 requiring referral to Health and Social Care Partnership for further assessment. Following this the Talking Points partners reviewed the model and developed plans for workstreams to look at communications, talking points paperwork, third sector and community involvement, and practical arrangements moving forward.

Rolling out in 2019/20 Talking Points will take place across East Renfrewshire at regular and pop up venues. Anyone attending a Talking Point will be welcomed by a 'Greeter', normally a community volunteer, before being introduced to a third sector partner who engages in the Good Conversation. Good Conversations are structured, asset based discussions that enable people to identify what matters to them and to develop a plan that supports them to achieve their outcomes.

In line with the community led support approach, third sector partners take the lead at the Talking Points. East Renfrewshire Health and Social Care Partnership social work staff are present at all Talking Points to support with more complex discussions and any statutory/protective issues. Agile equipment allows social work staff to access all information on the CareFirst system and if necessary add a referral in 'real time'. Similarly, if the person wishes to meet with a social worker, this can be arranged at their local Talking Points instead of the person having to come into either of the Health & Care Centres. The service offered by Health and Social Care Partnership staff at the Talking Points should replicate the service to be offered via the Initial Contact Team at the Health and Care Centre.

## In-house Care at Home Service

An inspection of our in-house Care at Home service highlighted a number of concerns and areas for improvement which we have been working on and will continue to deliver in 2019/20. We have established a comprehensive improvement plan which will see a wide range of activity including improvement to the following areas:

- Care and Support Personal Plans – new quality processes and documentation.
- Medication Management – updated policy, training module and assessment tool.
- Review of Personal Plans – improved planning and review processes.
- Complaints Handling – improved quality in our handling of complaints through training, better processes for compliance and more learning/analysis from complaints.
- Service Delivery Times – in consultation with service users and analysing visit time data we will aim to deliver the most appropriate scheduling for homecare.
- Staffing levels – addressing recruitment and retention issues within the service.
- Staff training and supervision – improving supervision and staff development within the service.

The Care Inspectorate carried out an unannounced inspection of the Health and Social Care Partnership's Care at Home service in February 2019. The Care Inspectorate found that whilst service users spoke very highly of the support workers and their care and compassion, the Health and Social Care Partnership care at home service is delivering poor outcomes to service users. In light of this the Care Inspectorate has graded the service as unsatisfactory for both care and support and management and leadership and weak for staffing. The service has been given nine requirements and one recommendation to meet.

An external mentor who has supported other areas with care at home and quality improvement activity has provided critical friend support to the development of the improvement plan.

The Integration Joint Board agreed an additional investment of £0.750 million in care at home to allow increased capacity within the service to support sustainability and allow management of new demand. An additional £0.250 million from reserves will be used to meet one off costs such as recruitment, development, training and temporary resources.

Health and Social Care Partnership senior officers, including the Chief Social Work Officer in her role as professional advisor to the Council, are meeting regularly with the Council's Chief Executive to report progress on quality improvement activity.

### **Bonnyton House**

During 2018/19 the focus and direction of Bonnyton House has been developed. We supported the closure of Mearnskirk and we had three residents move into Bonnyton House from Mearnskirk. Although this was a difficult transition for them and their family they have now settled well into living in Bonnyton House. It was agreed that the Health and Social Care Partnership could continue to provide residential accommodation at Bonnyton House and in addition, offer focused support to prevent unnecessary hospital admission, intensive post discharge support, and create a dedicated palliative care service using existing beds. The rehabilitation unit is now operational with dedicated support from a physiotherapist, an occupational therapist and Bonnyton staff. Although we don't currently have a specific unit for palliative care we are supporting individuals within the service. We are developing the knowledge and skills of staff in partnership with MacMillan Cancer through a four day foundation course in Palliative Care.

We have secured funding to refurbish Bonnyton House, which will commence in 2020. This will include refurbishing all the bedrooms, lounge and dining areas, corridors, gardens and the replacement of the roof.

## **4.5 ADULT PROTECTION QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT**

### **Adult Support and Protection Inquiries**

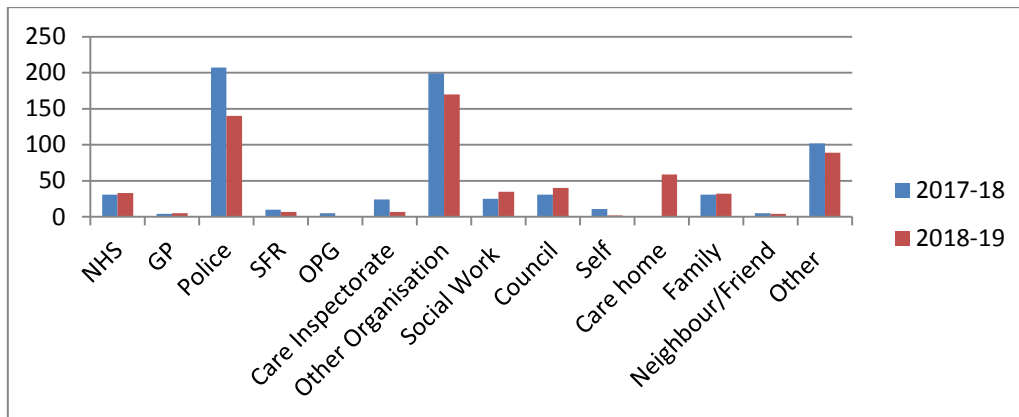
For the period 2018/19 there were 624 Adult Protection inquiries. This was a decrease of 10% from the previous year when there were 690 Adult Protection inquiries. The reason for the decrease is

likely to be due to the significant adult protection activity within care homes in 2017/18, when two local homes were closed following intervention by the Care Inspectorate.

Since February 2018 welfare concerns received by the Health and Social Care Partnership have also been recorded and monitored. For the period of 2018/19 the Health and Social Care Partnership received 543 welfare referrals. These were predominantly received from Police Scotland.

The table below gives an overview of adult support and protection referrals by source.

Table: Source of Referral – ASP Inquiries

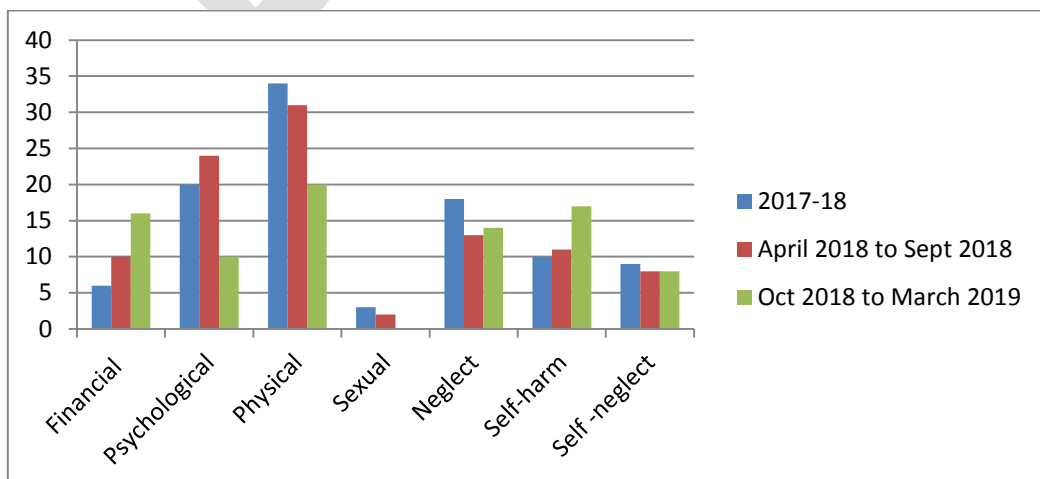


Each year we review the categories of source of referral. In 2018/19 we introduced the category of care home. The referrals categorised as Other Organisation and Other continue to be at a high level, for 2018/19 these categories accounted for 41% of all referrals for that period. This requires further examination and consideration to be able to identify trends; this is currently being looked at as part of the improvement work by the Adult Protection Committee.

**Adult Protection Investigations**

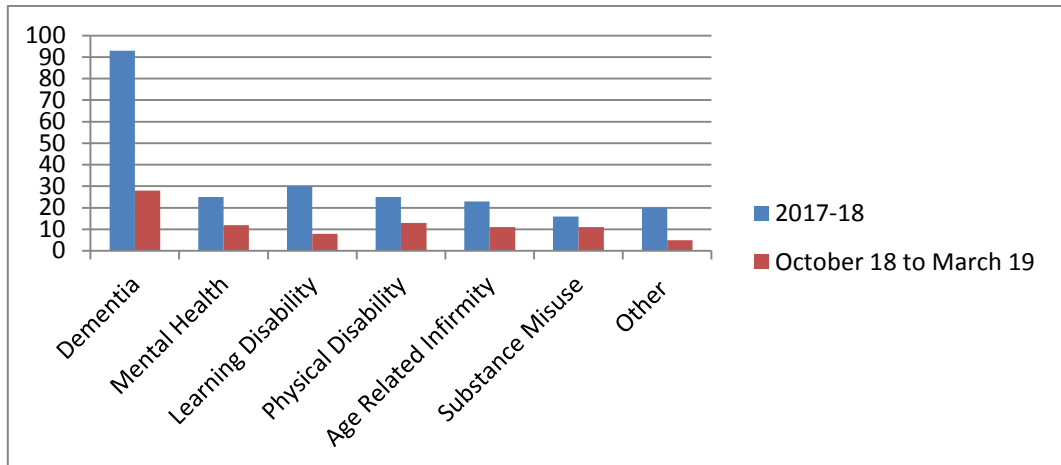
For the period 2018/19 there were 224 Adult Support and Protection investigations that involved 206 individuals. (For the period 2017/18 there were 232 Adult Support and Protection investigations that involved 202 individuals). The investigation activity for the past 2 years has continued to be at a higher than the previous years. The conversion rate for investigations has continued to be at a similar level, for 2017/18 the conversion rate was 34%. For the period 2018/19 the conversion rate was 36%.

The type of harm identified in Adult Support and Protection investigation is analysed in the table below



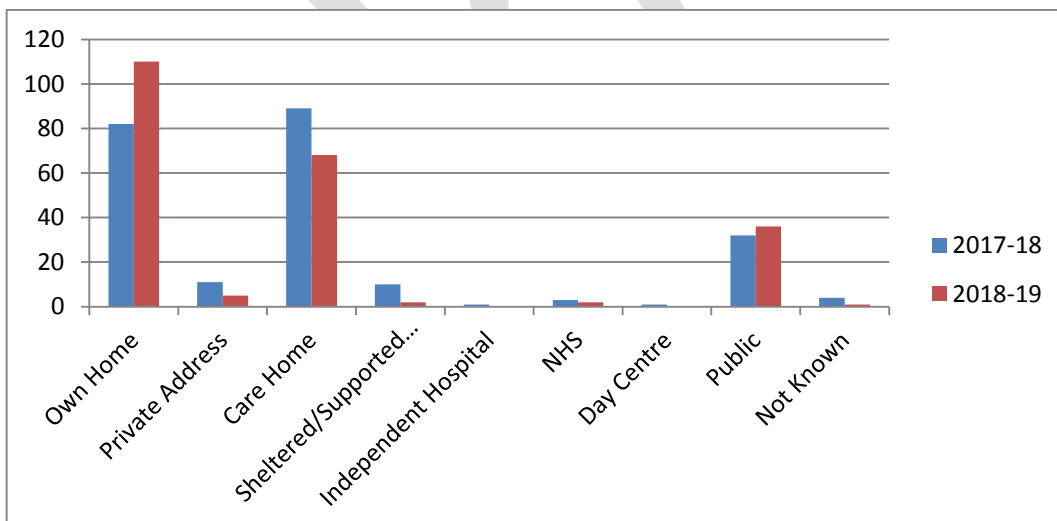
For the periods 2017/18 and April 2018 to September 2018 our Adult Support Protection forms required the council officer to identify all types of harm. As of October 2018 the council officer must now identify the principle type of harm and the secondary types of harm. This change was required due to the reporting requirements for the Scottish Government. The figures for October 2018 to March 2019 are for the principle type of harm identified within an investigation.

#### Service User Group identified in Adult Support and Protection Investigation



There has been a significant decline in the dementia category; it is considered that this is due to the Large Scale Investigation activity that took place in a care home during 2017/18. Due to system issues during April 2018 to September 2018 manual work was required to be undertaken to identify the client group for investigations. The system issue has been resolved and from the 1<sup>st</sup> October 2018 we are confident that the data we now receive is accurate.

#### Location of harm – Adult Support and Protection Investigation



There has been a change in the main location of harm identified during investigations; this has changed from care home to own home. Again the high level of location of harm being in care home in 2017/18 the figures reflected the Large Scale Investigation activity within the local authority.

#### Adult Support and Protection Improvement Activity

During this period there has been significant improvement activity which has included:

- Training
- Development of Adult Support and Protection processes and practice

- Developing confidence of council officers and team managers within Adult Support and Protection
- Development of robust data within Adult Support and Protection

The Adult Support and Protection devised an extensive improvement plan for 2018/19 with tasks delegated to the various relevant sub committees. The range of improvement activity that has been carried out has been supported by the established practitioners and managers. These groups have been invaluable in offering both a frontline perspective, and a form of constructive appraisal on proposed changes and in doing so has helped to raise the confidence levels of the staff involved. The result of all of this activity has been an increased profile of adult support and protection issues across the Health and Social Care Partnership and partner agencies, ultimately helping to contribute to safer communities across East Renfrewshire.

As part of the Fit for the Future redesign of services within the Health and Social Care Partnership, in March 2018 the Adult Support and Protection strategic lead role became part of the remit for the Chief Social Work Officer, who is now lead for all aspects of public protection within East Renfrewshire. This will strengthen links between all aspects of public protection.

An Adult Support and Protection improvement plan has been developed for 2018/19 and will be supported by the sub-committees, the practitioners' forum and the managers' forum. Some of the key activity has been:

In May 2018, an Independent Consultant sampled sixteen cases to consider the quality of work being undertaken within Adult Protection. This exercise identified a number of weaknesses and improvement work has been undertaken that includes practice and system development.

In January 2019 a multi-agency case file audit led by the independent consultant took place. It was identified that there had been a number of improvements in practice and systems however it also identified a number of areas for improvement:

- Risk assessment and Analysis
- Protection Planning
- Involvement of Advocacy and Police
- Multi-agency Working.

In October 2018 an independent learning review into the practice around the Large Scale Investigation into Greenlaw Grove was commenced. The review is scheduled to conclude in May 2019 and the identified findings and outcome will be outlined in next year's Chief Social Work Officer Report.

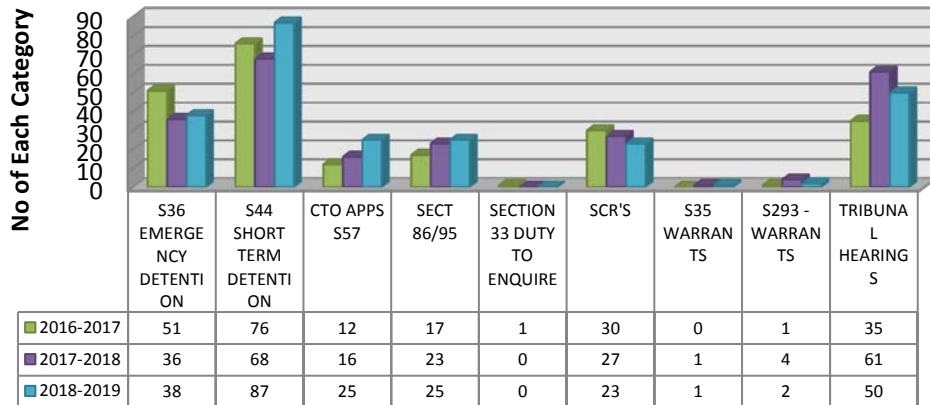
#### **4.6 MENTAL HEALTH**

The Mental Health Officer service continues to discharge its functions under the Mental Health (Care and Treatment) (Scotland) Act 2013, Mental Health (Scotland) Act 2015, and Adults with Incapacity (Scotland) Act 2000, on behalf of the Local Authority as delegated to the Health and Social Care Partnership.

The Mental Health (Care and Treatment) (Scotland) Act 2003, and Adults with Incapacity (Scotland) Act 2000 continues to present challenges and pressures on the service. Contributory factors to this has been due to an increased demand for Mental Health Officer service over the past few years, new legislative responsibilities and workforce pressures. The graphs below highlight statutory activity under both Acts in comparison with the previous year's figures.

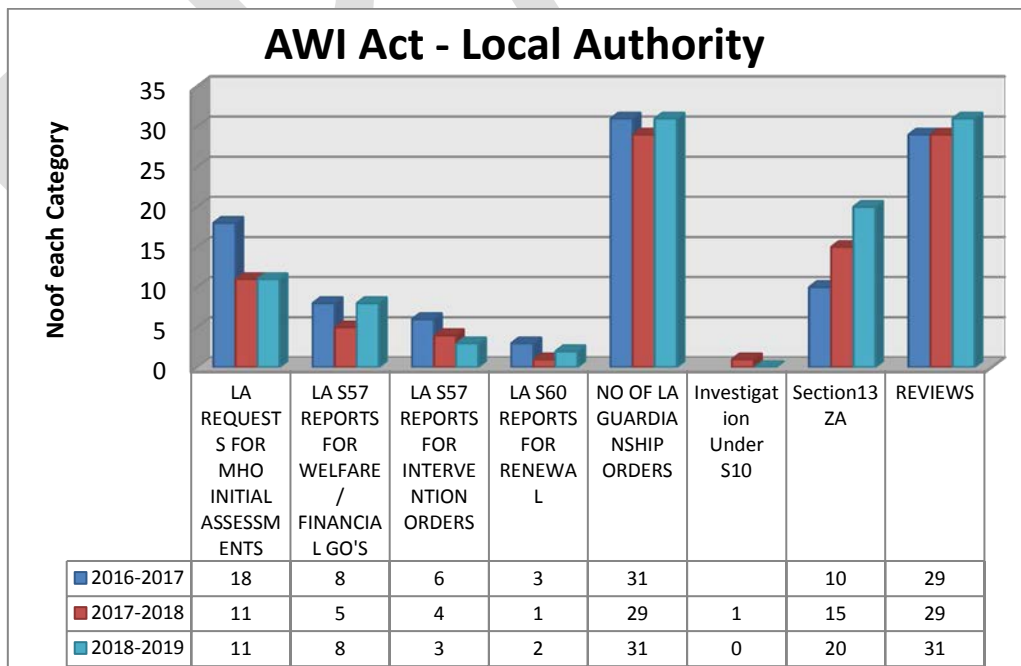


## Mental Health (Care and Treatment) (Scotland) Act 2003



There has been a steady increase in the number of short term detention certificates granted e.g. 28% increase from 2017/18. Significant Case Reviews (SCRs) have not been completed for all significant events due to pressures on the Mental Health Officer service as noted above. However, not all will require an SCR, or an SCR has already been completed and only requires updated. The increased number of short term detentions has impacted on the number of Compulsory Treatment Order applications made and granted i.e. 16 in 2017/18 to 25 in 2018/19. Attendance at Mental Health Tribunal Hearings has also increased with Mental Health Officer's having attended 27 Tribunal hearings in 2017/18 and 34 in 2018/19.

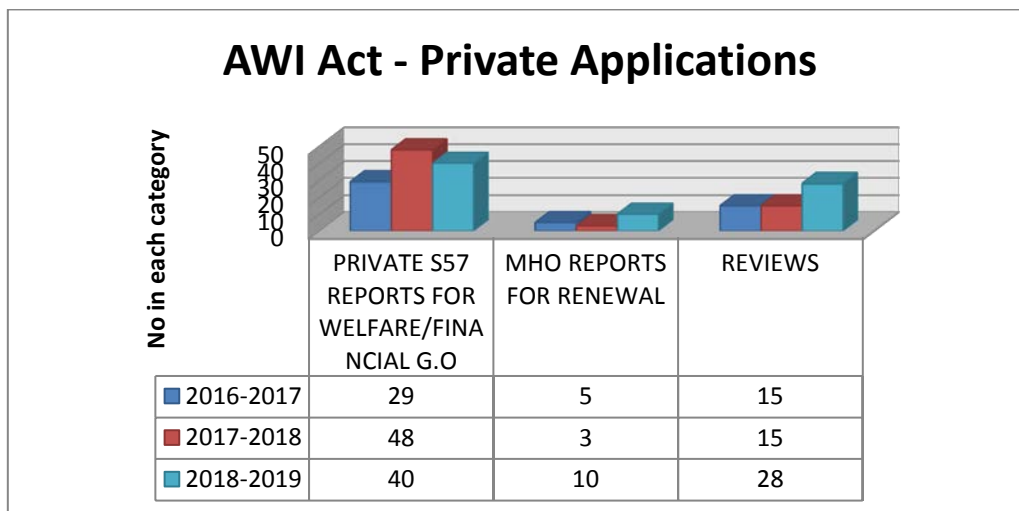
The Chief Social Work Officer is responsible for the governance and management of local authority Guardianship Orders. The graph below shows that the number of initial assessments remains much the same as the previous year.



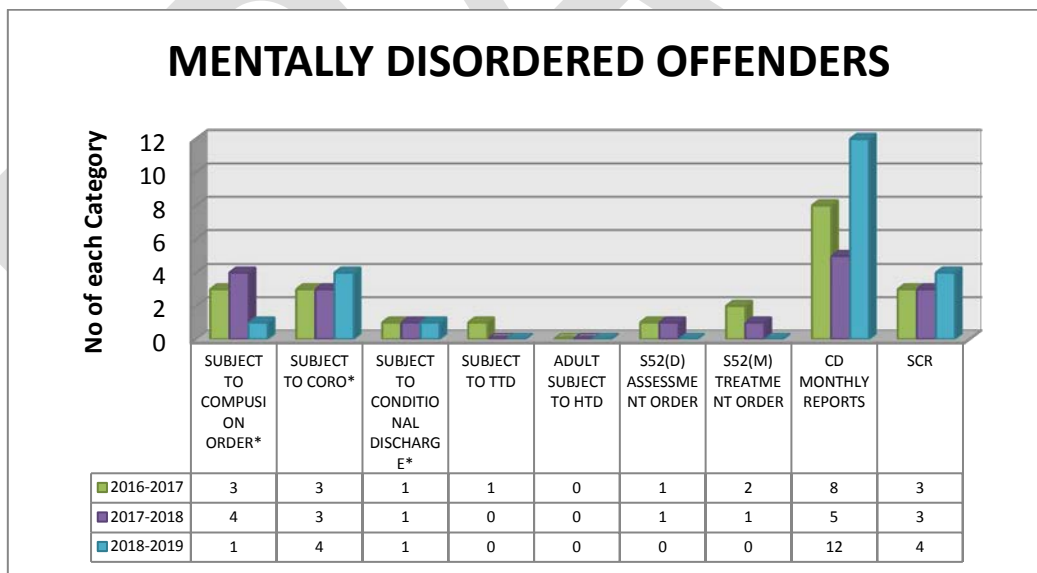
There has been an increase in the number of Section 13za meetings requiring attendance of Mental Health Officers that is necessary to ensure that the rights, will and preferences of the adult are upheld and that there is no deprivation of liberty.

Private Welfare and/or Financial Guardianship referrals have reduced slightly from the previous year. However there was an increase in the number of renewal of guardianship orders. This number will continue to rise over the next few years as Orders are being granted for shorter terms i.e. 3 or 5 years with few orders are being granted for 10 years or indefinitely.

Supervision of private welfare guardians continues to present a major challenge to the Authority given the increasing numbers of guardians to be supervised. The current number is approximately 170 Guardianship Orders for supervision, with many of these orders having two or three guardians. The low numbers of guardians supervised in the graph highlights this. There has been an increase in the number of complex cases where more intensive supervision of the guardian/s is required.



Referrals to the Authority in relation to mentally disordered offenders remain low.



Moving forward, the challenge will be to recruit Mental Health Officers to ensure that there will be sufficient numbers of appropriately qualified staff available to fulfil duties and functions under both Acts. The Adult Protection Unit at the Scottish Government is in process of implementing a Mental Health Officers development grant scheme, as one of the key commitments of the 2017-2027 Mental Health Strategy. It aims to support Local Authorities in identifying a shortfall in their Mental Health Officers numbers to train additional MHOs between 2020 and 2023.

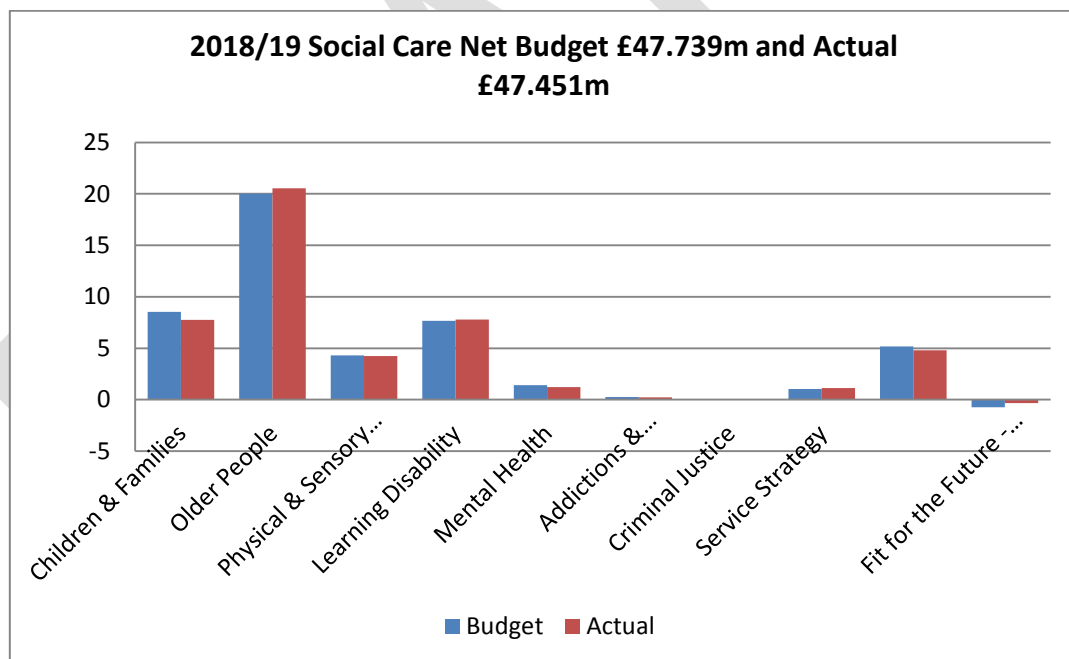
## 5. FINANCE

East Renfrewshire Integration Joint Board has the strategic responsibility for planning and delivery of health and social care services for the residents of East Renfrewshire. The 2018/19 total Integration Joint Board resources were £133 million, of which £116 million was our directly controlled revenue budget. The Integration Joint Board ended the year with a £0.26 million underspend.

The social care net budget was £47.7 million and we ended the year with an under spend of £0.29 million (0.6%) and the key messages are:

- We had a continued focus on delivering future financial sustainability. As a long standing integrated partnership we have already made savings and efficiency gains that can be achieved from the integration of health and social care. We delivered our savings target of £0.4 million.
- We made significant progress on our Fit for the Future change programme and did not need to use planned reserves of £0.4 million against the £0.73 million saving attached to the programme.
- The main reasons for our operational underspend were turnover from vacancies and the impact of restructuring, offset in part by the costs of purchased care.
- We continued to work with our service providers to ensure the Scottish Living Wage and other Fair Work practices were fully implemented.

The service performance against budget is summarised:



### Future Financial Challenges

Our Medium Term Financial Plan sets out the potential pressures we face over the next five years. Demographic pressures remain a particular challenge for East Renfrewshire as we have an increasing elderly population, a higher life expectancy than the Scottish average and a rise in children with complex needs, resulting in an increase in demand for services.

## 6. CONTINUOUS IMPROVEMENT

East Renfrewshire has continued to demonstrate its commitment to continuous improvement and quality assurance throughout 2018/19. The aim of all of our improvement activity is to further support the principles outlined in our strategic plan, namely a commitment to relational, strength and evidenced based approaches across all areas of our work.

Training has been provided in continuous improvement to staff within Children Services, with a specific focus on the contribution of service user feedback towards improvement and the continued promotion of the PDSA model across the partnership.

Further work has been undertaken with managers across adult and children services to support the implementation of practice standards in key areas namely; recording, professional supervision and chronologies and this work is ongoing.

A programme of large scale partnership events has taken place in children and families, bringing staff together from different disciplines across our partnership to share best practice and learn from one another. These sessions have been led by the Chief Social Work Officer and have provided an opportunity for staff to connect with the strategic vision, reflect on achievements and consider opportunities for learning.

In March 2018 the Chief Social Work Officer assumed responsibility for all public protection activity in an effort to strengthen links across this area. This led to a review of the various subgroups that serve the respective child and adult protection committees, with their focus on continuous improvement, quality assurance, training and policy and procedure. This change also resulted in the development of East Renfrewshire's first Public Protection Multi-Agency Development Programme, launched at its inaugural Public Protection Conference in November 2018 and a new Public Protection Quality Assurance Timetable.

## 7. WORKFORCE PLANNING AND DEVELOPMENT

### Learning and Development

In addition to the various public protection events and input on specific models, there has been a range of general learning and development activity with the aim of improving staff knowledge and skills. This has been undertaken with a strong commitment to evaluate the impact of learning and development activity and ensure sustainable and meaningful improvements in practice.

The Health and Social Care Partnership has a workforce plan for 2016-18 to support the Strategic Plan that has been updated for 2019. A newly revised workforce planning group was established in 2019 with the task of producing a new plan in line with Scottish Government guidance. In the meantime, the Health and Social Care Partnership and Integration Joint Board have continued their Fit for the Future review programme which they embarked on in 2017/18 to address future needs and meet required savings. The programme has been established to undertake:

- End to end reviews for all services in community care.
- Consider structural changes to be fit for the future.
- Review roles and responsibilities.
- Review and lean processes.
- Explore digital opportunities and review fitness of IT equipment.

The principles underpinning the structure review are that:

- It supports our focus on strategic priorities.
- It delivers the required savings.

- It enables stronger integration.
- It is consistent in approach re span of control and layers of management.
- It embeds planning and analytic capacity in operational services.
- General management will be supported by strong professional leadership.

Following the reconfiguration of the Heads of Service as of 2018, an extensive programme of redesign has been undertaken resulting in the formation of new management structure with the aim of :

- Building on a partnership and community led support approach, thus reducing demand on statutory services.
- ensuring a stronger focus on public protection to build skills and confidence in our staff and partners;
- developing a stronger locality focus to build on both the strengths of the local area and our working relationships
- focusing on intensive services to prevent unnecessary hospital admissions and ensure people remain in their communities where possible

In line with the strategic plan and recognising our responsibilities to the wider workforce, the Health and Social Care Partnership intends to work together with providers and contractors to shape our local health and social care market and define our future whole system shared health and care workforce requirements including:

- Whole system workforce numbers and skill mix
- Future roles, competencies and registration requirements
- Qualities, interests and behaviours

This work will enable us to inform the next update of the workforce plan including actions relating to:

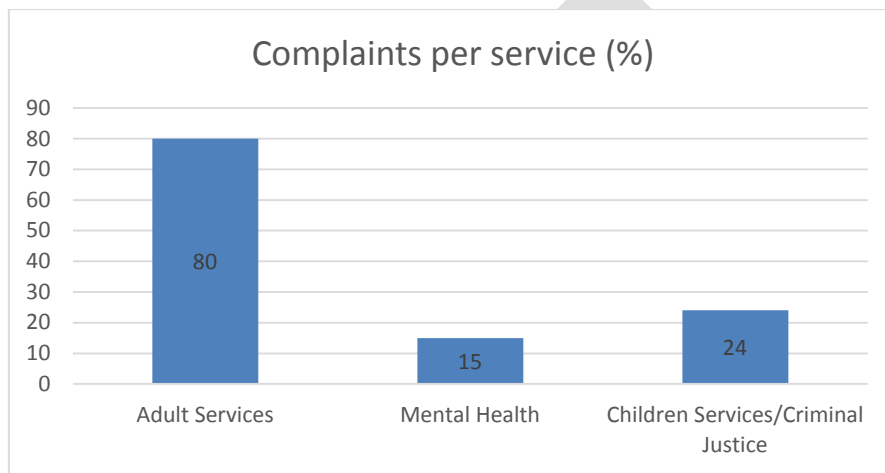
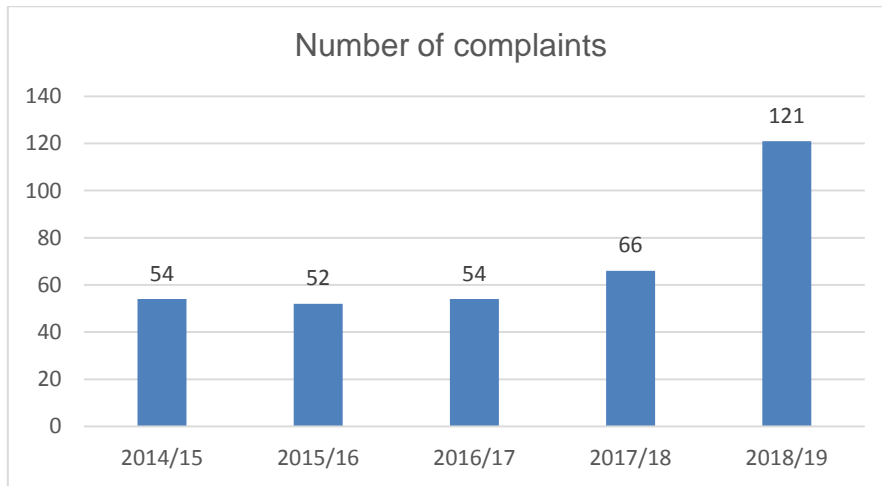
- Joint recruitment and development of employability pipelines
- Development of wider health and care career pathways
- Integrated health and care learning and workforce development plan

### **Complaint Handling and Learning**

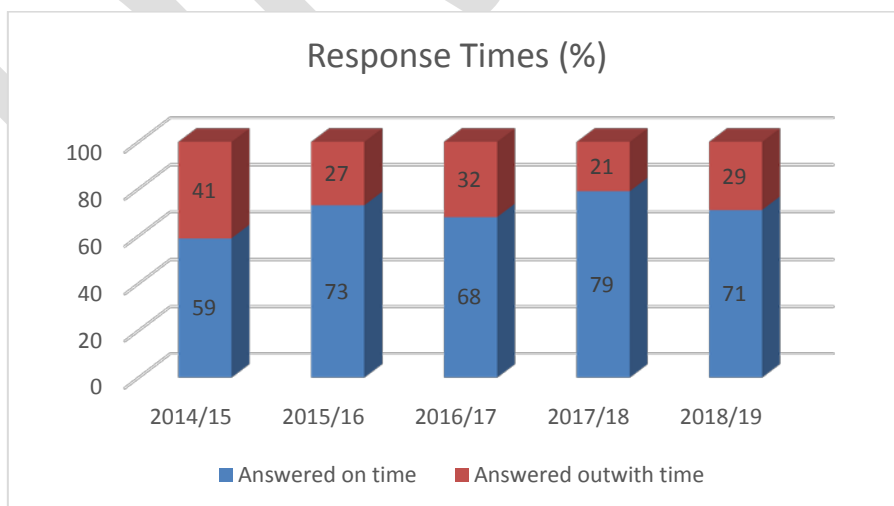
From 1<sup>st</sup> April 2017 East Renfrewshire Social Work Service adapted and adopted the Scottish Public Service Ombudsman (SPSO) Social Work Model complaint handling process.

During 2018/19 no complaints were referred to the Scottish Public Service Ombudsman for consideration.

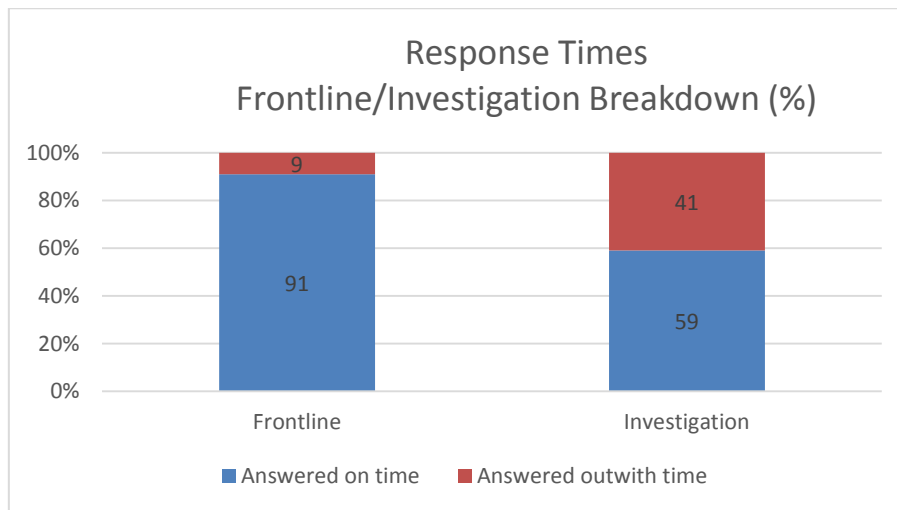
During 2018/19, 121 complaints from service users and carers were received. This represents a significant increase compared to the 66 complaints logged the previous year. This increase was due in part to changes and improvements in the way Adult Intensive Services record complaint details onto the complaint database and not necessarily an increase in the number of complaints received.



71% of complaints were responded to within the required timescale, a decrease in the previous years performance figure of 79%. The often complex and multi organisational nature of the Health and Social Care Partnership complaints continues to be a challenge in meeting timescales.



Of those complaints logged 38% were Frontline complaints. 91% of Frontline complaints were responded within the target of 5 working days. 62% were Investigation complaints. 59% of Investigation complaints were responded to within the target of 20 days.



25% of complaints were not upheld, 19% partially upheld and 56% upheld. Each of the upheld complaints have been analysed and learning actions identified.

A complaint report detailing complaint type, timescales, complaint detail, actions and learning is presented to the clinical and care governance group for comment and scrutiny on a quarterly basis.

## 8. CARERS

During 2018/19 the partnership working collaboratively with a range of stakeholders, including individuals who care for and receive care, to develop our approach to the requirements of the Carers (Scotland) Act 2016.

The Health and Social Care Partnership developed a 'Care Collaborative' with our partners in Voluntary Action East Renfrewshire to engage and plan with people in their everyday lives differently. This approach encouraged involvement in the design and development of how we are delivering our services to carers. For example our carers centre has a devolved responsibility for producing adult carer support plans testing an approach to 'trusted assessors' that could be used across care services. Working with GPs and the NHS to promote social prescribing, the end result being that GPs can directly refer patients on to appropriate carer service from their consulting room utilising SciGateway. Team members are working with Shared Care nationally on innovative approaches to developing the range of short breaks that we support people to access.

The partnership has supported a number of initiatives within East Renfrewshire schools to create a general understanding of what it means to be a carer so as to promote a wider understanding of being a young carer and how this can be a short term or even a longer term role and how this can be supported.

Working with the NHS at Board level we have developed good quality advice and information so that hospital in patients and their carers have an understanding of the carer role and how NHS staff will ensure they are involved in discharge planning.

In 2019/20 we will build on this through the creation of a dedicated carers lead role to support workers, teams and carers across East Renfrewshire.

## 9. STATUTORY FUNCTIONS

### Summary of key achievements and areas of strength

- Strong performance and more robust quality assurance processes across statutory functions for children and adults at risk of harm.
- The excellent work in permanency improvement is making a real difference to securing and improving children and young people's life chances.
- Our Integrated Children's Services Plan formal one year annual report was published in 2018/19 and the report highlighted significant improvements and progress across a suite of wellbeing indicators.
- Our Corporate Parenting approach and Champions Board.
- Our partnership with children and young people through the Champions Board and other creative approaches to improve outcomes of care experienced young people in East Renfrewshire.
- The shift in culture towards relational based practice that is underpinned by evidence based programmes that support family decision making.
- The strong performance of our Request for Assistance team that provides a single point of access for children, young people and families resulting in them accessing the right help at the right time.
- Improvement in the compliance with Initial Referral Discussion supported by a rolling programme of audit activity and Joint Investigative Interviews.
- Positive feedback from children, their families, social workers and our partners concerning the impact of our evidence based models of intervention.
- The work of the Intensive Support Service in shifting the balance of care for children and young people within the authority.
- Self-Directed Support (SDS) and the increasing number of people, including children, young people and their families exercising choice and control over their support.
- Continued delivery of high standard criminal justice services.
- Implementing the carers legislation.
- Establishing carers eligibility framework.
- Developing a shared Short Breaks statement across the partnership.
- Re-establishing the strategic planning group and developing a commissioning plan.
- The consistent delivery of positive outcomes on our Personal Outcomes measures.
- Reduction in delayed discharge bed days.
- Community led support and the implementation of our new front door.
- Development of person centred planning tools to support our Community Led Support Talking Points.
- Promoting and supporting the local development of recovery communities and peer support / mutual aid.
- Supporting people to engage in meaningful activities and make a positive contribution to their communities through our day opportunities
- Our first annual Public Protection Conference.

## 10. KEY CHALLENGES AND PRIORITIES FOR YEAR AHEAD

I am delighted to report that there have been significant improvements made over the last year, in particular within children and families but not exclusively. The shared vision and belief by all within the Health and Social Care Partnership has made this happen and I am extremely proud of the many social workers and our health colleagues who have gone that extra mile for our most vulnerable children and adults that no doubt will have a lasting impact on their lives.



During 2018/19 we entered the final year of our current Corporate Parenting Plan and early indication identifies improved outcomes for our looked after children. Our corporate parenting plan co-exists with our Champions Board and as we enter year four of our Champions Board (2019/20), we will build on the momentum and commitment already made by members of the board and wider corporate parents. Our Champions Board will shape our new corporate parenting plan and this will be aligned to the Care Review Stop:Go list.

We plan to expand our learning and development plan around corporate parenting, this training is aimed for council employees and elected members. As part of this learning and development plan, the Health and Social Care Partnership will also support a modern apprenticeship ring fenced for care experienced young people to work alongside the Champions Board Coordinator and Youth Intensive Support Service.

We will also review all documentation within children and families that supports assessment and planning to ensure that the focus starts and finishes with the child at the centre. We are committed to learning from families about the impact of our systems and practice on their ability to keep their children safe. We will support this work by quality assurance and audit. Alongside partner local authorities who have implemented Signs of Safety and Safer Together we will establish a learning community.

Whilst we changed our Domestic Abuse Pathways this year for all citizens within East Renfrewshire. We will review the impact of the new ways of working and measure the outcomes that they have delivered for the residents within East Renfrewshire. We will strengthen our approach by creating a post specifically for Domestic Abuse that will lead whole system change.

We will continue to focus on ensuring the best outcomes possible for children looked after at home. The success of our model of integrated service delivery for children continues to generate interest across the national sector with a number of authorities across Scotland. They are keen to explore with us the success we have made in shifting the balance of care, improving outcomes for our care experienced children and young people and the provision of the right support at the right time through our single point of access.

The adoption of relational based practice across integrated children's service workforce has made a significant impact on the culture, systems and practice. We will also take time over the forthcoming year to reflect on how the journey of redesign has inspired and motivated a workforce, providing opportunity for learning and career progression.

For 2019/2020 our approach will continue to build and embed our relational based approaches to working with children and families with good practice examples being shared across the children's workforce. This will strengthen our integrated delivery and help us to consolidate our innovative practices that is evidencing improved outcomes for our children and families.

For those who cannot live at home with their parents, we will continue to explore all kinship care options as early as possible so that we can help children remain within their extended families and communities. However, we recognise that for some children this may not be possible and we will continue to endeavour to improve our timescales for making permanence decisions for children in foster care, including adoption in order that they may have a safe, stable and secure home for the remainder of their childhood.

As already stated throughout the report, developing the workforce is key to improving outcomes for our service users, so in the year ahead we will continue to focus on improving our recording practice by training our staff in new recording standards across the workforce. The quality of supervision practice will be significant area of work over 2019/20.

Over the last year we have continued to strengthen our Adult Support and Protection practice by training and developing our workforce. This will continue to be underpinned by the implementation of the Adult Support Improvement Plan which will create a more robust Quality Assurance

Framework. The Adult Support and Protection Committee will develop further multi-agency working and continue to oversee the training and awareness raising around Adult Support and Protection.

Within Adult Services we continue to experience a rise in demand. We have been concerned that the building of new retirement and care homes in East Renfrewshire has led to an increase in our most frail and complex older population and a gradual increase in older people moving into care homes. During 2019/20 we will seek to understand this trend and redesign our services to be more effective in supporting people to maintain their independence at home and in their local community.

We also experience demand from young people leaving school with complex needs. We know that we cannot sustain this demand going forward and will have to reconsider the remit of our learning disability services. Working closely with Children's Services and Adult Services will identify how we address this demand together. We have focussed not only on the demands on both services but also highlight the positive outcomes being achieved for our young people and the drive and commitment to consider their aspirations focussing on their strengths and moving away from statutory services where possible. This will continue to be a clear priority for us moving forward as it will help us develop strong clear pathways.

There is an emerging need to develop a local learning disability strategy this will be carried out alongside our colleagues in day service to ensure a joint approach regarding how we move ahead to address some of the emerging issues whilst ensure positive outcomes for the people within the East Renfrewshire Health and Social Care Partnership area.

Whilst Day Opportunities embarked on a period of review and transformation around four years ago and whilst there has been some progress made in how we support people in East Renfrewshire there is a recognition that we still have a journey to make if we are to sustain the ongoing demands and to fully embed the vision of people being part of their local community with a sense of identity and belonging.

A key priority for adult services is to develop a suite of management and performance information for adult statutory social work and social care with the intention that the data produced will be used "intelligently" to support continuous improvement and transformational change. We will also focus on our service users experience of our Initial Contact Team and the data collated will inform moving forward the design of adult social work services. Governance is critical to the effectiveness of quality service delivery to our residents and a specific adult services Clinical and Care Governance group will be established to drive this improvement.

The delivery of high quality mental health statutory services remains a challenge nationally due to the shortages of Mental Health Officers and the general demographics and age profile of the workforce. As a consequence of these emerging national issues and our own fit for the Future change programme we will review the Mental Health Officers statutory function and delivery within East Renfrewshire.

Our Strategic Plan 2018-21 sets out our vision for "Working together with the people of East Renfrewshire to improve lives" and our seven strategic priorities are to support:

- Mental wellbeing among children, young people and their families;
- Community justice outcomes and reduced offending;
- Reduced health inequalities;
- Greater independence at home;
- Support for people experiencing mental ill-health;
- Reduced unplanned admissions to hospital;
- Support for unpaid carers.

Our improvement activity will focus on each of the above priorities.

For 2019/20 our net budget for social care is £49.3 million and that includes a savings challenge of £3.1 million. To date we have achieved £1.7 million of this target and are working to ensure the remaining £1.4 million can be achieved on a recurring basis. We recognise we may not realise all of the £1.4 million in 2019/20 and will use reserves to bridge any gap.

We have also made a significant investment of £1 million in our Care at Home service to increase capacity, support sustainability and allow management of new demand.

We expect 2019/20 to be a challenging year, as we have a much leaner structure and have taken out flexibility within the budget for projects and investment in order to meet our savings challenge. We are monitoring the impacts of the extension of free personal care and carers legislation on our demand for services.

As outlined in this report, the impact of continuing efficiency savings over the last four years has been a significant challenge for the Health and Social Care Partnership from both a health and social care perspective. This will continue to be a significant challenge over the next year. There are many benefits of sharing the risks associated for service users and patients by being integrated and whilst this has been a continual feature for staff and teams of having a shared approach to risk it needs to sit alongside the efficiencies that require to be delivered and the challenges this present moving forward.

The Chief Social Work Officer is central to addressing these challenges and will be required, alongside her fellow management team, to advocate, challenge and develop strategies that lessen the real impact to the most marginalised and excluded citizens who through poverty, health, unemployment and adversities will continue to experience inequality through harm and abuse.

Finally, I would like again to thank all the social work staff and our health colleagues who have and continue to work tirelessly for the benefit of the citizens of East Renfrewshire. Your dedication, commitment, creativity and humanity truly never ceases to amaze me, the improvements and successes within this year's reports are all yours.

**Kate Rocks**  
**Chief Social Work Officer**  
**Head of Public Protection & Children Services**

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 September 2019
<b>Agenda Item</b>	9
<b>Title</b>	Clinical and Care Governance Annual Report 2018 - 2019
<p><b>Summary</b></p> <p>The Clinical and Care Governance Annual Report 2018 – 2019 reflects on the clinical and care governance arrangements of the HSCP and the progress made in improving the quality of clinical care. The report is structured around the three main domains set out in the National Quality Strategy; Safe, Effective, and Person-Centred Care.</p> <p>The report describes the main governance framework and demonstrates our work to improve the quality of care within the partnership.</p> <p>The report was approved by the Clinical and Care Governance Group on 5 June 2019.</p>	
<b>Presented by</b>	Deirdre McCormick, Chief Nurse
<p><b>Action Required</b></p> <p>The Integration Joint Board are asked to:-</p> <ul style="list-style-type: none"> <li>- note the Clinical and Care Governance Annual Report 2018 -2019</li> <li>- note that the IJB will retain oversight of the role and function of the Clinical and Care Governance Group where clinical and care governance will be taken forward</li> </ul>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></p> <p> <input type="checkbox"/> Finance                      <input type="checkbox"/> Policy                      <input type="checkbox"/> Legal                      <input type="checkbox"/> Equalities  <input type="checkbox"/> Risk                              <input type="checkbox"/> Staffing                      <input type="checkbox"/> Directions                      <input type="checkbox"/> Infrastructure </p>	

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# East Renfrewshire Health and Social Care Partnership

## Annual Clinical & Care Governance Report 2018 - 2019

## 1. Introduction

- 1.1 East Renfrewshire Health and Social Care Partnership was formed in 2015 and covers the population within the same geographical boundary as East Renfrewshire Council.
- 1.2 East Renfrewshire Health & Social Care Partnership (HSCP) has an estimated total population of 95,238.
- 1.3 Each year an annual report reflecting on the clinical governance arrangements of the Health & Social Care Partnership and the progress it has made in improving the quality of clinical care is produced. The report is structured around the three main domains set out in the National Quality Strategy: Safe, Effective, and Person-Centred Care. This report will describe the main governance framework and demonstrate our work to improve the quality of care in our Health & Social Care Partnership through a small selection of the activities and interventions. It is important to note that there is substantially more activity at personal, team, and service level arising from our collective commitment to provide a quality of care we can be proud of. This report can only reflect a small selection so is illustrative rather than comprehensive.
- 1.4 The Terms of Reference, structure, content and attendance to the (formerly) Clinical and Care Governance Committee, now Clinical and Care Governance Group, have been updated as a result of several workshops where key stakeholders had the opportunity to share ideas and discuss priorities. The change from formal committee status to informal group status is intended to facilitate open, honest discussion on sensitive matters.
- 1.5 A Clinical and Care Governance Facilitator has been appointed to help shape the Clinical & Care Governance Group process for East Renfrewshire. The post holder commenced post in December 2018 and will work in a shared arrangement with Inverclyde Health & Social Care Partnership.

## 2. Person-centred care

- 2.1 As at June 2018, 9 of the 15 GP Practices had access to a Community Link Worker, a pilot devised in conjunction with Recovery Across Mental Health (RAMH). The development is a partnership primarily between RAMH and East Renfrewshire Health & Social Care Partnership in response to a shared awareness of the impact on General Practice of a significant cohort of patients who sought recurring and regular support from GPs. The support required were often associated with loneliness, social isolation, lack of community connectedness and associated social issues, for example, housing, physical inactivity and financial issues. Patients are able to work with the Link Worker to identify the best services to suit their particular needs.
- 2.2 Feedback on the Link Workers has been extremely positive leading to improved outcomes for individuals, increased knowledge of community resources across primary care and a reduction in GP appointments for much of this cohort. As a result of the successful pilot, and using the Primary Care Improvement Fund in line with the Primary Care Improvement Plan (new GP Contract), the service has expanded to include all 15 practices, with an uplift in service in some practices who were involved in the pilot. Feedback remains positive.



2.3 East Renfrewshire has led for Greater Glasgow and Clyde on the development of Anticipatory Care Planning (ACP) via the use of Key Information Summaries (KIS). Good ACP has been repeatedly shown to reduce deaths in hospital in the final year of life and conversely to increase the rates of patients dying at home or in a hospice as per patient's wishes. It also reduces unwanted unscheduled admissions.

2.4 The following steps have been taken to improve uptake of ACP/KIS in East Renfrewshire:

- The paperwork used for ACP was simplified and re-ordered to match the on-screen order of KIS software
- The updated paperwork was reviewed at Clinical Senate and agreed to be shared amongst all NHS Greater Glasgow and Clyde Primary Care, for the use of GPs, District Nurses and Care Home Nurses
- The paperwork was shared to all GPs in NHS Greater Glasgow and Clyde along with a guide to successful completion of KIS so that the information is useful to not just GPs but also SAS and Acute medics (after advice from secondary care clinical directors on content)
- Subsequently the paperwork was further updated to an electronic version (fillable PDF) to enable paper-free completion of ACP
- A patient/carer information video about KIS was created to be shared on social media and shown in waiting rooms. This was approved by NHS Greater Glasgow and Clyde communications department and has also been shared on social media by the Prince & Princess of Wales Hospice
- Work is underway to create on Portal an electronic version of the paperwork so that consultants can create an ACP in the exact KIS format to be sent to GPs via EDT. Practice administrative staff can then transcribe the information to create a KIS, which remains the national platform for information sharing. Audit will be undertaken to assess increased use of KIS following these measures

2.5 In addition to the work already mentioned there are other areas of efficiencies to be highlighted

- 13 of our 15 practices have pharmacotherapy input of at least 0.4 WTE which is not matched by any other Health & Social Care Partnership
- At the end of last year 100% of GP Practices had agreed to use HMHM for hypertension management. So far all but 2 practices have recruited patients to the service. Over 640 patients have benefitted from the service with an estimation of over 1800 face to face appointments saved
- Advanced Practice Physiotherapists as the first point of contact has evidenced a direct release of GP time and streamlining of the patient journey. During March – April 465 appointments were available with 92% uptake
- Community Health Care Support Workers are in every practice providing phlebotomy, B12, BP and new patient registration

2.6 A Tier 2 service for Children and Families has been piloted in 2 practices, one in each locality. The aim of this service is to fill the long-term service gap in CAMHS for children and adolescents not meeting the Tier 3 criteria. The Family Wellbeing Service approach can be summed up as follows:

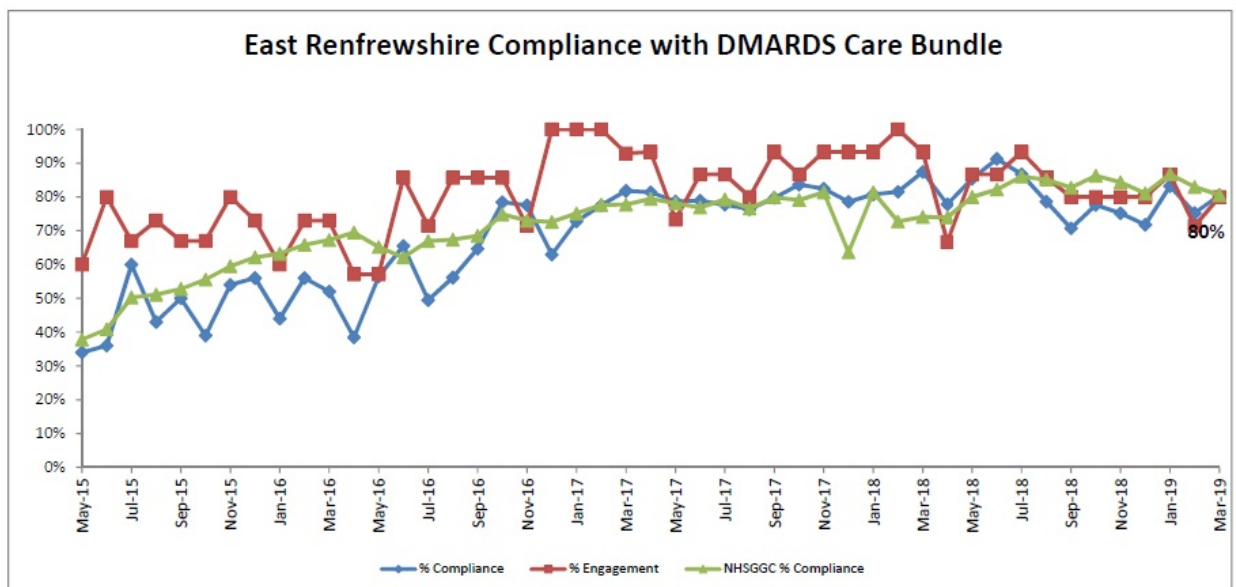
- Ensure that children's presenting needs are held within the context of family and community
- Effectively and honestly engage with parents, children and young people to fully understand the stories behind the presenting symptoms

- Ensure prompt early help is offered to improve the emotional wellbeing of children and families
  - Prevent unnecessary referrals to specialist clinical services
  - Improve the connection, relationships and resilience of families
- 2.7 One of the pilot practices completed an audit of the first 50 children they had referred. They had collectively required 45 GP appointments in the year prior to referral and only 8 in the year after referral, so a reduction in GP activity was clearly evident.
- 2.8 This evidence of appropriate use of the service and reduction in suboptimal use of GP appointments for family issues was taken to the Robertson Trust, to seek funding support to roll out the service to all 15 practices. They have committed to £1.2m over three years, the largest commitment ever made by the charity. This will extend the service to all 15 practices and represents a huge achievement in family-centred care for East Renfrewshire Health & Social Care Partnership.
- 2.9 All 15 practices in the area take part in the quarterly return of practice complaints to the board. The practices have added the learning gained to their submissions. This reflects both a recognition that sometimes the processes in GP practices fall down but also a willingness to apologise and use good communication to try and resolve patient concerns. We will monitor the quarterly returns to ensure the recommended changes have been put in place.
- 2.10 Only one complaint during the year was escalated to the SPSO; no further action was taken as the SPSO concluded that the practice involved had already taken all necessary actions.
- 2.11 It is recognised that there is a greater risk of harm from medicines when patients move between care settings. A care bundle was developed as part of the Scottish Patient Safety in Primary Care Programme as a result. The Medication Support Service is a pharmacy technician-led service which provides a comprehensive medicines reconciliation for patients discharged from hospital and who receive a homecare package. Following completion of the medicines reconciliation, the technicians contact patients to ensure that any changes are fully understood and when appropriate undertake home visits providing a person centred assessment of how they manage their medicines at home. Following assessment, tailored support is offered where required to help patients to take their medicines safely and effectively. The service also accepts referrals from any health or social care staff members to provide support and education on practical aspects of medicines use including compliance.
- 2.12 During 2018-19 the service has been running with reduced staffing capacity due to maternity leave. The service continued to support identified patients struggling with their medication at home responding to 788 patient referrals during 2018. The service staff also continued to provide a training programme for East Renfrewshire Carers on the safe administration of medicines.
- 2.13 The service has worked very closely with the East Renfrewshire Homecare Service. During 2018-19, 49 East Renfrewshire carers completed the safe administration of medicines training.
- 2.14 21 polypharmacy reviews were completed in one practice by a Prescribing Support Pharmacist. Medication was rationalised which resulted in an overall decrease in tablet burden for many patients and the de-prescribing of 21 items. Using the 7-step polypharmacy tool patients were able to voice their priorities and concerns, and make joint decisions about their medication.

- 2.15 In another practice with a large number of patients using compliance aids, medication reviews were undertaken by the practice pharmacists with these patients. Many of these patients were housebound, frail elderly. 159 of 201 patients were reviewed. The review process has included monitoring of bloods and helping patients understand their medicines better. Some patients had changes made to their medication such as reducing blood pressure or angina medicines to reduce the risk of falls from low blood pressure.

### 3 Patient Safety

- 3.1 All 15 practices participated in the final year of the DMARDS LES. The line chart below details the compliance with the DMARDS Care Bundle for East Renfrewshire and NHS Greater Glasgow and Clyde overall to the end of Year 4.
- 3.2 East Renfrewshire's performance has slipped since last year, at which point the Health & Social Care Partnership was doing the best in NHS Greater Glasgow and Clyde for compliance and engagement. Looking at the median data for the 4 year term, our final scores were 76% Compliance (NHS Greater Glasgow and Clyde 82%) and 80% Engagement (NHS Greater Glasgow and Clyde 81%).
- 3.3 The line graph below shows the trend over 4 years; we are performing better than at the start, but not as well as we have done at our best. Overall the rates on NHS Greater Glasgow and Clyde have risen to match where we are now.
- 3.4 The recent downtrend has been highlighted to the GP Forum and may be audited at cluster level.



- 3.5 An audit of work undertaken on behalf of secondary care, typically follow up blood samples post-discharge, demonstrated a need for a community phlebotomy service. The first appointees of the new PCIP were Healthcare Assistants, with each of the 15 practices having access to this service. The service includes domiciliary phlebotomy, meaning that patients have reliable access to safety checks post-discharge for the first time, as East Renfrewshire has not historically had a community phlebotomy service.

- 3.6 Care Home Medication Reviews - One Prescribing Support Pharmacist had a dedicated day each week to provide medication reviews to local care homes' residents. Reviews of East Renfrewshire residents in one care home were completed within 2018/19. Pharmaceutical Care Plans were created for 33 residents and 82 interventions were achieved. Common interventions include the de-prescribing of medicine unlikely to be of ongoing benefit or no longer required such as statins, analgesics, iron, folic acid, and thiamine. Patient safety issues addressed included stopping the inappropriate prescribing of prednisolone, repeated prescribing of the same antibiotic in urine infections, and referral of a patient for Parkinson's review. Other medication interventions included addressing inappropriate prescribing of medications and doses to reduce risk of adverse effects. Residents (and Powers of Attorney) were involved in the review process regarding their choices and preferences and these were acknowledged and acted upon such as dislike of 'cold' lidocaine patches and request to reduce strength of pain medication.
- 3.7 Pharmacy Falls Referrals – 33 patients were referred to the prescribing support pharmacists for a polypharmacy medication review. Medication reviews of patients after falling lead to improved patient safety. Polypharmacy is an independent risk factor for falling - all prescribed and purchased medication is checked to confirm that it is still indicated, prescribed at an appropriate dose, and being taken correctly by the patient, and any issues identified are addressed e.g. recommendation to stop/switch a medicine, use decision aid to improve compliance, change medication to a more suitable formulation.
- 3.8 An audit was undertaken in one GP practice by a Prescribing Support Pharmacist on prescribing of high dose Proton Pump Inhibitors (PPIs). The purpose of the audit was to reduce the frequency and intensity of prescribing as evidence has shown that long-term use of treatment doses of these medicines may increase the risk of bone fractures, *C.difficile* infection and vitamin B12 deficiency to name a few adverse effects. This audit was prompted by information from within NHS Greater Glasgow and Clyde that a high proportion of patients diagnosed with *C.difficile* had been on a PPI. Of 176 patients reviewed, 45 reduced dose and 28 stopped treatment.
- 3.9 The Medicines and Healthcare Regulatory Authority issued a warning in November 2018 about the risk of melanoma associated with medicines containing Hydroxychlorothiazide particularly with long-term use. The Prescribing team identified East Renfrewshire patients on this drug and ensured that patients were made aware of the need for checking skin lesions and moles for changes. Patients with a history of skin cancer were reviewed and had the drug discontinued where appropriate.
- 3.10 One of the areas of prescribing being targeted within 18/19 was long-term prescribing of high strength opioid medicines. These medicines lack evidence of benefit when used long term for chronic non cancer pain and have an increased risk of side effects. They are high risk drugs due to their potential for addiction and dependence also. Reviews of relevant patients on these medicines was undertaken in all practices supported by the prescribing support team with the aim to reduce doses to reduce the risk of adverse effects and improve patient safety.
- 3.11 The professional nursing assurance framework and associated work plan forms the basis of the Senior Nurse Leaders meeting within the partnership. The framework is based on the national nursing and midwifery professional framework developed on behalf of the Scottish Executive Nurse Directors (SEND) with local interpretation to show local assurance systems which are in place and being monitored.

- 3.12 The framework enables an iterative approach to quality improvement activity across all services. The District Nursing service was a targeted service for improvement in response to concerns raised by Unison on behalf of their members working within the service. A review of the service was commissioned by East Renfrewshire Health & Social Care Partnership Senior Management Team. The timeline for the review was from September 2016 – June 2018.
- 3.13 The review found that despite best intentions the operational and professional leadership within the service failed to provide the level of support required for front line staff. This had an impact on the quality of care patients received. Nineteen recommendations are presented under four key headings: Workforce Issues, System/Operational Issues; Continual Professional Development and Practice Issues.
- 3.14 Many improvements have since taken place within the service to address a range of issues which have been identified. Whilst staff morale and team working within the service has greatly improved there is more work to do. Based on the recommendations an improvement plan has been developed with progress being reported locally and to the clinical and care governance group.
- 3.15 The achievements made by East Renfrewshire home and mobile health monitoring are considerable, starting from zero and reaching almost 500 users in 16 months. There is robust evidence from East Renfrewshire of the contribution of HMHM towards achieving:
- A higher percentage of the population self-managing
  - Increased condition control
  - Optimised face to face contacts
  - Improved access to services
- 3.16 There was also good evidence submitted of contributions to resources being used more effectively and efficiently and positive patient/service user experience.

#### 4 Significant Clinical Incidents

- 4.1 Between 01/04/2018 and 31/03/2019 there were 2 incidents which progressed to SCI Investigation.

Directorate	Specialty	Unit	Sub-Category
Mental Health Services	Learning Disabilities	Blythswood House	Sudden Illness/ Deterioration or Collapse
Mental Health Services	Community Mental Health Team	Eastwood Health and Care Centre	Unexpected Death

4.2 Between 01/04/2018 and 31/03/2019 there were 900 patient-related clinical incidents reported.

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Abscondment / Missing	0	1	0	2	2	1	1	1	0	2	2	0	12
Challenging Behaviour	7	11	7	8	15	17	13	8	12	18	8	15	139
Communication	1	1	0	0	2	3	1	2	1	1	1	1	14
Diet Inappropriate	0	0	0	0	0	0	0	1	0	0	0	0	1
Discharge or Transfer Problem	0	0	0	1	0	0	0	0	0	0	0	1	2
Infection Control	0	0	0	0	0	0	0	0	0	1	0	0	1
Medical Devices/Equipment	1	0	0	0	1	0	0	0	0	0	0	0	2
Medication - Administration	2	4	3	2	5	2	1	2	4	0	3	3	31
Medication - Dispensing/Supply	1	0	1	1	1	1	2	1	2	0	0	2	12
Medication - Monitoring	1	0	0	2	1	0	0	1	0	0	0	0	5
Medication - Patient Induced	0	0	0	0	0	0	0	0	0	0	1	1	2
Medication - Prescribing	0	2	0	0	2	2	1	0	1	0	2	0	10
Patient Observations	0	0	0	0	1	0	0	0	0	0	0	0	1
Pressure Ulcer Care	7	3	3	4	5	0	4	4	0	7	4	4	45
Self-Harm	49	52	43	41	45	47	30	45	46	61	40	32	531
Suicide	1	0	0	0	1	0	0	0	0	0	0	0	2
Treatment Problem	0	0	0	0	1	0	0	0	1	0	1	1	4
Other Incidents	5	11	9	5	11	5	9	6	6	5	5	9	86
<b>Total</b>	<b>75</b>	<b>85</b>	<b>66</b>	<b>66</b>	<b>93</b>	<b>78</b>	<b>62</b>	<b>71</b>	<b>73</b>	<b>95</b>	<b>67</b>	<b>69</b>	<b>900</b>

## 5 Clinical Effectiveness

- 5.1 The Clinical Director of East Renfrewshire Health & Social Care Partnership development team and the lead Optometrist for the area have worked on refining and reinforcing the process for signposting patients directly to their local optometrist with any eye problem. Our lead optometrist is providing strong leadership on this and has engaged in a programme of education with his local colleagues. The message appears to be effective, with GPs seeing fewer patients with eye problems and patients receiving an excellent level of care from local optometrists.
- 5.2 Eastwood Cluster has signed up to a Trello board for sharing clinical effectiveness resources, including national and NHS Greater Glasgow and Clyde protocols for treatments and for sharing clinical audit work and Quality Improvement activities. The other two clusters are in the process of following suit.
- 5.3 Health Visiting Service; in 2016 the Scottish Government (SG) released the final version of the Revised Universal Pathway. The Pathway presents a core home visiting programme to be offered to all families by Health Visitors as a minimum standard. The programme consists of 11 home visits to all families - 8 within the first year of life and 3 Child Health Reviews between 13 months and 4-5 years. Spanning the antenatal to pre-school period, it ensures the opportunity for Health Visitors to fulfil their role promoting, supporting and safeguarding the wellbeing of children. It was acknowledged that these additional visits will result in an increased pressure on Health Visitors, consequently funding from SG provided for 200 new

Health Visitors across NHS Greater Glasgow and Clyde to reduce caseload sizes to mitigate this.

- 5.4 A significant recruitment campaign has been ongoing across NHS Greater Glasgow and Clyde to recruit appropriately experienced nurses and support them to undertake the requisite Specialist Community Public Health Nurse qualification. For East Renfrewshire this means we have experienced an incremental increase in the establishment of Health Visitors from 12.3 wte April 2016 to 20.9 wte at end point September 2019 (20.9 wte. includes Team Leads (TL = 1.9 wte) and Clinical Practice Teachers (CPT = 1.8 wte). Due to maternity leave and vacancies the Eastwood team will not be in a state of readiness to commence the pathway until July 2019. The Barrhead team commenced implementation on 1 April 2019.
- 5.5 UNICEF has awarded East Renfrewshire Health & Social Care Partnership, health visiting service the gold award for their work with the baby friendly initiative (BFI). The service was recognised for continuing improving results for families in East Renfrewshire and was highly commended for the way its services have been developed to ensure there are continued improvements in outcomes for babies, their mothers and families as a whole.
- 5.6 Uptake of the 27-30 month assessment is better in East Renfrewshire than in NHS Greater Glasgow and Clyde as a whole. However, we would expect this given the relatively high levels of affluence within East Renfrewshire and the correlation between high affluence and uptake.

### East Renfrewshire

Uptake Rates	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019
% Assess Completed Before 27mth	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Assess Completed Between 27mth-33mth	93%	90%	92%	89%	95%	99%	95%	97%	97%	96%	98%	97%
% Assess Completed After 33mth	2%	4%	3%	8%	4%	0%	0%	0%	0%	0%	2%	1%
% Assess Not Completed	5%	6%	5%	4%	1%	1%	5%	3%	3%	4%	0%	2%

### NHS Greater Glasgow and Clyde

Uptake Rates	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019
% Assess Completed Before 27mth	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%
% Assess Completed Between 27mth-33mth	92%	91%	92%	92%	92%	92%	92%	94%	92%	92%	91%	93%
% Assess Completed After 33mth	2%	2%	3%	2%	3%	3%	2%	2%	3%	3%	3%	1%
% Assess Not Completed	5%	6%	6%	5%	5%	5%	6%	4%	5%	5%	6%	5%

- 5.7 Our uptake for childhood immunisations is strong compared to boards averages – East Renfrewshire have the highest aggregate uptake across 6 – in – 1 ( 96%) plus PCV ( 96%) and Rotavirus (93%) and MenB vaccination (95%) in Greater Glasgow and Clyde.
- 5.8 Specialist learning disability services have a system-wide clinical governance structure which has representation at meetings from learning disability managers and senior clinicians from all of the six Health & Social Care Partnership areas, specialist learning disability inpatient services, the LD clinical director and general manager, with input from clinical effectiveness, clinical risk, academia, service users and carers.
- 5.9 The overall aim of the clinical governance model in Specialist Learning Disability Services is to improve quality, ensure safe, effective and person centred equitable services. There are two clinical governance work plans (inpatient and Health & Social Care Partnership Board-wide) which focus on the following areas: Patient

safety, clinical effectiveness, clinical audit, learning and education, research and development, involvement of patient and carers and development of practice/clinical networks.

- 5.10 Both the inpatient clinical governance and Health & Social Care Partnership - wide clinical governance meetings are held on a bi-monthly basis. The inpatient clinical governance activity is reported via the Health & Social Care Partnership Primary Care & Community Clinical Governance Forum meeting.
- 5.11 Each Health & Social Care Partnership area completes an exception report in advance of the bi-monthly meetings. Exception reports are a standing agenda item at the meeting. All LD SCI reports and all Community LD DATIX incidents are reviewed at the meetings. Progress with any board wide pathway or network development is also reviewed.
- 5.12 The inpatient service has been successful in gaining AIMS accreditation. To date NHS Greater Glasgow and Clyde are only the second learning disability service in Scotland to have achieved this accreditation. In order to get to the standard required, there were six years of continuous planned work with over 50 improvement projects undertaken and completed. A new plan of further quality improvement work is being to develop and will help to ensure the inpatient service retains its accreditation status over the next 3 years.
- 5.13 The main issue for the Learning Disability service is the level of delayed discharges for patients. This continues to have an impact on our ability to admit people who require inpatient care and on system wide MH beds where patients can be waiting for transfer. The service have had recent success with two patients move on to new community placements after meticulous planning and joint working so this is a positive step forward. A suite of system wide improvements has been developed and will be monitored through clinical and care governance arrangements for the service.
- 5.14 The Learning Disability board lead Professional Nurse Advisor has been selected to participate in the Queen's Nurse Programme which brings together community nurses who want to develop their professional skills and who share common values, with a shared title. The title of 'Queen's Nurse' (QN) is available to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice. As part of the participation in this programme the PNA will focus on a quality improvement initiative.
- 5.15 Ongoing from the previous year, patients prescribed DPP4 inhibitors for diabetes were reviewed in all practices by the prescribing team. Reviews ascertained whether patients' diabetes control had improved on these medicines and if not improved by a minimum level, had their medicine discontinued. Those who had benefitted from treatment were then assessed for suitability for switching to the formulary preferred drug, alogliptin. This ensured these were prescribed in line with the NHS Greater Glasgow and Clyde guidelines.
- 5.16 Patients prescribed lidocaine patches were reviewed for ongoing effectiveness and were given advice on trialling periods without to ensure ongoing benefit. A number of patients had treatment stopped or changed as a result of these reviews. This ensures NHS resources are being utilised to their full potential and not spent on treatments that are not having the desired outcome for individual patients.



- 5.17 East Renfrewshire Health & Social Care Partnership workforce plan, aims to ensure the workforce has the skills and competencies required to take on new roles which deliver future models of care that are consistent with the Scottish Government's aims to deliver public sector collaboration and ambitions. Utilisation of the Community Nursing Workforce Assessment Tools provides an important consistent evidence based tool for establishing the staffing needs of a range of services. The national tools were developed in partnership with key stakeholders, researched, tested and refined with final ratification and validation. To date the Nursing and Midwifery Workforce Workload Planning Programme (NMWWPP) has facilitated local implementation and several runs of the tools have been completed within Children and Families Service, District Nursing Learning Disability and Mental Health.
- 5.18 The Health and Care (Staffing) (Scotland) Bill was introduced by the Cabinet Secretary for Health and Sport on 23 May 2018. The timeline for the development and approval of the Bill has now reached the final stage: Stage 3. The Health and Care (Staffing) Scotland Bill will place a legal requirement on NHS boards and care services to ensure that appropriate numbers of suitably trained staff are in place at all times which will include the use of the Nursing and Midwifery Workforce Workload Planning Programme tools. The Nursing and Midwifery Workforce Workload Planning Programme tools form an important building block to ensure safe staffing levels alongside listening to highly skilled professionals enabling them to exercise professional judgment and having flexibility in the system to adapt to real time changes in patient dependency and acuity.
- 5.19 The output from the run of the tools is the focus of discussion within respective teams and services. It is recognised that further work is required to further improve data quality. Output of the runs has been shared with local teams encouraging ownership and the opportunity for the teams to scrutinize, discuss and develop local action plans.

## 6 Clinical Governance Arrangements

- 6.1 The role of the Clinical and Care Governance Group is to consider matters relating to governance, risk management, service user feedback and complaints, standards, education, professional registration and validation, learning, continuous improvement and inspection activity.
- 6.2 Specifically the group is responsible for the following:
- Providing assurance to the Integration Joint Board (IJB), the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place
  - Reviewing significant and adverse events and ensure learning is applied
  - Supporting staff in continuously improving the quality and safety of care
  - Ensuring that service user/patient views on their health and care experiences are actively sought and listened to by services
  - Creating a culture of quality improvement and ensuring that this is embedded in the organisation
- 6.3 The group is chaired by the chair of the Integration Joint Board, along with Integration Joint Board members, membership includes Chief Officer East Renfrewshire Health & Social Care Partnership, Clinical Director, Chief Social Work Officer, Professional Nurse Advisor, AHP Professional Lead (OT), GP

representative, Optometry Lead, Pharmacy Lead, NHS Greater Glasgow and Clyde Clinical Effectiveness representative, Third and Independent Sector representatives, and patient and carer representatives.

- 6.4 The group meets four times a year and the agenda is structured to cover the areas of:
- Professional Leadership/Standards including registration and practice assurance
  - Improvement Activity including self-evaluation and clinical governance actions
  - Service Care Group Activity
  - Patient/Service User Views including complaints, surveys and feedback
  - Quality and Safety of Care including public protection , Inspections and Contract Monitoring
  - Review of Significant and Adverse Events
- 6.5 The Clinical Director completes an exception report 6 times per year to submit to the Partnership and Community Clinical and Care Governance Forum (PCCCGF). The Clinical Director and Chief Nurse attend the meeting. An arrangement is in place for the Chief Nurse to provide an update report to the group in the absence of the Clinical Director.
- 6.6 The Clinical and Care Governance Committee met on 20<sup>th</sup> June 2018, 31st October 2018 and 6<sup>th</sup> March 2019. At the meeting of the Integration Joint Board on 20 March 2019, it was agreed to introduce new arrangements for the oversight of clinical and care governance within the Health and Social Care Partnership. The first meeting of the Clinical and Care Governance Group takes place on 5<sup>th</sup> June 2019.



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 September 2019
<b>Agenda Item</b>	10
<b>Title</b>	Charging for Services
<p><b>Summary</b></p> <p>To provide members of the Integration Joint Board with the proposed charges within the HSCP for the financial year 2020/21, as set out in the attached draft Cabinet paper which is seeking agreement of the proposed increase to existing charges.</p> <p>The HSCP Charging Policy for Non Residential Care is also enclosed for note. The authority to agree the policy was remitted by the Council's Cabinet to the Chief Officer / Chief Financial Officer.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to agree the proposed charges for 2020/21 and remit the attached paper to East Renfrewshire Council's Cabinet on 28 November 2019.</p>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></p> <p> <input checked="" type="checkbox"/> Financial      <input checked="" type="checkbox"/> Policy      <input type="checkbox"/> Legal      <input type="checkbox"/> Equalities  <input type="checkbox"/> Efficient Government      <input type="checkbox"/> Staffing      <input type="checkbox"/> Property/Capital      <input type="checkbox"/> IT </p>	

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EAST RENFREWSHIRE COUNCILCABINET28 November 2019Report by Chief Officer – Health and Social Care PartnershipHEALTH AND SOCIAL CARE PARTNERSHIP - CHARGING FOR SERVICES**PURPOSE OF REPORT**

1. To update Cabinet on the proposed charges within the HSCP for financial year 2020/21.

**RECOMMENDATION**

2. The Cabinet is asked to:
- (a) Note this update on charging within the HSCP; and
  - (b) Agree the proposed increase to existing charges

**BACKGROUND**

3. This report is produced annually and identifies the proposed charging increases for 2020/21. The legislation supporting the integration of health and social care determines that the authority and approval for setting charges for social care remains with the council, this function was not delegated to the Integration Joint Board.

4. The Integration Joint Board received this charging report at its meeting on 25 September and agreed to remit the 2020/21 charging increases to Cabinet for approval.

**REPORT**

5. The stand rate of inflation at 2.6% is the basis of increase to the existing charges within the HSCP. As with prior years this has been rounded up or down to the nearest £0.05. The proposed treatment of each existing charge is set out below:

Service	2019/20 Charge	Proposed Change	2020/21 Proposed Charge
	£		£
Community Alarms (per week)	2.50	Increase by £0.10 (4.0%)	2.60
Meals 2 courses	4.50	Increase by £0.10 (2.2%)	4.60
Meals 3 courses	4.70	Increase by £0.10 (2.1%)	4.80
Room Hire (per day)	6.40	Increase by £0.20 (3.1%)	6.60
Day care Charges to Other Local Authorities (per day)	113.00	Increase by £2.90 (2.6%)	115.90
Blue Badges (per application)	20.00	No change proposed	20.00
Bonnyton Residential Care (per week)	718.00	Increase by £18.70 (2.6%)	736.70
Inclusive Support Holiday Programme (per day)	35.00	Increase by £0.90 (2.6%)	35.90

6. The proposed contribution level for Individual Budgets will be 5% of the chargeable element of the budget. Where an individual budget is on place the contribution will

supersede any charge for individual aspects of a care package.

7. The HSCP has a non-residential care charging policy in place to support the charges above.

### **FINANCE AND EFFICIENCY**

8. All financial issues are included in the report above. The proposed charges, as set out in the table above, will generate £26,000 income. The contribution from implementation of Individual Budgets is in the early stages of implementation and will continue to be assessed.

### **CONSULTATION**

9. A full consultation and equalities impact assessment were undertaken prior to implementation of the Individual Budget proposals.

### **PARTNERSHIP WORKING**

10. The setting of fees and charges remains a responsibility of East Renfrewshire Council under the legislation.

### **IMPLICATIONS OF THE PROPOSALS**

11. A full equalities impact assessment was undertaken as part of the development of the Individual budget implementation.

12. There are no implications in relation to staffing, property, legal, sustainability or IT implications

### **CONCLUSIONS**

13. The proposed increases to existing charges are in line with inflation.

### **RECOMMENDATIONS**

14. The Cabinet is asked to:

- (a) Note this update on charging within the HSCP;
- (b) Agree the proposed increase to existing charges;

### **REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)

[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

0141 451 0746

Chief Officer, IJB: Julie Murray

### **BACKGROUND PAPERS**

IJB 26.06.2019 - Individual Budget Update

<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24642&p=0>

IJB 27.06.2018 - Individual Budgets Self Directed Support Update

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22619&p=0>

CABINET 30.11.2017 - HSCP Charging for Services

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21429&p=0>

DRAFT subject to IJB approval

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# East Renfrewshire Health and Social Care Partnership

## Non Residential Care Charging Policy 2019/20

<b>Author:</b>	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)		
<b>Creation Date:</b>	September 2019		
<b>Review Dates:</b>	<b>Date of last review:</b>	N/A	<b>Date of next review:</b> March 2020

## Introduction

1. This Charging Policy explains how East Renfrewshire Health and Social Care Partnership (HSCP) considers and calculates the contribution to cost that people who use services will be expected to pay towards the services they receive from the HSCP.
2. Charges apply whether the service is provided directly from the HSCP, or by an external provider commissioned to provide services on the HSCP's behalf or where a person receives an individual budget (direct payment) and arranges their own support.
3. There are some services for which charges do not apply:
  - a) Criminal Justice social work services
  - b) Children in need, including; children subject to statutory and voluntary supervision arrangements, or are involved with social work under section 12 or section 22
  - c) People with mental health problems who are subject to community care or supervision and / or criminal court orders
4. There are some services which are provided free of charge:
  - Care at Home on discharge from hospital for a period of reablement
  - Free Personal Care and Free Nursing Care
  - Carers; some services to support unpaid carers will not be chargeable
5. The charges are set in line with statutory requirements and National Guidance, are remitted by the Integration Joint Board of the HSCP to East Renfrewshire Council to be approved by elected members and reviewed on an annual basis through the budget setting process.
6. The policy to support annual charges will be reviewed annually referencing the relevant legislation and guidance, including but not limited to the COSLA National Strategy and Guidance on charging for non-residential care. The key points from this guidance can be summarised:
  - a) The threshold for single people and couples be based on Income Support Personal Allowance, the Pension Credit – Standard Minimum Guarantee and a buffer of 25% of the thresholds to be up-rated on an annual basis, using the figures announced in November each year. Charging policies that reduce users' net income below these basic levels are not acceptable and undermine social inclusion policies.
  - b) The level of charge, which the service user will pay, will be determined by individual Local Authorities. Any charges should not exceed the cost of providing the service.
  - c) Local Authorities should consider adopting a common approach to the treatment of income used to establish the threshold figure. This would take account of net

earnings, all social security benefits with the exception of the mobility component of the Disability Living Allowance.

- d) Local Authorities should ensure equality in charging irrespective of their financial circumstances, and widening client access to income maximisation.
  - e) Local Authorities should exercise discretion to disregard some forms of income
  - f) Where the service user has dependent children, recognition should be afforded to the costs associated with raising and maintaining children. To this end, all benefits paid for, or on behalf of a dependent child, will be disregarded.
  - g) Local Authorities should adopt capital rules similar to those applied in respect of Income Support, but without an upper level beyond which people would be refused service. This guidance does not prevent local authorities from using a higher capital threshold should they wish.
  - h) Where a service user has difficulty in meeting the approved cost of the service, due to their financial circumstances, it is recommended that councils use their powers to abate or waive charges. Local authorities should provide adequate information in their policies on waiving and abating charges.
  - i) It is recommended that all Local Authorities be pro-active in promoting benefit take up for service users. Where possible, local authorities should ensure that there are dedicated staff to promote and assist with Income Maximisation processes for service users.
  - j) All councils should provide clear and concise public information to service users on what elements of the service are free, what can be charged and what the level of charge will be.
7. Charges are linked to an individual's ability to pay. How we determine this is through a Financial Assessment with supporting detail in Appendix 1 to this policy.
8. Where a financial
9. The Chief Officer and Chief Financial Officer of the HSCP have the delegated authority to waive a charge in exceptional circumstances.
10. When a person is in receipt of an individual budget a contribution towards the cost of care is an element of the budget calculator. This contribution will supersede any charge for individual service elements. The Chief Officer and Chief Financial Officer of the HSCP have the delegate authority to set this contribution level of between 5% to 10% of the chargeable elements of the individual budget, to be deducted at source.
11. Where a financial assessment is undertaken as part of an Individual Budget only the individual's income will be assessed, this is because the wider support is taken account of within the budget calculator.
12. Where there is a Technology Enabled Care element to a care package that is reliant on community alarm technology the charge normally levied for a community alarm will not apply.

### Financial Assessment – An Assessment of Ability to Pay

1. The Convention of Scottish Local Authorities (CoSLA) provides annual advice on the level of weekly income below which a person cannot be asked to pay charges. These are known as Minimum Income Thresholds and are updated each financial year in line with the Department of Work and Pensions (DWP) benefit up-rates.
2. If the assessable weekly income is less than the income threshold figure, there will be no charge for services other than any flat rate charges e.g. payment for trips and outings not part of a care plan.
3. If the assessable weekly income is more than the income threshold figure, the charge or contribution will apply.
4. Financial Assessments will be carried out by the HSCP's Finance Support Officer and / or the Council's Money Advice and Rights Team (MART). We will meet with service users and gather appropriate financial information to enable the charge to be determined.
5. Where individuals do not wish to claim benefits to which they are entitled they will be financially assessed as if they were in receipt of these benefits.
6. Where a financial assessment is declined the full charge or contribution for the service will be applied.
7. We will not ask you to pay more than you can reasonably afford. When we ask you about your income to see how much you can pay, this is known as a Financial Assessment.

Each year we will set a weekly income amount for single people and couples depending on their age as follows:

Single person under pension age	£135
Single person over pension age	£210
Couple under pension age	£205
Couple over pension age	£320

If your income is below this weekly amount, we will not charge you for services. This does not apply to any flat rate charged services described below.

- You will be asked to give information on your income every year.
- We look at your total weekly income from all sources including you capital and savings. (A set amount is ignored from your capital and savings).
- We disregard set amounts depending on your age as shown above.

## **Income Disregarded in the Financial Assessment**

8. The following income sources are disregarded:

- Disability Living Allowance, Personal Independence Payment (PIP) and Attendance Allowance
- War Widows Pension and War Disability Pension
- Kinship Care/Residence payments
- Industrial Injuries Benefit
- Payments made from a Gallantry award
- Any pension paid from the Austrian or German Government as compensation
- Income derived from benefits paid for or on behalf of children

### **We also disregard:**

Any backdated benefits you receive as a result of a benefit check (for 52 week)  
Any other charges applied by the Council (does not include the leisure trust)

### **Treatment of Capital:**

- Capital such as savings, bonds, stocks and shares, ISAs etc. will be taken into account in determining charges for the service.
- Capital and/ or savings up to a set disregard threshold will be disregarded (this amount is reviewed annually) as will be any property owned and lived in by the service user.
- For service users with capital in excess of the disregard threshold, a tariff income is applied. For people over pension age, this is currently £1 for each band of £500 over the disregard threshold and for people under pension age, the tariff is £1.00 for each band of £250 over the disregard threshold. These amounts are added to assessed income.

## **Non-Disclosure or Incorrect Information Provided in Respect of Financial Assessment**

If an individual does not wish to divulge financial information for the financial assessment, the HSCP will apply the full charge or contribution for the service.

If incorrect financial information has been provided the HSCP will seek to recover any amount due or will reimburse any amount overpaid. A new financial assessment will be undertaken and the correct charge applied.

The HSCP will have the right to pursue charges not paid through East Renfrewshire Council's corporate debt recovery process.

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	<b>Integration Joint Board</b>
<b>Held on</b>	<b>25 September 2019</b>
<b>Agenda Item</b>	11
<b>Title</b>	<b>REAPPOINTMENT OF IJB MEMBERS</b>
<p><b>Summary:</b></p> <p>Report seeking the reappointment of members of the IJB.</p>	
<b>Presented by</b>	Eamonn Daly, Democratic Services Manager, East Renfrewshire Council
<p><b>Action required:</b></p> <p><b>That the reappointment of those persons listed in the report be approved.</b></p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Finance      <input type="checkbox"/> Policy      X Legal      <input type="checkbox"/> Equalities  <input type="checkbox"/> Risk      <input type="checkbox"/> Staffing      <input type="checkbox"/> Directions      <input type="checkbox"/> Infrastructure </p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 September 2019**

**Report by Chief Officer**

**REAPPOINTMENT OF IJB MEMBERS**

**PURPOSE OF REPORT**

1. To seek approval for the reappointment of Board members.

**RECOMMENDATION**

2. That the Integration Joint Board approves the reappointment of those Board members as listed.

**REPORT**

3. The Public Bodies (Joint Working)(Integration Joint Boards)(Scotland) Order 2014, sets out the composition of Integration Joint Boards. The Order also allows discretion for each board to appoint additional members as it sees fit, subject to certain qualifications. These membership arrangements have been incorporated into the Board's own Standing Orders (Section 2)

4. The Order and Standing Orders also set out the term of office of members of the Board. Other than the Chief Officer, Chief Social Work Officer and the Section 95 Officer who will remain as members of the Board for as long as they remain in office, the term of office for members of the Board is 3 years. Members are re-eligible for appointment.

5. The members of the Board who require to be reappointed are:-

- Dr Angela Campbell
- Dr Deidre McCormick
- Andrew McCready
- Ian Smith
- Anne Marie Kennedy
- Geoff Mohamed

6. Once reappointed the appointments will last for a further 3 years until September 2022.

7. There are currently 3 vacancies on the Board:- Clinical Director; AHP Lead and Service User. Once persons have been identified for each of these positions, the matter will be reported to the Board for their appointments to be approved. Their appointments would run for three years thereafter.

**FINANCE AND EFFICIENCY**

8. There are no financial implications arising from this report.

**CONSULTATION AND PARTNERSHIP WORKING**

9 As this is a governance matter consultation has taken place with the Chief Officer.

**IMPLICATIONS OF THE REPORT**

10. There are no implications in respect of staffing, property, legal IT, equalities or sustainability arising from this report.

**CONCLUSIONS**

11. Reappointment of the members will comply with the requirement of the 2014 Order and the Board's own Standing Orders.

**RECOMMENDATION**

12. That the Integration Joint Board approves the reappointment of those Board members as listed.

**REPORT AUTHOR AND PERSON TO CONTACT**

Name: Eamonn Daly, Democratic Services Manager, East Renfrewshire Council:  
Tel: 0141 577 3023  
Email address: [eamonn.daly@eastrenfrewshire.gov.uk](mailto:eamonn.daly@eastrenfrewshire.gov.uk)

BACKGROUND PAPERS - NONE



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	25 September 2019
<b>Agenda Item</b>	12
<b>Title</b>	Revenue Budget Monitoring Report 2019/20; position as at 31 July 2019
<b>Summary</b>	
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>	
The Integration Joint Board is asked to note the projected outturn for the 2019/20 revenue budget.	
<b>Implications checklist – check box if applicable and include detail in report</b>	
<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Policy
<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Staffing
<input type="checkbox"/> Legal	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Equalities	<input type="checkbox"/> Directions

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**25 September 2019**

**Report by Chief Financial Officer**

**REVENUE BUDGET MONITORING REPORT**

**PURPOSE OF REPORT**

1. To advise the Integration Joint Board of the projected outturn position of the 2019/20 revenue budget.

**RECOMMENDATIONS**

2. The Integration Joint Board is asked to note the projected outturn for the 2019/20 revenue budget.

**BACKGROUND**

3. This report forms part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained.

**REPORT**

4. The consolidated budget for 2019/20, and projected outturn position is reported in detail at Appendix 1. This shows a projected overspend of £0.368 million against a full year budget of £118.499 million (0.31%). This is an improvement of £0.099 million from the position last reported, mainly due to staff vacancies. Any overspend at the end of the year will be funded from reserves, if required. Appendices 2 and 3 set out the operational position for each partner.
5. The projected overspend is principally due to;
  - £0.487 million based on the current cost of care packages within Eastwood and Barrhead localities
  - £0.457 million Care at Home, offset by:
    - £0.349 million care package and staffing costs within Children & Families
    - £0.154 million within Recovery Services
    - £0.100 million staffing costs within Intensive Services
6. The consolidated budget, and associated direction to our partners is detailed at Appendix 5. This is reported to each IJB and reflects in year revisions to our funding.
7. The budget virements relating to the ERC ledgers for operational budgets are identified at Appendix 7. No budget virements are requested in this report.
8. The NHS contribution adjustments are identified in Appendix 5 and do not require operational virement approval.
9. The main projected operational variances as set out below with projected costs based on known commitments and activity from the first quarter of 2019/20.

10. **Children & Families £349k underspend** is a combination of staff turnover and the current projected costs of residential care and direct payment costs, including assumptions for increased activity during the year. This is a reduction of £227k in projected costs since last reported; based on current staff vacancies and recruitment plans, inclusive of £50k cost pressures within Health Visiting where a number of staff are at higher increment points than the budget model.
11. **Localities Services - Barrhead £224k overspend** is an increase in projected costs of £80k, reflecting the current care package costs which allows for an increase in placements during the remainder of the financial year. There is also turnover from District Nursing and Rehabilitation staff being experienced in the current financial year.
12. **Localities Services – Eastwood £287k overspend** also reflects the current projected care packages with a provision for further placements during the remainder of the year. This is an increase in costs of £120k since last reported. There is also turnover from District Nursing and Rehabilitation staff being experienced in the current financial year.
13. **Intensive Services £361k overspend** is a £74k reduction in projected costs, mainly from a revised projection on agency staff usage in Bonnyton House. The overspend is due to £457k Care at Home (both purchased and the in house service), offset in part by £100k of staff turnover within day care and telecare services. The projected co
14. The current care package projections included within the Localities and Intensive services by client group are:
  - £376k Older People
  - £315k Physical and Sensory
  - £256k Learning Disability
15. **Learning Disability Inpatients** is currently projected to budget. The ongoing bed redesign is dependent on the timing of the redesign of community provision by the other HSCPs, with the transition funding reserve remaining in place to support this. Whilst the inpatients service is currently underspending we are assuming a break even as we anticipate high staff costs later in the year associated with location changes for two very complex individuals.
16. **Recovery Services Mental Health £54k underspend** remains mainly from staff turnover.
17. **Recovery Services Addictions £100k underspend** is from staffing and care package cost commitments and is unchanged since last reported.
18. **Prescribing Nil Variance.** The final budget by GP service has recently been agreed and the £630k pressure funding agreed by the IJB for 2019/20 should be sufficient to meet the current projected costs of uplifts and other cost and demand changes. It is too early in the financial year for any accurate trends to have emerged and projections will be reported as current year costs and intelligence build.
19. **Primary Care Improvement Plan and Mental Health Action 15.** The 2019/20 budgets have been agreed and a summary of each is set out at Appendices 9 and 10. The Scottish Government have confirmed that whilst the current year allocations have been reduced by the level of earmarked reserves we hold the totality of funding will be available to us, on evidenced need. We provide regular returns to the Scottish Government to support our plans and evidence our spending profiles.
20. The current projected revenue budget overspend of £0.368 million and will be funded from our budget savings reserve as and if required.

21. The year to date position is detailed at Appendix 4 and reflects an underspend of £0.074m and reflects timing differences between actual year to date costs to the profiled budget.
22. The reserves position as reported at Appendix 6, are as detailed within the Un Audited Annual Report and Accounts approved by the IJB on 26 June 2019, and are to audit.
23. There are no virement requests relating to this report (Appendix 7).

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

24. Savings and efficiencies included in the ERC contribution of £3.097 million have been applied in full to the 2019/20 budget as have the NHSGGC savings of £0.585 million.
25. The directions as detailed at Appendix 5 show the latest set aside budget as advised by NHSGGC of £17.046 million. This budget remains notional at this stage however work is ongoing to progress this.

### Risk

26. As previously reported there remain a number of risks which could impact on the current and future budget position; including:
  - Achieving all existing savings on a recurring basis
  - Continued redesign of sleepovers and wider care package costs and demand
  - Achieving turnover targets
  - Prescribing remaining within budget and reserve
  - Observation and Out of Area costs within Learning Disability Specialist Services

### Directions

27. The directions to our partners are detailed at Appendix 5.
28. The report reflects a projected breakeven position after the potential contribution of £0.368 million from reserves for the year to 31 March 2020.
29. There are no Staffing, Infrastructure, Equalities, Policy or Legal implications

## **CONSULTATION AND PARTNERSHIP WORKING**

30. The Chief Financial Officer has consulted with our partners.
31. This revenue budget reflects the consolidation of funding from both East Renfrewshire Council and NHS Greater Glasgow and Clyde. The HSCP operates under the Financial Regulations as approved by the Performance and Audit Committee on 18 December 2015.

## **CONCLUSIONS**

32. Appendix 1 reports a projected in year overspend of £0.368 million for the year to 31 March 2020 being funded from reserves, as required.

## RECOMMENDATIONS

33. The Integration Joint Board is asked to note the projected outturn position of the 2019/20 revenue budget

## REPORT AUTHOR

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)  
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Ian Arnott, Accountancy and Contracts Manager  
[ian.arnott@eastrenfrewshire.gov.uk](mailto:ian.arnott@eastrenfrewshire.gov.uk)

3 September 2019

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

IJB 14.08.2019 – Revenue Budget Monitoring Report  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24915&p=0>

IJB 01.05. 2019 - Revenue Budget Monitoring Report  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24320&p=0>

IJB 20.03.2019 – Revenue Budget Monitoring Report  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24051&p=0>

IJB 30.01.2019 – Revenue Budget Monitoring Report  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23711&p=0>

IJB 26.09.2018 - Revenue Budget Monitoring Report  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23089&p=0>

IJB 29.06.2018 – Budget Update 2018/19  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22620&p=0>

IJB 04.04.2018 – Revenue Budget Monitoring Report  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22103&p=0>



## Consolidated Monitoring Report

## Projected Outturn Position to 31st March 2020

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection - Children & Families	12,522,000	12,173,000	349,000	2.79%
Public Protection - Criminal Justice	-	-	-	0.00%
Localities Services - Barrhead	15,240,000	15,464,000	(224,000)	(1.47%)
Localities Services - Eastwood	19,333,000	19,620,000	(287,000)	(1.48%)
Intensive Services	10,371,000	10,732,000	(361,000)	(3.48%)
Learning Disability - Inpatients	8,393,000	8,393,000	-	0.00%
Recovery Services - Mental Health	4,503,000	4,449,000	54,000	1.20%
Recovery Services - Addictions	1,050,000	950,000	100,000	9.52%
Family Health Services	21,740,000	21,740,000	-	0.00%
Prescribing	15,766,000	15,766,000	-	0.00%
Planning & Health Improvement	258,000	258,000	-	0.00%
Finance & Resources	9,323,000	9,322,000	1,000	0.01%
<b>Net Expenditure</b>	<b>118,499,000</b>	<b>118,867,000</b>	<b>(368,000)</b>	<b>(0.31%)</b>
Contribution to / (from) Reserve	-	(368,000)	368,000	0.00%
<b>Net Expenditure</b>	<b>118,499,000</b>	<b>118,499,000</b>	<b>-</b>	<b>-</b>

Note ; ERC & NHS figures for the month ended 31 July 2019

Net Contribution To / (From) Reserves	£ <u>(368,000)</u>
Analysed by Partner ;	
NHS	95,000
Council	<u>(463,000)</u>
Contribution to / (from) Reserve	<u>(368,000)</u>

## Council Monitoring Report

## Projected Outturn Position to 31st March 2020

Subjective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	22,122,000	21,976,000	146,000	0.66%
Property Costs	968,000	941,000	27,000	2.79%
Supplies & Services	2,390,000	2,381,000	9,000	0.38%
Transport Costs	224,000	320,000	(96,000)	(42.86%)
Third Party Payments	37,713,000	38,394,000	(681,000)	(1.81%)
Support Services	2,331,000	2,331,000	-	(0.00%)
Income	(16,469,000)	(16,601,000)	132,000	0.80%
Net Expenditure	49,279,000	49,742,000	(463,000)	(0.94%)
Contribution to / (from) Reserve	-	(463,000)	463,000	0.00%
Net Expenditure	49,279,000	49,279,000	-	0.00%

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection -Children & Families	8,662,000	8,341,000	321,000	3.71%
Public Protection - Criminal Justice	-	-	-	(0.00%)
Localities Services - Barrhead	11,622,000	11,873,000	(251,000)	(2.16%)
Localities Services - Eastwood	13,007,000	13,342,000	(335,000)	(2.58%)
Intensive Services	8,538,000	8,899,000	(361,000)	(4.23%)
Recovery Services -Mental Health	1,351,000	1,351,000	-	(0.00%)
Recovery Services - Addictions	279,000	179,000	100,000	35.84%
Finance & Resources	5,820,000	5,757,000	63,000	1.08%
Net Expenditure	49,279,000	49,742,000	(463,000)	(0.94%)
Contribution to / (from) Reserve	-	(463,000)	463,000	0.00%
Net Expenditure	49,279,000	49,279,000	-	0.00%

## Notes

1 Figures quoted as at 31 July 2019

2 The projected underspend / (overspend) will be taken to / (from) reserves at year end.

3 Contribution To / (From) Reserves is made up of the following transfer;

	£
Contribution from In Year Pressures Reserve	<u>(463,000)</u>

## NHS Monitoring Report

Projected Outturn Position to 31st March 2020

Subjective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	18,300,000	18,219,000	81,000	0.44%
Non-pay Expenditure	44,175,000	44,351,000	(176,000)	(0.40%)
Resource Transfer/Social Care Fund	10,582,000	10,582,000	-	-
Income	(3,837,000)	(3,837,000)	-	-
Net Expenditure	69,220,000	69,315,000	(95,000)	(0.14%)

Contribution to / (from) Reserve	-	(95,000)	95,000	
Net Expenditure	69,220,000	69,220,000	-	

Objective Analysis	Full Year			
	Budget £	£	Variance (Over) / Under £	Variance (Over) / Under %
Childrens Services	2,000,000	1,972,000	28,000	1.40%
Localities Services - Barrhead	1,122,000	1,095,000	27,000	2.41%
Localities Services - Eastwood	3,549,000	3,501,000	48,000	1.35%
Learning Disability - Inpatient	8,393,000	8,393,000	-	0.00%
Recovery Services - Mental Health	2,846,000	2,792,000	54,000	1.90%
Family Health Services	21,740,000	21,740,000	-	-
Prescribing	15,766,000	15,766,000	-	(0.00%)
Recovery Services - Addictions	711,000	711,000	-	(0.00%)
Planning & Health Improvement	258,000	258,000	-	0.00%
Finance & Resources	2,253,000	2,315,000	(62,000)	(2.75%)
Resource Transfer	10,582,000	10,582,000	-	-
Net Expenditure	69,220,000	69,125,000	95,000	0.14%

Contribution to / (from) Reserve	-	95,000	(95,000)	0.00%
Net Expenditure	69,220,000	69,220,000	-	0.00%

## Notes

1 Figures quoted as at 31 July 2019

2 Resource Transfer and the Social Care Fund is re allocated across client groups at the consolidated level as detailed below;

£

Childrens Services	1,860,000
Localities Services - Eastwood	2,496,000
Localities Services - Eastwood	2,777,000
Intensive Services	1,833,000
Recovery Services - Mental Health	306,000
Recovery Services - Addictions	60,000
Finance & Resources	1,250,000
	<u>10,582,000</u>

3 Contribution To / (From) Reserves is made up of the following transfer;

£

Total Contribution to / (from) Reserves	<u>95,000</u>
-----------------------------------------	---------------

Year To Date Position as at 31 July 2019

Council Monitoring Report

Subjective Analysis	Year To Date			
	Budget £	Actual £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	6,471,000	6,237,000	234,000	3.62%
Property Costs	288,000	223,000	65,000	22.57%
Supplies & Services	285,000	241,000	44,000	15.44%
Transport Costs	63,000	68,000	(5,000)	(7.94%)
Third Party Payments	9,201,000	9,753,000	(552,000)	(6.00%)
Support Services	-	-	-	0.00%
Income	(902,000)	(989,000)	87,000	9.65%
Net Expenditure	15,406,000	15,533,000	(127,000)	(0.82%)

NHS Monitoring Report

Subjective Analysis	Year to Date			
	Budget £	Actual £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	6,036,000	5,859,000	177,000	2.93%
Non-pay Expenditure	14,204,000	14,380,000	(176,000)	(1.24%)
Resource Transfer	1,921,000	1,921,000	-	-
Income	(503,000)	(502,000)	(1,000)	-
Net Expenditure	21,658,000	21,658,000	-	(0.00%)
<b>Total</b>	<b>37,064,000</b>	<b>37,191,000</b>	<b>(127,000)</b>	<b>(0.34%)</b>

## Notes

- 1 NHSGCC employee variances reflect vacant posts
- 2 Budget profiling is regularly reviewed to eliminate any unnecessary variances, however it needs to be recognised that, given the nature of the spend, budget profiling is not exact. The budget to date does not reflect the impact of the proposed budget virements.

## Budget Reconciliation &amp; Directions

	NHS £000	ERC £000	IJB £000	Total £000
<b>Funding Sources to the IJB</b>				
1 Original Revenue Budget Contributions	67,577	49,350	-	116,927
Subsequent Contribution Revisions				
Inflation uplift minor change	4	-	-	4
Continuing care beds minor change	(14)	-	-	(14)
Health Visiting - allocation of central budget	210	-	-	210
AAC Equipment budget	51	-	-	51
Family Health Services	601	-	-	601
FPC/FPNC <65's - Franks Law	-	490	-	490
CJS Grant Income	-	(561)	-	(561)
Employers Superannuation	716	-	-	716
Mental Health	75	-	-	75
<b>Current Revenue Budgets</b>	<b>69,220</b>	<b>49,279</b>	<b>-</b>	<b>118,499</b>
<b>Funding Outwith Revenue Monitoring</b>				
Housing Aids & Adaptations *	-	550	-	550
Set Aside notional Budget	17,046	-	-	17,046
<b>Total IJB Resources</b>	<b>86,266</b>	<b>49,829</b>	<b>-</b>	<b>136,095</b>
<b>Directions to Partners</b>				
Revenue Budget	69,220	49,279	-	118,499
Social Care Fund	(5,161)	5,161	-	-
Integrated Care Fund	(673)	673	-	-
Delayed Discharge	(264)	264	-	-
	<b>63,122</b>	<b>55,377</b>	<b>-</b>	<b>118,499</b>
Housing Aids & Adaptations *	-	550	-	550
Set Aside notional Budget	17,046	-	-	17,046
	<b>80,168</b>	<b>55,927</b>	<b>-</b>	<b>136,095</b>

East Renfrewshire HSCP - Revenue Monitoring 2019/20  
Projected Reserves as at 31 March 2020

<b>Earmarked Reserves</b>	<b>Reserve Brought Forward to 2019/20*</b>	<b>2019/20 Projected spend</b>	<b>Projected balance 31/3/20</b>	<b>comment</b>
	£	£	£	
<b>Scottish Government Funding</b>				
Mental Health - Action 15	110,925	110,925	-	Applied in 2019/20
Alcohol & Drugs Partnership	68,303	68,303	-	Applied in 2019/20
Primary Care Improvement	185,823	185,823	-	Applied in 2019/20
Primary Care Transition Fund	234,201	234,201	-	Applied in 2019/20
<b>Scottish Government Funding</b>	<b>599,252</b>	<b>599,252</b>	<b>-</b>	
<b>Bridging Finance</b>				
Budget Savings Reserve	1,137,741	368,000	769,741	Draw required to balance 2019/20
In Year Pressures Reserve	500,000	250,000	250,000	Provisional estimate for Bonnyton decant
Prescribing	222,000	-	222,000	To smooth prescribing pressures
<b>Bridging Finance</b>	<b>1,859,741</b>	<b>618,000</b>	<b>1,241,741</b>	
<b>Children &amp; Families</b>				
Residential Accommodation	460,000	-	460,000	To smooth the impact of high cost residential
Children 1st	68,906	68,906	-	2019/20 funding requirement
Home & Belonging	100,000	-	100,000	2019/20 part year funding requirement
Continuing Care	35,000	35,000	-	2019/20 funding requirement
<b>Children &amp; Families</b>	<b>663,906</b>	<b>103,906</b>	<b>560,000</b>	
<b>Transitional Funding</b>				
Learning Disability Specialist Services	1,039,134	-	1,039,134	Application determined by community placement
<b>Total Transitional Funding</b>	<b>1,039,134</b>	<b>-</b>	<b>1,039,134</b>	
<b>Projects</b>				
District Nursing	38,800	38,800	-	Applied in 2019/20
Active Lives	55,000	55,000	-	Applied in 2019/20
Projects & Initiatives - 1	52,500	-	52,500	Timing of use being reviewed
Projects & Initiatives - 2	57,230	-	57,230	Timing of use being reviewed
LD Non Specialist Services	48,800	-	48,800	Timing of use being reviewed
<b>Projects</b>	<b>252,330</b>	<b>93,800</b>	<b>158,530</b>	
<b>Repairs &amp; Renewals</b>				
LD Non Specialist Services	100,000	-	100,000	Will be applied as required
<b>Repairs &amp; Renewals</b>	<b>100,000</b>	<b>-</b>	<b>100,000</b>	
<b>Capacity</b>				
Care at Home	250,000	250,000	-	To support action plan
Partnership Strategic Framework	200,000	-	200,000	Timing of use being refined
Organisational Learning & Development	100,000	-	100,000	Timing of use being refined
<b>Capacity</b>	<b>550,000</b>	<b>250,000</b>	<b>300,000</b>	
<b>Total All Earmarked Reserves</b>	<b>5,064,363</b>	<b>1,664,958</b>	<b>3,399,405</b>	
<b>General Reserves</b>				
East Renfrewshire Council	109,200	-	109,200	
NHSGCC	163,000	-	163,000	
<b>Total General Reserves</b>	<b>272,200</b>	<b>-</b>	<b>272,200</b>	
<b>Grand Total All Reserves</b>	<b>5,336,563</b>	<b>1,664,958</b>	<b>3,671,605</b>	

\* 2018/19 balances carried forward to 2019/20- subject to audit

East Renfrewshire HSCP - Revenue Budget Monitoring 2019/20  
Budget Virement

Appendix 7

2019/20 budget						
Subjective Analysis	Revised 2019/20 Budget	(1)	(2)	(3)	(4)	Revised 2019/20 Budget
	P3 £					P4 £
Employee Costs	22,122,000					22,122,000
Property Costs	968,000					968,000
Supplies & Services	2,390,000					2,390,000
Transport Costs	224,000					224,000
Third Party Payments	37,713,000	-				37,713,000
Support Services	2,331,000					2,331,000
Income	(16,469,000)					(16,469,000)
Net Expenditure	49,279,000	-	-		-	49,279,000
2019/20 budget						
Objective Analysis	Revised 2019/20 Budget	(1)	(2)	(3)	(4)	Revised 2019/20 Budget
	P3 £					P4 £
Public Protection - Childrens & Families	8,662,000					8,662,000
Adult Health - Intensive Services	8,538,000					8,538,000
Adult Health - Localities Services Barrhead	11,622,000					11,622,000
Adult Health - Localities Services Eastwood	13,007,000					13,007,000
Recovery Services - Mental Health	1,351,000					1,351,000
Recovery Services - Addictions	279,000					279,000
Public Protection - Criminal Justice	-					-
Finance & Resources	5,820,000					5,820,000
Net Expenditure	49,279,000	-	-		-	49,279,000

There are no virement requests as at 31 July 2019

## Analysis of Savings Delivery

Saving	2019/20 Savings Delivery		
	Approved Saving 2019/20 Budget £	Projected Saving 2019/20 £	Comments
<b>New savings agreed as part of 2018-21 budget - ERC</b>			
Recurring IJB Funding	547,000	547,000	Saving achieved
Project Flexibly - ICF	500,000	500,000	Saving achieved
Recurring Sustainability Funding	450,000	450,000	Saving achieved
Interim Funding & C Alarm Income	200,000	200,000	Saving achieved
Fit for The Future - Phase 2	250,000	250,000	Full saving projected; reserve will offset any in year shortfall
Digital Efficiencies	250,000	250,000	Full saving projected; reserve will offset any in year shortfall
Rationalisation of Community Resources	100,000	100,000	Full saving projected; reserve will offset any in year shortfall
Non Residential Care Packages	800,000	800,000	Full saving projected; reserve will offset any in year shortfall
<b>Sub Total</b>	<b>3,097,000</b>	<b>3,097,000</b>	
<b>New savings to meet NHS Pressures</b>			
Non Pay Inflation	460,000	460,000	Saving achieved
LD Redesign - Waterloo Close	125,000	125,000	Saving achieved
	-	-	
<b>Sub Total</b>	<b>585,000</b>	<b>585,000</b>	
<b>Total HSCP Saving Challenge</b>	<b>3,682,000</b>	<b>3,682,000</b>	



**East Renfrewshire HSCP - Revenue Budget Monitoring 2019/20**  
**Primary Care Improvement Plan**

**Appendix 9**

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£	£	£
Pharmacist	430,000	430,000	-
Advanced Nurse Practitioners	174,000	174,000	-
Advanced Practice Physiotherapists	59,000	59,000	-
Community Mental Health Link Workers	83,000	83,000	-
Community Healthcare Assistants / Treatment Room	77,000	77,000	-
Vaccine Transformation Programme	168,000	168,000	-
Programme Support / CQL / Pharmacy First	71,000	71,000	-
<b>Total Cost</b>	<b>1,062,000</b>	<b>1,062,000</b>	-
<b>Funded by:</b>			
Current Year Allocation	856,116	856,116	-
Reserve Balance	185,823	185,823	-
<b>Total Funding</b>	<b>1,041,939</b>	<b>1,041,939</b>	-
Potential Further Funding Request / (Addition to reserve)		20,061	

Notes

There will be variances within projects and this will be reported as the year progresses.

There is some recruitment slippage however we may utilise elsewhere.

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£	£	£
<b>System Wide Programme</b>			
<b>Prevention and Early Intervention</b>			
Computerised CBT Service	3,200	1,911	1,289
<i>Collection Prevention Programme</i>			
- Mental Health and Suicide Prevention Training	6,000	4,038	1,962
- Digital Support	400	419	(19)
Bipolar Hub			
Dementia - Young Onset Dementia	2,000	1,586	414
<b>Productivity</b>			
<i>Unscheduled Care</i>			
- Adult Liaison services to Acute Hospitals	10,800	9,331	1,469
- Out of Hours CPNs	9,800	9,436	364
Police Custody	10,500	6,277	4,223
Borderline Personality Disorder	24,400	17,650	6,750
Project Management Support	5,000	4,730	270
<b>Recovery</b>			
Recovery Peer support workers	9,300	13,976	(4,676)
Psychological Interventions in Prisons	9,100	8,778	322
<b>System Wide Programme Cost</b>	<b>90,500</b>	<b>78,132</b>	<b>12,368</b>
<b>Local Programme</b>			
<b>Investment in tier 2 services for Children &amp; Young People</b>			
2 Workers (Childrens First)increasing to 4	51,500	51,500	-
<b>CAMHS</b>	17,000	17,000	-
<b>Peer Support Workers - Purchase from vol sector</b>			
Band 3 0.5 FTE equivalent * 2 posts	25,750	25,750	-
Extension of Crisis Service at RAMH	12,875	12,875	-
<b>Waiting Time Initiatives - 12 month period</b>			
Band 5 & 6			
Band 6	50,100	50,100	-
Band 5	20,100	20,100	-
<b>Development &amp; Planning Role - 18 months</b>			
Band 7	29,500	29,500	-
<b>Consultant</b>			
Bridge 2 sessions pending redesign			
<b>Local Programme Cost</b>	<b>206,825</b>	<b>206,825</b>	<b>-</b>
<b>Total Programme Cost</b>	<b>297,325</b>	<b>284,957</b>	<b>12,368</b>
<b>Funded by:</b>			
Current Year Allocation	264,617	264,617	-
Reserve Balance	110,925	110,925	-
<b>Total Funding</b>	<b>375,542</b>	<b>375,542</b>	<b>-</b>
Potential Further Funding Request / (Addition to reserve)	(78,217)	(90,585)	12,368

## Notes

There will be variances within projects and this will be reported as the year progresses.

There is some recruitment slippage however we may utilise elsewhere.

The system wide costs are based on the latest available information and may change.