Date: 14 June 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 26 June 2019 at 10.30 am or if later at the conclusion of the Performance and 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, 26 JUNE AT 10.30am
COUNCIL OFFICES,
MAIN STREET, BARRHEAD

AGENDA

1. **Apologies for absence.**

2. **Declarations of Interest.**

3. **Minute of meeting of IJB of 1 May 2019 (copy attached, pages 5 - 14).**

4. **Matters Arising (copy attached, pages 15 - 18).**

5. **Rolling Action Log (copy attached, pages 19 - 22).**

6. **Local Child Poverty Action (copy attached, pages 23 - 84)**

7. **Unaudited Annual Report and Accounts (copy to follow).**

8. **Annual Performance Report 2018/19 (copy to follow).**

9. **Care at Home Improvement Update (copy attached, pages 85 - 94).**

10. **Financial Framework for the Five Year Adult Mental Health Services Strategy in Greater Glasgow and Clyde (copy attached, pages 95 - 100).**

11. **Individual Budget Update (copy attached, pages 101 - 142).**

12. **Overnight Support (copy to follow).**

13. **Primary Care Improvement Plan – Year 2 Report (copy attached, pages 143 - 176).**

14. **Planned housing developments in East Renfrewshire: Measuring Impact on GP Practice populations (copy attached, pages 177 - 206).**

15. **Sexual Health Services Transformational Change Programme Implementation Plan (copy to follow).**

16. Calendar of meetings 2020 (copy attached, pages 207 - 210).

17. Date of Next Meeting: Wednesday 14 August 2019 at 10.00 am, Eastwood Health and Care Centre, Drumby Crescent, Clarkston.

AGENDA ITEM No.3

Minute of Meeting of the East Renfrewshire Integration Joint Board held at 10.00 am on 1 May 2019 in the Eastwood Health and Care Centre, Drumby Crescent, Clarkston

PRESENT

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council (Vice-Chair)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Anne Marie Kennedy	Third Sector representative
Dr Craig Masson	Clinical Director
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Julie Murray	Chief Officer – HSCP
Councillor Paul O'Kane	East Renfrewshire Council
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Ian Smith	Staff Side representative (East Renfrewshire Council)

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Candy Millard	Head of Health and Social Care Localities

APOLOGIES FOR ABSENCE

John Matthews	NHS Greater Glasgow and Clyde Board
Councillor Jim Swift	East Renfrewshire Council

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 20 March 2019.

MATTERS ARISING

3. 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.

Having heard the Chief Officer further, 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 was heard further in relation to a number of the actions that were now closed off. In addition, the Chief Social Work Officer was heard in relation to the Family Wellbeing Service, advising that it was hoped to bring a report on the evaluation framework being developed to a future meeting of the Board.

The Board noted the report.

MINUTES OF COMMITTEES

5. The Board considered the undernoted Minute of meetings:-

(i) Clinical and Care Governance Committee – 6 March 2019; and

(ii) Performance and Audit Committee – 20 March 2019.

Having heard the Chief Social Work Officer in response to Mrs Brimelow intimate that the Care Inspectorate report on Greenlaw Grove Care Home had not yet been published but was expected soon, the Board noted the Minutes.

PERFORMANCE & AUDIT COMMITTEE – APPOINTMENT OF REPLACEMENT NHSGGC NON-EXECUTIVE MEMBER

6. The Board took up consideration of a report by the Chief Officer seeking the appointment of a replacement NHSGGC non-executive member for Morag Brown on the Performance & Audit Committee.

The Board agreed that Anne-Marie Monaghan be appointed to the Performance & Audit Committee.

EAST RENFREWSHIRE'S CORPORATE PARENTING PLAN 2016-18 – YEAR 2 PROGRESS

7. Under reference to the Minute of the meeting of the Board held on 23 November 2016, when the 2016-18 Corporate Parenting Plan was approved and remitted to East

Renfrewshire Council for final approval in December 2016, the Board considered a report by the Chief Officer providing an update on progress in the delivery of Year 2 of the Plan.

Having referred to the corporate parenting duties placed on a wide range of publicly funded organisations by the Children and Young People (Scotland) Act 2014, the report, whilst recognising the commitment of community planning partners in East Renfrewshire to improve opportunities for all children and young people, highlighted the special responsibility for children and young people who were looked after and in the care of the HSCP. To this end the members of the Community Planning Partnership had worked to deliver the Plan.

The report then provided a statistical breakdown of looked after children as at 31 July 2018, with there being 110 children, which at 0.5% of the total children's population for the area was one of the smallest proportions in Scotland.

Details of the themes contained in the Plan along with the Corporate Parent Champion for each theme being outlined, the report explained that the Plan had been evaluated both in accordance with the performance of each theme and also through periodic audit activity which involved sampling multi-agency plans.

The report also provided examples of key improvements and areas of challenge across each of the 6 themes, highlighting that due to the relatively small numbers of children involved caution was required as data sets were small and sensitive to minor changes and adjustments. It was also explained that whilst there were no agreed indicators for Corporate Parenting benchmarking purposes, work was ongoing at the National Local Government Benchmarking Group to agree a suite of children's outcome indicators, a number of which could possibly be adopted.

The Chief Social Work Officer was heard further on the terms of the report in the course of which she highlighted that there were now more young people eligible for aftercare that the number of children and young people actually in the care system. She also highlighted that overall, 489 children and young people were being supported at present both formally and informally.

In the course of ensuing discussion, the importance of engaging with children and young people was emphasised, Mr Mohamed suggesting that consideration should be given to using the engagement methods in place as an exemplar for other services.

Councillor Bamforth having commended the report and referred to the positive comments about the support provided she had received from young people at various events she had attended, comment was also made on the significant improvements in attainment levels, with the Chief Social Work Officer also explaining the process in relation to exclusions from school.

Councillor Buchanan also commended the report referring in particular to the significant levels of corporate working that took place to deliver outcomes.

In summary, Ms Monaghan having paid tribute to staff for their efforts producing such a positive report, welcomed the levels of engagement with children and young people and the value of such engagement, and reflecting on earlier comments made by Mrs Kennedy on the need for the use of jargon in reports to be minimised, the Board:-

(a) noted the report; and

(b) agreed that it be remitted to the Council for approval.

CARE AT HOME INSPECTION REPORT AND IMPROVEMENT PLAN

8. The Board considered a report by the Chief Officer on the outcome of the findings of the Care Inspectorate following their inspection of the service in February 2019, and providing details of the improvement plan developed to respond to Care Inspectorate requirements as well as information in relation to improvement activity underway. A copy of the report by the Care Inspectorate accompanied the report.

Having referred to previous reports on the service considered by the Board at meetings in January and March 2019, the report explained that the Care Inspectorate had carried out an unannounced inspection of the service in February, the purpose of which was to assess whether the service had made the required improvements and was meeting health and care standards.

The report explained that the Care Inspectorate had rated quality of care and support and quality of management and leadership as unsatisfactory, whilst quality of staffing had been assessed as weak. The Care Inspectorate had made 9 requirements and 1 recommendation in relation to the service, details of which were listed.

The report further explained that an improvement plan containing 45 actions had been prepared, a copy of which accompanied the report.

Thereafter, the report provided details of some of the significant improvement work underway.

Ms Monaghan having commented on the earlier reports considered by the Board, the Head of Adult Health and Social Care Localities was heard further in the course of which more detail in relation to the improvement activity underway was provided. She confirmed that the issues in relation to the service had been entered in the strategic risk register and had been attributed the highest level of risk, although it was hoped that mitigating actions would enable the risk level to be reduced in the coming months.

She also explained that all service users had been contacted to explain the current position, and that although a dedicated telephone number had been provided for people to express concerns or complaints about the service, only 41 calls had been received with a small number of these being complaints. However, she did highlight that people were encouraged to voice complaints and concerns as this would support staff in taking corrective action and improving the service.

Commenting on the report, Mrs Kennedy expressed disappointment at the findings of the Care Inspectorate. However she welcomed the action plan that had been put in place and the pace at which it was being implemented. Furthermore, she suggested it was important not to lose sight of the fact that front line staff had been commended by service users and this this needed to be recognised. This was supported by Mr Mohamed and Councillor Bamforth both stating that at a time when the service was facing recruitment challenges it was important to be supportive of staff already in post. In this regard the Head of Adult Health and Social Care Localities explained that staff had already been contacted, that drop in sessions had been offered, and that the Care Inspectorate had also offered to talk to staff to reassure them about the positive messages received from service users.

In the course of further discussion on the relatively low number of complaints received, the need to ensure that people were not reluctant to give negative feedback on the service, and how complaints should be viewed positively, the Chief Nurse intimated that service complaints had been reviewed at the Clinical & Care Governance Committee and would continue to be reviewed under the new clinical and care governance arrangements agreed by the Board

Mrs Brimelow commented on the fact that the findings of the Care Inspectorate report had indicated that none of the 6 requirements made in their report of March 2018 had been met. In light of this, she expressed concern that any action plan put in place would deliver the required improvements and sought assurances to this effect.

In reply, the Head of Adult Health and Social Care Localities acknowledged the failure to deliver actions in response to the Care Inspectorate's earlier requirements. She explained that as a result of the challenges that were being experienced at the time simply to continue to deliver a service, there had been a lack of focus in implementing the improvement plan that had been put in place at the time. However she explained that more capacity had been since been put in place, that the action plan that had been prepared had been discussed and agreed with the Care Inspectorate, and that the Care Inspectorate would monitor ongoing work and raise any concerns if the agreed actions were not being carried out. In addition, the Chief Officer explained that the Council's Chief Executive was developing performance metrics which would be brought to a future meeting for information, in addition to which regular update reports would also be submitted.

Councillor Buchanan having welcomed the prompt improvement actions and noted that the Care Inspectorate had not initiated any enforcement action against the HSCP, Ms Monaghan indicated that any information to be brought to future meetings should contain timescales for action. This would enable the Board to confirm that targets were being met on time and to consider corrective action in cases where they were not being met.

Mr Mohamed having reminded the Board that as well addressing complaints, comments complimenting the service should also be widely shared, and it having been noted that a number of service users and family members had indicated their willingness to participate in service improvement and redesign, the Board noted:-

(a) the Care Inspectorate report;

(b) the improvement plan; and

(c) the improvement activity undertaken to date.

CARE IN THE HOME COMMISSIONING ARRANGEMENTS

9. The Board considered a report by the Chief Officer regarding workforce and sustainability issues arising from current contractual arrangements for care at home, and seeking changes to the current arrangements.

Having set out the background to the contractual arrangements currently in place, the report explained that partner providers found the current model difficult to sustain, and were often unable to provide staff to deliver new care packages or additional hours of care and support. This had led to the HSCP having to ask providers on the Care and Support Framework, or on occasion off framework providers, to provide care.

The report then referred to the Scottish Government report *Fair Work in Scotland's Social Care Sector 2019,* published in February 2019, highlighting the main issues of the report including the impact on the workforce of the current tendering arrangements, which in turn led to problems recruiting and retaining staff.

Specification development events had been held at the end of 2018, the purpose of which was to consider and advise what should be included in a care and support tender specification, using the National Health and Social Care Standards as a basis.

The report explained that care at home was fundamental to supporting people to remain at home and as such delivering on the HSCP's strategic priority to work with people to maintain their independence at home and in the community. To help facilitate this it was explained that local and national stakeholders had been consulted by the HSCP with the aim of developing local commissioning intentions. This had highlighted the commitment of a range of stakeholders to work differently in localities and to reimagining care in the home.

The report then outlined proposals for changing the current operating model. This included moving to develop locally sustainable teams, with a clear focus on local recruitment, retention and training, and a greater focus of developing a strategic partnership approach in line with the 2016 National Guidance on the Procurement of Care and Support Services.

If this approach was agreed by the Board, the HSCP would work with the Council to seek expressions of interest for the strategic partnership. Details of interim arrangements that would be put in place until the new arrangements were in place were outlined.

Having provided further information on the stakeholder engagement that had taken place, the report concluded by emphasising the importance of care at home, that the current model was unsustainable, and that it was important to take time to develop local solutions to address local needs in partnership with local people and providers.

Welcoming the proposed approach, Councillor Buchanan suggested that as well as ensuring a quality service for clients, it was equally important to ensure that those working in the service were treated fairly. Working towards national terms and conditions for care at home staff would help to address this.

Commenting on the proposals, the Chief Officer explained that if agreed, it would give the HSCP the opportunity to explore other models of service provision, indicating that a number of third party providers had already intimated their willingness to participate in any review. Options for consideration would be reported to the Board in due course.

The Board:-

(a) approved the development of a strategic partnership approach to support the delivery of the Board's strategic priority;

(b) recognised the need to enter into interim contractual arrangements to sustain local provision;

(c) agreed to direct East Renfrewshire Council to establish strategic partnership arrangements for care in the home; and

(d) agreed to direct East Renfrewshire Council to put in place interim contractual arrangements.

TALKING POINTS

10. Under reference to the Minute of the meeting of 26 September 2018 (Item 7 refers), when the Board had noted the activity to develop and test *Talking Points;* and approved the planned approach to implementation, the Board considered a report by the Chief Officer providing an update on activity in the preceding 6 months and details of the new arrangements that wold be in place from May 2019.

The report explained that since the previous report, 21 Talking Points had taken place at various locations across East Renfrewshire. 124 people had attended and only 6 had required referral for further assessment.

Details of a further development day that had taken place in January 2019 and the associated outcomes were provided, following which full details about the "Good Conversations" process to be followed were outlined. A copy of the process accompanied the report and included that the information elicited during the conversation between the client and the assessor being written down and given to the client as a prompt.

It was further highlighted that HSCP staff would deliberately undertake a supportive role only if required as the ultimate aim of Talking Points was that it was to be a community support provided by and for the community with third sector partners taking a lead role.

The Head of Adult Health and Social Care Localities having been heard further, Mr Mohamed welcomed the report and in particular the devolved budget of £5,000 allocated to the Carers Centre to enable small one off payments of £200 to be made as part of any support plans put in place. He sought clarification of whether the funding could be supplemented if it was exhausted. In reply, the Chief Officer explained that the use of and benefits accrued from the funding would be monitored prior to any decision on whether the levels of funding provided would be increased.

In addition, the Head of Adult Health and Social Care Localities referred to the funding provided to Voluntary Action East Renfrewshire (VAER) to facilitate Talking Points training and support for volunteers, and that a report on the work by VAER would be brought to a future meeting.

Ms Monaghan highlighted the informality of Talking Points which was one of the main benefits of the approach. However this created challenges in relation to monitoring outcomes. In reply the Chief Officer explained that developing appropriate performance indicators would be taken forward by the initial contact team and that the indicators once established could be brought to a future meeting.

The Board noted the progress in the implementation of Talking Points.

PRIMARY CARE IMPROVEMENT PLAN

11. The Board took up consideration of a report by the Chief Officer providing an overview of the activities during Year 1 of the East Renfrewshire Primary Care Improvement Plan (PCIP), in line with the Memorandum of Understanding (MOU).

Having set out the background to the creation of the Plan and associated purpose, the report provided information on the delivery of the commitments set out in the MOU, such as the Vaccine Transformation Programme, Pharmacotherapy, Community Treatment Room Services, Urgent Care (Advanced Nurse Practitioners), and Additional Professional Roles.

The report also provided information on other developments, including the appointment of a PCIP Implementation and Development Officer which had been well received by GPs.

Information in relation to the key successes over the year was highlighted. This included excellent figures for the delivery of childhood vaccines and a marked increase in the Community Link Worker service to cover all 15 GP practices, amongst other things.

Some of the key challenges still to be addressed were outlined as well as which the work to be undertaken to gather baseline data to enable the impact of the plan to be measured was explained.

Furthermore, the report explained that there would be an underspend of £319k reflecting slippage mainly from recruitment and also lower than anticipated spend on the vaccine transformation programme. This underspend would be carried forward.

The Clinical Director was heard further on progress in the delivery of the commitments and the challenges still to be addressed. Referring in particular to the high levels of pharmacotherapy support in GP practices compared to other HSCPs, he commended the work of Susan Galbraith, Pharmacy Lead.

Discussion also took place on the challenges in relation to the recruitment of suitably qualified Advanced Nurse Practitioners (ANPs) and to their role, Dr Campbell having referred to the comparatively limited role of acute ANPs against community based ANPs.

In reply, the Clinical Director explained that there was a template role description for community based ANPs but that one of the main requirements of GPs was that ANPs would do home visits. He also acknowledged that whilst there were a number of similarly graded ANPs in hospitals, the skills they had were not transferrable. In this regard the Chief Nurse explained that as part of the recruitment process there were opportunities for staff to take up posts in a training capacity and to develop the required skills on the job.

The Chief Officer having paid tribute to the work of the Clinical Director and refer in particular to the excellent relationships between GP practices in the area, the Board noted the:-

(a) content of the report and the collaborative working with GPs and the HSCP and wider stakeholders to achieve the level of recruitment to the extended primary care team at this point;

(b) challenges experienced during the year; and

(c) underspend position.

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION IN NHS GREATER GLASGOW AND CLYDE

12. The Board took up consideration of a report endorsed by NHS Greater Glasgow and Clyde at its Board meeting on 14 March 2019 describing work underway to review provision of Augmentative and Alternative Communication (AAC) equipment and support in the NHGGGC area, and outlining proposals that the East Renfrewshire HSCP host the service.

The report explained that AAC was the term used to describe various communication methods that could “add on” to speech and were used to get around problems with ordinary speech. This included simple systems such as pictures and gestures, whilst more complex systems involved computer technology. These systems were beneficial to people who for various reasons found spoken communication difficult.

The report outlined the current position, explaining that the historical arrangements in place had led to some care groups being excluded from some funding streams; the inability to quantify demand and unmet need; examples of wasted resource with the purchase of new equipment when equipment already in the system could be restored and reused, amongst other things.

The report then referred to the establishment in April 2018 of an AAC Co-ordinating Group, the aims of the Group being listed. Progress to date in the work of the group was also set out including the proposal to develop an NHSGGC-wide co-ordination service and to host the Scottish Centre for the Communication Impaired (SCTCI) and associated local service within East Renfrewshire HSCP. The financial implications of the proposals were set out.

The Chief Officer having explained that the service was currently managed by Acute Services and that as it was a community service it was better if it was delivered by a Health and Social Care Partnership, the Board:-

(a) noted the paper;

(b) agreed that East Renfrewshire HSCP host the SCTCI and associated budgets under the management of the General Manager for Specialist Learning Disability Services; and

(c) agreed to direct the NHS Board accordingly.

REVENUE BUDGET MONITORING REPORT

12. The Board took up consideration of a report by the Chief Financial Officer providing details of the projected outturn position of the 2018/19 revenue budget, and seeking approval of a number of budget virements.

It was reported that against a full year budget of £115.98M there was a projected underspend of £0.331M (0.29%), with an explanation for each of the budget over/underspends being provided.

It was also explained that the proposed virement related to the additional funding provided by East Renfrewshire council to fully fund the 2018/19 local authority pay award, with the funds being applied across various services.

Having heard the Chief Financial Officer further on the report, in response to Mrs Brimelow it was explained that the projected savings in respect of District Nursing and other vacancies was an opportunity saving arising from staff turnover. In addition, the Chief Nurse confirmed that she was comfortable with staffing levels from a nursing perspective, the Chief Financial Officer also confirming that vacancies were not deliberately being left unfilled with the intention of generating savings.

The Board noted the report and approved the virements as outlined.

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE –SELF-EVALUATION FOR THE REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE

10. The Board considered a report by the Chief Officer submitting for consideration the draft self-evaluation of integration arrangements to be submitted to the Ministerial Strategic Group for Health and Community Care Integration Review Leadership Group.

The report explained that the Scottish Government had commissioned a review of integration arrangements. Final proposals had been published in February 2019 and health boards, local authorities and integration authorities were required to evaluate their current position in relation to the findings of the Scottish Government review.

The report explained that given the parallel process of preparing for the imminent Strategic Inspection, the self-evaluation had been “light touch” and developed by the Chief Officer following discussions with the Chair and Vice-Chair of the Board, third sector and carer representatives, and the Chief Financial Officer. Following approval of the self-evaluation by the Board, it would be discussed with the Chief Executives of NHSGGC and East Renfrewshire Council in an attempt to reach a consensus on the evaluation ratings and any improvement actions. A copy of the draft self-evaluation document accompanied the report.

The Chief Officer then took the Board through each of the 6 key features and associated proposals in the self-evaluation report, explaining the reasons why the rating descriptor levels had been selected, and also commenting on the evidence provided in support of the assessment as well as any proposed improvement actions.

Members of the Board were heard on the report. Mrs Kennedy having suggested that in her view the HSCP's relationships and collaborative working with partners was "exemplary" rather than just "established" Councillor Buchanan commented on the reasoning behind selecting "established" indicators in most cases. He also explained that the HSCP was well placed compared to many others, as it had been able to build on the strong collaborative arrangements developed under the former Community Health and Care Partnership.

Mrs Brimelow also commented on the need for financial pressures to be emphasised, Councillor Buchanan also commenting on the slow progress in the transfer of funding from acute to community services, and the need for a stronger message about the community benefits to be accrued from, for example, ward closures in hospitals.
.
Further comment having been made, Mr Mohamed commented on the document in general terms. Having suggested the need for some evidence to be included that showed how consultation had led to a change in action taken, he indicated that whilst he agreed with the ratings that had been identified, in his view the ratings categories were crude, and that the improvement actions that had been identified were key. This was supported by Mrs Brimelow.

The Board:-

(a) noted and endorsed the draft self-evaluation document subject to the additional comments made;

(b) agreed that it be remitted to the Chief Officer to reach a consensus view on the evaluation ratings and any improvement actions with the Chief Executives of NHSGGC and East Renfrewshire Council; and

(c) agreed that the Chief Officer submit the final self-evaluation to the Integration Review Leadership Group by 15 May 2019.

VALEDICTORY – DR CRAIG MASSON

14. The Chair reported that this would be the last meeting attended by Dr Masson who was stepping down from the role of Clinical Director.

The Chief Officer paid tribute to the contribution made by Dr Masson to the work of the HSCP during his term of office.

Dr Masson replied in suitable terms.

DATE OF NEXT MEETING

15. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 26 June 2019 at 10.30 am in the Council Offices, Main Street, Barrhead.

CHAIR

AGENDA ITEM No. 4

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 June 2019
Agenda Item	4
Title	Matters Arising

Summary

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 1 May 2019.

Presented by	Julie Murray, Chief Officer

Action Required

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

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 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 1 May 2019.

RECOMMENDATION

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

REPORT

East Renfrewshire's Corporate Parenting Plan 2016-18 – Year 2 Progress Report

3. The report has been remitted to East Renfrewshire Council for approval and will be considered at its meeting on 26 June 2019.

4. A report on engagement strategies will be submitted to the Integration Joint Board later in the year as requested by members.

Care in the Home Strategic Commissioning Arrangements

5. Work to develop the strategic partnership has commenced. Progress will be reported to a future Integration Joint Board.

6. Interim contractual arrangements proposals have been issued to providers and comments requested.

7. A letter has been issued to the Chief Executive of East Renfrewshire Council directing the Council to:-

- establish strategic partnership arrangements for care in the home reflecting the national guidance and the issue of a Prior Information Notice to seek expressions of interest for the Strategic Partnership,
- put in place interim contractual arrangements for spot purchasing to last no longer than 12 months

NHS Budget

8. We have received formal Confirmation of the 2019/20 NHSGGC budget contribution for East Renfrewshire Health & Social Care Partnership in line with the budget agreed by the IJB.

Ministerial Strategic Group for Health & Community Care – Self-Evaluation for the review of progress with integration of health and social care

9. The final self-evaluation was submitted to Scottish Government on 14 May 2019. A copy has been circulated to Integration Joint Board members for information.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, IJB: Julie Murray
June 2019

BACKGROUND PAPERS

None

AGENDA ITEM No.5

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 June 2019
Agenda Item	5
Title	Rolling Action Log

Summary

The attached rolling action log details all open actions, and those which have been completed since the last meeting on 1 May 2019.

Presented by	Julie Murray, Chief Officer

Action Required

Integration Joint Board members are asked to note progress.

ACTION LOG: Integration Joint Board (IJB) **26 June 2019**

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Progress Update /Outcome
135	01/05/2019	5	Rolling Action Log	Amend the Action log accordingly	CO	CLOSED	
134	01/05/2019	7	Performance & Audit Committee – Appointment of replacement NHSGGC non-executive member	The Board agreed that Anne-Marie Monaghan replace Morag Brown as the NHSGGS IJB member on the Performance and Audit Committee. Make the necessary arrangements.	DSM	CLOSED	
133	01/05/2019	8	East Renfrewshire's Corporate Parenting Plan 2016-18 – Year 2 Progress Report	The progress report was approved and should be remitted to the June ERC meeting for approval.	DSM	CLOSED	Included on agenda for Council (26.06.2019)
132	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	
131	01/05/2019	8	East Renfrewshire's Corporate Parenting Plan 2016-18 – Year 2 Progress Report	The Board also commented on the need for the use or jargon to be eliminated from reports and asked that organisation names/titles etc be stated in full alongside acronyms before acronyms are used on their own. Arrange for this to be introduced across all services	CO	CLOSED	
130	01/05/2019	9	Care at Home Inspection Report and Improvement Plan	It was also noted that regular progress reports would be submitted to the Board and the necessary arrangements should be made.	HAHSCL	OPEN	Paper included on agenda for IJB (26.06.2019)
129	01/05/2019	10	Care in the Home Commissioning Arrangements	Make arrangements to develop a strategic partnership approach.	CO/HAHSCL	OPEN	Work has commenced and progress will be reported to a future IJB
128	01/05/2019	10	Care in the Home Commissioning Arrangements	Enter into interim contractual arrangements for up to 12 months	CO/HAHSCL	OPEN	Interim contractual proposal issued to providers - awaiting provider response
127	01/05/2019	10	Care in the Home Commissioning Arrangements	Direct the Council to establish strategic partnership arrangements for care in the home	CO/HAHSCL	CLOSED	Directions issued
126	01/05/2019	10	Care in the Home Commissioning Arrangements	Direct the Council to put in place interim contractual arrangements	CO/HAHSCL	CLOSED	Directions issued
125	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	HAHSCL	OPEN	
124	01/05/2019	13	Augmentative and Alternative Communication (AAC) in NHS Greater Glasgow and Clyde	The Board agreed that the HSCP host the Scottish Centre for the Communication Impaired (STCI) and associated budgets under the management of the General Manager for Specialist Learning Disability Services, and the NHSGGC Board should be directed accordingly, and the appropriate arrangements should be made.	CO	CLOSED	
123	01/05/2019	14	Revenue Budget Monitoring Report	The report was noted and virements agreed and the necessary action should be taken	CFO	CLOSED	
122	01/05/2019	15	Ministerial Strategic Group for Health & Community Care – Self-Evaluation for the review of progress with integration of health and social care	It was also remitted to the Chief Officer to review the self-evaluation with the ERC & NHSGGC Chief Executives to reach a consensus view with the agreed document being submitted to the Integration Review Leadership Group by 15 May.	CO	CLOSED	Completed template submitted to Scottish Government 14.05.2019. Copy circulated to IJB members.
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	Update report scheduled for September IJB

220	20/03/2019	7	Budget 2019/20	Make the necessary arrangements to proceed on the basis as agreed.	CFO	CLOSED	Will be closed on final confirmation of NHS GGC budget following Health Board meeting on 16 April
215	20/03/2019	10	Clinical and Care Governance Proposals	Take the required steps for the new arrangements to be introduced.	CO/CD	CLOSED	First meeting of the new group took place 5 June 2019
214	20/03/2019	10	Clinical and Care Governance Proposals	Make arrangements for the required amendments/alterations to be made to the website and other relevant records etc.	DSM	CLOSED	
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	HAHSCL	OPEN	An update will be provided to the IJB in six months by the HSCP Unscheduled Care Programme
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	The Terms of Reference for Your Voice has been updated to include details of expenses and support available. A meeting is being arranged with carers to develop a process to support this.
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.	HAHSCL	OPEN	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
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	The RMP has been sent to the Keeper of Records Scotland. The MOU is awaiting sign off by NHGGC Chief Exective.
198	28.11.2018	11	Chief Social Work Officer's Annual Report	Consider the possibility of an event/seminar for the IJB to meet Care Experienced Young People	CSWO	OPEN	IJB members invited to CAREDAY afternoon tea 15.02.2019. Proposal for young people to attend August meeting
172	27.06.2018	10	Individual budgets – SDS update	The Board approved the approach to the calculation and implementation of individual budgets for adults and to a consultation exercise with key stakeholders, and the necessary arrangements should now be made to take this forward	CFO	OPEN	A report is on the IJB agena 26.06.2019
171	27.06.2018	10	Individual budgets – SDS update	Ensure that Equality Impact Assessments are carried out as part of the process	CFO	CLOSED	An Equality Impact Assessment has been undertaken.
170	27.06.2018	11	Regional Planning	Note this item was deferred to the August meeting of the IJB	HAHSCL	OPEN	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	Planned for Autumn
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	To be updated in light of new strategic planning approach - we are currently drafting a participation & engagement statement for strategic plan and commissioning plan

Abbreviations

BSM	Business Support Manager
CD	Clinical Director
CO	Chief Officer
CFO	Chief Finance Officer
CSWO	Chief Social Work Officer
DSM	Democratic Service Manager
HAHSCL	Head of Adult Health and Social Care Localities
CCGC	Clinical and Care Governance Committee
IJB	Integration Joint Board
PAC	Performance and Audit Committee

AGENDA ITEM No.6

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 26 June 2019
Agenda Item	6
Title	Local Child Poverty Action Report

Summary

This report provides members of the Integration Joint Board with an overview of the new statutory duty placed on health boards and local authorities to work together to develop, produce and deliver Local Child Poverty Action Reports (LCPARs). The first annual LCPAR provides a profile of child poverty in East Renfrewshire plus details of both previous and planned actions to tackle the drivers of poverty.

Presented by	Julie Murray, Chief Officer

Action required

The Integration Joint Board is asked to approve and publish the Child Poverty Action Report to meet the requirements of the Child Poverty Act 2017.

Implications checklist – check box if applicable and include detail in report

☐ Finance	☐ Policy	☐ Legal	☒ Equalities
☐ Risk	☐ Staffing	☐ Directions	☐ Infrastructure

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2019

Report by Chief Officer

LOCAL CHILD POVERTY ACTION REPORT

PURPOSE OF REPORT

1. The purpose of this report is to present the first East Renfrewshire Local Child Poverty Action Report required under the Child Poverty Scotland Act 2017.

RECOMMENDATION

2. The Integration Joint Board is asked to approve and publish the Child Poverty Action Report to meet the requirements of the Child Poverty Act 2017.

BACKGROUND

3. The Child Poverty (Scotland) Act 2017 sets out ambitious targets for the Scottish Government to significantly reduce child poverty in Scotland by 2030. The Act also places a duty on health boards and local authorities to work together to develop, produce and deliver Local Child Poverty Action Reports (LCPARs). The reports are expected to represent a 'step change' in action to address child poverty locally, both describing the current excellent work underway in many areas and outlining plans for new and innovative efforts to tackle child poverty. The publication deadline for the first annual report is 30th June 2019.

4. In introducing a reporting duty, the Scottish Government recognises the important role that local partners have in responding to the child poverty challenge and developing tailored solutions which meet local requirements. Tackling child poverty is a goal which is shared by both spheres of government; it cannot be solved by national or local government alone. The first report should be seen as an opportunity to take stock of the work ongoing in the area, focus on the relationships that need to be nurtured, and critically explore what is working well and less well in delivering the expected outcomes to reduce child poverty.

5. Over the longer term, these reports should offer an opportunity to deliver a real focus in our approach to tackling child poverty. This focus will help identify more effective ways of working - for example to reflect on local governance arrangements, to build and strengthen local partnerships, utilise available data and evidence to identify and drive solutions and to involve communities in planning and delivering sustainable responses.

REPORT

6. The HSCP, Council and its wider community planning partners are committed to addressing the issue of child poverty in East Renfrewshire. It is seen as integral to achieving the vision set out in our Community Plan to create an "attractive thriving place to grow up, work, visit, raise a family and enjoy later life". In relation to early years and vulnerable young people, we want to ensure "all children in East Renfrewshire experience a stable and secure childhood and succeed".

7. The Community Plan contains our Local Outcome Improvement Plan priorities which focus on reducing inequality across groups and communities in East Renfrewshire. The Fairer East Ren Delivery Plan outlines the work being done to ensure "the impact of child poverty is reduced" and is led by the Improving Outcomes for Children and Young People Partnership.

8. The Children's Services Plan "Getting it right with you" is one of the main delivery vehicles for the achievement of the children and young people's outcomes within the Local Outcome Improvement Plan. This includes a focus on reducing inequalities and the impact of them on children and families especially those residing in our more deprived communities.

9. This strategic basis, along with the strong partnership working arrangements already in place, demonstrate the commitment to tackling child poverty in East Renfrewshire. In order to meet the requirements under the new legislation, the local authority and health boards are required to jointly demonstrate the actions being taken to address the drivers of poverty. These are identified by the Scottish Government as;
   - Increased income from employment
   - Increased income from social security and benefits in kind
   - Reduced cost of living for families

10. Context and evidence of actions which impact on one or more of these drivers was gathered from a range of partners from across the CPP as well as with colleagues at NHS Greater Glasgow and Clyde.

11. There are some notable key successes in the Local Child Poverty Action Report;
   - The introduction of a direct referral process between the health visiting team and the Money Advice and Rights Team. We are the first area to do so and is recognised as an example of good practice at a health board level.
   - Health visitors are now able to provide food bank vouchers directly to families, rather than applying through social work making the vouchers more readily available to families in need.
   - We have actively promoted financial wellbeing services within immunisation clinics in to engage with families who could be otherwise unknown to us.
   - We are actively working to promote available nursery places to all vulnerable 2 year olds and also offer the early adoption of the 1140 hours for vulnerable 3 and 4 year olds.

12. There are also areas for development and proposed next steps;
   - Ensure customer-facing staff, particularly those working directly with families, are aware of child poverty and are well-informed about the wide range of support services available.
   - Consider how universal services can be tailored to meet the needs of families and how they can be best promoted.
   - Identify current data gaps which prevent us from evidencing services used by families and consider how we fill this.

13. The Fairer East Ren Delivery Plan (para 7) precedes the Local Child Poverty Action Plan but is not replaced by it. The nature of the LCPAR is cross-cutting across several of the strategic priority areas of the Community Plan. The current LCPAR will be reported and monitored in line with the Fairer East Ren outcomes but as a separate entity. It is intended that in future years the monitoring and reporting will become more embedded; the options for this will be explored and agreed with the partners.

14. A copy of the draft Local Child Poverty Action Report is attached for consideration (Appendix 1).

15. A copy of the NHS Greater Glasgow and Clyde Corporate and Acute Services Child Poverty Action report is attached for reference (Appendix 2).

CONSULTATION AND PARTNERSHIP WORKING

16. A key contributor to the successful development of the LCPAR has been the strong collaboration with a range of partners and stakeholders including;
    - East Renfrewshire Health and Social Care Partnership: Children's Services including Health Visitors and Family First, Family Nurse Partnership, Commissioning Team
    - East Renfrewshire Council: Education and Early Years, Adult Learning, Benefits administration, Housing Services, Money advice and rights team, Human Resources, Employability services, Young Persons Services
    - NHS Greater Glasgow and Clyde
    - Skills Development Scotland
    - West College
    - Voluntary Action East Ren
    - East Renfrewshire Carers Centre

17. The Local Child Poverty Action Report is produced in partnership between East Renfrewshire Health and Social Care Partnership and East Renfrewshire Council. Local community planning partners have considered the Local Child Poverty Action Report draft at the meeting of the Performance and Accountability Review in May.

18. NHS Greater Glasgow and Clyde has produced their own Child Poverty Action Report which addresses corporate and acute services action at a health board level. This paper endorses the planned actions by staff delegated to Integration Authorities (IJB's) as described in the East Renfrewshire LCPAR.

IMPLICATIONS OF THE PROPOSALS

Finance

19. There has been no specific monetary resource allocated to this plan; all current action is delivered within existing, mainstream budgets.

20. Recent funding has been secured through European Structural Funds for the Poverty and Social Inclusion intervention. This will offer intensive targeted provision for disadvantaged families and individuals in East Renfrewshire to support poverty reduction; with lone parents identified as one of the target groups.

Policy

21. None

Staffing

22. None

Legal

23. None

Directions

24. None

Equalities

25. The integral aim of the LCPAR duty is to reduce inequality amongst families by increasing income and supporting parents into employment.

Infrastructure

26. None

CONCLUSIONS

27. This is the first Local Child Poverty Action Report produced in East Renfrewshire. The Integration Joint Board should be aware of the positive work which is being done to tackle the impact and drivers of poverty across the authority and recognise the opportunities for further development and action to address these going forward. This will ensure the HSCP and Council, together with other local partners, are directing effort and resources smartly to reduce child poverty in East Renfrewshire.

RECOMMENDATIONS

28. The Integration Joint Board is asked to approve and publish the Child Poverty Action Report to meet the requirements of the Child Poverty Act 2017.

REPORT AUTHOR AND PERSON TO CONTACT

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12 June 2019

BACKGROUND PAPERS

https://www.gov.scot/policies/poverty-and-social-justice/child-poverty/

https://www.gov.scot/publications/local-child-poverty-action-report-guidance/

APPENDIX 1

Local Child Poverty Action Report

East Renfrewshire Council & NHS Greater Glasgow & Clyde

June 2019

Whilst East Renfrewshire has some of the lowest levels of child poverty in Scotland, it is estimated there are still around 3,600 of our children and young people living in low income families; that is 16% of all children and young people living in the area.

We want all children in East Renfrewshire to experience a stable and secure childhood and succeed. In order to do this we need to both tackle the root causes of poverty and reduce the impact of poverty. The purpose of this report is to outline what we are currently doing, and what we are planning to do, across East Renfrewshire to tackle the drivers of poverty.

Across the authority, we have many examples of services doing great work to support employment, promote and administer benefits claims and minimise the essential costs of living. Our next steps must be to ensure these services are working together to provide the most efficient service and identify any gaps in provision.

Furthermore, we acknowledge that many of our services are universally available and not necessarily aimed at families – therefore ensuring services reach the intended priority groups is key to achieving a reduction in child poverty levels. Services are committed to engaging with local parents and carers, in addition to the staff who work with them, to raise awareness of services, encourage take-up and understand if the services provided are fit for their needs. The information gathered from this engagement will be used to influence future service delivery.

We should acknowledge the positive work across East Renfrewshire and the current low levels of child poverty compared to Scotland as a whole and other local authority areas, however we must not be complacent and must continue to strive to reduce child poverty.

Caroline Innes
Deputy Chief Executive
East Renfrewshire Council

Julie Murray
Chief Officer
East Renfrewshire Health and Social Care Partnership

Executive Statement

The Child Poverty (Scotland) Act 2017 sets out ambitious targets for the Scottish Government to significantly reduce child poverty in Scotland by 2030. There is a need for all local authorities to contribute to the nationwide reduction in poverty.

In East Renfrewshire, we are committed to addressing the issue of child poverty. It is seen as integral to achieving the vision set out in our Community Plan to create an "attractive thriving place to grow up, work, visit, raise a family and enjoy later life". The Community Plan contains our Local Outcome Improvement Plan priorities which are focused on reducing inequality across groups and communities in East Renfrewshire. Our locality plans approach also seeks to reduce the inequalities in outcomes between deprived communities and the rest of East Renfrewshire.

We are taking a two-pronged approach to child poverty;

1. We will **tackle the drivers of poverty** to reduce the number of families experiencing poverty
2. We will **reduce the impact of poverty** by providing the appropriate services to support children who are experiencing poverty

Tackling the drivers of poverty means increasing the income of parents, both from employment and from social security, and at the same time reduce the essential costs of living. This is a statutory requirement and is monitored though this Local Child Poverty Action Report.

Reducing the impact of poverty means ensuring children in poverty are achieving and attaining, their health and wellbeing is improved and that frontline staff recognise the signs of poverty and are able to signpost effectively. This is monitored through the Fairer East Ren Delivery Plan and the approach we are taking is detailed later in this report. Both aspects should complement each other.

The Local Child Poverty Action Report for East Renfrewshire is led jointly by the Council's Deputy Chief Executive and the HSCP Chief Officer, and produced in partnership with NHS Greater Glasgow and Clyde. It presents a picture of the variety of activities which are currently being undertaken across the authority, as well as those planned for the future, which have an impact on the drivers of poverty.

There are a number of key successes across East Renfrewshire to date which demonstrate a step change approach to how we work with families;

- We offer advice and support around social security and income maximisation to vulnerable families. We have recently introduced a direct referral process between the health visiting team and the Money Advice and Rights Team, which is the first in the area and recognised as an example of good practice at a health board level. The health visitor is now able to make a referral at the point of contact with the family which reduces administrative time to ensure the appropriate support is provided efficiently.
- We actively promoted financial wellbeing services within immunisation clinics in Eastwood and Barrhead Health Centres. By promoting available support at a universal clinic, we aim to engage with families who could be otherwise unknown to us.

- We are actively working to promote available nursery places to all vulnerable 2 year olds. This included working with the local job centre to identify single parents and inviting them all to a local event where they are able to speak to staff about their entitlement to the nursery provision. We also offer the early adoption of the 1140 hours for vulnerable 3 and 4 year olds. Currently we are working with Greater Glasgow and Clyde to try to establish the eligible families. We then plan to promote these places directly to these families.
- We have introduced a number of initiatives relating to food poverty. Health visitors are now able to provide food bank vouchers directly to families, rather than applying through social work which makes the vouchers more readily available to families in need. Three local family centres are part of the Fare Share Scheme whereby a supermarket provides food for use within the centre as well as for families to take home.
- Recognising the issues around affordable housing in the area, we are creating new affordable housing options for families in the authority; both through local authority building and private developers.
- We created a Universal Credit Implementation Board in anticipation of the introduction of this new benefits system. They focused on communication and training to manage the transition. There is now a Universal Credit working group in place. A Welfare Reform Officer was appointed within Housing Services to support the anticipated impact which Universal Credit could have on rent payment.
- We anticipated a shortfall in Scottish Welfare Funding and managed this by drawing down money from the Welfare Reform budget.

We recognise that there are some areas for development in our approach;

- Not all services working with families and within the community are making full use of the support services such as money advice or employability.
- Many of the actions we have taken are aimed at the whole population and not specifically targeted at families on low incomes. A stronger engagement approach with families could identify whether the services we currently provide are fit for purpose and reaching key families in need.
- There is potential 'hidden poverty' within East Renfrewshire due to the large number of individuals and families using the private rental market. The properties are often not in postcodes recognised as SIMD 1 and 2 postcodes therefore families can be living in poverty but not recognised as such.

The proposed next steps for East Renfrewshire, are:

- To ensure the recent funding awarded from the Poverty and Social Inclusion Bid is utilised to directly target parents on low incomes; supporting them into work, maximising incomes and encouraging early engagement.
- Internal communication work to ensure all those working with families are aware of support services available and promote these as appropriate.
- Expand on the joint working between health visitors and Money Advice and Rights to consider further opportunities to automatically refer at the point of contact with families.
- Engage with families to explore whether the current services are providing the support they need, and identify any gaps in provision.

Context and challenges

The Scottish Government's first Child Poverty Delivery Plan 2018-22, *Every Child, Every Chance*, was produced in response to the Child Poverty (Scotland) Act 2017. The Act places a new duty on local authorities and health boards to work together to report annually on what we are doing to tackle child poverty with a sharp focus on the three key drivers of poverty:

- Income from employment
- Income from social security and benefits in kind
- Costs of living

Income from employment includes availability of jobs / unemployment levels within the local community. However, employment does not protect families from poverty as there is also widespread in-work poverty; where individuals are employed in lower-quality, lower-paid or reduced hours contracts. We also need to consider the availability of appropriate work, in terms of how far individuals can commute, the type of work individuals can do and employers' flexibility. Further, those in work may not have career progression or development opportunities.

Income from social security and benefits in kind can provide support for families at risk of or currently experiencing poverty. Whilst we cannot influence social security policy at a local level, we are able to support families with awareness of and take-up of benefits. We also have a role to play in accessibility to benefits; from supporting applicants to complete application forms, to processing and managing claims. We can also provide information and advice in relation to maximising household income, welfare rights and housing options.

Reduced costs of living generally refers to the prices of goods and services considered essential to day-to-day life. This includes housing, energy prices, childcare, transport, food insecurity and the costs of the school day amongst other things. This can also include income maximisation support for families.

Every Child, Every Chance includes a number of national policies which can be implemented locally, such as the new minimum School Clothing Grant, the introduction of the Best Start Grant and the roll-out of the Financial Health Check for Families. The response to some of these, as well as ongoing and new local actions, are detailed in this report. The national delivery plan also identifies a number of priority groups where there is strong evidence that the risk of poverty is higher and asks us to give particular consideration to actions that will support these priority groups. They are:

- Lone parents
- Families where a member of the household is disabled
- Families with 3 or more children
- Minority ethnic families
- Families where the youngest child is under 1
- Mothers aged under 25

Profile of East Renfrewshire

Our analysis of the available datasets identifies the scale of child poverty in East Renfrewshire, compared to the benchmarking authorities, and Scotland as a whole. The data profile looks at differences in East Renfrewshire communities.

East Renfrewshire has a proportionately large population of children living in the area and a proportionately low level of child poverty in comparison to the national average. However, there is disparity in levels of poverty across the authority; varying from around one in twenty children living in poverty in the more affluent areas, to almost one in three in the less affluent areas.

East Renfrewshire has the highest proportion of children in any local authority in Scotland. And this is expected to grow

East Renfrewshire has a population of nearly 95,000[1] and this is continually growing and is expected to grow at an average rate of over 700 people a year until 2027[2]. Based upon National Records of Scotland (NRS) figures, this increase will be proportionally, the third largest of any local authority in Scotland.

There are 19,029 individuals aged between 0 and 15, this is the highest proportion of children in any local authority in Scotland. One in every five people living in East Renfrewshire is a child.

Migration has a large impact on the population of East Renfrewshire and especially the child population. In 2016/17 nearly 700 more children (0-14) migrated into the area than left[3], further adding to the number of children in the population. These levels of migration were the highest levels of any local authority.

[1] ONS mid-year population estimates
[2] NRS 2016-based Population Projections by Council Area in Scotland
[3] NRS Total Migration to or from Scotland

The proportion of children living in poverty in East Renfrewshire is lower than the Scottish average, and comparable with the family group of Local Government Benchmarking Framework.

There are around 3,600 children living poverty within East Renfrewshire. This amounts to 16% of children living in East Renfrewshire[4]. This is lower than the Scottish average and comparable with East Renfrewshire's family group of Local Government Benchmarking Framework[5].

There are fewer young mothers in East Renfrewshire than the Scottish average

There were 53 children born in 2017 to mothers who were under the age of 25, this accounted for 6% of all births in East Renfrewshire. This was the lowest rate amongst the LGBF group authorities, along with being lower than the Scottish Average of 18%[6]

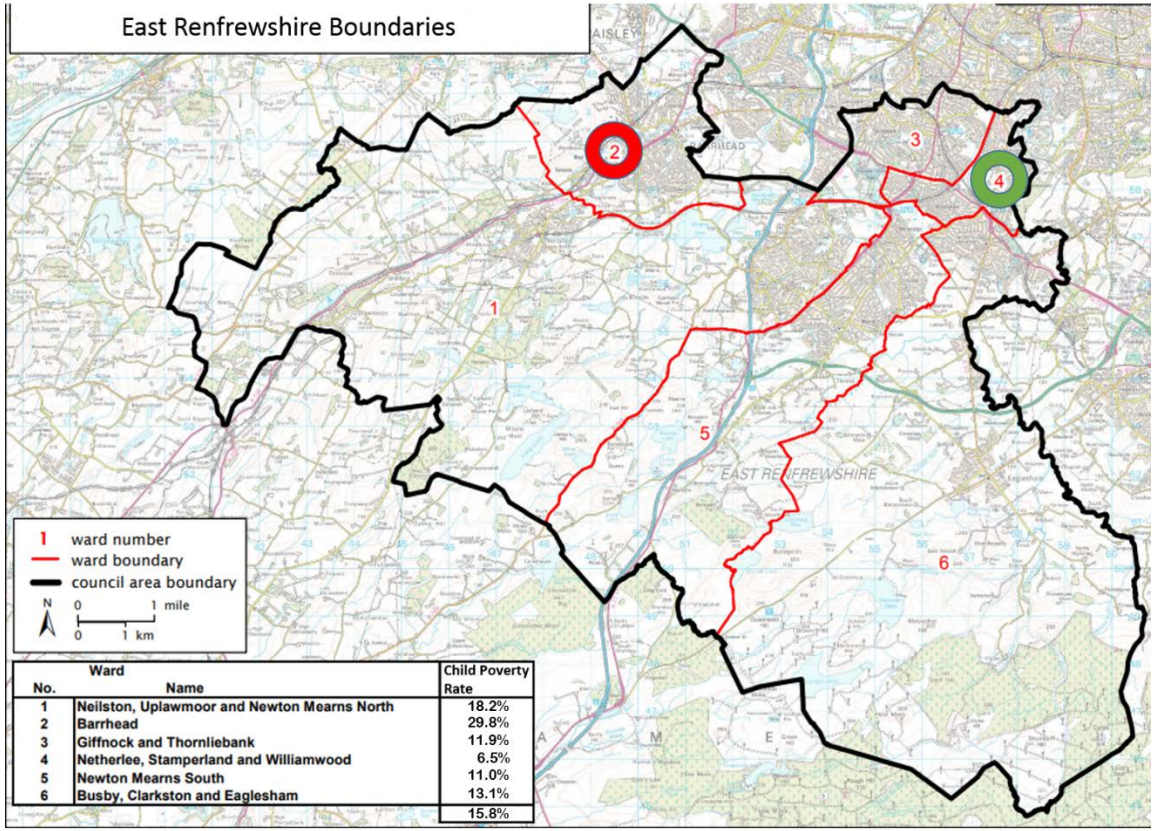
The number of lone parent households is predicted to increase in the coming years

Within East Renfrewshire there are over 11,500 households with children. Around 2,200 of these are lone parent households, a priority group highlighted by the Child Poverty Act as being at greater risk of poverty. It is projected that there will be over a 30% increase in the number of lone parent households 2026[7], which is much higher than the average Scottish increase. It is projected that lone parent households will making up a greater proportion of the households in East Renfrewshire by 2026 growing to 7%.

[4] End Child Poverty 2019
[5] These are local authorities that have similar characteristics, having similar levels of relative deprivation and affluence. These authorities are paired together for comparison over areas such as children, social work and housing.
[6] NRS Vital Events – Births
[7] NRS Household projections for Scotland, 2016-2041

Within East Renfrewshire there is a large difference in the levels of child poverty by area

Within East Renfrewshire there is a large difference in the levels of child poverty depending on the area. Barrhead ward has the highest rates of child population living in poverty; almost one in three (30%). Netherlee, Stamperland and Williamwood has the lowest rate at 6%. [8]



Ward No.	Name	Child Poverty Rate
1	Neilston, Uplawmoor and Newton Mearns North	18.2%
2	Barrhead	29.8%
3	Giffnock and Thornliebank	11.9%
4	Netherlee, Stamperland and Williamwood	6.5%
5	Newton Mearns South	11.0%
6	Busby, Clarkston and Eaglesham	13.1%
		15.8%

[8] End Child Poverty 2019

Income from employment

Generally, residents of East Renfrewshire are economically active, with low unemployment rates and low proportion of workless households. Many living in the area are high earners but they are often travelling outwith the local authority to earn. The main local employment is in the retail and service industry, which is reflected in the average pay for those working in East Renfrewshire which is the lowest within its benchmarking group.

Unemployment rates and the proportion of workless households are lower in East Renfrewshire than the Scottish average.

There are over 56,000 individuals in East Renfrewshire of working age and 76% of these individuals are economically active. Black and Minority Ethnic groups are less likely to be economically active than the East Renfrewshire as a whole, at 57%[9].

There are 1,300 people who are unemployed who are of working age, this is the lowest rate of the LGBF groups, and this contributes to there being 12.9% of households in East Renfrewshire being workless (where there is no individual over the age of 16 in the household who is employed). There is no reliable data available to identify how many of these households have children living in them, however the Scottish figure is 11.7%[10] and it is assumed that the rate in East Renfrewshire is significantly lower than the Scottish average. The percentage of workless households is lower than the Scottish average however, over a third of children in East Renfrewshire come from mixed households (where a household that contains at least one person aged 16 to 64, where at least one person aged 16 and over is in employment and at least one other is either unemployed or inactive), the second highest rate in Scotland[11]. Local knowledge suggests this could be due to a common family dynamic of one high-earner parent and one stay-at-home parent, however there is no data available to evidence this. This type of household could be particularly vulnerable to poverty should their circumstances change, for example a relationship breakdown or loss of employment.

[9] ONS Annual Population Survey
[10] ONS Annual Population Survey
[11] ONS Annual Population Survey

East Renfrewshire residents receive the highest average weekly full time pay in Scotland. However, residents are unlikely to be employed locally as those working in East Renfrewshire have the lowest weekly pay in the benchmarking group, with many workers earning less than the living wage.

The average weekly full time pay of residents in East Renfrewshire is £744, the highest in Scotland, and the average part time pay for residents is £232, which is the second highest average in Scotland. However, we recognise that these residents are not employed locally as compared to the other LGBF groups, East Renfrewshire ranks as having the lowest weekly pay for both full time and part time workers. The average weekly pay within the authority for full time workers is £496 and for part time workers is £152 for those working within the East Renfrewshire area.[12] Further, 30% of employees over 18 earn less than the living wage in East Renfrewshire, this is the lowest rate against the LGBF local authorities and is also higher than the Scottish average of 19.4%[13].

There are 3,100 individuals in East Renfrewshire who have no formal qualifications, this translates to 5.4% of the working age population. This is lower than the Scottish average of 8.7% and is the fifth lowest rate in Scotland[14].

Income from social security and benefits in kind

East Renfrewshire residents are less likely than the Scottish average to receive income from social security and benefits.

There are 1,080 children in families that claim income support or jobs seekers allowance[15] within East Renfrewshire. Of these, 860 children are in families where there is a lone parent. Nearly 800 individuals are claiming for out-of-work benefits, this rate in East Renfrewshire (1.4%) is lower than the Scottish average of 3%[16] and 165 of these claimants were between the ages of 16 and 24. Overall, there are 18,805 children in families that are registered for child benefit.

Within East Renfrewshire 7.6% of all primary pupils from P4 to P7 were registered for free school meals, this increased from 7.4% in 2016 and is lower than the Scottish average of 17.1%. In secondary schools 7.2% of pupils are registered for free school meals, which is, again, lower than the Scottish average of 14.4%, this figure has reduced steadily every year since 2012 when 9.8% of pupils were receiving free school meals[17].

[12] Annual Survey of Hours and Earnings 2018
[13] Annual Survey of Hours and Earnings Scotland, 2018
[14] ONS Annual Population Survey
[15] HM Revenues & Customs 2018
[16] ONS Claimant Count February 2019
[17] Scottish Government School Meal Census, 2018

East Renfrewshire has a £100 school uniform grant which parents/carers can apply for. We have an automated system to issue this grant each subsequent year without having to reapply. In East Renfrewshire 430 young people receive an Education Maintenance Allowances, across Scotland over 31,000 receive an EMA[18].

Costs of living

The costs of living in East Renfrewshire are higher than average, particularly in relation to housing costs. Average house prices, average local authority rent and average council tax paid are all comparatively high.

The average house price in East Renfrewshire in 2019 has increased by 3.9% since 2018 to £223,406. This increase was the 11th highest of Scotland's authorities and the average house price was the second most expensive behind the city of Edinburgh, with the average house price there being £260,758[19]. The average weekly local authority rent for a property in East Renfrewshire is £72.41, which is the 8th highest weekly rent for a Scottish local authority[20]. This average is affected by the proportion of larger properties within the housing stock in the area. Anecdotally, we are aware of a high private rental market across the authority, with associated high weekly costs. However, there is no data available at a local level to evidence this as private rent statistics are broken down into Broad Rental Market Areas, with East Renfrewshire being part of Greater Glasgow.

Overall, the East Renfrewshire had the 12th lowest rates for council tax across Scotland across all bandings, however nearly three quarters (73.5%) of East Renfrewshire's houses are classified as being band D or above, the highest proportion in Scotland , with the Scottish average being 40.5%. The average amount of council tax that is paid in East Renfrewshire is £1,609.28, the second highest price paid in Scotland behind East Dunbartonshire[21].

There are a wide range of activities available to children in East Renfrewshire. On average art, drama and sports activities, run by East Renfrewshire Culture & Leisure, cost £45.50 for a three month class and there are classes that are paid for on arrival, which cost between £3.15 and £5[22]. On average there is a 30% discount in these prices for concessions. There are also a wide range of more expensive privately run activities, and we believe this to be a thriving market, however there is no available data to evidence this.

The Active Schools programme delivered almost 7,000 activity sessions in the 2017/18 academic year involving over 8,000 individual children in East Renfrewshire[23]. The number of sessions and the number of participants has increased compared to those observed in the previous two academic years.

[18] Scottish Government, Education maintenance allowances
[19] UK House Price Index Scotland, 2019
[20] Housing Revenue Account Statistics 2017-2018
[21] Council Tax by Band 2019-20, Scottish Government
[22] East Renfrewshire Culture and Leisure
[23] Local Authority Active Schools data 2017-2018.

Data gaps

There are a plethora of sources that produce figures and compile data that pertains to issues relating to child poverty. This information helps to gain a greater understanding of the levels of child poverty that exist however, there are still different areas where the available information and data is limited. We recognise that particular data gaps exist around:

- The number of children that live in economically inactive and workless households at a local authority level
- The number of families within the priority groups most likely to be affected by poverty as identified under the statutory duty
- The usage of the different leisure activities for children
- The uptake of the clothing grants that are given out within East Renfrewshire

Furthermore, we have identified gaps in our local data collection methods. We do not routinely collect data from our customers relating to family circumstances, therefore we cannot demonstrate how many families we support through universally provided services such as money advice or employability services.

Approach

East Renfrewshire's Community Plan sets out a vision to create an "attractive thriving place to grow up, work, visit, raise a family and enjoy later life". In relation to early years and vulnerable young people, we want to ensure "all children in East Renfrewshire experience a stable and secure childhood and succeed". Within the Community Plan is Fairer East Ren which sets out how we will make East Renfrewshire fairer, with fewer inequalities. Here the key focus is "the impact of child poverty is reduced" and this is led by the Improving Outcomes for Children and Young People Partnership.

Children's services planning takes place within the wider context of community planning and decision making in East Renfrewshire and as such "Getting it right with you" our children's services plan is one of the main delivery vehicles for the achievement of the children and young people's outcomes within the Local Outcome Improvement Plan. *Getting it right with you* includes a focus on reducing inequalities and the impact of them on children and families especially those residing in our more deprived communities.

The strategic basis above, provided a solid foundation for the Local Child Poverty Action Report. However, it was noted that none of these plans specifically address the drivers of poverty which is required under the new statutory reporting obligation. In order to gather the context and evidence of the activities which address the drivers of poverty we worked with a range of partners and stakeholders including;

- East Renfrewshire Council: Education and Early Years, Adult Learning, Benefits administration, Housing Services, Money advice and rights team, Human Resources, Employability services, Young Persons Services
- East Renfrewshire Health and Social Care Partnership: Children's Services including Health Visitors and Family First, Family Nurse Partnership, Commissioning Team.
- Skills Development Scotland
- West College
- Voluntary Action East Ren
- East Renfrewshire Carers Centre

This process focused on the 3 key drivers of poverty and considered the impact their work had on each. Data gathered through this process was collated and links between services were identified.

We also worked in partnership with NHS Greater Glasgow and Clyde at a Board level. In December 2017, NHS Greater Glasgow and Clyde established a pan-GGC child poverty action co-ordination network. The network, is chaired by NHSGGC's Lead for Child Poverty and involves senior maternity and children services staff, child poverty representatives from each of the health board's six partner local authorities and health and social care partnerships, Glasgow's Child Poverty Co-ordinator and representation from the Glasgow Centre for Population Health. The network links into NHS GGC's Maternal and Child Health Strategy, Health and Employment, HR and Equalities and Financial Inclusion committees and reports to the Board Public Health subcommittee.

Actions Taken in 2018/19

Below is a breakdown of the activities which have taken place in the last year in East Renfrewshire which impact on one or more of the poverty drivers. Most of these actions are focused on reducing poverty between now and 2030 by supporting those currently in or at risk of poverty. Other activities, such as those aimed at employability skills for young people, will potentially have a longer term preventative outcome.

Overall, a range of actions have been delivered in East Renfrewshire either with a universal focus, focused specifically on families or further targeted to families on low incomes, including the priority groups.

There has been no specific monetary resource allocated to the child poverty agenda. All actions noted below have been delivered within existing, mainstream budgets.

Actions to increase income from employment						
	Action taken in 2018-2019	Poverty driver(s)	Partners involved	Priority Groups	Measure of impact	Timeframe
1.1	East Renfrewshire Council pays the Living Wage as a supplement to employees who receive under the threshold.	Income from employment	HR	All	All employees on lowest grades receiving the supplement	2018/2019
1.2	East Renfrewshire Council provides and promotes family friendly working policies and opportunities. This includes the offer of flexible working for all employees. This also includes a flexitime system applicable to many employees	Income from employment	HR CMT	All	TBC	Ongoing
1.3	East Renfrewshire Council provides a comprehensive corporate training plan and training budget to support in-work progression for all staff. Further, we have a Performance Development Review process available to all employees to identify training needs and development opportunities.	Income from employment	HR	All	TBC	Ongoing

1.4	NHS GGC's employability lead has promoted NHS career opportunities to schools, colleges, community job fairs and JobcentrePlus staff and employability advisors across GGC.	Income from employment	NHS GGC	All	Continued promotion of opportunities with partners	2018/2019
1.5	East Renfrewshire utilises the Skills Development Scotland Data Hub to make intelligent use of data to target and support young people. This is a tool which collates information from a range of sources and uses it to target career information and advice as well as develop young workforce services. The Education Department is a strong advocate of the Data Hub in terms of its use and benefits. School and career staff have made use of Data Hub reports to identify opportunities, employers and speakers, tailored group work and monthly meetings	Income from employment	Education Scotland ERC Education Department Skills Development Scotland Developing Young Workforce Team SAAS	All	Initial school leaver data status	Ongoing
1.6	Adult Learning Services work with West College Scotland to provide accredited courses to parents and carers in the area. Adult Learning gather data about the demand for courses via family centres and their own contacts, then work in partnership with a lecturer to run the courses in a community venue. These courses can provide a step into college by providing an opportunity to study locally as well as an opportunity to ask questions and receive practical advice from lecturers.	Income from employment	Adult Learning West College ER Leisure and Culture Trust	All	Number of parents completing accredited courses	2018/2019
1.7	We provide a comprehensive range of employability services to all residents in East Renfrewshire through a wide variety of organisations. We support individuals from pre-employability right through to in-work. Work East Ren adhere to the 5 stage employability pipeline to support individuals from initial engagement assessment to	Income from employment	Work East Ren Business Gateway Skills Development Scotland	All	Number of clients supported	Ongoing

	needs assessment to vocational activity to employer engagement and job matching to in work support. Business Gateway offer business planning advice, consultancy and expert help to those thinking of starting a business, new start-ups and growing businesses and third sector organisations across the authority. Skills Development Scotland provide individual an online careers service available for all resident of East Renfrewshire. This allows individuals to understand their strengths and identify routes for development. This supports people in education, in employment and who are unemployed. From data held, it is not possible to identify how many of those supported are parents.		Local business community ER Chamber of Commerce Business Improvement Districts			
1.8	Employment opportunities are being created through the Glasgow City Deal. Work East Ren are monitoring this to link to their existing clients as well as considering future opportunities when supporting customers to become job ready. There is a Community Benefit aspect to the City Deal to promote local jobs to local people.	Income from employment	Work East Ren Glasgow City Deal	All	Number of local jobs created	

Actions to increase income from social security and benefits						
	Action taken in 2018-2019	Poverty driver(s)	Partners involved	Priority Groups	Measure of impact	Timeframe
2.1	In February 2019 East Renfrewshire drew down £50,000 from Welfare Reform contingency resources to cover a projected shortfall in Scottish Welfare Fund funding. Between April and December 2018, there were 242 Community Care Grants, averaging £887 each and 344 Crisis Grants, averaging £74 each. This included 154 households with children. Based on projections of the expected shortfall a contingency was made available to accommodate the demand.	Income from social security	Money Advice and Rights Team Housing Services HSPC (Social work) Citizens Advice Bureau	All	Budget available to cover all applicable grant applications	2018/2019
2.2	In Spring 2018 East Renfrewshire set up a Universal Credit Implementation Board in anticipation of UC introduction in September 2018. This included a number of different work streams including communications and training. The Communications group managed external communications including bus stops, local press and social media. Internally, the training team worked to ensure all customer-facing staff were aware of the changes and present a consistent message to all customers. There is now a core UC working group which meets monthly to assess the operational impact on services and future planning.	Income from social security	DWP and Job Centre Plus Money Advice and Rights Team Adult Learning Housing Associations HSPC (Social work and Health Visitors) Education	All, particularly lone parents and those with 3 or more children	Successful transition to Universal Credit. Monthly evaluation by working group	2018/2019

Actions to increase reduce costs of living						
	Action taken in 2018-2019	Poverty driver(s)	Partners involved	Priority Groups	Measure of impact	Timeframe
3.1	Work is ongoing to identify the vulnerable 2 year olds across East Renfrewshire and to encourage uptake of the nursery places available to them. We are working with Greater Glasgow and Clyde to identify the numbers and identities of eligible children. There are a number of promotional initiatives targeting SIMD 1, 2 and 3 areas. This included a family fun day with application forms available and staff on hand to provide support if required. The local Job Centre sent a targeted mailing to all known lone parents in the area to promote this.	Costs of living	Greater Glasgow & Clyde Early Years Education DWP	All, particularly lone parents	Number of eligible 2 year olds taking up a nursery place	2018/2019
3.2	East Renfrewshire has introduced early adoption of the increased nursery allocation for the most vulnerable three and four year olds. There are currently 100 children accessing the 1140 hours annually in four different nurseries.	Costs of living	Early Years Education DWP / Job Centre	All, particularly lone parents	Number of allocated places taken up	2018/2019
3.3	The Pupil Equity Fund spending has reported a range of actions across all schools, including providing free sanitary products, providing new or recycled school uniform, providing free breakfast clubs with free food, providing free family food parcels, sharing calendars of costed school events, ensuring school trips have minimised costs and pupils are supported to participate at reduced or no cost. The National Child Poverty Action Group delivered training around the Cost of the School Day to Equalities Champions across all schools Further training has been delivered to staff and parents at the school to raise awareness of the Cost of the School Day.	Costs of living	Education Back to School Bank charity Parent Councils National CPAG	All	School Pupil Equity Fund Spending reports	2018/2019

3.4	Health Visitors now have the authority to distribute food vouchers to families who are raising issues around hunger or food poverty. This was previously the responsibility of social work only which potentially limited the reach. As a universal service, health visitor distribution provides a more inclusive approach to distribution of the vouchers.	Costs of living	HSPC (Health Visitors and Social Work) Food bank	All families, particularly those with children under 1 and those with a member of the household who has additional support needs	Increase in food voucher distribution to families not known to social work	2018/2019
3.5	A number of family centres and schools in East Renfrewshire are part of the Fare Share food recycling initiative in partnership with Tesco. Each takes regular deliveries of food and uses as appropriate for the families they engage with. This could be to support cookery classes, to provide healthy snacks or to provide food parcels to families.	Costs of living	Education Tesco	All	Number of food parcels and snacks provided to children and families. Increase in delivery of cookery classes or similar to families in more deprived localities.	2018/2019
3.6	East Renfrewshire Council is building new affordable housing properties for the first time as a local authority. 13 units were completed and available for let in February 2019. Of these, 4 units are 3 bed family homes and 9 are amenity flats which have been built to accommodate wheelchair access. All homes have been built to Greener Standards to ensure the insulation, windows, heating and ventilation are designed to be efficient and keep energy costs as low as possible.	Costs of living	Environmental Services Contractors	Families with 3 or more children (3 bed houses) Those with a member of the household who has additional	Number of properties completed within the timeframe. Number of properties let as affordable housing to	2018/2019

	Full details are set out in the Local Housing Strategy			support needs(amenity flats)	families most in need.	
3.7	1 FTE Welfare Reform Officer (2 x PT posts) was employed in summer 2018 on a temporary basis. The role was specifically to offer support around rent collection and arrears in anticipation of concerns about the impact of Universal Credit on rent payment.	Costs of living	Housing HSCP (Social work)	All, particularly lone parents and those where a member of the household has additional support needs	Number of tenants supported. No significant change on rent arrears following introduction of Universal Credit	2018/2019

Actions which impact two or more drivers						
	Action taken in 2018-2019	Poverty driver(s)	Partners involved	Priority Groups	Measure of impact	Timeframe
4.1	1 FTE Financial Wellbeing Officer (in MART team) employed on a temporary basis. The purpose of this role is to look at prevention and education work. This includes promotional work in immunisation clinics and on social media to raise awareness of services provided by the council and external partners to support financial wellbeing.	Costs of living / income from social security	Money Advice and Rights Team Home Energy Scotland Prevention Team HSCP (Health Visitors)	All, particularly those with a child aged under 1	Increase in referrals to Money Advice and Rights Team. Increase in hits/likes/shares on social media	2018/2019
4.2	In February 2019 Health Visitors introduced an automated system to allow direct referrals to the Money Advice and Rights team when a family expresses concern about financial wellbeing.	All	HSCP (Health visitors)	All	Number of referrals to MART.	2018/2019

	This is done during the visit which reduces time and administrative delays in supporting the families.		Money Advice and Rights Team		MART Welfare Rights Advice Indicators analysed by parental status	
4.3	The Family First team works with vulnerable families to build capacity, provide support and signpost to other services. This can include issues around employment and training, benefit claims, managing a household budget, childcare and energy tariffs.	All	Money Advice and Rights Team Work East Ren Citizens Advice Bureau	All	Number of families supported	Ongoing
4.4	In 2018 NHS Greater Glasgow and Clyde reviewed and refreshed the Healthier Wealthier Children intervention that originated in 2010, and is now recommended across Scotland as set out in *Every Child, Every Chance*. East Renfrewshire recognised the value of this function and provided funding to create an embedded role to continue this work. East Renfrewshire promoted the new Best Start Grant during November and December 2018 through social media, with a reach of over 80,000 people. A money advice service continues to be provided to families in the Royal Hospital for Children with average annual income gains of over £8,000 per family eligible for financial support.	Income from social security / costs of living	NHS GGC	All, particularly pregnant women and those with a child under 1	Increase in reach of promotional campaigns leading to increased uptake of eligible benefits. Increase average income gains per family.	2018/2019
4.5	The Family Nurse Partnership offers intensive support to mums aged 19 or under. This involves engaging with the young mums during pregnancy through a mixture of weekly and fortnightly home visits. The Family Nurses support the young mums with a variety of issues such as claiming benefits, housing options, managing a household budget, training, employability and CV writing skills. The role of the Family Nurse is to support the	All	Skills Development Scotland Local colleges Education HSCP (Family First)	Pregnant women, young mums aged under 25 years, parents with children under 1	Routine data collection to track outcomes regarding benefits that are being claimed employment	Ongoing

	young mum with these aspects but with a continuous encouragement towards self-efficacy.		DWP and Job Centre Plus Housing Money Advice and Rights Team		destinations, and education destinations at 6 monthly intervals from birth until 2 years of age.	
4.6	The Youth Services Team provides a service for young mums, aged 25 years and under. This is offered to mums from pregnancy until their baby turns one. There are weekly support groups as well as 1-to-1 support being offered where necessary. The group sessions are largely focused around developing parenting skills and establishing a bond with their baby and understanding nurture. The mums are also offered advice and signposting in relation to benefits, financial support and employability. Partner agencies also attend the group and provide advice and support around training and employment.	All	Skills Development Scotland Financial services Education Maternity Services	Pregnant women, young mums aged under 25 years, parents with children under 1	Quality framework paperwork	Ongoing

Planned Actions for 2019/20

As outlined previously, we are taking a two-pronged approach to child poverty in East Renfrewshire;

1. We will **tackle the drivers of poverty** to reduce the number of families experiencing poverty
2. We will **reduce the impact of poverty** by providing the appropriate services to support children who are experiencing poverty

We have identified the necessary critical activities within each and have outlined them in the diagrams below.

Diagram 1 shows the activities which will tackle the drivers of poverty by increasing income from employment and social security, and reducing the costs of living. The details of these activities are included in Annex 1.

Diagram 2 shows the activities which will reduce the impact of poverty by ensuring children in poverty are achieving and attaining, have improved health and wellbeing and that staff recognise the signs of poverty and can signpost effectively.

Diagram 1

Local Child Poverty Action Report: reducing child poverty by tackling the drivers of poverty

Population Outcome

The outcome we want is:

All children in East Renfrewshire experience a stable and secure childhood and succeed

Intermediate Outcome

We will know we are making good steps along the way WHEN:

Child poverty in East Renfrewshire is reduced

Our contribution:

So what we need to achieve is:

Improved income from employment for working parents

Enhanced gains for families from income maximisation and social security

Reduced costs of living

Critical Activities:

By…….

- Designing and delivering a multi-agency approach to supporting workless families to overcome barriers to employment and achieve training and employability outcomes
- Implementing a range of council policies to enhance the council as a family friendly employer including Accredited Living Wage Employer status, increased flexibility and provision of a financial wellbeing support to employees in need
- Piloting a money advice and rights programme in primary school to improve recognition of the signs of poverty and signpost to services
- Fully implementing financial wellbeing checks by health visitors at specified visits with families, including before a baby is born
- Supporting the introduction of the Young Carers Grant for all carers aged 16-25, including promotional work
- Improving processing times for housing benefit claims
- Delivering additional affordable housing units by the end of 2019
- Participating in the Food Share initiative and redistributing food items to individuals, families and community organisations

Critical Indicators

- % families on income below the median average

Diagram 2

Fairer East Ren Delivery Plan: reducing the impact of child poverty

Population Outcome

The outcome we

Intermediate Outcome

We will know we are making good steps along the way WHEN:

Our contribution:

So what we need to achieve is:

Critical Activities:

By…….

All children in East Renfrewshire experience a stable and secure childhood and succeed

The impact of child poverty is reduced

Children in poverty are achieving and attaining

- Targeting Pupil Equity Funding to raise the achievement and attainment of children affected by poverty.
- Targeting of initiatives by partners in our SIMD 1, 2 & 3 neighbourhoods to increase CYP participation levels in and out of school activities

Improved health and wellbeing of children in poverty

- Targeting health and wellbeing services to the children most likely to be impacted by poverty
- Promoting sports, culture and leisure interests among our most vulnerable children and young people
- Improving the health outcomes for vulnerable children and families and reducing health inequalities through partnership working
- Increasing breastfeeding rates in our most deprived neighbourhoods

Frontline staff recognise the signs of poverty

- Raising awareness with staff to ensure they are able to identify signs of child poverty and are well informed about referral pathways

Critical Indicators

- % of primary pupils (P1, P4 and P7 combined) from SIMD deciles 1 and 2 achieving expected levels or better in numeracy
- % of primary pupils (P1, P4 and P7 combined) from SIMD deciles 1 and 2 achieving expected levels or better in literacy
- Increase in breastfeeding at 6-8 weeks in 15% most deprived SIMD data zones

Monitoring and Evaluation

The 2030 government targets set out in the Child Poverty Act will take time to achieve and there are a number of wider contextual factors, such as UK Government welfare reform and socio-economic changes, which have a large influence on child poverty but which are out with our control and cannot be monitored at a local level. We will continue to monitor the outcomes of our local activities to evidence how they are making a positive impact, even if there is little or no positive change in longer-term targets. We will continue to monitor and report indicators though existing local arrangements for our Community Plan, Children's Services Plan and elsewhere. We recognise the cross cutting nature of the work to tackle the drivers of poverty and acknowledge the strong links with the Fairer East Ren delivery plans; particularly 'Reducing the impact of child poverty', 'Improved employability', 'Moving around' and 'Improving positive mental health and wellbeing'. We intend to monitor and progress this work alongside Fairer East Ren delivery plans. The CPP Performance and Accountability Review will receive 6-monthly progress updates and they will act as the scrutinising body for the work. It is intended that in future years the monitoring and reporting will be embedded; the options for this will be explored and agreed with the Strategic Leads.

Local needs, Reach and Contributions to Outcomes

Many of the employability and money advice services across East Renfrewshire currently are aimed at the whole population and not specifically targeted at families. We recognise this as an area to develop in future and will explore options around these services making closer links with families. Currently, we do not collect data which allows us to identify if customers using services have dependent children or not. We acknowledge that this is a data gap and prohibits us from monitoring if services may be having an influence on child poverty. We intend to address this through more robust data collection in future within particular services such as Money Advice and Rights and employability services. We will use our data to better understand client circumstances and better target our services.

There are a number of services which work with the families most at risk of poverty such as Family First and the Family Nurse Partnership. These services work with families in a holistic way which includes support around finances, employment and poverty. This support is generally based on staff experience and staff training provided by other services such as Money Advice and Rights. Staff working with these vulnerable families will provide support for general issues around benefits, employment and budgeting; however where the issues are complex they will normally signpost to partner services with specialist knowledge.

Furthermore, we have services who are dealing with families universally such as early years, health visiting and education. All of these services work directly with families who do not necessarily present as vulnerable, therefore the work to target the drivers of poverty is limited. Services operating within SIMD 1-3 areas generally show an acknowledgement of the potential additional needs of their families and take cognisance of the fact that they may be impacted by poverty. However, as mentioned previously, there is anecdotal evidence that the private rental market in East Renfrewshire is such that many vulnerable families are living in postcodes which are not in the SIMD 1-3 areas and therefore could be considered as hidden.

Annex 1: Actions planned for 2019/2020

Increase income from employment		Partners involved	Priority Groups	Measure of impact	Resources
Designing and delivering a multi-agency approach to supporting workless families to overcome barriers to employment and achieve training and employability outcomes	East Renfrewshire has submitted a Poverty and Social Inclusion Bid to combat poverty and improve employability. One of the strategic aims is to increase the number of disadvantaged participants from workless, lone parent and low income households through positive employment or training outcomes. We have verbal confirmation that the bid was successful and are currently awaiting the funding. This will start in spring 2019 and run until December 2022. This will involve employing 6 members of staff including a money advisor, youth worker, community worker and fuel poverty worker. We are awaiting confirmation from the government at this time.	Work East Ren Money Advice and Rights HSCP Schools Early Years Centres Criminal Justice Service Drug & Alcohol Teams DWP Housing Services	All, particularly lone parents	Providing support to the most disengaged from the labour market	European Structural Fund Grant plus match funding Staff
Implementing a range of council policies to enhance the council as a family friendly employer including Accredited Living Wage Employer status, increased flexibility and provision of financial wellbeing services.	East Renfrewshire Council is to become an Accredited Living Wage Employer. (Currently Living Wage paid as a supplement only)	East Renfrewshire CMT	All	Accreditation gained	Staff
	East Renfrewshire Council will look to increase flexibility and provide financial wellbeing support to employees in need.	HR CMT	All	More staff working flexibly. Reduced number of staff sick days due to money related stress	Staff

Increase income from social security and benefits		Partners involved	Priority Groups	Measure of impact	Resources
Piloting a money advice and rights programme in primary school to improve recognition of the signs of poverty and signpost to services	A money advice and rights programme is being piloted in one primary school. There are three facets to this: 1. Money and rights support will be provided for all staff at the school in relation to their own financial wellbeing. 2. Teaching and teaching assistant staff will be trained to recognise the signs of poverty and how to signpost to support services. 3. Primary 6 and 7 pupils will be involved in budgeting workshops with a focus on managing a household budget. If this is successful, it will be run in another primary school and then a secondary school.	Education Money Advice and Rights	All	Pilot evaluated to measure success and consider further roll-out	Staff
Fully implementing financial wellbeing checks by health visitors at specified visits with families, including before a baby is born	Health visitors in East Renfrewshire will be following the Universal Pathway. This will make it standard operating practice for health visitors to discuss financial wellbeing at a number of specified visits with all families, including before a baby is born.	HSCP (Health visitors) Money Advice and Rights	All, specifically those with a child under 1, pregnant mothers	Numbers of visits at key pathway times	Staff
Supporting the introduction of the Young Carers Grant for all carers aged 16-25, including promotional work	In September 2019 the Young Carers Grant will be introduced for all carers aged over 16 years. East Renfrewshire Carers Centre has planned promotional work later this year to ensure this is well publicised to young carers. They will work in partnership with the Money Advice and Rights Team.	DWP Benefits teams Money Advice and Rights Team	Those with a member of the household who has additional support needs	Successful promotional campaign. Reach of social media posts	Staff Resources in kind
Improving processing times for housing benefit claims	We are undertaking process mapping of Housing Benefit claims to understand the end to end timeline. There will be a review of how new claims are processed as well as change in	Housing Customer First Money Advice and Rights Team	All, particularly those with 3 or more children	Reaching KPI targets to process claims	Staff

	circumstances. The aim is to ensure the service is delivered as efficiently as possible in future. We will employ 1 FTE Service Improvement Officer – one of their roles will be to undertake this review and improve KPI reporting.	Benefits			
Reduce costs of living		Partners involved	Priority Groups	Measure of impact	Resources
Delivering additional affordable housing units by the end of 2019	Affordable Housing: East Renfrewshire Council has commenced building work on over 30 additional units which will be available by the end of 2019. A private developer is also building new homes and this will include a number of affordable housing units. East Renfrewshire Council have provided criteria to the developer to identify who would be applicable for purchasing these affordable properties.	Housing Developer (Bellway Homes)	All, particularly lone parents, those with 3 or more children and those where a member of the household has additional support needs	Number of properties completed Number of properties let / sold	Approximately £3million
Participating in the Food Share initiative to redistribute food items to individuals, families and community organisations	Dunterlie Resource Centre has signed up to West of Scotland food poverty initiative as a community lead volunteer group. We will take delivery of excess warehouse food and redistribute them socially through the community venue. Items can be collected by individuals/families or used by local partners with kitchen facilities to cook and share. Social work and health visitor colleagues are being briefed about the scheme to raise awareness with the families they work with. Money Advice and Rights Team are working with Voluntary Action and other local charities to encourage other areas to duplicate the model.	Food Share Dunterlie Resource Centre HSCP (Criminal Justice, Social Work and Health Visitors) Money Advice and Rights Team Voluntary Action East Ren	All	Monitor numbers of users Monitor number of centres/places holding stock	Annual fee £2,000 Volunteer time Hall hire

APPENDIX 2

NHS Greater Glasgow and Clyde

Public Health Standing Committee
17 April 2019 **Paper No: You will be given this**

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

NHS GGC Corporate and Acute Service Child Poverty Action Report 2018

Recommendations

The Public Health Committee is asked to:

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

Purpose of Paper

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

Summary of Key Messages:

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

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

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

Any Patient Safety/Patient Experience issues
This work seeks to improve patient experience by ensuring assessment and treatment of social health has parity with physical and mental health.

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

A recent review of NHS GGC's Healthier Wealthier Children (HWC) programme[2] noted the precarious nature of funding for money advice services, which are often reliant on non-recurrent funding and funding from charitable sources.

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

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

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

Any Equality Implications from this Paper

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

Some members of our population are at greater risk of experiencing poverty in childhood. Action to reduce child poverty should therefore particularly benefit children of lone and/or young parents, children with disabilities and/or children of parents with a disability and black and minority ethnic children.

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

Has a risk assessment been carried out for this issue? If yes, please detail the outcome.
No

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

Authors – Sonya Scott and Noreen Shields.

Tel No – 01412014888

Date –

NHS Greater Glasgow and Clyde Child Poverty Report 2018/19

1. Purpose

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

2. Background

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

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

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

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

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

The majority of HWC monies (£35812) were disbursed according to the national funding formula to Health and Social Care Partnership (HSCP) health improvement teams. These

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

teams have been strategically leading HWC in their areas since 2013. The remaining £27938 (including South Glasgow and Renfrewshire's HWC funding) has been used to fund continued provision of a co-located money advice service with our Special Needs in Pregnancy Service.

3. Approach

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

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

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

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

Impact

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

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

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

*GPs and health care assistants

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

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

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

4. Future Areas of Development

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

5. Challenges

- Local action to reduce child poverty necessarily requires relationships, intelligence and influence across a complex range of internal and external policy areas.
- Funding to NHS boards has been provided for one month of reporting activity only and being the same for all boards does not reflect local levels of child poverty or the number of local authority reporting partners.
- Despite clear and compelling evidence of effectiveness in maximising incomes, referral rates from maternity and health visiting services into money advice service are less than we might expect, more work is required to develop relationships between health and money advice services, embed routine enquiry in practice and reduce stigma of accepting a money advice referral.
- Demand for money advice services is increasing at a time of static or decreased funding[4].

6. Recommendations

The Public Health Committee is asked to:

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

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

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

A	Employer-related actions	Poverty driver	Partners involved	Priority Groups [5]	How measure success?	Timeframe
A1	Promotion of NHS career opportunities and pathways into NHS employment via: • schools engagement activity • awareness and guidance sessions for unemployed people in the community • awareness and guidance training sessions for staff in JobcentrePlus and employability advisors in partner agencies • college visits • attendance at community jobs fairs and careers events . A total of 84 events have been hosted in 2018/19	Income from employment	NHS Workforce Employability Team Local Authority Education Services Developing the Young Workforce Regional Groups Jobcentre Plus Clyde Gateway Rosemount Learning Centre Prince's Trust Jobs and Business Glasgow	All	May be possible in future to report activity by SIMD of school, community organisation and report the number of parents reached.	2018/19
A2	NHSGGC pre-employment training programme delivered to 21 people, 13 of whom gained employment following the programme, 11 within NHSGGC.	Income from employment	NHS GGC Workforce Employability Team Clyde Gateway and partner agencies	All	Number of people supported into good quality employment.	2018/19
A3	Apprenticeship opportunities provided for young people including: • 3 Foundation Apprenticeship Engineering placements for senior phase school pupils hosted by hospital based Estates Teams	Income from employment	NHS GGC Workforce Employability Team and range of services across NHS accepting MAs.	All	Number of apprentices securing positive destination following programme.	2018/19

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

	• Modern Apprenticeship Programme recruitment (20 MAs starting with NHSGGC in next 6 months).					
A4	Research on staff financial health needs and creation of an action plan to address those needs.	Income from employment, social security, reduced costs and mitigation of impact.	Public Health, staff participants across range of directorates.	All	As below for actions A5-A7	2018/19
A5	Poverty Awareness training for HR, occupational health and support and information services staff, delivered by Public Health Staff in partnership with Poverty Alliance and Child Poverty Action Group. Training content included Welfare Reform and 'in work' benefits, the rise in 'in work' poverty and the impact of poverty, how to raise the issue of money, the support and resources available and appropriate pathways for referral and signposting staff.	Income from employment, social security, reduced costs and mitigation of impact	Public Health Poverty Alliance Child Poverty Action Group	All	Number of staff trained (100 in 2018/19) Pre and post training assessments Explore feasibility of monitoring number of staff supported through support and information services.	2018-20
A6.	Money advice information to be included with standard Payroll letters informing staff of either move from full to half or half to no pay during sickness absence or recovery arrangements for overpayments.	Income from social security. Reducing household costs.	HR and Payroll staff.	All	Standardisation of process.	2018/19

A7.	Money and debt advice webpage developed for managers and staff on NHSGGC intranet.	Income from social security. Reducing household costs. Mitigation of impact.	Public Health	All	Number of visits to website.	2018/19
A8.	Continued provision and promotion of family-friendly working policies and opportunities.	Income from employment and reduced costs.	HR	All but may particularly benefit lone parents and families with disability.	.	Ongoing
A9.	Continued provision of monthly payment scheme for annual travel cards for staff.	Reduced costs	First Glasgow, ScotRail, Scottish Passenger Transport.		890 staff benefited during 2018 calendar year.	Ongoing
A10	Provision of educational bursaries to support in-work progression for staff.	Income from employment	Learning and Education Team.	All	Number of applications received and awarded by job band.	2018/19
B	**Service-related actions**	**Poverty driver**	**Partners involved**	**Priority Groups**	**How measure success?**	**Timescale**
B1	Four child poverty information sessions reaching 70 staff in total across all HSCP areas, two chaired by Director of Nursing and in collaboration with University of Stirling, to raise awareness of new child poverty legislation and new statutory income maximisation duty , provided for health visiting, family nurse and senior midwifery staff.	Income from social security. Reduced costs	Director of Nursing, public health, health visitors, midwives, family nurses, academic colleagues.	All	Post-event evaluation on knowledge and confidence responding to money worries	2018/19

B2	Development of refreshed staff and patient-facing materials to promote new statutory duty, routine enquiry of financial wellbeing, maternity benefits available and referral pathway into money advice services.	Income from social security. Reduced costs	Public Health Communications colleagues	All	Number of referrals from midwifery and health visiting colleagues into money advice services.	2018/19
B3	Development of materials for staff on sources of support for asylum seekers who have no recourse to public funds.	Mitigation of impact	Public Health	All particularly black and minority ethnic families.		2018/19
B4	Further development and promotion of a poverty and financial inclusion e-learning module for staff. 83 staff have completed in 11 months from 1/4/18	Income from social security, reduced costs and mitigation	Public Health	All	Number of staff completing e-module	Ongoing
B5	Face-to-face briefing sessions for new midwives and Royal Hospital for Children staff on assessment of family financial wellbeing. 32 new midwives and 16 RHC staff attended these briefings.	Income from social security, reduced costs and mitigation of impact.	Public Health, midwifery and paediatric staff.	All	Number of staff trained	2018/19
B6	Development of team-level training programme on raising issue of money worries for existing midwifery staff.	Income from social security and reduced costs	Public Health, Glasgow City Health Improvement.	Priority groups highlighted	Increased referrals from midwifery teams into money advice services.	2018/19

B7	Training for new health visitors on financial wellbeing, benefits of income maximisation, referral pathways and broader employability services available from money advice providers.	Income from social security and reduced costs	Public Health HSCP Health Improvement teams.	Priority groups highlighted	Increased referrals from health visiting teams into money advice services.	2018/20
B8	Use of health visiting peer champions for promotion of routine financial health enquiry and referral in Glasgow City HSCP.	Income from social security and reduced costs	HSCP Children and Families Teams and Health Improvement	All	Increased referrals from health visiting teams into money advice services.	2018/20
B9	Training and information for adult health service staff on assessment of patient financial wellbeing. Information provided at nursing induction sessions in both Greater Glasgow and Clyde. FI briefings provided to Diabetes MCN, Beatson and Pulmonary Rehab staff. 78 staff in total attended these sessions.	Income from employment, social security, costs of living and mitigation of impact.	Public Health and range of community and acute adult service staff.	All	Number of staff attending sessions.	2018/19
B10	Inclusion of a question on financial wellbeing in adult acute ward nursing admission documentation and associated staff training. Three training sessions for senior nursing staff and 26 ward briefings delivered.	Income from employment, social security, costs of living and mitigation of impact.	Public Health and acute adult service nursing staff.	All		2018/19
B11	Development of a NHSGGC briefing for organisations representing priority groups on referral pathways from maternal and child services into money advice services.	Income from social security and reduced costs	Public Health		Increased referrals into money advice services for priority groups.	2018/19

B12	Management of the Financial Inclusion, Money Advice service in the Royal Hospital for Children (RHC) which provides parents/carers with a range of services to support their financial wellbeing including: benefits checking, income and expenditure support, financial capability and budgeting information debt management support, assistance with housing and eviction issues and energy advice. Parents and carers can also access emergency family funds and foodbank vouchers via the Family Support and Information Service co-located with the Financial Inclusion service at the RHC. .	Income from social security and reduced costs. Mitigation of impact.	Public Health	All	Number of families' supported, average and total financial gain.	Ongoing
B13	Management of neonatal expenses fund for parents or guardians with either premature or sick babies in neonatal care to claim reimbursement for food and travel expenses.	Reduced costs	Public Health	Families with child under age of one.	Number of families supported and average financial gain.	Ongoing
B14	Facilitation of co-location of money advice services with Special Needs in Pregnancy Service (SNiPs) to target income maximisation support and advocacy to those with greatest financial health needs (e.g. average household income for this client group <£6000 per annum).	Income from employment, social security, reduced costs of living and mitigation of impact.	Third sector money advice service SNiPs staff, Glasgow City and Renfrewshire HSCP Health Improvement, Public Health	All, particularly pregnant women, young families.	Number of families' supported, average and total financial gain.	Ongoing
B15	Development of electronic referral pathway into money advice services developed for health visiting staff.	Income from social security, reduced costs.	Public Health, children and families staff, e-health, local authority and third sector money advice providers	All	Increased number of referrals into money advice from health visiting.	2018/20

B16	Regular feedback to health visiting teams on money advice referrals and patterns.	Income from social security and reduced costs.	HSCP health improvement teams	All	Increased number of referrals into money advice from health visiting.	Ongoing
B17	Analysis of uptake of healthy start food vouchers for low income families to support ongoing promotion to families by midwifery and health visiting staff.	Income from social security	Public Health, midwifery and health visiting teams.	All, particularly Pregnant women and families with children under one.	Increased uptake of health start benefit.	2018/20
B18	Survey of family financial health needs undertaken for families of children with disabilities attending child development centres.	Income from social security and reduced costs.	Families with lived experience of poverty. Specialist Children's Services. Glasgow City Council, Third sector Carers' Centre and Money Advice Services Public Health, Glasgow City HSCP Health Improvement.	Families with a disabled household member.	Increased money advice referrals from CDC staff. Average financial gain of £5000 per family supported.	2018/19

B19	Proposal developed and funding secured for research into the financial impact of pregnancy and possible cost-related barriers to attending antenatal care for low income families living in NHS GGC	Reduce costs, mitigation of impact.	NHS Health Scotland, NHS Ayrshire and Arran, Glasgow Centre for Population Health (GCPH), The Poverty Alliance, Child Poverty Action Group, Midwives, Family Nurses, Health Visitors, Public Health.	All, with particular focus on pregnant women and families with children under one year and inclusion of BME families.	Funding secured.	2018/19
B20	Financial incentives for pregnant women to stop smoking in pregnancy.	Mitigate impact of poverty	Midwives, Lead Midwives, University of Glasgow, Corporate Communications, HSCP Health Improvement Teams, eHealth, Public Health Directorate, Quit Your Way Services (Pregnancy, Pharmacy, Community, Acute)	All eligible pregnant women.	Number of women who receive full incentives by SIMD. Number and rate of women who maintain quit at 12 and 24 weeks post-quit date.	2018/20

B21	Provision of a money advice service for adult users of acute health services with a cancer or long-term condition diagnosis. 92 (4% of all) individuals supported had dependent children. Total financial gains for these 92 families in 2018/19 financial year were £235, 698, an average gain of £2562 per family referred.	Income from social security and reduced costs	Macmillan Cancer Support	All – universal service	Total and average financial gain	Ongoing
B22	Colocation of money advice service in nine GP practices in deprived areas in North East Glasgow. Over 350 people supported in the first three quarters of 2018/19 with total financial gain of £1,148,423 for those benefiting financially.	Income from social security and reduced costs	Money Advice services, Clyde Gateway, Primary Care Teams, Glasgow City Health Improvement Team	All	Total and average financial gain	2018/19
C	**Advocacy**	**Poverty driver**	**Partners involved**	**Priority Groups**	**How measure success?**	**Timescale**
C1	Child Poverty Action network for local authority and HSCP leads established to co-ordinate board-wide and local area action and to share evidence and best practice across GGC.	All	All six local authorities and HSPCs, NHS Health Scotland, Public Health.	All	A number of supporting resources have been developed for local areas including an evidence briefing and data guide.	2018 -

C2	Development session for local area child poverty leads organised with input from NHS Health Scotland, The Improvement Service and the Scottish Poverty and Inequalities Research Unit – focus on advocacy of automation of local area benefits and return on investment from referrals into money advice services from health service sources.	All	All six local authorities and HSPCs, NHS Health Scotland, The Improvement Service, GCPH, Public Health.	All	A number of areas are now exploring automation of local benefits.	2018/19
C3	Presentations on impact of child poverty on health, new statutory duty and evidence base for local action presented to: - NHS GGC Board Heads of Children's Health and Social Care Services and Area Partnership Forum and also -partnership forums in each local authority area -the national Scottish Local Authority Economic Development Conference.	All	Public Health	Priority risk groups highlighted.	Child Poverty plans discussed at and endorsed by senior strategic partnership committees.	2018/19
C4	Guidance on evidence informed action to reduce child poverty at a local level produced.	All	Public Health	All		2018/19
C5	Guidance on data available at local authority level to measure poverty and its drivers produced.	All	Public Health	All	Indicators being used in local child poverty action reports	2018/19
C6	A range of articles produced for staff news, core brief and hot topics related to child poverty.	All	Communication Staff and Public Health	All	Increased awareness of child poverty legislation amongst staff	2018/19

C7	A blog on evidence informed local action to reduce child poverty written for GCPH - https://www.gcph.co.uk/latest/news/861_poverty_isn_t_inevitable_local_action_is_possible	All	Public Health and GCPH	All	Increased awareness of causes of poverty and evidence informed actions which can be taken at local level in local policy makers and practitioners	2018/19
C8	A blog on the benefits of integrating money advice into primary care health services written for GCPH https://www.gcph.co.uk/latest/news/877_at_the_deep_end_integrating_money_advice_workers_into_gp_practices	All	Glasgow City Health Improvement Team and GCPH	All	Further roll out of co-location of money advice support in general practice.	2018/19

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

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

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

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

FB.4	Facilitate targeted co-location of money advice services in vaccination settings in East Dunbartonshire, East Renfrewshire HSCPs.	Income from social security and reduced costs of living.	Children and Families teams, money advice services, health improvement teams.	All particularly families with a child under the age of one.	Referrals made, families engaging with service and financial gain.	2019/20
FB.5	Provide dedicated money advice support for family nurses in North East Glasgow City.	Income from social security, reduced costs of living.	Family nurses, health improvement staff.	All, particular young parents.		2019/20
FB.6	Expand provision of co-located money advice service in GP practices in Glasgow	Income from social security, reduced cost of living	Money advice services, primary care teams, Glasgow Health Improvement Team.	All	Referrals made, average and total financial gain	2019/29
FB.7	Raise awareness of child poverty legislation, statutory duty and available support services with GPs working in Deep End practices.	All	GPs, public health.	All	Increased referrals to money advice services from primary care.	2019/20
FB.8	Undertake research into the cost of the pregnancy pathway to explore the financial impact of pregnancy on low income families and how services can mitigate, given evidence that this can be a	Reduce costs, mitigation of impact.	Families with lived experience of poverty, NHS Health Scotland, NHS Ayrshire and Arran, GCPH, The Poverty Alliance, Child Poverty Action	All, with particular focus on pregnant women and families with children under one year and inclusion of BME families.	Breadth of participants recruited. Useful insights and actionable recommendations generated.	2019/20

	point of transition to poverty for some families.		Group, Midwives, Family Nurses, Health Visitors, Public Health.			
FB.9	Develop questions on money worries for Children's Hospital admission documentation.	Income from social security, reduce costs, mitigation of impact.	Public Health, acute children's services.	All	Families are routinely asked about social health when child admitted for acute care.	2019/20
FB.10	Disseminate findings of family financial health needs of families attending child development centre (CDC) to improve pathways into support services for families of disabled children.	Income from social security, reduce costs.	Public health, specialist children's services	Families with a disabled child	CDC staff are aware of new statutory duty on child poverty, the likely levels of need in families using their service and the benefits or referring to money advice services. Referrals into money advice from CDC's increase.	2019/20
FB.11	Develop child poverty microsite for staff, partners and general public on causes, relevance for health, local rates and current NHS actions.	NA	Public Health	All	Number of visits to site	2019/20
FB.12	Continue to deliver and improve routine financial health enquiry and referral into money advice in midwifery, family nurse	Income from social security and reduced costs of living.	Maternity, family nurse, children and family services, public health and health improvement.	All, with focus on pregnant women and young parents.	Recorded enquiry Referrals made Number of families engaged	Ongoing.

	and health visiting services.				Total and average financial gain.	
FB.13	Continue to monitor and feedback on income maximisation referrals from maternal and child services.	Income from social security and reduced costs of living.	Public health and health improvement in HSCPs	All	Increasing enquiry and referrals made.	Ongoing.
FB.14	Research into the prevalence of financial hardship in families of children attending outpatient ENT clinics in Royal Hospital for Children	Income from social security, reduced costs.	ENT staff, public health, service users.	All	Completion of results with actionable recommendations to improve health and/or care.	2019/20
FC	**Advocacy**	**Poverty Driver**	**Partners involved**	**Priority Groups**	**How measure success?**	**Timeframe**
FC.1	Analysis and reporting, in partnership with GCPH, on indicators of child poverty and economic, housing, childcare and transport drivers in the Glasgow and Clyde Valley Region.	Income from employment and costs of living.	GCPH, Glasgow City Region, Glasgow City Council, Children's Specialist Services, Public Health, Health Improvement.	All	There is a greater understanding of levels and distribution of determinants of child poverty amongs.t relevant senior decision makers across GGC	2019/20

AGENDA ITEM No.9

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 June 2019
Agenda Item	9
Title	Care at Home Improvement Update

Summary

This report gives an update on the Care at Home Improvement Plan actions and outlines the performance measures developed to track progress. It provides information about the decision taken by Allied Health Care to withdraw from the care at home contract, the action taken in response to this and the issues for care at home service delivery and improvement activity.

Presented by	Candy Millard, Head of Adult Health & Social Care Localities

Action Required

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

Implications checklist – check box if applicable and include detail in report

☒ Finance	☐ Policy	☐ Legal	☐ Equalities
☒ Risk	☒ Staffing	☐ Directions	☐ Infrastructure

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 JUNE 2019

Report by Chief Officer

CARE AT HOME IMPROVEMENT UPDATE

PURPOSE OF REPORT

1. This report gives an update on the Care at Home Improvement Plan actions and outlines the performance measures developed to track progress. It provides information about the decision taken by Allied Health Care to withdraw from the care at home contract, the action taken in response to this and the issues for care at home service delivery and improvement activity.

RECOMMENDATION

2. The Integration Joint Board is asked to:
   - Note and comment on the improvement activity undertaken to date
   - Note and comment on the performance measures
   - Note and comment on the impact of the decision taken by Allied Health Care to withdraw from the care at home contract

BACKGROUND

3. The Integration Joint Board has received a series of reports on care at home. At its last meeting the IJB considered the improvement plan for the service and asked that it be provided with regular updates including further information about the performance measures under development.

4. At the Integration Joint Board meeting in May the Chair asked that information brought to future meetings should contain timescales for action. This would enable the Board to confirm that targets were being met on time and to consider corrective action in cases where they were not being met.

REPORT

Improvement Measures

5. In order to monitor the effect of the improvement actions on the requirements a series of performance indicators have been identified and are set out in Appendix 1 of the report. These are designed to measure the difference to the people receiving service in terms of their care, plans and support and to front line staff in terms of training, registration and supervision.

Improvement Progress

6. An overview of progress on improvement actions is summarised below :

7. Care and Support Personal Plans – Minor changes as recommended by lead Care Inspector have been made and new documentation has been created on Carefirst, the social work information system. In the interim paper based tools are being used. Quality Review Team members have been trained to use the new process and documentation. A quality Assurance Officer has commenced sampling of the process and has suggested some improvements to the process once the planning/review has taken place.

8. Medication Management –The HSCP draft policy, training module and assessment tool are being updated. The proposed changes to the policy may have implications for GP and pharmacy colleagues. This will be discussed at the next Prescribing Group meeting and feedback will inform the final policy and implementation.

9. Review of Personal Plans – The initial multidisciplinary nursing, social work, OT and home care staff review members who contributed to the development of the planning and review process have been replaced with home care review staff members. This makes best use of staff skills. There are currently 4.5 wte reviewing team members with a further 1wte appointed. Eighty reviews have been undertaken to date. The team commenced the most complex reviews first and it is anticipated that the less complex reviews will take a shorter time.

10. Complaints Handling – The complaints handling process and flow chart has been circulated to all frontline care at home managers and discussed at team meetings. A more detailed training session for Care at Home First line managers has been completed. The Quality Assurance Officer is reviewing service complaints to check process compliance and extract learning & recommendations from complaint analysis.

11. Service Delivery Times – discussions are taking place with service users about preferred service delivery times at review but staffing capacity is impacting on ability to deliver these and to move away from short duration visits. A series of reports from the CM2000 scheduling system now provide information about the difference between planned and actual visit times. To give an accurate picture staffs need to comply with the electronic logging in and out system. This has increased to 80% since the end of April.

12. Staffing levels – Induction for the first cohort of 7 care at home staff is planned for 17 June. It is hoped that the candidates can commence work thereafter subject to HR recruitment processes being completed. The fast-track recruitment event which took place in May, attracted lower numbers of applications than expected. A further round of advertising has been undertaken through My Job Scotland.

13. Staff training and supervision – Regular patch meetings are now taking place and planning for group supervision and 1-1 quality conversations are in development. Fortnightly development sessions for home support organisers have commenced.

Impact of withdrawal of provider from Care at Home framework

14. Members will recall that partner providers are also experiencing pressures and issues with recruitment.

15. One of our partner providers Allied Health Care wrote to us on 24 May stating that they can no longer continue to deliver the Care at Home Framework contract. This is predominantly due to difficulties recruiting and retaining staff for the service.

16. Allied currently provides over 350 hours per week to approximately 50 care at home clients. In addition the provider also supports 7 clients under the separate care and support contract (learning disability and complex physical disability). Allied have stated that they have no wish at present to withdraw from this support provision.

17. In conjunction with the East Renfrewshire Council's HR team the HSCP is arranging to TUPE the current Allied Health Care staff to the in house service this month. Ten front line care staff and two office based staff member will be eligible for transfer under TUPE.

18. There is a significant shortfall between the staffing hours available from those care staff who may transfer and hours of support required to deliver the contracted hours currently being provided by Allied. Allied are at present relying on the use of agency staff to fulfil their contractual obligations. The HSCP is working to source additional care at home capacity from external providers to meet the shortfall.

19. Two of the care at Home review staff visit all Allied clients, along with two colleagues from within the service. The team the transfer from Allied care plans to HSCP care plans. This will impact on the number of in-house reviews that can be undertaken over the next month.

CONSULTATION AND PARTNERSHIP WORKING

20. Service users and their Powers of Attorney were written to about the issues in the service and given a dedicated number to phone with any concerns, issues and complaints. In total 43 calls were received. The nature of the calls was as follows:
    - Amendments to POA information and records – 14
    - Care Management/ assessment waiting times - 8
    - Requests for changes to current services (call time change/reduction in provision) - 7
    - Compliments - 5
    - Other general enquiries not directly related to care at home - 4
    - Complaints – 5

IMPLICATIONS OF THE PROPOSALS

Finance

21. At its last meeting 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.

Staffing

22. Recruitment of additional staff as agreed is underway.

Risk

23. 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. However, the withdrawal of Allied Health Care from the current contract, and the current recruitment challenges for the social care sector within East Renfrewshire and nationally will see continued pressures in delivery of care services. This is likely to require the HSCP to prioritise those who can receive a service based on risk to wellbeing.

CONCLUSIONS

24. Improvement activity has progressed over the last month, with progress on care planning and reviews. The decision of Allied Health Care to withdraw from the care at home contract has implications for the pace of improvement and local market capacity.

RECOMMENDATIONS

25. The Integration Joint Board is asked to:
    - Note and comment on the inspection report
    - Note the improvement plan
    - Note and comment on the impact of the decision taken by Allied Health Care to withdraw from the care at home contract

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

June 2019

BACKGROUND PAPERS

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

Improvement Plan – Proposed Measures

Appendix 1

Key	Data confirmed as available from CM2000

Category	Requirement	Ref	Actions	Measure
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 (inc risk mgt)	% care plans in place Calculated as: number of care plans in clients homes/total client numbers (less those joining service in last 28 days) % care plans audited Calculated as: number of care plans checked in last 4 weeks/total client numbers (less those joining service in last 28 days) at period close % of personal plans audited which meet required standard Calculated as: Number of personal plans meeting required standard/total number of personal plans audited (in a period)
		2	Develop process for documentation completion	
		3	Upskill staff to undertake the personal planning to address agreed outcomes	
		4	Develop a quality assurance process to ensure plans are to required standard/in correct places	
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	% people who require support with medication assessed using new medication tool Calculated as: number of clients with a medication support need/total client numbers (less those joining service in last 28 days) % staff completed training Calculated as: number of staff trained /total staff numbers (as at given date) % competency assessed undertaken Calculated as: number of assessments completed/total number of staff trained in medication management
		6	Develop key documentation (including assessment tool and recording) and roll out to staff in pilot area	
		7	Deliver staff training (all care at home staff)	
		8	Implement a staff competency based assessment approach	
Care and Support	Ensure that personal plans are reviewed in line with legislation	9	Appoint a dedicated team to undertake review (QRT)	% reviews completed Calculated as: number of 6 monthly reviews completed (in a period)/ total client numbers at period end % reviews complete inside and outwith 6 month timescale Calculated as: For reviews completed, the %age split of those done within 6 months of previous review and those done outwith this time period
		10	Develop and implement a clear process and documentation for reviews	
		11	Develop a tracking mechanism to ensure that the progress of plan provision/reviews is being completed to the required timeline	
Care and Support	Ensure handling of complaints is in	12	Deliver relevant training across all home care and key business support staff	% of complaints driving improvement Calculated as:

	accordance with our procedures and good practice guidelines**. IMMEDIATELY**			Number of complaints resulting in a service change/improvement/Total number of complaints (in a period)
		13	Provide accurate and up to date info to service users on how to complain	
		14	Reinforce current quality assurance mechanisms to ensure complaints are being handled correctly and they inform practice	
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. **BY 31/07/19**	15	Undertake further CM2000 analysis on planned v actual and refine these, in advance of communication to service users	% visits late Calculated as: Number of visits 15 or more minutes later than planned/ total number of planned visits (in a period) % visits missed Calculated as: Number of visits not undertaken / total number of planned visits (in a period)
		16	Review current scheduling arrangements (to include consideration of factoring in travel time)	
		17	Reinforce the communication process re instances where service timing parameters are significantly exceeded	
Staffing	Ensure that we employ and deploy support staff in sufficient numbers to adequately meet the needs of service users. **BY 28/09/19**	18	Review staff deployment/shift patterns to ensure that visit capacity and efficiency is being maximised	% of care hours to contracted hours Calculated as: Number of planned care hours/ number of contracted hours (in a period) % actual care hours to contracted hours Calculated as: Number of actual care hours delivered/number of contracted hours (in a period)
		19	Recruit sufficient levels of additional staff (up to 36 wte)	
		20	Address sickness absence levels by consistently implementing the Council's 'Maximising Attendance' policy	
		21	Review partnership working approach with private providers to obtain maximum additional capacity	
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	% of training to contracted hours Calculated as: Number of staff training hours attended/contracted hours (in a period) No of training opportunities undertaken Calculated as: Number of learning events held (in a period) No staff attended Calculated as: Number of staff who attended a learning event (in a period)
		23	Develop and deliver training and upskilling plan to address the gaps	
		24	Develop a comprehensive induction plan for new recruits	

		25	Deliver induction training to all new staff in advance of service commencement	
Staffing	Ensure provision of staff supervision and appraisals	26	Upskill home care organisers and managers to effectively deliver high quality supervisions and appraisals	% of PRDs undertaken Calculated as: Number of staff who had a PRD completed/total staff number (in a period) % of team meetings undertaken Calculated as: Number of staff meetings held / total staff meetings required (YTD) % of No of 1:1s undertaken Calculated as: Number of staff 1:1s held / total staff 1:1s required (YTD)
		27	Develop a process and timeline to ensure timely delivery of the supervision and appraisals	
		28	Develop a tracking solution to ensure appraisal and supervisions have been undertaken in line with plan	
Management & Leadership	Ensure the service follows the guidance on notification reporting to the Care Inspectorate	29	Upskill staff in understanding CI notifiable events	% of CI notifications to Datix reports Calculated as: Number of CI notifications made/ Datix reports made (in a period) CI notifications timeliness Calculated as: For CI notifications made, the %age split of those done within 24 hours and those done outwith this time period
		30	Reinforce internal processes and responsibilities in carrying out notifications in a timely manner	
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)	
		32	Develop an evaluation mechanism to ensure that after training staff can put learning into practice	
		33	Ensure relevant dementia information is included in key documents including care plans	
Management & Leadership	Supplementary Actions	41	Develop a programme plan to ensure SSSC registration & relevant qualifications are met with required timelines	% of in house care staff by SSSC registration status: Calculated as the number of those with full registration, registered with conditions and those not registered/total number of in house care staff

AGENDA ITEM No.10

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	June 2019
Agenda Item	10
Title	Financial Framework for the Five Year Adult Mental Health Services Strategy in Greater Glasgow and Clyde

Summary

The purpose of this report is to seek approval for the financial framework which has been developed to support the implementation of the Five Year Adult Mental Health Strategy across Greater Glasgow and Clyde.

Presented by	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)

Action Required

The Integration Joint Board is asked to approve the proposed financial framework which will support the implementation of the Adult Mental Health Strategy.

Implications checklist – check box if applicable and include detail in report

☒ Finance	☐ Policy	☐ Legal	☐ Equalities
☒ Risk	☐ Staffing	☐ Directions	☐ Infrastructure

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 JUNE 2019

Report by Chief Financial Officer

Financial Framework for the Five Year Adult Mental Health Services Strategy in Greater Glasgow and Clyde

PURPOSE OF REPORT

1. The purpose of this report is to seek approval for the financial framework which has been developed to support the implementation of the Five Year Adult Mental Health Strategy across Greater Glasgow and Clyde.

2. The work to date on the framework has identified the totality of budget for mental health services across the greater Glasgow and Clyde area, recognising that not all of this resource will be in scope. As the strategy progresses the framework will evolve and support implementation. The high level principles of the strategy are set out in the report for approval.

RECOMMENDATION

3. The Integration Joint Board is asked to approve the proposed financial framework which will support the implementation of the Adult Mental Health Strategy.

BACKGROUND

4. The IJB approved the Five Year Adult Mental Health Services Strategy in Greater Glasgow and Clyde at its meeting on 24 January 2018. A detailed financial framework will require to be developed to support the redistribution of funding which will support this whole system approach to Adult Mental Health within Greater Glasgow and Clyde.

5. Health and Social Care Partnerships (HSCP's) across NHS Greater Glasgow and Clyde have worked collaboratively to develop an Adult Mental Health Strategy which has been approved by all 6 Integrated Joint Boards (IJB's) and will deliver a whole system approach to Adult Mental Health within Greater Glasgow and Clyde.

6. There are key service areas in Mental Health that are system wide services these include:

   - Adult Mental Health Inpatient Beds
   - Specialist Adult Mental Health Services
   - Perinatal Services
   - Trauma Services
   - Unscheduled Care Services

7. The Strategy recognises that this group of services will continue to be delivered on a system wide basis in order to ensure that access for people who require these services is equitable. In addition the strategy aims to standardise local services in order to ensure that the same levels and types of interventions are delivered across the Board area.

8. Work is being progressed to develop an implementation programme, which will be available later this year. A detailed financial framework will require to be developed to support the redistribution of funding which will support this whole system approach to Adult Mental Health within Greater Glasgow and Clyde.

REPORT

Financial Framework Principles

9. The 6 HSCP's have worked together to develop a financial framework which will support the implementation of the Adult Mental Health Strategy, and have agreed the following principles for the framework:-
   - support system wide and local planning and decision making
   - enable investments to be made which support delivery of the strategy, irrespective of where the budget is held
   - offer a framework which is fair and equitable for all partners
   - support service re-design on a system wide basis
   - support collaborative working across the partners and deliver the optimum use of the resources across Greater Glasgow and Clyde, including workforce planning.

10. These principles reflect the need for a collaborative and system wide approach and a need for local planning and decision making and any financial framework proposed will need to support both approaches.

Financial Framework Proposed

11. The Adult Mental Health Strategy envisages significant resource shifts with service change. This will particularly focus on shifting the balance of care, reducing the reliance on high cost inpatient services and supporting the community infrastructure in Mental Health. Once the detail of the implementation programme is known this will identify areas of disinvestment which will free up money for reinvestment to support the implementation of the strategy. The strategy highlighted that the principal disinvestment will be confined to the contraction of inpatient services with the main areas requiring reinvestment being recovery, unscheduled care and social care.

12. The proposed financial framework will see the budgets identified for disinvestment across the system being re-allocated across the 6 IJB's based on their share of NRAC in the year when the reallocation takes place, and is consistent with the approach which has taken place in other system wide financial frameworks.

13. Individual IJB's will then be able to use this funding to undertake the local and board wide investment required to support the implementation of the Adult Mental Health Strategy. Board wide investment will be funded jointly by IJB's based on their share of NRAC.

CONSULTATION AND PARTNERSHIP WORKING

14. This strategy involves working with our all partners and fellow HSCPs to support system wide change.

IMPLICATIONS OF THE PROPOSALS

Finance

15. This financial framework will determine how the budgets identified for disinvestment across the system will be re-allocated across the 6 IJB's.

16. Each IJB will then be responsible for funding local and board wide investment required to support the implementation of the Adult Mental Health Strategy. Board wide investment will be funding jointly by IJB's based on their share of NRAC.

17. Detailed financial implications will be reported through strategy updates and in due course through our revenue budget ad associated monitoring.

Staffing

18. None at present and any future implications will be reported as in paragraph 17 above.

Infrastructure

19. None

Risk

20. A financial framework is required to support the implementation of the Adult Mental Health Strategy. A failure to secure agreement across all 6 IJB's which support a system wide and local approach could impact on the ability to deliver on the Five Year Strategy for Adult Mental Health.

Equalities

21. None

Policy

22. None

Legal

23. None

Directions

24. Directions will be issued in relation to disinvestment and reinvestment as the strategy is implemented.

CONCLUSIONS

25.

RECOMMENDATIONS

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

IJB Paper: 14.02.2018 - Item 7: Adult Mental Health Strategy 2018-23
http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21800&p=0

AGENDA ITEM No.11

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 26 June 2019
Agenda Item	11
Title	Individual Budget Update

Summary

To provide the Integration Joint Board with a progress report on the development and implementation of the Individual Budget process.

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

Action Required

The Integration Joint Board is asked to:

- Note the progress to date
- Approve the implementation plan
- Approve the proposal to defer implementing the individual contribution

Implications checklist – check box if applicable and include detail in report

☒ Finance	☐ Policy	☐ Legal	☐ Equalities
☒ Risk	☐ Staffing	☐ Directions	☐ Infrastructure

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2019

Report by Head of Finance and Resources (Chief Financial Officer)

INDIVIDUAL BUDGET UPDATE

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an overview and update on the process for calculating (adult) Individual Budgets under Self Directed Support legislation and associated systems and processes.

RECOMMENDATION

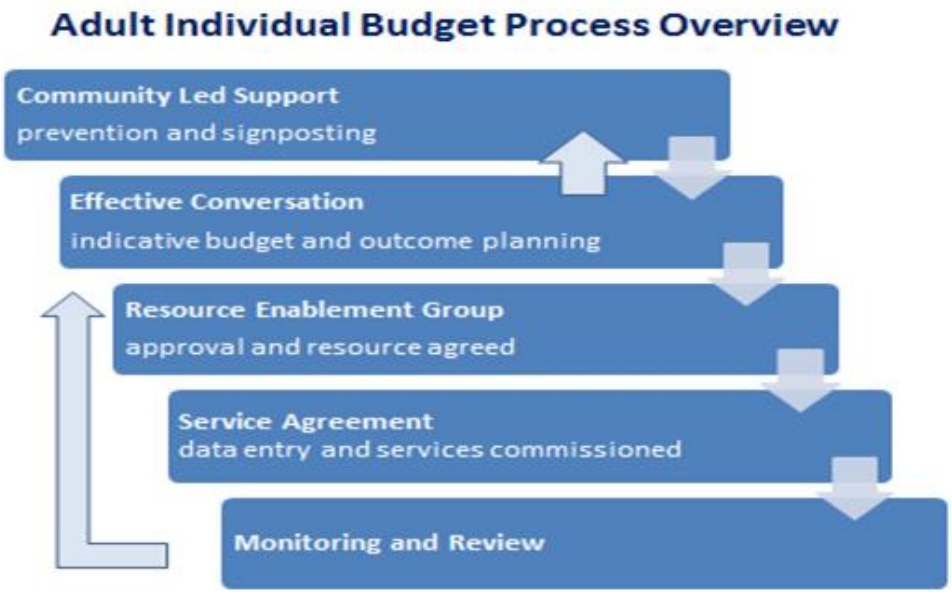
2. The Integration Joint Board is asked to:
   - Note the progress to date
   - Approve the implementation plan
   - Approve the proposal to defer implementing the individual contribution

BACKGROUND

3. The Integration Joint Board received two previous reports on the process for calculating (adult) Individual Budgets under Self Directed Support legislation and associated systems and processes at its meeting in June and November 2018.

4. At the November 2018 meeting the IJB agreed that we should undertake a consultation exercise with our key stakeholders and also agreed to delegate the setting of a % contribution to the Chief Officer and Chief Financial Officer

5. The individual budget process is summarised as below :



6. Community Led Support delivered through our Talking Points is our first point of contact with signposting people to community assets and through good conversations supporting people to use their own strengths and resources rather than drawing them into statutory services. This preventative approach is a fundamental to support our sustainability and future funding challenges.

7. Where the need for social care support is identified then the Individual Budget Calculator will be used for everything from modest one off interventions to complex care packages.

REPORT

8. We held two consultation events with our key stakeholders In January 2019 in Barrhead and in Eastwood. There was also a follow up session with carers in Thornliebank in March 2019. We continue to work with the SDS Forum and have attended some sessions arranged by the Forum.

9. The feedback in the main was positive, recognising the new system will be transparent and equitable. Some individual issues were raised and there was some concern on the timing of the reviews and the implementation of the contribution charge. There was also some discussion about an appeals process and the constitution of the approval panel.

10. We had already recognised that the implementation of a contribution based charge would be a change and if the review resulted in a reduced budget this would be “a double hit”. Taking this into consideration, along with a phased implementation, I am asking the IJB to defer the contribution element until we have reviewed all existing care packages. This will ensure an equitable approach for new budgets agreed and those still to be reviewed.

11. An Equalities Impact Assessment was carried out in relation to the implementation of the policy and is included at Appendix 1. Although the policy will impact on protected characteristics of age and disability under the Equalities Act, it is envisaged the change will be largely positive by bringing equity across the partnership and any financial impact in relation to future charging will be mitigated by use of financial assessments to assess ability of an individual to pay.

12. Whilst there was a view that the approvals panel should include a lay member the individual assessment and associated information is confidential and relates to our statutory function. Our current complaints process will deal with any complaints and appeals. However we would hope that we would be able to resolve issues before a formal complaint was taken, given the focus on partnership working. We intend to appoint an advanced practitioner to support the outcome focussed agenda and this post will complement the ongoing work around SDS.

13. Within the HSCP our Localities Manager for Barrhead has taken on the operational lead for SDS and has reviewed our practice guidance and use of direct payments. This will provide clear guidance to our practitioners on how the individual process works and will be a valuable tool to support working creatively with individuals to make the best use of their budget to meet their outcomes. The revised practice guidance has been approved by the Chief Social Work Officer.

14. The implementation plan is included at Appendix 2 and covers:
    - Staff; Resource Enablement Group, Finance and Business Support
    - Process: Practice Guidance, EQIA, IJB Approval, web content and other public information revised
    - Implementation and Training; phased roll out across locality teams including workshops and training
    - Quality Assurance; continued monitoring, review of processes and ongoing training

15. Once each team has received full training the new approach will be used for all new assessments and review for existing support plans will be undertaken on a risk basis.

16. We will publish easy use guides on our website for general access to information. Useful documentation and advice for practitioners will also be made available on our intranet for easy access.

17. We have undertaken a number of desktop case studies to demonstrate the new approach and we are confident that the results fall into acceptable parameters. We have also tested the calculator with a number of desktop assessment and refined the weightings and bandings accordingly.

18. The questionnaire and a summary of the calculator are included at Appendices 3 and 4 for information. The calculator summary clearly ad transparently shows our methodology.

19. Whilst our intention is to delegate low risk and low value decisions to individual teams we intend to bring all individual budget proposals to the resource enablement group for now. This will allow us to ensure consistency of approach and learning as we progress.

20. We will closely monitor how individual budgets compare to previously agreed care packages as we progress reviews, recognising there may be some changes resulting from crossover with carer's individual budgets. Should we need to revise the calculator we will ensure those reviews undertaken to date are again reviewed to ensure equity.

21. As previously reported the IJB should take assurance that, as is the case now, where an individual does not feel they can meet their outcomes with the existing level of resource they can request a review.

22. In preparation for our new approach, a mandatory two-day training session was held with social work practitioners in May to reinforce the importance of recording outcomes and linking them to the care plan. We had 45 attendees and the feedback was positive. A further session will be held in June for those who were unable to attend.

23. The new role of Finance Support Officer have been recruited (3 posts) to and will work alongside our social workers to provide financial guidance and ensure consistency of approach when using the individual budget calculator and costing support plans.

CONSULTATION AND PARTNERSHIP WORKING

24. We have undertaken a number of informal consultations and three formal consultation events. We will continue to work in partnership with the Cares and SDS Forums.

25. Social workers from across the partnership have had input into the Individual Resource questionnaire, case studies and procedure and have provided valuable input and feedback.

IMPLICATIONS OF THE PROPOSALS

Finance

26. This approach should allow us to deliver care packages that meet the outcomes of those individuals we support in a creative and innovative way. The principle of "getting the right level of support" should ensure that we provide the level of support needed and do not over provide.

27. Within our 2019/20 budget we have a saving of £0.8 million against adult care package costs and the individual budget approach, along with our policy on sleepovers will support delivery of this saving.

Risk

28. There are potential risks in relation to this change in approach, including:
    - Ensuring the individual budget calculator and supporting process work as intended
    - Costing outcome plans and components
    - Gaps in the market for demand for different service provision

Equalities

29. A full equality impact assessment is included.

30. There are no policy, legal, staffing or infrastructure implications.

CONCLUSIONS

31. The new approach will allow us to utilise our skills and resources to provide a robust and transparent approach to calculating individual budgets.

32. The focus of the support plans will be on achieving the outcomes of the individual. This will move us away from the historic task and time approach.

33. Every support plan will be approached on the same basis ensuring equity no matter the individual circumstances.

34. We will optimise our professional staff time, maximising the time spent with the individual.

35. We will support the process in a more efficient way.

RECOMMENDATIONS

36. The Integration Joint Board is asked to:
    - Note the progress to date
    - Approve the implementation plan
    - Approve the proposal to defer implementing the individual contribution

REPORT AUTHOR AND PERSON TO CONTACT

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0141 451 0746

June 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB PAPER 28.11.2018: Individual Budget Process
https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23458&p=0

IJB PAPER 27.06.2018: Individual Budgets Self Directed Support Update
http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22619&p=0

POLICY NAME: SELF DIRECTED SUPPORT: INDIVIDUAL BUDGET CALCULATOR

The word **'policy'** will be used throughout as shorthand for policy, service or proposal.

Question 1: What is the policy?

Answer:
The Individual Budget Calculator policy is the process for calculating (adult) Individual Budgets under Self Directed Support legislation and associated systems and processes.

Question 2: What is the aim, objectives or purpose of the policy? Why is it needed?

Answer:
The Individual Budget Calculator (IBC) sits alongside the outcomes/needs assessment and provides a simple way to arrive at an indicative budget, based on the principles of getting the right support at the right time. It is intended to bring equity to the allocation of social care resources across the HSCP and ensure people can work creatively with their social work practitioner to ensure their outcomes are delivered.

Question 3: Does the policy affect service users, employees or the wider community, and therefore potentially have an effect in terms of equality?

Answer
Yes

Question 4: Is it a major policy, significantly affecting how functions are delivered?

Answer
No. Services are already being delivered, but this policy may change the resources allocated to individuals in respect of these services. This change could be an increase or a decrease. Any decrease would be managed on a stepped-basis where appropriate.

Question 5: Will it have a significant effect on how other organisations operate (for example, a national strategy, an inspection framework or criteria for funding)?

Answer
No

Question 6: Does it relate to functions that previous involvement activities have identified as being important to particular protected groups?

Answer
Yes. The policy will affect all people who access social care services.

Question 7: Does it relate to an area where your department or the Council has set equality outcomes?

Answer
No

Question 8: Does it relate to an area where there are known inequalities? (For example, disabled people's access to public transport; the gender pay gap; racist or homophobic bullying in schools, etc.)

Answer
Yes
People with disabilities who access HSCP resources and services will likely be affected. Those with limited financial resources will be financially assessed if required to ensure that no-one experiences financial hardship as a result of the policy.

Question 9: Which protected groups are or could be particularly affected by the policy? Please give reasons

X	Age
X	Disability
	Gender
	Gender reassignment
	Pregnancy and maternity
	Race
	Religion or belief
	Sexual orientation
	Marriage and civil partnership (with regard to eliminating unlawful discrimination in employment)

Further Details
Due to the nature of social work services and the demographics within East Renfrewshire, it may be that more older people are affected by the policy. Likewise, people with disabilities who access HSCP resources and services will likely be affected. Both these groups of people may have limited resources, which is why financial assessments would be used to ensure that no-one experiences financial hardship as a result of the policy.

Question 10: Which parts of the public sector duty is the policy relevant to?

Answer:

Advance equality of opportunity between people from different groups:

All residents of East Renfrewshire should be able to access HSCP resources when needed. They should be treated fairly and equitably as individuals and with robust guidance and policies in place to ensure this fairness.
There are 4 options available to people to direct how they want their social care provided. This policy will ensure equity across all the options, regardless of how someone wants their care services to be delivered.

Question 11: Does it relate to a policy where there is significant potential for reducing inequalities or improving outcomes? (For example, improving access to health services for transsexual people, or increasing take-up of apprenticeships by female students.)

Answer
Yes. Implementation of the policy should ensure that resources are allocated equitably, regardless of a person's age, disability or social status, allowing people to access the services they need to achieve their outcomes. The calculator should increase transparency around the allocation of budgets.

Question 12: What data do you have to facilitate the screening of this policy?

Answer:
Benchmarking was completed with various other local HSCPs to gain information and advice on the implementation of Individual Budgets and charging a user contribution.

Analysis of current social care costs was carried out so that the budget calculator was modeled on real data

Question 13: What consultation information do you have regarding this policy? Who has been consulted and what were the outcomes?

Answer:

Social work practitioners across the partnership were consulted on the aims and objectives of the policy to ensure it was robust and fit for purpose.

Public consultation sessions were held in both Barrhead and Eastwood to discuss the model, as well as a follow-up session with carers in Thornliebank to get feedback and input from various stakeholders, including members of the public, people who use the service

Local advocacy and advice groups also held user feedback sessions and were able to discuss the outcomes of these with HSCP representatives. This allowed for more frank discussion of individual concerns which were fed back to the partnership for discussion and action.

Question 14: Are there any information gaps (data and/or consultation)?

Answer
No

SCOPING THE ASSESSMENT
POLICY NAME: SELF DIRECTED SUPPORT: INDIVIDUAL BUDGET CALCULATOR

Step 1 of 3

Question 1: What are the aims of the policy?

Answer:
The Individual Budget Calculator (IBC) sits alongside the outcomes/needs assessment and provides a simple way to arrive at an indicative budget, based on the principles of getting the right support at the right time.
The policy replaces the previous 'equivalence' model of allocating social care resources and looks to provide an indicative budget to people at the start of the assessment process, in order that they can work creatively and focus on achieving their outcomes. It aims to bring transparency and equity to the allocation of resources and also the method by which social care is provided under the 4 SDS options.

Question 2: Which aspects of the policy are particularly relevant to the duty to have due regard to the need to eliminate unlawful discrimination, harassment and victimization and other conduct that is prohibited by the Equality Act 2010.

Answer:
Every individual will be offered a financial assessment which will look at their individual income, rather than that of the whole household.

Question 3. Please tick the boxes which apply

Answer *(Place 'x' where appropriate)*

	There is evidence to indicate that the policy may result in less favourable treatment for particular groups
	There is evidence to indicate that the policy may give rise to indirect discrimination
	There is evidence to indicate that the policy may give rise to unlawful harassment or victimisation
	There is evidence to indicate that the policy may lead to discrimination arising from disability
x	There is evidence to indicate that the policy may build in reasonable adjustments where these may be needed

Further Details
If there is evidence, please give details here:
The HSCP will continuously review the calculator to ensure it is fit for purpose and will revise if needed. Any revision will be looked at retrospectively to ensure equity for all.

Question 4: Which aspects of the policy are particularly relevant to the duty to have due regard to advance equality of opportunity between people who share a relevant protected characteristic and those who do not

Answer:
The policy assure people they will be financially assessed if requested, ensuring that people with disability related expenditure and those on low incomes are not adversely impacted by any potential contribution they may be asked to make. These financial assessments will follow national COSLA guidance.

Question 5: Please tick the boxes which apply

Answer *(Place 'x' where appropriate)*

x	There is evidence to indicate the policy will remove or minimise disadvantage
x	There is evidence the policy will meet the needs of different groups
x	There is evidence the policy will encourage increased participation of particular groups
x	There is evidence the policy will take account of disabled people's needs

Further Details
Please give further details:

The policy will allow a consistent approach to allocating budgets across individuals accessing services, ensuring people have the resources to access the services they need at the right time, allowing people to be creative in meeting their outcomes.

Step 2 of 3

Question 6: Which aspects of the policy are particularly relevant to the duty to have due regard to foster good relations between people who share a protected characteristic and those who do not.

Answer:
Fair transparent allocation of resource to allow groups to participate in community and meet outcomes. By encouraging creative use of SDS resources, and signposting people to useful forums and community groups, it is envisaged people will discuss ideas and share innovative ways of ensuring their outcomes are met.

Question 7: ***(Place 'x' where appropriate)***

Answer

	There is evidence the policy will help you to tackle prejudice
	There is evidence the policy will promote understanding between different groups

Further Details
Please give further details:

N/A

Question 8: What evidence is already available about the needs of relevant groups, and where are the gaps in evidence?

Answer:
N/A – revising existing model

Question 9: What data will be required in the future to ensure effective monitoring of the implementation of this policy?

Answer:
Keep running analysis of individual budget allocations before and after review.

OUTCOME OF THE ASSESSMENT

Question 10: Having considered the potential or actual impacts of the policy, what should be done?

Option 1 : No major change

Answer
The policy will move the allocation of social care resources from an equivalency model to Individual Budgets. Ongoing review will be carried out to ensure no adverse impact on people based on their outcomes assessment.
Appeals process will available for those who wish their cases to be reviewed.

Option 2 : Adjust the policy

Answer
No

Further Details ***(If you answered "yes" to option 2, please outline your plans to: - remove or change the aspect(s) of the policy that create(s) any negative or unwanted impact identified; - remove barriers, to better advance equality or to foster good relations and; - to introduce additional measures to reduce or mitigate any potential negative impact).***

Answer
N/A

Option 3 : continue the policy despite the potential for adverse impact

Add an action
Answer

No

Further Details ***(If you answered "yes" to option 3, please give the reasons why and how you believe that decision is compatible with your obligations under the duty)***.

Answer
N/A

Option 4 : Stop and remove the policy

Answer
No

Further *Details* (If you answered "yes" to option 4 please give your reasons)

N/A

ORGANISATIONAL SIGNOFF

Policy name: Self Directed Support: Individual Budget Calculator

Step 1 of 3

Question 1.Aim of the policy?

Answer
The Individual Budget Calculator (IBC) sits alongside the outcomes/needs assessment and provides a simple way to arrive at an indicative budget, based on the principles of getting the right support at the right time. It is intended to bring equity to the allocation of social care resources across the HSCP and ensure people can work creatively with their social work practitioner to ensure their outcomes are delivered.

Question 2. Priority?
(Place 'x' where appropriate)

Answer

x	High
	Medium
	Low

Question 3.Tick areas of equality relevance

Answer
(Place 'x' where appropriate)

x	Age
x	Disability
	Gender
	Gender reassignment
	Pregnancy and maternity
	Race
	Religion or belief
	Sexual orientation
	Marriage and civil partnership (with regard to eliminating unlawful discrimination in employment)

Question 4. Risk of adverse impact

Answer
Low due to mitigation factors around financial assessments as discussed.

Question 5. Data used (including assessment of reliability and validity)

Answer
Analysis of existing budgets. Full data from previous year's commitment was used to conduct analysis of care packages across client groups. Case studied were identified and desktop exercise carried out to examine result of moving to new calculator. Where differences were noted, cases were investigated to ensure explanations existed as to why.
Benchmarking – 5 other Local Authorities were either visited or happy to share data. All these authorities are currently using their RAS model successfully.

Question 6. Assessment of adverse impact

Answer

Is it hoped the policy will allow just enough support to be provided to people, along with information and resources to enable them to plan their care in order to meet their outcomes. As the policy is based on need, it is not expected that people will be adversely impacted on achieving these outcomes. Where someone's budget is reduced, reasons for this will be investigated to ensure sufficient support is still in place.

Question 7. Consultation carried out (methods, target groups consulted, etc)

Answer
Social work practitioners across the partnership were consulted on the aims and objectives of the policy to ensure it was robust and fit for purpose.

Public consultation sessions were held in both Barrhead and Eastwood to discuss the model, as well as a follow-up session with carers in Thornliebank to get feedback and input from various stakeholders, including members of the public, people who use the service

Local advocacy and advice groups also held user feedback sessions and were able to discuss the outcomes of these with HSCP representatives. This allowed for more frank discussion of individual concerns which were fed back to the partnership for discussion and action

Question 8. Proposed method to reduce or eliminate Adverse Impact (including reasons chosen)

Answer
Where case studies identified a reduction in allocated budget, creative solutions were also noted to ensure outcomes were still able to be achieved.
The REG panel will have final say on the actual budget arrived at, ensuring that those requiring support above the level of indicative budget will still be able to access this if necessary.
A transition process will exist for those impacted beyond a certain level to ensure a stepped process to the new level of budget.
Money advice services will be available to people to ensure income maximisation.

Question 9. Conclusions and recommendations for amendments to the policy. Please state who/which group or committee considered the options and took the decision on what action would be taken. If a number of options were considered, summarise these and the reason for selecting one option over any others. If no further action is required as a result of the EQIA, please explain.

Answer
No amendments are being considered.

Question 10. Timescale for implementation

Answer
The policy will be commence in June 2019 and be phased in over the following months across the partnership. It is likely that client contributions will be deferred until 2020/21.

Question 11. Methods of publication

Answer
The policy will be published on East Renfrewshire Council's website and will be made available in other formats as needed.

Question 12. Monitoring arrangements

Answer
Implementation of the Individual Budgets policy will be under constant monitoring to ensure the policy is fit for purpose and meeting the needs of both the people of East Renfrewshire and also the HSCP.
Individuals can ask for a review of their assessed outcomes at any time.
Client commitment reports from CareFirst will be used to assess budgets overall to ensure the policy is sustainable.

Comments

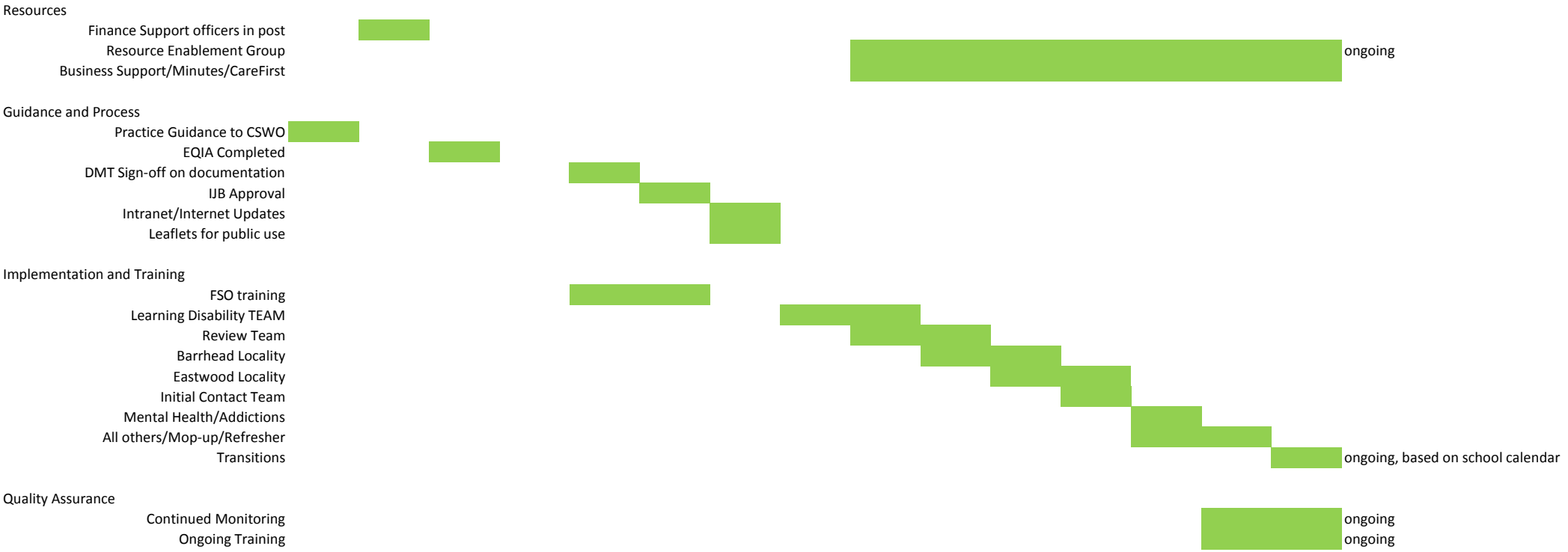
Next Review Date

Chief Officer's Signature:

Appendix 2

Individual Budgets:
Implementation Plan

May		June				July					August			
20th	27th	3rd	10th	17th	24th	1st	8th	15th	22nd	29th	5th	12th	19th	26th



Individual Budget Calculator - Adults

Self-directed support is the way we help people (assessed as needing support) to arrange support. It helps you and your worker to agree the support that makes most sense to you and your family, and it keeps you at the centre of the decision making.

The starting point for Self-directed Support is to work out how much money is available to help you arrange your support – The Relevant Amount / Individual Budget

We have a process for working out The Individual Budget with you and this form will start things off.

- **This form (The Individual Budget Calculator) indicates a financial banding for you to get started with – the banding has a lower and upper value.**

- **Your worker uses this banding to start planning with you – and goes on to agree a good plan with you, using their skills knowledge and experience to propose what the Individual Budget should be**

- **Your worker then seeks approval for your plan and the Proposed Individual Budget**

- **The Individual Budget Approval Group (a small group of other workers) check your plan, the Proposed Individual Budget and, using their collective skills knowledge and experience, make a decision about what the Approved Individual Budget should be. This may be more or less than the Proposed Individual Budget**

The Approved Individual Budget is then available to you to start arranging your support. Your worker will help you to choose how you want the money to be managed and there are several flexible options for you to think about. Please complete each section of this form with your worker and consider which descriptions best describe your situation. Your worker will guide you through it and help you with any questions you have.

East Renfrewshire HSCP

Individual Budget Calculator

Adults

Name	
P number	
Assessor	
Date of completion	

1 Feeling safe	My View	Worker View
A. I do not need help to feel safe • I can manage the risks in my life.		
B. I need a little help sometimes to feel safe, for example: • Someone to check on me at times. • Some equipment to help me be as independent as possible. • Some adaptations to my home to help keep me safe. • Some help to develop strategies to keep me safe, for example, what to do if people come to my door		
C. I need a little help regularly to feel safe, for example: • I don't always realise that I rely on others to help me feel safe. • There are times when my health condition changes and my ability to manage this is compromised.		
D. I need a more help regularly to feel safe, for example: • I need someone with me at home at times to feel safe. • I need people around me when going out to help me feel safe		
E. I need a significant level of help to feel safe, for example: • I don't understand risk in many areas of my life and others need to make plans to keep me safe. • I might present serious risk to myself or members of the public without significant support.		

Issues to do with feeling safe are impacting on my well-being (or my family's well-being)

1 Not at all		
2 Starting to have an impact		
3 Are impacting		
4 Significantly impacting		
5 Unsustainably impacting		

Feeling Safe - unpaid / informal help (from family & friends)

1 I will get all the help I need from family and friends, or, I don't need any help for this area of my life		
2 I will get more informal help regularly		
3 I will get a little informal help regularly		
4 I will get a little informal help sometimes		
5 I will not get any informal help		

2 Having things to do and feeling included socially	My View	Worker View
I can do the things that are important to me, hobbies, interests, passions, vocations		
I need a little help sometimes to do the things that are important to me, for example: • I sometimes struggle physically to do the things that are important to me • I sometimes lack the confidence to do the things that are important to me		
I need a little help regularly to do the things that are important to me, for example: • I need practical or emotional support to get out (or stay in) and do the things that are most important to me		
I need more help regularly to do the things that are important to me, for example: • I need practical or emotional support to get out (or stay in) and do the things that are most important to me. It plays a large part in my physical and mental health		
I need significant help regularly to do the things that are important to me, for example: • I need practical or emotional support to get out (or stay in) and do the things that are most important to me. It plays an essential part in my physical and mental health and, allows others who care for me to get a break from caring.		

Issues to do with <u>having things to do</u> are impacting on my well-being (or my family's well-being)

1 Not at all	
2 Starting to have an impact	
3 Are impacting	
4 Significantly impacting	
5 Unsustainably impacting	

Having things to do - unpaid / informal help (from family & friends)

1 I will get all the help I need from family and friends, or, I don't need any help for this area of my life		
2 I will get more informal help regularly		
3 I will get a little informal help regularly		
4 I will get a little informal help sometimes		
5 I will not get any informal help		

3 Personal care	My View	Worker View
A. I do not need help with my personal care. For example, • I mostly manage by myself with things like going to the toilet, washing or dressing.		
B. I need a little help sometimes with my personal care, for example: • I need to be reminded to have a shower. • I sometimes need some help to have a shower. • I sometimes need help to pick the right clothes to wear. • Sometimes my health changes and I go from not needing any support with personal care to needing help or reminders.		
C. I need a little help regularly with my personal care, for example: • I need help to dress and undress. • I need help in the shower or to bathe. • I need help to go to the toilet. • I usually manage my personal care by myself but often my health difficulties mean I need help. • I have problems with alcohol or drugs which result in me needing help with my personal care – sometimes a lot, but mostly none at all.		
D. I need more help regularly with my personal care, for example: • I need help with personal care throughout the day. • I have specific routines with personal care that I need other people to help me follow. • I have complex personal care needs and those who help me need to know a lot about me.		
E. I need significant help regularly with my personal care, for example: • I need two people to help me with personal care. • I need support throughout the night on most nights with my personal care. • The people who help me with my personal care need to be trained to help me specifically.		

Issues to do with my <u>personal care</u> are impacting on my well-being (or my family's well-being)

1 Not at all	
2 Starting to have an impact…..use bandings descriptors to add examples	
3 Are impacting	
4 Significantly impacting	
5 Unsustainably impacting	

Personal care - unpaid / informal help (from family & friends)

1 I will get all the help I need from family and friends, or, I don't need any help for this area of my life		
2 I will get more informal help regularly		
3 I will get a little informal help regularly		
4 I will get a little informal help sometimes		
5 I will not get any informal help		

4 Staying as well as I can	My View	Worker View
A. I do not ned help to stay healthy and well; • I am able to decide if I need to see a doctor or seek other help		
B. I need a little help sometimes to stay healthy, for example: • I need routine support to take medication. • I need support to attend regular GP appointments. • I can let someone know that I don't feel well.		
C. I need a little help regularly to stay healthy, for example: • Sometimes my health causes me problems and I need support from others. • I can let people know if I feel unwell but need regular support to stay healthy • At times I need advice or support to manage my health		
D. I need more help regularly to stay healthy, for example: • I often struggle to identify that I need help with my health and rely on others to determine this.		
E. I need significant help regularly to stay healthy, for example: • I need specialist help with my health from someone who has been specially trained to support me. • I need help with complex or medical care interventions • People who support me always need to determine when I need medication or a health intervention		

Issues to do with staying as well as I can are impacting on my well-being (or my family's well-being)

1 Not at all	
2 Starting to have an impact…..use bandings descriptors to add examples	
3 Is impacting	
4 Significantly impacting	
5 Unsustainably impacting	

Staying as well as I can - unpaid / informal help (from family & friends)

1 I will get all the help I need from family and friends, or, I don't need any help for this area of my life		
2 I will get more informal help regularly		
3 I will get a little informal help regularly		
4 I will get a little informal help sometimes		
5 I will not get any informal help		

5 Living where I want, as I want	My View	Worker View
A. I am happy where I live and I can manage independently. • I am largely independent with most practical aspects of my life.		
B. I need a little help sometimes with living at home, for example: • I can usually manage the practical things, but sometimes because of problems with health, I can struggle to cope for a period. • I can my household affairs independently but require support to attend to other practical day to day things. • I can attend to some household tasks but require help with others.		
C. I need a little help regularly with living at home, for example: • I often struggle to attend to some household tasks and require support to arrange or manage systems like paying my bills.		
D. I need more help regularly with living at home, for example: • I have the skills required for the practical side of day to day living but need consistent support to stay independent.		
E. I need significant help regularly with living at home, for example: • I am unable to cope with household tasks and require support to arrange or manage my other household affairs.		

Issues to do with <u>living where I want, as I want</u> are impacting on my well-being (or my family's well-being)

1 Not at all	
2 Starting to have an impact…..use bandings descriptors to add examples	
3 Is impacting	
4 Significantly impacting	
5 Unsustainably impacting	

Living where I want, as I want - unpaid / informal help (from family & friends)

1 I will get all the help I need from family and friends, or, I don't need any help for this area of my life		
2 I will get more informal help regularly		
3 I will get a little informal help regularly		
4 I will get a little informal help sometimes		
5 I will not get any informal help		

6 Making decisions	My View	Worker View
A. I do not need help with choices and decisions and am in control of how and when to seek advice		
B. I need a little help sometimes with choices and decisions to help me feel fully in control, for example: • I can make some decisions, like where I want to live. • I can make good choices if information is presented to me in ways that make sense to me. • I like to involve the people that care about me when making big decisions. • It's important to me to hear the views of particular people before I make decisions.		
C. I need a little help regularly with choices and decisions to help me feel fully in control, for example: • I can make some decisions, like what to wear or eat if presented with options. • I need ongoing help to understand and make choices about bigger issues, for example, what my support will look like or where I live.		
D. I need more help regularly with choices and decisions to help me feel more in control, for example: • I can make some day to day decisions but other people need make the most significant choices and decisions with me.		
E. I need significant help regularly with choices and decisions to help me feel more in control, for example: • It is likely that I will be subject to Welfare Guardianship • Both significant and day to day decisions about my life are made on my behalf even after every effort has been made to involve me.		

Issues to do with <u>choice and control</u> are impacting on my well-being (or my family's well-being)

1 Not at all	
2 Starting to have an impact…..use bandings descriptors to add examples	
3 Is impacting	
4 Significantly impacting	
5 Unsustainably impacting	

Making decisions - unpaid / informal help (from family & friends)

1 I will get all the help I need from family and friends, or, I don't need any help for this area of my life		
2 I will get more informal help regularly		
3 I will get a little informal help regularly		
4 I will get a little informal help sometimes		
5 I will not get any informal help		

7 Relationships	My View	Worker View
A. I am happy with the number of people in my life – friends, family and acquaintances. • I like seeing my family and / or friends • I enjoy spending time with others as well as alone		
B. I need a little help occasionally to keep in touch with the people in my life • I have people in my life that I care about and need support to keep seeing them / to see them again.		
C. I want to widen or re-connect with my circle of friends. • I want to develop new interests. • I want to access good recreational opportunities or social learning opportunities, for example, leisure courses. • It's important that I have more people in my life who are not paid to be with me.		
D. I need help on a regular basis to keep in touch and connect with people in my life		
E. I'm very isolated and spend most of my time alone. I want to keep in touch with family and friends and do things I can't do just now; I need help to do so. • I have very few relationships with people who are not paid to be with me. • I have had little past experience of developing friendships. • I plan to volunteer and will need significant support to do so.		

Issues to do with relationships are impacting on my well-being (or my family's well-being)

1 Not at all	
2 Starting to have an impact…..use bandings descriptors to add examples	
3 Is impacting	
4 Significantly impacting	
5 Unsustainably impacting	

Relationships - unpaid / informal help (from family & friends)

1 I will get all the help I need from family and friends, or, I don't need any help for this area of my life		
2 I will get more informal help regularly		
3 I will get a little informal help regularly		
4 I will get a little informal help sometimes		
5 I will not get any informal help		

BANDINGS – IMPACT ON WELL-BEING

1 no help	The person has enough support and can cope with the impact their circumstances have on their wellbeing
2 a little help sometimes	The person is resilient and / or has family support but this is starting to have an impact on their wellbeing (or the family's wellbeing) which could be sustained with a little help sometimes – a preventative strategy, occasional practical support or a one-off intervention
3 a little help regularly	The person is resilient and / or has family support but this is impacting on their wellbeing (or the family's wellbeing) which could be sustained with a little help regularly – a preventative strategy, regular practical support or a short-term intervention
4 more help regularly	The person's condition / illness affects their functioning, which in conjunction with other factors in the person's situation (like their relationships, independence and social inclusion) has led to specific issues impacting on their wellbeing, requiring specific outcomes. This is placing strain on the person's resilience and increasingly impacting on their wellbeing (or the family's wellbeing) which could be sustained with more help regularly – targeted support around personal care, independence, a break from caring, maintaining relationships
5 significant help regularly	The person's condition / illness significantly affects their functioning posing a high level of risk, which in conjunction with other factors in the person's situation has led to specific issues impacting on their wellbeing, requiring specific outcomes. This placing significant stress on the person's resilience and unsustainably impacting on their wellbeing (or the family's wellbeing) which could be addressed with significant help regularly - preventing a hospital admission, residential placement, serious deterioration in health of person or family, managing a complex health condition at home.

Individual Budget Calculator - Adults

Self-directed support (SDS) is the way we help people assessed as needing support to access that support. It helps you and your worker to agree the support that makes most sense to you and your family, and it keeps you at the centre of the decision making.

The starting point for SDS is to work out how much money is available to help you arrange your support. This will be an indicative amount to plan with, based on your level of need.

We have a process for working out your indicative budget.

The Individual Budget Questionnaire (IBQ) form will indicate a financial banding for you to get started with – the banding has a lower and upper value. Please note that not everyone will stay within this banding, as needs fluctuate and everyone is different. Some will be higher and some will be lower based on what is right for the person. It is however, a good starting point.

Your worker uses this banding to start planning with you, using their skills, knowledge and experience to propose what the Individual Budget should be. The plan should ensure that the care to be put in place will meet your outcomes and should also ensure that best value is achieved.

Your worker then seeks approval for your plan and the proposed Individual Budget (IB)

The Resource Allocation Group (REG), which is a small group of other workers and managers check your plan and budget, and using their collective skills, knowledge and experience, make a decision to approve the plan and budget or advise if they would like it amended and why. The approved amount may be higher or lower than your original indicative amount.

The Approved Individual Budget is then available to you to start implementing the agreed support.

Individual Budget Calculator – explained

The seven areas of the calculator carry different points weightings. These were ranked based on feedback from social work practitioners. The breakdown is as follows:

Individual Budget Calculator Overview			Weightings - points available		
Area	Rank		Need	Wellbeing	Total
1	3	Feeling Safe	14	3.5	17.5
2	4	Having Things To Do	9	2.25	11.25
3	1	Personal Care	16	4	20
4	1	Staying As Well As I Can	16	4	20
5	7	Living Where I Want, As I Want	8	2	10
6	7	Choice And Control	8	2	10
7	4	Relationships	9	2.25	11.25
		Comments	80	20	100
	>	Respite should be against carer			
	>	Points for each area can be			
		doubled if 2:1 support needed			
	>	Sleepovers will be considered			
		separately as additional to above			
	>	Any care package greater than £50k			
		is considered 'complex' and			
		banding not applicable.			

Informal Support Deflator	
Level of Informal Support	% Reduction
No Support	0%
A Little support sometimes	25%
A little support regularly	50%
A lot of support regularly	75%
Significant Support Regularly	100%
Comments	
>each area is deflated accordingly	
instead of one overall deflator	
as we recognise that support can	
vary greatly for different areas	
of people's lives	

The reason we reduce available funding if you have friends or family to care for you is to avoid replacing key people in your life and over-providing unnecessary support. We want to help you be as independent as possible in the community.

Points	Bandings	Risk Level
1 - 5	up to £2.5k	Low
6 - 10	£2.5 - £5k	Low
11 - 20	£5-£10k	Medium
21 - 30	£10-£15k	Medium
31 - 40	£15-£20k	Medium
41 - 50	£20-£25k	Medium
51 - 60	£25-£30k	High
61 - 70	£30-£35k	High
71 - 80	£35-£40k	High
81 - 90	£40-£45k	High
91 - 100	£45-£50k	High
100+	£50k+	High - complex

AGENDA ITEM No.13

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 June 2019
Agenda Item	13
Title	East Renfrewshire Primary Care Improvement Plan – Year 2 Plan Report

Summary

This report provides outlines the ambitions for year two of our refreshed East Renfrewshire Primary Care Improvement Plan.

Presented by	Kim Campbell, Localities Improvement Manager

Action Required

The Integration Joint Board is asked to

- Approve the refreshed Year 2 Primary Care Improvement Plan to allow this to progress to implementation.
- Note the intention to bring a mid-year progress report in November 2019

Implications checklist – check box if applicable and include detail in report

☒ Finance	☐ Policy	☐ Legal	☐ Equalities
☐ Risk	☐ Staffing	☐ Directions	☐ Infrastructure

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2019

Report by Chief Officer

EAST RENFREWSHIRE PRIMARY CARE IMPROVEMENT PLAN – YEAR 2 REPORT

PURPOSE OF REPORT

1. This report provides members of the Integration Joint Board with the ambitions outlined in the East Renfrewshire Primary Care Improvement Plan (PCIP) Year 2 Plan (Appendix 1).

RECOMMENDATION

2. The Integration Joint Board is asked to
   - Approve the refreshed Year 2 Primary Care Improvement Plan to allow this to progress to implementation.
   - Note the intention to bring a mid-year progress report in November 2019

BACKGROUND

3. At its last meeting the Integration Joint Board received a report on our progress to date with the East Renfrewshire Primary Care Improvement Plan (PCIP). The report quoted the system wide ambition that "*HSCP Primary Care Improvement Plans will enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end of the three-year plans, every practice in Greater Glasgow and Clyde should be supported by expanded teams of board employed health professionals providing care and support to patients".*

4. The Memorandum of Understanding (MOU) between The Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards sets out the responsibilities of the IJB in developing a local HSCP Primary Care Improvement Plan. The plan requires the IJB to work and agree the plan in partnership with GPs other local HSCPs and the NHS Board.

5. To help ensure sufficient, visible change to support the new contract, it was agreed to focus on a number of specific services to be reconfigured at scale across the country. These priorities outlined in the Memorandum of Understanding include:
   - The Vaccination Transformation Programme (VTP)
   - Pharmacotherapy Services
   - Community Treatment and Care Services
   - Urgent Care (advanced practitioners)
   - Additional professional clinical and non-clinical services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services

6. East Renfrewshire Health and Social Care Partnership has been working with our GP Sub-committee representative and local GPs to develop and update our joint three-year Primary Care Improvement Plan, taking into account national, board wide and local priorities for change.

REPORT

Progress of Memorandum of Understanding commitments in year two

The Vaccination Transformation Programme (VTP)

1. Pre-school flu vaccinations are to be delivered in year two (2019-20) using the same venues as currently used for routine childhood clinics. Pregnant women immunisations (flu and pertussis) will be delivered via women and children's services/midwifery across all Greater Glasgow and Clyde Maternity Centres also in year two (2019-20).

2. All adult immunisations (Flu, Pneumococcal, Shingles and Travel) will be delivered through the formation of HSCP Adult/Older People's Services - Adult Immunisation teams (using a similar model as for childhood and school immunisation). A community pharmacy 'mop up' model is also being proposed to offer the 'best of both' with a partially centralised large clinic and geographically dispersed services. This should optimise accessibility for this large cohort. A test of change is planned for October 2020.

Pharmacotherapy Services

3. Year two will see the continued implementation and development of the pharmacotherapy service locally within all 15 GP Practices. This will support prescribing improvement work, improve clinical outcomes and contribute to the multi-professional team approach where workforce availability allows. It should be noted however that workforce challenges have already been identified in year one, both locally and nationally.

Community Treatment and Care Services

4. Development and implementation of the two East Renfrewshire locality treatment rooms will commence in year two. The employment of a treatment room co-ordinator and treatment room nurse is planned. This follows the staffing model in operation in Glasgow City, which works well. It is envisaged that the treatment room nurses will initially undertake more complex activities including dressings.

5. Our existing Band 3 Community Health Care Assistants will undertake a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting or out in the community. Training and development for these staff is being planned and supported by NHS Greater Glasgow and Clyde and our District Nursing team. The GP practice clinic and domiciliary phlebotomy, BP checks, urine sample collection and B12 injections carried out by the Community Health Care Assistant's will be monitored and reviewed at GP Cluster level.

Urgent care (advanced practitioners)

6. We aim to recruit Advanced Nurse Practitioners however this may be affected by availability of qualified and experienced staff, so we will also explore alternative models to provide urgent care.

Additional Professional roles

7. We will recruit further resource (1 whole time equivalent) for allocation across two more practices due to these early successes in phase one implementation.

Community Links Worker

8. We plan to review the activity data collected from September 2016 and compare this with practice data on GP appointments to measure impact. This will inform future service delivery and support the review of practice allocation of Community Link Workers.

Measuring Impact

9. The success of the implementation of the PCIP and the extension of the PCIP Primary Care team relies on the collection of robust information. Measuring and tracking the shift of the demand from GPs to the multidisciplinary resources is crucial. Practice managers have developed and populated a template to support ongoing monitoring. However analysis remains a challenge due to the varied recording systems in use.

10. Year two will see the development of a robust data performance and measurement plan to collect both quantitative and qualitative data from all key priority areas and GP practices routinely. Analysis will be supported by our Local Intelligence Support Team (LIST).

CONSULTATION AND PARTNERSHIP WORKING

11. The Primary Care Programme Board with representation from all HSCP leads for Primary Care Improvement Planning and leads for Primary Care has been key in shaping the direction of travel, sharing learning and exploring opportunities for this next phase of the plan.

IMPLICATIONS OF THE PROPOSALS

Finance

12. The summary table overleaf indicates the total workforce expenditure for year one, with a balance of £319 carried forward to into year two. The projected cost of providing services for years two, three and four, are set out in the format required by the Local Implementation Tracker return for Scottish Government.

	Year 1 2018/19		Year 2 2019/20		Year 3 2020/21		Year 4 2021/22	
Service	**WTE**	**£'000**	**WTE**	**£'000**	**WTE**	**£'000**	**WTE**	**£'000**
Pharmacotherapy	5.4	206	8.5	430	19.0	962	19.0	962
Pharmacy First	1.0	20	1.0	20	1.0	20	0.0	0
Advanced Nurse Practitioner (Band 7)	0.0	0	3.0	174	3.0	174	5.0	289
Advanced Practice Physiotherapists	1.0	16	1.0	59	1.0	59	6.0	354
Community link Workers	4.0	73	4.0	83	4.0	83	6.0	207
Healthcare Assistants (Band 3)	3.8	32	3.8	77	3.8	77	3.8	77
Treatment Room Nurses (Band 5)	0.0	0	0.0	0	3.0	105	3.0	352
Treatment Room Equipment Set Up								
Vaccine Transformation Programme	0.0	14	0.0	168	0.0	362	0.0	362
Others		6						
CQL Sessions		18		15		15		15
PCBIS	1.0	10	1.0	36	1.0	36	1.0	38
Total Cost	**16.2**	**395**	**22.3**	**1,062**	**35.8**	**1,893**	**43.8**	**2,656**
Total Funding Available*		714		858		1,717		2,419
In year Surplus / (Shortfall)		319		(204)		(176)		(237)
Cumulative surplus/ shortfall		319		115		(61)		(298)

* Year 1 confirmed, Years 2, 3, 4 assumed
Table shows cumulative cost of services

Staffing

13. None

Infrastructure

14. As we implement extended primary care teams this creates pressure on space availability within local GP premises

Risk

15. None

Equalities

16. None

Policy

17. None

Legal

18. None

Directions

19. None

CONCLUSIONS

20. During year one we achieved a number of our aspirations outlined in our Primary Care Improvement Plan. The revised plan for year two and beyond has been developed through strong collaborative working between the HSCP, local GPs and the Greater Glasgow and Clyde Primary Care Programme Board.

21. As we progress into year two implementation we will invest in measuring the impact of new resources, with a focus on the shift in demand for GP services. A mid-year position report will be available for scrutiny by the Integration Joint Board in November 2019.

RECOMMENDATIONS

22. The Integration Joint Board is asked to
    - Approve the refreshed Year 2 Primary Care Improvement Plan to allow this to progress to implementation.
    - Note the intention to bring a mid-year progress report in November 2019

REPORT AUTHOR AND PERSON TO CONTACT

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June 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB PAPER: 27 June 2018 – Item 14: Primary Care Improvement Plan Update
http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22737&p=0

IJB PAPER: 14 February 2018 – Item 9: GP Contract
http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21802&p=0

IJB PAPER: 1 May 2019 – Item 12: Report on Progress of the Primary Care Improvement Plan (PCIP)
https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24318&p=0

GMS Contract MOU
https://www2.gov.scot/Resource/0053/00534343.pdf

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

Implementation of 2018 General Medical Services (GMS) Contract

2018 – 2021

East Renfrewshire Primary Care Improvement Plan (PCIP)

Year 2 Plan

May 2019

Contents

Foreword

In July 2018, following the publication of the Scottish General Medical Services (GMS) Contract (2018), the East Renfrewshire's Primary Care Improvement Plan (PCIP) 2018 - 2021 was developed and approved by the HSCP Integration Joint Board (IJB) and the GP Sub Committee (LMC). The PCIP made a commitment to a set of enabling actions, which were aligned to the priorities within the Memorandum of Understanding (MOU), to deliver the wider support and change to primary care services to underpin the GMS Contract.

The HSCP, as the delivery agents of the Integration Authorities, are responsible for the planning and commissioning of these primary care services to transform service redesign during this three year transition period. Therefore, the development and implementation of the plan set out the agreed principles of redesign (including patient safety and person centred care) reflecting on the local circumstances and needs.

The PCIP is a plan which aspires to long term sustainable transformation of primary care in practice to enable the refocused role of the GP as an 'expert medical generalist' as well as the development of multidisciplinary teams (MDT's) within GP practices. The "four Cs" of primary care act as a guiding principle throughout the development of the new GP contract and the PCIP as they were described as attributes and qualities patients' value most in general practice.

"Patients should be able access the right person, at the right place, at the right time through; maintaining and improving access, introducing a wider range of health and social care professionals to support the Expert Generalist (GP), enabling more time with the GP for patients when it is really needed and providing more information and support".

(Scottish Government Primary Care Vision and Outcomes)

This first progress report (year one 2018-2019) will summarise the considerable achievements that have been made towards our agreed programme of work in eight months since the publication of the PCIP in July 2018, with updates on each of the MOU priority areas and share expected progress in the next twelve months (year two 2019 -2020). The report also highlights some of the challenges faced in the first year whilst establishing the new services and the expansion of the MDT's which recognise that effective partnerships are critical to delivering this change.

PCIP 2 is intended to provide an update on the PCIP agreed by the IJB and the GP subcommittee in 2018. In most areas of the MoU significant progress has been made to develop the models with the aim to meet the GP Contract agreement by 2021. It is evident that while we work towards meeting the ambitious plan for delivery by April 2021 (this being the GP Contract/MOU timeline), the national funding framework to enable delivery runs until March 2022. There are significant challenges to be addressed if we are to deliver the full plan by April 2021. While some of the challenges can be addressed at an HSCP/NHS Board level, a number may require national level discussion to agree on a way forward.

Further work is required to finalise if additional funding and/or additional actions or time is needed to enable full delivery of the programme in our HSCP. If full delivery is not possible on this timeline, the HSCP will review the PCIP and this may include the re-prioritisation of some work streams over others or changes to the models of delivery in some or all. The LMC/GP Subcommittee is unlikely to agree a plan which will not deliver the GP Contract as agreed in 2018. It is agreed that the HSCP is committed to delivering on all elements of the Plan and GP Contract/MOU by April 21 but clearly that this is contingent on funding and workforce issues being addressed both locally and nationally. The GP Sub Committee has agreed that the PCIP in its current form can now be submitted to Scottish Government

Our ambition is to set out the distinctive new direction for general practice in Scotland which will improve access for patients, address health inequalities and improve population health including mental health, provide financial stability for GP's, and reduce GP workload through the expansion of the primary care multidisciplinary team. **(GMS Contract, 2018)**

Local context

The existing strong relationships with partner organisations and established working relationships with GP's across East Renfrewshire has been integral to the success of the first year of the Primary Care Improvement Plan. It is recognised that professional leadership and governance is key to the successful implementation of the plan, therefore working in close partnership with the HSCP, NHS GG&C, GP's and the key priority leads and/or organisations for each of the six MOU priority areas was crucial in year one. Delivery and governance of the PCIP was supported and reported through membership of each of the groups shown in figure 1 below.

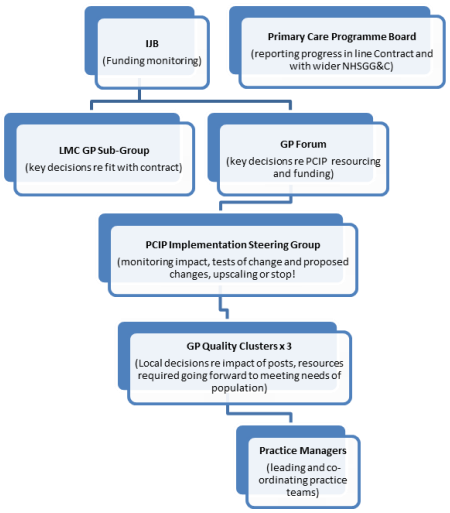


Figure 1 - PCIP Implementation and Governance Structure

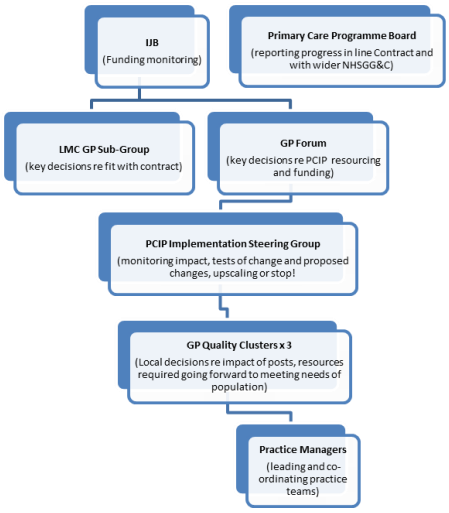
Based on learning from previous Improvement Programmes namely Primary Care Collaborative, it was recognised that the implementation and development of the Primary Care Improvement Plan in East Renfrewshire would require dedicated support, not already available within the current HSCP resource. In January 2019, our PCIP Implementation and Development Officer was appointed to support the HSCP Localities Improvement Manager lead the Primary Care teams through the management of change and redesign required. The new role would also support the implementation of the priorities within the East Renfrewshire HSCP PCIP developing sustainable collaborative and effective partnerships with GP's and the wider Primary Care teams. Feedback regarding this appointment has been very positive, providing a much needed reliable, knowledgeable point of contact for GPs, Practice Managers and priority leads, for all operational matters relating to the PCIP.

This dedicated post continues to build on effective relationships previously developed through focussed engagement with partners and organisations across East Renfrewshire in year one and will continue to grow in year two. These include:

- HSCP Management Team
- Localities Improvement Manager
- Clinical Director

- GP Cluster Quality Leads
- GP Practice Quality Leads
- Practice Managers
- Senior Nurse
- Prescribing Lead
- RAMH
- MSK

PCIP Implementation and Governance Structure



Our Population

As predicted, the population of East Renfrewshire continues to rise. In June 2018, the population of East Renfrewshire was 95,170 (National Register Scotland), this is an increase of 0.4% from 94,760 in 2017. Over the same period, the population of Scotland increased by 0.2%. During the last decade the population of East Renfrewshire has increased by 7.8% and it is expected increase further over the next 25 years. In 2018, we have again seen an increase in both our 0-15years and 65 years and over populations (see figure 2) and migration continues to have a marked effect on the change of East Renfrewshire's population.

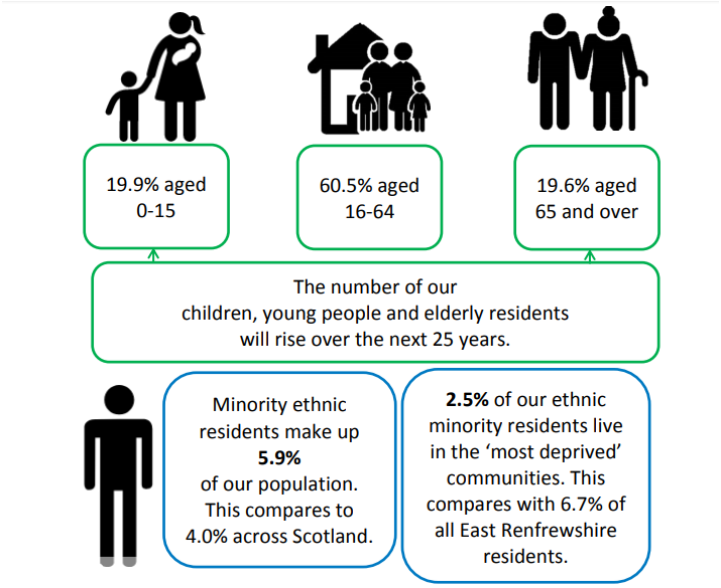


Figure 2

Therefore, as stated in our initial PCIP, the implications of this continued increase in population for East Renfrewshire are that:

- Both our youngest and oldest populations are increasing who are the greatest users of our universal health care services
- People over 80 are the greatest users of hospital and community health services and social care are attracted to East Renfrewshire because more retirement and care homes are opening in our area resulting in significant pressure on GP's due to new patient registrations and growing complex list sizes
- People with complex health conditions and profound and multiple disabilities are living longer and require intensive health and social care supports
- Growth in population is increasing demand for GP registrations within both of our localities and projections of further growth in East Renfrewshire may result in the need for a new GP premises to meet the demand

Localities

We have two localities across East Renfrewshire, one for Eastwood and one for Barrhead and the population split remains Eastwood 74% and Barrhead 26%. The two localities also reflect our hospital flows with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the Royal Alexandria, Paisley, which is part of Clyde. We continue to have three GP Clusters; one in the Eastwood Health and Care campus (Eastwood1), Newton Mearns and Clarkston (Eastwood2) and (Barrhead) including Barrhead and Neilston.

General Practitioner Provision

Fifteen GP practices serve a patient population of 95,274 (April 2019) across East Renfrewshire, this shows an increase of 400 patients across the practices since July 2018 (+0.4%). Practice list sizes range from our smallest practice with 2,035 patients to our largest practice hosting 12,923 patients. The average list size is 6,352 which is higher that the Scottish average of 6000 patients per practice.

Each GP practice is listed in table 2 below, by cluster, with total list sizes as at April 2019:

- Eastwood 1 (40,362), Eastwood 2 (30,424), Levern (24,488)

Patient populations have shown an increase in eight of the GP Practices since the initial PCIP was published in 2018, the breakdown can be seen in table 1.

EW 1 Practices	EW 2 Practices	Levern Practices
Drs Morrice, Masson, Geddes & Andrews 7385 (+2.4%)	Sheddens Medical Practice 2035 (0.0%)	Levern Medical Group 8502 (-1.4%)
Drs Boardman, King, Earl & Boyd 6713 (+0.8%)	Mearns Medical Centre 12,923 (+1.6%)	Glennifer Medical Group 8528 (+0.7%)
Eastwoodmains Medical Practice 4663 (-0.5%)	Broomburn Medical Centre 2882 (+1.7%)	Oaks Medical Practice 3741 (+1.5%)
Elmwood Medical Practice 3041 (-1.3%)	Greenlaw Medical Practice 4398 (-0.3%)	Neilston Medical Practice 3717 (+1.8%)
MacLean Medical Practice 8729 (-0.3%)	Carolside Medical Centre 8186 (+0.1%)	
Williamwood Practice 9831 (-0.4%)		

Table 1 – GP Practice population breakdown (April 2019)

GP Clusters

GP Clusters have long been established in East Renfrewshire which has resulted in improved relationships and communication. The three GP clusters provide an opportunity to bring together individual practices to collaborate on Quality Improvement (QI) projects with Cluster Quality Lead's (CQL's), Practice Quality Leads (PQL's), GP's, Practice Managers and members of the Localities Improvement team, strengthening relationships and collaborative working. The cluster groups have been crucial to the implementation of the plan where the PCIP Implementation and Development Officer attend and PCIP is a standing agenda item.

Aim

The aim of the PCIP was to enable the development of the expert medical generalist role through a reduction in current GP and practice workload. In Year 1, we have implemented some of roles outlined in the Memorandum of Understanding to support the journey to enable the role of the GP evolve in to the Expert Medical Generalist.

The HSCP has worked in partnership with the Primary Care Programme Board and various subgroups in the co-ordination and recruitment of staff to allow consistency across NHSGG&C, in terms of grading and role descriptions.

The principles, set out below in year one, continue to be adhered to during implementation of the PCIP, maximising the continuity of care whilst establishing the new services and the MDT's.

- Equality of care regardless of age, gender or physical and cognitive ability
- Patients being treated as close to home as possible
- All HSCP professionals working to the top of their licence
- All patients/clients seeing the most appropriate professional for their health and wellbeing needs
- Reducing the unscheduled care burden

Priorities

The initial plan agreed to focus on the six key priority areas of the MOU in year one:

1. The Vaccination Transformation Programme
2. Pharmacotherapy services
3. Community Treatment and Care Services
4. Urgent Care (advanced practitioners)
5. Additional Professional Roles
6. Community Links Worker

It was agreed that years two and three would continue to define models and approaches in areas where challenges were faced in year one. It was recognised in the initial plan that the extent and pace of change to deliver the changes to ways of working over the three years (2018/21) would be determined largely by workforce availability and therefore a locality based model would be implemented across the practices with the resources available. As expected, the lack of existing workforce has been recognised in year one across some of the professions which will be discussed in each of the priority areas and again in the workforce planning section.

Engagement

Strong engagement through NHS GG&C, the HSCP Integration Joint Board, East Renfrewshire GP Forum and East Renfrewshire's PCIP Steering group continues. The HSCP and local GP practices use Trello® as a web based digital project and task management tool for engagement; a PCIP Trello board was developed to organise and share documents to allow effective project management and collaborative working.

In November 2018, the HSCP invited staff representatives from local services and organisations to attend a Strategic Commissioning Engagement workshop and used 'Transformation of Primary Care' as one of its statements for discussion. The 'Time to Think' approach was used for the workshops to get the most from the time together gathering the best thinking.

In May 2019, we attended two NHS GG&C Moving Forward Together (MFT) events, one in each Locality, to engage with both staff and the public regarding the current and planned changes happening across health and social care systems. This platform was used to share our Primary Care Improvement Plan and the local progress to date of the new extended Primary Care MDT's through a storyboard.

Feedback has confirmed that there is limited understanding of the new GP Contract, the PCIP and the transformational changes happening within Primary Care with the wider public . Therefore, a local communication and engagement plan will be developed and shared in year two.

Progress of MOU commitments

The progress in year one for the six key priority areas outlined in the MOU, and the expected progress for the next twelve months are detailed below. Successes and challenges experienced whilst establishing these new services and MDT's are also shared within each of the areas.

1. The Vaccination Transformation Programme

The Vaccination Transformation Programme (VTP) implementation was co-ordinated nationally by the Scottish Government with input from all NHS boards directed through a steering group and a number of subgroups, to deliver a safe and sustainable alternative service.

In year one, East Renfrewshire HSCP saw Routine Childhood Immunisations migrate from all 15 GP Practices to three community clinics; one in Eastwood Health and Care Centre, one in Barrhead Health and Care Centre and a satellite clinic in Neilston Medical Practice. The model used was inspired by the School Immunisation approach based on 15 minute appointments, which saw an easy transition with respect to IT and data. As centralising can compromise service accessibility and introduce inequity, a full Equality Impact Assessment (EQIA) was carried out on the programme.

East Renfrewshire was one of only three HSCPs in NHS GG&C to have achieved the target thresholds across all childhood vaccines (see tables 1 – 4 below). Our uptake is strong compared to both board and Scottish averages showing the highest aggregate uptake across all childhood vaccines.

Childhood Vaccination Programme

Table 1: Primary Immunisation Uptake Rates by 12 months old

Evaluation Period: 1 January to 31 December 2018 **Born 1 January to 31 December 2017**

Local authority[1]	Number in Cohort[2]	% completed primary course by 12 months							
		6-in-1*		PCV		Rotavirus[3]		MenB	
		No.	%	No.	%	No.	%	No.	%
East Renfrewshire	956	943	98.6	947	99.1	924	96.7	944	98.7
Scotland	**53,413**	**51,228**	**95.9**	**51,460**	**96.3**	**49,590**	**92.8**	**50,982**	**95.4**

Source: SIRS
Date: 11 February 2019

Table 2: Primary and Booster Immunisation Uptake Rates by 24 months old

Evaluation Period: 1 January to 31 December 2018 **Born 1 January to 31 December 2016**

Local authority[1]	Number in Cohort[2]	% completed primary and booster course by 24 months									
		6-in-1*		MMR1		Hib/MenC		PCVB		MenB (Booster)	
		No.	%	No.	%	No.	%	No.	%	No.	%
East Renfrewshire	997	979	98.2	968	97.1	974	97.7	974	97.7	965	96.8
Scotland	**55,337**	**53,885**	**97.4**	**52,137**	**94.2**	**52,361**	**94.6**	**52,390**	**94.7**	**51,863**	**93.7**

Source: SIRS
Date: 11 February 2019

Table 3: Primary and Booster Immunisation Uptake Rates by 5 years old

Evaluation Period: 1 January to 31 December 2018 **Born 1 January to 31 December 2013**

Local authority[1]	Number in Cohort[2]	% completed primary and booster course by 5 years									
		6-in-1*		MMR1		Hib/MenC		4-in-1		MMR2	
		No.	%	No.	%	No.	%	No.	%	No.	%
East Renfrewshire	1,220	1,201	98.4	1,190	97.5	1,192	97.7	1,138	93.3	1,134	93.0
Scotland	**57,656**	**56,318**	**97.7**	**55,710**	**96.6**	**55,180**	**95.7**	**52,808**	**91.6**	**52,585**	**91.2**

Source: SIRS
Date: 11 February 2019

Table 4: Primary and Booster Immunisation Uptake Rates by 6 years old

Evaluation Period: 1 January to 31 December 2018 **Born 1 January to 31 December 2012**

Local authority[1]	Number in Cohort[2]	% completed primary and booster course by 6 years					
		MMR1		4-in-1		MMR2	
		No.	%	No.	%	No.	%
East Renfrewshire	1,245	1,210	97.2	1,212	97.3	1,203	96.6
Scotland	**59,867**	**57,625**	**96.3**	**56,179**	**93.8**	**55,862**	**93.3**

Source: SIRS
Date: 11 February 2019

Adult Flu Vaccination

HSCP Seasonal Flu Vaccine Uptake Averages - As at Week 15 2019 (Cumulative)

	Over 65s	Under 65s in at risk groups	Pregnant (not in clinical risk group)	Pregnant (in clinical at risk group)
E Ren	75.8%	41.3%	54.0%	55.0%
NHSGGC	**73.8%**	**42.8%**	**50.7%**	**58.4%**
SCOTLAND	**73.7%**	**43.4%**	**44.5%**	**57.4%**

*Please note that these vaccine uptake estimates are based on automated extracts from 100% of Scottish GP practices. Source: Health Protection Scotland

Adult flu vaccination services remained within GP Practices in year 1 however, in 2018 East Renfrewshire tested a new model of seasonal flu vaccination for the housebound patient. The District Nursing team provided a nurse based service for all housebound patients requiring the Influenza vaccine. A total of 170 vaccines were administered to housebound patients by six District Nursing staff across 11 GP surgeries in East Renfrewshire.

Next twelve months

Pre-school flu vaccinations are intended for Year 2 (2019-20) using the same venues as Routine Childhood clinics. A test of change is planned for October 2019 and participating centres have yet to be agreed. Pregnant Women Immunisations (flu and pertussis) will be delivered via Women and Children's Services/Midwifery across all GGC Maternity Centres also in Year 2 (2019-20).

All Adult Immunisations (Flu, Pneumococcal, Shingles and Travel) will be delivered through the formation of HSCP Adult/Older People's Services - Adult Immunisation teams (as per Childhood and Schools) with a Community Pharmacy 'mop up' model being proposed to offer the 'best of both' of a partially centralised large clinic and geographically dispersed services to optimise accessibility for this large cohort. A test of change is planned for October 2020.

2. Pharmacotherapy Services

Prior to the PCIP, all 15 practices in East Renfrewshire had access to prescribing support delivered by a team of 16 Prescribing Support Pharmacists and Prescribing Support Technicians and this service continues. This local team is supported by a Central Prescribing team at health board level who provide data, data analysis, support materials and co-ordinate with other parts of NHSGGC providing links to acute care and community pharmacy for example.

In year one, 13 of our 15 GP practices received additional weekly pharmacotherapy input through PCIP, with allocation of resources according to practice list size with a minimum allocation of 0.4WTE introduced to 12 practices (0.2WTE to one), the two practices without Pharmacotherapy input received Advanced Practice Physiotherapy). A total of 5.4WTE (a headcount of 10 staff) are currently shared across the 13 GP Practices. A range of tasks are being undertaken within the practices, from across the full range of levels 1 -3 within the contract specification. The tasks being undertaken vary between practices due to differences in the processes and procedures in place between practices; different priorities identified within practices in terms of reduction of GP workload and based on the different experience level and qualification of individual Pharmacists. The percentage of tasks at each level currently being undertaken at each of the 13 practices can be seen in figure 3 below.

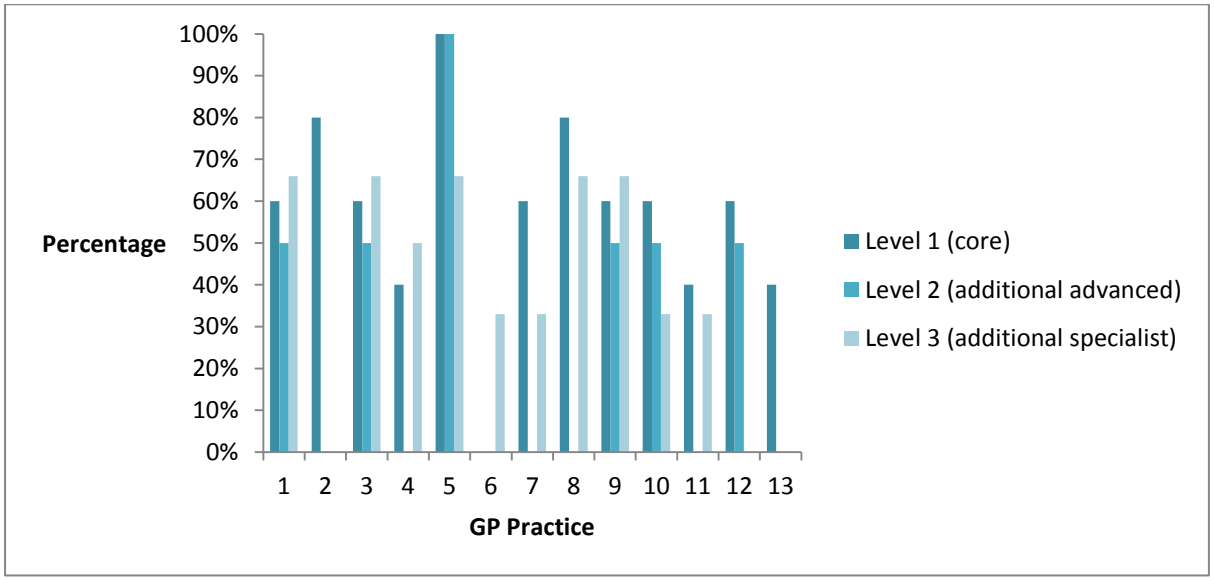


Figure 3 – Percentage tasks per GP practice (levels 1-3)

Variation will continue to exist until the level of resource is adequate to cover all tasks. The Inverclyde pilot audit estimated that over 1.0WTE Pharmacists would be required per 5000 patients to undertake the key Level 1 activities alone. If existing Prescribing Support resource is factored in, the East Renfrewshire HSCP resource is closer to 0.5WTE/5000 population. While the contract and the MoU set out six key priorities for service redesign, the MOU stated: *"Plans must determine the priorities based on population healthcare needs, taking account of existing service delivery, available workforce and available resources"* and it should be recognised that this is the approach that we have taken locally, given our current resource.

The total percentages of level 1 – 3 tasks across all 13 practices can be seen in the chart in figure 4 below.

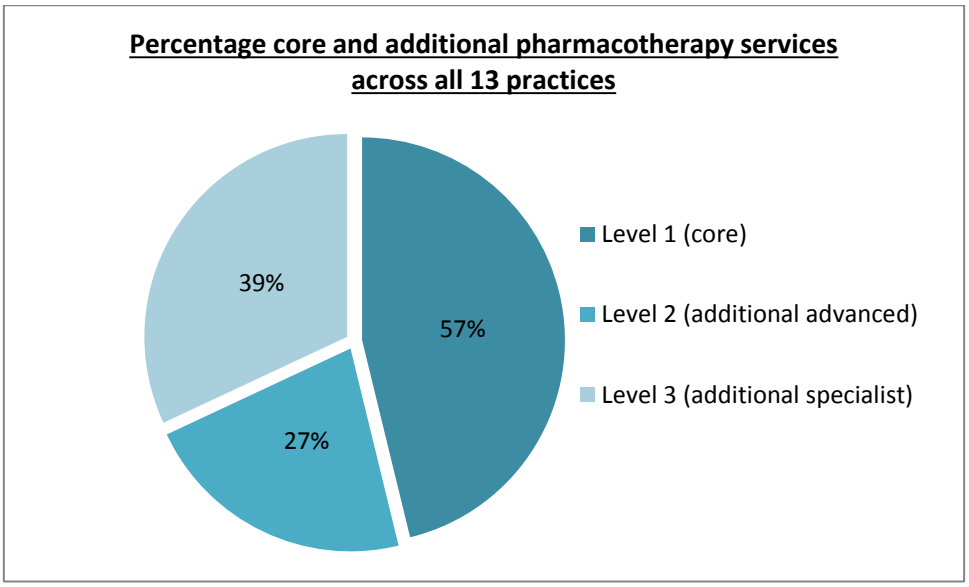


Figure 4 - Percentage core and additional pharmacotherapy services across all 13 practices

Next twelve months

Year two will see the continued implementation and development of the pharmacotherapy service within all 15 GP Practices, which will support prescribing improvement work, improve clinical outcomes and contribute to the multi-professional team approach where workforce availability allows. It should be noted however that workforce challenges have already been identified in year one both locally and nationally.

Additional pharmacotherapy services

- Community Pharmacy contractors continue to provide services which provide patients with easy access to treatment without an appointment
- The NHS Minor Ailment Service provides advice for all and provision of treatment for eligible patients for minor self-limiting medical conditions
- Pharmacy First provides treatment for patients with impetigo and female urinary tract infections under a Patient Group Direction (PDG).

These additional pharmacotherapy services provide patients with advice and treatment in a convenient location avoiding the need for GP involvement.

3. Community Treatment and Care Services

In year one, we recruited four (3.8WTE) Band 3 Community Health Care Assistants (CHCA's) to provide a service across all of the 15 GP practices, providing clinic and domiciliary phlebotomy, BP checks, urine sample collection and B12 injections. Allocation of the CHCA's were based on practice population 1.0WTE/5000 patients. Early adoption of this resource was challenging mainly due to lack of induction process, line management challenges and lack of Standard Operating Procedures (SOPs). To move forward it has been agreed that these staff are aligned with the HSCP Community Nursing team.

A robust planning process is currently being followed for the Community Treatment and Care Service (CTCS) provision in East Renfrewshire following consultation with the PCIP Steering Group and the GP Forum in February 2019. Historically there has never been a Community Treatment Room in East

Renfrewshire, it was therefore agreed that a phased implementation would be required. An options appraisal was presented to the PCIP Steering Group and a decision to develop a hybrid model was agreed going forward, which will see some activities move to centralised treatment rooms in Eastwood Health and Care Centre (EHCC) and Barrhead Health and Care Centre (BHCC) whilst other services will remain in practices. The service will be delivered according to local need and GP practices are currently collating this data to inform the choices of interventions to be offered. We are very fortunate to have modern treatment room facilities in both of our Health and Care Centres, one in each locality ready to use when the workforce and service specifications are in place.

The HSCP is represented at the NHS GG&C CTCS Development group and subgroups to develop and deliver a consistent approach to this service across all partnerships within NHS GG&C. The group has helped inform the financial framework for full implementation and developed a standard cost model for each treatment rooms. The group has also considered the required skill set for staffing the treatment rooms, appropriate inflection control models, clinical standards, regulation requirements, supervision and training requirements, SOPs, protocols, consistent governance and will co-ordinate the most appropriate processes for labs and IT requirements.

To harvest collaborative working Practice Manager representatives have worked alongside the PCIP Implementation & Development Officer to create a template that will support the gathering of key data to inform the local need for services required within the CTCS. This has been cascading to all Practices for completion.

Next twelve months

Development and implementation of the two treatment rooms will commence in Year 2 following intelligence provided from each of the practices within the two localities. The employment of a treatment room co-ordinator and treatment room nurses is planned, this staffing model is being followed to duplicate the existing model being delivered in Glasgow City which works well. Initial evidence suggests the treatment room nurses will initially undertake more complex activities including dressings to be scaled up based on local need.

Training and development of our existing Band 3 Community Health Care Assistants to undertake a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting or out in the community is being planned and supported by NHS GG&C and our District Nursing team. The GP Practice clinic and domiciliary phlebotomy, BP checks, urine sample collection and B12 injections carried out by the CHCA's will be monitored and reviewed at GP Cluster level.

4. Urgent care (advanced practitioners)

In year one, we have had two failed rounds of recruitment of Advanced Nurse Practitioners (ANP's) due to lack of suitable candidates. After the first failed round, the GP's were consulted at the GP Forum and it was agreed that we would re-advertise making it clear that we would take on trainee ANPs and support their development. The second round of recruitment attracted more suitable candidates, but concerns remain regarding their formal status as Advanced Nurse Practitioners and we are in dialogue with Dr Mark Cooper Consultant Nurse at NHS GG&C, regarding the transferable qualifications of the candidates. As a result, at the time of writing of this report, we are unable to confirm new ANPs.

Next twelve months

We aim to recruit ANP's however we will also explore alternative models to provide urgent care.

5. Additional Professional roles

In year one, we appointed 1.0WTE Advanced Practice Physiotherapist (APP) to two GP Practices, one in each of our two localities in East Renfrewshire (the two practices which did not have pharmacotherapy input, in order to equalise HSCP input of additional professional roles across all 15 practices). This service has been well received by the two practices and we received the following feedback from the MSK Physiotherapy Manager:

"I wanted to contact you to let you know I have been catching up with the APPs working in East Renfrewshire to see how things are going. The feedback has been excellent and things look to be going very well. Staff have been made to feel very welcome in both practices and there seems to be fantastic engagement to support this new way of working and get things off the ground.

I was particularly overwhelmed when I visited one our APP's in one of your practices. At this early stage of implementation she has reached her projected capacity in terms of available appointments and these are being well utilised, with significantly high rates of patients directly routed to the APP from receptionists. It was also fantastic to hear that the GPs have seen direct benefit in terms of their patient case load and ability to utilise time released through widening the MDT. I feel early success here may be due to a number of factors; there appears to be strong leadership and team working, the GPs and practice manager seem to have driven this change from within, and I think the practice has been signposting for quite some time and we have been able to slot into this nicely. I think there are key lessons to be learned to give insight into what can be achieved with this model of working and also to aid roll out of APPs in other areas"

MSK Physiotherapy Manager

In both of the practices currently receiving MSK Physiotherapy, it has been reported that appointments are being well utilised, with significantly high rates of patients being directly routed from receptionists through efficient signposting. GP's have also reported seeing a direct benefit in terms of their patient case load and ability to utilise time released through widening the MDT. Activity across both practices for March 2019 can be seen in table 3 below.

March 2019

GP Practice	1	2	Total
Capacity: Numbers			
Appointments Available	84	126	210
Appointments Filled	81	113	194
DNA	9	3	12
Capacity: %			
% Uptake of appointments	96	90	92
% DNA	11	3	6

Table 1 - GP Practice appointment activity March 2019

The APP's are the first point of contact for the vast majority of patients they see, which is fantastic as this highlights a direct release of GP time and streamlining of the patient journey. It is very evident that both these practices are actively signposting patients at reception and seem to have been used to this way of working in this way of working, prior to the APP coming to work in the surgery, therefore this way or working has been key to help this model embed with ease.

Next twelve months

We have been working with the physio lead to recruit further resource of 1.0WTE for allocation across two more practices due to these early successes in phase one implementation.

6. Community Links Worker (CLW)

As a result of the GP Link Worker pilot, in collaboration with RAMH, and its positive evaluation we decided to upscale more quickly and by a greater amount than was indicated in the submitted PCIP, effectively doubling the Community Link Worker (CLW) whole time equivalent.

In year 1, all 15 practices have achieved access to a CLW with some of the original nine practices having more allocation than previously during the pilot. Practices currently have an allocated share of 4.0WTE (a headcount of eight staff) of Community Link Workers.

- The Community Link Worker programme is a partnership between RAMH and East Renfrewshire HSCP
- GP Link Worker pilot was originally part of the Safe and Supported work stream in December 2016 and was initially tested across nine GP practices
- Scale up to all 15 GP practices in September 2018 due to its positive evaluation
- In the first year of the PCIP April 2018 – March 2019 there were a total of 805 referrals

Next twelve months

We plan to review the RAMH data collected from September 2016 to date and compare this with practice data on GP appointments to measure impact and inform future service delivery. We also plan to review current practice allocation of CLW's.

Additional Primary Care Quality Improvement activity

Across Primary Care in East Renfrewshire there continues to be additional ongoing test of change activity from some of our partners and from our GP Clusters. Some examples from year one are shared below.

Family Wellbeing Service

The **Family Wellbeing Service**, which is a partnership between East Renfrewshire HSCP, local GP Practices and Children 1st, was piloted in Eastwood Health and Care Centre taking direct referrals from two GP Practices. It provided a targeted service intervention to children and young people experiencing significant mental and emotional wellbeing concerns. The service was shown to be having a positive impact and improving outcomes for the users of the service and it was decided to scale it up to six GP Practices and in 2019 it will be rolled out across all 15 GP Practices. Feedback

from stakeholders is hugely positive especially the GP's and schools. An external evaluation of the service is currently being carried out.

GP Cluster Quality Improvement Activity

The GP practice acts as a patient gateway to ensure that people access the right care at the right time. In this time of change for primary care, quality improvement activity continues within each of the clusters with practices testing work individually or collectively as a cluster. Improving communication and access to primary care and general practice is one area that the GP Clusters have embraced in the last year.

One practice in East Renfrewshire currently operates the **Doctor First** system which combines doctor led telephone assessments and consultations with dedicated software that accurately predicts patient demand to help manage workload. This new model was adopted to completely change their appointment system to cope with increasing demand. It also improves access to the most appropriate person for the right care at the right time.

Signposting was developed to support Primary Care Service redesign across all of the GP practices in East Renfrewshire to allow people to access the right care at the right time. The drivers locally for this approach was our high working population and limited space within our GP Practice premises due to the expanding Primary Care multidisciplinary team. Communicating the role of these new pathways and changes to processes used in GP practices to patients and communities were essential and staff needed to be transparent around why people are being signposted to a service they may not have been expecting to go to. The signposting approach led to the development of a '*Know Who to Turn To*' information campaign, in line with the national initiative, to increase awareness of the different parts of the health service and to encourage the use of the most appropriate service/s for a person's needs, which improves the efficiency of services to make sure patients are receiving the best possible care. East Renfrewshire developed '**Know Who To Turn To**' websites for each locality - Barrhead & Neilston and Eastwood & Mearns, pop up banners, leaflets, posters and signposting training was delivered to practice staff by HSCP.

Figure 5 - Know Who To Turn artwork

The signposting approach also led to the development of another idea of a new model to provide improved access called '**Near Me**' (originally called Attend Anywhere). It is a web-based platform that helps health care providers offer patients video call access to their services as part of their business as usual and day-to-day operations. Nine practices across East Renfrewshire have opted in to testing the this web based platform which could be used for virtual doctor visits/consultations and Chronic Disease Management which will reduce the need for patients to travel to the practice and likely to reduce the time taken for appointments which could save significant space and time.

Other quality improvement activity included;

- Home health monitoring of COPD through an anticipatory care planning approach
- Workflow optimisation – although East Renfrewshire GP Practices were unsuccessful with a bid through the Practice Managers Collaborative, they have actively engaged with this workflow optimisation solution
- Locality based protected learning sessions
- Prevention of Stroke using AliveCor® Kardia mobile ECG device

Community Clinical Mental Health Professionals

- The service review of Primary Care Mental Health service continues
- The recovery manager is identifying Primary Care Mental Health and Recovery opportunities aligned to the new NHSGG&C 5-year Adult Mental Health Strategy through the Action 15 funding.
- CBT in all GP Practices

Workforce Planning

East Renfrewshire's Workforce Planning group meets monthly and have reflected on the Primary Care team throughout their planning. The Fit For The Future redesign has been ongoing over the last twelve months and is finalising community nursing and rehabilitation services across both localities.

Workforce planning is one of the most significant challenges highlighted in the development and implementation of the Primary Care Improvement Plans, both in terms of availability of workforce at a sufficient scale to support all practices across GGC and in terms of the change process required to support effective working for new teams. In order to meet all requirements of the new contract and develop the MDT across all practices in Greater Glasgow and Clyde, an estimated additional workforce of between 800-1000 posts may be required.

Within the GG&C areas HSCPs are committed to the following principles:
- Approaches across GGC should share consistent principles and pathways, role descriptors and grading, scale (numbers of staff per practice/ patient population)
- Recruitment should be co-ordinated across GGC where appropriate taking account of existing professional lead and hosting arrangements.

Across NHSGGC, workforce planning for the Primary Care Improvement Plans is being considered in conjunction with the Board's wider Moving Forward Together strategy which sets a vision and direction for clinical services in the future. Staff Partnership representatives are involved at all levels. Specifically for the PCIPs, the key aspects of the approach include:

- Modelling to identify the work, tasks and skills required for the new roles
- Assessment of the numbers of staff required to fill those roles
- Modelling of the existing workforce including turnover
- Consideration of changes in other services and competing demands
- Reviewing different skill mix models and creative approaches to delivery both within and across professions.
- Developing approaches to supporting MDT working within practices and between practices and wider community services

This approach is being tested initially within Pharmacy as one of the early priority areas, but will be adapted to other professional groups as part of year 2 and 3 implementation.

The availability of key staff groups continues to require action at national level, particularly to ensure sufficient training places and development of skills for primary care.

Monitoring and evaluation

The success of the implementation of the PCIP and the extension of the PCIP Primary Care team relies on the collection of robust information. Measuring and tracking the shift of the demand from GP's to the multidisciplinary resources is crucial. Collection of the data is ongoing across the two localities to ensure a collaborative approach, the practice managers have developed and populated a template to support ongoing monitoring. However analysis remains a challenge due to the varied recording systems between the organisations.

Year two will see the development of a robust data performance and measurement plan to collect both quantitative and qualitative data from all key priority areas and GP practices routinely. Analysis will require systems to be developed locally to measure the impact which will be supported by LIST.

Data Sharing Agreements

The new GP contract introduced a joint data controller arrangement between Health Boards and GP Contractors relating to personal data contained within GP NHS patient records. Sharing of information between the people who are involved in the care of patients is increasingly important to the safe and effective delivery of health and social care, and to the delivery of services by the new MDT's working within and with practices. The PCIP plans for development of MDTs need to be supported by robust information sharing agreements with all practices for the delivery of clinical care, for audit and review purposes and for service, workforce and public health planning.

An information sharing agreement which out the rules to be applied by a Health Board and a GP Contractor when sharing information with each other is being developed. This is a key enabler and is required as a matter of urgency to support the implementation of the PCIPs.

Finances

The funding allocation for 2018/19 was £714k and we advised the Scottish Government in September 2018 that we expected to spend £581k during the year. The actual spend was £395k and reflects slippage mainly from recruitment of posts and lower than anticipated spend on the vaccine transformation programme (subject to notification of any other spend as this is a system wide cost). The balance of £319k will be carried forward to 2019/20.

Services	WTE	£'000
Pharmacotherapy	5.4	206
Pharmacy First	1.0	20
Urgent Care (Advanced Nurse Practitioners)	0.0	0
Advanced Practice Physiotherapists	1.0	16
Community Link Workers	4.0	73
Community Treatment and Care Services	3.8	32
Treatment Room Nurses (Band 5)	0.0	0
Vaccine Transformation Programme	-	14
CQL Sessions	-	18
PCIP Implementation and Development Officer	1.0	10
Other Costs	-	6
Total	**16.2**	**395**
Total Funding Available		714
Surplus / (Shortfall)		319

Table 2 - Year 1 service development and costings

The summary table below indicates the total workforce expenditure for year one and the projected cost of providing services for years two, three and four, as set out in the Workforce and Funding Profiles tab in the Local Implementation Tracker return for Scottish Government.

	Year 1 2018/19		Year 2 2019/20		Year 3 2020/21		Year 4 2021/22	
Services	**WTE**	**£'000**	**WTE**	**£'000**	**WTE**	**£'000**	**WTE**	**£'000**
Pharmacotherapy	5.4	206	8.5	430	19.0	962	19.0	962
Pharmacy First	1.0	20	1.0	20	1.0	20	0.0	0
Advanced Nurse Practitioners (Band 7)	0.0	0	3.0	174	3.0	174	5.0	289
Advanced Practice Physiotherapists	1.0	16	1.0	59	1.0	59	6.0	354
Community Link Workers	4.0	73	4.0	83	4.0	83	6.0	207
Healthcare Assistants (Band 3)	3.8	32	3.8	77	3.8	77	3.8	77
Treatment Room Nurses (Band 5)	0.0	0	0.0	0	3.0	105	3.0	352
Treatment Rooms Equipment Set Up								
Vaccine Transformation Programme	0.0	14	0.0	168	0.0	362	0.0	362
Others		6						
CQL Sessions		18		15		15		15
PCBIS	1.0	10	1.0	36	1.0	36	1.0	38
Total Cost	**16.2**	**395**	**22.3**	**1,062**	**35.8**	**1,893**	**43.8**	**2,656**
Total Funding Available*		714		858		1,717		2,419
In year Surplus / (Shortfall)		319		(204)		(176)		(237)
Cumulative surplus / shortfall		319		115		(61)		(298)
*Year 1 confirmed, Years 2 & 3 assumed								
Table shows cumulative cost of services								

Table 3 - Total costs of service Years 1 – 4

Premises

The NHSGGC Property and Asset Management Strategy includes independent contractor owned and leased premises. Oversight of GP premises developments is provided through the Board's GMS Premises Group which reports to the overarching Primary Care Programme Board.

In year 1 of the PCIPs, existing mechanisms such as improvement grant funding have been used explicitly to support the requirement for additional space as part of PCIPs and this will continue. There is a comprehensive programme of back scanning underway to free up space within practices to enable more clinical and administrative space to be provided, as well as supporting digital infrastructure through the removal of paper records.

The national survey of GP premises will report shortly and will be used to inform future planning and investment including prioritisation for premises improvement grants and planning for capital developments, and will also support the due diligence and impact assessment process where there is a request for the Board to consider taking on an existing lease or an option to purchase.

Specific challenges have been noted in ensuring sufficient accommodation for services within small practices, and also for services being provided in one location for several practices in a locality. Supporting new developments to create additional space and accommodate Board employed staff is also challenging within independent contractor owned/ leased premises in line with the existing Premises Directions.

During years 2 and 3 of the Primary Care Improvement Plans, there will be a further focus on strategic planning for primary care premises in the medium and long term, in the light of the new GP contract, Primary Care Improvement Plans and the wider context of Moving Forward Together (the Board's long term strategy for clinical services) which sets out ambitions for the development of an extended range of community services based around virtual or actual community hubs. The strategy for GP premises will be developed in conjunction with the wider property strategy for community services and included within the capital plan associated with the Moving Forward Together programme.

Digital Infrastructure

Within NHSGGC, the eHealth team works in conjunction with HSCPs in the introduction of new services and processes within practices. This ensures where possible the standardisation of approach, fit to the Digital Strategy, use of core enterprise systems and minimal cost overhead. Costs have been supplied by EHealth to HSCPs to enable this to be incorporated into overall costs for new MDT members.

eHealth maintain an inventory of IT assets and software deployed to practices and for wider HSCP and Board operations. Development staff and eHealth joint working will ensure that as new services are deployed to support the MOU, and as significant estate changes occur (i.e. GP Practice Back scanning of records, New Premises) that these are reflected in the introduction of new technology solutions and amendments to operational processes and Business As Usual working.

Risks

Unlike some areas within Greater Glasgow and Clyde, East Renfrewshire's population is increasing. Both our youngest and oldest populations are increasing. These are the groups which are the greatest users of universal health care services. East Renfrewshire is attracting people over 80 years of age because more retirement and care homes are choosing to open in the area. The influx of new patients into the Eastwood area has a significant impact on all General Practices in the area, the increasing ageing population inevitably leads to more complex health problems within this age group.

East Renfrewshire Council Local Development Plan has identified sufficient land for a minimum of 4100 homes and associated infrastructure to be delivered in East Renfrewshire by 2025 to comply with the Strategic Development Plan requirements with significant growth post 2025 also planned. The growth will be predominantly delivered in 3 main areas:

Urban expansion at:

A.

- Malletsheugh/Maidenhill/Newton Mearns. Approximately 1060 homes to be phased. 450 homes by 2025 and 610 homes post 2025.
- Barrhead South/Springhill/Springfied/LyonCross. Approximately 1050 homes to be phased 470 homes by 2025 and 580 homes post 2025.

B.

- A major regeneration proposal Glasgow Road/Shanks Park, Barrhead. Shanks Road, approximately 400 housing units by 2015. Glasgow Road, approximately 45 housing units by 2025 and 60 beyond 2025.
- Elsewhere in the rural settlements further limited growth has been identified for the village of Neilston. Crofthead Mill, 200 units post 2025. Brig o Lea football ground, 35 housing units by 2025. Other residential redevelopment 60 houses by 2025 and 233 post 2025.

C.

- Erection of retirement residential community, care home and multi-purpose village centre and formation of new access road from Aurs Road (major) | Netherplace Works Netherplace Road Newton Mearns East Renfrewshire G77 6PP

The rising population and the level of housing and residential redevelopment outlined is a significant risk for East Renfrewshire HSCP. This will increase demand for HSCP managed services and our local GP practices. A significant amount of the regeneration work is within the Newton Mearns and Neilston areas; both of which are served by a limited number of GPs housed in sites where expansion opportunities have been maximised.

Summary of key successes

- Excellent figures for delivery of childhood vaccines
- The broadest and most significant WTE input of pharmacotherapy in GGC
- Well received practice-based and domiciliary phlebotomy / Healthcare Support Worker service
- Successful implementation of an APP into two practices

- Marked increase in Community Link Worker service to cover all 15 practices
- Dedicated project support to plan and engage with the new contracted Primary care teams and liaise directly with GP practices

Summary of key challenges

- Uncertainty around the VTP (across GGC)
- Workforce issues with pharmacotherapy which make the 2021 position look untenable
- Difficult finding appropriate candidates for the ANP roles due to lack of centralised training over the past few years and fierce competition with other HSCPs
- The Treatment Room service will require careful planning and coordinated implementation to avoid dissatisfaction amongst patients and GPs
- Ensuring GP engagement has been adequate to fulfil the function of the PCIP providing the GP contract voted for.

AGENDA ITEM No.14

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 June 2019
Agenda Item	14
Title	Planned housing development in East Renfrewshire: Measuring impact on GP practice populations

Summary

This report provides the Integration Joint Board an overview of planned housing developments outlined in the ERC Local Development Plan from 2018 to 2025 and the impact this may have on GP practice populations across both localities and the delivery of General Medical Services.

Presented by	Kim Campbell, Localities Improvement Manager

Action Required

The Integration Joint Board is asked to:-

- consider the impact of new housing developments on local GP practice list sizes and the limitations of space within these premises across both localities to manage an increase in demand, compounded further by the new GP Contract and the requirement to host the extended primary care team.
- consider the risk this raises of new residents potentially being unable to access general medical services if practices become overwhelmed.
- note that currently developer contributions are not available to support the development of health and care services, however the Director of Environment has committed to work jointly to consider the capacity required to support future demand for healthcare infrastructure.
- note that options paper will be presented to the Integration Joint Board in Autumn 2019.

Implications checklist – check box if applicable and include detail in report

☒ Finance	☐ Policy	☐ Legal	☒ Equalities
☒ Risk	☐ Staffing	☐ Directions	☒ Infrastructure

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2019

Report by Chief Officer

PLANNED HOUSING DEVELOPMENT ACROSS EAST RENFREWSHIRE 2018-25: MEASURING IMPACT ON GP PRACTICE POPULATIONS

PURPOSE OF REPORT

1. This report provides the Integration Joint Board an overview of the projected increase in population size as a result of the new housing developments across both Localities and the impact this may have on the current GP practices many of which are operating at full capacity with no scope to expand.

RECOMMENDATION

2. The Integration Joint Board is asked to:-
   - consider the impact of new housing developments on local GP practice list sizes and the limitations of space within these premises across both localities to manage an increase in demand, compounded further by the new GP Contract and the requirement to host the extended primary care team.
   - consider the risk this raises of new residents potentially being unable to access general medical services if practices become overwhelmed
   - note that currently developer contributions are not available to support the development of health and care services, however the Director of Environment has committed to work jointly to consider the capacity required to support future demand for healthcare infrastructure.
   - note that options paper will be presented to the Integration Joint Board in Autumn 2019.

BACKGROUND

3. East Renfrewshire Council Local Development Plan 2015-18 identified significant housing developments; the content of this plan was shared with local General Practitioners in 2015. At this time the HSCP raised concerns with East Renfrewshire Council regarding the lack of developer contributions to support health and care service development within these new communities.

4. By 2018 a number of new dwellings resulted in a rise in new patient registrations in practices, mainly within one practice sited in the Newton Mearns area. To provide support, a premises meeting was initiated with a view to understanding the potential impact of the planned developments and to scope the options to meet the increase in demand for GP services. This has included reviewing the current HSCP and Council assets and those in development and the operating models including branch practice, new independent GP contract or salaried practice.

5. In recent years GP practices in East Renfrewshire operating outwith both Health and Care Centres have been supported to remodel their floor space to maximise their potential to provide services and growth in patient list size. This means there is limited potential to increase space to support future list growth.

6. To support planning it is essential to project growth, which has been challenging. Senior Analysts provided a provisional report in October 2018, this sought to estimate the impact on GP list sizes by investigating the relationship between GP Cluster list sizes and locality populations (based on the previous three-locality configuration in East Renfrewshire) and thereby estimate the increase to GP Cluster list sizes using National Records for Scotland (NRS) 2012 locality-level population projections. Additional population projections, based on estimates relating to planned housing development (Housing Land Audit component), were then added to the NRS figures. This method however overestimated population projections as, although planned housing is not taken into consideration when calculating NRS population projections, projections are based on five-year trends for births, deaths and migration, therefore net migration was being accounted for twice. This has been corrected for within this full report (Appendix 1).

7. Alongside the increase in demand resulting from new developments we must consider the pressure being placed on current GP space as a result of the GP Contract/Primary Care Improvement Plan and the requirements within the Memorandum of Understanding to extend the primary care team. At the end of year 1 many practices outwith both Health and Care Centres are unable to accommodate the staff aligned to support them; this is early implementation with limited resources in place. This is resulting in space being requested within both health and care centres. As Moving Forward Together progresses we may find competing demands if our estate is unable to provide the capacity required to shift demand closer to the communities.

REPORT

8. Approximately 2,500 dwellings are programmed to be built in East Renfrewshire over the next 7 years from 2018/19 to 2024/25, which is 40% higher than the number of completed dwellings in the previous 7 years from 2010/11 to 2017/18.

9. Of the planned housing developments, 51% are programmed to be built in the Barrhead locality (1,258 dwellings) and 49% in the Eastwood locality (1,215 dwellings).

10. Between 2010/11 and 2017/18, only 12.9% of completed builds were in the Barrhead area (235 dwellings) and 87.1% were built in Eastwood locality (1,584 dwellings). Programmed housing development is therefore 5.4 times higher in Barrhead locality over the next 7 years in comparison to the previous 7 years.

11. Furthermore, currently approved sites have a remaining capacity for a further 1,742 dwellings (programmed post 2025), the majority of which are in the Barrhead locality (70.8%).

12. Method 1 applies the average household occupancy to the number of dwellings programmed to be built in each area and predicts net migration to total approximately 5,975 people by 2025. This is approximately 940 people more than NRS estimates by 2025.

13. Method 2 uses linear regression to predict net migration based on planned housing and estimates an additional 5,735 residents due to net in-migration by 2025 (prediction intervals 3286 to 8186). This is approximately 700 people more than NRS estimates in this period.

14. NRS 2016-based population projections predict an annual growth rate of 0.72% to 0.77% with the population exceeding 100,000 residents in 2025.

15. Method 1 and method 2 predict growth rates of between 0.59% and 1.17% annually, which are dependent on planned housing in each year, and both methods predict that the population will exceed 100,000 residents in 2024 which is one year earlier than NRS projections.

16. The Barrhead Cluster population is predicted to increase by 10.5% (n 2,557) between by 2025. This compares to an overall increase of 1.5% in the previous 7 years, 2010 to 2017, when the number of completed dwellings was less than a fifth of what is planned over the following 7 years to 2024/25.

17. Eastwood 2 Cluster (Newton Mearns) population is predicted to increase by 6.5% (n 1,937) by 2025, however this cluster may see additional increases due to the planned retirement village in Newton Mearns which is not included in the current Housing Land Audit.

18. The recommended number of patients per GP is 1,500. Based on this recommendation by 2025 Barrhead will require 2 whole time equivalent GPs to support increase in population, Eastwood 2 will require more than 1 whole time equivalent GP.

19. Planning permission has been granted for a new retirement village in the Newton Mearns area of Eastwood locality subject to the successful conclusion of a s75 agreement to secure both affordable housing and development contributions. As this agreement has not yet been concluded, the proposals are not included in the 2018 Housing Land Audit, and details of programmed building are not yet known. Should progress on the agreement not be made by the applicants, it is likely that the application would then be recommended for refusal. Should the development go ahead, the plans for the retirement village include an 80-bed care home and 226 dwellings which are available for purchase to over 55 year olds. Although, as part of the planning application, the developers have stated there will be private healthcare provision, it is likely that a number of residents will look to register with local NHS GP practices. The closest, and therefore probably most likely to be affected, are Mearns and Greenlaw practices. Not only is this likely to result in additional registrations at these two practices, the patients are also expected to have greater needs, all being aged 55 or over.

CONSULTATION AND PARTNERSHIP WORKING

20. Projection methodology and analysis is provided by ISD Local Intelligence Service Team Senior Analysts. This included a review of the methods used in other health board areas.

21. Local GPs in both Barrhead and Newton Mearns, Head of Primary Care NHS Greater Glasgow and Clyde, Local Medical Committee, Chief Officer and HSCP support have collaborated to develop and agree the methodology.

22. Collaboration with East Renfrewshire Council Environment team to review ERC assets and new developments including Greenlaw Business Centre for the potential to develop space to deliver general medical services.

23. Partnership working with NHS Capital Planning Senior Property Manager to prepare joint response to Local Development Plan 2.

IMPLICATIONS OF THE PROPOSALS

Finance

24. The requirement for capital and revenue budgets, and associated funding sources, will be scoped as part of a future options paper.

Staffing

25. None

Infrastructure

26. Additional space is required to deliver general medical services in line with Memorandum of Understanding.

Risk

27. If unable to increase capacity to deliver general medical services there is a risk that new residents may not be able to register to receive a service.

Equalities

28. If new residents are unable to register to receive a service this could result in inequality in access to services.

Policy

29. None

Legal

30. None

Directions

31. None

CONCLUSIONS

32. Net in-migration is the main factor driving population growth in East Renfrewshire in recent years and National Records for Scotland population estimates relate, almost entirely, to net in-migration.

33. The Barrhead Cluster population is predicted to increase by 10.5% (n2,557) by 2025 with the requirement for 2 new GPs, based on recommendations plus extended primary care team resource in line with new contract.

34. Eastwood 2 Cluster (Newton Mearns) population is predicted to increase by 6.5% (n1,937) by 2025, however this cluster may see additional increases due to the planned retirement village in Newton Mearns which is not included in the current Housing Land Audit. Not only is this likely to result in additional registrations at these two practices, the patients are also expected to have greater needs, all being aged 55 or over. This will require more than 1 new GP and extended primary care team resource to manage increase in demand.

35. There is increasing pressure on GP premises space particularly in those practices sited outwith our Health and Care Centres. Remodelling has been supported in these practices resulting in there being limited scope for further expansion. Accommodating the extended primary care team is challenging for some of these practices at this early implementation stage.

36. Space within our health and care centres is being requested for those staff unable to be hosted in practices. As Moving Forward Together progresses we may find competing demands if our estate is unable to provide the capacity required to shift demand closer to the communities.

37. It is acknowledged that our health and care facilities are under pressure from, amongst other things, recently completed and current residential developments across East Renfrewshire. Any future land release could also impact existing NHS facilities. A commitment exists between the Council, NHS Greater Glasgow and Clyde and HSCP, to carry out further analysis to consider the capacity required to support future demand for healthcare provision. This commitment will be set out in the Council's Proposed Local Development Plan 2, with work commencing this summer. Following this work, consideration will be given to the inclusion of healthcare infrastructure contributions as a future part of the Council's planning policy on Development Contributions.

RECOMMENDATIONS

38. The Integration Joint Board is asked to:-
    - consider the impact of new housing developments on local GP practice list sizes and the limitations of space within these premises across both localities to manage an increase in demand, compounded further by the new GP Contract and the requirement to host the extended primary care team.
    - consider the risk this raises of new residents potentially being unable to access general medical services if practices become overwhelmed
    - note that currently developer contributions are not available to support the development of health and care services, however the Director of Environment has committed to work jointly to consider the capacity required to support future demand for healthcare infrastructure.
    - note that options paper will be presented to the Integration Joint Board in Autumn 2019.

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June 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

ERC Local Development Plan 2015-2018
https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=14792&p=0

IJB PAPER: 15.08.2019 – Item 08. East Renfrewshire HSCP Primary Care Improvement Plan
http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22832&p=0

Planned housing development in East Renfrewshire:

measuring impact on GP practice populations

Planned builds from 2018-19 to 2024-25

Housing Development Data Tables
Excel document

Report date: 4th June 2019

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Contents

Key Findings

- Approximately 2,500 dwellings are programmed to be built in East Renfrewshire over the next 7 years from 2018/19 to 2024/25, which is 40% higher than the number of completed dwellings in the previous 7 years from 2010/11 to 2017/18.

- Of the planned housing developments, 51% are programmed to be built in the Barrhead locality (1,258 dwellings) and 49% in the Eastwood locality (1,215 dwellings).

- Between 2010/11 and 2017/18, only 12.9% of completed builds were in the Barrhead area (235 dwellings) and 87.1% were built in Eastwood locality (1,584 dwellings). Programmed housing development is therefore 5.4 times higher in Barrhead locality over the next 7 years in comparison to the previous 7 years.

- Furthermore, currently approved sites have a remaining capacity for a further 1,742 dwellings (programmed post 2025), the majority of which are in the Barrhead locality (70.8%).

- Net in-migration is currently driving East Renfrewshire's population growth with birth and death rates being approximately equal over the past ten years from 2007 to 2017 (0.6% difference). The majority of in-migration is from Glasgow City (50%), elsewhere in UK (11%) South Lanarkshire (8%) and Renfrewshire (7%).

- Method 1 applies the average household occupancy to the number of dwellings programmed to be built in each area and predicts net migration to total approximately 5,975 people by 2025. This is approximately 940 people more than NRS estimates by 2025.

- Method 2 uses linear regression to predict net migration based on planned housing and estimates an additional 5,735 residents due to net in-migration by 2025 (prediction intervals 3286 to 8186). This is approximately 700 people more than NRS estimates in this period.

- NRS 2016-based population projections predict an annual growth rate of 0.72% to 0.77% with the population exceeding 100,000 residents in 2025.

- Method 1 and method 2 predict growth rates of between 0.59% and 1.17% annually, which are dependent on planned housing in each year, and both methods predict that the population will exceed 100,000 residents in 2024 which is one year earlier than NRS projections.

- Predicted figures for net migration from method 1 are applied to GP practice populations based on the distribution of GP registrations for new residents in 2017/18, using data from the Source linkage files (linked data files managed by Information Services Division, NSS).

- The Barrhead Cluster population is predicted to increase by 10.5% between 2018/19 and 204/25 with the largest increase predicted for The Oaks Medical Practice (13.9%). This compares to an overall increase of 1.5% in the previous 7 years, 2010/11 to 2017/18, when the number of completed dwellings was less than a fifth of what is planned over the following 7 years to 2024/25.

- Eastwood 2 Cluster population is predicted to increase by 6.5% by 2024/25, with Broomburn Medical Practice predicted to have the largest increase of 12.0%. Greenlaw and Mearns practices may however see additional increases due to the planned retirement village in Newton Mearns which is not included in the current Housing Land Audit.

- Caution should be taken when interpreting GP practice level projections, as local area migration and local area birth and death rates have not been considered within this report.

1.0 Introduction

The purpose of this report is to develop a methodology for predicting population increases in the East Renfrewshire area (and therefore demand on GP services) based on information available on planned housing developments in the local authority between 2018/19 and 2024/25. Data from the Housing Land Audit 2018[1] (HLA) has been collated to investigate the total number of households programmed to be built in each area and to develop a methodology to apply this to GP populations.

The accompanying Excel workbook 'Housing Development Data Tables' contains data tables and graphs for each section of the report. Links throughout this report relate to individual Excel worksheets and these can be navigated to from the workbook's Contents page.

2.0 Background

A provisional report in October 2018 sought to estimate the impact on GP list sizes by investigating the relationship between GP Cluster list sizes and locality populations (based on the previous three-locality configuration in East Renfrewshire) and thereby estimate the increase to GP Cluster list sizes using National Records for Scotland (NRS) 2012 locality-level population projections[2]. Additional population projections, based on estimates relating to planned housing development (HLA component), were then added to the NRS figures.

This method however overestimated population projections as, although planned housing is not taken into consideration when calculating NRS population projections, projections are based on five-year trends for births, deaths and migration[3], therefore net migration was being accounted for twice. This has been corrected for within this report.

3.0 NRS projections and net migration

Births, deaths and net migration data from National Records for Scotland[4,5,6] were collated to investigate trends from 2001 to 2017. Birth and death rates in East Renfrewshire have been very similar over the past ten years, varying by only 0.6% in the ten-year period to 2017. The 2016 NRS population projections[7] were calculated based on five-year trends drawn from data between 2010 and 2015[3] and total deaths were less than 0.5% higher than total births during this period. It has therefore been assumed that the annual increases in the 2016 population projections for East Renfrewshire can be attributed, almost entirely, to trends in net migration.

Annual estimates for net migration based on planned housing developments from 2018/19 to 2024/25 have therefore been added to the 2018 mid-year population estimates[8] and not, as previously, to the annually projected figures. This also allows for estimates to be added directly to GP list sizes rather than estimating GP populations in relation to locality populations. This methodology is preferred as GP Cluster catchment areas do not directly align with locality or local authority boundaries.

4.0 Planned Housing Developments

Data on planned housing developments in East Renfrewshire were obtained from the Housing Land Audits (HLA) in 2017 and 2018[1]. The 2018 report outlines the number of households which were built in 2017/18, and the number programmed to be completed annually for the next 7 years (2018/19 to 2024/25). These are split in the HLA report by Eastwood and Barrhead localities. Grid reference data was used in order to further split this into Eastwood 1, Eastwood 2 and Barrhead (previous three-locality configuration) as average household occupancy, obtained from Scotland's 2011 Census[9], differs between each area.

Planned programming is shown below for the three East Renfrewshire areas. A detailed table showing each individual development is also included in Appendix A2.

Figure 1: Housing completions in East Renfrewshire 2016/17 and 2017/18 and planned development to 2024/25 by area – data from Housing Land Audits[1].

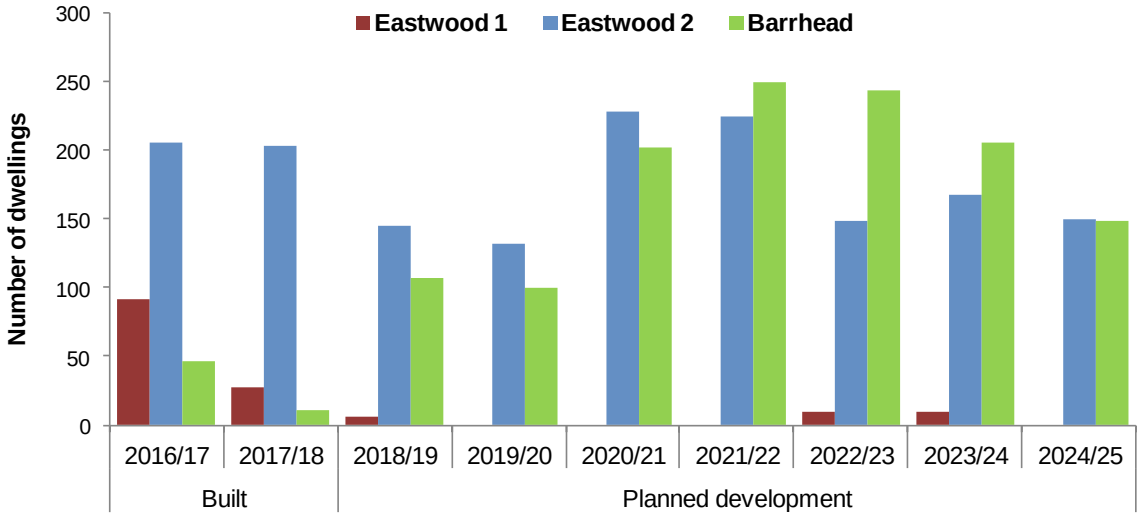


Table 1: Housing completions in East Renfrewshire 2016/17 and 2017/18 and planned development to 2024/25 by area and tenure, including remaining capacity for post 2025 development.

	Total Capacity	Built		Planned Housing - **Private Tenure** (dwellings)								
		16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	**7-year total**	Post 2025
Eastwood 1	162	92	28	6	0	0	0	0	0	0	**6**	36
Eastwood 2	1775	206	203	137	132	180	171	119	138	120	**997**	396
Barrhead	2350	46	11	52	90	182	250	224	166	109	**1073**	1220
East Ren	4287	344	242	195	222	362	421	343	304	229	**2076**	1652

	Total Capacity	Built		Planned Housing - **Social Housing** (dwellings)								
		16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	**7-year total**	Post 2025
Eastwood 1	20	0	0	0	0	0	0	10	10	0	**20**	0
Eastwood 2	277	0	0	8	0	48	54	30	30	30	**200**	77
Barrhead	198	0	0	55	10	20	0	20	40	40	**185**	13
East Ren	495	0	0	63	10	68	54	60	80	70	**405**	90

	Total Capacity	Built		Planned Housing - **All Tenures** (dwellings)								
		16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	**7-year total**	Post 2025
Eastwood 1	182	92	28	6	0	0	0	10	10	0	**26**	36
Eastwood 2	2052	206	203	145	132	228	225	149	168	150	**1197**	473
Barrhead	2548	46	11	107	100	202	250	244	206	149	**1258**	1233
East Ren	4782	344	242	258	232	430	475	403	384	299	**2481**	1742

5.0 Methodology

In order to predict net migration, two methodologies were explored based on planned housing development from the HLA report. A comparison was made between both methods and also to the NRS 2016 population projections[7].

Method 1 – Applying the average household occupancy for each area to the total number of dwellings programmed to be built annually as a proxy for net migration.

Method 2 – Investigating the relationship between completed housing and net migration using linear regression in order to predict net migration from planned housing development.

5.1 Method 1 – Predicting net migration using average household occupancy

To estimate the number of occupants of the new housing developments, the average number of residents per household was taken from 2011 Census data[9] for each area, and averages were applied to the total number of dwellings programmed to be built (method 1). East Renfrewshire has the highest average occupancy per household in Scotland[10] and average occupancy has remained virtually unchanged since the 2011 Census[9] (2.44 in 2017 versus 2.43 in 2011).

Figure 2: Estimated number of occupants for housing completions in East Renfrewshire in 2016/17 and 2017/18, and for planned housing development to 2024/25.

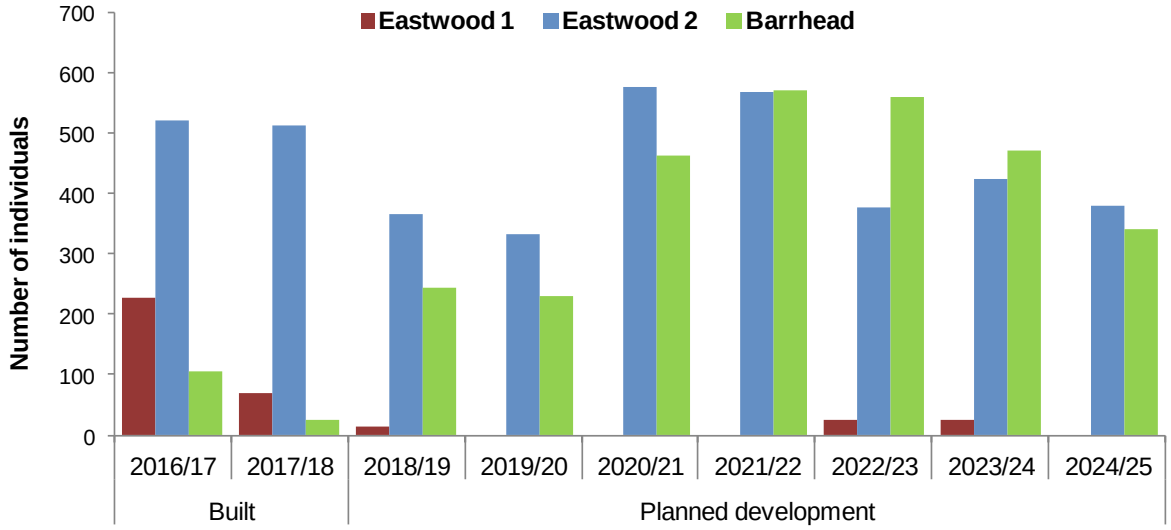


Table 2: Estimated number of occupants for completed and planned housing based on average number of people in households from Scotland's 2011 Census.

	Average per HH	Built		Planned Housing - **Private Tenure** (estimated occupants)								
		16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	**7-year total**	Post 2025
Eastwood 1	2.46	226	69	15	0	0	0	0	0	0	**15**	89
Eastwood 2	2.53	521	514	347	334	455	433	301	349	304	**2522**	1002
Barrhead	2.29	105	25	119	206	417	573	513	380	250	**2457**	2794
East Ren		853	608	480	540	872	1005	814	729	553	**4994**	3884

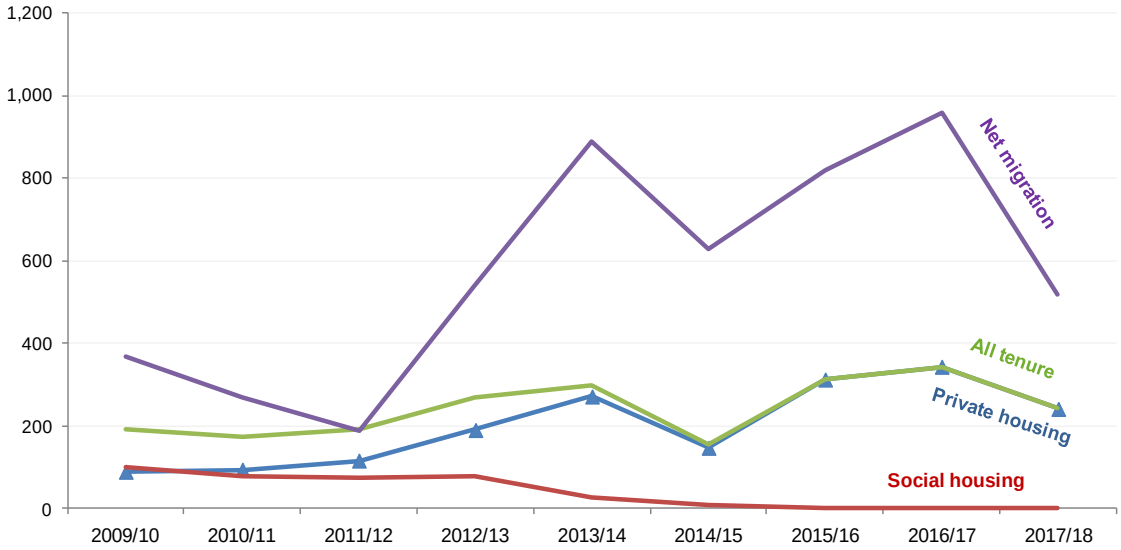
	Average per HH	Built		Planned Housing - **Social Housing** (estimated occupants)								
		16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	**7-year total**	Post 2025
Eastwood 1	2.46	0	0	0	0	0	0	25	25	0	**49**	0
Eastwood 2	2.53	0	0	20	0	121	137	76	76	76	**506**	195
Barrhead	2.29	0	0	126	23	46	0	46	92	92	**424**	30
East Ren		0	0	146	23	167	137	146	192	168	**979**	225

	Average per HH	Built		Planned Housing - **All Tenures** (estimated occupants)								
		16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	**7-year total**	Post 2025
Eastwood 1	2.46	226	69	15	0	0	0	25	25	0	**64**	89
Eastwood 2	2.53	521	514	367	334	577	569	377	425	380	**3028**	1197
Barrhead	2.29	105	25	245	229	463	573	559	472	341	**2881**	2824
East Ren		853	608	627	563	1039	1142	960	921	721	**5973**	4109

5.2 Method 2 – Predicting net migration using linear regression

In order to estimate net migration based on planned housing development in East Renfrewshire, method 2 uses linear regression to investigate the relationship between completed builds and net migration over the previous 8 years, 2009/10 to 2017/18. Data on completed housing was sourced from East Renfrewshire Council's planning report (2019)[11] and breaks down completed housing from 2009/10 to 2017/18 by tenure (private or social housing). The annual net migration in East Renfrewshire during this time period, estimated by National Records for Scotland[6], is also included in the model.

Figure 3: Net migration (individuals) and completed housing (units) by tenure in East Renfrewshire from 2009/10 to 2017/18.



	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Private housing	90	95	117	191	272	148	313	344	242
Social housing	101	79	74	78	27	8	0	0	0
All tenure	191	174	191	269	299	156	313	344	242

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Net migration	369	270	189	539	890	627	819	958	520

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Demolitions	5	5	4	3	4	3	4	2	2

Data on demolitions in East Renfrewshire was sourced from the Scottish Government website[12]. As demolitions have been consistently low over the last 8 years in East Renfrewshire, these were not considered when constructing the linear regression model. However, demolitions would have to be considered during time periods where numbers were more significant.

The full methodology is outlined in the Excel document Method 2 tab. The relationship between private housing and net migration had the strongest correlation and can be described as:

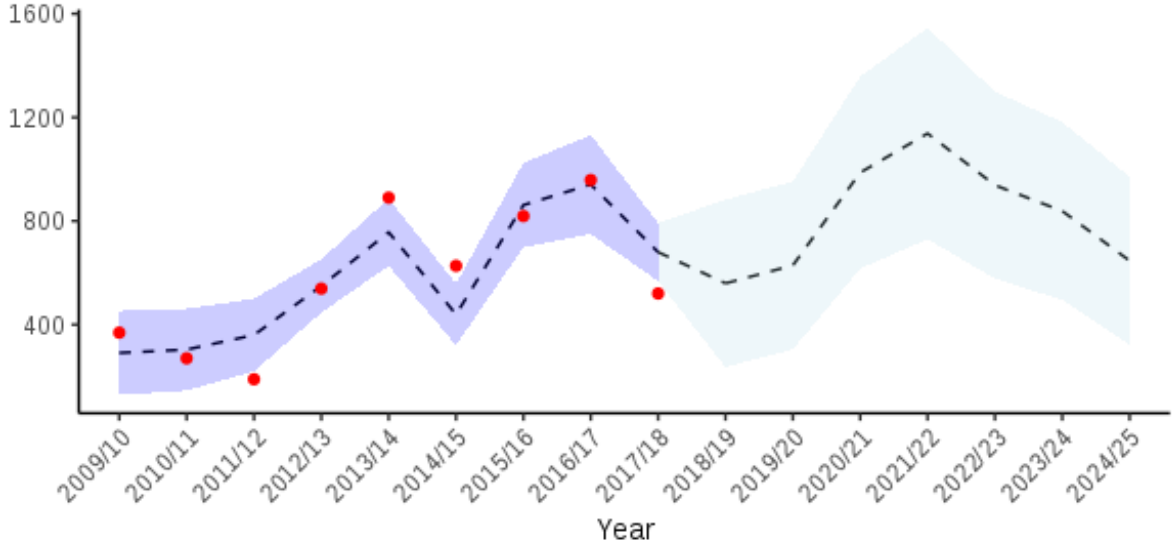
Net migration = 60.405 + (2.559 x completed private housing) + random error

Table 3: Linear regression - predicted values for net migration and prediction intervals (PI):

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	7-yr total
Estimate	559	629	987	1138	938	838	646	5735
Lower PI	237	305	617	731	578	496	322	3286
Upper PI	882	952	1357	1545	1298	1181	971	8186

Figure 4 shows the fitted values and the predicted values (2018/19 to 2024/25) for net migration from the linear regression model including the 95% confidence intervals/prediction intervals.

Figure 4: Fitted and predicted values for net migration in East Renfrewshire to 2024/25

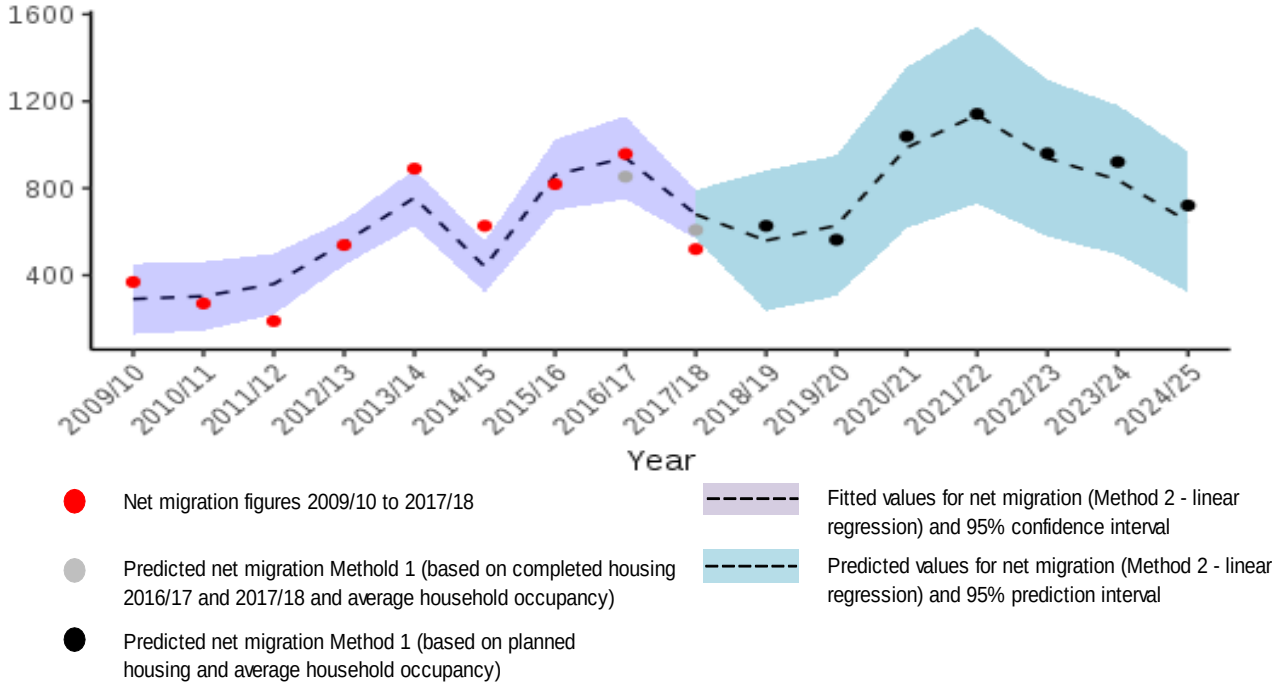


From the model, net migration is projected to increase from 2018/19 to 2021/22 before decreasing again until 2024/25, which is the end of the current data period. The predicted values are based on planned housing from the current Housing Land Audit 2018[1], however this picture could change if new sites are approved and added to subsequent Housing Land Audits, or if any of the post-2025 programmed building on current sites is brought forward (remaining site capacity; 1,742 dwellings).

5.3 Method comparison

Method comparison of predicted values from methods 1 and 2 show results to be very similar as illustrated in Figure 5. Predicted net migration values from method 1 based on completed housing in 2016/17 and 2017/18 (grey dots) are also close to actual NRS net migration figures (red dots) varying by only 17 people over two years, suggesting the methods are good predictors.

Figure 5: Linear regression fitted and predicted values for net migration and method 1 comparison.

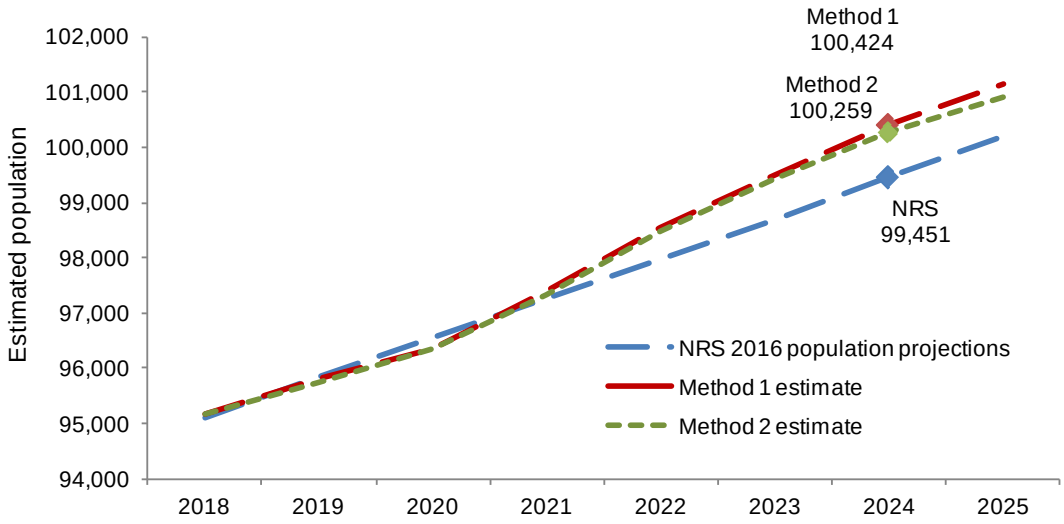


5.4 NRS population projections and method comparison

NRS 2016-based population projections predict an annual growth rate of between 0.72% and 0.77% a year in East Renfrewshire's population between 2017 and 2025, with the population predicted to surpass 100,000 residents in 2025[7]. As previously mentioned, it has been assumed that net migration accounts for this annual population increase almost entirely, as total births versus total deaths only varied by 0.5% in the five-year period prior to the projections being calculated.

Predicted values for net migration from methods 1 and 2 have therefore been added to 2018 mid-year population estimates[8] to compare directly with the NRS projections. Method 1 and method 2 demonstrate a slightly higher, and more dynamic estimation of predicted population growth, as shown in Figure 6, as net migration varies annually based on planned housing development rather than following a simple linear trend.

Figure 6: Estimated population projections using method 1 and method 2, with comparison to NRS 2016-based projections.



Method 1 and method 2 both show annual growth rates of between 0.59% and 1.17% to 2025 (although these are not the same each year) and predict the population to surpass 100,000 residents one year earlier than NRS projections, in 2024. Overall by 2024, method 1 population projections are predicted to be 1.0% higher than NRS projections and method 2, 0.8% higher (≈ 970 and 810 individuals respectively).

6.0 Predicting changes in GP populations

6.1 Background

When predicting changes in the population, migration is the most complicated element to predict. There is no single methodology or system for recording migration and National Records for Scotland use a number of data sources in order to estimate migration into and out of Scotland and across NHS Board and local authority boundaries. A detailed methodology for NRS migration estimates gives more detail about the methods used[13].

In summary, the NHS Central Register (NHSCR) is notified when people register with an NHS GP practice in a different NHS Board area and this is regarded as a migrant move. Counts of these re-registrations are used as a proxy indicator for movements between Scotland and the rest of the UK. The CHI (Community Health Index) database held by NHS National Services Scotland (NSS), unlike the NHSCR, contains patient postcode, and anonymised linkage of these two data sources can be used to estimate movements within Scotland between smaller geographies[13].

6.2 Methodology

NHS GP practices within East Renfrewshire have overlapping catchment areas and do not follow the local authority boundary therefore it is not possible to estimate where residents will register from this information. In order to estimate with which GP practice new residents are most likely to register, anonymised data was extracted from NSS Source Linkage Files which included patient postcode and GP practice code to look at patterns of GP registration within the population.

Data was extracted from the 2016/17 and 2017/18 Source Linkage Files for the postcode areas within East Renfrewshire which have planned housing development. Files were matched to identify where new residents, who moved into East Renfrewshire in 2017/18, registered by their postcode sector (GP population by postcode). It was considered to be more accurate to look at the distribution of new residents (n = 5,300), rather than the population as a whole, due to Eastwood Health Centre opening in 2016 and the possible change in patient choice as a result of this.

The percentage distribution was then applied to net migration estimates from method 1 in order to estimate the likely increase in GP list sizes due to net migration over the following 3 years, 2018/19 to 2020/21, and 7 years from 2018/19 to 2024/25. Method 1 was chosen as the preferred net migration estimate as figures for social housing could be attributed to postcode sectors whereby the linear regression model could only apply estimates to private housing data at this level of detail.

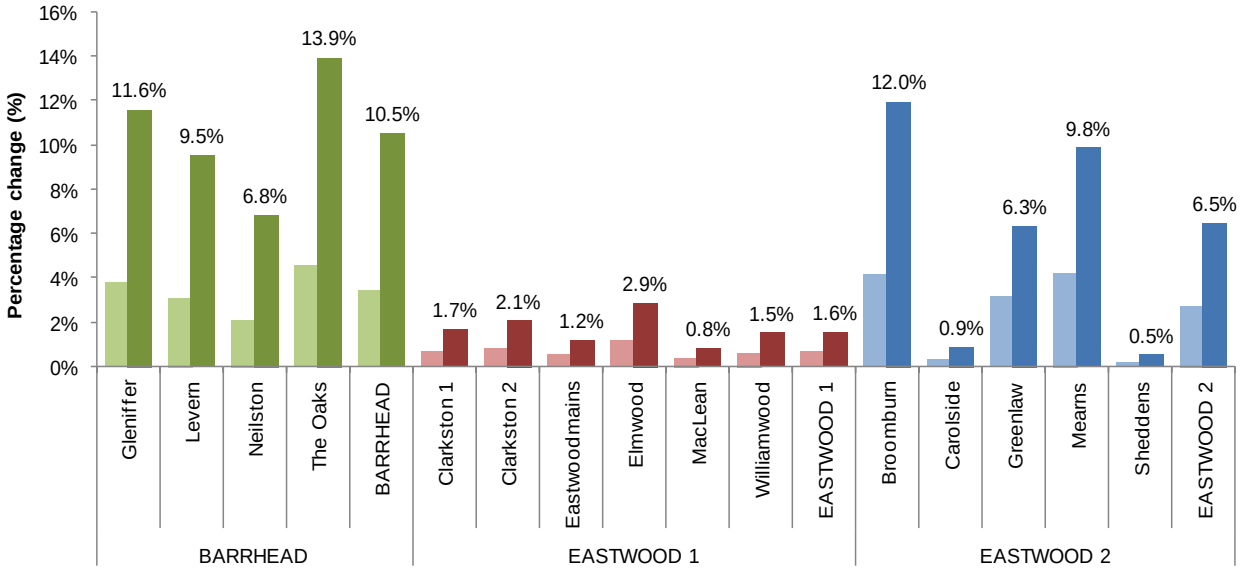
It should be noted that the estimated changes in GP list sizes relate to estimated net migration based on planned housing development only. Internal migration and birth and death rates at smaller geographies have not been considered here as this is out with the scope of this report. Therefore GP practices experiencing a decreasing trend in list size may not see the full impact of planned development in their catchment area, whereas those with already increasing trends due to other local factors may see an even greater impact than the estimates due to planned housing.

Trends in GP list sizes can be found in the Excel document for consideration along with the results detailed below.

6.3 Results

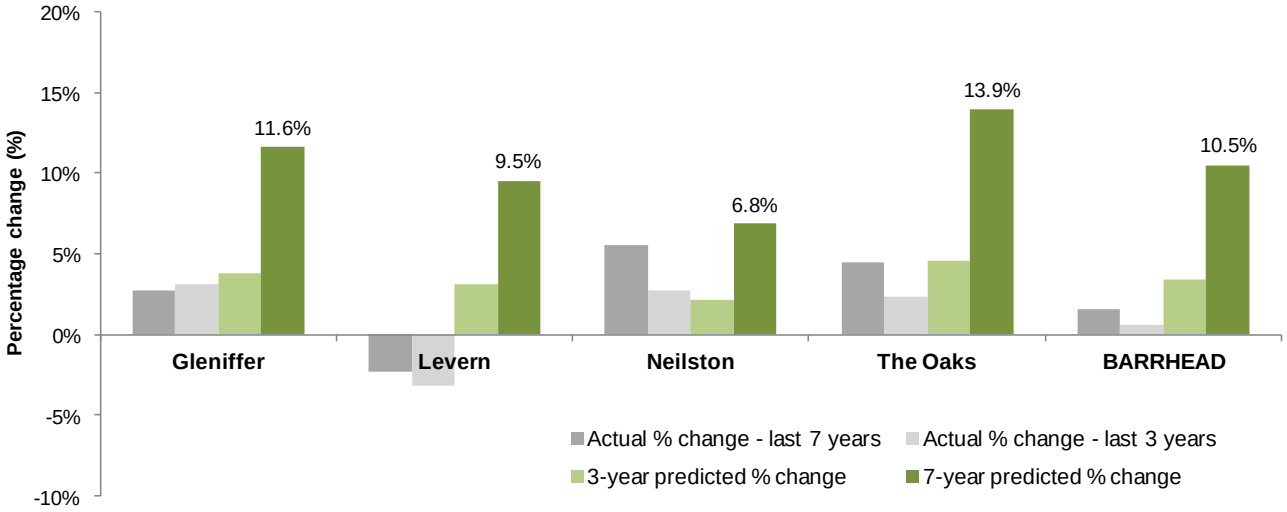
Estimates for the change in GP populations due to planned housing development are illustrated in Figure 7 and Appendix 3. Barrhead Cluster is predicted to see the greatest increase due to planned housing development to 2024/25 (10.5%), followed by Eastwood 2 (6.5%) and Eastwood 1 (1.6%).

Figure 7: Estimated increase in GP list sizes due to net migration/planned housing over 3 and 7 years.



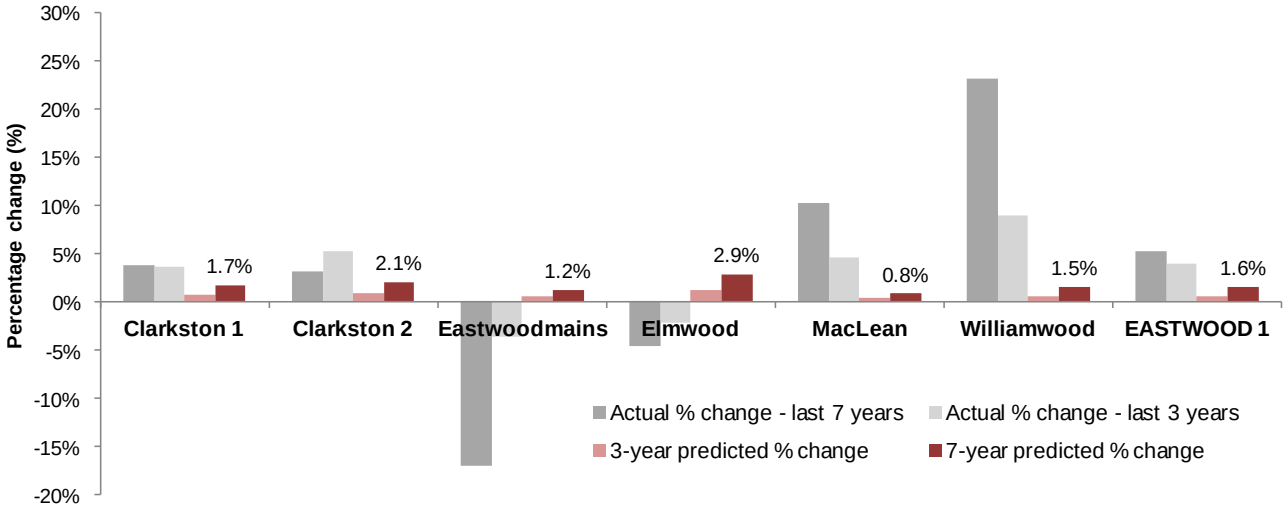
The actual percentage change in GP practice populations over 3 years and 7 years to April 2018 was calculated and plotted against the predicted change due to housing development for each cluster for comparison.

Figure 8: Actual percentage change over 3 and 7 years to April 2018 and predicted change due to planned housing development for Barrhead Cluster practices.



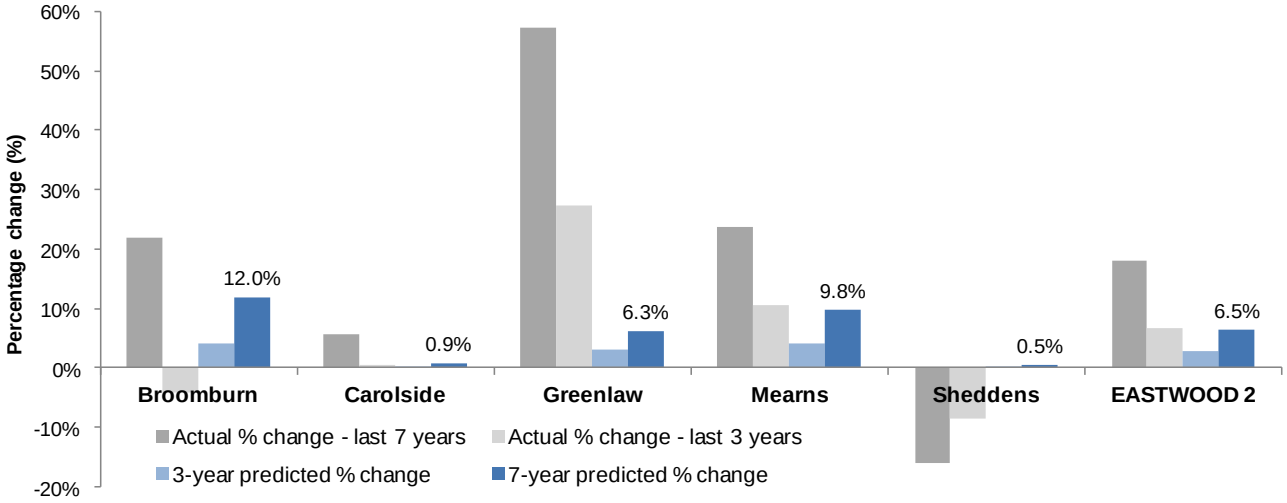
There were 235 housing completions in the Barrhead area over 7 years from 2011/12 to 2017/18[11] which accounted for 12.9% of total housing completions in East Renfrewshire. Planned housing over the next 7 years to 2024/25 is over five times higher however with 1258 dwellings planned in the Barrhead area. This accounts for 50.7% of planned housing in East Renfrewshire. This increase in housing development in the Barrhead area would explain the differences in actual versus predicted percentage change illustrated in Figure 8. It should be noted that there are many other factors that might influence where residents choose to register and Cluster totals are likely to be more accurate than predictions at GP practice level.

Figure 9: Actual percentage change over 3 and 7 years to April 2018 and predicted change due to planned housing development for Eastwood 1 Cluster practices.



Planned housing in Eastwood 1 area accounts for a small proportion of the total planned development in East Renfrewshire at 26 dwellings (1.0% of total planned housing to 2024/25). Completed builds in 2016/17 and 2017/18 accounted for 20.5% of total builds, therefore this could partly explain the lower predicted increase compared to previous trends.

Figure 10: Actual percentage change over 3 and 7 years to April 2018 and predicted change due to planned housing development for Eastwood 2 Cluster practices.



Completed housing in Eastwood 2 area over the past two years accounted for 69.8% of all new development compared to 48.2% of planned housing over the next 7 years (2018/19 to 2024/25). Again, this could partly explain differences seen between actual and predicted percentage change to GP list sizes. However, new housing will not be the only factor affecting changes in GP list sizes therefore caution should be taken when interpreting results at GP practice level.

7.0 Retirement Village

Planning permission has been granted for a new retirement village in the Newton Mearns area of Eastwood locality. This is not included in the 2018 Housing Land Audit, therefore details of programmed building are not yet known. However, the plans for the retirement village include an 80-bed care home and 226 dwellings which are available for purchase to over 55 year olds.

Although, as part of the planning application, the developers have stated there will be private healthcare provision, it is likely that a number of residents will look to register with local NHS GP practices. The closest, and therefore probably most likely to be affected, are Mearns and Greenlaw practices. Not only is this likely to result in additional registrations at these two practices, the patients are also expected to have greater needs, all being aged 55 or over.

8.0 Homeless Existing Need

In the Glasgow and Clyde Valley Housing Need and Demand Assessment (HNDA; March 2015)[15], East Renfrewshire had the second lowest percentage of existing need within the Glasgow and Clyde Valley (GCV) area. Existing need consists of the homeless need and the overcrowding and concealed existing need, which were calculated as 48 and 154 dwellings respectively at the time of the assessment. Therefore, the overall backlog in 2015 was 202 dwellings and the estimated timescale to clear the existing need was five years.

These figures have not been accounted for in method 1 or method 2 when predicting net migration as current data is not available therefore it is not known what the remaining existing need is at this time. Social housing makes up 16.3% of all planned housing between 2018/19 and 2024/25 and it is likely that any remaining existing need could be catered for within the next few years.

9.0 Conclusions

Net in-migration is the main factor driving population growth in East Renfrewshire in recent years and NRS population estimates relate, almost entirely, to net in-migration.

NRS population projections are based on five-year trends and local planning is not taken into consideration. Methods to predict net migration, due to planned housing development, were therefore developed to investigate the possible impact of planned housing on GP practice list sizes.

Methods 1 (average household occupancy) and method 2 (linear regression using completed housing and migration figures) were found to produce very similar estimates and were also in close agreement with the NRS population projections. These methods are therefore considered to be good predictors of net migration and thus population growth over the next 7 years.

Predicted increases in the population are likely to be more accurate at local authority or GP cluster level as net migration, birth and death rates have not been investigated at smaller geographies. Local variation is likely to exist and will be dependent on individual GP practice populations.

Factors for patient choice of where to register have been considered by analysing patterns of patient registration for all new residents in 2017/18, however it is recognised that this is complex and annual variation will occur.

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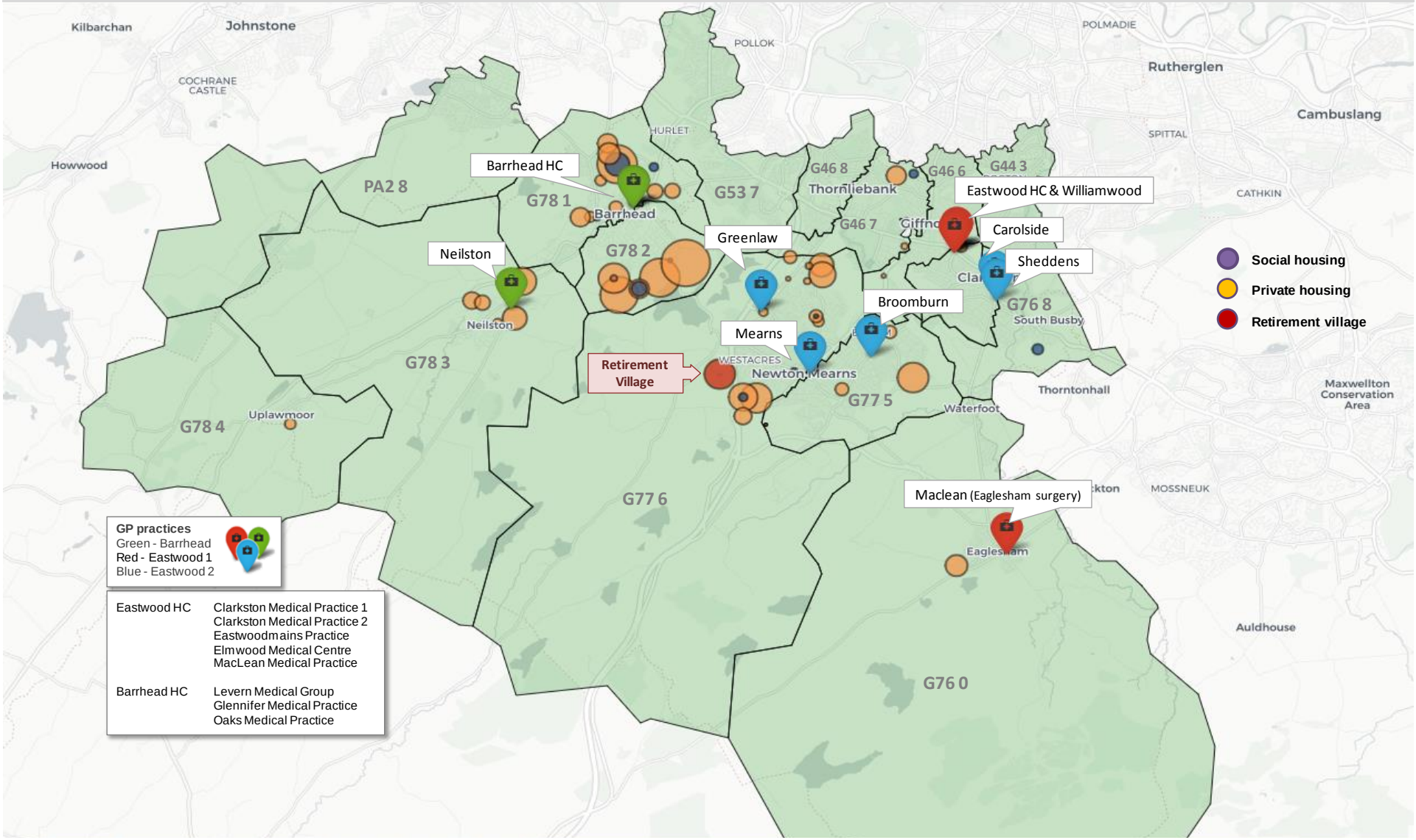
Appendix A1 – Map of planned housing development in East Renfrewshire and location of GP practices

Planned housing development in East Renfrewshire to 2024-25 by detailed postcode description, showing location of GP practices



Appendix A2 – Table of planned housing developments by site in East Renfrewshire 2018/19 to 2024/25

Eastwood 2				Total site capacity	Built		Planned Housing								
Code	Tenure	Area	Street		16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	7-year total	Post 2025
ER0032	PRIV	Newton Mearns	Hillcrest Capelrig Road	11	3	6	2	0	0	0	0	0	0	**2**	0
ER0048	PRIV	Giffnock	Crawford Court/Milverton Road	20	0	0	20	0	0	0	0	0	0	**20**	0
ER0057	PRIV	Newton Mearns	School Road (1-5)	9	0	0	9	0	0	0	0	0	0	**9**	0
ER0061	PRIV	Newton Mearns	Patterton Farm	6	0	0	0	0	0	0	0	0	0	**0**	6
ER0066	SR	Giffnock	Burnfield Road	20	0	0	0	0	0	0	0	0	0	**0**	20
ER0067	PRIV	Giffnock	Robslee Drive	60	0	0	0	0	15	15	15	15	0	**60**	0
ER0088	PRIV	Newton Mearns	Capelrig Road	24	2	17	5	0	0	0	0	0	0	**5**	0
ER0088A	SR	Newton Mearns	Capelrig Road	8	0	0	8	0	0	0	0	0	0	**8**	0
ER0091	PRIV	Newton Mearns	The Firs, Stewarton Road	18	0	0	0	0	0	0	0	0	0	**0**	18
ER0095B	PRIV	Newton Mearns	West of Stewarton Road	49	36	13	0	0	0	0	0	0	0	**0**	0
ER0100	PRIV	Newton Mearns	Hillfield	71	54	8	9	0	0	0	0	0	0	**9**	0
ER0101	PRIV	Newton Mearns	Barcapel	98	50	35	13	0	0	0	0	0	0	**13**	0
ER0102	PRIV	Newton Mearns	Malletsheugh West	128	0	0	0	15	24	24	24	24	17	**128**	0
ER0103	PRIV	Newton Mearns	Malletsheugh East	123	0	0	15	36	36	36	0	0	0	**123**	0
ER0103A	SR	Newton Mearns	Malletsheugh West	42	0	0	0	0	18	24	0	0	0	**42**	0
ER0104A	PRIV	Newton Mearns	Maidenhill	315	0	0	0	19	30	30	30	30	30	**169**	146
ER0104B	SR	Newton Mearns	Maidenhill	105	0	0	0	0	15	15	15	15	15	**75**	30
ER0104C	PRIV	Newton Mearns	Maidenhill	306	0	0	0	19	30	30	30	30	30	**169**	137
ER0104D	SR	Newton Mearns	Maidenhill	82	0	0	0	0	15	15	15	15	15	**75**	7
ER0104E	PRIV	Newton Mearns	Maidenhill	20	0	0	0	0	10	10	0	0	0	**20**	0
ER0111	PRIV	Newton Mearns	Maidenhill West	87	0	0	0	0	0	0	0	19	19	**38**	49
ER0112	PRIV	Newton Mearns	Crookfur Road/Greenlaw Place	68	22	31	15	0	0	0	0	0	0	**15**	0
ER0113	PRIV	Newton Mearns	St. John Thornhill Home	4	2	0	2	0	0	0	0	0	0	**2**	0
ER0114	PRIV	Newton Mearns	Crookfur Cottage Homes	30	0	0	10	10	10	0	0	0	0	**30**	0
ER0116	PRIV	Newton Mearns	220 Ayr Road	27	0	27	0	0	0	0	0	0	0	**0**	0
ER0117	PRIV	Newton Mearns	Land at Greenlaw Way	23	0	20	3	0	0	0	0	0	0	**3**	0
ER0118	PRIV	Newton Mearns	Crookfur Cottage Homes	136	0	0	0	0	20	20	20	20	20	**100**	36
ER0119	PRIV	Newton Mearns	Capelrig Road	21	0	0	10	11	0	0	0	0	0	**21**	0
EREW0017	PRIV	Newton Mearns	Craigie Drive	17	3	13	1	0	0	0	0	0	0	**1**	0
EREW0024A	PRIV	Newton Mearns	Little Broom	11	0	0	0	0	5	6	0	0	0	**11**	0
EREW0044	PRIV	Newton Mearns	Broom Park/Windsor Drives	8	0	0	0	0	0	0	0	0	4	**4**	4
EREW0109	SR	Newton Mearns	Barrhead Road	20	0	0	0	0	0	0	0	0	0	**0**	20
EREW0167B	PRIV	Newton Mearns	Broom Road East/Waterfoot Rd	112	34	33	23	22	0	0	0	0	0	**45**	0

Eastwood 1				Total site capacity	Built		Planned Housing								
Code	Tenure	Area	Street		16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	7-year total	Post 2025
ER0062	PRIV	Busby	Main Street	16	0	0	0	0	0	0	0	0	0	**0**	16
ER0064	PRIV	Clarkston	Drumby Crescent/Playing fields	20	0	0	0	0	0	0	0	0	0	**0**	20
ER0090	SR	Busby	Easterton Avenue	20	0	0	0	0	0	0	10	10	0	**20**	0
ER0093	PRIV	Newton Mearns	48-52 Ayr Road	12	0	10	2	0	0	0	0	0	0	**2**	0
EREW0034	PRIV	Eaglesham	Bonnyton Drive - Polnoon	114	92	18	4	0	0	0	0	0	0	**4**	0

Barrhead				Total site capacity	Built		Planned Housing								
Code	Tenure	Area	Street		16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	7-year total	Post 2025
ER0035	PRIV	Barrhead	Springfield Road	280	0	0	0	0	0	24	24	24	24	**96**	184
ER0068	PRIV	Barrhead	Montford House	22	17	1	4	0	0	0	0	0	0	**4**	0
ER0071	PRIV	Barrhead	Barnes St/Robertson/Cogan St	50	0	0	0	0	0	0	0	0	0	**0**	50
ER0072	PRIV	Barrhead	Chappellfield	120	0	0	0	0	0	0	0	0	0	**0**	120
ER0074	PRIV	Barrhead	Dealston Road	35	0	0	0	0	5	15	15	0	0	**35**	0
ER0078	SR	Barrhead	Oakbank Drive/Fenwich Drive	10	0	0	10	0	0	0	0	0	0	**10**	0
ER0079	SR	Barrhead	Robertson/Cross Arthurlie St.	13	0	0	13	0	0	0	0	0	0	**13**	0
ER0080	PRIV	Barrhead	Shanks Park	337	0	0	0	0	0	0	20	40	50	**110**	227
ER0080A	SR	Barrhead	Shanks Park	113	0	0	0	0	0	0	20	40	40	**100**	13
ER0082	PRIV	Neilston	Crofhead Mill	200	0	0	0	0	0	0	0	0	0	**0**	200
ER0085	PRIV	Uplawmoor	Uplawmoor East	39	29	10	0	0	0	0	0	0	0	**0**	0
ER0086	PRIV	Uplawmoor	Pollick Avenue	5	0	0	2	0	0	0	0	0	0	**2**	3
ER0096	PRIV	Neilston	Neilston Juniors	35	0	0	0	0	0	0	0	0	0	**0**	35
ER0097	PRIV	Neilston	Holehouse Brae	65	0	0	0	0	0	0	0	0	0	**0**	65
ER0098	PRIV	Neilston	Neilston Road	149	0	0	0	10	35	35	35	34	0	**149**	0
ER0099	PRIV	Neilston	North Kirkton Road	78	0	0	0	0	0	0	0	0	0	**0**	78
ER0105	PRIV	Barrhead	Lyoncross	159	0	0	0	9	36	50	51	13	0	**159**	0
ER0106	PRIV	Barrhead	Springfield/Springhill Road	303	0	0	0	0	25	35	35	35	35	**165**	138
ER0107	PRIV	Barrhead	Springfield/Balgraystone	78	0	0	0	0	10	24	24	20	0	**78**	0
ER0107A	SR	Barrhead	Springfield/Balgraystone	30	0	0	0	10	20	0	0	0	0	**30**	0
ER0108	PRIV	Barrhead	Springhill Road	130	0	0	20	30	30	30	20	0	0	**130**	0
ER0108A	SR	Barrhead	Springhill Road	12	0	0	12	0	0	0	0	0	0	**12**	0
ER0108B	PRIV	Barrhead	Springhill Road	14	0	0	6	4	4	0	0	0	0	**14**	0
ER0109	SR	Barrhead	Blackbyres Court	20	0	0	20	0	0	0	0	0	0	**20**	0
ER0110	PRIV	Barrhead	North Darnley Road	60	0	0	0	0	0	0	0	0	0	**0**	60
ER0115	PRIV	Barrhead	Grahamstone /Blackbyres Rd	35	0	0	0	12	12	11	0	0	0	**35**	0
ER0120	PRIV	Barrhead	501 Blackbyres Road	96	0	0	20	25	25	26	0	0	0	**96**	0
ERRF0539	PRIV	Barrhead	Glen/Walton Street	60	0	0	0	0	0	0	0	0	0	**0**	60

Appendix A3 – Predicted change to GP practice populations based on net migration estimates from method 1

Predicted change to GP practice populations based on net migration estimates from method 1 (average household occupancy)

	3 year total	7 year total
Housing (dwellings)	920	2481
Estimated individuals	2229	5975

3-year total	2018/19 to 2020/21
7-year total	2018/19 to 2024/25

	Predicted change to GP list sizes							Actual change to 2018	
	GP list size April 2018	3-year estimate	Predicted list size April 2021	3-year predicted % change	7-year estimate	Predicted list size April 2025	7-year predicted % change	3-year % change to April 2018	7-year % change to April 2018
Gleniffer	8397	319	8716	3.8%	974	9371	11.6%	3.1%	2.8%
Levern	8679	270	8949	3.1%	827	9506	9.5%	-3.2%	-2.3%
Neilston	3617	76	3693	2.1%	247	3864	6.8%	2.7%	5.5%
The Oaks	3648	167	3815	4.6%	509	4157	13.9%	2.4%	4.5%
BARRHEAD	24341	832	25173	3.4%	2557	26898	10.5%	0.6%	1.5%
Clarkston 1	6621	43	6664	0.6%	111	6732	1.7%	3.6%	3.9%
Clarkston 2	7158	58	7216	0.8%	147	7305	2.1%	5.3%	3.1%
Eastwoodmains	4704	24	4728	0.5%	55	4759	1.2%	-3.6%	-17.0%
Elmwood	3097	37	3134	1.2%	89	3186	2.9%	-2.2%	-4.6%
MacLean	8752	31	8783	0.4%	73	8825	0.8%	4.7%	10.2%
Williamwood	9865	62	9927	0.6%	149	10014	1.5%	9.0%	23.1%
EASTWOOD 1	40197	255	40452	0.6%	624	40821	1.6%	4.0%	5.3%
Broomburn	2811	115	2926	4.1%	336	3147	12.0%	-4.2%	21.9%
Carolside	8163	23	8186	0.3%	72	8235	0.9%	0.5%	5.7%
Greenlaw	4439	141	4580	3.2%	280	4719	6.3%	27.3%	57.3%
Mearns	12585	530	13115	4.2%	1238	13823	9.8%	10.5%	23.8%
Sheddens	2015	3	2018	0.2%	11	2026	0.5%	-8.5%	-16.0%
EASTWOOD 2	30013	813	30826	2.7%	1937	31950	6.5%	6.7%	18.1%

AGENDA ITEM No.16

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	**Integration Joint Board** **26 June 2019**
Agenda Item	16
Title	**CALENDAR OF MEETINGS 2020**

Summary:

Proposed meetings dates for the Board for 2020.

Presented by	Eamonn Daly, Democratic Services Manager, East Renfrewshire Council

Action required:

That the Integration Joint Board approves the proposed meeting dates for 2020

Implications checklist – check box if applicable and include detail in report

Financial		HR		Legal		Equalities	Sustainability
Policy		ICT					

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2019

Report by Chief Officer

CALENDAR OF MEETINGS

PURPOSE OF REPORT

1. To seek approval of proposed meetings dates for the Board for 2020.

RECOMMENDATION

2. That the Integration Joint Board approves the proposed meeting dates.

REPORT

3. At the meeting of the IJB in June 2018 meeting dates for 2019 were approved. In order to assist Board members in programming their diaries the proposed meeting dates for 2020 are now submitted for consideration.

4. It is proposed that meetings of the IJB be held on the following dates, continuing the arrangements for meetings to alternate between the HSCP Headquarters, Clarkston, and the Council Offices, Main Street, Barrhead:-

Wednesday 29 January (Barrhead)
Wednesday 18 March (Clarkston)
Wednesday 29 April (Barrhead)
Wednesday 24 June (draft accounts)(Clarkston)
Wednesday 12 August (Barrhead)
Wednesday 23 September (including annual accounts)(Clarkston)
Wednesday 25 November (Barrhead)

5. It should be noted that with regards to the meetings of 18 March, 24 June, 23 September and 25 November, subject to approval by the Performance and Audit Committee, arrangements will be made for the committee to meet prior to the meetings of the Board. In particular the meetings of the committee on 24 June and 23 September will meet to consider the draft and final annual accounts, prior to making a recommendation to the subsequent meetings of the Board.

6. To facilitate this, it is proposed to maintain the current arrangement that the meetings of the IJB being held on the above dates start at **10.30 am**. For the remaining dates on which there is no Performance and Audit Committee (29 January, 29 April, and 12 August), the start time will remain at 10.00 am.

FINANCE AND EFFICIENCY

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

CONSULTATION AND PARTNERSHIP WORKING

7. The dates suggested have been drawn up taking into account the meetings calendar for East Renfrewshire Council.

IMPLICATIONS OF THE REPORT

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

CONCLUSIONS

9. Confirmed meeting dates will help Board members to more efficiently manage their diaries and ensure that they are able to maximize attendance at Board meetings.

RECOMMENDATION

10. That the Integration Joint Board approves the proposed meeting dates.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS - NONE