

Date: 2 August 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 **Eastwood Health and Care Centre, Drumby Crescent, Clarkston** on **Wednesday 14 August 2019 at 10.00 am.**

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, 14 AUGUST AT 10.00am
EASTWOOD HEALTH AND CARE CENTRE,
DRUMBY CRESCENT, CLARKSTON**

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting of IJB of 26 June 2019 (copy attached, pages 5 - 16).**
- 4. Matters Arising (copy attached, pages 17 - 20).**
- 5. Rolling Action Log (copy attached, pages 21 - 24).**
- 6. Minute of Meeting of Performance and Audit Committee of 26 June 2019 (copy attached, pages 25 - 30).**
- 7. Teamwork Makes Champions: East Renfrewshire Champions Board 3 Years On - Presentation.**
- 8. Care at Home Improvement Update (copy attached, pages 31 - 44).**
- 9. Home and Mobile Health Monitoring (copy attached, pages 45 - 72).**
- 10. HSCP Unscheduled Care Programme Update (copy attached, pages 73 - 84).**
- 11. Revenue Budget Monitoring Report – position as at 30 June 2019 (copy attached, pages 85 - 98).**
- 12. Strategic Risk Register Annual Update 2019 (copy attached, pages 99 - 112).**
- 13. Date of Next Meeting: Wednesday 25 September 2019 at 10.30 am, Council Offices, Main Street, Barrhead.**

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**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.00 am on 26 June 2019 in
the Council Offices, Main Street,
Barrhead**

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)
Councillor Tony Buchanan	East Renfrewshire Council
Anne Marie Kennedy	Third Sector representative
John Matthews	NHS Greater Glasgow and Clyde Board
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)

IN ATTENDANCE

Jennifer Clinton	Client Finance Manager
Claire Coburn	Partnership Development Officer, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Candy Millard	Head of Health and Social Care Localities
Steven Reid	Senior Policy, Planning and Performance Officer

ALSO IN ATTENDANCE

Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board
David Williams	Director of Delivery, Health and Social Care Integration (Scottish Government)

APOLOGIES FOR ABSENCE

Susan Brimelow	NHS Greater Glasgow and Clyde Board
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Dr Craig Masson	Clinical Director
Ian Smith	Staff Side representative (East Renfrewshire Council)
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 the Minute of the meeting held on 1 May 2019.

The Democratic Services Manager reported that Dr Campbell's designation had been incorrectly recorded as "Clinical Director for Medicine for the Elderly" and should be "Consultant Physician in Medicine for the Elderly".

Thereafter, having heard the Head of Public Protection and Children's Services (CSWO) clarify that any future report on engagement would develop practice across the HSCP learning from practice in Children's Services, the Board approved the Minute.

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.

Having heard the Chief Officer confirm that those actions that had now been completed would be removed from the log, and confirm when update reports to the Board in respect of a number of items would be submitted, the Board noted the report.

LOCAL CHILD POVERTY ACTION REPORT

5. The Board took up consideration of a report by the Chief Officer seeking approval and publication of the Local Child Poverty Action Report (LCPAR).

The report referred to the targets for the Scottish Government to significantly reduce child poverty in Scotland by 2030 as set out in the Child Poverty (Scotland) Act 2017. It explained that the Act also placed a duty on health boards and local authorities to work together to develop, produce and deliver LCPARs. The reports were expected to represent a step change in action to address child poverty at a local level, describing both work already under way as well as outlining future plans to tackle child poverty.

The deadline for the publication of the LCPAR, a copy of which was appended to the report by the Chief Officer, was 30 June 2019.

Having referred to the work of community planning partners to address child poverty locally which was seen as being integral to the visions for young people set out in the Community

Plan, and to the various plans and strategies of which tackling child poverty was a key element, the report highlighted some of the notable key successes in the LCPAR. These included the issue of food bank vouchers to families directly by health visitors, and the promotion of financial wellbeing services within immunisation clinics in an attempt to engage with families that would otherwise be unknown to the service.

Some of the areas for development and proposed next steps were also highlighted in the report, including ensuring customer facing staff were aware of child poverty and were well informed on the range of support services available, and considering how universal services could be tailored to meet the needs of families and how they could be best promoted.

Commenting on the report Councillor Bamforth referred to the European funding that was received, and whether in light of Brexit this would be affected. She also questioned some of the projects that the report stated had been supported through the Pupil Equity Fund.

In reply, the Partnership Development Officer, having confirmed that European funding had been confirmed, explained that she would seek further clarification in respect of Pupil Equity Fund funded projects, and amend the report if required.

Mr Matthews was heard on the discussions in relation to child poverty and the future challenges facing young people that had taken place at the NHSGGC Board, and that a development session was to be held in September/October once the Board had received copies of the local action reports from all 6 local authorities in the area.

The Chief Nurse having highlighted the role that all individuals and agencies had in tackling child poverty, Councillor Buchanan was heard on the Council's commitment to tackle child poverty, some of the work that had already taken place; and how it would in many cases take time for the benefits of this work to be realised.

Ms Tudoreanu welcomed the report and highlighted the potential disproportionate effect of poverty in an area like East Renfrewshire that was, in general, affluent, and asked what was being done to tackle this issue.

The Chief Officer having explained that the Pupil Equity Fund was used to address this, the Chief Social Work Officer explained that one of the key issues in East Renfrewshire was that there was relative poverty in affluent areas. However the issue needed to be addressed in terms of the impact on the child, the links between poverty and domestic and substance abuse being noted.

Councillor Bamforth having been heard further on the establishment of uniform recycling schemes and Women's Aid drop-in sessions in some local primary schools in what were considered to be affluent parts of East Renfrewshire, the Board agreed to approve and publish the Local Child Poverty Action Report.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2018/19

6. The Board considered a report by the Chief Financial Officer providing an overview of the unaudited report and accounts for the IJB covering the period 1 April 2018 to 31 March 2019, as well as outlining legislative requirements and key stages associated with the approval of the annual report and accounts.

Having referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland)

Accounts Advisory Committee, the report set out an overview of the process for the preparation and approval of the IJB's annual report and accounts.

The report highlighted the main key messages, these being that there was a year-end underspend of £0.26 million which was 0.22% of the annual revenue budget; that there had been £0.521 million planned use of reserves; and that £0.381 million of existing reserves had been realigned.

The report also proposed a series of 5 new reserves totalling £1.09 million being created, with the amounts and reasons for each of the reserves being outlined.

It was noted that the Performance & Audit Committee that had taken place prior to the meeting had considered the annual report and accounts and agreed that they be recommended for approval by the IJB, subject to the addition of a note to the accounts to explain the reasons for the increase in the salary of the Head of Finance and Resources (Chief Financial Officer), it being noted that this had been due to the additional responsibilities taken on by the postholder following the senior staff restructuring exercise that had taken place.

The Board:-

- (a) approved the annual report and accounts subject to the addition of a note to the accounts to explain the reasons for the increase in the salary of the Head of Finance and Resources (Chief Financial Officer);
- (b) approved the creation of the new reserves and the proposed reserves allocations;
- (c) noted that the annual report and accounts was subject to review; and
- (d) agreed to receive the annual report and accounts in September, subject to any recommendations made by the external auditor and/or the Performance and Audit Committee.

ANNUAL PERFORMANCE REPORT 2018/19

7. The Board considered a report by the Chief Officer providing details of the performance of the HSCP over 2018/19.

Having referred to the legislation and guidance setting out the prescribed content of a performance report for an integration authority, the report explained that this was the first year of the 2018/21 Strategic Plan and the third Annual Performance Report that had been prepared, it being noted that the report was a high level report with more details of activities and targets being contained in the HSCP Implementation Plan –End Year Report 2018/19.

The report explained that the Annual Report, a copy of which accompanied the report, set out how the HSCP had delivered on its vision and commitments over 2018/19, the report being structured around the priorities set out in the Strategic Plan and linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families. Each section in the Annual Report contained an overview of national performance indicators, community planning, Council and Health Board indicators, as well as giving an overview of work undertaken to deliver the strategic planning priorities with some additional data where relevant.

The main elements of the report set out the HSCP's current strategic approach; work to deliver the strategic priorities over the preceding 12 months; financial performance; detailed performance information; and future key work areas.

Additional sections on public protection; the hosted Specialist Learning Disability Service; and support for staff were also contained in the report.

The report highlighted significant progress across a number of areas including helping older people and people with long-term conditions maintain independence at home and supporting the needs of unpaid carers, amongst others. However the report, also highlighted a number of areas where it was considered that performance could be improved and where there would be focus on improvement in 2019/20. These included improved access to support for children and young people using the Child and Adolescent Mental Health Services (CAMHS), minimising delayed discharges, and reducing the number of A&E attendances.

It was noted that the Performance & Audit Committee that had taken place prior to the meeting had considered and the noted the report.

The Senior Policy, Planning and Performance Officer was heard in further explanation of the report, highlighting that the format of the report had been revised from previous versions, the revisions being based on good practice in other HSCPs.

Members of the Board having commented positively on the layout and content of the report, the Board:-

- (a) approved the report;
- (b) agreed that the report be submitted to the Scottish Government by 31 July 2019;
- (c) agreed that officers work with the Council's Communications Team, to consider a range of media to engage with the public, illustrate performance, and publish the Annual Performance Report on the website and through social media.

CARE AT HOME IMPROVEMENT UPDATE

8. Under reference to the Minute of the previous meeting (Item 8 refers), when the Board had noted the Care Inspectorate's report and findings in respect of the Care at Home Service, the remedial action that had been taken and the improvement plan that had been put in place, the Board considered a report by the Chief Officer providing an update on the Care at Home Improvement Plan as well as outlining the performance measures that had been put in place to track progress. In addition, the report provided 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 associated issues for service delivery and improvement activity.

The Head of Health and Social Care Localities was heard further on the report, particularly in respect of the implications of decision by Allied Health Care and to the ongoing work to transfer staff to the Council in terms of the Transfer of Undertakings (Protection of Employment) Regulations (TUPE).

The Chief Officer explained that as a consequence of all the additional work arising from the Allied decision delivery of the improvement plan had been affected. However the Care Inspectorate was being kept fully advised. She also referred to the challenge of attracting staff into the sector and to investigations into the viability of establishing a homecare apprenticeship scheme as had been done in Aberdeen.

Mr Mohamed having commented on the importance of focussing on job satisfaction as a key means of retaining existing staff, Ms Monaghan commented on the performance measures and the need at this stage for performance monitoring to be reported to every meeting of the Board.

Responding to questions on financial implications associated with the Allied decision, the Head of Finance and Resources (Chief Financial Officer) explained that spend was being monitored, that there would be additional staff costs as a result of the transfer of Allied staff into the service, but that there would also be an offset of costs as Allied would no longer be paid.

The Board noted the report.

FINANCIAL FRAMEWORK FOR THE FIVE YEAR ADULT MENTAL HEALTH SERVICES STRATEGY IN GREATER GLASGOW AND CLYDE

9. The Board considered a report by the Head of Finance and Resources (Chief Financial Officer) seeking approval for the financial framework that had been developed to support the implementation of the Five Year Adult Mental Health Strategy across Greater Glasgow and Clyde.

The report referred to the Five Year Mental Health Services Strategy developed by the HSCPs across the Greater Glasgow area and subsequently approved by all the corresponding IJBs, the purpose of which was to deliver a “whole system” approach to adult mental health across the area.

The report highlighted a number of key service areas that were system-wide and explained that the strategy recognised that these would continue to be delivered on a system-wide basis in order to ensure equitable service across the Greater Glasgow area. In addition the strategy aimed to standardise local services in order to ensure that equitable levels and types of interventions were delivered. An implementation programme was being developed, and to support the redistribution of funding a detailed financial framework would be required.

Having set out the financial principles that would underpin the financial framework, the report explained that significant resource shifts that would focus in particular on shifting the balance of care, reducing reliance on high-cost inpatient services, and supporting community infrastructure were envisaged. Once the details of the implementation programme were known areas of disinvestment would be identified which would in turn free up money for reinvestment to support the strategy’s implementation. These funds identified for disinvestment would be reallocated across the 6 IJBs based on their share of NHS Scotland Resource Allocation Committee (NRAC) funding in the year the reallocation took place. It was noted that this approach was consistent with the approach used in other system-wide financial frameworks. Individual IJBs could then use the funding to deliver local and Board-wide investment required to support the implementation of the strategy, with Board-wide investment being funded jointly by IJBs based on their share of NRAC.

The Head of Finance and Resources (Chief Financial Officer) having been heard further on the proposals, Councillor Bamforth welcomed the inclusion of perinatal services as one of the key service areas.

Noting the report, Mr Mohamed expressed concerns about the impact of the proposals on inpatient care and the need for there to be sufficient inpatient beds in times of crisis.

In reply, the Chief Officer explained that at this stage the report was about establishing general principles, and that once further information about bed numbers and configurations were available these would be brought to the Board for consideration.

The Board approved the proposed financial framework.

CARERS' COLLABORATIVE

10. Mr Mohamed reported on the recent publication by the Carers' Collaborative of their third annual report which reported on carer involvement in Integration Joint Boards. He highlighted that the report demonstrated that progress was being made in delivering the recommendations in the previous year's report referring in particular to the Board's agreement to his proposal to fund carers to attend meetings.

INDIVIDUAL BUDGET UPDATE

11. Under reference to the Minute of the meeting of 28 November 2018 (Item 8 refers), when the Board had noted a report providing an overview and update on the process for calculating adult individual budgets under Self-Directed Support legislation, and associated systems and processes, the Board considered a report by the Chief Financial Officer providing a further update on the process for calculating adult individual budgets.

The report referred to the stakeholder events that had taken place as part of the development process, the issues arising from these being in respect of timing of reviews, implementation of the contribution charge, an appeals process, and the constitution of the approval panel.

With regard to the contribution charge, the report explained that the implementation of this would be a change, and that individuals who saw a budget reduction following their review could potentially be doubly affected. In view of this it was proposed that the contribution charge be deferred until all existing care packages had been reviewed. This was considered to be a more equitable approach.

Having commented further on the process for dealing with complaints and appeals and on the review of practice guidance and the use of direct payments, the report provided summary information in relation to the Implementation Plan, a copy of which accompanied the report, and in respect of which approval was sought. In particular comment was made on the rollout of training and the publication of user guides

The report further explained that a number of desktop case studies had been undertaken and that officers were confident that the results fell within acceptable parameters. In addition, it explained that there would be close monitoring of how individual budgets compared to previously agreed care packages. Should it be necessary to revise the budget calculator, all reviews undertaken prior to the review would be carried out again to ensure equity.

Commenting on the report, Mr Mohamed welcomed the proposals to defer the implementation of the individual contribution, but expressed concern about the lack of a lay member on the appeals panel asking that this be reconsidered.

In reply, both Ms Monaghan and the Chief Social Work Officer explained that issues to date had not been about funding levels but about process and lay members would not have the required process knowledge or experience.

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NOT YET ENDORSED AS A CORRECT RECORD

It having been confirmed that a progress report would be submitted to a future meeting, the Board:-

- (a) noted progress to date;
- (b) approved the Implementation Plan; and
- (c) approved the proposal to defer the implementation of the individual contribution.

OVERNIGHT SUPPORT

12. The Board took up consideration of a report by the Chief Officer seeking approval for a revised approach and policy position on overnight support, as well as proposals to keep those living with support, their family members and Elected Members fully informed about the policy change and alternative overnight support methods.

By way of background, the report referred to previous reports to the Board on the financial challenges in relation to overnight support, and to a desktop exercise conducted in November 2016 to identify all those people who received overnight support. This exercise was part of an overall review of overnight support provision, the ultimate aim being to remove overnight support from those who no longer required it.

The report referred to the common historical practice of providing overnight support, predominantly to people with learning disabilities, but that there were now various alternatives that could be used due to developments in technology and other linked responses such as trained call handling and response staff that could ensure that people's needs could continue to be met but in a less intrusive and more efficient way. This would mean that much more personalised responses could be developed for people which would both manage their individual risk whilst focussing on their outcomes.

The report then outlined the proposals in relation to the new approach to overnight support planning, the proposed communications strategy, and the redesign actions required in relation to the new proposed approach.

Councillor Bamforth having welcomed the proposals, discussion took place on the importance of engagement work to promote the benefits of the new arrangements. It was recognised that people could be reluctant to use new methods and new technology and that engagement and capacity building would be a key element of the proposals going forward.

It was also recognised that existing service providers might find this approach challenging due to the potentially negative financial effect this would have on them as a result of the reduced need for overnight support staff.

The Board:-

- (a) approved the revised policy position for overnight support to personalised support alternatives that meet people's assessed need and outcomes in less intrusive and more efficient ways;
- (b) agreed the new approach to overnight support planning; and
- (c) endorsed the proposed review programme and communication arrangements.

PRIMARY CARE IMPROVEMENT PLAN – YEAR 2

13. Under reference to the Minute of the previous meeting (Item 11 refers) when the Board considered and noted 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), the Board took up consideration of a report by the Chief Officer outlining and seeking approval for the proposed service reconfiguration work to be taken forward during Year 2 of the plan.

Having referred to the ongoing work to develop and update the plan taking into account national Board-wide and local priorities for change, the report summarised the work that would be carried out in Year 2 of the plan, noting that it was proposed to submit a mid-year progress report to a future meeting of the Board.

Commenting on the report, the Chief Nurse highlighted the challenge facing all HSCPs across the country in recruiting Advanced Nurse Practitioners (ANPs) and to the steps being taken to address this including the appointment of staff in a training capacity.

Discussion also took place on treatment room provision it being confirmed that there was adequate space in the health and care centres for treatment rooms.

In response to questions from Councillor Bamforth on the travel implications for patients, particularly elderly patients as a result of the establishment of the treatment rooms, the Head of Health and Social Care Localities explained that a hybrid model was being examined and would be monitored, with any changes being made as considered necessary.

The Board:-

- (a) approved the refreshed Year 2 Primary Care Improvement Plan; and
- (b) noted that a mid-year progress report would be submitted to the board in November 2019.

PLANNED HOUSING DEVELOPMENTS IN EAST RENFREWSHIRE – MEASURING IMPACT ON GP PRACTICE POPULATIONS

14. The Board took up consideration of a report by the Chief Officer providing an overview of planned housing developments over the period 2018 to 2025 as outlined in the Council's Local Development Plan (LDP) and commenting on the impact these developments may have on GP practice populations across both the localities in the East Renfrewshire area, and the delivery of General Medical Services. A copy of the study carried out accompanied the report.

Having outlined the work already undertaken to address increasing practice populations including support provided to those GP practices operating outwith the 2 health and care centres to remodel floor space to maximise potential increased service provision and patient numbers, the report explained how this limited potential future growth to deal with increasing future demand,.

The report referred to the modelling work that had been carried out and emphasised the importance of taking account of not only new developments, but also the pressure being placed on current GP space as a result of the GP contract/Primary Care Improvement Plan and the requirements to extend the Primary Care Team. It was noted that at the end of Year 1 of the plan many GP practices were still unable to accommodate the staff aligned to support them. This was leading to requests for space within the 2 health and care centres.

Thereafter the report provided detailed information in relation to housing development across East Renfrewshire to 2025, it being noted that at approximately 2,500 dwellings this was 40% higher than the number of dwellings completed in the previous 7 years. Population figures associated with the increased number of dwellings were also provided, with both calculation methods used showing a population figure higher than NRS population projections. In addition, it was highlighted that the NRS population projections predicted an annual growth of between 0.72% and 0.77% with the local population exceeding 100,000 by 2025.

In particular the report explained that the recommended number of patients per GP was 1,500 and that based on this recommended number the Barrhead GP cluster would require an additional 2 whole-time equivalent GPs, while the Eastwood 2 cluster would require more than an additional 1 whole-time equivalent GP.

Furthermore, the report made reference to the planning permission that had been granted for a new retirement village in Newton Mearns. As the development has not yet started it had not been included in the Housing Land Audit. However, should it go ahead the population profile was likely to have an impact on local GP practices, particularly the Mearns and Greenlaw practices.

Commenting on the report, the Chief Officer explained that positive discussions had taken place with officers from the Council's Planning Service, and that investigations into the possibility of obtaining developer contributions for health and social care services were ongoing. She suggested that it would be helpful to look at the matter in further detail at a seminar. This was supported by the other members of the Board.

Councillor O'Kane referred to the report on the Council's Local Development Plan 2 (LDP2) being considered at the meeting of East Renfrewshire Council that evening which if approved would give the opportunity to consider in more broad terms the consequences of further development.

Councillor Buchanan also commented, explaining that the key was to better manage development to ensure that appropriate infrastructure was also provided. He also referred to the important role of the health board in looking at demographic shifts across the entire health board area and shifting service provision accordingly to deal with increasing and decreasing demands as appropriate.

The Board:-

- (a) noted 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;
- (b) noted the risk this raised of new residents potentially being unable to access general medical services if practices became overwhelmed;
- (c) noted that currently developer contributions were not available to support the development of health and care services, however the Director of Environment had committed to work jointly to consider the capacity required to support future demand for healthcare infrastructure; and
- (d) noted that an options paper would be presented to the Integration Joint Board in Autumn 2019.

**SEXUAL HEALTH SERVICES TRANSFORMATIONAL CHANGE PROGRAMME
IMPLEMENTATION PLAN**

15. It was noted that consideration of this item had been deferred to a future meeting.

CALENDAR OF MEETINGS 2020

16. The Board considered and approved a report by the Chief Officer with proposed meeting dates for 2020.

DATE OF NEXT MEETING

17. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 14 August 2019 at 10.00 am in the Eastwood Health and Care Centre, Clarkston.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	14 August 2019
Agenda Item	4
Title	Matters Arising
Summary	
<p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 26 June 2019.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

14 August 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 26 June 2019.

RECOMMENDATION

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

REPORT

Annual Performance Report 2018/19

3. The Senior Policy, Planning & Performance Officer has been liaising with communications team regarding illustration and media engagement for the annual performance report which will be submitted to Scottish Government and published online by 31 July 2019.

Overnight Support

4. In order to progress the revised policy as agreed at the June meeting of the Integration Joint Board, the recruitment process has commenced and interviews for the Advanced Practitioner are scheduled for August.

5. Key stakeholders have been identified to be part of the working group.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, IJB: Julie Murray

July 2019

BACKGROUND PAPERS

None

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	14 August 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 26 June 2019.	
Presented by	Julie Murray, Chief Officer
Action Required	
Integration Joint Board members are asked to note progress.	

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Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Progress Update /Outcome
252	26/06/2019	5	Rolling Action Log.	Submit an update report on Action No 213 to the August meeting	HAHSL	CLOSED	Included on IJB agenda 14 Aug
251	26/06/2019	5	Rolling Action Log.	Submit update reports on Action Nos 59 and 208 to the September meeting	HAHSL	OPEN	Added to Sep IJB agenda
250	26/06/2019	6	Local Child Poverty Action Report	The Board approved the report and agreed that it be published, subject to a review of the wording in Paragraph 3.3 relative to the uses to which the Pupil Equity Fund was put. Make the necessary arrangements	Partnership Development Officer, ERC	CLOSED	Wording of paragraph 3.3 was amended and the report was published on 27 June 2019
249	26/06/2019	7	Unaudited Annual report and accounts	Submit the audited accounts to the Performance & Audit Committee and the IJB in September	CFO	OPEN	Added to Sep agendas
248	26/06/2019	8	Annual Performance Report 2018/19	Submit it to the Scottish Government by 31 July.	SPPPO	OPEN	
247	26/06/2019	8	Annual Performance Report 2018/19	Work with the Comms Team to consider a range of media to engage with the public, illustrate performance and publish the report on the website and through social media.	SPPPO	OPEN	Report published online. Senior Policy, Planning & Performance Officer liaising with comms team re promotion on social media
246	26/06/2019	9	Care at Home Improvement Update	Continue to submit progress reports to each meeting until further notice.	HAHSL	CLOSED	Paper included on August IJB agenda
245	26/06/2019	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Make arrangements for the introduction/implementation of the framework in East Renfrewshire.	CFO	CLOSED	CFO feedback to programme lead that ER IJB approved the principles of the financial framework
244	26/06/2019	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	Added to forward planer - Timing of progress report will be dependt on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde
243	26/06/2019	11	Individual Budget Update	Make arrangements to introduce the implementation plan. Note that it was also agreed to defer implementing the individual contribution.	CFO	CLOSED	
242	26/06/2019	11	Individual Budget Update	Submit a progress report to a future meeting.	CFO	OPEN	Added to forward planner
241	26/06/2019	12	Overnight Support	The Board agreed the revised policy for overnight support provision; agreed the new approach to overnight support planning and endorsed the review programme and communication arrangements and the appropriate actions should now be taken in respect of these matters	HAHSL	CLOSED	Commenced arrangements to progress. A progress update will be provided to a future meeting
240	26/06/2019	13	Primary Care Improvement Plan – Year 2 Report	Make arrangements for the implementation of the updated Plan.	Localities Improvement Manager	CLOSED	Implementation continues
239	26/06/2019	13	Primary Care Improvement Plan – Year 2 Report	Bring forward a progress report in November 2019.	Localities Improvement Manager	OPEN	Added to Nov agenda
238	26/06/2019	14	Planned housing developments in East Renfrewshire: Measuring Impact on GP Practice populations	Make arrangements for a seminar to be held to consider the wider implications for health and social care of increasing housing development, prior to submitting an options paper to the Board in Autumn 2019.	Localities Improvement Manager	OPEN	Arrangements being made for seminar early August - date TBC
237	26/06/2019	15	Sexual Health Services Transformational Change Programme Implementation Plan	Submit the report to a future meeting.	CO	OPEN	Added to Nov agenda
236	26/06/2019	16	Calendar of Meetings 2020	The meeting dates were approved. Make the necessary arrangements to book the meeting rooms, and update the web as appropriate.	DSM	CLOSED	

232	01/05/2019	8	East Renfrewshire's Corporate Parenting Plan 2016-18 – Year 2 Progress Report	The Board also recognised the value of engaging with young people and recommended that this method be used as an exemplar for engagement by other services. Submit a report on engagement strategies to a future meeting.	CSWO	OPEN	Added to forward planner
229	01/05/2019	10	Care in the Home Commissioning Arrangements	Make arrangements to develop a strategic partnership approach.	CO/HAHSL	CLOSED	Work has commenced and progress will be reported to a future IJB
228	01/05/2019	10	Care in the Home Commissioning Arrangements	Enter into interim contractual arrangements for up to 12 months	CO/HAHSL	CLOSED	Update provided in 'Care at Home Improvement Update - July' reported to August IJB
225	01/05/2019	11	Talking Points	Submit a report to a future meeting monitoring the use of the funding provided to the Carers Centre and also on the training and support being provided by Voluntary Action East Renfrewshire	HAHSL	OPEN	Added to forward planner
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
213	20/03/2019	12	Review of Progress with integration of Health & Social Care	Take appropriate steps to deliver on the targets and continue with involvement in the wider programme	HAHSL	OPEN	An update will be provided to the IJB in six months by the HSCP Unscheduled Care Programme (SEE ALSO 252)
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.	HAHSL	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 (SEE ALSO 251)
207	30/01/2019	10	IJB Records Management Plan	Make arrangements for a copy of the Records Management Plan and Memorandum of Understanding to be sent to the Keeper of the Records of Scotland for agreement and implementation thereafter.	BSM	OPEN	The RMP has been sent to the Keeper of Records Scotland. The MOU is awaiting sign off by NHGGC Chief Executive.
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	CLOSED	IJB members invited to CAREDAY afternoon tea 15.02.2019. Young people presenting at August IJB meeting
170	27.06.2018	11	Regional Planning	Note this item was deferred to the August meeting of the IJB	HAHSL	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
HAHSL	Head of Adult Health and Social Care Localities

CCGC	Clinical and Care Governance Committee
IJB	Integration Joint Board
PAC	Performance and Audit Committee

**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 26 June 2019 in the
Council Offices, Main Street, Barrhead**

PRESENT

Councillor Caroline Bamforth, East Renfrewshire Council (Chair)

Councillor Barbara Grant	East Renfrewshire Council co-opted Member
Anne Marie Kennedy	Non-voting IJB Member
John Matthews	NHS Greater Glasgow and Clyde Board
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Councillor Paul O’Kane	East Renfrewshire Council

IN ATTENDANCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor (East Renfrewshire Council)
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Candy Millard	Head of Adult Health and Social Care Localities
Julie Murray	Chief Officer, HSCP
Steven Reid	Senior Policy, Planning and Performance Officer

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The committee considered and approved the Minute of the meeting of 20 March 2019.

MATTERS ARISING

3. The committee considered and noted a report by the Chief Officer providing an update on progress regarding matters arising from the discussions which took place at the meeting of 20 March 2019.

Having heard the Head of Finance and Resources (Chief Financial Officer) further on the report, the committee:-

- (a) noted the report; and
- (b) noted that a progress report on the appointment of an additional Advanced Practice Physiotherapist would be submitted to the next meeting.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2018/19

4. The committee considered a report by the Head of Finance and Resources (Chief Financial Officer) providing an overview of the unaudited report and accounts for the IJB covering the period 1 April 2018 to 31 March 2019, as well as outlining legislative requirements and key stages associated with the approval of the annual report and accounts.

Having referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee, the report set out an overview of the process for the preparation and approval of the IJB's annual report and accounts.

The report highlighted the main key messages, these being that there was a year-end underspend of £0.26 million which was 0.22% of the annual revenue budget; that there had been £0.521 million planned use of reserves; and that £0.381 million of existing reserves had been realigned.

The report also proposed a series of 5 new reserves totalling £1.09 million being created, with the amounts and reasons for each of the reserves being outlined.

The Head of Finance and Resources (Chief Financial Officer) was then heard further on the terms of the report in the course of which she acknowledged the contribution of Ian Arnott, Finance Business Partner, in the preparation of the accounts.

In the course of ensuing discussion, Mrs Kennedy suggested that it would be helpful if a note were to be added to the accounts to explain the reasons for the increase in the salary of the Head of Finance and Resources (Chief Financial Officer), it being noted that this had been due to the additional responsibilities taken on by the postholder following the senior staff restructuring exercise that had taken place.

In response to further questions, the Head of Finance and Resources (Chief Financial Officer) explained that regular budget monitoring reports identified when reserves were being used for a particular purpose, and confirmed that the use of the proposed £200k reserve to support the development of a new strategic partnership framework would not be restricted to homecare services.

Thereafter the committee:-

- (a) agreed that the unaudited annual report and accounts be remitted to the Integration Joint Board for approval, subject to the addition of a note to the accounts regarding the salary of the Head of Finance and Resources (Chief Financial Officer);

- (b) endorsed the proposed reserves allocations;
- (c) noted that the annual report and accounts were subject to audit review; and
- (d) agreed to receive the audited annual report and accounts in September, subject to any recommendations made by the external auditor.

ANNUAL PERFORMANCE REPORT 2018/19

5. The committee considered a report by the Chief Officer providing details of the performance of the HSCP over 2018/19.

Having referred to the legislation and guidance setting out the prescribed content of a performance report for an integration authority, the report explained that this was the first year of the 2018/21 Strategic Plan and the third Annual Performance Report that had been prepared, it being noted that the report was a high level report with more details of activities and targets being contained in the HSCP Implementation Plan – End Year Report 2018/19.

The report explained that the Annual Report, a copy of which accompanied the report, set out how the HSCP had delivered on its vision and commitments over 2018/19, and was set out under the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families. Each section in the Annual Report contained an overview of national performance indicators, community planning, Council and Health Board indicators, as well as giving an overview of work undertaken to deliver the strategic planning priorities with some additional data where relevant.

The main elements of the report set out the HSCP's current strategic approach; work to deliver the strategic priorities over the preceding 12 months; financial performance; detailed performance information; and future key work areas.

Additional sections on public protection; the hosted Specialist Learning Disability Service; and support for staff were also contained in the report.

The report highlighted significant progress across a number of areas including helping older people and people with long-term conditions maintain independence at home and supporting the needs of unpaid carers, amongst others. However the report also highlighted a number of areas where it was considered that performance could be improved and where there would be a focus on improvement in 2019/20. These included improved access to support for children and young people using the Child and Adolescent Mental Health Services (CAMHS), minimising delayed discharges, and reducing the number of A&E attendances.

The Senior Policy, Planning and Performance Officer was heard in further explanation of the report, highlighting that the format of the report had been revised from previous versions, the revisions being based on good practice in other HSCPs.

Thereafter, Councillor Grant referred to the pressures on the Council to release land for housing development and queried whether or not the ability of the HSCP to deal with any increased service demands was taken into consideration.

In reply, the Chief Officer explained that a paper on that issue was being considered by the Integration Joint Board at its meeting following the committee. She clarified that discussions with the health board about the challenges being faced by the HSCP due to increasing population in the area were ongoing. In addition discussions were taking place with officers from the Council's Planning Service about the possibility of obtaining developer contributions as part of any planning consents granted. However whilst these contributions could assist in offsetting capital costs, there would be subsequent ongoing revenue implications.

Councillor O’Kane referred to the report on the Council’s Local Development Plan 2 (LDP2) being considered at the meeting of East Renfrewshire Council that evening which if approved would give the opportunity to consider in more broad terms the consequences of further development.

Councillor Bamforth further highlighted that considering the impact of new housing development on existing services was not grounds for refusing a planning application.

Councillor Bamforth having also welcomed the improvements in relation to CAMHS and that development needs had also been identified, the committee noted the report.

IJB STRATEGIC RISK REGISTER UPDATE

6. Under reference to the Minute of the previous meeting (Item 4 refers) the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register.

Having set out the risk matrix used to calculate risk scores, the report then provided further details in respect of those areas considered to be high risks, these being supported by additional information provided by the Head of Finance and Resources (Chief Financial Officer).

The report explained that since the register had been last updated one new risk relating to the In-house Care at Home Service, had been added, to reflect the significant pressures within the service. In addition, there had been some minor wording changes throughout and mitigation timescales added.

The report also highlighted that Financial Sustainability remained a high risk even following mitigation measures, reflecting the current economy and unknown Brexit implications. Furthermore it was explained that there remained the future year risk that the HSCP could become unsustainable due to one of a number of causes, these being listed in the report.

Referring to the risks associated with access to primary care, Ms Monaghan suggested that the wording did not accurately reflect that increased service demand was not exclusively due to high numbers of elderly people in retirement and care homes but was also affected by increasing numbers of young people.

In reply, the Chief Officer acknowledged the various reasons for increased service demand and undertook to review the wording of the risk.

The committee noted the updated Strategic Risk Register.

PERFORMANCE OF HOSTED SERVICES – NHSGGC PODIATRY SERVICE – QUARTER 4 - 2018-19

7. The committee took up consideration of a report by the Chief Officer, providing performance data in relation to the NHSGGC Podiatry Service in the East Renfrewshire area. The report detailed performance on new referrals, waiting times, discharges and caseloads, patient activity and did not attends (DNAs).

The report explained that the service, which was hosted by Renfrewshire HSCP, was open to all age groups without restriction. Despite a 30% increase in referrals since 2015-16, the service had been able to maintain overall 4-week performance due to flexibility in referral management processes.

The report also explained that whilst across the NHSGGC area approximately 35% of the caseload was of patients over 65, in East Renfrewshire this was 43.5% whilst in East Renfrewshire patients over 75 formed around 25% of the caseload. It was also noted that the percentage of patients under 18 in East Renfrewshire was also higher at 11.7% compared to 9%.

Commenting on the report, the Chief Officer referred to the engagement sessions that had been held as part of Moving Forward Together. One of the issues that had emerged through the sessions was the need for a toenail cutting service. Voluntary Action had been approached to explore the possibility of using third sector services for this. In this regard Mrs Kennedy reported that Voluntary Action were currently undertaking some exploratory work

The committee noted the report.

CALENDAR OF MEETINGS 2020

8. The committee considered and approved a report by the Chief Officer with proposed meeting dates for 2020.

DATE OF NEXT MEETING

9. It was reported that the next meeting of the committee would take place on Wednesday 25 September 2019 at 9am in the Council Offices, Main Street, Barrhead.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	14 August 2019
Agenda Item	8
Title	Care at Home Improvement Update - July 2019
<p>Summary</p> <p>This report gives an update on the Care at Home Improvement Plan actions and the performance measures developed to track progress. It also provides an update on the action taken in response to Allied Healthcare's withdrawal from the care at home contract.</p>	
Presented by	Candy Millard, Head of Adult Health & Social Care Localities
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on the report</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

14 AUGUST 2019

Report by Chief Officer

CARE AT HOME IMPROVEMENT UPDATE JULY 2019

PURPOSE OF REPORT

1. This report gives an update on the Care at Home Improvement Plan actions and the performance measures developed to track progress. It also provides an update on the action taken in response to Allied Healthcare's withdrawal from the care at home contract.

RECOMMENDATION

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

BACKGROUND

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

REPORT

Improvement Progress

4. An overview of progress on improvement actions is summarised below with a full copy of the improvement plan available in appendix 1. As requested by the IJB, the improvement plan contains information about timescales for action and whether these are being met on time.
5. The Care Inspectorate have issued questionnaires to care at home staff and service users in advance of their next inspection which will give us an independent evaluation of our improvement progress.
6. Care and support personal plans – The new documentation is live on CareFirst, the social work information system, and is in use by the Quality Review Team. Home care organisers training took place on 23 July 2019. Improved care and support plan folders have been developed and are being distributed to all services users, with a copy of the new care plan where available.
7. Medication management – The HSCP policy has been approved and will be tested in a small geographical area. This will enable us to identify and address issues prior to rolling out across ERHSCP. This piece of work is behind schedule due to staff absence. The meeting with the Care Inspectorate's Pharmacy Lead has been rescheduled for early September following which training and testing will commence.

8. Review of personal plans – There are currently 6.5 reviewing team members. The team has not been acting at full capacity due to planned and unplanned absence. 165 reviews have been undertaken to date. Additional capacity is being obtained by offering other HSCP staff additional hours as home care reviewers.
9. Complaints handling –the new service users' packs which contains details of how to complain are being distributed. Prior to this a letter was sent to all service users in March providing a contact for any concerns. The Quality Assurance Officer is looking at the use of the Council's complaint handling system and how to clearly distinguish between in-house and external provider complaints. Since the last update an overview of complaints is being taken to the monthly management meetings and home support organisers and assistants have received further training on complaints handling.
10. Service delivery times – A review of current activity has shown improvement in the planning of runs (the planned visits to service users allocated to one or two home carers dependent on need). These were seen to reflect appropriate travel times between service users and to match the time allocated for the tasks to be undertaken.
11. Staffing levels – The first 7 care at home staff have completed their induction and are working in the area. An additional recruit who commenced on 8th July is shadowing other staff prior to their induction in August along with the 3 expected to join on 5th August (subject to safe recruitment checks). We have highlighted Care at Home opportunities to Pupil Support Assistants (PSA's) who may be displaced from their posts within the Education Department. There has been a delay to the full review of deployment and shift patterns as due to the additional HR and management activity associated with the TUPE transfer Allied Healthcare staff.
12. Staff training – Induction training for new starts has been developed and delivered. There has been some slippage in the development of the training plan but the HSCP has identified a member of training staff who will be dedicated to care at home. In addition a highly experienced care at home trainer from an agency will support the planning and delivery of further training. This will be followed by work on post training evaluation and competency assessment.
13. Staff supervision – regular meetings between organisers and staff now take place and some group supervisions have commenced. Training on quality conversations, which has replaced the Council's PRD (Performance, Review and Development) process, has commenced.
14. Three staff engagement events have been arranged which are taking place in August. These events will provide an opportunity to discuss some of the most significant challenges facing the service at this time and contribute ideas towards the next phase of improvement.

Update on withdrawal of Allied Healthcare

15. The contract with Allied Healthcare for care at home terminated on 27th July 2019.
16. This was an unexpected development and by necessity had to divert management and HR attention to ensure the smooth transfer, which has inevitably led to some delays in the main programme. The Care Inspectorate have been made aware of this and recognised that there will be an impact on our improvement plan.

17. In the lead up to the contract end date, group and individual consultations were held with staff from Allied eligible to transfer to ERC under TUPE regulations. 11 of the 12 staff from Allied transferred to ERC on 28th July onto Council terms, conditions and work patterns. One staff member transferred on their existing terms and conditions. Consultation will be undertaken with this employee to realign their job role within the existing Care at Home structure.
18. Prior to the contract termination date service users were visited and advised of the forthcoming changes to their service provision. Shadowing arrangements were put in place to ensure as smooth a transfer as possible.
19. As previously reported there was a shortfall between the staffing hours available from the care staff who transferred into the in-house service and hours of support required to deliver the total hours of support previously delivered by Allied Healthcare. Three of the four Care at Home framework providers have taken the remaining 50% additional hours to support the transfer.

Interim Contract Update

20. As agreed at the IJB meeting on 1 May 2019, the HSCP would seek to agree an interim contractual arrangement with the care at home providers (Christina's, Constance Care, HRM, Careline). Following detailed discussions with these providers a variation to the existing care at home framework was proposed. Legal services issued the interim agreement on 9 July 2019. All providers are considering the offer and a verbal update will be provided at the IJB meeting on 14 August 2019.
21. In the interim the status quo remains in place and any adjustments required will be made retrospectively.

IMPLICATIONS OF THE PROPOSALS

Finance

22. The Care at Home service is currently projected to overspend by £340k based on the current cost commitments against a recurring budget of £7.4 million (5.1%). This is a prudent estimate and costs are continually being revised to reflect the ongoing impact of the action plan, including recruitment, reducing agency use, the interim framework contract and review of care packages.
23. The additional £750k recurring budget (included in the position above) agreed for 2019/20 is meeting the costs of 12 responders, 8 care at home FTE and additional contract management capacity. There is currently £150k projected for transformation activity but not yet allocated or committed (this could reduce the overspend to £190k).
24. The £250k non-recurring resource has been fully committed and is funding a number of development posts, training and recruitment, this is fully committed and the working assumption is any in year slippage will carry forward to fund a full 12 months of activity.
25. The cost projection will be refined as the year progresses and we are working hard to bring costs closer in line with budget.

Risk

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

CONCLUSIONS

27. Improvement activity has progressed over the last month, with progress on care planning and reviews. Some elements of the plan are, including medication management policy and training is behind schedule but there are plans for rollout to commence in September. The transfer of service from Allied Healthcare has been completed with staff transferring into the in-house service and partner providers taking the remaining hours. This by necessity diverted management and HR attention which has led to some delays in the main programme. The Care Inspectorate have been made aware of this and recognised that there will be an impact on our improvement plan.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Candy Millard, Head of Adult Health and Social Care Localities
candy.millard@eastrenfrewshire.gov.uk
0141 451 0749

Chief Officer, IJB: Julie Murray

June 2019

BACKGROUND PAPERS

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

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

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

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

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

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

Last Updated- 23/07/19



Care at Home Service – Improvement Plan April 2019							
Requirement Related Improvements							
Category	Requirement	Ref	Actions	Action Owner	Complete By	Progress Update	Status
Care and Support	Ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met	1	Develop outcome focussed templates/documentation (inc risk mgt)	GS & AS	26/04	<p>24/04- Key documentation content & format discussed with CI and updates made. Final formatting and sign off required – will be ready for use w/c 29/04.</p> <p>10/05- finalised, signed off and now passed to Carefirst for adding to system.</p> <p>31/05 – Documentation created on Carefirst and ready for testing</p>	COMPLETED
		2	Develop process for documentation completion	AS	26/04	<p>24/04- process development completed at workshop 24/04 including agreement on prioritisation methods and criteria. Process takes into account the need to feed information to the QRT Administrator to ensure accurate tracking of progress and outcomes of reviews.</p>	COMPLETED
		3	Upskill staff to undertake the personal planning to address agreed outcomes	AS & GS	30/08	<p>24/04- Upskilling for QRT members is underway to ensure that a high quality and consistent approach is agreed and maintained. This is supported by the multi- disciplinary make-up of the team. We have built in the need to assign appropriate QRT team member to specific clients to maintain standards. Outstanding aspects are upskilling QRT members still to join and upskilling home support organisers and the wider home care team.</p> <p>10/05- Familiarisation session with new QRT members held this week and will be covered with HSOs at future fortnightly development session.</p> <p>22/05-Covered with HSOs at session 14/05. 2 new QRT member also briefed on process to be followed. HSO Development Session on 28/05 will also be used to reinforce.</p> <p>06/06- New QRT team member trained in new process and documentation.</p> <p>27/06- Covered with HSOs on 28/05 as planned. Dedicated session on outcome focussed care planning will be run in July as part of the HSO development session series.</p> <p>16/07 - Care planning documentation to be covered at development session on 23/07 with further training input from Carefirst.</p> <p>23/07- Care planning documentation development session with HSOs completed. Next session with Carefirst team to cover system aspects.</p>	PROGRESSING
		4	Develop a quality assurance process to ensure plans are to required standard/in correct places	AS & LG	24/05	<p>24/04- Quality Assurance officer has had input to action 2 above to ensure that quality is in built to process design. Next step is for her to develop a monitoring approach to sample audit the documents to ensure standards continue in practice after initial focus.</p> <p>10/05- Following completion of documentation and process, QA Officer can now progress and will start developing the approach during w/c 13/05.</p> <p>22/05-Approach agreed with QA Officer and she has completed sampling. She will now draft a summary report on the samples confirming ok from QRT perspective and adding a recommendation section- re document uploading. Next steps will be to complete June sample in due course.</p> <p>06/06- QA Officer completed her report and 2 operational issues identified- to be progressed at next management team meeting.</p> <p>27/06- Previously noted issues will be covered at management team meeting today. QA Officer is continuing checks on process adherence and document completion quality and providing feedback.</p> <p>12/07- QA Officer provided overview of observations at last management team meeting and is providing 121 feedback to QRT members. Delivery of plans to service users is being tracked on master spreadsheet.</p> <p>23/07- Quality checking & feedback continues. Next step to agree monthly quality standards.</p>	PROGRESSING DELAYED – Due for completion by end Aug
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	GS	30/08	<p>24/04- Discussions with key internal parties have been held and follow up meeting held on 18/04 to progress completion. Planned to be approved at next available DMT meeting 17/05 and then Clinical and Care Governance on 05/06.</p> <p>10/05- Stakeholder discussions have led to some further refinement being required- still on target for Clinical and Care Governance submission on 05/06.</p> <p>22/05-Added to Clinical & Care Governance 05/06 agenda. Refinements still to be completed but remains on target.</p>	PROGRESSING – DELAYED Due for completion by end Sep

					<p>06/06- Delayed- further meeting taking place with pharmacy lead today for agreement of policy and will be ready for meeting with David Marshall on 25/06.</p> <p>27/06- Meeting with CI lead delayed and being rescheduled for early August. Milestone date revised accordingly.</p> <p>16/07 – CI session with David Marshall to be held 20/08.</p> <p>23/07- Policy signed off by DMT on 19/07. Follow up meeting with David Marshall now rescheduled to 03/09 to agree training & pilot sites.</p>		
		6	Develop key documentation (including assessment tool and recording) and roll out to staff in pilot area	GS	30/08	<p>24/04-Assessment tool content & format discussed with CI pharmacy lead. Now formatted and ready for implementation. Pilot site and training requirements now being identified for implementation of MARS sheet.</p> <p>10/05- Stakeholder feedback has been invited- currently awaited.</p> <p>22/05-C/f due to stakeholder annual leave</p> <p>27/06- delayed as per point 5 above.</p>	PROGRESSING – DELAYED Due for completion by end Sep
		7	Deliver staff training (all care at home staff)	GS	30/09	<p>24/04- L&D resource engaged and medication management has been included in induction plan. Focus will turn to wider training roll out once induction priority has been addressed and medication policy finalised</p> <p>23/07- Additional training resource now identified and secured- starts 05/08 and will support training roll out.</p>	PROGRESSING
		8	Implement a staff competency based assessment approach	AS, LG, YO'M	30/09	<p>24/04- Following agreement of policy and documentation, Quality Assurance Officer & Nursing lead in QRT will develop a competency based assessment for staff who have undertaken medication training.</p> <p>10/05- QA Officer has been asked to lead this piece and has commenced initial discussions with nursing lead this week.</p> <p>22/05-Agreed to defer action (due date adjusted) to allow full discussion with nursing lead on return from leave and time for process development.</p> <p>27/06- Delayed due resource availability.</p> <p>23/07- Additional training resource now identified and secured- starts 05/08 and will support development and introduction of competency based assessment.</p>	PROGRESSING
Care and Support	Ensure that personal plans are reviewed in line with legislation	9	Appoint a dedicated team to undertake review (QRT)	CM	31/05	<p>24/04- 6 out of 8 resources now in place. CM has agreed resourcing plan to fill final vacancies – interviews taking place 30/04 and 1 internal transfer date to be agreed.</p> <p>10/05- 7 (6.0 wte) out of 8 (7.5 wte) individuals (including an Administrator) in place, latest member joined 07/05. 1 member unfortunately LTS. Current resourcing shortfall is 1.5 wte (increased to 2.5wte including LTS).</p> <p>22/05-Some revisions to team set up have been agreed to maximise efficiency and drive completion of reviews in timely manner. 1 additional wte agency resource has commenced this week and a further 2 wte agency resources have been interviewed and will commence next week. 1 further internal resource (1wte) is planned to transfer to team 28/05. The agreed changes will mean total resourcing of 8 (7.0 wte) including Administrator.</p> <p>31/05 – recruitment to team now completed. All staff will be in post by 04/06</p> <p>06/06- currently have 5.0 wte (out of 7.5 wte) inc Administrator in situ. 1 additional internal wte due to join – date tba. Revised allocation approach agreed and implemented to maximise productivity.</p> <p>27/06- Redirection of resource to other priority matters (Allied) and long term sickness absence have limited progress. Session set on 04/07 to agree additional resource requirements and best way to source.</p> <p>12/07- Additional resources now added to QRT although we now have a LTS and a bereavement absence. Additional capacity obtained via overtime (QRT, HSOs and suitable staff from wider HSCP). Weekly targets now in place and new Carefirst system forms now live, which will improve efficiency. Further use of agency staff being progressed</p> <p>23/07- Team continues to progress reviews and will remain in situ until process is embedded with mainline service.</p>	COMPLETED
		10	Develop and implement a clear process and documentation for reviews	GS & AS	10/05	<p>24/04- process development completed at workshop 24/04, ready for implementation w/c 29/04.</p> <p>10/05-Process in operation. Final refinements to documentation being completed this week.</p> <p>22/05-Revised process and documentation continues to be used. Additional minor refinements identified and final versions to be circulated by GS to both operational and QRT members this week.</p> <p>31/05 - Documentation circulated and Carefirst developing form on system for test.</p>	COMPLETED
		11	Develop a tracking mechanism to ensure that the	AS	30/04	<p>24/04-QRT Administrator has prepared draft monitoring tool (including quality indicators)- next steps</p>	COMPLETED

			progress of plan provision/reviews is being completed to the required timeline			are refinement and approval, to be ready for use w/c 29/04 10/05- Final refinements completed and tracker now live.	
Care and Support	Ensure handling of complaints is in accordance with our procedures and good practice guidelines. IMMEDIATELY	12	Deliver relevant training across all home care and key business support staff	GS	30/08	<p>24/04- Complaints handling flowchart has been reviewed and distributed across staff team. Online training identified and being scheduled to be undertaken by homecare organisers and assistants in first instance. Follow up workshop to be progressed via L&D.</p> <p>10/05- covered at HSO's development session on 30/04.</p> <p>22/05- Discussions ongoing with operational managers to schedule staff into training commencing early June. Meeting is being scheduled with Business Manager to discuss efficient operation of underlying HSCP- wide process.</p> <p>06/06- Training scheduling to be picked up at next management meeting. Meeting with Business Manager now requires to be rescheduled.</p> <p>27/06- Training progress to be discussed at management team meeting today. QA officer now involved in process discussions (session held this week) and new Governance Officer role will support staff development.</p> <p>12/07- Many of the HSOs have now completed online training. Further session on complaints handling and investigation to be held at development session on 23/07</p> <p>23/07- Further training covered with HSOs at development session today. Awaiting confirmation that all HSOs have completed their online training. Next step is to roll out appropriate training to business support.</p>	PROGRESSING
		13	Provide accurate and up to date info to service users on how to complain	GS & AS	31/05	<p>24/04- Information packs (including information on how to complain) are being finalised ready for roll out w/c 06/05.</p> <p>10/05- Delay in finalising packs- now scheduled for launch w/c 20/05.</p> <p>22/05- We have agreed a short delay to evaluate whether a separate info pack is beneficial for service users/families as information is contained within the written agreement for service users.</p> <p>06/06- Preference now expressed for info to be within the written agreement. Enquiries underway to identify appropriate foldering arrangements.</p> <p>27/06 – Packs now in preparation for roll out w/c 08/07</p> <p>12/07- Details of how to complain info is now in packs and pack distribution to all service users is progressing.</p> <p>23/07- Additional resource now in place to support folder and pack distribution across all service users.</p>	PROGRESSING – DELAYED Due for completion by end Aug
		14	Reinforce current quality assurance mechanisms to ensure complaints are being handled correctly and they inform practice	AS	31/05	<p>24/04- Quality Assurance Officer to review service complaints to check process compliance and extract learning & recommendations from complaint analysis. Monthly governance forum (which includes complaints/learning from them) agreed and will operate from 05/19 onwards.</p> <p>10/05- Complaint review now forms part of Intensive Service Management Team monthly meeting. Also on agenda for monthly oversight meeting – first one scheduled for 21/05.</p> <p>22/05- QA Officer has completed review and will now prepare a summary report with themes and recommendations by 30/05, to feed next management team meeting. Noted that GS is discussing wider complaints process aspects with concerns with relevant Business Manager.</p> <p>06/06- Report completed but has been referred back for splitting of complaints between in house and framework providers.</p> <p>27/06 – Quality Assurance Officer and Governance Officer continue to address classification issues within reporting system. Complaints overview reviewed monthly at management meeting (commenced 27/06)</p> <p>12/07 -Process refinement and streamlining (with a focus on improved recording and acting on learning) is under way, led by QA Officer.</p> <p>23/07- work continues to progress on refinement of process.</p>	PROGRESSING – DELAYED Due for completion by end Aug
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	GS via GC	30/06	<p>24/04- Our dedicated internal CM2000 resource has been refocussed to ensure that key data is populated, updated and cleansed where required to allow it to be used meaningfully to better plan our service delivery.</p> <p>10/05- Regular data extract now being pulled and reviewed/refined.</p> <p>06/06- Automated reporting has now been set up to support KPI analysis.</p> <p>27/06 – Development of standard report formats now being progressed to support front line managers address timing issues of visits.</p> <p>23/07- Weekly compliance report now being distributed to HSOs to address within their patches.</p>	PROGRESSING – DELAYED Revised date to be agreed

		16	Review current scheduling arrangements (to include consideration of factoring in travel time)	GS via GC	30/06	<p>24/04- Initial steps taken to improve frontline staff's use of CM2000 to drive better compliance, which will inform better resource utilisation.</p> <p>22/05- Better staff compliance continues (c86% currently). A weekly governance report is being pulled and HSOs have been tasked with addressing compliance issues with staff.</p> <p>27/06- In house compliance levels remain at over 80% and increased capacity once new recruits commence in patches after completion of induction this week will support improved scheduling ability.</p> <p>12/07- Patch by patch activity and runs reviewed- improved structure of runs reflecting appropriate travel times between clients now in place. Monitor and refine as required.</p> <p>23/07- Work continues to improve scheduling across the patches, led by our in house Scheduler.</p>	PROGRESSING – DELAYED Due for completion by end Sep
		17	Reinforce the communication process re instances where service timing parameters are significantly exceeded	GS via GC	30/06	<p>24/04- Late/missed visit reporting arrangements have been refreshed and analysis is being undertaken.</p> <p>10/05- Missed visit reporting switch on is scheduled for w/c 13/05. Better compliance levels continue, facilitating the reporting switch on.</p> <p>22/05- Missed visit alert switch on introduced as planned- after initial spike, numbers are more stable. Further monitoring required.</p> <p>06/06- A number of missed visit alerts are still continuing and further work is required on this.</p> <p>27/06- Additional business support resource identified to manage alerts generated due to compliance levels</p> <p>23/07- Compliance levels continue to be addressed to support timings of visits to service users.</p>	PROGRESSING – DELAYED Revised date to be agreed
Staffing	Ensure that we employ and deploy support staff in sufficient numbers to adequately meet the needs of service users. BY 28/09/19	18	Review staff deployment/shift patterns to ensure that visit capacity and efficiency is being maximised	GS via JP	30/06	<p>24/04- Scheduler has commenced a patch by patch review to consider realignment of existing staff runs.</p> <p>10/05- Latest update from Scheduler awaited and is being reminded. Contracted hour increases (from part time to full time hours) are being progressed where possible.</p> <p>22/05- 10 staff have agreed contracted hours increases and these will be implemented. Update from Scheduler on review findings has been delayed due to annual leave. Work is progressing well in realigning hospital discharge work and carer capacity into patch teams.</p> <p>27/06- Hospital discharge team dispersal planned to commence from mid July. Work to align staff transferring from Allied and the new recruits in into patches is currently being done by the managers, with a focus on best use of available resource.</p> <p>23/07- Allied staff transfer now complete and incorporated into patch teams which has allowed for some realignment of shift patterns. Hospital discharge team dispersal currently on hold due to further discussions required with trade unions.</p>	PROGRESSING – DELAYED Due for completion by end Sep
		19	Recruit sufficient levels of additional staff	AS	31/07	<p>24/04- We have secured 9 candidates from current recruitment wave. Further fast-track recruitment event arranged for 15/05 in partnership with external providers. Venue arranged, Comms team engaged re publicity, support from HR & Work ER secured.</p> <p>10/05- 10 recruits now confirmed from initial recruitment round- pre employment checks underway and start dates to be confirmed. Significant planning and preparation work for 15/05 event completed and everything remains on target, with all 5 framework providers confirming their attendance.</p> <p>22/05- Event held 15/05- 5 additional staff have accepted offers. 2 others referred to framework providers, where we did not have runs to suit their needs. Further myjobscotland advert running 24/05 for 2 weeks. HR are chasing pre- employment aspects for candidates from previous round.</p> <p>06/06- HR pre-employment checks continue – we currently have 7 candidates ready to commence their induction training on 17/06, 3 who can start in July and we are chasing re 3 others.</p> <p>27/06- 9 recruits commenced induction 17/06- 1 dropped out, leaving 8 ready to join patches from 01/07. 3 others due to join during July. A further 8 interviews taking place tomorrow and HR team have been engaged to ensure pre- employment process is completed as swiftly as possible on successful candidates, to support a further induction on 05/08.</p> <p>12/07- 1 additional dropout from induction means 7 new staff now in patches along with 1 additional recruit commenced 08/07. 2 further July starts anticipated along with 3 expected to join on 05/08 (subject to safe recruitment checks).</p> <p>23/07- 1 new start confirmed for 29/07 with a further 3 start dates to be confirmed once recruitment checks completed- anticipating them being available to attend induction on 05/08. Further advert to run for 2 weeks from 02/08.</p>	PROGRESSING
		20	Address sickness absence levels by consistently	GS	31/05	<p>24/04- Good results achieved in reducing short and long term absence levels though implementation</p>	COMPLETED

			implementing the Council's 'Maximising Attendance' policy			of council policy. Next steps involve a forensic analysis of absence patterns across the service. 10/05 - HR resource to undertake analysis now identified and start date awaited. 22/05 - Absence rate remains at a lower level than previously experienced. HR resource has provided first part of useful absence analysis and also compared our service absence levels with care at home services in other neighbouring authorities- to be concluded next week. 27/06 - Correct HR processes continue to be followed as standard now and absence rate has now settled at c13%.	
		21	Review partnership working approach with private providers to obtain maximum additional capacity	GS	31/07	24/04 - Engagement conducted with framework providers re fast track event on 15/05 to maximise availability of care at home staffing across East Renfrewshire. Development of brokerage model underway to ensure timely transfer of care hours where capacity exists. 22/05 - HSO resource now assigned to look at transfer capacity. Recruitment event did not attract candidates for private providers. 27/06 - Regular engagement with providers continue and we have managed to agree a modest transfer of hours in the last period. Framework providers contract expiry and new interim arrangements being implemented provides opportunity to hold further capacity and hours transfer discussions. 23/07 - 50% of Allied work was retained within framework providers. Awaiting confirmation of acceptance of contract variation from providers.	PROGRESSING
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	GS	17/05	24/04 - Work has largely been completed - final data input and analysis to be undertaken. 10/05 -meeting held with L&D 09/05 and data extraction and analysis will be done next week. 22/05 - Significant training gaps identified and L&D have been advised at meeting 09/05.	COMPLETED
		23	Develop and deliver training and upskilling plan to address the gaps	JR & GS	31/03/20	24/04 - not yet progressed- awaiting L&D resource release and additional frontline staff availability. 22/05 - L&D resource now reviewing delivery and capacity options and some middle of day carer downtime identified, to enable scheduling of priority aspects. 27/06 - Have agreed a dedicated time slot (w/c 01/07) with L&D resource to enable the creation of a plan for existing staff, including priority training topics which can be progressed quickly using current downtime. 12/07 - Draft L&D framework now developed and will be reviewed and refined as required. Initial focus is on which elements can be commenced swiftly during any current downtime. 23/07 - Elearning now scheduled to run from 26/07 and will be rolled out across patches. Additional training resource now identified and secured- starts 05/08 and will support upskilling work.	PROGRESSING
		24	Develop a comprehensive induction plan for new recruits	AS	31/05	24/04 - Induction plan, content and resource secured to support delivery.	COMPLETED
		25	Deliver induction training to all new staff in advance of service commencement	AS	15/07	24/04 - ready for delivery once new recruits commence. 22/05 - Start date scheduled as 17/06 (with another session commencing 01/07 available as a wash up) 27/06 - 8 staff will completed the first induction session tomorrow and another session is planned to run from 05/08. Tailored induction provided to Allied staff transferring on 25 and 26/06. 12/07 - Lessons learned session held to reflect on how first induction had gone and a slightly tweaked plan now agreed for the 05/08 intake. 23/07 - Preparation continues for next intake on 05/08.	PROGRESSING
Staffing	Ensure provision of staff supervision and appraisals	26	Upskill home care organisers and managers to effectively deliver high quality supervisions and appraisals	JR & GS	30/06	24/04 - Initial workshop dates for organisers and managers set by L&D – commencing 13/05. 10/05 - Corporate "Quality Conversation" sessions set and HSO's will all attend. 22/05 - L&D session held with HSOs. Scheduling of "Quality Conversation" training still to be undertaken. 27/06 - Quality Conversations session have commenced and all HSOs and managers will complete. 23/07 - Managers have completed the training sessions and roll out now being handled across staff groups.	PROGRESSING – DELAYED Due for completion by end Aug
		27	Develop a process and timeline to ensure timely delivery of the supervision and appraisals	GA, CT, LG	31/07	24/04 - not yet progressed. 22/05 - Meeting held with action owners this week and noted a process is in place. QA Officer will review to make process for scheduling and logging completion more robust and will check if CM2000 can be used as an alternative. 27/06 - QA Officer continues to progress with managers but delays experienced due to Allied transfer, workload/absence. 23/07 - Delays continues to be experienced due to reduced management capacity.	PROGRESSING – DELAYED Due for completion by end Aug

		28	Develop a tracking solution to ensure appraisal and supervisions have been undertaken in line with plan	GA, CT, LG	31/07	24/04- not yet progressed. 22/05- Meeting held with action owners this week and noted a solution is in place but will need development/revision –see action 27 above. 27/06- QA Officer continues to progress with managers but delays experienced due to workload/absence. 12/07- Tracking tool now in place and population with ytd 2019 info is now underway.	PROGRESSING –DELAYED Due for completion by end Aug
Management & Leadership	Ensure the service follows the guidance on notification reporting to the Care Inspectorate	29	Upskill staff in understanding CI notifiable events	GS	31/05	24/04- Guidance recirculated to staff team. Further workshop planned for mid-May to the use of guidance. 10/05- workshop with HSO's held on 30/04 and written outputs circulated.	COMPLETED
		30	Reinforce internal processes and responsibilities in carrying out notifications in a timely manner	GA, CT & LG	17/05	24/04- Two additional managers now have access to CI eforms for notification purposes. Work to clearly document internal process and responsibilities is being progressed. 22/05- Content now agreed and hard copies in place. QA Officer to arrange a staff email to go out, inclusion on Organisers meeting agenda and inclusion on July patch meeting agendas to close action fully. 06/06- completed.	COMPLETED
Recommendation Related Improvements							
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)	JR & GS	17/05	24/04- Already included in induction plan. Will be picked up via gap analysis for existing staff in action 22 above.	COMPLETED
		32	Develop an evaluation mechanism to ensure that after training staff can put learning into practice	GA, CT & LG	31/07	24/04- Mechanism to be developed -competencies following training will be evaluated by managers who have completed the Best Practice in Dementia award. 10/05- Internal subject matter expert identified to support design of mechanism. QA Officer involvement in this activity agreed. 22/05- QA Officer to arrange meeting with stakeholders by mid-June to progress agreement on approach. Action due date revised accordingly. 27/06- QA Officer continues to progress with stakeholders but delays experienced due to absence. 23/07- Additional training resource available from 05/08 will support progression.	PROGRESSING –DELAYED Due for completion by end Sep
		33	Ensure relevant dementia information is included in key documents including care plans	LG	31/07	24/04- Revised templates include provision for dementia related information to be captured. Quality Assurance Officer will undertake sampling of documentation against system held information to ensure accuracy. 22/05- QA Officer will check this aspect by the sampling at action 4 above. This will be supplemented by asking QRT members to flag dementia cases to her for additional record sampling. 27/06- This continues to form part of QA Officer's reviews on documentation.	PROGRESSING
Supplementary Improvements							
Care and Support		34	Develop and implement a mechanism to obtain regular qualitative and quantitative feedback from service users and their families/carers	AS & GS	30/06	24/04- Review documentation includes opportunity for qualitative feedback. Service Users survey documentation drafted and awaits sign off. 22/05- Meeting scheduled with action owners this week to check progress. Has been fed into Communication Plan work- action 39. 06/06- Agreed for inclusion in Comms plan workshop scheduled to take place on 19/06- due date delayed to reflect this. 27/06- Multiple feedback routes have been included in the new draft communication plan- this is progressing through sign off from stakeholders. 23/07- Documentation for gathering qualitative feedback from service user reviews now signed off and live.	PROGRESSING –DELAYED Due for completion by end Aug
Staffing		35	Develop and implement a procedure to cover earlier alerting of changes in the field (carers to office) which will impact planned care times during a run	GA, CT & LG	30/06	24/04- not yet progressed. 27/06- Positive session held with HSOs on 25/06 and process redrafted – some challenges also identified as part of this and need to be resolved as part of implementation. 23/07- process now agreed, documented and circulated.	COMPLETE
Staffing		36	Implement the revised documentation covering risk assessments for staff dealing with particular service users/settings	GS	30/04	24/04- Environmental risk assessment has been reviewed and will be implemented as care reviews are undertaken.	COMPLETE
Staffing		37	Develop and implement a standing agenda for patch team meetings to include standard operating procedures including Health and Safety, Lone Working and use of PPE	GA, CT & LG	10/05	24/04- Meeting to be arranged with responsible parties to ensure progression in time for May patch meetings 10/05- Meeting held and work largely complete- will be completed and signed off this week. 22/05- now signed off and circulated for use.	COMPLETE
Staffing		38	Develop and implement a workforce development	JR & GS	31/08	24/04- Will be picked up as part of fortnightly L&D management level meetings.	PROGRESSING

		programme for 1 st line managers			<p>10/05-agreement reached on approach at meeting with L&D on 09/05 – content and ownership for next session agreed.</p> <p>22/05- Sessions have commenced fortnightly – quarterly forward plan of content and contributors will be developed. Meeting with L&D being arranged to progress this.</p> <p>06/06- date for session with L&D to complete quarterly plan is being chased.</p> <p>27/06- Fortnightly sessions continue with HSOs. Delays experienced in scheduling planning session due to workload and availability</p> <p>23/07- Sessions ongoing- further forward planning for next quarter still to be finalised.</p>	
Management & Leadership	39	Develop and implement a care at home staff ongoing communication plan	GS & AS	30/06	<p>24/04- Letters to staff issued, drop in sessions for staff ongoing and patch team meetings now scheduled for alternate months. Home support organisers meetings continue fortnightly. Future communication strategy meeting scheduled for 07/05 and we have obtained and are reviewing successful communication approaches from other partnership areas.</p> <p>10/05-useful initial scoping meeting held 09/05-output being reviewed and refined by attendees.</p> <p>22/05- Feedback obtained from session attendees and will be added to document. Request is being made to our internal Communication team to support creation and implementation of a structured plan. Follow up meeting to be scheduled w/c 03/06.</p> <p>06/06- Internal Communication team resource secured and follow up meeting held 06/06. Agreed a multi-layer communication approach and this will be progressed at a dedicated workshop on 19/06, with key stakeholders in attendance.</p> <p>27/06- full day workshop held 19/06 and communication plan drafted- currently progressing through signoff. This incorporates continuation of some elements already introduced and some new aspects.</p>	PROGRESSING –DELAYED Due for completion by end Aug
Management & Leadership	40	Develop a process to ensure PVG checks are refreshed on a 3 yearly basis, in conjunction with HR	GS & LG	30/06	<p>24/04- initial discussions underway with our HR teams.</p> <p>22/05- noted that HR have had discussions with Disclosure Scotland who indicate that the 3 year refresh position is not one that they support. GS will discuss with her contacts at Care Inspectorate.</p> <p>23/07- CI referenced the Safer Recruitment, Better Recruitment document. Costings have been obtained to support refresher programme and being discussed with senior management.</p>	PROGRESSING – DELAYED Revised date to be agreed
Management & Leadership	41	Develop a programme plan to ensure SSSC registration & relevant qualifications are met with required timelines	AS	31/05	<p>24/04- Records have been updated and staff categorised based on registration and qualification status. L&D engaged and plan being formulated.</p> <p>10/05-Latest figures now collated and assessor capacity to support qualification needs is not an immediate issue within current plan. This will be reviewed again after latest recruitment which may impact on levels.</p> <p>22/05- Qualification status of latest recruits to be fed into plan – it is not currently anticipated that this will cause any revisions to previously agreed approach.</p> <p>27/06- Resource now in place to manage tracking of this- meeting to be scheduled in to arrange update of records with new recruits and Allied staff transfer in mind.</p>	PROGRESSING – DELAYED Due for completion by end Aug
Management & Leadership	42	Create required service level risk assessments	CM & GS	31/05	<p>24/04- Monthly governance meeting proposal agreed and this will feed the key risk areas and allow these to be captured and managed more effectively. New HSCP governance role due to be appointed shortly which will further support. Service risk register in place and requires regular ongoing review.</p> <p>10/05-First monthly oversight session arranged for 21/05 and detailed agenda developed to ensure key risk areas are identified, mitigated and managed effectively.</p> <p>22/05- First session held 21/05 and risks considered across 4 key themes (Contractual, IT systems, Financial and Operational), with mitigation actions agreed. Session will operate monthly.</p>	COMPLETED
Management & Leadership	43	Review phone system and call handling to improve communications for service users, families and frontline staff	CM	30/06	<p>24/04- Senior management have assigned a business manager to take ownership of review and providing recommendation to remedy current difficulties.</p> <p>10/05-Review completed and temporary fix involving hunt group now implemented. A more sustainable plan involving a manned reception approach with hunt group is being implemented next week. Impact will be reviewed and further actions taken as necessary.</p> <p>22/05- Meeting being arranged with Business Manager to agree the longer term IT based solution and the implications for /requirements from the service.</p> <p>27/06- Delayed due to workload/absence.</p> <p>23/07- Agreed the need to involve NHS Telecoms representative - date for a session is being agreed.</p>	PROGRESSING – DELAYED Due for completion by end Aug
Management & Leadership	44	Develop and implement a culture where key operational and performance data is readily available and is actively used to identify remedial management actions required	CM & GS	30/08	<p>24/04- External consultant has supported identification of KPI and associated management information which will form an integral part of our operational focus. An initial session to discuss and formulate a plan will take place during May.</p> <p>10/05-Initial session held 08/05 and 6 key systems related themes identified for further work.</p>	PROGRESSING

					<p>Information Systems Manager attended to ensure he has a greater involvement and oversight of CM2000 at an HSCP level (rather than departmental ownership), a more integrated approach is taken on system interfaces & data availability and to avoid single points of failure.</p> <p>22/05- Regular engagement with Information Systems manager now ongoing to strengthen our governance and controls. On target for dashboard by 30/06. Follow up session booked 10/06 to check progress.</p> <p>27/06- KPI template now in place and population of key data fields is progressing. Long term absence of our CM2000 expert resource being mitigated against by interim cover arrangements and the agreement of need for a dedicated Care at Home data analyst type role. KPI info shared at management team meeting today.</p> <p>23/07- Regular KPI reporting now in place but content requires development and refinement.</p>	
Management & Leadership	45	Review and extend out of hours contact arrangements	GS & AS	30/08	<p>24/04- Initial discussions to support alternative work patterns have commenced and will require HR support for timely implementation.</p> <p>10/05-discussions with HR continue.</p> <p>22/05- Meeting being scheduled with a key stakeholders in early June to progress.</p> <p>27/06- Meeting held on 10/06 as planned and 3 point interim arrangement proposal agreed and drafted. Will now be discussed with HR and Trade Unions.</p> <p>12/07- Sessions held with HR and Trade Unions as part of consultation process.</p> <p>23/07-Initial staff briefing session with first line managers and union representatives held.</p>	PROGRESSING



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	14 August 2019
Agenda Item	9
Title	Home and Mobile Health Monitoring
<p>Summary</p> <p>This report provides the Integration Joint Board with an update on the progress of Home and Mobile Health Monitoring (HMHM) across East Renfrewshire as part of our strategy to use digital solutions to support the health and wellbeing of East Renfrewshire residents. It reports on evaluation of the local test of change funded by Scottish Government including outcomes achieved and progress towards scale-up, spread and sustainability.</p>	
Presented by	Candy Millard Head of Adult Health and Social Care Localities
<p>Action Required</p> <p>The Integration Joint Board is asked to:-</p> <ul style="list-style-type: none"> ▪ note and comment on the progress and evaluation of Home and Mobile Health Monitoring ▪ ask the HSCP to work with primary care and acute colleagues to explore options for the continued expansion and long term sustainability of this approach 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

14 AUGUST 2019

Report by Chief Officer

HOME AND MOBILE HEALTH MONITORING

PURPOSE OF REPORT

1. This report provides the Integration Joint Board with an overview of Home and Mobile Health Monitoring (HMHM), and reports an evaluation of the test of change including outcomes achieved and progress towards scale-up, spread and sustainability.

RECOMMENDATION

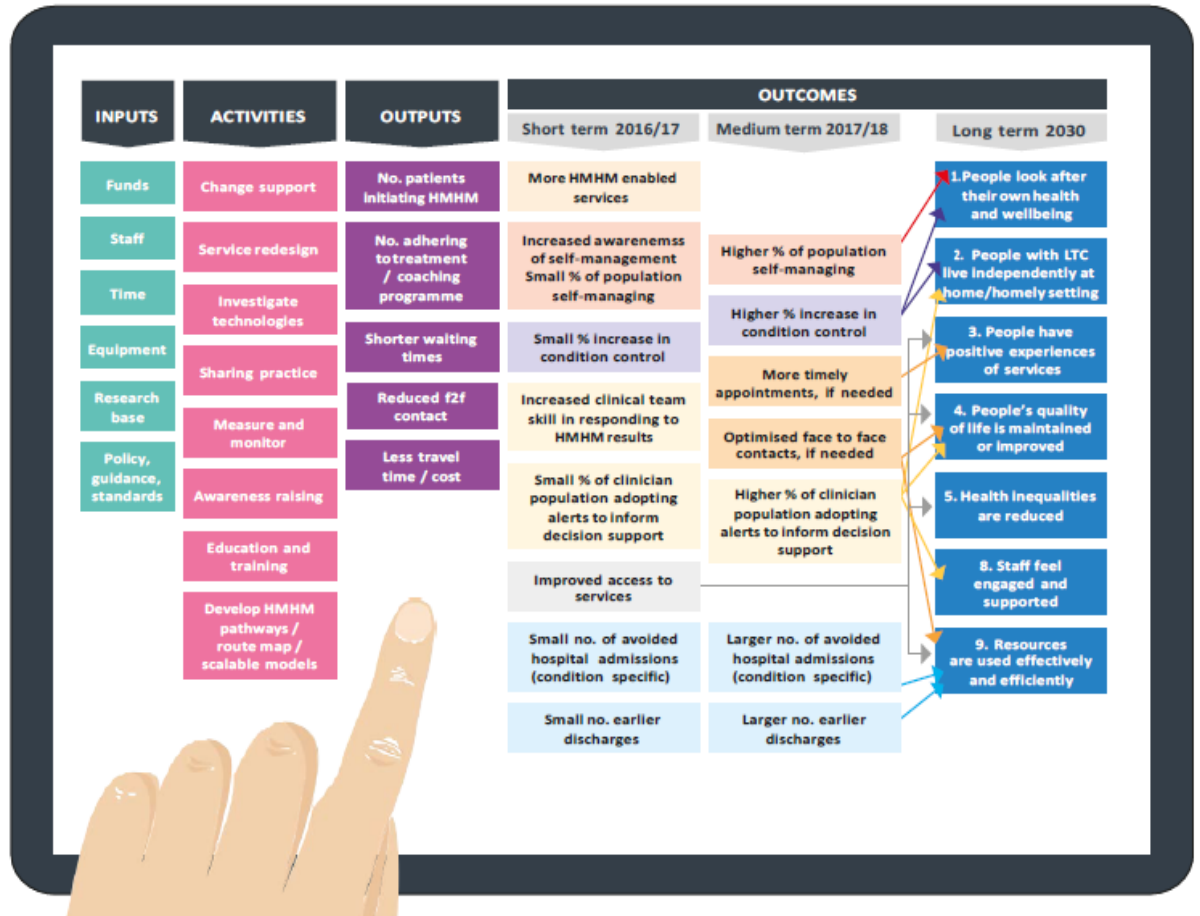
2. The Integration Joint Board is asked to:-
 - note and comment on the progress and evaluation of Home and Mobile Health Monitoring
 - ask the HSCP to work with primary care and acute colleagues to explore options for the continued expansion and long term sustainability of this approach

BACKGROUND

3. The National Service Model (Scottish Government 2017) states Home and Mobile Health Monitoring (remote monitoring), describes those activities that enable patients outside of healthcare settings to acquire, record and relay clinically relevant information about their current condition to an electronic storage system where it can be used to inform or guide self-management decisions by the patient and/or to support diagnosis, treatment and care decisions by professionals’.
4. East Renfrewshire HSCP has a longstanding commitment to the use of technology and digital solutions to support health and care. As part of this work the Technology Enabled Care team
 - Procured a license and package to operate the Florence (FLO) simple Telehealth text messaging system
 - Identified Hypertension as the initial long term condition which would benefit from HMHM (to cover diagnosis, titration of medication and long term management)
 - Created a model which would fit into GP practices’ current hypertension pathways with no additional costs to GP practices, as license, text bundles and equipment costs were all met from Scottish Government funding

5. The following logic model shows illustrates how Scottish Government expected that home and mobile health monitoring would to contribute to the national health and wellbeing outcomes

Figure 1 – Logic model for national HMHM 2016 to 2018



REPORT

6. East Renfrewshire HMHM service launched in September 2017 with 9 GP practices opting in use Florence (FLO) to manage Hypertension. In April 2018 the HSCP was successful in securing additional funding from Scottish Government for 2 further tests of change
- Up-scaling Flo in the management of Hypertension and,
 - Implementing Flo in the management of COPD.

Upscaling Flo in the Management of Hypertension

7. Between June 2018 and December 2018 the team secured an agreement from the remaining 6 GP practices who had not implemented HMHM to implement Flo as part of their hypertension pathways. By the end of April 2019 thirteen out of fifteen East Renfrewshire GP surgeries were actively recruiting patients to the Flo hypertension protocol.

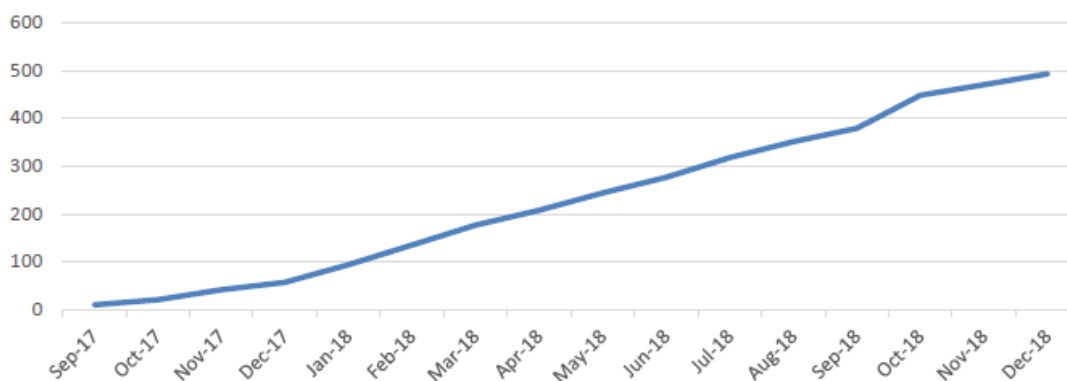
Chronic Obstructive Pulmonary Disease (COPD)

8. Between September 2018 and December 2018 a test of change was carried out with the aim of reducing the number of GP home visits and hospitalisations due to exacerbations of COPD. This proved difficult to roll out. Despite a financial incentive it was very difficult to get opt in from surgeries. Although this would suggest an unsuccessful test of change, evaluation feedback from staff and patients who used the protocol was extremely positive, with many of the patients remaining on the protocol long term with hospital admissions being prevented.

Independent Evaluation of Home and Mobile Health Monitoring

9. Dr Helen Alexander (Evaluation Manager, NHS Lanarkshire) undertook a national evaluation of HMHM, which included an evaluation of HMHM in East Renfrewshire. A full copy of the report is attached as an appendix to this report.
10. The national service model framework (Scottish Government, 2017) defined scale-up as having 1,000-5,000 active patients/service users by 2018/19. By this definition, and allowing for some having relatively small populations, six of the 12 HMHM partnerships funded nationally achieved this by the end of Year 3. East Renfrewshire achieved almost 500 people using HMHM for hypertension, which equates to 3.7% of the population estimated to have this condition. This is as high a proportion as anyone during the three year programme, so the partnership can be said to have achieved the first stage of scale-up.

Figure 2 – Cumulative total of HMHM users over time



11. In terms of impact, a local patient survey found that 80% of people said that HMHM had helped them recognise when their condition was getting worse. Feedback indicated that patients were prompted to take action *“I was glad of the text messages as they reminded me to take my blood pressure, otherwise I would have forgotten”* Everyone surveyed said Flo helped them to comply with health advice and 73% that it had supported them making lifestyle changes. Additional comments included, *“I liked being able to [monitor] without taking up the nurse’s time”*, *“It was excellent”* and *“It really reassured me because of my family history of high blood pressure”*.
12. HMHM was found to positively contribute to the optimisation of face to face contacts with services. Appointments were avoided because clinicians had blood pressure readings available to them from remote monitoring and used these to inform decision making without the patient needing to be present. *“Easier to review readings without patient there ... I either text or phone them ... easier to manage time for myself and the patient”* This meant that these appointments could be used for others who

needed to see the clinician face to face. Patient feedback demonstrated the advantage of this to people in work who were happy to free up the appointment they would otherwise have had to attend.

13. The report concludes that there is evidence of from East Renfrewshire of the contribution of HMHM towards achieving:
 - a higher proportion of the population self-managing
 - increased condition control
 - optimised face-to-face contacts
 - improved access to services
14. It also reports there was 'good evidence submitted of the contributions to resources being used more effectively and efficiently and positive patient/service user experience.' However the author indicates that without continued policy and implementation focus there is unlikely to be sufficient scale-up or spread and impact on systems and services to realise the benefits that remain possible.

Moving towards greater use of HMHM

15. Earlier this year, a bid to upscale HMHM was submitted to Scottish Government, but due to oversubscription was unsuccessful. A further 9 month test of change was approved providing £50k with the HSCP committing to a further £26k to allow a 12 month period. Disappointingly, Scottish Government has since advised they will only support a 6 month test of change.
16. Other digital solutions are being explored as part of Primary Care transformation and in support of the new GP Contract:
 - Attend Anywhere (Near Me) video conferencing is being enabled in 2 large practices within East Renfrewshire, with a further 7 being enabled this year. This is especially beneficial for our working population and those with difficulties travelling to appointments not requiring face to face examination.
 - Potential use of Woundsense technology alongside FLO to support safe and timely wound management. This can reduce unnecessary lengthy appointments for wound dressings. Analysis from the primary care demand to inform the development of Treatment Rooms as part of the Primary Care Improvement Plan found this was the area with this highest demand and longest length of appointment time.

CONSULTATION AND PARTNERSHIP WORKING

17. The Technology Enabled Care Team worked in consultation with the National HMHM Network and with guidance from the Clinical Director to create and deliver an HMHM service which would fit into current primary care hypertension and COPD pathways, and one that would be easily adoptable by a range of professionals within primary care teams.
18. Recently there has been a greater interest from wider NHSGG&C including HSCPs and the e Health team. A forum has been established to share knowledge and experience among areas, to assist in the scale up of HMHM in the management of Hypertension at Board level and to learn of other long term conditions being supported by HMHM such as Diabetes.
19. The HSCP will continue to work in partnership as part of the National HMHM Network with the overarching aim of developing a "Once for Scotland" HMHM service.

IMPLICATIONS OF THE PROPOSALS

Finance

20. Funding is required to support ongoing FLO support. Staff, licence and text bundles.
21. Earlier this year, a bid to upscale HMHM was submitted to Scottish Government, but due to oversubscription was unsuccessful. A further 9 month test of change was approved providing £50k with the HSCP committing to a further £26k to allow a 12 month period, d Disappointingly Scottish Government has since advised they will only support a 6 month test of change.

CONCLUSIONS

22. Currently over 600 patients in East Renfrewshire have benefitted from using Flo to assist them in managing their blood pressure. However it is not yet sufficiently scaled-up or spread to realise the level of health and wellbeing benefit modelled by Scottish Government. The independent evaluation concluded that more time is needed to reach a tipping point where HMHM becomes business as usual.
23. Further work is required to explore opportunities to embed the use of digital solutions to support self management of long term conditions, prevent hospital admission and support people at home safely in partnership with our technology enabled care solutions. These solutions can also reduce demand for house visits and appointments with GPs and other clinicians.

RECOMMENDATIONS

24. The Integration Joint Board is asked to:-
 - note and comment on the progress and evaluation of Home and Mobile Health Monitoring
 - ask the HSCP to work with primary care and acute colleagues to explore options for the continued expansion and long term sustainability of this approach

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BACKGROUND PAPERS

A National Service Model for Home and Mobile Health Monitoring
<https://sctt.org.uk/wp-content/uploads/2017/05/A-National-Service-Model-for-HMHM-v1.1.pdf>

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Towards Scaling Up Home and Mobile Health Monitoring *in East Renfrewshire*

An evaluation of the outcomes achieved and progress towards scale-up, spread and sustainability **April, 2019**

Dr Helen Alexander

ACKNOWLEDGEMENTS

This report would not have been possible without the commitment of those working in HMHM who built evaluation into their challenging workloads and responded to requests to submit it for this evaluation with enthusiasm and grace. Special thanks go to David Walker, Joanne McKeeve and Ann Steele.

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AT A GLANCE HMHM IN EAST RENFREWSHIRE



493 people used Home and Mobile Health Monitoring (HMHM)

(also known as remote digital monitoring or telehealth)

in East Renfrewshire from September 2017 to December 2018



East Renfrewshire was **new to the use and adoption** of HMHM within local services

The people using HMHM were hugely positive about it, reporting positive health care experiences

“Very positive experience”

“It really re-assured me”

“Excellent not having to miss work to attend the nurse”

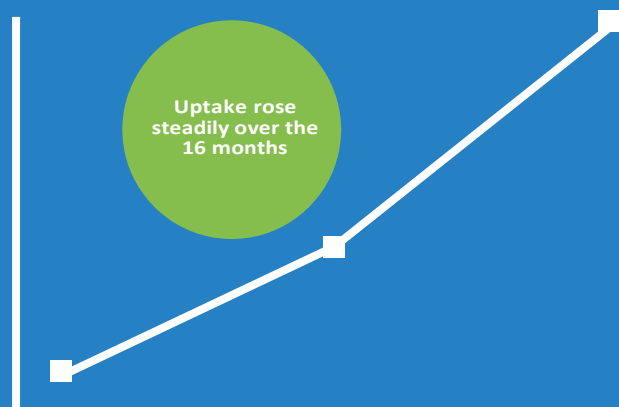
“Text messages reminded me to take my blood pressure”

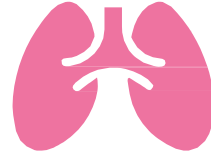
There has been significant growth in the adoption and use of HMHM

In just 16 months East Renfrewshire moved from zero to having all of their GP surgeries signed up to use HMHM

Much was expected of HMHM, and East Renfrewshire made considerable progress with two years of funding

Uptake rose steadily over time from the first **10** in September 2017 to **493** by December 2018





East Renfrewshire used HMHM for **hypertension** and did some early testing of it with **Chronic Obstructive Pulmonary Disease (COPD)**



There is good evidence of NHS resources being used **more effectively** and **efficiently**, avoiding the need for some GP & Practice Nurse appointments through the use of HMHM

This evaluation presents robust evidence that, when supported by HMHM:



More people self-manage their health and care



Condition-control improves



Face to face contacts (appointments) are optimised



Access to services increases



East Renfrewshire's participation in the National HMHM Programme has provided a firm foundation for future developments and much has been learned about accelerating scale up.

We need to remain pragmatic and realistic about how long it might take to move towards scale up and achieve sustainability.

This evaluation identified some aspects that would enable future scale up efforts to support implementing HMHM within a complex, dynamic health and care system.

Further scale up of HMHM is required to reach population level gain. East Renfrewshire would benefit from creating an action plan for HMHM scale-up that could lever the kind of radical change needed.

The inherent level of complexity with HMHM, and the results of this evaluation have shown that the benefits at a population level cannot be realised quickly. Success would be increased if some of the complication and complexity were reduced.

1 INTRODUCTION AND BACKGROUND

1.1 TECHNOLOGY ENABLED CARE IN SCOTLAND

1.1.1 THE EVOLVING STRATEGIC CONTEXT

Technology Enabled Care (TEC) has increasingly been gaining attention in recent years. When the TEC fund was launched in 2014, the focus was specifically on embedding and expanding the application of technology, because its potential was not widely understood at that time. Home health monitoring was one of the five priority areas identified for investment, with the aim of moving beyond small to medium scale initiatives to create substantial transformational programmes across Scotland. The intention was for TEC to progress from being an adjunct to care to become a core part of health and care delivery. This would require identifying which conditions and citizens could benefit most and which services should be scaled-up beyond the three years of funding available. Sustainability was not expected to be achieved within this timescale, but areas that merited further investment would be identified. Scotland was on a journey to support scale-up and spread, and home health monitoring was a priority.

Progress in the intervening years is captured eloquently in three seminal 2018 publications, which also set a clear strategic vision to ensure that Scottish citizens benefit from TEC's full potential. The first of these was our Parliament's Health and Sport Committee report from its inquiry into *Technology and Innovation in Health and Social Care* (Scottish Parliament, 2018). In their conclusions they noted that the health and social care sector was culturally reluctant to adapt to new ways of working, there were multiple incompatible systems in use, and the uptake of technology was slow. However, the Home and Mobile Health Monitoring workstream was commended as an exemplar that others could learn from.

The second and third core publications were our *Digital Health and Care Strategy* (Scottish Government, 2018a) and *Report of the External Expert Panel* (Scottish Government, 2018b) that created an ambitious vision to improve outcomes, based on the 'world leading' nature of our TEC programme. That vision would be realised by empowering citizens 'to better manage their health and wellbeing, support independent living and gain access to services through digital means' and by scaling the use of technologies, putting in place 'the underpinning architectural and information governance building blocks for the effective flow of information across the whole care system'. There was also a reaffirmation of the Christie Commission (Public Services Commission, 2011) comment that 'radical change in the design and delivery of public services [was] necessary' and that this needed 'to be driven by how best services [could] achieve positive outcomes'. The new strategy noted how critical it was for spread and adoption at scale of proven digital technologies, including the need for scale-up of home and mobile health monitoring (HMHM), the development of digital skills across the workforce, and creation of a national digital platform.

1.1.2 WHAT IS HOME AND MOBILE HEALTH MONITORING (HMHM)?

Home and Mobile Health Monitoring (HMHM) was defined in our National Service Model (Scottish Government, 2017) as:

'Home and mobile health monitoring (remote monitoring) describes those activities that enable patients outside of healthcare settings to acquire, record and relay clinically relevant information about their current condition to an electronic storage system where it can be used to inform or guide self- management decisions by the patient and/or to support diagnosis, treatment and care decisions by professionals'

HMHM was the agreed descriptor within the TEC programme, but different terms are increasingly being used such as 'Remote Digital Monitoring' or simply 'Remote Monitoring'.

1.1.3 EAST RENFREWSHIRE'S PARTICIPATION IN SCOTLAND'S HMHM PROGRAMME

East Renfrewshire was one of 12 partners that successfully secured an award from HMHM Programme funding. Their Year 1 implementation plan was based on an anticipated staffing resource that was subsequently redirected to support major service change. This meant they really began to make progress in Year 2 with recruitment of their HMHM nurse in April 2017. She had the capacity to engage directly with General Practices and facilitated the first one going live within five months. As word spread about the benefits of remote blood pressure monitoring, momentum built for the next five months, when the 100th patient was recruited. The East Renfrewshire team feel that buy-in from their Clinical Director was also critical to their success, and they ensured his positive attitude had a solid foundation in regular updates on progress.

In reflecting on their key learning, East Renfrewshire noted how accessing an existing network of HMHM contacts smoothed progress with their equipment procurement. They also found that respecting each practices' responsibility for record-keeping ensured data protection compliance. Spreading positivity across their General Practices meant that more patients could benefit from HMHM.

Although they were very frustrated by thwarted early plans, East Renfrewshire invested a lot of time and effort in their revised approach, challenging procurement obstacles, and minimising the time commitment required of practice staff. Their success was rewarded at the end of Year 3 with additional test of change funding to support further progress.

At a national level, HMHM activity was supported across the programme in a number of ways, including a dedicated central team and a learning collaborative to enable experiences to be shared and problems explored. Newer partners benefited from those who had more experience to share.

1.2 EVIDENCE ABOUT HMHM

A review of the available evidence about HMHM implementation and positive outcomes from remote monitoring across a number of conditions can be found in the national evaluation report (Alexander, 2018).

1.3 HMHM SCALE-UP, SPREAD AND SUSTAINABILITY

Despite policy directives to focus on scale, Imison et al (2016) caution that focusing on the technology itself does not lead to radical change. Rather 'transformation comes from new ways of working', so we need to look elsewhere to understand scale.

Greenhalgh et al (2017) point out that uptake is often low and explained by a rash of barriers and facilitators. They go on to say that 'it is not individual factors that make or break a technology implementation effort but the dynamic interaction between them. The more complex an innovation or the setting in which it is introduced, the less likely it is to be successfully adopted, scaled up, spread, and sustained'. Using a wealth of available literature and empirical data from technology implementation case studies, they created a framework to evaluate scale, spread and sustainability. Greenhalgh et al (2017) define these terms as:

- Scale-up – moving from a local project to one that is 'business as usual'
- Spread – transfer to new settings
- Sustainability – being maintained long- term, adapting as required

Sustainability was not part of the original aims of HMHM in Scotland, but some of the evaluation learning may be useful. This report comprises two main parts:

- Chapter 2. Evidence of East Renfrewshire's contributions to key HMHM outcomes
- Chapter 3. Consideration of HMHM scale- up, spread and sustainability in East Renfrewshire

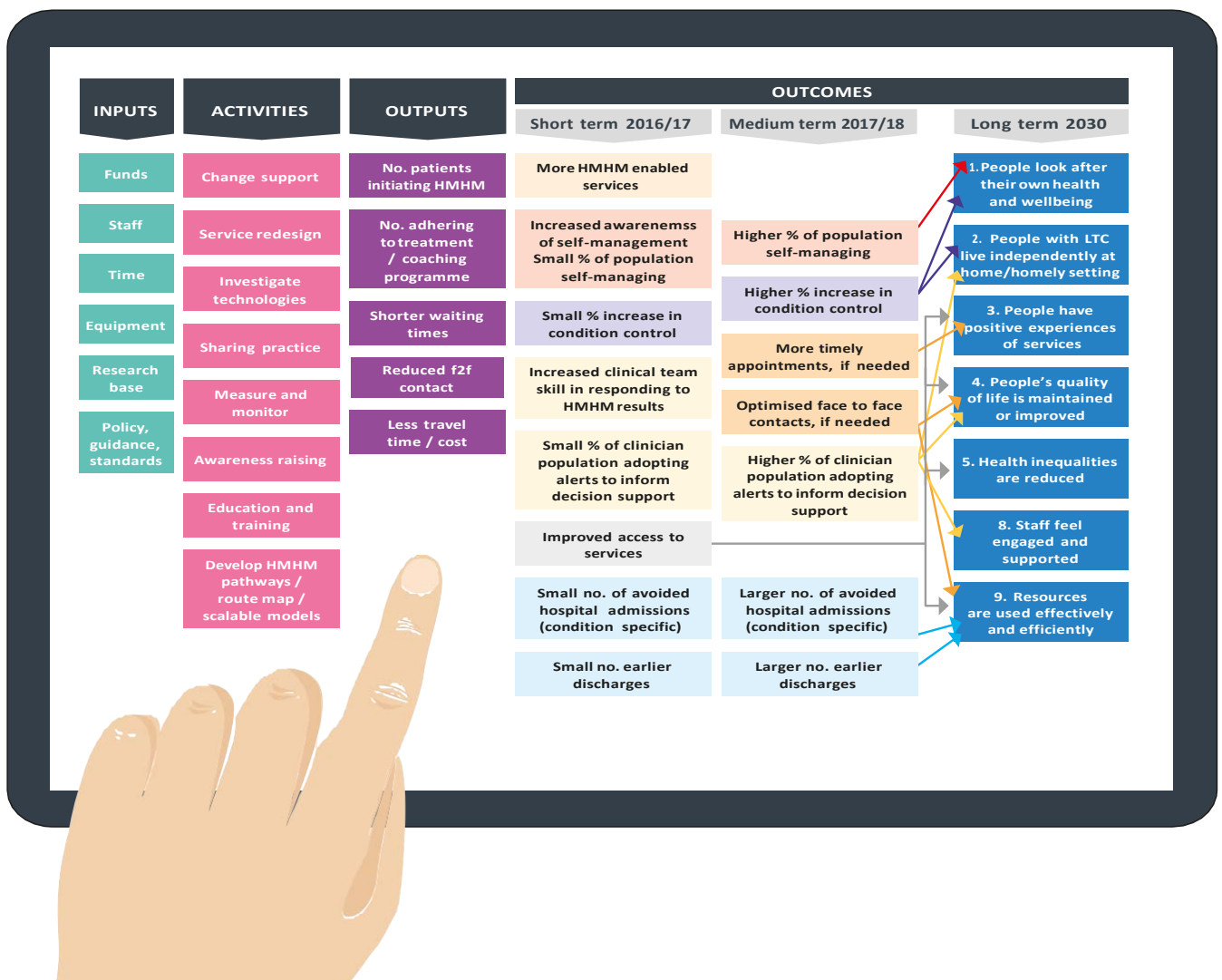
2 CONTRIBUTIONS TO HMHM OUTCOME ACHIEVEMENT

2.1 OUTCOMES TO BE ACHIEVED BY HMHM IN SCOTLAND

Recognising the policy directive to focus on outcomes, the Home & Mobile Health Monitoring (HMHM) workstream developed its logic model at an early stage. Although the aim was to map out what was to be achieved, the process of creating it was helpful for clarifying what was in or out of scope and communicating this across the partners. The agreed outcomes are shown in Figure 1.

Figure 1 sets out how it was envisaged that the HMHM workstream would link all the inputs and related activities to seven of the national health and wellbeing outcomes (not that the outcomes around carers and safety weren't relevant, just not so obviously influenced by the activities planned). The logic model made explicit the key outcomes to be achieved in shorter- and medium-term. They relate mainly to self-management, condition control, the effect on appointments/face to face contacts where these were needed, and access to services. The conversation then progressed to how the HMHM programme would demonstrate outcome achievement.

Figure 1 – Logic model for national HMHM 2016 to 2018



2.2 BRIEF OVERVIEW OF CONTRIBUTION ANALYSIS

In the real world it is rare for a single action to be solely responsible for causing an effect. It is therefore unlikely that East Renfrewshire can attribute changes in relation to remote blood pressure monitoring simply to the new technology (given the different patients/GP practices and ongoing changes in technology use), so its evaluation requires a method that acknowledges this attribution problem. Contribution Analysis (CA) can encompass this kind of complexity, gathering evidence to support an agreed theory of change (or logic model) that can be refined over time, and generating credible claims that link activities to observed results. There are six steps involved in CA (Mayne, 2012):

First	Describe what is being claimed about the link from inputs to observed results	Fourth	Assemble an initial contribution story
Second	Make explicit the theory about how change will be achieved	Fifth	Gather additional evidence, including alternative explanations for the results
Third	Gather evidence around the theory of change	Sixth	Revise / strengthen the credible contribution story

The first four CA steps were covered in the Year 2 HMHM evaluation report (Alexander, 2017):

1. We claimed that the HMHM programme would enable many more people to realise the range of benefits it offered
2. The logic model in Figure 1 represents the theory of how the HMHM inputs and activities were expected to lead to the short & medium-term outcomes, and contribute to the national health and wellbeing outcomes
3. Evidence was gathered from all 12 HMHM partners in a stepwise process, firstly agreeing which of the logic model outcomes they would contribute to, then what evidence they could gather that would demonstrate this, and finally if they would like any assistance with their evidence. Once received, the quality of the evidence was rated and only that deemed to be a robust demonstration of outcome achievement used in step 4. Robust meant it met generally accepted standards relevant to each type of evidence
4. The robust evidence was assembled into an initial contribution story which showed that the partners had contributed to Scotland having more HMHM enabled services. HMHM had also prompted an increased awareness of self-management and a small increase in condition control, in line with the key outcomes that had been envisaged for Year 2

This evaluation report concentrates on CA steps 5 & 6 i.e. the additional evidence required around the theory of change, including alternative explanations for the results (step 5), and the collation of evidence into a stronger, more credible contribution story (step 6).

2.3 EVIDENCE OF OUTCOME ACHIEVEMENT

This evaluation focuses mainly on the outcomes that were to be achieved in the medium-term:

- Higher % of the population self- managing
- Higher % increase in condition control
- Optimised face to face contacts, if needed
- Improved access to services


In addition, there is some evidence around resource use and an overview of patient experience.

2.3.1 ABOUT THE EVIDENCE

The East Renfrewshire team gathered all of their own evidence for this evaluation and they are to be commended for building this into their work plans. It was agreed that a mix of numbers and words would give a richer overview of progress. Where qualitative data is included it should not be viewed as any less robust than quantitative alternatives; the strengths of both approaches are acknowledged.

2.3.2 HMHM OUTCOME – A HIGHER % OF THE POPULATION SELF-MANAGING

Table 1 – Evidence for ‘Higher percentage of the population self-managing, supported by HMHM’
Outcome definition – People/patients actively doing something, not just submitting readings to Flo/pod

Measure	Data source	What the evidence shows
No. using HMHM as a % of whole population	Local Florence database 	Total using HMHM at 31.12.18 = 493 Mid 2017 population estimate * = 94,760 Estimated hypertension prevalence † = 13,172 3.7% of those with hypertension are using HMHM
Views on HMHM prompting self-management	Local patient survey	80% of people said HMHM helped them to recognize when their condition was getting worse and they needed to take action
	Patient feedback	“I was glad of the text messages as they reminded me to take my blood pressure, otherwise I would have forgotten”

* Population estimates by administrative area, National Records of Scotland (NRS, 2018)

† Prevalence estimates from Quality and Outcomes Framework (QOF) data for 2015/16 (ISD, 2016)

Table 1 shows that East Renfrewshire made good progress in increasing the use of HMHM by the end of 2018. In just 16 months they had not only introduced blood pressure remote monitoring support via Florence text messaging, but scaled it to 3.7% of those in their population with, or being tested for, high blood pressure. In addition, most patients felt HMHM had helped them identify when they needed to take action for their condition and feedback showed that HMHM acted as a prompt to comply with the self-management instructions. Figure 2 shows East Renfrewshire’s monthly HMHM progress.

Figure 2 – Cumulative total of HMHM users over time

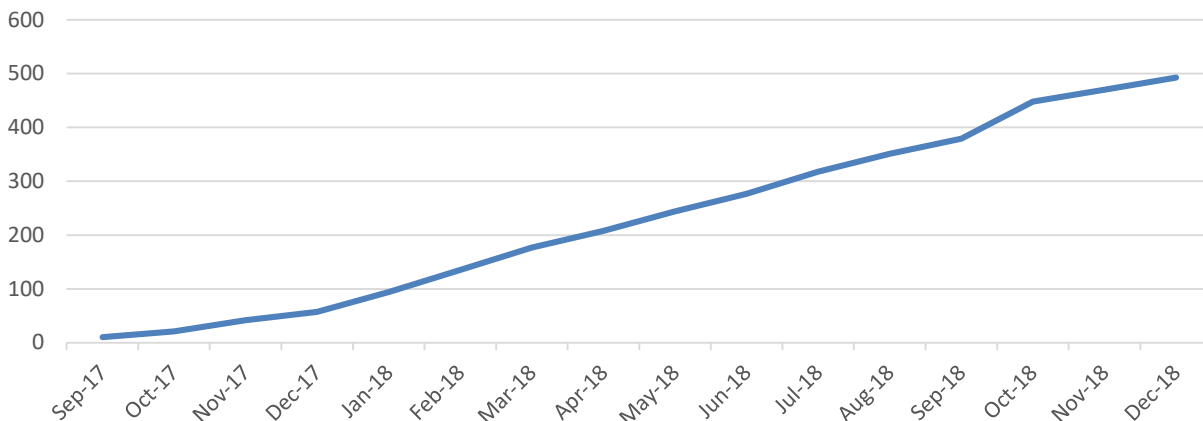


Figure 2 shows the steady rise in number of people who had used HMHM over time, starting from zero before September 2017 and rising to 493 in just 16 months. The rate of increase was slightly slower in the first four months, as you might expect with the introduction of a new technology, but as recruitment within the first few practices increased, and more practices came on board, the number rose steadily during 2018. When the level of recruitment per month is calculated, it was 14 in the first four months and rose to 36 per month during 2018. By January 2019, all 15 practices in East Renfrewshire had signed up to use Florence text messaging with remote blood pressure monitoring.

The data above shows that East Renfrewshire has robust evidence that patients were actively doing something in response to text messages, not just passively submitting readings. Examples include that it helped them recognize when they needed to do something about a worsening condition and it reminded them to take their blood pressure when they might otherwise have forgotten. It is concluded that the adoption of HMHM for hypertension in East Renfrewshire has contributed to increased self-management.

2.3.3 HMHM OUTCOME – A HIGHER % INCREASE IN CONDITION CONTROL

Table 2 – Evidence submitted for 'Higher percentage increase in condition control, supported by HMHM'
Outcome definition – a 'control' metric, or an action known to improve condition control

Measure	Data source	What the evidence shows
Hypertension – no. diagnosed/monitored for medication titration to stabilise blood pressure (BP)	Local data	186/493 (38%) still remotely monitoring therefore assume they have had hypertension diagnosed and stabilized (<i>this is likely to be an underestimate as some will have been stabilized before stopping remote monitoring</i>)
	Case study	A 56 year old man with poor medication compliance was able to accept he had high BP after starting on Flo. His medication is now taken as prescribed, and his BP is at a safer level



Table 2 illustrates robust evidence of HMHM's contribution towards increased condition control (treatment adherence). This was mainly demonstrated by the number of people who continued remotely monitoring their blood pressure, presumably because they had been diagnosed with hypertension and HMHM helped them maintain it in line with recommendations. In the absence of blood pressure readings, this is the best estimate we have, although it is felt that 38% is an underestimate because there was variation between practices in whether or not their patients continued monitoring after diagnosis (some people will have been diagnosed and stopped monitoring). However, the case study included in Table 2 is a good illustration of how HMHM helped someone previously not complying with his medication (because his symptoms were not obvious to him) to accept his high blood pressure and take his medication as prescribed.

2.3.4 HMHM OUTCOME – 'OPTIMISED FACE TO FACE CONTACTS, SUPPORTED BY HMHM'

Table 3 – Evidence submitted for 'optimised face to face contacts, supported by HMHM'

Outcome definition – face to face (f2f) contacts improved by HMHM or contacts avoided i.e. available for others

Measure	Data source	What the evidence shows
Hypertension – no. f2f contacts/ appointments avoided by HMHM	Local data	561 appointments avoided for 241 people (incomplete data) = 2.3 per person, estimate 1,416 appointments avoided*
	Clinical staff	"Easier to review readings without patient there ... I either text or phone them ... easier to manage time for myself and the patient"
	Patient feedback	"Excellent not having to miss work to attend nurse for BP check"

* Estimate that the 292 people who finished monitoring avoided 2.3 appointments each = **672** and the 186 people still monitoring would have had on average 5 appointments for diagnosis and medication titration, so remote monitoring avoided 4 of these (they attended for an initial appointment only) = **744, Total = 1,416**



Table 3 shows that the use of HMHM has positively contributed to the optimization of face to face contacts with services. Appointments were avoided because clinicians had blood pressure readings available to them from remote monitoring and used these to inform decision making without the patient needing to be present. This meant that these appointments could be used for others who needed to see the clinician face to face. The patient feedback demonstrates the advantage of this to people in work who were happy to free up the appointment they would otherwise have had to attend.

2.3.5 HMHM OUTCOME – 'IMPROVED ACCESS TO SERVICES, SUPPORTED BY HMHM'

Table 4 – Evidence submitted for 'improved access to services, supported by HMHM'
Outcome definition – HMHM prompting increased contact with services, a faster response, or HMHM instead of contact

Measure	Data source	What the evidence shows
Hypertension – HMHM prompting a faster response	Case Study	Within 24 hours of starting Flo, a 55 year old woman's shared management plan identified dangerously high BP and the need to contact services. She was admitted to hospital and started on medication. She had previously been unsure she had high BP
Hypertension – avoidance of 24 hour monitoring	Local data	GPs advised that a referral for a 24 hour tape had been avoided for 29 of their patients remotely monitoring their blood pressure
	Staff survey	All staff acknowledged that HMHM avoided referrals for 24 hour tapes



From the evidence in Table 4, it is clear that use of HMHM improved access to services. The case study shows how having access to blood pressure readings meant that one woman knew to make contact with services when they were dangerously high. There is also data to show that clinicians felt having blood pressure remotely monitored and the readings sent in to the practice meant that some patients who would previously have been referred to hospital for 24 hour monitoring did not require this (their HMHM readings sufficed instead). Not only was this response universally agreed in the staff survey, but the practice returns highlighted that 29 of the 493 patients remotely monitoring had avoided the need for this. It may be an underestimate as not all practices completed all of the possible data fields in their returns.

2.3.6 HMHM OUTCOME – ‘RESOURCES ARE USED EFFECTIVELY AND EFFICIENTLY’

The results presented in Table 5 show how East Renfrewshire contributed to national health and wellbeing outcome number 9 i.e. resources being used effectively and efficiently.

Table 5 – Evidence for ‘resources used effectively and efficiently’

Measure	Data source	What the evidence shows
No. self-managing condition, controlling condition	Various	Evidence presented for ‘Higher % population self-managing’ and ‘Higher % increase in condition control’ shows examples of responsibility shifting away from healthcare professionals to patients/service users. This not only makes the services involved more efficient, but generally increases the effectiveness of the interventions
No. reduced referrals, clinic appointments, home visits	Various	Evidence presented for ‘Optimised face to face contacts’ and ‘Improved access to services’ shows a range of examples of avoided clinic appointments and referrals and having additional information to prompt faster access to hospital care when needed



Table 5 comprises a summary of the evidence presented in Tables 1 to 4 because many of the changes effected by HMHM also produce efficiencies or more effective interventions e.g. when patients/service users know more about why they should comply with advice offered.

2.3.7 HMHM OUTCOME – ‘PEOPLE HAVE POSITIVE EXPERIENCES OF SERVICES, SUPPORTED BY HMHM’

East Renfrewshire gathered evidence directly from their patients/service users that showed what effect HMHM had had on their experience of engaging with services (Table 6).

Table 6 – Evidence submitted for ‘people have positive experiences of services, supported by HMHM’

Measure	Data source	What the evidence shows
Patient surveys, feedback comments	Various	Feedback about HMHM from patients/service users is overwhelmingly positive
When people completed surveys about HMHM they said that they gained knowledge about their health, they felt more in control of their symptoms and that Flo helped them recognize any worsening of their condition and take action when needed. Everyone surveyed said Flo helped them to comply with health advice and 73% that it had supported them making lifestyle changes. Additional comments included, “I liked being able to [monitor] without taking up the nurse’s time”, “It was excellent” and “It really reassured me because of my family history of high blood pressure”.		

Evidence presented in Table 6 is a clear demonstration of how positively people viewed their use of HMHM. The surveys were based on fixed responses, which is why additional comments have been included in the table.

2.3.8 ALTERNATIVE EXPLANATIONS FOR THE HMHM OUTCOME RESULTS

In addition to Contribution Analysis enabling the claim that an intervention has made a difference, Mayne (2012) says that rival explanations for the results observed need to be identified and their influence either acknowledged or discounted. This is because the evidence gathered to support a theory of change is considered to be making a contribution to observed results and other factors could have greater impact. Although Mayne suggests that rival explanations should be surfaced along with the theory of change, he also says he is supportive of modifying the six CA steps. This evaluation was felt to be sufficiently complicated to delay exploring rival explanations until step 5 and they are presented in Table 7 in relation to each of the main Year 3 HMHM outcomes. Their exploration supports the claims of contributions to HMHM outcome achievement.

Table 7 – Exploration of rival explanations for observed HMHM results

Claim	Rival explanation for results	Rival explanation supported or rejected
That HMHM enables a higher percentage of the population to self- manage than would have done so without HMHM	The people participating in HMHM have self- selected because they are pre- disposed to self- manage	Rejected – local data and case studies are from people who were not previously self-managing, so pre-disposition unlikely
	The people participating in HMHM are only complying with an instruction from their clinical team, not actively self- managing	Rejected – local surveys, data and case studies describe people's increased motivation/ knowledge and better adherence to recommendations
	The people participating in HMHM may be motivated to self-manage because of something else happening in their lives unrelated to HMHM	Rejected – Flo is enabling success with issues being denied and there are no indications of any additional, unrelated catalysts for change
That HMHM enables a higher percentage increase in condition control than would have happened without HMHM	The people participating in HMHM may have experienced a spontaneous improvement in their condition, unrelated to HMHM	Rejected – hypertension does not tend to improve spontaneously but worsen over time and people report reminders/motivation arising from HMHM
	The people participating in HMHM may have had a change to their management regime e.g. medication prescribed, which would explain why their condition improved	Rejected – the evidence is of hypertension management as a result of HMHM, not prior to/at the same time
That HMHM has enabled optimised face to face contacts, if needed	The people participating in HMHM have inaccurate perceptions of any change to face to face contacts	Rejected – hypertension HMHM does result in fewer contacts
	Some of the small numbers supporting this claim may not be representative of the impact	Rejected – the numbers for hypertension are relatively large now
	Data on reduced appointments may be the result of improved condition control, not due to HMHM	Rejected – the majority of people remotely monitoring were previously unaware they had hypertension to control
That HMHM has improved access to services	The people participating in HMHM may have inaccurate perceptions of any changed access to services	Rejected – people avoiding appointments could not be mistaken in this
	The people participating in HMHM may just have demanded quicker access to services due to something unrelated to HMHM	Rejected – people describe HMHM prompting a response to text messages, not something they would normally expect
That HMHM results in a positive patient/ service user experience	The people providing feedback may be an unrepresentative sample	Rejected – if there had been major problems with HMHM you would expect more negativity to be voiced

3 TOWARDS HMHM SCALE-UP, SPREAD AND SUSTAINABILITY

3.1 SCALE-UP, SPREAD AND SUSTAINABILITY OF HMHM

The following definitions (Greenhalgh et al, 2017) are used in the remainder of this report:

- **Scale-up** – moving from a local project to one that is 'business as usual'
- **Spread** – transfer to new settings
- **Sustainability** – maintained long-term, adapting as required

3.1.1 SCALE-UP

Our national service model framework (Scottish Government, 2017) defined scale-up as having 1,000-5,000 active patients/service users by 2018/19. By this definition, and allowing for some having relatively small populations, six of the 12 HMHM partnerships funded nationally achieved this by the end of Year 3. East Renfrewshire has achieved almost 500 people using HMHM for hypertension, which equates to 3.7% of the population estimated to have this condition. This is as high a proportion as anyone during the three year programme, so the partnership can be said to have achieved the first stage of scale-up.

Scale-up success may also be judged in terms of the total number of people who have benefited. There has been a considerable increase in East Renfrewshire's numbers in the past 16 months and it is possible that some people may have remotely monitored without their details being recorded.

National work is ongoing to scale-up blood pressure monitoring across the country and this will in turn drive forward population health benefits at scale. It has taken some time to get to this point and we do not yet know how much longer it may be to reach a population-level tipping point.

3.1.2 SPREAD

The national service model also projected that by 2018/19, most partners would have spread HMHM across 2 to 8 pathways of care and used 1 to 3 different media channels i.e. text messages, tablets, web sites etc. East Renfrewshire has now completed a test of change for Chronic Obstructive Pulmonary Disease (COPD) so has begun to tackle the spread to other conditions.

3.1.3 SUSTAINABILITY

Although not an aim of the HMHM Programme at the outset, it is worth considering what we have learned thus far that could inform sustainability. There is a high risk that if suitable resourcing is not allocated to support the continued scale-up and spread of HMHM across Scotland its potential will not be realised. Efforts also need to be made to retain knowledge and HMHM expertise within the workforce developed over the course of the programme and continue to develop digital health and care leadership roles for HMHM.

In addition, more work is needed across the NHS and health and social care partnerships to embed the learning and successes to date across whole pathways of care and to spread to other conditions and new digital technologies as they become available. It is becoming increasingly important for NHS boards and Integrated Joint Boards to capitalise on the benefits of embedded digital health and care/TEC, and specifically remote monitoring, as key enablers of service transformation programmes in Scotland. A hands-off approach at this stage is a major threat to long-term maintenance and the radical new ways of working that HMHM offers.

3.2 A FRAMEWORK TO EVALUATE THE SUCCESS OF HMHM

The Non-adoption or Abandonment of technology by individuals and difficulties achieving Scale-up, Spread and Sustainability (NASSS) framework was developed to help predict and evaluate success or otherwise with health and social care technologies such as HMHM. An early version complexity assessment tool (NASSS-CAT) was made available for testing in East Renfrewshire (Table 8).

Table 8 – Complexity rating of HMHM in East Renfrewshire– applying the NASSS-CAT

NASSS domain	East Renfrewshire equivalent	Complexity ratings of different aspects of each NASSS domain
The condition or illness	Hypertension	14 simple sub-components: the condition is well-understood, follows a predictable course and has predictable implications for care 0 complicated sub-components 0 complex sub-components
The innovation (technology)	Florence text messaging	14 simple sub-components: the HMHM technology is straightforward, well-understood and will have a predictable effect 1 complicated sub-component: the technology is not easily substitutable 2 complex sub-components: data reporting/output from Florence is not accurate or reliable, a key technology needs to be installed across multiple technical systems to achieve integration
The value proposition	Increased clinical and cost-effectiveness, improved health,	14 simple sub-components: the technology generates value for different groups of people 1 complicated sub-component: procurement process shared with other areas, but everything not fully resolved for future 1 complex sub-component: those who fund the technology don't realize any direct benefits
The intended adopters	General Practice, patients and the Telehealth team working together	2 simple sub-components: no implications for those indirectly affected 3 complicated sub-components: some people may require assistance, reject the technology or be unwilling to use it 5 complex sub-components: some staff question the value, not want to work differently, claim not to have time, or not work creatively/flexibly
The organisation(s)	East Renfrewshire Health & Social Care Partnership (other organisations are involved)	12 simple sub-components: technology introduction was resourced, the organization was ready, and there is capacity to adopt it 4 complicated sub-components: some staff have poor equipment, there are no slack resources and future funding has not been identified 0 complex sub-components
The external context	National strategy, good evidence-base, digital age	18 simple sub-components: the policy, professional, patient, regulatory and commercial contexts are all conducive to HMHM 1 complicated sub-component: future funding is the only imminent threat 0 complex sub-components
Project implementation	Project supported at all levels, dedicated team to implement HMHM	31 simple sub-components: technically straightforward, few structural or operational issues, socio-political context is conducive 4 complicated sub-components: Docman reporting not ready yet, budget constraints, more work needed with dissenters, need to widen support 2 complex sub-components: may be future issue with resources (funding), may need greater co-operation across sectors

Table 8 shows that the majority of sub-components of each NASSS domain were relatively 'simple', with some elements of complication and a few rated as 'complex'. Greenhalgh et al (2018) say that programmes with mainly complicated domains were 'difficult, slow and expensive' but not impossible to implement, whilst those with considerable complexity were rarely ever mainstreamed. The main domain requiring attention in East Renfrewshire is related to the intended adopters of HMHM, where some exploration of the aspects rated as complex and any complicated components is warranted. A few of the other domains with complex or complicated sub-components should be included, but the adopters should be prioritized. Scale-up, spread and sustainability will only be achieved if conditions are in place which reduce the level of complexity for as many of the NASSS domains as possible (Greenhalgh et al, 2018).

4 DISCUSSION

4.1 DOING THINGS DIFFERENTLY WITH EVALUATION METHODOLOGY

The policy context for HMHM in Scotland is ambitious and there is a strong underlying assumption that technology has the ability to effect major system change. However, a focus on the technology itself is unlikely to lead to the kind of radical change suggested in recent policy documents (Imison et al, 2016).

Evaluation methodologies are needed that can absorb the complexity associated with system-wide change and this chimes with current evaluation practice where theory-based approaches are becoming the norm. The Contribution Analysis approach adopted in the first part of this evaluation set out the theory of how HMHM was to effect change in a logic model (Figure 1). This theory of change was then used to assemble evidence of how East Renfrewshire had contributed to achievement of the desired outcomes. Contribution Analysis does not relinquish rigour, since only evidence that is deemed to be sufficiently robust is included, but the descriptor 'good enough' covers the fact that it was not possible (nor arguably desirable) to control all the conditions under which data was gathered. East Renfrewshire collected a range of data via methods appropriate to local circumstances. They should be applauded for building evaluation into their HMHM programme and for the evidence they generated.

4.2 THE IMPACT OF HMHM ON OUTCOMES

The achievements made by East Renfrewshire are considerable, starting from zero and reaching almost 500 users in 16 months. The evidence published in this report (Tables 1 to 4) shows robust evidence from East Renfrewshire of the contribution of HMHM towards achieving:

- a higher percentage of the population self-managing
- increased condition control
- optimised face to face contacts
- improved access to services.

There was also good evidence submitted of contributions to resources being used more effectively and efficiently and positive patient/service user experience.

Contribution Analysis has proved to be a useful method for collating evaluation results. Not only do we have evidence of contributions to outcome achievement, but there is considerable detail on the experience of patients/service users who were overwhelmingly positive about HMHM. It could be argued that these are early adopters of new approaches and therefore more likely than others to be positive, but this can be countered by evidence in case studies where the people described were not technophiles.

Contribution Analysis also requires a consideration of risks to the theory of change (Mayne, 2012) i.e. that the results observed may be due to something unrelated to the programme being evaluated. For this reason alternative explanations for the outcome results were considered (Table 8) and this provided a degree of confidence that HMHM has indeed made a contribution to their achievement.

4.3 PROGRESS WITH SCALE-UP, SPREAD AND SUSTAINABILITY

East Renfrewshire has had a unique journey from start to the present day with much learning to share. Two important factors are worth highlighting. Firstly, they have displayed considerable enthusiasm and commitment in implementing HMHM, something that has been at times challenging. Secondly the collaboration between them and the National HMHM Team has worked well in sharing learning and related resources. Whilst acknowledging how much success has been achieved, the level of scale, spread and sustainability needs to be considered. The numbers in East Renfrewshire have risen steadily and they have begun to spread from hypertension monitoring to COPD.

At a population level, there is clearly more HMHM activity required. Without continued policy and implementation focus there is unlikely to be sufficient scale-up or spread and impact on systems and services to realise the benefits that remain possible.

Although not one of the original HMHM programme aims, in order to sustain the progress made to date and build on what has been learned thus far, there is a need to retain and continue to exploit the expertise developed in East Renfrewshire. Within the context of ongoing national support, there is a need to build HMHM (and other aspects of TEC) into service plans. These ongoing investments need to plan for the inherent challenges, and acknowledge how long it can take to realise the full benefits, so that HMHM can become 'business as usual' in time.

It is timely that Greenhalgh et al (2017, 2018) identified the need to go beyond the myriad lists of facilitators and barriers to successful implementation of new technologies. With a sound theoretical basis, these authors have developed a useful framework for determining a programme's complexity and have tested it in the field. Although they say it needs to be applied more, testing it in East Renfrewshire has suggested that the implementation of HMHM has raised challenges with some aspects rated as complicated or complex; these need to be addressed.

5 RECOMMENDATIONS AND NEXT STEPS

In recent years, HMHM in East Renfrewshire has scaled-up and spread from zero to almost 500 people. As previously discussed, this level of progress should be applauded, but it is also contended that they have not yet been implementing HMHM long enough for it to be considered sufficiently scaled-up or spread to realise the level of benefit that our policy documents would like to achieve. **It is recommended that East Renfrewshire continue to scale-up and spread remote monitoring** in order to realise its full potential.

More time is needed to reach a tipping point where HMHM becomes business as usual. A wealth of expertise has been created in East Renfrewshire and ongoing efforts are needed to ensure that this continues to be available for others wishing to adopt HMHM. The number of people whose outcomes have improved is not yet large enough to impact on East Renfrewshire's health profile.

Scale-up, spread and sustainability are affected by the level of complexity associated with HMHM. Testing the Non- adoption or Abandonment of technology by individuals and difficulties achieving Scale-up, Spread and Sustainability (NASSS) framework for HMHM (Table 8) showed that **East Renfrewshire had only a few aspects of complication or complexity, but they should give consideration to how to reduce these.** Developing an action plan to simplify, wherever possible, should enable identification of local solutions to some aspects and links to national work for others.

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Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board
Agenda Item	10
Title	HSCP Unscheduled Care Programme Update
<p>Summary</p> <p>As requested at the June meeting of the Integration Joint Board this paper provides an update on the HSCP Unscheduled Care Programme.</p> <p>The report details progress on our Scottish Government expectations regarding unscheduled care and cross system work on our unscheduled care programme to deliver against our objectives for 2019/20</p>	
Presented by	Kim Campbell, Localities Improvement Manager
<p>Action Required</p> <p>The Integration Joint Board is asked to:-</p> <ul style="list-style-type: none"> ▪ note the HSCP performance against MSG targets ▪ note the HSCP's contribution to cross Greater Glasgow and Clyde whole system planning for unscheduled care ▪ recognise the challenges given our growing elderly population and our limited primary and community care resources 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

14 August 2019

Report by Chief Officer

HSCP UNSCHEDULED CARE PROGRAMME UPDATE

PURPOSE OF REPORT

1. This report updates the Integration Joint Board on progress on our Scottish Government expectations regarding unscheduled care and cross system work on our unscheduled care plan to deliver against our objectives for 2019/20.

RECOMMENDATION

2. The Integration Joint Board is asked to:
 - note the HSCP performance against MSG targets
 - note the HSCP's contribution to cross Greater Glasgow and Clyde whole system planning for unscheduled care
 - recognise the challenges given our growing elderly population and our limited primary and community care resources

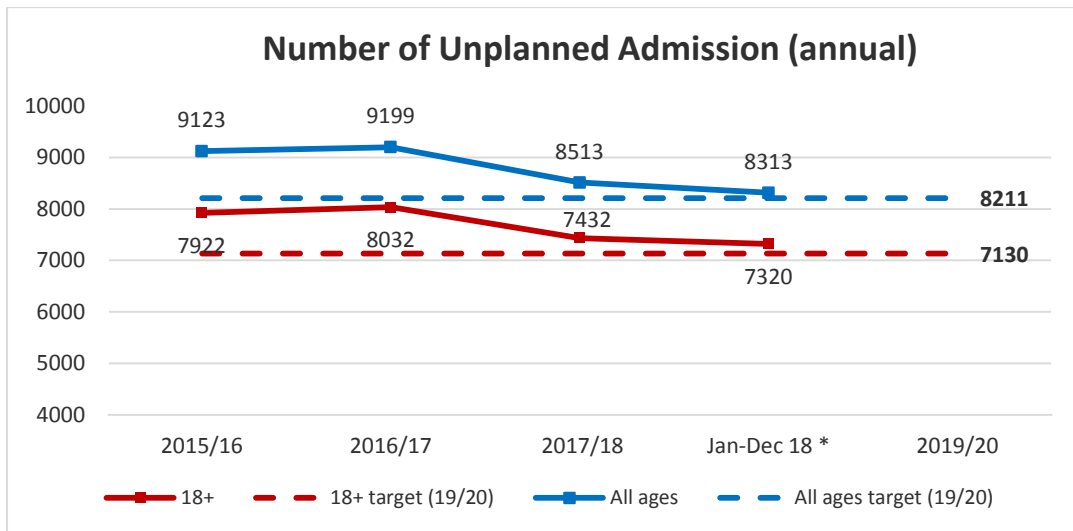
BACKGROUND

3. Reducing unscheduled care activity is a key priority of the health and social care integration agenda. Increasing numbers of older people in our population, and longer life expectancy for those with life limiting illness and disability, is to be celebrated. There is, however, a resultant increase in demand both in terms of numbers and complexity across the health and social care economy. In order to militate against the impact of this, concerted effort across the whole system is needed to ensure person centred safe, efficient and effective care.
4. The Integration Joint Board approved the HSCP annual targets in relation to the Ministerial Steering Group (MSG) objectives for 19/20 at its meeting of 20 March 2019. NHS Greater Glasgow & Clyde (NHSGGC) and all six HSCPs with GG&C collaborated to prepare the trajectories for the MSG indicators for 2019/20.
5. Partnerships do not have an unscheduled care programme for under 18s at this time, and the activity is not part of Set Aside arrangements. Currently the board wide unscheduled care programme and the unscheduled care work stream of Moving Forward Together is focused on adults.
6. This report provides an update on the latest data available (April – December 2018) to track our progress towards the MSG targets and gives an overview of recent activity within the partnership and across GG&C.

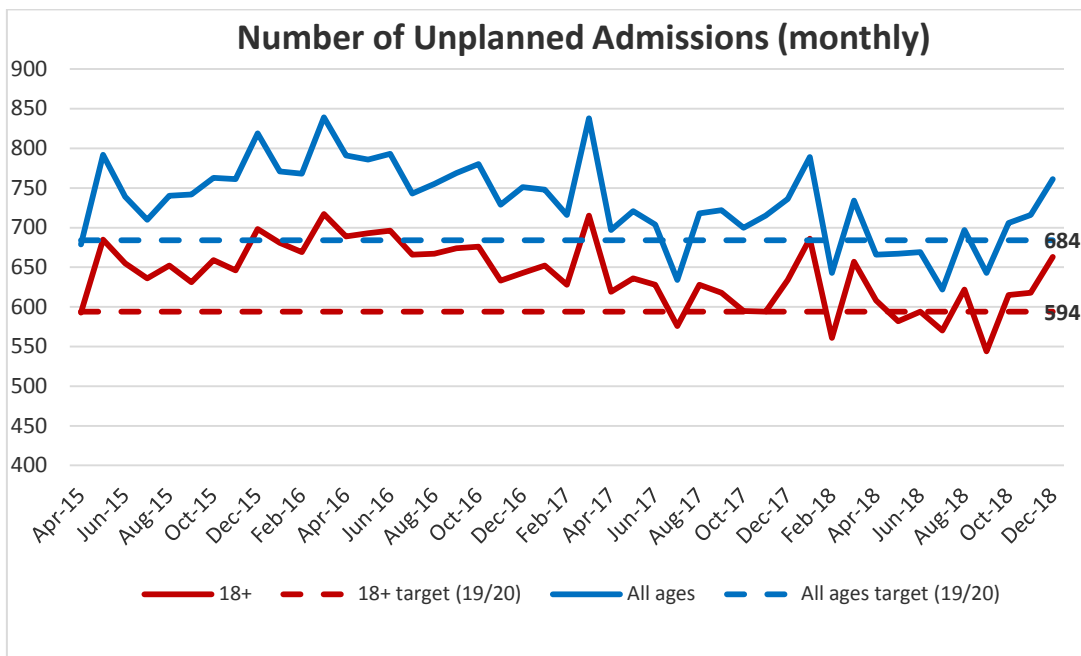
REPORT

Unplanned Admissions

- East Renfrewshire’s number of Unplanned Admissions has been improving year-on-year since 2016/17 and this trend is replicated across all age groups. Since the baseline year of 2015/16 there has been a 7.6% drop in admissions for adults (18+) and a 9.6% drop for all ages. The 2018/19 figure indicates that we are on course to meet our agreed 2019/20 target in the coming year.



*full year data not available for 2018/19. We present Jan-Dec 2018 to give 12 month data.



8. Admissions to hospital from East Renfrewshire care homes have continued to reduce since May 2018 (n26) to June 2019 with (n16) recorded. Although our admissions are lower than many other areas, our growing care home estate continues to be a risk to us. Care Homes have positively engaged with the Unscheduled Care Improvement Programme. An Improvement forum has been initiated with agreement to share performance data and activity.
9. Work continues with colleagues across Greater Glasgow & Clyde to develop pathways for a range of conditions across primary and secondary care to reduce unplanned admissions. The top 5 most common primary diagnosis upon admission for East Renfrewshire are shown in the table below. These are potentially preventable conditions:

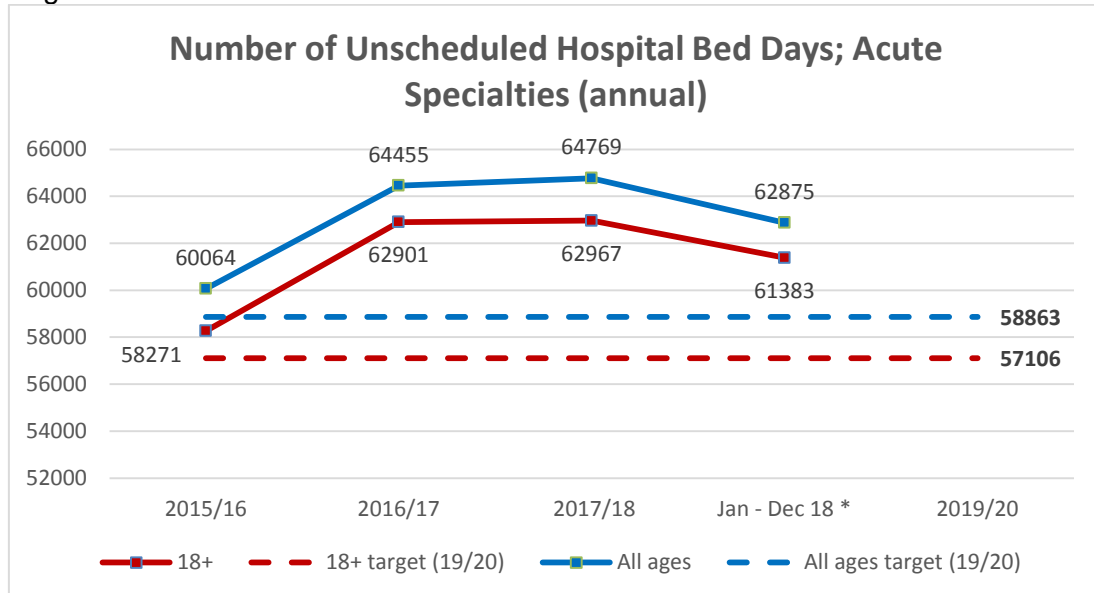
Primary Diagnosis	No	%
URINARY TRACT INFECTION SITE NOT SPECIFIED	233	2.9
UNSPECIFIED ACUTE LOWER RESPIRATORY INFECTION	228	2.8
SEPSIS UNSPECIFIED	170	2.1
CHEST PAIN UNSPECIFIED	167	2.0
PNEUMONIA UNSPECIFIED	133	1.6

Top 5 Most Common Primary Diagnoses upon Emergency Admission to Hospital and Associated Bed Days (2018/19 Data for East Renfrewshire Residents)

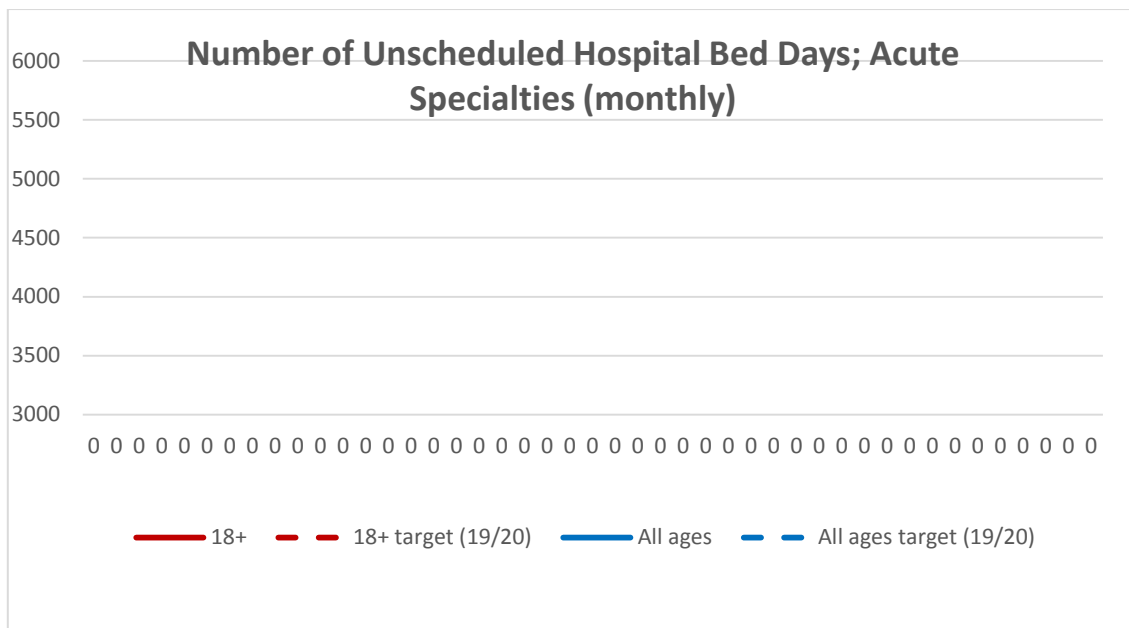
10. Since March 2019, we have:
- Implemented 'intermediate bed' capacity within Bonnyton House to provide support for individual at risk of an admission in the community setting using local resource including Advanced Nurse Practitioner, Physiotherapist, Occupational Therapy and Hospice support. This test of change is being monitored.
 - Implemented the Rockwood Dalhousie Frailty Assessment tool across our RES teams. Since November 2018 more than 500 assessments have been completed, which assign a Frailty score to each individual assessed. This assessment is completed at time of assessment and following intervention to measure improvement and will allow us to target interventions at those who will benefit the most.
 - Sharing of the Frailty score for individuals with the acute sector and GPs is being developed

Occupied Bed Days due to Unscheduled Admissions

11. Unscheduled hospital bed days increased in the first year but have shown an improving trend to December 2018. Despite this we are still above the 2015/16 position by 5.3% for adults (18+) and 4.7% for all ages. We will continue to work towards our ambitious targets.



*full year data not available for 2018/19. We present Jan-Dec 2018 to give 12 month data

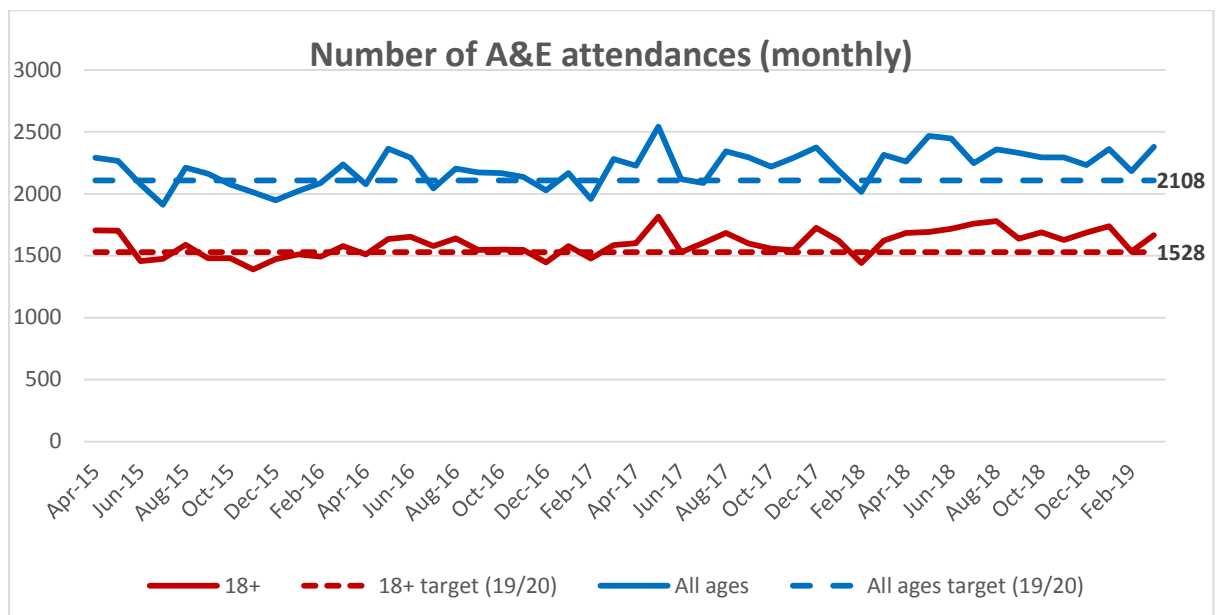
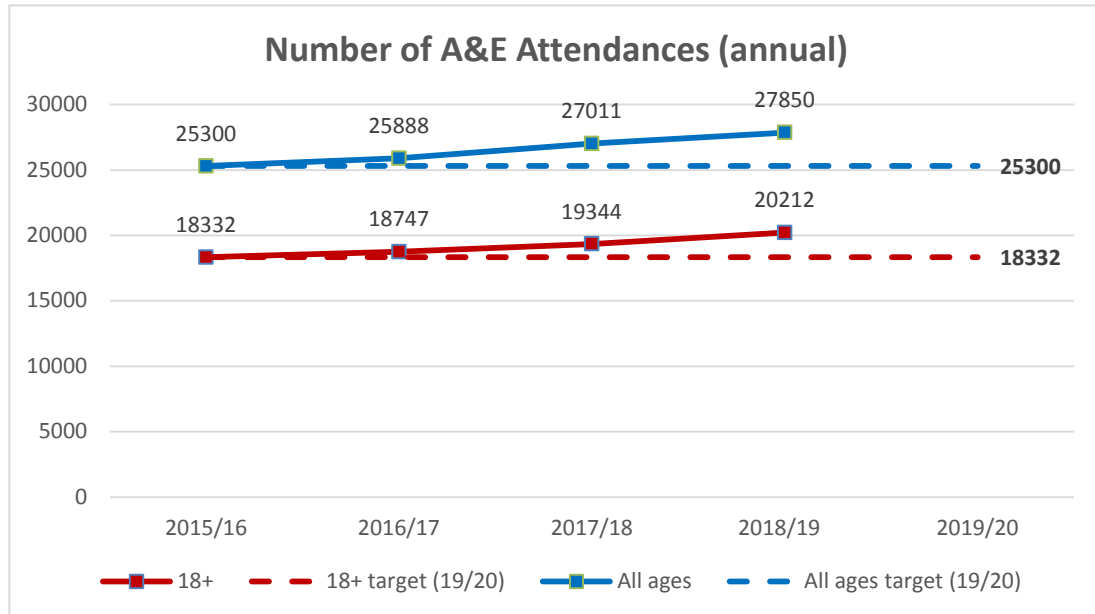


12. Improvement activity:

- Developed our use of the ‘in patient’ dashboard to identify East Renfrewshire residents in hospital beds across Glasgow & Clyde strengthening our in reach activity across all acute sites
- Participated in the GG&C FIP Unscheduled Care Group where sharing of best practices was supported to benchmark against and develop pathways for COPD, cellulitis, chest pain, self-harm, falls and abdominal pain
- Small test of change of Home and Mobile Health Monitoring Florence (FLO) to support self-management of COPD

Accident and Emergency

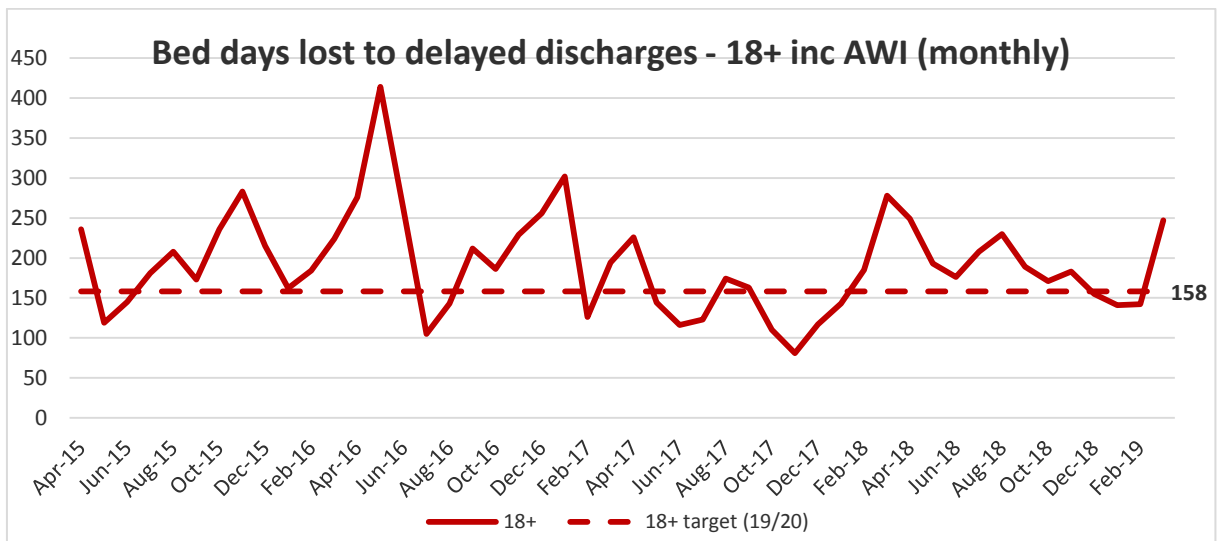
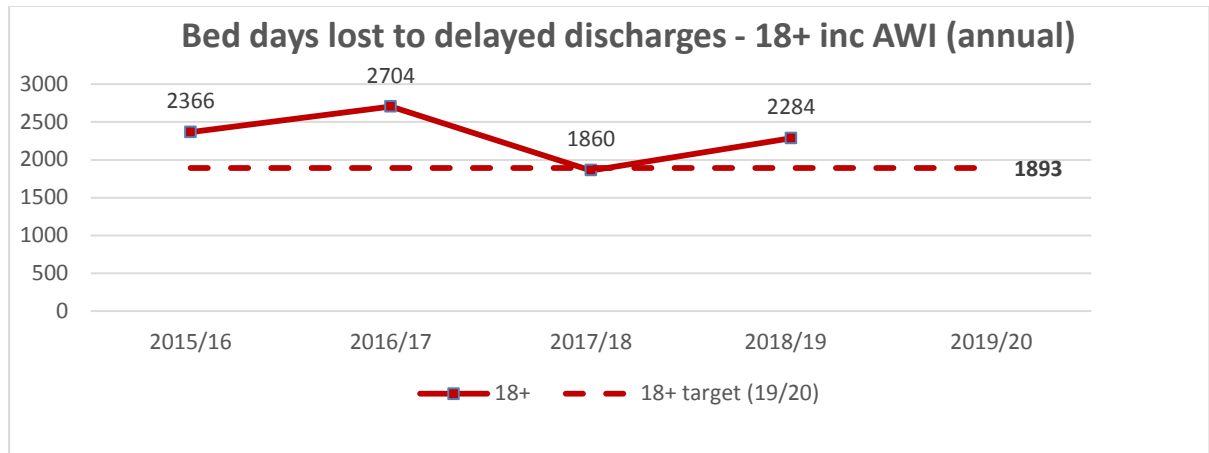
13. This is a very challenging area with A&E attendances across GG&C rising. East Renfrewshire A&E attendance continues to be the lowest across Greater Glasgow & Clyde. Our target is to return to baseline performance at 2015/16. For adults, A&E attendances have increased by 10.3% since 2015/16 and by 10.1% across all ages.



14. Across NHSGGC, there are a range of work streams underway which will impact on reducing attendances at A&E over 2019/20. These include
- work on a redirection policy, directing people from A&E to more appropriate services;
 - the roll out of Primary Care Improvement Plans, which will see the introduction of a range of new professional roles in primary care; and
 - focused work to support individuals who frequently attend A&E to be supported more effectively in the community.

Delayed Discharges

15. During January to December 18/19 our delayed discharges average for all reasons was 8 days, if we average the days for those delayed due to health and social care reasons this reduces to 3. The average during the period January to April 2019 was 7, and for health and social care reasons was 3.5 days. The final 2018/19 figure was 3.5% lower than the 2015/16 baseline figure.



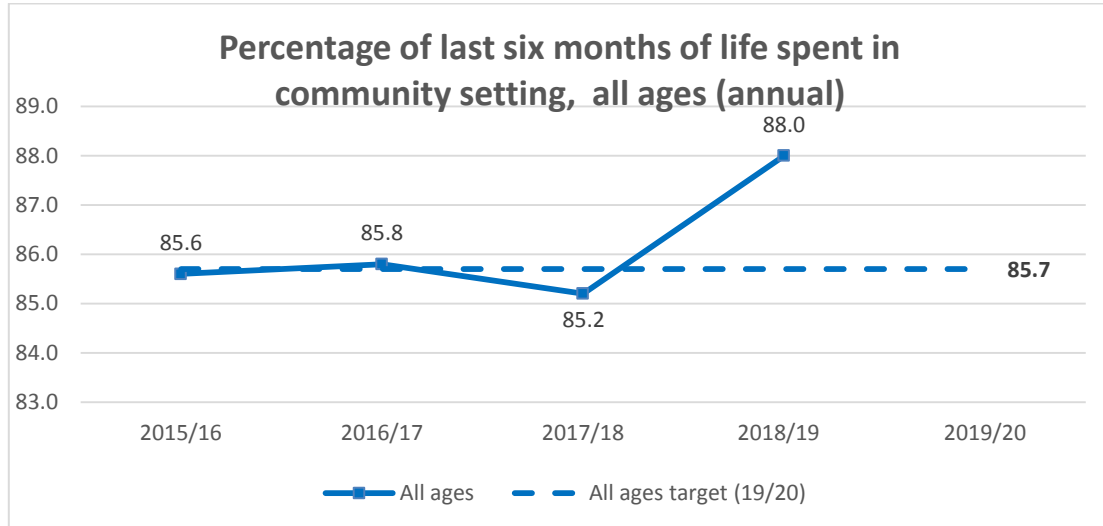
16. East Renfrewshire HSCP has significantly invested in reviewing skill mix, processes and systems to reduce delayed discharges and the number of lost bed days. This is reflected in our performance as one of the best areas in Scotland. In the first 3 months of 2019/20 our average weekly delayed discharge figure in NHSGGC was 3, which is on target.

17. Activity:

- Continued use of dashboard information to anticipate older people approaching ready for discharge and actively plan with them and their families
- Hospital to Home team implemented as part of new structure led by OT with social work and social work assistant staff to ensure strong in reach within all acute sites
- Continue to promote Power of Attorney, through mental health and wider HSCP services offering support through Carers Centre
- Use of 'Choices' meeting with support of Lead Clinicians to overcome delays as a result of family choices

End of Life

18. Our aim is to support people in the community and to die at home or in a community setting rather than in an acute hospital ward or emergency department. We have seen a sharp rise from 85.2% in 2017/18 to 88% in 2018/19.



19. Over the last four years there has been a reduction in the number of people ending their lives in hospice/palliative care units. We have committed to further partnership work on palliative care with our local hospices. The Integration Joint Board has approved a proposal that older people who need end of life care, who can't be supported to die at home, could also be supported by the development of six end of life care beds at Bonnyton House.
20. We anticipate an increase in the percentage of residents who spend the last six months of life at home or in a community setting to 86% in 18/19 and have exceeded this.
21. We have re-invigorated our Palliative Care Forum and strengthened our collaborative working relationship with both Prince & Princess of Wales and Accord Hospices. A local Time to Think event was hosted at the PPW Hospice with a wide range of stakeholders to explore how we could support people in the community better during the last 5 months of life and to identify improvement ideas
22. Activity:
- Test of change using beds within Bonnyton House to support palliative care/end of life support
 - Locality MDT huddles being implemented with support from clinician and ANP from PPW Hospice

Balance of care across institutional and community services

23. The table below shows the percentage of the population unsupported, and those cared for at home, in a hospice or in a hospital setting. In 2015/16 we saw a drop in people supported at home. This was due to some underreporting in our social care return (missing data for reablement and hospital discharge teams), which we rectified for 2016/17. The most recent data available is for 2017/18 and shows very little change.

Setting	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018^P
Home (unsupported)	98.0%	98.0%	98.1%	97.8%	97.9%
Home (supported)	1.1%	1.0%	0.9%	1.2%	1.2%
Care home	0.6%	0.7%	0.7%	0.7%	0.7%
Hospice/Palliative Care Unit	0.0%	0.0%	0.0%	0.0%	0.0%
Community hospital	0.0%	0.0%	0.0%	0.0%	0.0%
Large hospital	0.3%	0.3%	0.3%	0.3%	0.3%

Living and Dying Well with Frailty Collaborative

24. The HSCP has submitted an application for consideration to participate in the Living and Dying Well with Frailty Collaborative, with 6 GP practices opting in to the improvement programme. Participation in this programme with a wide range of stakeholders will assist us to develop new models to support our Frail population with a view to improving earlier identification of those at risk allowing prevention activity to be targeted. Improving the health and wellbeing of our elderly population will contribute to the achievement of the targets set within the MSG unscheduled care and NHSGG&C unscheduled care programme.

CONSULTATION AND PARTENRSHIP WORKING

25. Our unscheduled care programme includes activity agreed as part of the Partnership working across Greater Glasgow and Clyde

IMPLICATIONS OF THE PROPOSALS

Finance

26. The Integration Joint Board's budget includes a "set aside" budget for the commissioning of specific acute hospital services as detailed in the Integration Scheme. The set aside budget is calculated in line with a formula set down by Scottish Government. Currently across NHSGGC this is a 'notional' budget.
27. Over recent years East Renfrewshire Council has invested in older people's services in recognition of our rising demographic. There has not been a similar investment from NHSGGC in community nursing and rehabilitation services

CONCLUSIONS

28. This report updates the Integration Joint Board on the Scottish Government Ministerial Steering Group regarding unscheduled care performance. Whilst it is fully acknowledged that acute services are under pressure, it must be recognised that so are primary care and community services. The growing elderly population across East Renfrewshire brings complexity; new models of care need to be developed to provide community supports throughout the frailty journey. Successful delivery of a shift in the balance of care requires the whole health and social care system to plan and work together. The report details HSCP contribution to the Greater Glasgow and Clyde cross system work on unscheduled care planning.

RECOMMENDATIONS

29. The Integration Joint Board is asked to:
- note the HSCP performance from baseline year 15/16 against agreed targets recognising the challenges given our growing elderly population and our limited primary and community care resources
 - note the HSCP's contribution to cross Greater Glasgow and Clyde whole system planning for unscheduled care.

REPORT AUTHOR AND PERSON TO CONTACT

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July 2019

BACKGROUND PAPERS

<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24128&p=0>

<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21803&p=0>

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	14 August 2019
Agenda Item	11
Title	Revenue Budget Monitoring Report 2019/20; position as at 30 June 2019
Summary	
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
The Integration Joint Board is asked to note the projected outturn for the 2019/20 revenue budget and approve the budget virements detailed at Appendix 7.	
Implications checklist – check box if applicable and include detail in report	
<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Policy
<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Staffing
<input type="checkbox"/> Legal	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Equalities	<input type="checkbox"/> Directions

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

14 August 2019

Report by Lesley Bairden, Chief Financial Officer

REVENUE BUDGET MONITORING REPORT

PURPOSE OF REPORT

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

RECOMMENDATIONS

2. The Integration Joint Board is asked to note the projected outturn for the 2019/20 revenue budget and approve the budget virements detailed at Appendix 7.

BACKGROUND

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

REPORT

4. The consolidated budget for 2019/20, and projected outturn position is reported in detail at Appendix 1. This shows a projected overspend of £0.467 million against a full year budget of £117.708 million (0.4%). Any overspend at the end of the year will be funded from reserves, if required. Appendices 2 and 3 set out the operational position for each partner.
5. The projected overspend is due to:
 - £0.305 million based on the current cost of care packages within Eastwood and Barrhead localities
 - £0.340 million care at home
 - £0.095 million within Bonnyton House required to maintain statutory staffing levels

Offset by:

- £0.122 million care package and staffing costs within Children & Families
 - £0.143 million within Recovery Services
6. The consolidated budget, and associated direction to our partners is detailed at Appendix 5. This is reported to each IJB and reflects in year revisions to our funding.
 7. The budget virements relating to the ERC ledgers for operational budgets are identified at Appendix 7, including additional Scottish Government funding for free personal care / free personal nursing care for the under 65s (Frank's Law) and funding received from the NHS for the continuing care financial framework. Further operational budget adjustments show the realignment of approved savings and care at home transformation funding.
 8. In addition the operational budgets relating to ERC ledgers as detailed at Appendix 7 have been re aligned to reflect the management and operational structures arising from the Fit for The Future service re design programme.

9. The NHS contribution adjustments are identified in Appendix 5 and do not require operational virement approval.
10. The main projected operational variances as set out below with projected costs based on known commitments and activity from the first quarter of 2019/20.
11. **Children & Families £122k underspend** is a combination of staff turnover and the current projected costs of residential care and direct payment costs and allows for increased activity during the year. The projection is based on current staff vacancies and recruitment plans and includes £50k cost pressures from Health Visiting where a number of staff are at higher increment points than the budget model.
12. **Localities Services - Barrhead £144k overspend** reflects the current care package costs, including an increase in one complex package. The projection allows for a modest increase in placements during the remainder of the financial year. There is some turnover from District Nursing and Rehabilitation in the first three months of this year.
13. **Localities Services – Eastwood £167k overspend** also reflects the current projected care packages and again with a limited provision for further placements during the remainder of the year. There is some turnover from District Nursing and Rehabilitation in the first three months of this year.
14. **Intensive Services £435k overspend** reflects;
 - £340k Care at Home based on current client placement hours provided via externally purchased care packages and the in house service
 - £95k Bonnyton House due to higher overtime and agency staff costs in order to maintain statutory staffing levels, this is being reviewed to minimise additional costs
15. The current care package projections included within the Localities and Intensive services by client group are:
 - £429k Older People
 - £281k Physical and Sensory
 - £111k Learning Disability
16. **Learning Disability Inpatients** is currently projected to budget. The bed redesign is dependent on the timing of redesign of community provision by the other HSCPs, with the transition funding reserve remaining in place to support this.
17. **Recovery Services Mental Health £43k underspend** is mainly from staff turnover.
18. **Recovery Services Addictions £100k underspend** is from staffing and care package cost commitments.
19. **Confirmed Prescribing Nil Variance.** The final budget by GP service is being confirmed and this will determine the adequacy of the £630k pressure funding agreed by the IJB for 2019/20. It is too early in the financial year for any accurate trends to have emerged and projections will be reported as current year costs and intelligence build.
20. **Primary Care Improvement / Mental Health Action 15 / ADP.** The 2019/20 budgets have been agreed and clarity is being sought with Scottish Government on the impact of reserves to current year funding. For future reports a detailed appendix on each will be included.
21. The current projected overspend of £0.467 million and any overspend will be funded from our budget savings reserve as required.

22. The year to date position is detailed at Appendix 4 and reflects an under spend of £0.074m and reflects timing differences between actual year to date costs to the profiled budget. The effect of the proposed budget virements is not included in the year to date information.
23. The reserves position as reported at Appendix 6, are as detailed within the Unaudited Annual Report and Accounts approved by the IJB on 26 June 2019, and are subject to audit.
24. The virement requests detailed at Appendix 7 relate to additional funding from the Scottish Government and from NHSGGC (£0.490m and £0.515m respectively), as detailed at paragraph 7 above. The IJB is asked to approve the application of these funds as identified across re-aligned service budgets reflecting the agreed structure changes within the HSCP.

IMPLICATIONS OF THE PROPOSALS

Finance

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

Risk

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

Directions

28. The directions to our partners are detailed at Appendix 5.
29. The report reflects a projected breakeven position after the contribution of £0.467 million from reserves for the year to 31 March 2020.
30. There are no legal, staffing, infrastructure, equalities or policy implications.

CONSULTATION AND PARTNERSHIP WORKING

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

CONCLUSIONS

33. Appendix 1 reports a projected in year overspend of £0.467 million for the year to 31 March 2020 being funded from reserves.

RECOMMENDATIONS

34. The Integration Joint Board is asked to note the projected outturn for the 2019/120 revenue budget and approve the budget virements detailed at Appendix 7.

REPORT AUTHOR

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

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Ian Arnott, Accountancy and Contracts Manager

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1 July 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 20.05.2019 – Item 14: Revenue Budget Monitoring Report

<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24320&p=0>

IJB 30.01.2019 – Item 12: Revenue Budget Monitoring Report

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23711&p=0>

IJB 26.09.2018 - Item 10 Revenue Budget Monitoring Report

<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23089&p=0>

IJB 29.06.2018 – Item 15 Budget Update 2018/19

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22620&p=0>

IJB 04.04.2018 – Item 12: Revenue Budget Monitoring Report

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22103&p=0>

IJB 14.2.2018 – Item13: Revenue Budget Monitoring Report

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21805&p=0>

IJB 29.11.2017 – Item 13: Revenue Budget Monitoring Report

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21470&p=0>

Consolidated Monitoring Report

Projected Outturn Position to 31st March 2020

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection - Children & Families	12,522,000	12,400,000	122,000	0.97%
Public Protection - Criminal Justice	-	-	-	0.00%
Localities Services - Barrhead	15,240,000	15,384,000	(144,000)	(0.94%)
Localities Services - Eastwood	19,333,000	19,500,000	(167,000)	(0.86%)
Intensive Services	10,371,000	10,806,000	(435,000)	(4.19%)
Learning Disability - Inpatients	8,393,000	8,393,000	-	0.00%
Recovery Services - Mental Health	4,428,000	4,385,000	43,000	0.97%
Recovery Services - Addictions	1,050,000	950,000	100,000	9.52%
Family Health Services	21,740,000	21,740,000	-	0.00%
Prescribing	15,766,000	15,766,000	-	0.00%
Planning & Health Improvement	258,000	258,000	-	0.00%
Finance & Resources	8,607,000	8,593,000	14,000	(0.16%)
Net Expenditure	117,708,000	118,175,000	(467,000)	(0.40%)
Contribution to / (from) Reserve	-	(467,000)	467,000	0.00%
Net Expenditure	117,708,000	117,708,000	-	-

Note ; ERC & NHS figures for the month ended 30 June 2019

Note ; ERC figures for the month ended 30 June 2019

Net Contribution To Reserves	£ <u>(467,000)</u>
Analysed by Partner ;	
NHS	18,000
Council	<u>(485,000)</u>
Net Contribution To Reserves	<u>(467,000)</u>

Council Monitoring Report

Projected Outturn Position to 31st March 2020

Subjective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	22,122,000	22,046,000	76,000	0.34%
Property Costs	968,000	940,000	28,000	2.89%
Supplies & Services	2,390,000	2,275,000	115,000	4.81%
Transport Costs	224,000	290,000	(66,000)	(29.46%)
Third Party Payments	37,713,000	38,458,000	(745,000)	(1.98%)
Support Services	2,331,000	2,331,000	-	(0.00%)
Income	(16,469,000)	(16,576,000)	107,000	0.65%
Net Expenditure	49,279,000	49,764,000	(485,000)	(0.98%)

Contribution to / (from) Reserve	-	(485,000)	485,000	0.00%
Net Expenditure	49,279,000	49,279,000	-	0.00%

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection -Children & Families	8,662,000	8,490,000	172,000	1.99%
Public Protection - Criminal Justice	-	-	-	(0.00%)
Localities Services - Barrhead	11,622,000	11,801,000	(179,000)	(1.54%)
Localities Services - Eastwood	13,007,000	13,214,000	(207,000)	(1.59%)
Intensive Services	8,538,000	8,973,000	(435,000)	(5.09%)
Recovery Services -Mental Health	1,351,000	1,351,000	-	(0.00%)
Recovery Services - Addictions	279,000	179,000	100,000	35.84%
Finance & Resources	5,820,000	5,756,000	64,000	1.10%
Net Expenditure	49,279,000	49,764,000	(485,000)	(0.98%)

Contribution to / (from) Reserve	-	(485,000)	485,000	0.00%
Net Expenditure	49,279,000	49,279,000	-	0.00%

Notes

1 Figures quoted as at 30 June 2019

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

3 Contribution To Reserves is made up of the following transfer;

Contribution from In Year Pressures Reserve	£ <u>(485,000)</u>
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NHS Monitoring Report

Projected Outturn Position to 31st March 2020

Subjective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	17,550,000	17,356,000	194,000	1.11%
Non-pay Expenditure	44,134,000	44,346,000	(212,000)	(0.48%)
Resource Transfer/Social Care Fund	10,582,000	10,582,000	-	-
Income	(3,837,000)	(3,837,000)	-	-
Net Expenditure	68,429,000	68,447,000	(18,000)	(0.03%)

Contribution to / (from) Reserve	-	(18,000)	18,000	
Net Expenditure	68,429,000	68,429,000	-	

Objective Analysis	Full Year			
	Budget £	£	Variance (Over) / Under £	Variance (Over) / Under %
Childrens Services	2,000,000	2,050,000	(50,000)	(2.50%)
Localities Services - Barrhead	1,122,000	1,087,000	35,000	3.12%
Localities Services - Eastwood	3,549,000	3,509,000	40,000	1.13%
Learning Disability - Inpatient	8,393,000	8,393,000	-	0.00%
Recovery Services - Mental Health	2,771,000	2,728,000	43,000	1.55%
Family Health Services	21,740,000	21,740,000	-	-
Prescribing	15,766,000	15,766,000	-	(0.00%)
Recovery Services - Addictions	711,000	711,000	-	(0.00%)
Planning & Health Improvement	258,000	258,000	-	0.00%
Finance & Resources	1,537,000	1,587,000	(50,000)	(3.25%)
Resource Transfer	10,582,000	10,582,000	-	-
Net Expenditure	68,429,000	68,411,000	18,000	0.03%

Contribution to / (from) Reserve	-	18,000	(18,000)	0.00%
Net Expenditure	68,429,000	68,429,000	-	0.00%

Notes

1 Figures quoted as at 30 June 2019

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

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

3 Contribution To Reserves is made up of the following transf

Total Contribution (from) / to Reserves	<u>18,000</u>
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Year To Date Position as at May 2019

Council Monitoring Report

Subjective Analysis	Year To Date			
	Budget £	Actual £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	4,913,000	4,580,000	333,000	6.78%
Property Costs	234,000	187,000	47,000	20.09%
Supplies & Services	190,000	161,000	29,000	15.26%
Transport Costs	44,000	25,000	19,000	43.18%
Third Party Payments	5,840,000	6,308,000	(468,000)	(8.01%)
Support Services	-	-	-	0.00%
Income	(675,000)	(643,000)	(32,000)	4.74%
Net Expenditure	10,546,000	10,618,000	(72,000)	(0.68%)

NHS Monitoring Report

Subjective Analysis	Year to Date			
	Budget £	Actual £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	1,578,000	1,508,000	70,000	4.44%
Non-pay Expenditure	3,481,000	3,553,000	(72,000)	(2.07%)
Resource Transfer	480,000	480,000	-	-
Income	(403,000)	(403,000)	-	-
Net Expenditure	5,136,000	5,138,000	(2,000)	(0.04%)
Total	15,682,000	15,756,000	(74,000)	(0.47%)

Notes

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

Budget Reconciliation & Directions as at 31 March 2020

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Original Revenue Budget Contributions	67,577	49,350	-	116,927
Subsequent Contribution Revisions				
inflation expected - not yet input	(1,150)	-	-	(1,150)
continuing care beds not yet input	(499)	-	-	(499)
fye 18/19 entries	371	-	-	371
Mearnskirck	444	-	-	444
FHS	491	-	-	491
GFP & Fourhills	41	-	-	41
19/20 UPLIFT	1,154	-	-	1,154
FPC/FPNC <65's - Franks Law	-	490	-	490
CJS Grant	-	(561)	-	(561)
Current Revenue Budgets	68,429	49,279	-	117,708
Funding Outwith Revenue Monitoring				
Housing Aids & Adaptations *	-	550	-	550
Set Aside notional Budget	17,046	-	-	17,046
Total IJB Resources	85,475	49,829	-	135,304
Directions to Partners				
Revenue Budget	68,429	49,279	-	117,708
Social Care Fund	(5,161)	5,161	-	-
Integrated Care Fund	(673)	673	-	-
Delayed Discharge	(264)	264	-	-
	62,331	55,377	-	117,708
Housing Aids & Adaptations *	-	550	-	550
Set Aside notional Budget	17,046	-	-	17,046
	79,377	55,927	-	135,304

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

Earmarked Reserves	Reserve Brought Forward to 2019/20*	2019/20 Projected spend	Projected balance 31/3/20	comment
	£	£	£	
Scottish Government Funding				
Mental Health - Action 15	110,925	110,925	-	Applied in 2019/20
Alcohol & Drugs Partnership	68,303	68,303	-	Applied in 2019/20
Primary Care Improvement	185,823	185,823	-	Applied in 2019/20
Primary Care Transition Fund	234,201	234,201	-	Applied in 2019/20
Scottish Government Funding	599,252	599,252	-	
Bridging Finance				
Budget Savings Reserve	1,137,741	467,000	670,741	Draw required to balance 2019/20
In Year Pressures Reserve	500,000	250,000	250,000	Provisional estimate for Bonnyton decant
Prescribing	222,000	-	222,000	To smooth prescribing pressures
Bridging Finance	1,859,741	717,000	1,142,741	
Children & Families				
Residential Accommodation	460,000	-	460,000	To smooth the impact of high cost residential
Children 1st	68,906	68,906	-	2019/20 funding requirement
Home & Belonging	100,000	35,000	65,000	2019/20 part year funding requirement
Continuing Care	35,000	35,000	-	2019/20 funding requirement
Children & Families	663,906	138,906	525,000	
Transitional Funding				
Learning Disability Specialist Services	1,039,134	-	1,039,134	Application determined by community placement
Total Transitional Funding	1,039,134	-	1,039,134	
Projects				
District Nursing	38,800	38,800	-	Applied in 2019/20
Active Lives	55,000	55,000	-	Applied in 2019/20
Projects & Initiatives - 1	52,500	-	52,500	Timing of use being worked on
Projects & Initiatives - 2	57,230	-	57,230	Timing of use being worked on
LD Non Specialist Services	48,800	-	48,800	Timing of use being worked on
Projects	252,330	-	252,330	
Repairs & Renewals				
LD Non Specialist Services	100,000	-	100,000	Will be applied as required
Repairs & Renewals	100,000	-	100,000	
Capacity				
Care at Home	250,000	250,000	-	To support action plan
Partnership Strategic Framework	200,000	-	200,000	Timing of use being worked on
Organisational Learning & Development	100,000	-	100,000	Timing of use being worked on
Capacity	550,000	250,000	300,000	
Total All Earmarked Reserves	5,064,363	1,705,158	3,359,205	
General Reserves				
East Renfrewshire Council	109,200	-	109,200	
NHSGCC	163,000	-	163,000	
Total General Reserves	272,200	-	272,200	
Grand Total All Reserves	5,336,563	1,705,158	3,631,405	

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

2019/20 Budget Virement										
Subjective Analysis	2019/20 Budget* £	(1) £	(2) £	(3) £	(4) £	(5) £	(5) £	(6) 6	P3 2019/20 Budget £	Total Virement £
Employee Costs	20,678,000	-	444,000	-	750,000	250,000	-	-	22,122,000	1,444,000
Property Costs	968,000	-	-	-	-	-	-	-	968,000	-
Supplies & Services	2,390,000	-	-	-	-	-	-	-	2,390,000	-
Transport Costs	224,000	-	-	-	-	-	-	-	224,000	-
Third Party Payments	37,723,000	465,000	75,000	200,000	(750,000)	-	-	-	37,713,000	(10,000)
Support Services	2,331,000	-	-	-	-	-	-	-	2,331,000	-
Income	(14,964,000)	25,000	(519,000)	(200,000)	-	(250,000)	-	(561,000)	(16,469,000)	(1,505,000)
Net Expenditure	49,350,000	490,000	-	-	-	-	-	(561,000)	49,279,000	(71,000)

2019/20 budget - revised structure	
Subjective Analysis	Revised 2019/20 Budget £'000
Employee Costs	22,122,000
Property Costs	968,000
Supplies & Services	2,390,000
Transport Costs	224,000
Third Party Payments	37,713,000
Support Services	2,331,000
Income	(16,469,000)
Net Expenditure	49,279,000

2019/20 Budget Virement										
Objective Analysis	2019/20 Budget* £	(1) £	(2) £	(3) £	(4) £	(5) £	(5) £	(6) 6	P3 2019/20 Budget £	Total Virement £
Children & Families	8,662,000	-	-	-	-	-	-	-	8,662,000	-
Older People	19,634,000	25,000	-	1,400,000	-	-	76,000	-	21,135,000	1,501,000
Physical / Sensory Disability	4,195,000	-	-	(100,000)	-	-	-	-	4,095,000	(100,000)
Learning Disability	8,072,000	465,000	-	(600,000)	-	-	-	-	7,937,000	(135,000)
Mental Health	1,527,000	-	-	(100,000)	-	-	(76,000)	-	1,351,000	(176,000)
Addictions / Substance Misuse	279,000	-	-	-	-	-	-	-	279,000	-
Criminal Justice	561,000	-	-	-	-	-	-	(561,000)	-	(561,000)
Service Strategy	882,000	-	-	-	-	-	-	-	882,000	-
Support Service & Management	5,538,000	-	-	(600,000)	-	-	-	-	4,938,000	(600,000)
Net Expenditure	49,350,000	490,000	-	-	-	-	-	(561,000)	49,279,000	(71,000)

2019/20 budget - revised structure	
Objective Analysis	Revised 2019/20 Budget £'000
Public Protection - Childrens & Families	8,662,000
Adult Health - Intensive Services	8,538,000
Adult Health - Localities Services Barrhead	11,622,000
Adult Health - Localities Services Eastwood	13,007,000
Recovery Services - Mental Health	1,351,000
Recovery Services - Addictions	279,000
Public Protection - Criminal Justice	-
Finance & Resources	5,820,000
Net Expenditure	49,279,000

*2019/20 Budget as approved by ERC, 28 February 2019

Notes

- 1 Scottish Government Funding - FPC/FPNC for under 65s - 'Frank's Law'
- 2 Application of continuing care financial framework to Bonnyton House
- 3 Realignment of 2019/20 approved savings
- 4 Realignment of Care at Home Transformation Funding - Recurring
- 5 Realignment of Care at Home Transformation Funding - Non Recurring
- 6 Criminal Justice Service grant income accounting adjustment

Analysis of Savings Delivery

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



Meeting of East Renfrewshire Integration Joint Board	Integration Joint Board
Held on	14 August 2019
Agenda Item	12
Title	IJB Strategic Risk Register Annual Update 2019
<p>Summary</p> <p>This report provides the Integration Joint Board with the annual update on the IJB Strategic Risk Register.</p> <p>The risk register is reported to all Performance and Audit Committee meetings.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p>	
<p> <input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**14 August 2019****Report by Chief Financial Officer****IJB STRATEGIC RISK REGISTER ANNUAL UPDATE****PURPOSE OF REPORT**

1. This report provides the Integration Joint Board with an update on the IJB Strategic Risk Register.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

BACKGROUND

3. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risk to make it a useful working document. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

Likelihood	Score								
Certain	4	Low (Green)	Medium (Yellow)	High (Red)	High (Red)	High (Red)	High (Red)	High (Red)	High (Red)
Likely/probable	3	Low (Green)	Medium (Yellow)	Medium (Yellow)	Medium (Yellow)	High (Red)	High (Red)	High (Red)	High (Red)
Possible/could happen	2	Low (Green)	Low (Green)	Medium (Yellow)	Medium (Yellow)	Medium (Yellow)	Medium (Yellow)	Medium (Yellow)	Medium (Yellow)
Unlikely	1	Low (Green)	Low (Green)	Low (Green)	Low (Green)	Low (Green)	Low (Green)	Low (Green)	Low (Green)
Impact		Minor	1	Significant	2	Serious	3	Major	4

4. In normal circumstances the policy states the tolerance for risk is as follows:

Risk Score	Overall rating
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

REPORT

5. The Performance and Audit Committee receive updates on the IJB Strategic Risk Register at each meeting. Any additions, deletions and changes to the register are reported to the Performance and Audit Committee detailing the reason for each change. A brief summary of changes are included in this report, however the full audit trail is detailed in the individual Performance and Audit Committee reports

which are available online. Links to the last 4 reports are also included in the 'background' section of this report.

6. The Strategic Risk Register was last reported to the Performance and Audit Committee on 26 June 2019. At that meeting the Performance and Audit Committee requested that the HSCP review the description of Risk 6 – Access to Primary Care to reflect that increased service demand is also linked to an increase in young people in the area. This has been reviewed and a copy of the current risk register is attached at Appendix 1.

Summary of changes

Since last reported to the Integration Joint Board in August 2018:-

- One new risk '*In-house Care at Home Service*' has been added to the Strategic Risk Register which reflects the significant pressures within our in-house care at home service.
- '*Children and Young People (Scotland) Act*' has been removed as it is no longer a risk.
- Risk scores have been reviewed and only one risk remains high post mitigation
- Changes have been made to wording throughout and mitigation timescales added.
- Three risks have been renamed:-
 - '*Primary Care Capacity*' is now '*Access to Primary Care*'
 - '*Demographic changes*' is now '*Increase in older population*'
 - '*Increase in vulnerable adults*' is now '*Increase in children and adults with additional support needs*'.

Red and significant risks

7. Risks which score between 11-16 and rated as High/Red/Unacceptable post mitigation and those which the Health and Social Care Partnership Management Team considers significant are brought to the attention of the Performance and Audit Committee by an 'exception report'. There is one risk which is currently red:-
8. Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economy and unknown Brexit implications. There remains the future year risk that the HSCP could become unsustainable due to one of the following causes:
 - Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget
 - Unable to influence future funding to recognise demographic & other pressures, or realise future efficiencies & savings
 - Implications from hosted services
 - Prescribing volatility

CONCLUSIONS

9. The Integration Joint Board will continue to receive an annual update on the IJB Strategic Risk Register.
10. The HSCP will continue to review the control measures to ensure these are in line with SMART methodology.
 - **Specific**
 - **Measureable**
 - **Achievable**
 - **Relevant**
 - **Time-based**

RECOMMENDATIONS

11. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
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0141 451 0746

July 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: June 2019 - Strategic Risk Register Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24703&p=0>

PAC Paper: March 2019: IJB Strategic Risk Register Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24115&p=0>

PAC Paper: November 2018 IJB Strategic Risk Register Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23475&p=0>

PAC Paper: August 2018 - Strategic Risk Register Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22835&p=0>

IJB Paper: August 2018 IJB Strategic Risk Register – Annual Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22835&p=0>

IJB Paper: August 2016: Risk Management Policy and Strategic Risk Register
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=17355&p=0>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 26.06.2019

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner
					Risk Score	Overall rating				Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI)	
5	11	S	In-House Care at Home Service										
			Significant pressures and lack of service capacity (vacancies and absence) impacts on service delivery and quality standards Impact on service users and carers Reputational risk to HSCP and Council	Movement of some packages to external providers Increased resource to support robust absence management				Improvement Task Force overseeing implementation of improvement activity supported by additional funding including revised care planning and risk documentation	30/9/2019				Chief Officer HSCP
4	4	16	Recruitment of additional care at home staff	31/08/2019	3	3	9						
			Ensure all Care at Home clients have an up to date review	30/11/2019									
			Commence implementation of medication management policy and rollout of training	31/08/2019									

1	S	Death or significant harm to service user / patient												
		<p>Risk of death or significant harm to a service user/patient as a result of HSCP actions.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> - loss of life or long term damage and impact on service user & family - possible perception of failure of care - poor workforce morale - reputational damage 	<p>Quality assurance of adult support and protection has identified a number of issues for improvement.</p> <p>Improvement Plan in place and new pathway to manage ASP referrals and investigations implemented.</p> <p>Refresher training for Council Officers and frontline managers delivered.</p> <p>Risk assessments for service users are carried out by staff as and when required</p> <p>Statutory inspection reports</p> <p>Senior Manager ASP responsibility for chairing Case Conferences and leading on self-evaluation and audit activity. Some refresher training delivered</p> <p>Council officer and managers forums established</p> <p>Risk assessment is now an integral part of assessment process</p> <p>Appointment of new Chair of APC (Apr'19)</p> <p>Priorities and proposal for new structure and increased frequency of APC meetings agreed (06.06.19)</p>	3	4	12	<p>Creation of new dedicated trainer for adult services</p> <p>ASP improvement plan to be finalised at ASP Committee 16.7.19.</p> <p>Introduction of new practice standards and new programme of single agency audit commencing September 2019</p>	31/06/2019	16/07/2019	31/09/2019	2	4	8	<p>Head of Adult Health and Social Care Localities / Chief Social Work Officer</p>

4.4	2	S	Historical Sexual Abuse Enquiry									
			<p>Adult Protection Committee and Child Protection Committee have been sighted on these issues.</p> <p>Clear process for managing historical cases and protocol in place with Legal Services.</p> <p>Risk although low may be difficult to determine due to historical nature</p>	2	4	8	<p>Identified leads in HSCP will work alongside legal services to manage the progress of any allegations/claims made</p> <p>Public Protection sub group to quality assure training and awareness raising for staff</p>	<p>Ongoing</p> <p>31/03/2020</p>	1	4	4	Chief Social Work Officer
4.1	3	S	Child Protection, Adult protection and Multi-Agency Public Protection Arrangements									
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult protection and Multi-Agency Public Protection Arrangements- MAPPAs) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection, Adult Protection committees and MAPPAs meetings to deal with the strategic and practice issues.</p> <p>Senior Manager ASP responsibility for chairing Case Conferences and leading on self-evaluation and audit activity.</p> <p>Council officer and managers forums established</p> <p>Risk assessment is an integral part of assessment process</p> <p>New Chair of APC appointed Apr '19</p> <p>PVG scheme in place</p> <p>Partnership working at advanced stage with Police Scotland, NHS, Scottish Prison Service and other statutory partners.</p>	2	4	8	<p>Introduction of new practice standards and new programme of single agency audit commencing September 2019</p> <p>Engagement with 4 social workers not yet vetted to NPPV status</p> <p>Introduce rolling review of PVGs on 3 yearly basis</p>	<p>31/09/2019</p> <p>31/12/2019</p> <p>30/06/2019</p>	1	4	4

			<p>The extension of MAPPA to include Category 3 violent offenders - Risk of Serious Harm training completed.</p> <p>Job descriptions for statutory criminal justice social work posts in East Renfrewshire have been amended & candidates are required to be eligible to achieve NPPV level 2 vetting status.</p> <p>'Safe Together' model implemented.</p> <p>All front line managers provided with refresher training concerning statutory compliance.</p> <p>Multi Agency Risk Assessment Conference (MARAC) fully operational (5th March 2019)</p> <p>ASP priorities for 2019/20 improvement and proposal for new structure and increased frequency of APC meetings agreed (06.06.19)</p>							
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4	S	Financial Sustainability										
		<p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget. The timing of the NHS GGC budget contribution continues to be a challenge</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies & savings</p> <p>3) Implications of cessation of prescribing risk share and changes from hosted services funding structure.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues.</p>	<p>1) The CFO provides regular reporting to IJB and savings progress reviewed as part of budget seminars and revenue monitoring report as well as periodically at DMT</p> <p>2) The regular budget updates and medium term financial plan set out funding pressures and scenarios are taken to IJB seminars. The HSCP is involved in the budget setting process with each of our partners. We need to develop a process for a more proactive approach with earlier discussions on financial planning.</p> <p>3) A local network and CFO section meeting is a discussion and decision making forum for wider issues impacting on partnerships, with these two areas included. The previous NHSGGC prescribing risk share ceased in March 2018 and prescribing volatility impacts directly on the HSCP revenue budget.</p> <p>4) This is a national risk and is reported in detail elsewhere. The financial risks will relate to staffing, purchased of care, drugs, equipment, consumables and food.</p>	3	4	12	<p>1) The CFO will provide advice on corrective action required in year to manage the budget. The use of reserves supports longer term change and allows for phased implementation of savings delivery and management of prescribing volatility.</p> <p>2) Continue partner engagement with budget setting and financial plan and processes.</p> <p>3) An earmarked reserve allows us to deal with prescribing volatility in any one year. Hosted arrangements will be reviewed to coincide with review of the integration schemes during 2020 and preparatory work has commenced.</p> <p>4) The potential Brexit implications and contingency planning is taking place at both national and local levels.</p>	<p>Ongoing (with 2019 /20 budget agreed).</p> <p>Ongoing – regular meetings</p> <p>Ongoing</p>	3	4	12	Chief Financial Officer

5.2	5	S	Failure of a Provider									
			<p>Risk of failure of a key care provider, including care home, care at home and other care providers due to financial instability or significant care concerns. Consequences could include:</p> <ul style="list-style-type: none"> - disruption to service delivery - requirement to implement contingency plans - impact on individuals and families with potential disruption to care arrangements 	<p>We work with the Care Inspectorate to ensure robust action plans for improvement are in place</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market.</p> <p>Consideration of balance of market share across external market providers</p> <p>Company Credit Health Checks undertaken</p>	4	3	12	<p>Implement learning from independent review of recent provider failure, due to be completed summer 2019.</p> <p>Work with providers at risk to agree phased and managed approach to closure if required</p>	31/12/2019	Ongoing	3	3
	6	C	Access to Primary Care									
			<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments, increase in the young people in the area and new developments to support older people including retirement homes and care homes.</p> <p>Inability to recruit/cover posts resulting in poor access for local</p>	<p>Primary Care Improvement Plan agreed by IJB</p> <p>Local practices are supported to manage list size by encouraging patients from out with the practice's contracted catchment area to register with a GP more local to them.</p> <p>Work with practices to maximise premises capacity to enable them to extend primary care team</p>	3	3	9	<p>Work with planning department to consider impact and mitigation for new housing developments</p> <p>Meet regularly with GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Within clusters explore space availability within practices to support the extending Primary Care team as outlined in the PCIP.</p>	Ongoing	Ongoing	Ongoing	3

			residents. Back scanning completed for practices to ensure all East Renfrewshire practices notes are scanned to free up space.					Fund back scanning for practices to ensure all East Ren practice notes are scanned to free up space. Scoping paper to be developed for IJB	Ongoing Ongoing					
5.1	7	S	Increase in Older population											
			Increase in older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.	Scottish Government providing additional resources for Health and Social Care with emphasis on managing demographic pressures. Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people. Agile working for HSCP employees improved efficiency. Annual budget setting takes account of demographic projections. Partnership with various professional agencies and community/public to support hospital admission avoidance and safe hospital discharge for older people. Rollout of Talking Points commenced May 19					Next phase of HSCP Fit for the Future redesign to focus on rehabilitation and frailty pathways Further rollout of Talking Points as part of Community Led Support programme diverting people to community resources and building own assets. Continue Council funding for demographic cost pressures	31/12/2019 Ongoing Ongoing				Chief Officer HSCP
					4	4	16				4	2	8	

8	S	Workforce Planning and Change										
		Lack of appropriately skilled workforce due to the combination of loss of experience from retirement of ageing workforce and changes to registration and job requirements leads to a reduction in service levels and inability to deliver redesigns in line with Strategic Plan requirements. Use of temporary contracts as mitigation for financial uncertainty impacts on ability to recruit and retain staff.	Reduction in the number of temporary contracts for social work and nursing staff as part of Fit for the Future redesign.	3	4	12	Workforce Plan for 2019-21 to be developed	30/09/2019	Ongoing	2	4	8
2.2	10	S	Increase in children & adults with additional support needs									
			Increase in the number of children and adults with additional support requirements leading to a rise in demand on services.	Analysis of demographic changes. Increased financial forecasting. Children's Services redesign implemented Inclusive Support redesign completed and implemented (April 2019) Education Resource Group to manage specialist resources and admission to specialist provision Phase 1 Fit for the Future Redesign implemented	4	3	12	Review transition arrangements - child to adult services Completion of Fit for the Future Phase 2 Council continues to contribute to funding to demographic cost pressures	31/10/2019 31/03/2020 Ongoing	4	2	8