

Date: 19 June 2019
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Board Member

EAST RENFREWSHIRE INTEGRATION JOINT BOARD – 26 JUNE 2019

Please find attached the undernoted items marked “to follow” on the agenda for the meeting of the Integration Joint Board on Wednesday 26 June 2019.

Yours faithfully

Anne-Marie Monaghan

Chair

Undernote referred to:-

Item 7 – Unaudited Annual Report and Accounts (copy attached, pages 3 - 54).

Item 8 – Annual Performance Report 2018/19 (copy attached, pages 55 - 126).

Item 12 – Overnight Support (copy attached, pages 127 - 132).

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 June 2019
Agenda Item	7
Title	Unaudited Annual Report and Accounts 2018/19
<p>Summary</p> <p>This report provides an overview of the unaudited annual report and accounts for the Integration Joint Board covering the period 1 April 2018 to 31 March 2019 and to outline the legislative requirements and key stages.</p> <p>The report recognises the decision to remit the approval of the annual report and accounts to the Integration Joint Board, following approval by the Performance & Audit Committee.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Integration Joint Board is requested to:-</p> <ul style="list-style-type: none"> ▪ Agree the unaudited annual report and accounts as remitted from the Performance and Audit Committee for approval ▪ Agree the proposed reserves allocations ▪ Note the annual report and accounts is subject to audit review ▪ Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and / or the Performance and Audit Committee. 	
<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

INTEGRATION JOINT BOARD

26 June 2019

Report by Chief Financial Officer

UNAUDITED ANNUAL REPORT AND ACCOUNTS

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2018 to 31 March 2019 and outline the legislative requirements and key stages. The report recognises the decision to remit the approval of the annual report and accounts to the Integration Joint Board, following discussion and review by the Performance and Audit Committee.

RECOMMENDATION

2. The Integration Joint Board is requested to:
 - Agree the unaudited annual report and accounts as remitted from the Performance and Audit Committee for approval
 - Agree the proposed reserves allocations
 - Note the annual report and accounts is subject to audit review
 - Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee.

BACKGROUND

3. The Public Bodies (Joint Working)(Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of Health & Social Care in Scotland.
4. The IJB is a legal entity in its own right, created by Parliamentary Order, following Ministerial approval of the Integration Scheme. NHS Greater Glasgow and Clyde (NHSGGC) and East Renfrewshire Council have delegated functions to the IJB which has the responsibility for strategic planning, resourcing and ensuring delivery of all integrated services.
5. The IJB is specified in legislation as a 'section 106' body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.
6. This is the fourth annual report and accounts for the IJB, since the first part year of operation during 2015/16.
7. LASAAC (The Local Authority (Scotland) Accounts Advisory Committee) guidance on accounting for the integration of health and social care was revised during 2018/19 and the content of this guidance has been adhered to in the production of the annual report

and accounts. We continue with our own presentational style, reflecting continuity in our annual report and accounts.

8. Similarly the Audit Scotland good practice note on improving IJB accounts has been recognised whilst preparing the annual report and accounts.

REPORT

9. The (unaudited) annual report and accounts for the IJB have been prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below:
10. **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the IJB or a committee of the IJB whose remit include audit & governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB. The Performance and Audit Committee meet this requirement.
11. **Unaudited Accounts:** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30th June immediately following the financial year to which they relate. The IJB annual accounts for the year ended 31 March 2019 will be considered at the Performance and Audit Committee on 26 June 2018 and remitted to the IJB for approval on the same day.
12. **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1 July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts. The required notice has been agreed with the external auditors and will be published on the HSCP website.
13. **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the IJB or a committee of the IJB whose remit include audit & governance. This will take account of any report made on the audited annual accounts by the 'proper officer' i.e. Chief Financial Officer being the Section 95 Officer for the IJB or by the External Auditor by the 30 September immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered.
14. The Performance and Audit Committee will consider for approval the External Auditors report and proposed audit certificate (ISA 260 report) and the audited annual accounts at its meeting on 25 September 2019 and remit to the IJB for approval on that same day.
15. **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
16. The annual accounts of the IJB must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate.

17. **Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the IJB, the Chief Officer and the Chief Financial Officer, namely:

Management Commentary / Foreword	Chair of the IJB Chief Officer
Statement of Responsibilities	Chair of the IJB Chief Financial Officer
Annual Governance Statement	Chair of the IJB Chief Officer
Remuneration Report	Chair of the IJB Chief Officer
Balance Sheet	Chief Financial Officer

Note: for the unaudited annual report and accounts the only the Statement of Responsibilities and the Balance Sheet require to be signed by the Chief Financial Officer.

18. The main messages from the annual report and accounts are:
- We ended the year with an underspend of £0.260 million which was 0.22% of our budget for the year. This was in line with the position reported to the IJB through our regular revenue budget monitoring.
 - The underspend was a result of staff turnover, care package costs less than committed and early achievement of savings, offset by part year structure and prescribing costs.
 - We used a total of £0.521 million of reserves as we planned to during the year.
 - We have realigned £0.381 million within our existing reserves.
19. In addition to the movement in existing reserves, including realignment, I am proposing the following new reserves are approved:
- £0.363 million to reflect ring fenced funding from the Scottish Government for Mental Health Action 15, Primary Care Improvement and Alcohol & Drugs partnership funding.
 - £0.250 million to support our Care at Home improvement plan.
 - £0.200 million to support the development of a new partnership strategic framework.
 - £0.135 million for children and families projects to support Home and Belonging and Continuing Care.
 - £0.142 million to support a number of projects including active lives, walking initiatives and backscanning records.
20. The focus on the draft unaudited accounts is to ensure full and accurate content. We will use the time to September to produce the final document for publication, including any presentational changes and the addition of internal and external audit opinion.

CONSULTATION AND PARTNERSHIP WORKING

21. The Chief Financial Officer would like to extend thanks to the HSCP Finance team and to colleagues in both partner organisations acknowledging the detailed work of all staff

involved in the year end closure process for all operational spend within the partnership. Particular thanks to Ian Arnott, Accountancy and Contracts Manager for his invaluable input.

IMPLICATIONS OF THE PROPOSALS

22. All financial implications are included in the report above
23. There are no staffing, infrastructure, risk, equalities, policy or legal implications.
24. There is no requirement to issue directions

CONCLUSIONS

25. 23. The preparation of the annual report and accounts for the IJB meets all legislative requirements. There has been no material movement to the projected outturn last reported to the IJB. There are no significant governance issues.

RECOMMENDATIONS

26. 24. The Integration Joint Board is requested to:
 - Agree the unaudited annual report and accounts as remitted from the Performance and Audit Committee for approval
 - Agree the proposed reserves allocations
 - Note the annual report and accounts is subject to audit review
 - Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee.

REPORT AUTHOR AND PERSON TO CONTACT

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18 June 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper 26.09.2018: Annual Report and Accounts 2017/18
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23119&p=0>

Annual report and Accounts 2016/17
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=20434&p=0>

Annual Report and Accounts 2015/16
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=17196&p=0>

The relevant legislation is The Public Bodies (Joint Working)(Scotland) Act 2014, Local Government Scotland Act 1973



East Renfrewshire Health and Social Care Partnership Integration Joint Board

Annual Report and Accounts 2018/19

Covering the period 1st April 2018 to 31st March 2019

(UNAUDITED)



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

Our population is growing and reached 94,760 in 2017. 74 percent of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 26 per cent live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an increasing ageing population with a 44 per cent increase in the number of residents aged 85 years and over during the last decade.



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Management Commentary

Introduction

East Renfrewshire Integration Joint Board, hereafter known as the IJB, was legally established on 27th June 2015 and has the strategic responsibility for planning and delivery of health and social care services for the residents of East Renfrewshire. The vision, values, priorities and outcomes we aim to achieve through working together with the people of East Renfrewshire to improve lives are set out in our [HSCP Strategic Plan 2018-21](#).

The IJB is a legal body in its own right, as set out in the legislation, the Public Bodies (Joint Working) (Scotland) Act 2014, which established the framework for the integration of health and social care in Scotland.

The [Integration Scheme](#) for the IJB sets out how we will meet the requirements of this legislation. We are responsible for planning, commissioning and delivery of services for children and adults from both of our partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde, and also have the planning responsibility for our population's use of large hospital based services along with housing aids and adaptations. The Integration Scheme provides a detailed breakdown of all the services the IJB is responsible for.

Our current Strategic Plan covers the period 2018-21 and sets out how we will achieve the National Health and Wellbeing Outcomes prescribed by Scottish Ministers.

Our partnership vision statement is:

“Working together with the people of East Renfrewshire to improve lives”.

Our touchstones are used to guide everything we do as a partnership:

- Valuing what matters to people.
- Building capacity with individuals and communities.
- Focusing on outcomes, not services.

This document and our Annual Performance Report demonstrate how we have supported delivery of our strategic priorities.

Note: Information contained in the links to our Strategic Plan and Integration Scheme does not form part of the annual report and accounts.

Strategic Plan 2018-21

With our Strategic Planning Group we reviewed our first strategic plan, which covered 2015-18 and considered the progress we made and refreshed our strategic priorities for the three years 2018 to 2021. Our plan recognises that to meet future demand pressures from our continued growing and aging population we needed to change the way we work together. We need to extend beyond traditional health and social care services to a wider partnership with our local people, carers, volunteers, community organisations, providers and community planners.

We need to look at the wider factors that impact on people's health and wellbeing, including activity, housing and work; supporting people to be well, independent and connected to their communities.

Our emergency admissions, out of hours pressures and carers stress show us we still have work to do to get the right systems in place. We believe that by putting in the right amount of support at the right time we can improve lives, reduce demand and allow us to focus resource on those most in need.

We have identified seven strategic priorities where we need to make significant change or investment during the course of the plan:

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

We have also moved to two localities: Eastwood and Barrhead; the new localities better reflect hospital flows with the Eastwood Locality linking to the South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley.

Our new management and service structure is designed around our localities and we continue to develop planning and reporting at a locality level.

The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership, hereafter known as the HSCP.

Key Messages and Operational Highlights for 2018/19

We have completed our fourth year of operation, with a continued focus on delivering future financial sustainability. As a long standing integrated partnership we have already made the savings and efficiency gains that can be achieved through integration of health and social care.

We have made significant progress with our Fit for the Future change programme (a phased programme of change since 2017/18) and have achieved the £0.954 million savings target attached to the programme. We have implemented significant change to our management structure and how we organise our services.

We have established our Family Wellbeing Service to support children and young people with mental health and emotional wellbeing concerns. We have commissioned Childrens 1st to deliver this service following a successful pilot period. The service works with the HSCP to deliver holistic support based in our GP surgeries. A significant funding stream of almost £1 million from the Robertson Trust will extend this service to all GP practices over the next three years.

Our engagement with our looked after children and the Champions Board goes from strength to strength and a Mini Champs initiative is now developing.

We have delivered a number of training and development initiatives to raise awareness and support Health Improvement with topics including; sexual health, breastfeeding awareness, child smile, mental health, breast health, bowel screening, cancer screening for people with additional needs, second hand smoke training, smokefree training, health behaviours change training and physical activity.

We continue to develop working with East Renfrewshire Culture and Leisure Trust and funded a post to develop the Ageing Well brand.

We have continued to expand our telecare services to support people to live independently and we have 92% of people reporting that that their “living where / as you want to live” needs are being met.

Whilst 74% of those people receiving reablement have seen their care needs reduce and 62.5% of people aged over 65 with intensive needs are receiving care at home we know we need to do more work in our Care at Home service. We have an action plan in place to support this.

Our Talking Points engagement is working well with only 6 of 124 people seen being referred to statutory services.

We continue to perform very well with delayed discharges; averaging around 4 per month and our 6,725 emergency admissions to hospital have reduced by 3%. However our number of Accident & Emergency attendances shows a 10% increase.

We continue to develop a new service model within Bonnyton House in Busby providing residential care along with dedicated beds for intensive rehabilitation and end of life care. Our partner East Renfrewshire Council has agreed a significant capital investment to refurbish the property.

Within the Learning Disability Specialist Service which we host we continue to fund resource transfer from the ongoing bed redesign to fund community based placements with our neighbouring HSCPs.

We continue to work with service providers to ensure market choice and sustainability and fund the Living Wage and other Fair Work Practices using the funding from the Scottish Government for this purpose. We have had local challenges across the HSCP with recruitment and retention of staff, reflecting the national position.

During the year we have worked on a new way of calculating Individual Budgets for adult social care, prepared for the extension of free personal care to those under 65 and the continued implementation of the Carers Act.

We have also implemented plans for Scottish Government funded initiatives; the Primary Care Improvement Fund; Mental Health Action 15 and the Alcohol and Drugs Partnership. These plans span multi years and ring-fenced funding will be carried forward to support the plans in 2019/20 and beyond.

The IJB approved its Medium Term Financial Plan for 2019/20 to 2023/24 which supports our strategic planning process and provides a financial context to support medium term planning and decision making.

We want to make sure that people have a positive first contact with health and social care and have worked with local people, community groups and organisations to design and implement our new front door approach.

In November 2018 Audit Scotland published its second report on national performance of health and social care integration and the impact it is having. The resulting recommendations included both local and national issues.

In February 2019 the Ministerial Strategic Group for Health and Community Care published the results of a national review of integration again with recommendations made both nationally and locally.

There was some overlap between both sets of recommendations and the IJB undertook a joint self-evaluation, with our partners, in May 2019 to identify where we do well and where we need to develop further. The resulting actions will be implemented and monitored during 2019/20.

2018-19 Performance Achievements

In addition to our quarterly reports, the Annual Performance Report will be submitted to the IJB on 26 June 2019 and made publically available on our website in line with statutory guidance. In this report, we review our performance for 2018/19 against local and national performance indicators and against the commitments within our Strategic Plan. Key areas where performance has shown the greatest improvement over the past 12 months are as follows:

Indicator	2018/19	2017/18
Children and Young People		
100% of parents of children who have received an autism diagnosis have opportunity to access Cygnet post diagnostic programme within 12 months of receiving diagnosis. <i>(INCREASE)</i>	100%	97%
Increase in improved outcomes for children after parent/carer completion of POPP <i>(INCREASE)</i>	89%	79%
Recovery from alcohol and drug addiction		
% of service users moving from drug treatment to recovery service <i>(INCREASE)</i>	22%	12%
% Change in individual drug and alcohol Recovery Outcome Score <i>(INCREASE)</i>	23%	17% (16/17)
Living independently		
Percentage of those whose care need has reduced following re-ablement <i>(INCREASE)</i>	74%	62%
People reporting 'living where you/as you want to live' needs met (%) <i>(INCREASE)</i>	92%	84%
SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) <i>(INCREASE)</i>	7.5% (17/18)	6.6% (16/17)
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) <i>(INCREASE)</i>	62.5% (17/18)	61.1% (16/17)
Percentage of adults with intensive care needs receiving care at home <i>(INCREASE)</i>	63% (17/18)	58% (16/17)
Reducing unplanned hospital care		
Number of Emergency Admissions: Adults <i>(DECREASE)</i>	6,387	7,433
Emergency admission rate (per 100,000 population) <i>(DECREASE)</i>	8,934	10,482

Emergency bed day rate (per 100,000 population) (DECREASE)	96,072	118,880
A & E Attendances from Care Homes (NHSGGC data) (DECREASE)	429	541
Emergency Admissions from Care Homes (NHSGGC data) (DECREASE)	261	338
Supporting carers		
People reporting 'quality of life for carers' needs fully met (%) (INCREASE)	78%	72%

2018-19 Performance - Areas for Improvement

Ongoing improvement is sought across all services within the HSCP and the performance management arrangements in place are designed to facilitate this. There are specific areas we would like to improve going forward and these are set out in our current Strategic Plan.

Key indicators we would like to improve on include the following:

Children and Young People

- Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral
- Child & Adolescent Mental Health - longest wait in weeks at month end

Criminal Justice

- % Positive employability and volunteering outcomes for people with convictions

Adult Support and Protection

- % Change in women's domestic abuse outcomes

Living independently

- Increase the percentage of people aged 65+ who live in housing rather than a care home or hospital.

Mental Health services

- Percentage of people waiting no longer than 18 weeks for access to psychological therapies
- Waiting times for Primary Care Mental Health Team (Bridges)

Unscheduled care: Working in partnership with NHS acute services

- People waiting more than 3 days to be discharged from hospital into a more appropriate care setting
- Number of A&E Attendances
- % of last six months of life spent in a community setting

Funding 2018/19

The net total health and social care funding from our partners for financial year 2018/19 was £133.479 million:

	£ Million
NHS Greater Glasgow and Clyde Primary Care	68.298
NHS Greater Glasgow and Clyde Large Hospital Services	16.624
East Renfrewshire Council Social Care	48.267
East Renfrewshire Council Housing Aids and Adaptations	0.290
Total Net Funding	133.479

The Comprehensive Income and Expenditure Statement (CIES) (page 30) shows the IJB gross income as £155.237 million, as this presentation shows service income, grant funding, resource transfer and social care fund monies which are included within the net funding from our partners. The purpose of the CIES presentation is to show the gross cost of the services we provide.

Work continues to be progressed with the set aside funding for large hospital services, however arrangements under the control of the IJB (and those across Greater Glasgow) are not yet operating as required by the legislation and statutory guidance. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integrated Authorities to plan their use of their budgets in 2019/20. The work undertaken to date has focussed on the collation of cost and activity data. Moving forward work has commenced on the development of commissioning plans to support the implementation of the set aside arrangements.

Resource Transfer shows NHS Greater Glasgow and Clyde specific funding for historic bed closures and is used to purchase care packages and community based services. The Social Care Fund was allocated by the Scottish Government to IJBs, via the NHS funding stream, to meet specific costs such as living wage and other fair work practices and adult demographic pressures.

Financial Performance 2018/19

The annual report and accounts for the IJB covers the period 1st April 2018 to 31st March 2019, with comparable figures shown for 2017/18.

In addition to the net funding of £132.951 million received from our partners and other income we had also planned to use up to £0.954 million from reserves to bridge our Fit for the Future change programme to balance our budget for 2018/19.

The budgets and outturns for the operational services as reported during the year to the IJB are summarised below;

Service	Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	10.508	9.708	0.800	7.61%
Older Peoples Services	28.995	29.223	(0.228)	(0.79%)
Physical / Sensory Disability	4.664	4.608	0.056	1.20%
Learning Disability – Community	12.091	12.138	(0.047)	(0.39%)
Learning Disability – Inpatients	8.085	7.962	0.123	1.52%
Mental Health	4.377	3.958	0.419	9.57%
Addictions / Substance Misuse	1.554	1.522	0.032	2.06%
Family Health Services	22.217	22.209	0.008	0.04%
Prescribing	15.766	16.194	(0.428)	(2.71%)
Criminal Justice	0.039	-	0.039	100%
Planning & Health Improvement	0.299	0.225	0.074	24.75%
Management & Administration	8.396	8.586	(0.190)	(2.27%)
Planned Contribution from Reserves	(0.954)	(0.556)	(0.398)	(41.72%)
Net Expenditure Health and Social Care	116.037	115.777	0.260	0.22%
Housing	0.290	0.290	-	0.00%
Set Aside for Large Hospital Services	16.624	16.624	-	0.00%
Total Integration Joint Board	132.951	132.691	0.260	0.22%

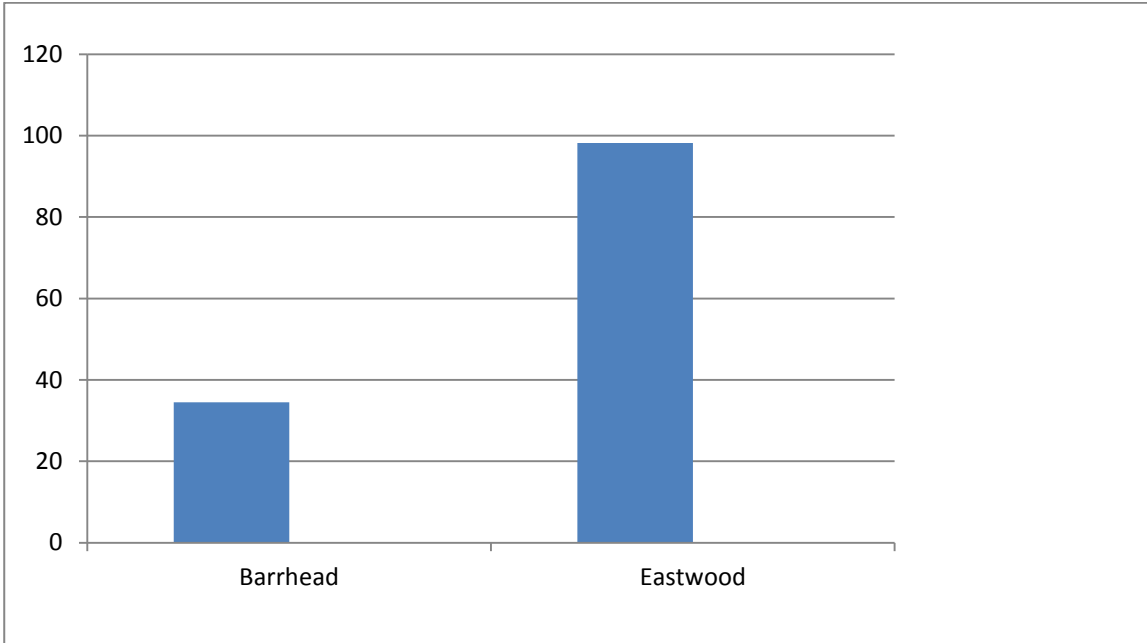
The £0.260 million underspend (0.22%) is in line with the reporting taken to the IJB during the year and this is added to our reserves.

The main variances to the budget were:

- Underspends in a number of services from staff turnover and vacant posts during the year, in part relating to the implementation of our structure but also reflecting recruitment and retention issues within health and social care.
- Care package costs were less than committed as we did not have a difficult winter.
- The overspend in prescribing is a result of both cost and volume, with a number of drugs on short supply during the year.
- East Renfrewshire IJB hosts the Specialist Learning Disability Services on behalf of the other five IJBs who are coterminous with Greater Glasgow and Clyde. The service achieved £0.125 million savings early from the ongoing bed redesign model.

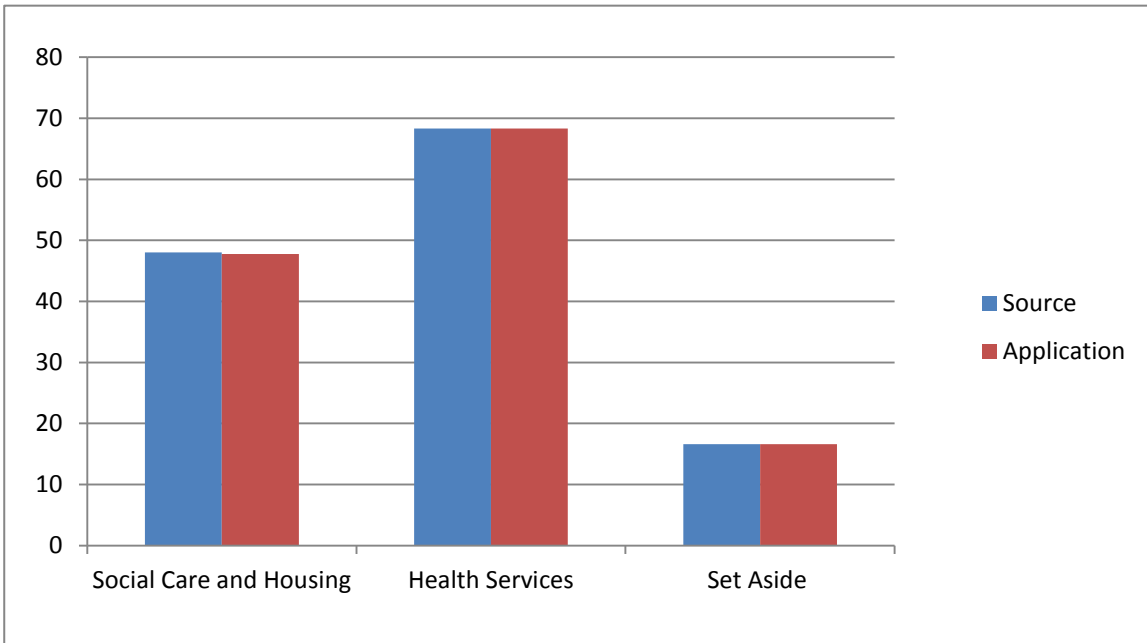
A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 37). The hosted services are accounted for on a principal basis.

Expenditure of £132.691 million by Locality



The expenditure split by Locality is shown using a combination of support plans and population.

Source and Application of our Net Funding of £132.951million



Reserves

We used £0.802 million of reserves in year to balance our budget and we also invested new monies into earmarked reserves. The year on year movement in reserves is set out at Note 8 (Page 40) and is summarised:

	£ Million	£ Million
Reserves at 31 March 2018		4.809
Planned use of existing reserves during the year	(0.902)	
Funds added to existing reserves during the year	0.338	
New reserves created during the year	1.092	
Net increase in reserves during the year	0.528	
Reserves at 31 March 2019		5.337

The new reserves of £1.092 million we have created are:

- £0.111 million Mental Health Action 15
- £0.068 million Alcohol & Drugs Partnership
- £0.186 million Primary Care Improvement Programme
- £0.142 million to support the Active Lives programme, organisational learning and development and other small projects
- £0.200 million to support development of the Partnership Strategic Framework
- £0.250 million agreed by the IJB to support the Care at Home Improvement Programme
- £0.135 million within Children and Families projects (Home & Belonging and Continuing Care)

The overall financial position for the IJB can be summarised as follows:

Total 2017/18 £000	1st April 2018 to 31st March 2019	NHS Greater Glasgow and Clyde £000	East Renfrewshire Council £000	Total 2018/19 £000
149,444	Funds Received from Partners	89,485	65,752	155,237
148,995	Funds Spent with Partners	89,485	65,224	154,709
(449)	Underspend In Year	-	(528)	(528)
449	Earmarked Reserve Contributions	-	528	528
-	General Reserve Contributions	-	-	-

The Comprehensive Income and Expenditure Statement (Page 30), details our income and expenditure by care group and service along with our sources of funding.

Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years. The Medium Term Financial Plan sets out the potential cost pressures of circa £5.1 to £5.7 million per year for the five years 2019/20 to 2023/24.

For 2019/20 the cost pressure was £5.7 million and when we applied the available funding from our partners for uplifts and pressures the remaining gap and therefore savings requirement of £3.1 million. We have an agreed plan for these savings for 2019/20 however a similar scale of challenge in future years will mean an impact on our front line services and care packages.

We continue to maintain our strategic risk register for the IJB which identifies the key areas of risk that may impact the IJB and have implemented a range of mitigating actions to minimise any associated impact.

The areas identified (as at June 2019) are:

1. In-House Care at Home Service.
2. Death or significant harm to a service user or patient.
3. Historical sexual abuse inquiry.
4. Child protection, adult protection and multi-agency public protection arrangements.
5. Financial sustainability.
6. Failure of a provider.
7. Access to primary care.
8. Increase in our older population.
9. Workforce planning and change.
10. Increase in children and adults with additional support needs.

Demographic pressures remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in children with complex needs resulting in an increase in demand for services.

A number of wider issues such as economy; the impact of Brexit, Regional Planning, potential reform of NHS boards and local government could all impact on the future of the service we provide and our ability to meet the needs of the communities we serve.

We have successfully operated integrated services for a number of years and we have already faced a number of challenges and opportunities open to newer partnerships, however our funding and savings challenge take no account of this history. Whilst we have agreed a population based approach for future (NHS) financial frameworks and models this does not address the base budget.

Prescribing Costs; the cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is delegated to the IJB. This is a complex and volatile cost base of around £16 million per year. Financial year 2018/19 was the first year without any risk share or underwriting of this cost and despite increasing our budget by 5% we ended the year with an £0.428 million overspend.

Delayed Discharge; in order to achieve the target time of 72 hours we continue to require more community based provision. The medium term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs. Our increased attendances at Accident & Emergency will impact here.

The Annual Budget setting timetables remain an issue as the NHS timetable poses a challenge as the NHS Board does not agree its budget before 31 March, whereas the IJB is required to set its budget by the end of March of each year. However the IJB had sufficient detail and confirmation of a verbal offer from the NHS Greater Glasgow and Clyde and a confirmed offer from East Renfrewshire Council to set a budget prior to 31 March, subject to formal confirmation by NHS Greater Glasgow and Clyde (subsequently received).

Developing our performance and financial reporting in more detail at a locality level to allow fuller reporting and understanding of future trends and service demands.

We plan to deal with these challenges by:

- We have an agreed Medium Term Financial Plan and will maintain this with update at least annually. We will also continue to use scenario based financial planning and modelling to assess and refine the impact of different levels of funding, pressures and possible savings.
- We have invested £1 million in our Care at Home service to support our improvement plan for this service.
- We have identified and prioritised savings proposals for 2019/20 and have indicated that future year savings proposals may require us to move to the adoption of a criteria based model for care package support.
- We will realign our financial reporting to reflect our new service structure.

- We are developing our Data and Management Information Strategy and have strengthened performance and governance reporting in our new staffing structure. This will support informed planning and decision making.
- We have refreshed the membership of our Strategic Planning Group and we are commencing work to support development of our future contractual frameworks for Care at Home and Care and Support to develop sustainable, outcome focussed services. We have identified funding to support this development.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups.
- We have recognised the challenges in the medium term and will continue to use 'invest to save' and "test of change" models. Our reserves strategy allows us to smooth the impact of change and to implement savings on a phased basis. Some examples include:
 - Investment in an additional pharmacy technician to mitigate prescribing pressures
 - Implementing our Digital Programme
 - Care at Home to support recruitment and retention and service improvement
 - Partnership Framework development
 - Organisational Learning and Development
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- We need to review our Integration Scheme during 2019/20 to meet legislative requirements.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting will continue to be a key focus of each IJB agenda.

Conclusion

East Renfrewshire Integration Joint Board remains well placed in the short term to meet the coming challenges, building on many years of delivering integrated health and social care services and continuing to lead on developing new and innovative models of service delivery, not only ensuring financial sustainability, but also meeting the needs of our population. Whilst there is a degree of uncertainty over the medium to longer term funding which could pose risk to meeting future demand we continue to plan ahead and prepare for a range of scenarios.

Anne-Marie Monaghan
Chair
Integration Joint Board 26th June 2019

Julie Murray
Chief Officer
Integration Joint Board 26th June 2019

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 26th June 2019

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to ensure that one of its officers has the responsibility for the administration of those affairs. In East Renfrewshire IJB, the proper officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the annual accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Statement of Accounts.

I confirm that the audited Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 25th September 2019.

Anne-Marie Monaghan
Chair
Integration Joint Board 26th June 2019

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the IJB's annual accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing these annual accounts, the Chief Financial Officer has:

- Selected appropriate accounting policies and applied them consistently.
- Made judgements and estimates that were reasonable and prudent.
- Complied with the legislation.
- Complied with the Accounting Code (in so far as it is compatible with the legislation).

The Chief Financial Officer has also:

- Kept proper accounting records that were up-to-date.
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board as at 31st March 2019 and the transactions for the IJB for the period covering 1st April 2018 to 31st March 2019.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 26th June 2019

Remuneration Report

Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) requires local authorities and IJBs in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

The IJB does not directly employ any staff in its own right. All staff are employed through either East Renfrewshire Council or NHS Greater Glasgow and Clyde. The report contains information on the IJB's Chief Officer's remuneration together with any taxable expenses relating to voting members claimed in the year. The remuneration of senior officers is determined by the contractual arrangements of East Renfrewshire Council and NHS Greater Glasgow and Clyde.

For 2018/19 no taxable expenses were claimed by members of the IJB.

The board members are entitled to payment for travel and subsistence expenses relating to approved duties. Payment of voting board members allowances is the responsibility of the member's individual partnership body. Non-voting Members of the IJB are entitled to the payment of travel expenses.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by external auditors to ensure that it is consistent with the financial statements:

Integration Joint Board

The voting members of the IJB were appointed through nomination by East Renfrewshire Council and NHS Greater Glasgow and Clyde.

Senior Officers

The Chief Officer is appointed by the IJB in consultation with East Renfrewshire Council and NHS Greater Glasgow and Clyde. The Chief Officer is employed by East Renfrewshire Council and is funded equally between East Renfrewshire Council and NHS Greater Glasgow and Clyde.

The total remuneration received by the Chief Officer in 2018/19 amounted to £107,767 in regards to all of the duties undertaken during the financial year. In respect of the Chief Financial Officer, total remuneration for 2018/19 amounted to £82,342.

Name and Post	Salary, Fees and Allowances £	Taxable Expenses £	Total Remuneration 2018/19 £
Julie Murray, Chief Officer 2018/19	107,767	-	107,767
Julie Murray, Chief Officer 2017/18	106,961	-	106,961

Name and Post	Salary, Fees and Allowances £	Taxable Expenses £	Total Remuneration 2018/19 £
Lesley Bairden, Chief Financial Officer 2018/19	82,342	-	82,342
Lesley Bairden, Chief Financial Officer 2017/18	65,963	-	65,963

Voting Board Members 2018/19		Total Taxable IJB Related Expenses 2018/19 £
Councillor Tony Buchanan	East Renfrewshire Council	Nil
Councillor Caroline Bamforth (Vice Chair)	East Renfrewshire Council	Nil
Councillor Paul O' Kane	East Renfrewshire Council	Nil
Councillor Jim Swift	East Renfrewshire Council	Nil
Susan Brimelow	NHS Greater Glasgow and Clyde	Nil
Morag Brown (Chair to 31 March 2019)*	NHS Greater Glasgow and Clyde	Nil
John Mathews	NHS Greater Glasgow and Clyde	Nil
Anne-Marie Monaghan (Chair from 1 April 2019)*	NHS Greater Glasgow and Clyde	Nil

The equivalent cost in 2017/18 was nil for all IJB members.

* From April 2019 Anne Marie Monaghan succeeded Morag Brown as Chair of the IJB.

The Pension entitlement for the Chief Officer for the year to 31st March 2019 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

Name and Post	In Year Pension Contribution For year to 31 st March 2019 £	Accrued Pension Benefit as at 31 st March 2019	
		Pension £	Lump Sum £
Julie Murray, Chief Officer 2018/19	20,799	38,772	56,800
Julie Murray, Chief Officer 2017/18	20,644	35,910	55,946

The Chief Financial Officer joined the pension scheme on appointment in August 2015 and under the terms of the scheme no lump sum benefit has been identified.

Name and Post	In Year Pension Contribution For year to 31 st March 2019 £	Accrued Pension Benefit as at 31 st March 2019	
		Pension £	Lump Sum £
Lesley Bairden, Chief Financial Officer 2018/19	15,892	5,247	-
Lesley Bairden, Chief Financial Officer 2017/18	12,731	3,460	-

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pension liability reflected on the IJB balance sheet for the Chief Officer, Chief Financial Officer, or any other officers.

However the IJB has responsibility for funding the employer's contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2018/19 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers own contributions.

General Disclosure by Pay Bands

The regulations require the Remuneration Report to provide information on the number of persons whose remuneration was £50,000 or above. This information is provided in bands of £5,000.

General Disclosure by Pay Bands

Number of Employees 31 st March 2018	Remuneration Band	Number of Employees 31 st March 2019
1	£65,000 - £69,999	-
-	£80,000 - £85,999	1
1	£105,000 - £109,999	1

Anne-Marie Monaghan
Chair
Integration Joint Board 26th June 2019

Julie Murray
Chief Officer
Integration Joint Board 26th June 2019

Annual Governance Statement

Introduction

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control. This is in line with the Code of Corporate Governance and meets the requirements of the 'Code of Practice for Local Authority Accounting in the UK: A Statement of Recommended Practice', in relation to the Statement on the System of Internal Financial Control. This should ensure:

- A focus on the assessment of how well the governance framework is working and what actions are being taken.
- The importance of the role and responsibilities of partners in supporting IJB good governance is adequately reflected.

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively. To ensure best value the IJB commits to continuous quality improvement in performance across all areas of activity.

To meet this responsibility the IJB continues to operate the governance arrangements first put in place during 2015/16, including the system of internal control. This is intended to manage risk to a reasonable level, but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable, but not absolute assurance of effectiveness.

In discharging these responsibilities, the Chief Officer has a reliance on East Renfrewshire Council and NHS Greater Glasgow and Clyde systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisations' aims and objectives, as well as those of the IJB.

The Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with and leads the community. It enables the IJB to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

We have robust governance arrangements and have consolidated these into a Governance Code.

The Governance Framework

The main features of the governance framework in place during 2018/19 are summarised below:

- The IJB, comprising all IJB Board members, is the key decision making body.
- The scope, authority, governance and remit of the IJB is set out in constitutional documents including the Integration Scheme, Board terms of reference, scheme of administration and financial regulations and as reflected in our Code of Governance.
- The Performance and Audit Committee and Clinical and Care Governance Group provide further levels of scrutiny for the IJB.
- The IJB's purpose and vision is outlined in the IJB Strategic Plan which sets out how we will deliver the national health and wellbeing outcomes. This is underpinned by an annual implementation plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan are provided to the Performance and Audit Committee and the IJB.
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees. A register of interests is in place for all Board members and senior officers.
- The Performance and Audit Committee routinely review the Strategic Risk Register.
- The IJB has in place a continuous development programme with an ongoing series of seminars covering a wide range of topics and issues.
- The IJB has two localities Eastwood and Barrhead, aligned with hospital use and includes three clusters of GP practices. Each Locality has a dedicated Locality Manager.

The governance framework was put in place during 2015/16 when the IJB was established and the Governance Code was formalised and audited in 2017/18 and continues to operate effectively.

The System of Internal Financial Control

The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by East Renfrewshire Council and NHS Greater Glasgow and Clyde as part of the operational delivery of the HSCP. In particular, these systems include:

- Financial regulations and codes of financial practice.
- Comprehensive budgeting systems.
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts.
- Setting targets to measure financial and other performance.
- Clearly defined capital expenditure guidelines.
- Formal project management disciplines.
- The IJB's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2010)'.

With regard to the entries taken from East Renfrewshire Council and NHS Greater Glasgow and Clyde accounts, the IJB is not aware of any weaknesses within their internal control systems and has placed reliance on the individual Statements of Internal Financial Control where appropriate.

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2018/19. A member of East Renfrewshire Council's Audit and Scrutiny Committee was co-opted to the IJB Performance and Audit Committee during 2016/17 to promote transparency.

The Internal Audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2018/19, the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditor prepares an annual report to the Audit Committee, including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

We have a formal Code of Governance and the sections in the code and our level of compliance can be summarised as detailed below:

Code Section	Level of Compliance
Integration Scheme	Full
Local Governance Arrangements & Delegation of Functions	Full
Local Operational Delivery Arrangements	Full
Performance and Audit	Full
Clinical and Care Governance	Part
Chief Officer	Full
Workforce	Part
Finance	Full
Participation and Engagement	Full
Information Sharing and Data Handling	Full
Complaints/ Dispute Resolution Mechanism	Full
Claims Handling, Liability & Indemnity	Full
Risk Management	Full

The two areas where we are partly compliant are:

- Clinical and Care Governance; the Integration Scheme identifies a Carers representative should be on this group. We do have an allocated committee place however capacity has been an issue and we are actively reviewing membership with supporting guidance.
- Workforce; we are working on our workforce and learning & development plans and aim to have these completed by autumn 2019. Our three year Workforce Plan covering 2020-23 needs to be approved and published by 31st March 2020.

Governance Issues during 2018/19

Whilst all operational and transactional governance issues are considered within our partner's governance frameworks the IJB Performance and Audit Committee take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31st March 2019.

The recommendations from the follow up audit on the implementation of the Care Finance system are taken to the Performance and Audit Committee with progress updates on a six monthly timescale. Whilst there is acknowledgement of the progress made and that the previous payments to providers audit is closed the Performance and Audit Committee will review progress until full completion.

Regular reports on all audit recommendations and associated actions are presented to and considered by the Performance and Audit Committee of the IJB.

Any audit issues that impact on the IJB from our partners will be included in the final accounts following review of the IJB Chief Auditor.

Action Plan

The IJB has identified the following actions for 2019/20 that will assist with the further strengthening of corporate governance arrangements:

- Continue to develop our management information to better inform our strategic and financial planning, commissioning strategy, change programme and decision making processes.
- Maintain and report, at least annually an updated Medium Term Financial Plan reflecting the latest intelligence and assumptions to support and inform future funding modelling and scenarios. This will be supplemented by seminars at specific stages in the budget setting process.
- To implement commissioning arrangements for the set aside budget and reduce our Accident and Emergency attendances.
- Continue to work with NHS Greater Glasgow and Clyde regarding the timing of future years funding confirmation, the budget setting timescale for 2019/20 demonstrates progress despite timeframe constraints.
- To regularly report on the local and national actions, along with our partners, resulting from the Audit Scotland Review of Integration and the Ministerial Strategic Group review of Health and Community Care.
- To continue to progress our Care at Home improvement plan.
- To develop and publish our Workforce Plan for 2020-23.

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB system of governance.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principle objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Anne-Marie Monaghan
Chair
Integration Joint Board 26th June 2019

Julie Murray
Chief Officer
Integration Joint Board 26th June 2019

Independent auditor's report to the members of East Renfrewshire Health and Social Care Partnership Integration Joint Board and the Accounts Commission

(Provided by Audit Scotland)

The report from Audit Scotland will be included in the final Audited Accounts to be presented in September 2019, following the due audit process.

The Financial Statements

The (Surplus) or Deficit on the Income and Expenditure Statement shows the income received from and expenditure directed back to East Renfrewshire Council and NHS Greater Glasgow and Clyde for the delivery of services.

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

For the year ended 31st March 2019

2017/18			2018/19			
Gross Expenditure (Restated) £000	Gross Income (Restated) £000	Net Expenditure (Restated) £000	Objective Analysis	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
10,349	542	9,807	Children and Families	10,252	443	9,809
35,094	3,140	31,954	Older People's Services	37,929	3,510	34,419
5,158	50	5,108	Physical/Sensory Disability	5,312	264	5,048
17,634	739	16,895	Learning Disability – Community	17,939	1,631	16,308
9,461	1,267	8,194	Learning Disability – Inpatients	9,422	1,460	7,962
4,671	249	4,422	Mental Health	4,904	176	4,728
2,122	187	1,935	Addictions / Substance Misuse	2,099	65	2,034
23,610	1,379	22,231	Family Health Services	23,722	1,513	22,209
16,326	-	16,326	Prescribing	16,194	-	16,194
587	576	11	Criminal Justice	563	563	-
373	24	349	Planning and Health Improvement	225	-	225
8,454	1,617	6,837	Management and Admin	9,019	552	8,467
342	-	342	Corporate Services	215	-	215
134,181	9,770	124,411	Cost of Services Managed by East Renfrewshire IJB	137,795	10,177	127,618
14,561	-	14,561	Set Aside for delegated services provided in large hospitals	16,624	-	16,624
253	-	253	Aids and Adaptations	290	-	290
148,995	9,770	139,225	Total Cost of Services to East Renfrewshire IJB	154,709	10,177	144,532
-	82,439	82,439	NHS Greater Glasgow and Clyde	-	84,922	84,922
-	45,625	45,625	East Renfrewshire Council	-	48,557	48,557
-	6,449	6,449	Resource Transfer	-	6,449	6,449
-	5,161	5,161	Social Care Fund	-	5,132	5,132
-	139,674	139,674	Taxation and Non Specific Grant Income	-	145,060	145,060
148,995	149,444	(449)	(Surplus) or Deficit on Provision of Services	154,709	155,237	(528)
148,995	149,444	(449)	Total Comprehensive (Income) and Expenditure	154,709	155,237	(528)

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the financial year on the reserve held by the IJB, analysed into 'usable reserves' (i.e. those that can be applied to fund expenditure) and 'non usable reserves'. The (Surplus) or Deficit on the Provision of Services reflects the true cost of providing services, more details of which are shown in the Comprehensive Income and Expenditure Statement.

2017/18 £000	General Reserves	2018/19 £000
(4,360) (449)	Balance as at 31 st March 2018 brought forward (Surplus)/Deficit on provision of services	(4,809) (528)
(449)	TOTAL COMPREHENSIVE INCOME & EXPENDITURE	(528)
(4,809)	BALANCE AS AT 31st MARCH 2019 CARRIED FORWARD	(5,337)

BALANCE SHEET**As at 31st March 2019**

The Balance Sheet as at 31st March 2019 is a snapshot of the value at that reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31st March 2018 £000		Notes	31st March 2019 £000
4,986	Current Assets		5,469
4,986	Short Term Debtors	7	5,469
177	Current Liabilities		132
177	Short Term Creditors	7	132
4,809	Net Assets		5,337
(4,809)	Reserves	8	(5,337)
(4,809)	Total Reserves		(5,337)

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31st March 2019 and its income and expenditure for the year then ended.

The unaudited accounts were submitted for approval on 26th June 2019 and audited annual accounts will be submitted for approval and issue by the IJB on 25th September 2019.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 26th June 2019

Notes to the Financial Statements

1. Accounting Policies

1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2018/19 reporting period and its position as at 31st March 2019.

The East Renfrewshire IJB is formed under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between East Renfrewshire Council and NHS Greater Glasgow and Clyde.

IJBs are specified as Section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 supported by International Finance Reporting Standards (IFRS).

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year it takes place not simply when cash payments are made or received. In particular:

All known specific and material sums payable to the IJB have been brought into account.

Where revenue and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.

1.3 Going Concern

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future.

1.4 Accounting Convention

The accounting convention adopted in the Statement of Accounts is a historic cost basis.

1.5 Funding

East Renfrewshire IJB receives contributions from its funding partners, namely East Renfrewshire Council and NHS Greater Glasgow and Clyde to fund its services. Expenditure is incurred in the form of charges for services provided to the IJB by its partners.

1.6 Reserves

Reserves are created by appropriate amounts from the Statement of Income and Expenditure in the Movement In Reserves Statement.

Reserves have been created in order to finance expenditure in relation to specific projects. When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service in that year and will be funded by an appropriation back to the Comprehensive Income and Expenditure Statement in the Movement In Reserves Statement.

A general reserve has also been established as part of the financial strategy of the East Renfrewshire IJB in order to better manage the risk of any future unanticipated events that may materially impact on the financial position of the IJB.

1.7 Events after the Balance Sheet Date

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised.

Where events take place before the date of authorisation and provide information about conditions existing as at 31st March 2019 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

Events taking place after the date when the Accounts were authorised are not reflected in the financial statement or notes.

1.8 Related Party Transactions

As partners of East Renfrewshire IJB both East Renfrewshire Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 5 (Page 38) in accordance with the requirements of International Accounting Standard 24.

1.9 Provisions, Contingent Assets and Liabilities

Provisions are made where an event has taken place that gives the IJB a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential and a reliable estimate can be made of the amount of the obligation.

Provisions are charged as an expense to the appropriate service line in the Statement of Income and Expenditure in the year that the IJB becomes aware of the obligation and measured at the best estimate at the Balance Sheet date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made they are charged to the provision held in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year. Where it becomes less probable that a transfer of economic benefits will be required (or a lower settlement than anticipated is made) the provision is reversed and credited back to the relevant service.

A contingent asset or liability arises where an event has taken place that gives the IJB a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the IJB. Contingent assets or liabilities also arise in circumstances where a provision would otherwise be made but, either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but are disclosed in a Note to the Accounts where they are deemed material.

1.10 Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Greater Glasgow and Clyde and East Renfrewshire Council have responsibility for claims in respect of the services they are statutorily responsible for and that they provide.

Unlike NHS Boards the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore similar to normal insurance arrangements.

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims, taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31st March 2019.

Similarly, the likelihood of receipt of an insurance settlement to cover any claims would be separately assessed, and where material, they would be presented as either a debtor or disclosed as a contingent asset. No such receipts were identified as at 31st March 2019.

The cost of participation in the CNORIS scheme was funded on our behalf by NHS Greater Glasgow and Clyde.

1.11 Corresponding Amounts

These Financial Statements cover the period 1st April 2018 to 31st March 2019, with corresponding full year amounts for 2017/18.

1.12 VAT

The IJB is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure and income within the Accounts depends upon which of the partners is providing the service as these bodies are treated differently for VAT purposes.

The services provided by the Chief Officer to the IJB are outside the scope of VAT as they are undertaken under a specific legal regime.

1.13 Post - Employment Benefits – Pension Costs

The accounting requirements for pension costs in respect of Post - Employment Benefits under IAS9 and FRS17 are reflected in the accounts of East Renfrewshire Council and NHS Greater Glasgow and Clyde as the respective employers of current and former staff members. The IJB does not directly employ any members of staff in its own right and accordingly has accrued no liability in regards to post employment pension benefits.

2. Expenditure and Income Analysis by Nature

2017/18 £000		2018/19 £000
(139,674)	Partners funding contribution and non-specific grant income	(145,060)
(9,770)	Fees and charges and other service income	(10,177)
(149,444)	2018/19 TOTAL FUNDING	(155,237)
36,664	Employee Costs	36,602
974	Premises Costs	818
328	Transport Costs	375
6,803	Supplies & Services	7,201
47,501	Third Party Payments	50,995
2,045	Support Costs	2,126
18,894	Prescribing	16,024
20,883	Family Health Service	23,729
14,561	Acute Hospital Services	16,624
318	Corporate Costs	190
24	External Audit Fee	25
148,995	2018/19 COST OF SERVICES	154,709

There are no statutory or presentational adjustments which affect the IJB's application of funding received from partner organisations. The movement in the IJB balance sheet is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these accounts.

3. Taxation and Non Specific Grant Income

2017/18 £000		2018/19 £000
45,625	East Renfrewshire Council	48,557
82,439	NHS Greater Glasgow and Clyde	84,922
6,449	Resource Transfer	6,449
5,161	Social Care Fund	5,132
139,674	PARTNERS FUNDING CONTRIBUTION & NON SPECIFIC GRANT INCOME	145,060

The funding contribution from NHS Greater Glasgow and Clyde includes £16.624 million in respect of East Renfrewshire's use of set aside for delegated services provided in large hospitals. These are provided by the NHS, which retains responsibility for managing the costs of providing the service. The IJB however, has responsibility for the consumption of and level of demand placed on these services.

4. Learning Disability – Inpatients

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2018/19 accounts in respect of Learning Disability In Patient Services hosted by the East Renfrewshire IJB for other IJBs within the NHS Greater Glasgow & Clyde Area. Accordingly, the IJB is considered to be acting as a 'principal' and the 2018/19 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2018/19 financial statements. The cost of the hosted service provided to other IJBs in regards Learning Disability Inpatients is detailed below.

2017/18 £000	LEARNING DISABILITY IN PATIENTS SERVICES HOSTED BY EAST RENFREWSHIRE IJB	2018/19 £000
6,600	Glasgow	6,234
688	Renfrewshire	918
416	Inverclyde	142
381	West Dunbartonshire	570
-	East Dunbartonshire	-
8,085	LEARNING DISABILITY – INPATIENTS SERVICES	7,864

Likewise, other IJBs act as the principal for a number of other hosted services on behalf of the East Renfrewshire IJB, as detailed below; such costs are reflected in the financial statements of the host IJB.

2017/18 £000	SERVICES PROVIDED TO EAST RENFREWSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE	2018/19 £000
348	Physiotherapy	434
57	Retinal Screening	53
430	Podiatry	452
283	Primary Care Support	295
287	Continence	293
616	Sexual Health	613
1,014	Mental Health	876
891	Oral Health	858
347	Addictions	335
191	Prison Health Care	184
159	Health Care in Police Custody	163
4,000	Psychiatry	3,811
8,623	NET EXPENDITURE ON SERVICES PROVIDED	8,367

5. Related Party Transactions

The following financial transactions were made with East Renfrewshire Council and NHS Greater Glasgow and Clyde relating to integrated health and social care functions during 2018/19. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

2017/18 £000	Income – payments for integrated functions	2018/19 £000
87,581	NHS Greater Glasgow and Clyde	89,485
61,863	East Renfrewshire Council	65,224
149,444	TOTAL	154,709

2017/18 £000	Expenditure – payments for delivery of integrated functions	2018/19 £000
87,581	NHS Greater Glasgow and Clyde	89,485
61,414	East Renfrewshire Council	65,752
148,995	TOTAL	155,237

6. Corporate Expenditure

2017/18 £000	Corporate Expenditure	2018/19 £000
173	Staff Costs	190
145	Administration Costs	-
24	Audit Fee	25
342	TOTAL	215

The cost associated with running the IJB has been met in full by East Renfrewshire Council and NHS Greater Glasgow and Clyde reflecting the continuation of the arrangement for the previous Community Health and Care Partnership.

The costs charged to the IJB in respect of non-voting members include the Chief Officer and Chief Financial Officer. Details of the remuneration for post holders are provided in the Remuneration Report.

The costs of other key management staff who advise the IJB, such as the Chief Social Work Officer and the Chief Nurse are reflected within operational budgets. Those costs above reflect only the IJB statutory posts.

NHS Greater Glasgow and Clyde did not charge for any support services provided in the year ended 31st March 2019.

The support services for East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and as such have been charged for in 2018/19.

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice 2018/19 amounted to £25,000. There were no fees paid to Audit Scotland in respect of any other services.

VAT is not included in the costs identified.

7. Short Term Debtors and Creditors

2017/18 £000	Short Term Debtors	2018/19 £000
683 4,303	NHS Greater Glasgow and Clyde East Renfrewshire Council	761 4,708
4,986	TOTAL	5,469

2017/18 £000	Short Term Creditors	2018/19 £000
116 61	NHS Greater Glasgow and Clyde East Renfrewshire Council	71 61
177	TOTAL	132

8. Reserves

As at 31st March 2019 the IJB has created earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve has been created as part of the financial strategy of the IJB in order to better manage the risk of any future unanticipated events that may materially impact on the financial position of the IJB.

2017/18 £000	Reserves	Transfers Out £000	Transfers In £000	2018/19 £000
	Scottish Government Funding			
-	Mental Health Action 15	-	111	111
-	Alcohol & Drugs Partnership	-	68	68
249	Primary Care Improvement	15	186	420
	Bridging Finance			
1,465	Budget Savings Reserve	326	-	1,139
500	In Year Pressures Reserve	-	-	500
250	Prescribing	28	-	222
529	Children & Families	-	135	664
	Transitional Funding			
450	Bonnyton	450	-	-
701	Learning Disability Specialist Services	-	338	1,039
	Project Reserves			
58	District Nursing	19	-	39
-	Active Lives	-	55	55
52	Projects and Initiatives	-	57	109
49	Learning Disability Non Specialist Services	-	-	49
9	Speech & Language Therapy	9	-	-
	Renewals & Repairs			
100	Learning Disability Non Specialist Services	-	-	100
	Capacity			
-	Care at Home	-	250	250
-	Partnership Strategic Framework	-	200	200
70	Organisational Learning & Development	-	30	100
55	Community Capacity	55	-	55
4,537	TOTAL EARMARKED RESERVES	902	1,430	5,065
272	TOTAL GENERAL RESERVES	-	-	272
4,809	TOTAL ALL RESERVES	902	1,430	5,337

9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31st March 2019.

10. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have a significant impact on the 2018/19 annual accounts.

11. Critical Judgements & Estimation Uncertainty

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of Learning Disability Inpatients Services hosted within the East Renfrewshire IJB for other IJB's within the NHS Greater Glasgow & Clyde area. Within NHS Greater Glasgow & Clyde each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal' and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which the 2018/19 accounts have been prepared.

The figure included in the 2018/19 financial statements in respect of set aside for delegated services provided in large hospitals is provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB, however, has responsibility for the consumption of, and level of demand placed on, these resources.

Where to find more information

In This Document

The requirements governing the format and content of the IJB annual accounts follows guidance issued by the Integrated Resources Advisory Group and by The Local Authority (Scotland) Accounts Advisory Committee (LASAAC).

On Our Website

Further information on the Accounts can be obtained on East Renfrewshire Council's website <http://www.eastrenfrewshire.gov.uk/health-and-social-care-integration> or from East Renfrewshire HSCP, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN.

Acknowledgement

I wish to record my thanks to staff within the HSCP for their co-operation in producing the Annual Report and Accounts in accordance with the prescribed timescale. In particular the efforts of the Accountancy and Finance staff within the partnership are gratefully acknowledged.

Anne-Marie Monaghan
Chair

Integration Joint Board

26th June 2019

Julie Murray

Chief Officer

Integration Joint Board

26th June 2019

Lesley Bairden ACMA CGMA

Chief Financial Officer

Integration Joint Board

26th June 2019



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 June 2019
Agenda Item	8
Title	Annual Performance Report 2018/19
<p>Summary</p> <p>This report advises the members of the Integration Joint Board of the development of the Annual Performance Report for the Health and Social Care Partnership for 2018/19. This year is the first year of our Strategic Plan 2018-21 and this is our third Annual Performance Report. The Annual Performance Report is a high level report and more detail of local targets and activities is available in the Health and Social Care Partnership Implementation Plan Performance Report for 2018/19.</p>	
Presented by	Steven Reid Senior Policy, Planning and Performance Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to</p> <ul style="list-style-type: none"> ▪ Approve the report and its submission to the Scottish Government by the statutory deadline of 31 July 2019. ▪ Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media. 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Finance <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Legal <input checked="" 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

26 JUNE 2019

Report by Chief Officer

ANNUAL PERFORMANCE REPORT 2018/19

PURPOSE OF REPORT

1. This report advises the members of the Annual Performance Report for the Health and Social Care Partnership for 2018/19.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - Approve the report and its submission to the Scottish Government by the statutory deadline of 31 July 2019.
 - Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.

BACKGROUND

3. The Public Bodies (Joint Working) (Scotland) 2014 Act requires each Integration Authority to publish a Performance Report for each reporting year setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible. The report must be published by 31 July 2019. Publication of the report should include making the report available online, and should ensure that the Report is as accessible as possible to the public. Guidance suggests that partnerships may wish to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report. The Integration Joint Board must also provide a copy of this report to each constituent authority (NHS Greater Glasgow & Clyde and East Renfrewshire Council).
4. The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. In addition Scottish Government has issued guidance for the preparation of performance reports:
 - Performance against national health and wellbeing outcomes.
 - Performance in relation to integration planning and delivery principles.
 - Performance in relation to strategic planning and any review of strategic plan during year.
 - Financial planning, performance and best value.
 - Performance in respect of locality arrangements.
 - Inspections of services.
 - Details of any review of the strategic plan.

REPORT

5. This year is the first year of the HSCP Strategic Plan 2018-21 and this is our third Annual Performance Report. The Annual Performance Report is a high level report and more detail of local targets and activities is available in the Health and Social Care Partnership Strategic Implementation Plan - End Year Report 18-19
6. The Annual Performance Report sets out how we have delivered on our vision and commitments over 2018/19. We review our performance against agreed local and national performance indicators and against the commitments set out in our second Strategic Plan, which covers the period 2018-21. The report is principally structured around the priorities set out in our strategic plan, linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.
7. The main elements of the report set out: the current strategic approach of the East Renfrewshire Health and Social Care Partnership; how we have been working to deliver our strategic priorities over the past 12 months; our financial performance; detailed performance information illustrating data trends against key performance indicators; and, key work areas we will be focusing on as we move forward.
8. National performance indicators can be grouped into two types of complementary measures: outcome measures and organisational measures.
9. The national outcome measures are based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations. These people have not necessarily used HSCP services. The survey was last carried out in 2017 and as such no current data is available for these measures. The HSCP collects local data of people who have used our services and supports. This is included in the report as it is collected throughout the year and can be tracked over a longer time period. We believe better reflects outcomes achieved by the Health and Social Care Partnership.
10. The national organisational measures are taken from data that is collected across the health and care system for other reasons. In all cases we have included the latest available data. If more recent data becomes available before publication we will update the report. The updated indicators may not represent the full end year position as some of the data completion rates are not yet 100% but will be the most up-to-date data available at the statutory deadline. We have identified 'provisional' figures in the report.
11. The remaining performance information in the report relates to the key local indicators and targets developed to monitor progress against our Strategic Implementation Plan 2018-21. Our performance indicators illustrate progress against each of our seven strategic priorities. Chapter 4 of the report gives trend data from 2016/17 and uses a Red, Amber, Green status key to show whether we are meeting our targets.
12. In addition to activity and performance in relation to the seven strategic priorities the report includes sections on:
 - Public protection;
 - Our hosted Specialist Learning Disability Service;
 - How we support our staff.

13. Performance indicators that have seen the greatest improvement in 2018/19 are summarised at page 56. These demonstrate significant progress across a number of areas, including:
- Outcomes for children following support from our parenting programmes.
 - Outcomes for people using addiction services moving through support services to recovery.
 - Helping older people and people with long-term condition maintain independence at home.
 - Reducing unplanned hospital care by reducing emergency admissions and attendance/admission from care homes.
 - Supporting the needs of unpaid carers.
14. The report also highlights indicators where we feel we could be doing better and will focus on improving in 2019/20. These include:
- Children and young people accessing support through Child and Adolescent Mental Health Services (CAMHS).
 - Employment and volunteering outcomes for people with convictions.
 - The proportion of people aged 65 and over living in housing rather than a care home.
 - Waiting times to access psychological therapies.
 - Minimising delayed discharge from hospital.
 - Reducing the number of A&E attendances.
 - The proportion of people spending the last 6 months of life in a community setting.
15. Following any comments from either the Performance and Audit Committee or the Integration Joint Board on 26 June 2019, we will use the remaining weeks until the publication date to enhance any content and make presentational changes.

CONSULTATION AND PARTNERSHIP WORKING

16. The Annual Performance Report reflects the work of the Health and Social Care Partnership throughout 2018/19. Through our Strategic Plan we make a commitment to working together:
- With individuals as partners in planning their own care and support.
 - With carers and families as partners in the support they provide to the people they care for. We will ensure the supports carers and families can sometimes require themselves are recognised.
 - With communities as partners in shaping the care and supports available and in providing opportunities for people to get involved in their communities.
 - With organisations across sectors, including our Community Planning partners and the Third Sector. We will work in partnership to co-commission, forecast, prioritise and take action together.
17. There are multiple examples of this commitment in action throughout the report.

IMPLICATIONS OF THE PROPOSALS

Finance

18. The Annual Performance Report incorporates relevant financial end of year performance information in Chapter 3. A separate Annual Accounts Report has also been produced and is on the IJB agenda.

Staffing

19. One of the national outcomes is “People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide”. There is a section in the report on this outcome.

Legal

20. The Annual Performance Report is a statutory requirement of the Integration Joint Board.

Equalities

21. The Integration planning and delivery principles include a requirement that Integration Joint Boards:
- Take account of the particular needs of different service-users.
 - Takes account of the particular needs of service-users in different parts of the area in which the service is being provided.
 - Take account of the particular characteristics and circumstances of different service-users.
22. There are examples of this throughout the report.
23. There are no implications in relation to risk, policy, property, or IT.

CONCLUSIONS

24. The Annual Performance Report is the third performance report for East Renfrewshire Health and Social Care Partnership. This report provides a comparison of our performance against Scotland and the previous baseline year. The Annual Performance Report is a high level report and more detail is provided in the Strategic Implementation Plan - End Year Report 18-19.

RECOMMENDATIONS

25. The Integration Joint Board is asked to:-
- Approve the report and its submission to the Scottish Government by the statutory deadline of 31 July 2019.
 - Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.

REPORT AUTHOR AND PERSON TO CONTACT

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0141 451 0749

June 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

<http://www.gov.scot/Resource/0047/00473516.pdf>

[Annual Performance Report 2017/18](#)

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East Renfrewshire Health and Social Care Partnership

Annual Performance Report

2018/19



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1. Introduction

1.1 Purpose of Report

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the third report for the East Renfrewshire Integration Joint Board. It sets out how we have delivered on our vision and commitments over 2018/19. We review our performance against agreed local and national performance indicators and against the commitments set out in our second Strategic Plan, which covers the period 2018-21.

The main elements of the report set out: the current strategic approach of the East Renfrewshire Health and Social Care Partnership; how we have been working to deliver our strategic priorities over the past 12 months; our financial performance; and, key work areas we will be focusing on as we move forward. Detailed performance information illustrating data trends against key performance indicators is included in the Chapter 4 of the report.

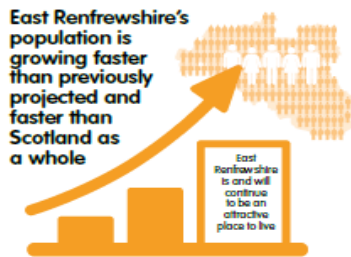
1.2 Local context

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

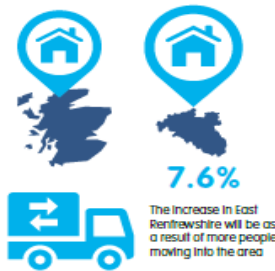
Our population is growing and reached 94,760 in 2017. 74 percent of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 26 per cent live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an increasing ageing population with a 44 per cent increase in the number of residents aged 85 years and over during the last decade.

EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT



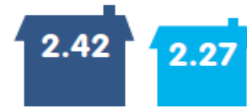
The number of people living in East Renfrewshire is projected to increase by 7.6% by the year 2025 (this is higher than previous projection of 5.7% and higher than the Scottish rate of growth of 3.2%)



The two age groups that will grow the most



East Renfrewshire currently has the highest average household size in Scotland, but this is projected to shrink as more people live alone



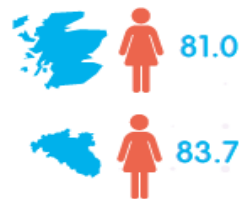
More houses are needed for three reasons



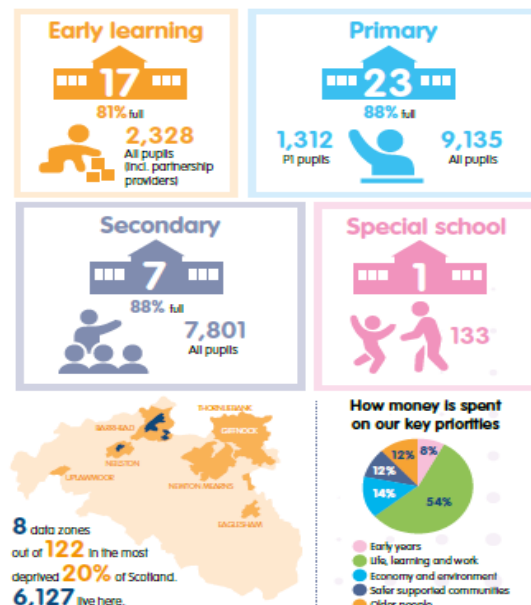
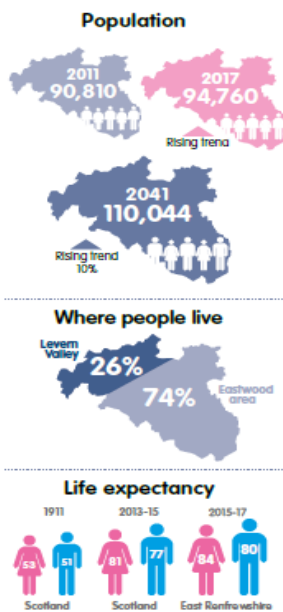
Demand will increase for services



East Renfrewshire now has the highest female life expectancy at birth in Scotland, and the second highest male life expectancy



EAST RENFREWSHIRE FAST FACTS



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

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

During the last 13 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale

and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

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

1.3 Our Approach

1.3.1 Our Strategic Vision and Priorities

In East Renfrewshire we have been leading the way in integrating health and care services. From the outset of the CHCP we have focused firmly on outcomes for the people of East Renfrewshire, improving health and wellbeing and reducing inequalities. Under the direction of East Renfrewshire's IJB, our new HSCP builds on this secure foundation. Throughout our integration journey during the last 13 years, we have developed strong relationships with many different partner organisations. Our longevity as an integrated partnership provides a strong foundation to continue to improve health and social care services

Our Vision

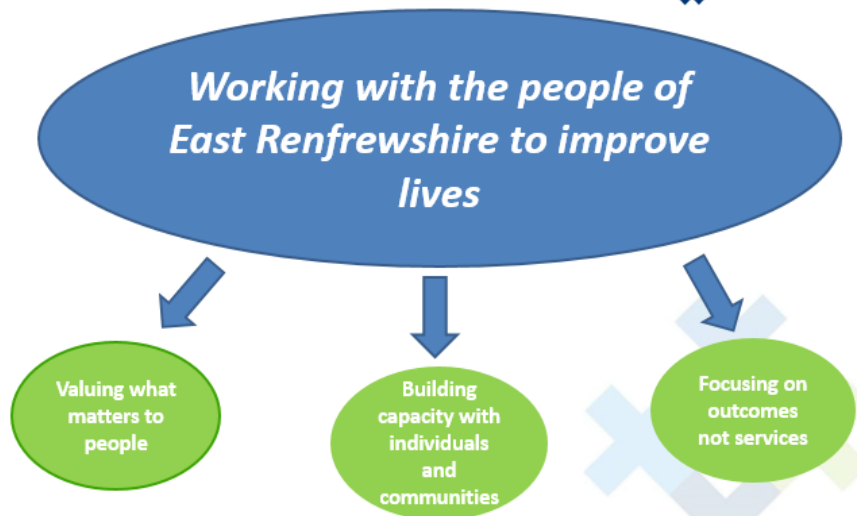
Our vision statement, "*Working together with the people of East Renfrewshire to improve lives*", was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction through our Strategic Plan. At the heart of this are the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

We developed integration touchstones to progress this vision. These touchstones, which are set out below, are used to guide everything we do as a partnership.

- *Valuing what matters to people*
- *Building capacity with individuals and communities*
- *Focusing on outcomes, not services*

The touchstones keep us focused when we are developing and improving the quality of our service delivery.

Our Vision



Our Strategic Plan

Our first Strategic Plan covered the period 2015-18 and took its priorities from the National Health and Wellbeing Outcomes. It set our high level planning intentions for each priority and was underpinned by an Annual Implementation Plan reviewed and monitored at HSCP level.

In 2017-18 we reviewed our Strategic Plan in collaboration with our partners and local communities and began developing the priorities for our second plan. We considered our current performance using the national outcomes and indicators over the period of the first plan and sought feedback from our communities through national and local surveys. Our engagement activity was led by third sector interface in partnership with Thrive, a commissioned external agency. We also looked at changes in the community planning, regional planning and the NHS Greater Glasgow and Clyde wider partnership landscape.

Through a series of workshops with our Strategic Planning Group, we recognised the need to reduce our strategic priorities in order to give more focus to areas of improvement. Much of our work from our previous strategic plan has continued. However, it was recognised that to meet the range of challenges presented by pressures on our finances and our growing and ageing population, we must fundamentally change the way we work together.

Our new plan that has been developed recognises that the partnership must extend beyond traditional health and care services to a real partnership with local people and carers, volunteers and community organisations, providers and community planning partners. We must place a greater emphasis on addressing the wider factors that impact on people's health and wellbeing, including activity, housing, and work; supporting people to be well, independent and connected to their communities.

The plan recognises that emergency admissions, out of hours pressures and carer stress are signs that we do not yet have all the right systems in place. We are committed to increasing the opportunities for people to talk with us earlier, exploring what matters to them and supporting them to plan and take action to anticipate and prevent problems and crises. By

putting in place the right support at the right time we believe that we can improve lives and reduce demands on the health and care system.

Moving forward, hospitals will provide highly specialist treatment for people who are acutely unwell, with more locally provided rehabilitation and recuperation services. We have strong relationships with GPs in East Renfrewshire and over the course of the current strategic plan will be investing in primary care services to support people to better manage health conditions. We know that people staying in hospital longer than necessary makes them deteriorate and lose their independence and by reaching out to hospitals and providing a range of local supports we will get people back to East Renfrewshire sooner.

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

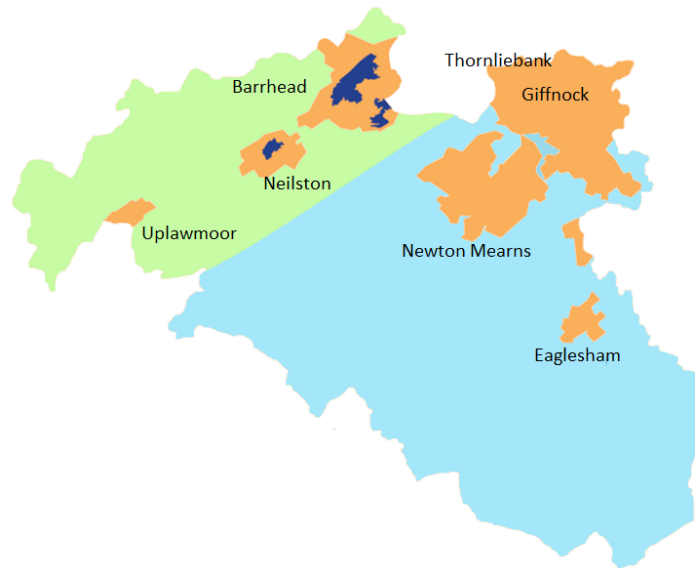
- Working together with **children, young people and their families** to improve mental wellbeing
- Working together with our community planning partners on new **community justice** pathways that support people to prevent and reduce offending and rebuild lives
- Working together with our communities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

1.3.2 Locality planning in East Renfrewshire

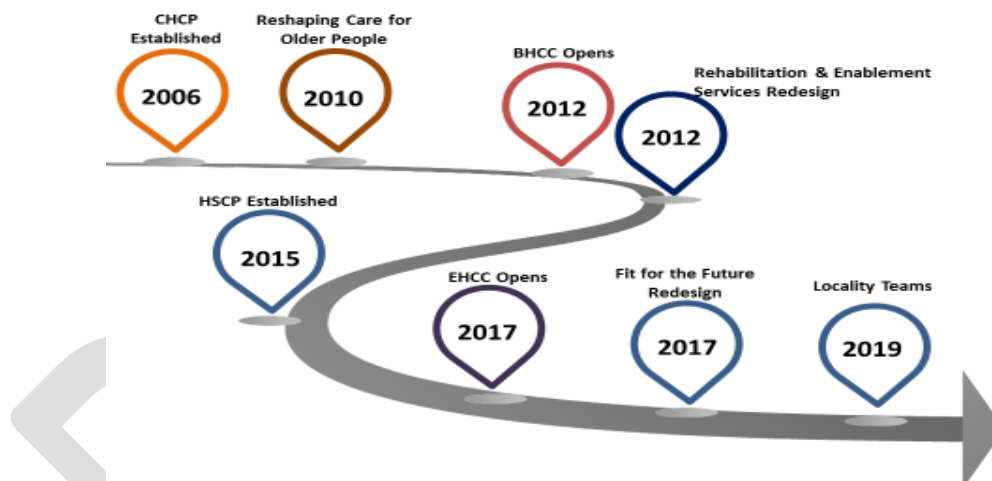
In the East Renfrewshire HSCP Strategic Plan 2015-18 we divided the area into three localities based around our GP clusters. Since the last plan, our GP clusters for the Eastwood area have changed with the GPs in the Eastwood Health and Care campus forming one cluster and the GP practice in Newton Mearns and Clarkston forming the other. As GP practice populations do not reflect natural communities, we found it difficult to co-ordinate this approach. As a result we have moved to two localities; one for Eastwood and another for Barrhead.

Our new localities also reflect our hospital flows, with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. The Barrhead Locality and Eastwood Locality managers came into post in 2018. They have responsibility for both locality-based teams and services hosted on behalf of the entire HSCP.

Our locality planning arrangements continue to develop and will be supported by the new planning and market facilitation posts and financial reporting at a locality level.



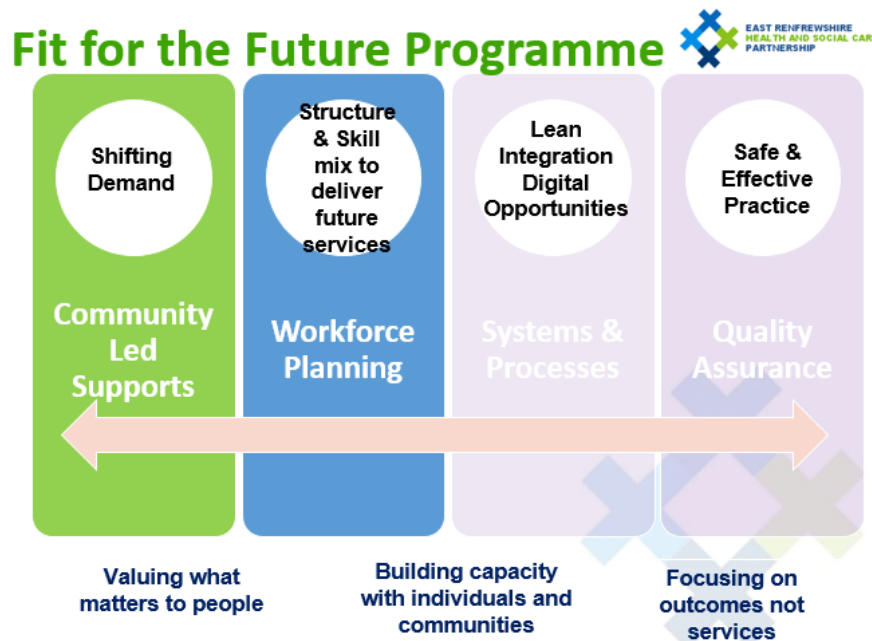
1.3.3 Realising the strategy through operational delivery



Developing our integrated Health and Care Centres at Barrhead and Eastwood provided us with an ideal opportunity to facilitate a fundamental change in the operational delivery of health and social care for people in East Renfrewshire. Eastwood Health and Care Centre (EHCC) was designed to support the further integration of health and care, along with wider Council and third sector services, in a setting that promotes wellbeing.

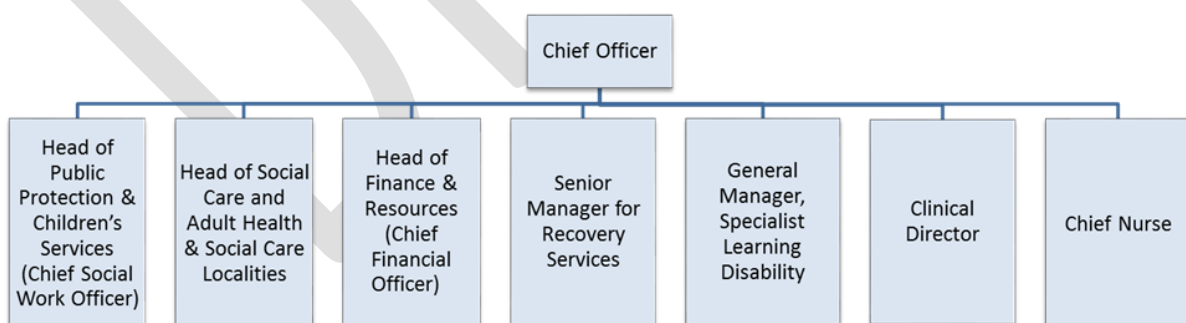
In order to prepare for the move to the Eastwood facility (opened 2017), a significant transformation programme was undertaken. We worked with staff group to design zones that collocated workers and teams, in environments that supported their ways of working and fostered collaboration. Before finalising the physical design in Eastwood, we tested our new working environment in Barrhead Health and Care Centre (BHCC). Reassuringly, both users and staff have evaluated the building design and functionality of the Eastwood Health and Care Centre very positively and it remains a reference design for future centres.

More recently our Fit for the Future change programme (FFTF) has included end to end operational service reviews in conjunction with a review of our organisation structure and in line with our vision.



The Chief Financial Officer (CFO) is responsible for ensuring that all project work and service designs are properly supported and that sound financial and risk governance is in place. This includes modelling and monitoring the FFTF programme.

This new structure modelled through FFTF recognised the need to strengthen the link between strategy and operations, and to develop a stronger locality focus. Strategic planning, market facilitation and improvement capacity are being embedded in the locality structure. As the new teams come into place over the coming year, they will undertake self-evaluation and planning activity to support the strategic direction. The structure of our Leadership Team is given below.



Our partnership provides a wide range of health and social care service for local people including the examples given below.

Our resources include:



1.3.4 Our integrated performance management framework

Since the establishment of the Community Health and Care Partnership in 2006, when we introduced joint performance management there has been a commitment to integrated performance management.

Our performance management framework is structured around our new Strategic Plan, with all performance measures and key activities clearly demonstrating their contribution to each of our seven strategic planning priorities. The framework also demonstrates how these priorities link to the National Health and Wellbeing Outcomes and East Renfrewshire's Community Planning Outcomes.

An Implementation Plan and a supporting performance framework accompany our 3-year Strategic Plan. Working with key stakeholders, we developed these through outcome-focused planning. The plan is presented as a series of 'driver diagrams'. These diagrams show how we will achieve our strategic outcomes through 'critical activities' measured by a suite of performance indicators. This is the basis for strategic performance reporting to the Integration Joint Board (IJB) and it also feeds into East Renfrewshire Council's Outcome Delivery Plan and NHS Greater Glasgow and Clyde's Operational Plan. Our Strategic Performance Reports are presented to the IJB Performance and Audit Committee every six months (at mid and end year); we also provide quarterly updates (at Q1 and Q3) when data updates are available.

Every six months we hold an in-depth Performance Review meeting which is jointly chaired by the Chief Executives of NHS Greater Glasgow and Clyde and East Renfrewshire Council. At these meeting both organisations have the opportunity to review our Strategic Performance Report and hear presentations, which set out performance progress and key activities across service areas, from Heads of Service.

The HSCP draws on qualitative and quantitative information from a range of sources. Our main sources of performance data include ISD Scotland, Scottish Public Health Observatory and National Records Scotland. We also use local service user data and service data from NHS Greater Glasgow and Clyde.

We gather service user feedback from a variety of sources. These include patient/service user surveys through for example, our Primary Care Mental Health Team; day centres and community groups; and users of our integrated health and social care centres. We also gather local feedback from East Renfrewshire Council's Citizens' Panel, Talking Points data and the National Health and Wellbeing Survey. We support a Mental Health Carers Group, where carers are able to raise issues about their needs and the support they receive.

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2. Delivering our key priorities

2.1 Introduction

This section looks at the progress we have made over the past 12 months to deliver the key priorities set out in our new Strategic Plan. We also set out performance for cross-cutting areas that support our strategic priorities including public protection and staff engagement. For each area we present headline performance data showing progress against our key local and national performance indicators. In addition to an analysis of the data we provide qualitative evidence including case studies and feedback from local people engaging with our services. We also illustrate which of the National Health and Wellbeing Outcomes we are contributing to through each area of activity.

A full performance assessment covering the period 2016/17 to 2018/19 is given in Chapter 4 of the report.

2.2 Working together with children, young people and their families to improve mental wellbeing

National Outcomes for Children and Young People contributed to:
Our children have the best start in life and are ready to succeed
Our young people are successful learners, confident individuals, effective contributors and responsible citizens
We have improved the life chances for children, young people and families at risk

2.2.1 Our strategic aim

We provide ongoing support to children who are described as vulnerable due to being looked after and in our care, or on the edges of care, who need targeted interventions to safeguard their wellbeing.¹ Our new Strategic Plan established a targeted priority of improving mental wellbeing of children and young people. We have been aware for some time of the pressures on our Child and Adolescent Mental Health Services, our disproportionate use of mental health inpatient beds and the number of GP consultations for mental wellbeing. Local community consultation also confirmed this as an area of concern for local residents.

Research suggests that half of Adult Mental Health problems have begun by the age of 15, and three-quarters by the age of 18. About 10% of children and young people experience Mental Health problems, and once acquired they tend to persist. Mental ill health in children, young people and adults is strongly correlated with exposure to childhood adversity and trauma of various kinds. Adverse Childhood Experiences (ACEs) are an established indicator of exposure to such trauma. ACEs range from verbal, mental and physical abuse, to being exposed to alcoholism, drug use and domestic violence at home.

¹ Our main activities to support children and young people in East Renfrewshire is set out in "Getting it right with you" East Renfrewshire's Children's Services Plan 2017-2020.

Our aim is to **improve mental wellbeing among children, young people and families in need**, by:

- Providing the appropriate and proportionate mental health responses for children and young people;
- Increasing confidence among parents most in need of support as a result of targeted interventions;
- Improving maternal health and wellbeing;
- Strengthened family capacity through prevention and early intervention.

2.2.2 The progress we've been making

- 89% increase in improved outcomes for children after parent/carer completion of our Psychology of Parenting Project (PoPP)
- 100% positive response to Viewpoint question "Do you feel safe at home?"
- 90% of children/young people attending our Family Wellbeing Service with improved emotional health at end of programme in 2018/19
- Balance of Care for looked after children - 94% of children being looked after in the Community (5th best in Scotland)
- 100% of all accommodated children waited no longer than 6 months for a Looked After Review meeting to make a permanence decision
- 0% Child Protection Re-Registrations within 18 months (best in Scotland)

2.2.3 How we've been delivering

The Integration Joint Board are aware that many East Renfrewshire children and young people are presenting at GP services with requests for support around anxiety, depression, and distress. Parents expressing worry about the wellbeing of children and young people have been calling upon specialist and clinical services such as CAMHS (Child and Adolescent Mental Health Services), or Educational Psychology to respond.

We are aware that these traditional service have been experiencing high demand resulting in longer waiting times. And in many cases this is not the most appropriate support for the young person and their family.

As an alternative approach we have established our **Family Wellbeing Service**, to support these children and young people who present with a range of significant mental and emotional wellbeing concerns. Children 1st have been commissioned to deliver this service since September 2017. The Family Wellbeing Service works with the HSCP to deliver holistic support based in GP surgeries to:

- Improve the emotional wellbeing of children and young people aged 8 – 16;
- Reduce the number of inappropriate referrals to CAMHS and other services;
- Support appropriate and timely recognition of acute distress in children and young people accessing clinical help if required;
- Improve family relationships and help build understanding of what has led to the distress and concerns;
- Engage, restore and reconnect children and young people with school and their wider community.



The service has been delivering positive outcomes for those accessing support. In 2018/19, 90% of the children and young people were recorded as having improved emotional health at the end of the programme. At November 2018, 100% of parents completing our feedback questionnaire stated that they felt more positive about the future for their family as a result of the Family Wellbeing Service.

Although we continue to experience very high demand for our **CAMHS service**, we are seeing the impact of putting in place more appropriate and proportionate support through a reduction in rejected CAMHS referrals (14.9% in 2018/19; down from 34.9% in 2017/18) and a reduction in missed CAMHS appointments (8.3% - down from 16.7%).

As part of our preventative approach, we are committed to strengthening family capacity and building confidence among parents where this is required. We continue to invest in and develop our **Psychology of Parenting Project (PoPP)** which offers support to families experiencing difficulties with behaviour. Families can access one-off interventions (discussion groups) focusing on a specific topic. There are also two high quality, evidence-based programmes - Triple P and Incredible Years – offering more intensive support for parents due to challenging developmental behaviours and distress.

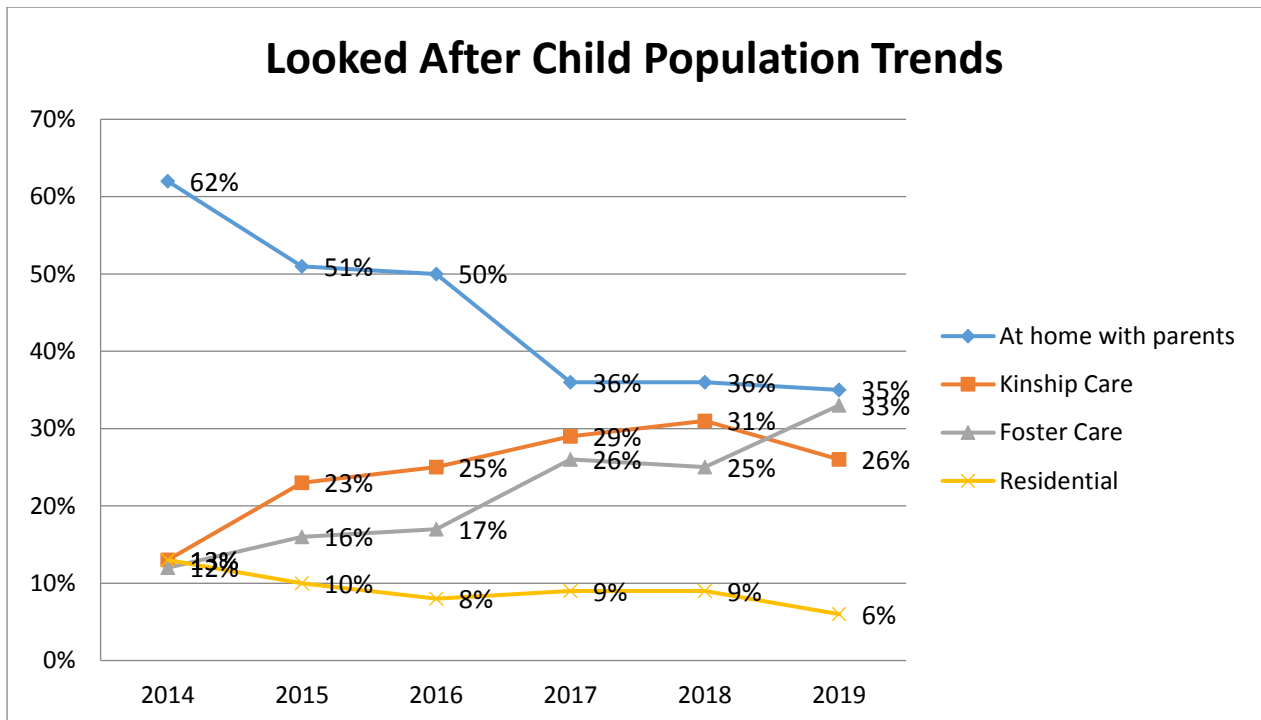


In 2018, 89% of the children participating demonstrated improved outcomes as measured by SDQ (Strengths and Difficulties Questionnaire) – higher than the national average 82% and a significant improvement from 79% in 2017/18. 60% of parents/carers who start the PoPP programme go on to complete - again this is higher than the national average of 53%

We continue to perform well in keeping children safe in their local community wherever possible and acting quickly to make decisions. Through this work and work with our care experienced young people we aim to improve life chances.

Through **PACE (Permanence and Care Excellence)** we have seen positive joint working, a strong commitment to change, and a developing 'common understanding' of permanence across the whole system. We have streamlined our processes to ensure that children, young people and their families/carers are included throughout the process in decision-making and care planning. Our commitment to supporting permanence is reflected in the achievement that all accommodated children in East Renfrewshire waited no longer than 6 months for a Looked After Review meeting to make a permanence decision in 2018 (100% - target 80%).

To support the wellbeing of our looked after children we work to ensure they access the most appropriate destinations possible. We are proud that 94% of our looked after children are supported in the community rather than institutional settings (up from 91.5% for the previous available year).



On 31 March 2019, 112 children and young people in East Renfrewshire were looked after in a range of settings. 62 of the children were boys (55%) and 50 were girls (45%). This constitutes approximately 0.5% of the total children's population of the area and is one of the smallest proportions in Scotland. We have continued to consolidate the PACE (Permanence and Care Excellence) Programme, working to improve outcomes for children by securing permanent destinations for them. This can be seen in a continued overall reduction of looked after children, in particular those looked after at home by birth parents.

Further analysis of our reduction in children who are looked after at home has shown that since March 2018 to March 2019 a total of 17 Compulsory Supervision Orders for children and young people at home with parents were terminated. Of the 17 children and young people, 53% of their cases have been closed to social work.

In 2018/19 we have seen fantastic levels of engagement with our looked after children. 45% of East Renfrewshire's looked after children (aged 10 and over) are participating in activities through the East Renfrewshire Champions Board. This compares with a national benchmark of 10% participation (Life Changes Trust).

The Champions Board continues to go from strength to strength. The first theme in 2018 focused on mental health issues and generated actions including recruitment of new staff and training across departments. The Board also worked on issues around housing and accommodation, with a residential event taking place in May involving 24 young people. The Mini Champs initiative (involving younger children aged 8-11 years) is developing further with 12 younger children attending and participating from across local primary schools.

The overall aim of **East Renfrewshire Champions Board** is to improve life chances of looked after young people both within our community planning partnership and in the wider community. A central focus is on inclusion and participation allowing looked after young people a meaningful forum to directly influence and, through time, redesign services that affect them in a co-produced way by influencing their corporate parents.



Through our Champions Board we offer looked after young people leadership opportunities, develop relationship-based practice and the opportunity to change practice and policy. Our aim is to demystify and challenge misconceptions about looked after children and young people and strengthen awareness of the barriers that they face whilst offering opportunities to develop policy and practice to overcome these. Moreover we aim to reduce stigma and ensure that our looked after young people flourish and become all that they can be so that they move into adulthood and beyond, achieving their aspirations.

We continue to support the safety of **children at risk** in East Renfrewshire through strong multi-agency working. Last year, 100% of child protection investigations and associated safety plans were agreed by an Initial Referral Discussion involving Police, Social Work and Health. We are also the best performing partnership in Scotland for minimising Child Protection Re-registrations with no re-registrations (within 18 months) in 2017/18. Overall, we have a 100% positive response rate to the Viewpoint question, “Do you feel safe at home?”

To support children, young people and families at risk from domestic abuse we work in partnership with a range of agencies including Women’s Aid. Outcomes reporting for children and young people is aligned to GIRFEC well-being indicators. 87% of all children and young people supported in the service noted an overall improvement in their outcomes. 77% noted an improvement in their health and wellbeing, 57% noted improvement in their confidence and self-esteem and 70% reported improvement in their safety.

2.3 Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending

National Outcomes for Community Justice contributed to:

Prevent and reduce further offending by reducing its underlying causes

Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all

2.3.1 Our strategic aim

The East Renfrewshire Community Justice Outcome Improvement Plan sets out our core outcomes, what we will deliver as partners and how this will contribute to and improve the lives of people with lived experience of the community justice system from point of arrest through to returning from custody.

Over the course of this plan the East Renfrewshire HSCP will strengthen links with other community services and programmes to provide greater access and support for people to prevent and reduce offending. Through this work we will ensure that people moving through the criminal justice system have better access to the services they require, including welfare, health and wellbeing, addiction services, housing and employability.

Our aim is to **support people to prevent and reduce offending and rebuild their lives**, by:

- Reducing the risk of offending is through high quality person centred interventions;
- Ensuring people have improved access to through-care and comprehensive range of recovery services;
- Ensuring effective interventions are in place to protect people from harm.

2.3.2 The progress we've been making

- 100% of people reported that their community payback order helped to reduce their offending.
- 84% of community payback work placements were completed within court timescale.
- 55% of people with convictions referred to employability services demonstrated a positive employability outcome.
- 64% of women and 87% of children accessing domestic abuse support services demonstrated a positive improvement in their outcomes.
- 94% of people were able to access alcohol and drug services that support their recovery within three weeks.
- 22% of people moved from drug/alcohol treatment into recovery and 23% demonstrated a positive improvement in their alcohol and drug recovery outcomes.

2.3.3 How we've been delivering

We work with our partners to lead, develop, support and promote **Smart Justice** measures that work for those who have offended, those who have been harmed and for our community at large

In 2018/19, East Renfrewshire's **Community Payback Team** completed 10,779 hours of activity equating to £88,496 of unpaid work which directly benefited the local community. The Community Payback Team have been involved in a range of new projects during the year bringing benefits to the environment, local community and service user groups including local people with learning and physical disabilities. We continue to receive regular feedback from the public on the positive impact that community payback has had on their local community.



- *“Our charity shop has had a fantastic service from unpaid work this year. Two people who completed placements have remained as volunteers following the completion of their hours.”*
- *“The support that has been provided by the team has ensured that the families we work with (some of which are the most disadvantaged in society) are able to maintain their tenancies appropriately.”*
- *“I feel that the service is pivotal in the work that I do with families and that its value is of great significance.”*



Bee-Haven

A great example of the team's work that will be of benefit to the community and wider environment is the Bee-Haven project. This innovative project has seen the Community Payback Team working in partnership with staff and service users at the Thornliebank Resource Centre to prepare a site at Eastwood Health & Care Centre for a new community-led bee-keeping project. We hope to see the project fully operational in 2019/20.



FREE FOOD FOR ALL

DUNTERLIE FOODSHARE

Fridays 11.30am-1.30pm

Dunterlie Resource Centre, 36a Stewart
Street, Barrhead, G78 1AL

Dunterlie Foodshare

The Community Payback Team worked in partnership with Dunterlie Community Hub to deliver a new food share project. This has seen the team processing and delivering food parcels to those in need.

Corner space

This project brings together the Community Payback Team with local voluntary agencies including Men's shed and disability groups to create a new community space and sensory garden in Eastwood.

Across the partnership we have made significant progress to ensure we have a suitably qualified workforce supported by a clear pathway for domestic abuse referrals. As part of our community planning work to protect people from harm we implemented a multi-agency risk assessment conference (MARAC) for high risk domestic abuse victims. The MARAC is now fully operational as of March 2019. East Renfrewshire is also one of the first local authorities recognised in Scotland as accredited Safe and Together Champions delivering gold standard child protection domestic abuse training to staff.

We provide a high level of support for women and children who have experienced **domestic abuse**. Working in partnership with East Renfrewshire Women's Aid Service a total of 1025 women, children and young people accessed the helpline, drop in and direct support services. Demand continues to grow year on year with a 100% increase in support provided over the last 5 years of operation. In the past year we have seen two-thirds (64%) of domestic abuse victims and (87%) of children receiving support reporting improving their personal outcomes with safety, health & well-being, and empowerment & self-esteem scoring highly.

We continue to deliver a comprehensive range of services to support people recovering from **drug and alcohol addiction**. Our local Community Addictions and Recovery Team provide tailored support including planning for recovery, one-to-one and group support, family support and links to other agencies and resources to help people in their recovery journey.

Our local recovery community is continuing to grow from strength to strength with the P.A.R.T.N.E.R Group (People Achieving Recovery Together Now East Renfrewshire) being instrumental to achieving this. The group provides mutual aid support and is run by people who are in recovery and have life experiences which they can pass on to any one struggling with addiction. In the last year P.A.R.T.N.E.R expanded and groups run weekly including both day and evening meetings in Barrhead. In September last year P.A.R.T.N.E.R participated in the Recovery Walk Scotland in Glasgow with over 3,000 people taking part from across Scotland.

2.3 Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing

National Health and Wellbeing Outcomes contributed to:
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
NO5 – Health and social care services contribute to reducing health inequalities

2.4.1 Our strategic aim

East Renfrewshire's Community Planning Partnership has developed locality plans for the two localities (Arthurlie, Dunterlie & Dovecothall and Auchenback) that have areas within the 20% most deprived areas in Scotland, with significantly poorer outcomes in health, education, housing and employment. A third locality plan is being developed for Neilston. Plans have been developed using a community-led approach, which supported local residents to form steering groups to drive the process. Most of this work has been led by the council's community planning team but health improvement staff have been involved in supporting the process.

Each plan has a set of priorities that reflect the unique needs of that locality. The plans form a basis for further work to which we are committed as a community planning partner. We will continue to support targeted health improvement interventions in our communities that experience the greatest health inequalities.

Our aim is to **improve wellbeing in our communities that experience shorter life expectancy and poorer health**, by:

- Reducing health inequalities by working with our communities;
- Mitigating health inequalities through targeted interventions.

2.4.2 The progress we've been making

- Our premature mortality rate remains significantly below the national average at 301 per 100,000 (Scotland 425)
- Male life expectancy at birth in our 15 per cent most deprived communities is 73.9 compared to 69.7 for Scotland.
- Female life expectancy at birth in our 15 per cent most deprived communities is 79.2 compared to 75.7 for Scotland.

2.4.3 How we've been delivering

Our **Health Improvement Team** promote self-help and information campaigns throughout the year via face to face events, social media and information resources. Information about self-help and community support is provided via the 'Your Voice' Bulletin which is sent directly to individuals on our database and also available in public places and online. Information materials and health campaign information are also available in Eastwood Health and Care Centre and in other local public and community facilities.



During 2018/19 Health Improvement have delivered and co-ordinated a range of training and information sessions to build staff/partner capacity to address health behaviour and raise awareness of health related issues. Topics included sexual health, breastfeeding awareness, Childsmile training, mental health, breast health, bowel screening, cancer screening for people with additional needs, second hand smoke training, smokefree training, health behaviour change training and physical activity.

Specialist **smoking cessation** services have been promoted across East Renfrewshire with particular emphasis on reaching those in our most deprived communities. A drop-in service and support group continues to be delivered weekly in Barrhead Health and Care Centre and one-to-one support is also available for individuals either face to face or by telephone.



We promoted the 2018 No Smoking Day in March 2018 by having staff present in the Auchenback Resource Centre and all Barrhead and Neilston pharmacies. In August 2018 we supported the local community in

Auchenback to promote smoke free play areas at their local Health and Safety event to reduce children's exposure to smoking and second hand smoke.

Strength and balance **exercise sessions** are being delivered in the Dunterlie area of Barrhead to encourage local people to access physical activity and walking groups have been set up in Barrhead and Neilston. Chair based exercise groups for older adults are also provided in Barrhead and other venues.

The Live Active programme funded by ERHSCP and NHSGGC is being actively promoted in Barrhead to increase referrals and we have strengthened links with East Renfrewshire Culture and Leisure Trust (ERCLT) and other exercise providers to develop smooth referral pathways between services.



East Renfrewshire HSCP provided funding for an active health and wellbeing manager within ERCLT. This post has been developing the **Ageing Well** brand and has supported projects in Barrhead such as Dunterlie Tenancy Sustainability Project. Health Improvement staff have continue to provide information resources for community projects and events.

We have undertaken breast cancer awareness promotion in Barrhead, delivered Bowel Cancer UKs 'Good Bowel Health' Screening Workshops to Learning Disability Teams and ran a communication campaign to promote bowel screening in 2018 as part of bowel cancer awareness month.

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2.4 Working together with people to maintain their independence at home and in their local community

National Health and Wellbeing Outcomes contributed to:
NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.5.1 Our strategic aim

A key strategic aim for our partnership is to ensure that people with support needs continue to enjoy a good quality of life in their own home and local community. We do this through a wide range of community-led supports and interventions to ensure that individuals have choice and control in the decisions that affect their life.

We are working together with local people, community groups and organisations to redesign a new ‘front door’ and new ways of engaging with people in their communities. We have set up new local Talking Points, where people can talk to different health and care staff and community volunteers about what matters to them. Through this approach we ensure that people have access to the right conversation at the right time and have the right support to maintain their independence.

Through our partnership with East Renfrewshire Culture and Leisure Trust we have put in place a great service for older people under the Ageing Well programme, with a range of activities that support and encourage older people to be physical and mentally active and maintain their independence. For those people who require support for their daily lives, we are moving to a model of “the right amount of support”. In 2019 we are introducing a new individual budget calculator for self-directed support. This will remove the barriers and potential inequity of our current equivalence model and provide a more simple and transparent approach. We want to make sure that all our systems support choice and control and we are also introducing outcome focused support plans that move away from the task and time approach and allow more innovation and flexibility. This different approach will require support, training and a culture change across our partnership.

We will continue to work in partnership to increase the day opportunities available to people, and community involvement in our resource and health and care centres. Our work in localities will build on our strong local partnerships and social enterprise approach, encouraging innovation that supports people to live independently in the community and offers alternatives to residential care.

Our aim is to **support people to maintain their independence at home and in their local community**, by:

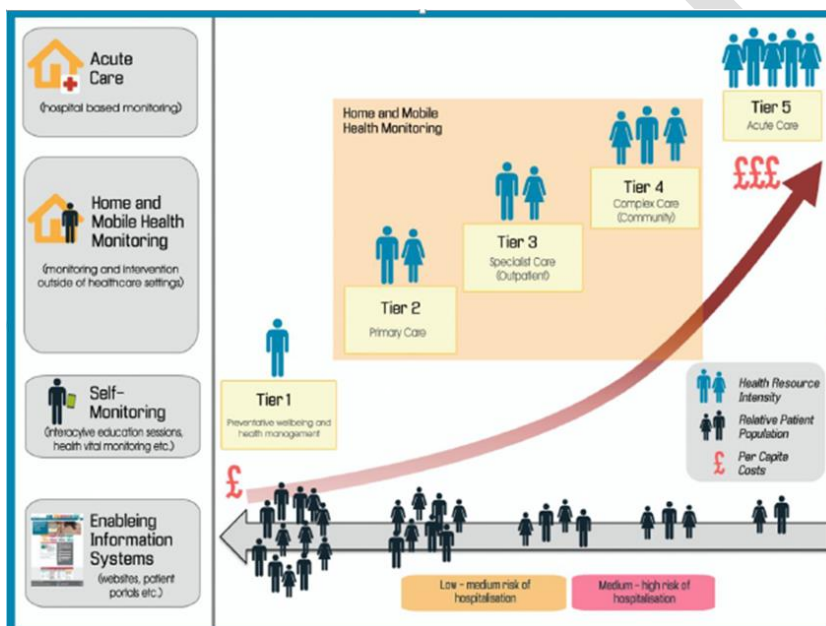
- Ensuring the people we work with have choice and control over their lives and the support they receive;

- Helping more people stay independent and avoid crisis through early intervention work;
- Ensuring people can maintain health and wellbeing through a range of appropriate activities.

2.5.2 The progress we've been making

- 74% of those receiving reablement (homecare) support have seen their care needs reduced
- 92% of people reported that their 'living where you/as you want to live' needs were being met
- 7.5% of adult social work spend is spent through SDS Options 1 and 2 (5th best in Scotland)
- 62.5% of people aged 65+ with intensive needs are receiving care at home

2.5.3 How we've been delivering



We have been modernising our approaches to support independence. This has seen the development of our **Home and Mobile Health Monitoring (HMHM)** service. Almost 90% of East Renfrewshire's GP practices now use HMHM to support the management of hypertension and some practices also offer it for the management of COPD. Since the service began in 2017 over 600 patients have been enrolled to the service which has saved over 1800 face to face appointments.

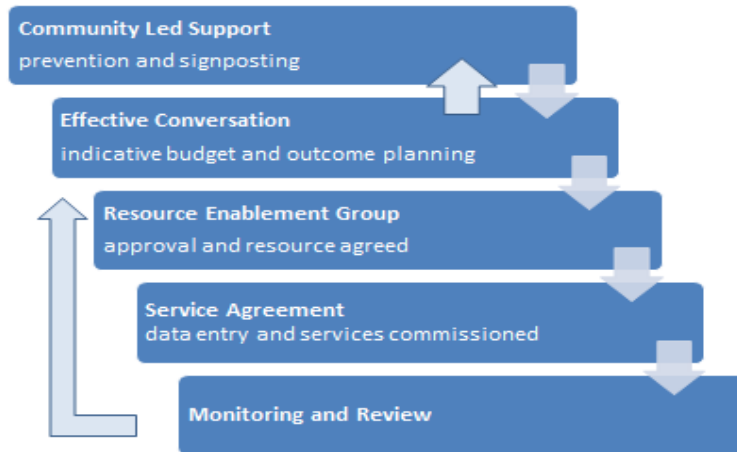
Throughout 2018/19 we have continued to expand our **telecare** provision. Through active promotion of the service, new marketing materials implemented and refreshed web pages including online application, over 2,000 residents have benefitted from Telecare over the course of the 3 year national Technology Enabled Care (TEC) programme. We continue to work in close partnership with other teams and organisations to support independence at home.



We have developed a new way of planning with people who need support so that they have greater choice and control over their lives. Our current (adult) method of **resource allocation** basis is on equivalency. The equivalency model uses an hourly value of care cost as the basis

of calculation of the individual budget for a support package. We have reviewed this approach and developed a new method for agreeing an individual budget that fits with our new ways of planning with people and allows more innovation and flexibility to meet their desired outcomes.

Adult Individual Budget Process Overview



The 'right amount of support' individual budget calculator will be used for all types of resource provision from modest one-off interventions through to a complex care package. This removes the barriers and potential inequity of traditional eligibility criteria and recognises the importance of prevention. The individual budget calculator will be rolled out across adult care over the course of 2019/20.

In 2018/19 we redesigned the way people can access support and information at the first point of contact – our “front door”. Our new **Initial Contact Team** came into place in May 2019.

Our team have been trained in good conversations that focus on what matters to each person and what assets and community supports could help them achieve this.

Occupational Therapy Rapid Access is also part of our new Initial Contact Team. This redesigned service has reduced waiting times for occupational therapy assessment and more efficient access to e-advice and equipment to support independence. The response from the public has been positive.

New Front Doors





To support early intervention and ensure people get the right support before reaching a crisis point we have been delivering a series of **Talking Points** information and signposting sessions across East Renfrewshire. Talking Points 'are places in your community where you can come along and get information, support and advice about adult health, wellbeing and community activities going on where you live'. The Talking Points Core Partners Group consists of 12 cross-sector partners; Voluntary Action East Renfrewshire, Carers Centre, Care & Repair, Recovery Across Mental Health, East Renfrewshire Disability Alliance, Enable Scotland, HSCP, ERC Communications Team, Self-Directed Support Forum, Neilston Development Trust, East Renfrewshire Culture & Leisure Trust/Libraries, and Community Volunteers.

In 2018/19 we delivered 21 'Talking Points' engagement events supporting early intervention to 124 people – only 6 required direct referral to HSCP services.



We continue to support people with **learning disabilities** to live independently in our communities. There are approximately 150 people living independently with support and 85 living at home with their family with some support. Only one person was admitted to the specialist learning disability inpatient service in 2018/19 and is now back being supported in the community.

We support a wide range of meaningful activities in the community for people with learning disabilities. This includes social enterprise groups delivering bike workshops, jewellery making, gardening groups and kitchen/café training. We also support a foodbank which provide opportunities for people with learning disabilities to develop skills for moving on to more formal training and potential employment. We also support a range of community groups, e.g. social/ leisure groups that allow people to follow their interests as well as health groups.

For **older people**, we support a range of health and leisure activities in the community under our Ageing Well programme to help people keep their bodies and mind as active as possible.

1565 attendances
at **Live Active**
group gym sessions

141 new **Live Active**
fitness members **526**
new referrals



14844
attendances at our
Vitality classes



219
new
referrals

702 regular users

557
attendances at our
singing groups

2093

visits to our dancing
groups

4031
walking group
attendances

1277



walking football
attendances

17544

Attendances at other group
fitness activities



2.5 Working together with people who experience mental ill-health to support them on their journey to recovery

National Health and Wellbeing Outcomes contributed to:
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.6.1 Our strategic aim

Health and Social Care Partnerships across Greater Glasgow and Clyde are committed to working together to develop a whole system five-year strategy for adult mental health. Delivering on our strategy will involve a whole series of actions and service changes.

Our local services in partnership with third sector organisations like Recovery Across Mental Health (RAMH) will move to recovery-oriented care supporting people with the tools to manage their own health. A recovery-based approach has the potential to improve quality of care, reduce admissions to hospital, shorten lengths of stay and improve quality of life. While service users will always have access to the clinical and therapeutic services they need, a recovery approach will require services to embrace a new way of thinking about illness, and innovative ways of working. Those changes include:

- A change in the role of Mental Health professionals and professional expertise, moving from being 'on top' to being 'on tap': not defining problems and prescribing treatments, but rather making their expertise and understandings available to those who may find them useful.
- A recognition of the equal importance of both 'professional expertise' and 'lived experience' and a breaking down of the barriers that divide 'them' from 'us'. This must be reflected in a different kind of workforce (one that includes peer workers), and different working practices founded on co-production and shared decision making at all levels.

We will work together across Greater Glasgow and Clyde to improve responses to crisis and distress, and unscheduled care. This strategy signals a further shift in our balance of care moving away from hospital wards to community alternatives for people requiring longer term, 24/7 care, with mental health rehabilitation hospital beds working to a consistent, recovery-focused model.

Our aim is to **support people experiencing mental ill-health on their journey to recovery**, by:

- Ensuring East Renfrewshire residents who experience mental ill-health can access appropriate support on their journey to recovery.

2.6.2 The progress we've been making

- 54% accessing psychological therapies within 18 weeks (improving).
- Link Workers in all GP Practices
- 49% reduction in bed days for individuals accessing Dialectic Behavioural Therapy (DBT)

2.6.3 How we've been delivering

Our Primary Care Mental Health Team (PCMHT) have been working to reduce our waiting times for psychological therapies which we acknowledge are currently too high due to capacity issues in the service. The proportion of people accessing psychological therapies within the 18 week target has fallen to 54% this year from 80% last year. However, we have seen improved performance in the second half of the year with the figure rising from 49% at mid-year 2018/19.

We have agreed to use some of our Action 15 monies to recruit extra capacity in the PCMHT to reduce the waiting times.

To support appropriate responses to individuals with mild to moderate mental health issues we have put in place alternative pathways for people needing supports. This includes the expansion of Link Workers to all GP surgeries in East Renfrewshire. Delivered in partnership with RAMH, the **Link Workers** signpost people to a wide range of support providers offering physical, social and psychological interventions. The workers have provided support to more than 800 local people.



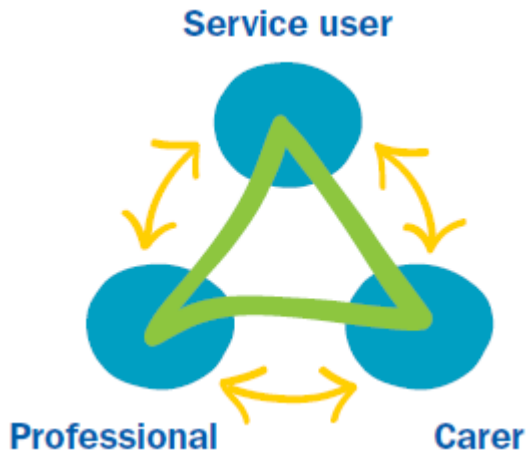
We have also been promoting the use of computerised cognitive behavioural therapy (**cCBT**) through our GPs, with people referred to an online course of therapy. There has been good uptake of this alternative model with 394 referrals from GPs to cCBT in 2018/19.

Although early days, these alternative approaches are having a positive impact on managing demand for our services and we saw a 15% reduction in GP referrals to the PCMHT in the second half of 2018/19.

We have been referring individuals who have a Borderline Personality Disorder to the Dialectic Behavioural Therapy (DBT) service in South Glasgow and have seen a 49% reduction in the use of acute mental health days following the intervention compared to the average use in the previous three years.

We are focused on supporting carers and family members affected by mental health issues. In 2018/19 we undertook a Test of Change using national funding for carers to look at creative approaches to managing times of crisis and supporting the ongoing caring role. We have supported the establishment of a **Mental Health Carers Group** which is now up and running. The group is focused on implementing the Triangle of Care good practice model. The model

sets out key standards and provides resources to support mental health service providers to ensure carers are fully included and supported when the person they care for has an acute mental health episode



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2.7 Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital

National Health and Wellbeing Outcomes contributed to:
NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.7.1 Our strategic aim

We are committed to a programme of work with colleagues in acute services to ensure that only those people who require urgent or planned medical or surgical care go to hospital. Together we are looking at the most frequent preventable causes of admission and putting in place new services and pathways to support people in the community wherever possible, including at the end of life. Our aim will always be to return people home as quickly as possible and to support people at home wherever possible. However sometimes people require additional supports. Over the lifetime of our plan we intend to develop Bonnyton House using six beds as an intensive rehabilitation resource to prevent hospital admission and to ensure a safe return home for people discharged from hospital. We will also create a further six beds so that people who need end of life care, who can't be supported to die at home, could also be supported at Bonnyton.

We have been concerned that as the building of new care homes in East Renfrewshire has led to an increase in our most frail and complex older population. This places many demands on our local services including GPs and out of hours services. We want to work together with local care homes, the people who live there and their families to ensure that they get the best care for this final stage of their lives. Over the course of our strategy we will redesign our services to focus on this, ensuring that our most skilled nurses and staff are available to offer specialist advice and support.

We will work together with our colleagues in primary care to put in place the new GP contract and Primary Care Improvement Plan. This will see GPs as the Expert Medical Generalist senior clinical decision maker in an extended primary health care team. The new contract will support local GPs to spend more time in managing patients with complex care needs. Over the course of our strategy we will support primary care teams to grow to support more patients in the community, with additional pharmacy, community treatment (e.g. phlebotomy), other health professionals and link workers.

Our aim is to **reduce unplanned admissions to hospital (through working together with our colleagues in primary and acute care)**, by:

- Supporting people at greatest risk of admission to hospital;
- Working with local partners to reduce attendances and admissions;
- Ensuring our services support rehabilitation and end-of-life care.

2.7.2 The progress we've been making

- Average of 4 delayed discharges per month – 10% reduction
- 27,850 A&E attendances - 10% increase
- 6,387 emergency hospital admissions – a 3% reduction

2.7.3 How we've been delivering

During 2018/19 we invested in our improvement function adding the role of Unscheduled Care Programme Implementation & Development Officer. This is providing extra capacity to engage closely with our GP Practices, Care Homes and Locality teams.

Reducing **Accident and Emergency attendances** continues to be challenging area for us. Over the course of 2018/19 there were 27,850 attendances, above our target of 26,844. We have been engaging with GPs at cluster level and individual practice level and we have been using data to highlight those patients with 9 or more attendances in the last year. Findings to date have demonstrated that Anticipatory Care Plans, Link Workers and closer working with the Community Addiction Team could offer support to a number of these patients.

A similar approach has been taken to collaborating with our local care homes. Annual A&E attendances from care homes have fallen to 429 this year from 541 in 2017/18. Care homes have agreed to share performance reports provided by the Improvement team. Performance and improvement actions are also discussed at the Care Home Provider forum with an Unscheduled Care item within each agenda.

Adult emergency **hospital admissions** have reduced from 7,433 in 2017/18 to 6,387. Annual emergency admissions from care homes have fallen to 261 this year from 338 in 2017/18.

In 2018/19 we have been developing our approaches to supporting frailty and reducing the risk of falls. In December we introduced a new monitoring tool for frailty, the Rockwood Frailty assessment tool, with training for staff delivered by the HSCP Falls Lead Officer. Since its introduction 417 scores have been recorded on our Carefirst system. Monthly reports are provided. Using data from our monthly monitoring reports, we are developing information pathways to support signposting and referral to the most appropriate supports throughout an individual's Frailty journey.

Frail Elderly NHS continuing care for East Renfrewshire residents was historically provided in Mearnskirk House, a 72 bed, PFI funded building owned and managed by Walker Healthcare. Due to changes in national guidance for 'Hospital Based Complex Clinical Care' this facility was no longer required and during 2018/19 we moved the remaining East Renfrewshire residents to alternative facilities. The IJB agreed to invest the funding released from this change of



model to expand the range of community based supports within East Renfrewshire. In 2018 we focused on the development of intensive rehabilitation to prevent admission and to ensure a safe return home for people discharged from hospital supported by the skills of the residential staff and the rehabilitation teams in the community.

Over the course of the last Strategic Plan we tested a number of changes to the way we support people back to East Renfrewshire as soon as possible following a stay in hospital. In 2018 we developed the Home for Hospital Team as part of our Adult Health and Care Localities. The team will develop strong links with hospital sites to enable early identification and referral of East Renfrewshire residents. The team work with residents and their families to plan support for discharge from hospital, which may include intermediate care arrangements. During 2019/20 more work will take place to improve links between the team community nursing, rehabilitation and care at home.

Anticipatory Care Planning (ACP) is about individual people thinking ahead and understanding their health. It helps people make informed choices about how and where they want to be treated and supported in the future. Ultimately, it means that health and care practitioners will work with people and their carers to ensure that the right thing is done at the right time by the right person. The ACP approach led by East Renfrewshire HSCP has now been implemented across the 6 HSCPs in Greater Glasgow.

We remain committed to strengthening **End of Life** provision in our communities. During 2018/19 greater collaboration with Prince and Princess of Wales and Accord Hospices has resulted in a shared Palliative Action Plan being developed. Focused work has taken place to explore East Renfrewshire residents dying within the hospital setting in last 6 months of life using data and case file reviews. An event attended by a wide range of stakeholders including Care at Home providers, care homes, Macmillan, District Nurses, GPs, Carers, hospices and staff from GG&C and HSCP identified a number of things we do well and improvement opportunities. Our Palliative Forum are taking this work forward, chair shared by HSCP and Hospice.

Primary Care Improvement Plan

2018/19 was the first year of implementing East Renfrewshire's Primary Care Improvement Plan. The plan will enable the role of the GP moving forward to evolve in to the expert medical generalist. The new GP role will be achieved by embedding multi-disciplinary primary care staff to work alongside and support GPs and practice staff to reduce GP practice workload and improve patient care.

Key impacts of the plan in its first year include:

- Community Link Workers now rolled out to all GP practices in East Renfrewshire and have provided support to 800 people.
- We provided a community nurse based service for housebound patients (not on existing District Nurse caseloads) requiring the Influenza Vaccine to reduce GP workload. A total of 170 vaccines were administered to the housebound patients by six District Nursing staff across eleven GP surgeries.

- 13 of our 15 practices have pharmacotherapy input (at a level of at least 0.4WTE) - a breadth of cover not matched in any other HSCP.
- At the end of last year 100% of GP practices had agreed to use Home and Mobile Health Monitoring (HMHM) for hypertension management. So far all but two practices have recruited patients to the service. Just over 640 patients have benefitted from the service with an estimation of over 1800 face-to-face appointments saved. We will upscale the provision of this type of support moving forward.
- We have put in place Advanced Practice Physiotherapists as the first point of contact. There is evidence that this approach has resulted in a direct release of GP time and streamlining of the patient journey. During March and April 2019, 465 appointments were made available with 92% uptake. This is a great example of Seeing the Right Person, at the Right Time.
- Community Health Care Support Workers are now in every practice providing phlebotomy, support for B12 deficiency, blood pressure monitoring and new patient registrations.
- Our Know Who to Turn To campaign continues to direct people to the right person, right place at the right time.
- Data and understanding demand patterns - It's essential that we have data to evidence the shift in activity to the new roles within the extended primary care team, freeing the GP to develop the expert medical generalist role. Working collaboratively with Practice Managers in each locality we developed our template to gather baseline data. Regular reports will be provided to monitor shifts in demand and how the freed capacity has been re-shaped to support our complex individuals.

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2.8 Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities

National Health and Wellbeing Outcomes contributed to:

NO6 - People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing

2.8.1 Our strategic aim

Working together, stakeholders including HSCP staff, the Carers Centre, Voluntary Action East Renfrewshire (VAER), the Care Collective and people with experience as carers have considered information and guidance for the Carers (Scotland) Act 2016 as it emerged from Scottish Government along with our local context and implications for implementation of the Act, including local people's thoughts and experiences of caring and support for carers. They have identified the following conditions for success:

- Carers can participate in the decisions and the design of services that affect them;
- Stigma associated with the challenges of caring is reduced;
- Accurate information in relation to rights, eligibility criteria, statutory and non- statutory support is available and accessible.

Over the course of our strategic plan we will work together to improve access to accurate, timely information that meets carers' needs and awareness of the range of supports for carers. We will continue to encourage collaboration between providers of supports to carers ensuring local provision best meets carers' needs. We will provide information and training to raise awareness of the impact of caring responsibilities and ensure we have trained advisers in a range of organisations who can develop plans with and for carers.

Through our work on self-directed support we will develop and implement a consistent and clear prioritisation framework and ensure that carers and support organisations are aware of the availability of suitable respite care and short-break provision. Working together with education we have been developing support systems that appreciate young carers and build resilience through opportunities for peer support. This includes implementing a process for a young carers statement that has been designed by young carers for young carers and is owned by the young carer.

Our aim is to **ensure people who care for someone are able to exercise choice and control in relation to their caring activities**, by:

- Ensuring staff are able to identify carers and value them as equal partners;
- Helping carers access accurate information about carers' rights, eligibility criteria and supports;
- Ensuring more carers have the opportunity to develop their own carer support plan.

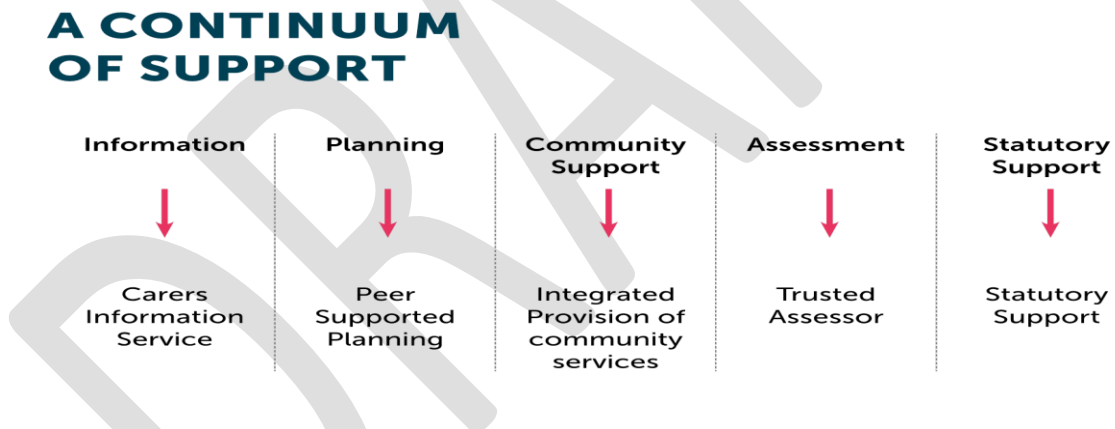
2.8.2 The progress we've been making

- 78% of people reported 'quality of life for carers' needs fully met
- 37% of carers feel supported to continue in their caring role (2017/18 - in line with Scottish average)

2.8.3 How we've been delivering

Our local indicator shows 78% of carers reporting satisfaction with their quality of life and this indicator has improved by 8% since 2016/17. However, the 2017/18 Scottish Health and Care Experience Survey showed that just 37% of carers felt supported in their caring role. While this is in line with the Scottish average, we would like to see this indicator improve and remain focused on ensuring that local people who provide unpaid care are valued and supported.

Working in partnership with the Care Collective (East Renfrewshire Carers and Voluntary Action East Renfrewshire), the Health and Social Care Partnership has undertaken a range of activities to support the implementation of the Carers Act and establish a holistic approach to supporting local carers. We believe we have developed a sound continuum of support for improving outcomes for carers of all ages. To support this the HSCP has agreed to create a specific lead role on carer related work to promote the understanding and uptake of the legislation within East Renfrewshire. The role of the Carers Lead will develop over 2019/20.



Development of **community-based integrated support** for carers in East Renfrewshire includes access to advice, support, planning and community activities. In 2018/19 we developed our Sci Gateway referral pathway (which went live May 2019) – GP practices will be able to make direct referrals to the local carers centre. This will support the early identification and support of carers.





We have continued to develop and improve our approach to **assessment and planning** of support for carers. In 2018/19 we finalised our Eligibility Framework (launched June 2018) – in line with the Carers Act, East Renfrewshire has produced an eligibility framework for both adults and young carers. It is clear about the no charging position for eligible services. The framework is designed around the principles of supporting the carer in their carer role, seeking to understand the impact of

being a carer and planning appropriate supports.

We are working closely with partners to ensure we develop the appropriate range of creative **short breaks and respite** options as support for families with their caring role. We previously undertook a comprehensive ‘market comparison’ of short break opportunities including cost and eligibility as appropriate. In January 2019 we launched our Short Breaks Statement. This statement will form the basis of how we develop short breaks for carers within East Renfrewshire. It provides useful links to sources of advice, information and support and will be reviewed annually as per the Act with partners from the carers centre.



2.9 Public protection

National Health and Wellbeing Outcomes contributed to:

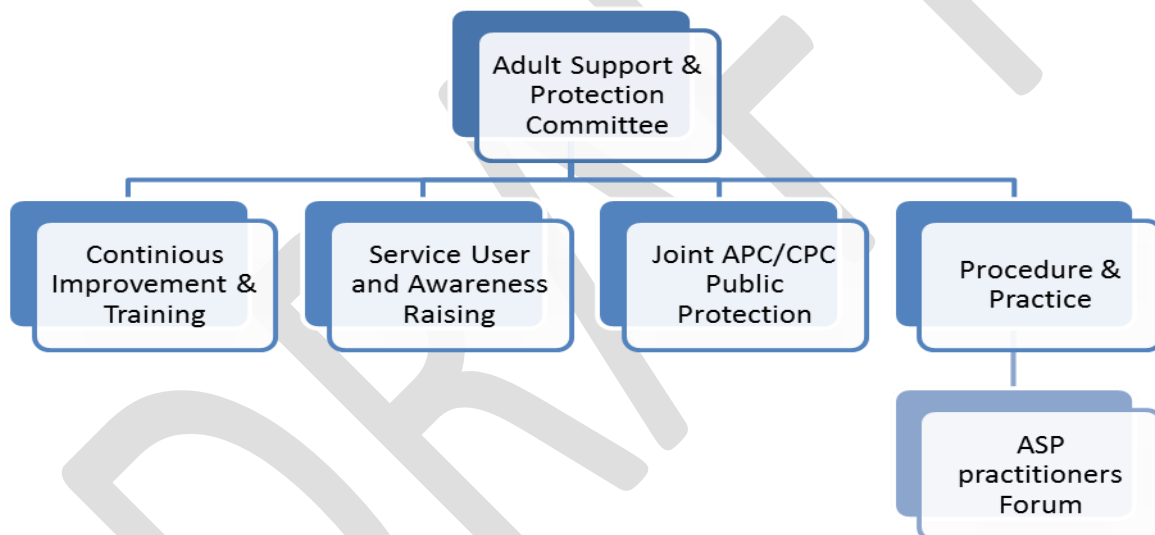
NO7 - People using health and social care services are safe from harm

2.9.1 Our strategic aim

Ensuring people are safe is a vital part of our work. We take a multi-agency approach to deliver our community planning outcomes:

- Residents are safe and supported in their communities;
- Children and adults at risk are safer as a result of our intervention.

Following a period of self-evaluation of Adult Support and Protection (ASP) practice within East Renfrewshire HSCP we developed an action plan to address areas for improvement and we have been delivering on this over the course of 2018/19. This work is supported by a subcommittee structure with oversight by the Adult Support and Protection Committee and Chief Officers Public Protection Group.



Our aim is to **ensure residents are safe and supported in their communities**, through:

- Prevention - People, communities and services actively promote public protection;
- Identification and Risk Assessment - Services know who is most at risk and understand their needs;
- Interventions - Communities and individuals are supported to manage and reduce risk;
- Monitoring and Reviewing Risk - Services effectively measure progress and identify further problems quickly.

2.9.2 The progress we've been making

- 82% of adults supported at home agreed they felt safe (2017/18)

2.9.3 How we've been delivering

The HSCP has been working to develop its process in relation to Adult Support and Protection and continue to improve our practice, systems and compliance. Over the course of 2018/19 we have also been working to improve the robustness and accuracy of our data monitoring.

There has been significant work undertaken within the HSCP to develop our practice, including wide ranging consultation with staff at all levels, the issuing of clear and concise practice guidance for staff, and the introduction of a number of forums to allow regular dialogue with key staff groups.



In 2018/19 100% of adults at risk reported that they had their views taken into account when attending case conferences. And in terms of participation 100% of agencies provided written reports when requested for ASP case conferences in East Renfrewshire.

We continue to raise awareness of adult protection issues and available support. We deliver protective information in local communities and have developed new ASP leaflets. In 2018/19 we delivered a wide range of training including: ASP Council Officer Training; ASP Risk Assessment Training; ASP Basic Awareness Training.

We have been improving our data collection with the introduction of new paperwork in October 2018. This improved approach is helping us build our intelligence and understanding of public protection issues and trends in East Renfrewshire. From this we can see that 58% of ASP inquiries were completed within 5 working days and 36% of ASP investigations completed within 8 working days from date of referral. We are now working on improving our timescales by streamlining our pathways.

Our feedback survey in March 2019 found that 81% of staff were confident in decision-making in relation to Adult Support and Protection.

2.10 Hosted Services – Specialist Learning Disability Service

We continue to host the **Specialist Learning Disability Inpatient Service** that supports people requiring a hospital admission. The service works in partnership to manage demand and ensure appropriate support is available in the community on discharge.

Over the course of 2018/19 we have seen an improvement in the number of people without an arranged placement to move on to after staying in hospital. At year end, of the 27 beds occupied, 14 people had placements identified (up from 3 in July 2018), 12 people were recorded as delayed (down from 16 in July 2018) and 0 people were waiting for transfer from mental health services (down from 9 in July 2018). Bed occupancy was 100% with waiting list throughout 2018 - average waiting time was 42 days. Waiting time improved due to increased rates of discharge.



We continue to focus on delivering resettlement and retraction for our long stay service users. In 2018/19 there were three discharges of people previously considered as unable to live successfully in community settings. We continue to develop our approaches to resettlement in partnership with other HSCP in Greater Glasgow.

In 2018/19 we became only the second Learning Disability service in Scotland to achieve the Royal College of Psychiatrists, Accreditation for Inpatient Mental Health Services (AIMS). The process of working towards accreditation led to around 50 service improvement initiatives. We also received a positive Mental Welfare Commission inspection report highlighting good care.



2.11 Supporting our staff

National Health and Wellbeing Outcomes contributed to:

NO8 – People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

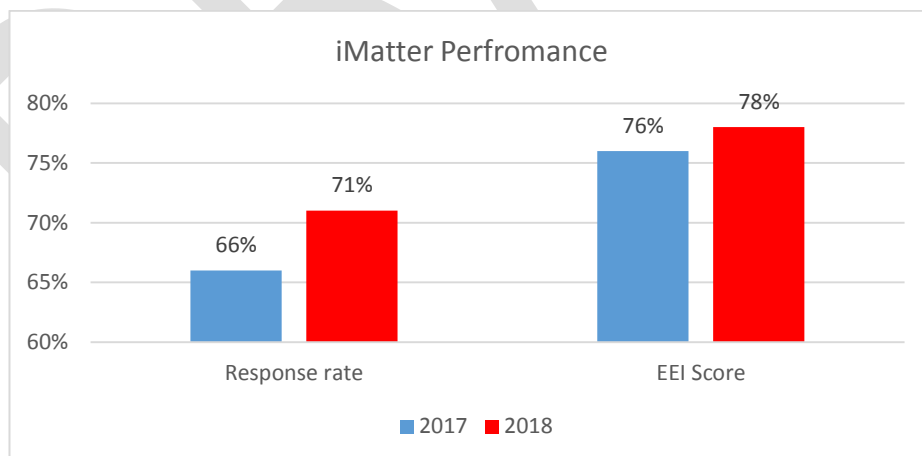
2.11.1 Our strategic aim

We are focused on developing and maintaining a workforce that is engaged and fully committed to delivering the outcomes and key objectives of the HSCP. 2018 was the second year that the HSCP participated in the iMatter survey and team planning. This is a staff experience continuous improvement tool designed with staff in NHS Scotland to help individuals, teams and Boards understand and improve staff experience.



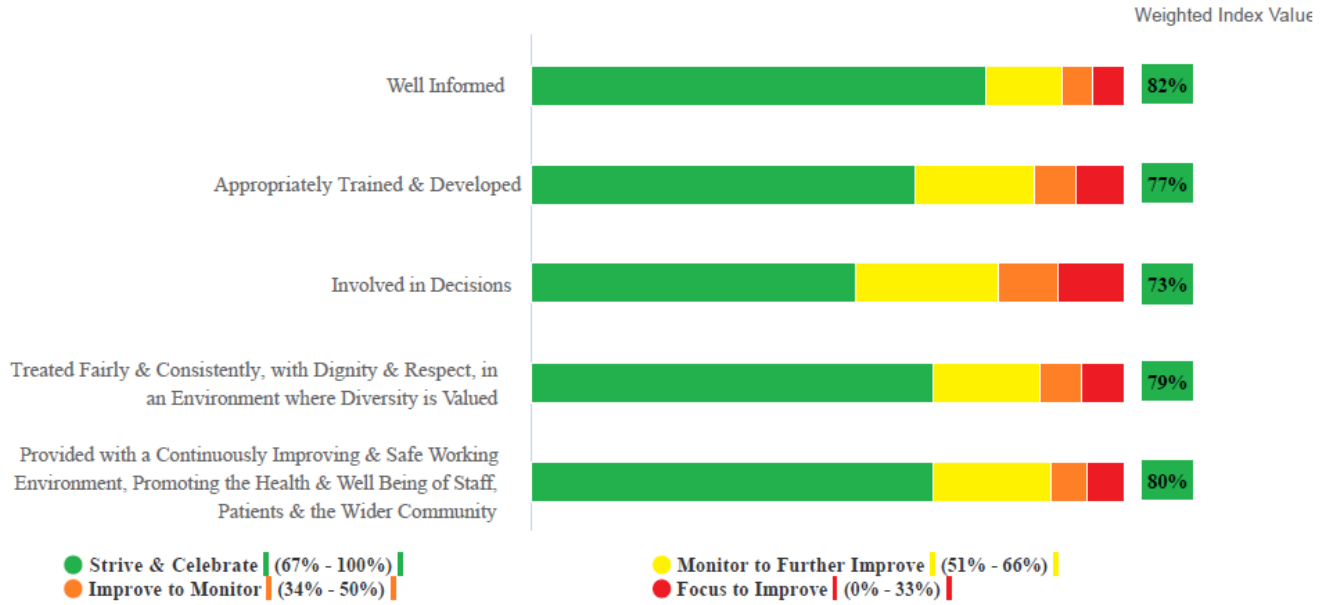
2.11.2 The progress we've been making

In 2018 we saw even better participation in iMatter than we had in 2017. The chart below shows that in the last year participation grew by 5% to 71% and that our Employee Engagement Index (an aggregated score relating to key employee engagement measures) also increased to 78%. iMatter is increasingly being used as a development tool with a high level of teams completing Action Plans in response to the survey results.



In 2018 there were improved scores across all of the 28 iMatter questions (with the exception of one that remained the same). The 'strand scores' given below show performance against the main employee engagement topics. 'Appropriately trained and developed' improved by 5% from 2017 while the other four topics all showed improvement by 2-3%.

Staff Governance Standards - Strand Scores



87%
 "I am clear about my duties and responsibilities"

83%
 "I understand how my role contributes to the goals of my organisation"

84%
 "I am treated with dignity and respect as an individual"

89%
 "My direct line manager is sufficiently approachable"

82%
 "My work gives me a sense of achievement"

3. Financial performance and Best Value

National Health and Wellbeing Outcomes contributed to:
NO9 - Resources are used effectively and efficiently in the provision of health and social care services

3.1 Introduction

Within this section of the report we aim to demonstrate our efficient and effective use of resources. Our Annual Report and Accounts 2018/19 is our statutory financial report for the year. We regularly took finance reports to the IJB throughout the year.

3.2 Financial Performance 2018/19

The annual report and accounts for the IJB covers the period 1st April 2018 to 31st March 2019, with comparable figures shown for 2017/18.

In addition to the net funding of £132.951 million received from our partners and other income we had also planned to use up to £0.954 million from reserves to bridge our Fit for the Future change programme to balance our budget for 2018/19. The budgets and outturns for the operational services as reported during the year to the IJB are summarised below.

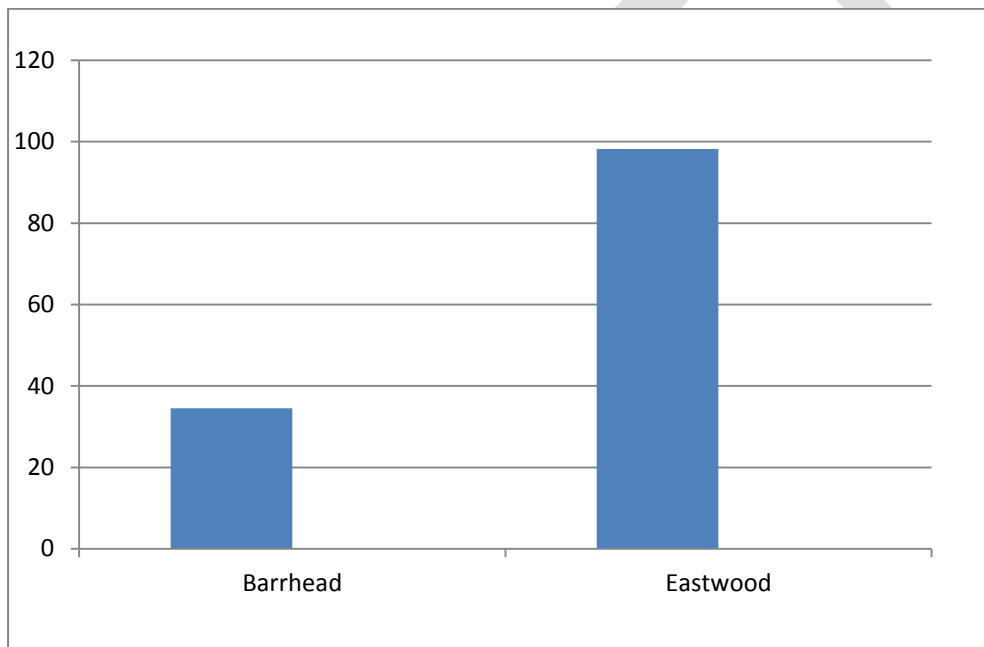
Service	Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	10.508	9.708	0.800	7.61%
Older Peoples Services	28.995	29.223	(0.228)	(0.79%)
Physical / Sensory Disability	4.664	4.608	0.056	1.20%
Learning Disability – Community	12.091	12.138	(0.047)	(0.39%)
Learning Disability – Inpatients	8.085	7.962	0.123	1.52%
Mental Health	4.377	3.958	0.419	9.57%
Addictions / Substance Misuse	1.554	1.522	0.032	2.06%
Family Health Services	22.217	22.209	0.008	0.04%
Prescribing	15.766	16.194	(0.428)	(2.71%)
Criminal Justice	0.039	-	0.039	100%
Planning & Health Improvement	0.299	0.225	0.074	24.75%
Management & Administration	8.396	8.586	(0.190)	(2.27%)
Planned Contribution from Reserves	0.954	0.556	(0.398)	(41.69%)
Net Expenditure Health and Social Care	116.037	115.777	0.260	0.22%
Housing	0.290	0.290	-	0.00%
Set Aside for Large Hospital Services	16.624	16.624	-	0.00%
Total Integration Joint Board	132.951	132.691	0.260	0.22%
Barrhead Locality	34.567	34.500	0.192	
Eastwood Locality	98.384	98.192	0.068	

The £0.260 million underspend (0.22%) is in line with the reporting taken to the IJB during the year and this is added to our reserves.

The main variances to the budget were:

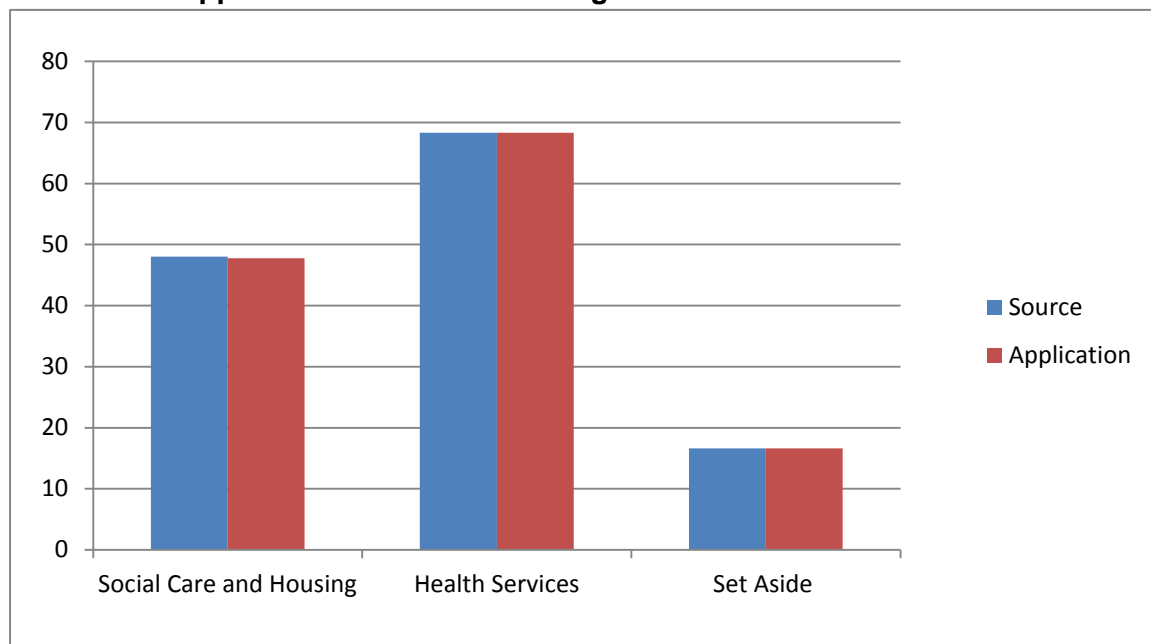
- Underspends in a number of services from staff turnover and vacant posts during the year, in part relating to the implementation of our structure but also reflecting recruitment and retention issues within health and social care.
- Care package costs were less than committed as we did not have a difficult winter.
- The overspend in prescribing is a result of both cost and volume, with a number of drugs on short supply during the year.
- East Renfrewshire IJB hosts the Specialist Learning Disability Services on behalf of the other five IJBs who are coterminous with Greater Glasgow and Clyde. The service achieved £0.125 million savings early from the ongoing bed redesign model.

Expenditure of £132.691 million by Locality



The expenditure split by Locality is shown using a combination of support plans and population.

Source and Application of our Net Funding of £132.951million



In addition to the expenditure above a number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of those hosted services is shown below; this not a direct cost to the IJB.

SERVICES PROVIDED TO EAST RENFREWSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE	2018/19 £ Million
Physiotherapy	0.434
Retinal Screening	0.053
Podiatry	0.452
Primary Care Support	0.295
Continence	0.293
Sexual Health	0.613
Mental Health	0.876
Oral Health	0.858
Addictions	0.335
Prison Health Care	0.184
Health Care in Police Custody	0.163
Psychiatry	3.811
NET EXPENDITURE ON SERVICES PROVIDED	8.367

3.3 Reserves

We used £0.802 million of reserves in year to balance our budget and we also invested new monies into earmarked reserves. The year on year movement in reserves is summarised below.

	£ Million	£ Million
Reserves at 31 March 2018		4.809
Planned use of existing reserves during the year	(0.902)	
Funds added to existing reserves during the year	0.338	
New reserves created during the year	1.092	
Net increase in reserves during the year	0.528	
Reserves at 31 March 2019		5.337

3.4 Prior Year Financial Performance

The table below shows a summary of our year-end under / (over) spend by service and further detail can be found in the relevant Annual Report and Accounts and in year reporting.

	2018/19	2017/18	2016/17	2015/16
SERVICE	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million
Children & Families	0.800	0.083	0.537	0.604
Older Peoples Services	(0.228)	0.153	(0.046)	1.763
Physical / Sensory Disability	0.056	(0.167)	(0.280)	(0.345)
Learning Disability - Community	(0.047)	(0.214)	0.986	(1.801)
Learning Disability - Inpatients	0.123	-	-	-
Mental Health	0.419	0.409	0.393	0.354
Addictions / Substance Misuse	0.032	0.018	0.1229	0.085
Family Health Services	0.008	-	-	-
Prescribing	(0.428)	-	-	-
Criminal Justice	0.039	0.011	0.013	0.027
Planning & Health Improvement	0.074	0.001	0.039	0.029
Management & Admin	(0.190)	0.483	(0.144)	(0.335)

Planned Contribution to / from Reserves	(0.3976)	(0.9536)	**	-
Net Expenditure Health & Social Care	0.260	(0.177)	1.622	0.381

** In 2016/17 we agreed to carry forward our planned underspend to reserves to provide flexibility to allow us to phase in budget savings including our change programme.

3.5 Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years. The Medium Term Financial Plan sets out the potential cost pressures of c £5.1 to £5.7 million per year for the five years 2019/20 to 2023/24.

For 2019/20 the cost pressure was £5.7 million and when we applied the available funding from our partners for uplifts and pressures the remaining gap and therefore savings requirement was £3.1 million. We have an agreed plan for these savings for 2019/20 however a similar scale of challenge in future years will mean an impact on our front line services and care packages.

Demographic pressures remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in children with complex needs resulting in an increase in demand for services.

A number of wider issues such as the economy; the impact of Brexit, Regional Planning, potential reform of NHS boards and local government could all impact on the future of the service we provide and our ability to meet the needs of the communities we serve.

As we have successfully operated integrated services for a number of years we have already faced a number of challenges and opportunities open to newer partnerships, however our funding and savings challenge take no account of this history. Whilst we have agreed a population based approach for future (NHS) financial frameworks and models this does not address the base budget.

Prescribing Costs; the cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is delegated to the IJB. This is a complex and volatile cost base of around £16 million per year. Financial year 2018/19 was the first year without any risk share or underwriting of this cost and despite increasing our budget by 5% we ended the year with an £0.428 million overspend.

Developing our performance and financial reporting in more detail at a locality level will allow fuller reporting and understanding of future trends and service demands.

We plan to deal with these challenges by:

- We have an agreed Medium Term Financial Plan and will maintain this with updates at least annually. We will also continue to use scenario based financial planning and modelling to assess and refine the impact of different levels of funding, pressures and possible savings.

- We have identified and prioritised savings proposals for 2019/20 and have indicated that future year savings proposals may require us to move to the adoption of a criteria based model for care package support.
- We will realign our financial reporting to reflect our new service structure.
- We have recognised the challenges in the medium term and will continue to use “invest to save” and “test of change” models. Our reserves strategy allows us to smooth the impact of change and to implement savings on a phased basis. Some examples include:
 - Investment in an additional pharmacy technician to mitigate prescribing pressures
 - Implementing our Digital Programme
 - Care at Home to support recruitment and retention and service improvement
 - Partnership Framework development
 - Organisational Learning and Development
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting will continue to be a key focus of each IJB agenda to ensure efficient and effective use of resources and best value in delivering health and social care service.

DRAFT

4. Performance summary




4.1 Introduction

In the previous chapter of this report we outlined key areas of work carried out by the HSCP over the course of 2018/19. In this final chapter we draw on a number of different sources to give a more detailed picture of how the partnership is performing.



The sections below set out how we have been performing in relation to our suite of Key Performance Indicators structured around the strategic priorities in our Strategic Plan 2018-21. We also provide performance data in relation to the National Integration Indicators and Ministerial Steering Group (MSG) Indicators. Finally, we provide summary information on performance reporting during Inspections carried out in 2018/19.

4.2 Performance indicators

Key to performance status	
Green	Performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)
Grey	No current performance information or target to measure against

Direction of travel*	
	Performance is IMPROVING
	Performance is MAINTAINED
	Performance is WORSENING

*For consistency, trend arrows always point upwards where there is improved performance or downwards where there is worsening performance including where our aim is to decrease the value (e.g. if we successful reduce a value the arrow will point upwards).

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing					
Indicator	2018/19	Current Target	2017/18	2016/17	Trend from previous year
Percentage of children looked after away from home who experience 3 or more placement moves (<i>DECREASE</i>)	1.4%	11.0%	1.2%	7.1%	
Percentage of positive response to Viewpoint question "Do you feel safe at home?" (<i>INCREASE</i>)	100%	91%	94%	85%	

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing

Indicator	2018/19	Current Target	2017/18	2016/17	Trend from previous year
Accommodated children will wait no longer than 6 months for a Looked After Review meeting to make a permanence decision <i>(INCREASE)</i>	83%	80%	100%	n/a	↓
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral <i>(INCREASE)</i>	74%	90%	89%	90%	↓
Child & Adolescent Mental Health - longest wait in weeks at month end <i>(DECREASE)</i>	34	18	35	31	↑
100% of parents of children who have received an autism diagnosis have opportunity to access Cygnet post diagnostic programme within 12 months of receiving diagnosis. <i>(INCREASE)</i>	100%	100%	97%	n/a	↑
% of children/ young people attending Family Wellbeing Service with improved emotional health at end of programme <i>(INCREASE)</i>	90%	100%	100%	n/a	↓
% Mothers confirming they have received information about close and loving relationships from staff <i>(INCREASE)</i>	100%	80%	n/a	n/a	-
Increase in improved outcomes for children after parent/carer completion of POPP <i>(INCREASE)</i>	89%	81%	79%	78%	↑
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) <i>(INCREASE)</i>	n/a	Data only	93.6%	91.5%	↑
% Child Protection Re-Registrations within 18 months (LGBF) <i>(DECREASE)</i>	n/a	Data only	0%	9%	↑

Strategic Priority 2 - Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending and rebuild lives

Indicator	2018/19	Current Target	2017/18	2016/17	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. <i>(INCREASE)</i>	84%	80%	92%	96%	↓

Strategic Priority 2 - Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending and rebuild lives					
Indicator	2018/19	Current Target	2017/18	2016/17	Trend from previous year
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? <i>(INCREASE)</i>	100%	100%	100%	100%	↑
% of service users moving from drug treatment to recovery service <i>(INCREASE)</i>	22%	9%	12%	9%	↑
% Change in individual drug and alcohol Recovery Outcome Score <i>(INCREASE)</i>	23%	17%	n/a	17%	↑
% Change in women's domestic abuse outcomes <i>(INCREASE)</i>	64%	70%	65%	66%	↓
% Positive employability and volunteering outcomes for people with convictions. <i>(INCREASE)</i>	55.0%	60.0%	n/a	n/a	▬
People agreed to be at risk of harm and requiring a protection plan have one in place. <i>(INCREASE)</i>	100%	100%	n/a	n/a	▬

Strategic Priority 3 - Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing					
Indicator	2018/19	Current Target	2017/18	2016/17	Trend from previous year
Increase the number of smokers supported to successfully stop smoking in the 40% most deprived SIMD areas. (This measure captures quits at three months and is reported 12 weeks in arrears.) <i>(INCREASE)</i>	n/a	24	20	27	↓
Health and Social Care Integration - Core Suite of Indicators NI-11: Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) <i>(DECREASE)</i>	n/a	Data Only	301	297	▬

Strategic Priority 4 - Working together with people to maintain their independence at home and in their local community					
Indicator	2018/19	Current Target	2017/18	2016/17	Trend from previous year
Number of people self directing their care through receiving direct payments and other forms of self-directed support. <i>(INCREASE)</i>	n/a	500	491	364	↑
Percentage of those whose care need has reduced following re-ablement <i>(INCREASE)</i>	74%	60%	62%	64%	↑
Percentage of people aged 65+ who live in housing rather than a care home or hospital <i>(INCREASE)</i>	95.9%	97%	96.6%	96.8%	↓
People reporting 'living where you/as you want to live' needs met (%) <i>(INCREASE)</i>	92%	90%	84%	79%	↑
SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) <i>(INCREASE)</i>	n/a	Data Only	7.5%	6.6%	↑
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) <i>(INCREASE)</i>	n/a	62.0%	62.5%	61.1%	↑

Strategic Priority 5 - Working together with people who experience mental ill-health to support them on their journey to recovery					
Indicator	2018/19	Current Target	2017/18	2016/17	Trend from previous year
Mental health hospital admissions (age standardised rate per 1,000 population) <i>(DECREASE)</i>	n/a	2.3	-	1.5	↑
Percentage of people waiting no longer than 18 weeks for access to psychological therapies <i>(INCREASE)</i>	54%	90%	80%	56%	↓
Primary Care Mental Health Team (Bridges) wait for referral to 1st appointment within 4 weeks (%) <i>(INCREASE)</i>	14%	100%	21%	n/a	↓
Primary Care Mental Health Team (Bridges) wait for referral to treatment appointment within 9 weeks (%) <i>(INCREASE)</i>	8%	100%	30%	33%	↓

Strategic Priority 6 - Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital					
Indicator	2018/19	Current Target	2017/18	2016/17	Trend from previous year
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (DECREASE)	4	0	4	4	—
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) (DECREASE)	2,284	1,893	1,860	2,704	↓
No. of A & E Attendances (DECREASE)	27,850	26,844	27,011	25,888	↓
Number of Emergency Admissions: Adults (DECREASE)	6,387	8,748	7,433	8,032	↑
Emergency admission rate (per 100,000 population) (DECREASE)	8,934	11,492	10,482	11,418	↑
Emergency bed day rate (per 100,000 population) (DECREASE)	96,072	117,000	118,880	120,833	↑
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (DECREASE)	74	100	79	82	↑
A & E Attendances from Care Homes (NHSGGC data) (DECREASE)	429	360	541	n/a	↑
Emergency Admissions from Care Homes (NHSGGC data) (DECREASE)	261	204	338	166	↑
% of last six months of life spent in Community setting (INCREASE)	87%	92%	85%	86%	↑

Strategic Priority 7 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities					
Indicator	2018/19	Current Target	2017/18	2016/17	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (INCREASE)	78%	72%	72%	70%	↑

Organisational measures					
Indicator	2018/19	Current Target	2017/18	2016/17	Trend from previous year
Percentage of days lost to sickness absence for HSCP NHS staff (<i>DECREASE</i>)	6.8%	4.0%	8.5%	7.2%	↑
Sickness absence days per employee - HSCP (LA staff) (<i>DECREASE</i>)	16.4	10.9	13.0	13.6	↓
Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline, 20 days Investigation) (<i>INCREASE</i>)	80%	70%	100%	63%	↓
Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation) (<i>INCREASE</i>)	72%	100%	81%	68%	↓

4.3 National Integration Indicators

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 are derived from Partnership operational performance data. A further 4 indicators are currently under development by NHS Scotland Information Services Division (ISD). The following tables provide the most recent data for the 19 indicators currently reportable, along with the comparative figure for Scotland, and trends over time where available.

4.3.1 Scottish Health and Care Experience Survey (2017/18)

Information on 9 of the National Integration Indicators are derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. The most recent survey results for East Renfrewshire are summarised below.

National indicator	2017/18	Scotland 2017/18	2015/16	East Ren trend from previous survey	Scotland trend from previous survey
NI-1: Percentage of adults able to look after their health very well or quite well	94%	93%	96%	↓	↓
NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible	74%	81%	80%	↓	↓
NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	64%	76%	77%	↓	↓
NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	60%	74%	69%	↓	↓
NI-5: Total % of adults receiving any care or support who rated it as excellent or good	77%	80%	82%	↓	↓
NI-6: Percentage of people with positive experience of the care provided by their GP practice	84%	83%	88%	↓	↓
NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	76%	80%	79%	↓	↓
NI-8: Total combined % carers who feel supported to continue in their caring role	37%	37%	45%	↓	↓
NI-9: Percentage of adults supported at home who agreed they felt safe	82%	83%	82%	—	—

Data from ISD release, 7 June 2019

4.3.2 Operational performance indicators

National indicator	2018/19	Scotland 2018/19	2017/18	2016/17	Trend from previous year
NI-11: Premature mortality rate per 100,000 persons	n/a	425	301	297	▬
NI-12: Emergency admission rate (per 100,000 population)	8,934	11,492	10,482	11,418	↑
NI-13: Emergency bed day rate (per 100,000 population)	96,072	107,921	118,880	120,833	↑
NI-14: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	74	98	79	82	↑
NI-15: Proportion of last 6 months of life spent at home or in a community setting	88%	89%	85%	86%	↑
NI-16: Falls rate per 1,000 population aged 65+	20	22	22.3	21.2	↑
NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	84%	82%	88%	88%	↓
NI-18: Percentage of adults with intensive care needs receiving care at home	n/a	61%	63%	58%	↑
NI-19: Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	171	805	117	228	↓
NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	19%	22%	23%	23%	↑

Data from ISD release, 7 June 2019

The indicators below are currently under development by NHS Scotland Information Services Division (ISD).

National indicators in development
NI-10: Percentage of staff who say they would recommend their workplace as a good place to work
NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home
NI-22: Percentage of people who are discharged from hospital within 72 hours of being ready
NI-23: Expenditure on end of life care, cost in last 6 months per death

4.4 Ministerial Steering Group Indicators

A number of indicators have been specified by the Ministerial Steering Group (MSG) for Health and Community Care which cover similar areas to the above National Integration Indicators.

MSG Indicator	2018/19	2017/18	2016/17	Trend from 2017/18
Number of emergency admissions (adults)	6,387	7,433	8,032	↑
Number of unscheduled hospital bed days (acute specialties) (adults)	50,024*	62,955	62,901	↑
A&E attendances	27,850	27,011	25,888	↓
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity)	2,284	1,860	2,704	↓
% of last six months of life spent in Community setting	87%	85%	86%	↑
Balance of care: Percentage of population at home (unsupported)	n/a	97.9%**	97.8%	—

Data from ISD release, 28 May 2019

*Provisional figure

4.5 Inspection performance 2018/19

East Renfrewshire HSCP delivers a number of in-house services that are inspected by the Care Inspectorate. The following table show the most up to date grades as of 31 March 2019.

Key to Grading:

1 – Unsatisfactory, 2 – Weak, 3 – Adequate, 4 – Good, 5 – Very Good, 6 – Excellent

Service	Date of Last Inspection	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Adoption Service	02/11/2016	5	Not Assessed	Not Assessed	5
Barrhead Centre	23/02/2018	6	Not Assessed	Not Assessed	6
Fostering Service	08/11/2016	5	Not Assessed	Not Assessed	5
Housing Support Unit (Care at Home)	19/03/2019	1	Not Assessed	2	1
HSCP Holiday Programme	21/07/2017	6	Not Assessed	Not Assessed	5
Kirkton Service	24/10/2014	4	5	5	4
Thornliebank Resource Centre	07/04/2016	4	Not Assessed	Not Assessed	4

The Care Inspectorate launched the new self-evaluation framework for care homes for older people in July 2018, which is based on the Health and Social Care Standards. The last inspection for Bonnyton House was under the new quality inspection framework. Frameworks for other service types will be introduced during 2019.

Service	Date of Last Inspection	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Bonnyton House	01/11/2018	4	3	4	3	3

4.6 Key performance achievements

The table below gives the indicators where performance has shown the greatest improvement over the past 12 months (April 2018 – March 2019).

Indicator	2018/19	2017/18
Children and Young People		
100% of parents of children who have received an autism diagnosis have opportunity to access Cygnet post diagnostic programme within 12 months of receiving diagnosis.	100%	97%
Increase in improved outcomes for children after parent/carer completion of POPP	89%	79%
Recovery from alcohol and drug addiction		
% of service users moving from drug treatment to recovery service	22%	12%
% Change in individual drug and alcohol Recovery Outcome Score	23%	17% (16/17)
Living independently		
Percentage of those whose care need has reduced following re-ablement	74%	62%
People reporting 'living where you/as you want to live' needs met (%)	92%	84%
SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF)	7.5% (17/18)	6.6% (16/17)
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF)	62.5% (17/18)	61.1% (16/17)
Percentage of adults with intensive care needs receiving care at home	63% (17/18)	58% (16/17)
Reducing unplanned hospital care		
Number of Emergency Admissions: Adults	6,387	7,433
Emergency admission rate (per 100,000 population)	8,934	10,482
Emergency bed day rate (per 100,000 population)	96,072	118,880
A & E Attendances from Care Homes (NHSGGC data)	429	541
Emergency Admissions from Care Homes (NHSGGC data)	261	338
Supporting carers		
People reporting 'quality of life for carers' needs fully met (%)	78%	72%

4.7 Indicators we are seeking to improve

Ongoing improvement is sought across all services within the HSCP and the performance management arrangements in place are designed to facilitate this. There are specific areas we would like to improve going forward and these are set out in our current Strategic Plan.

Key indicators we would like to improve on include the following:

Children and Young People

- Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral
- Child & Adolescent Mental Health - longest wait in weeks at month end

Criminal Justice

- % Positive employability and volunteering outcomes for people with convictions

Adult Support and Protection

- % Change in women's domestic abuse outcomes

Living independently

- Increase the percentage of people aged 65+ who live in housing rather than a care home or hospital.

Mental Health services

- Percentage of people waiting no longer than 18 weeks for access to psychological therapies
- Waiting times for Primary Care Mental Health Team (Bridges)

Unscheduled care: Working in partnership with NHS acute services

- People waiting more than 3 days to be discharged from hospital into a more appropriate care setting
- Number of A&E Attendances
- % of last six months of life spent in a community setting

5. Looking forward / Improvement activity

5.1 Introduction

As a partnership we are continuously monitoring and evaluating our performance and seeking to improve the services and support we provide to local people. This section highlights a few of the key areas we will be focusing on in 2019/20 to develop our approaches and bring necessary improvements.

5.2 Care at Home

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

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

5.3 Unscheduled care - A&E attendances; delayed discharges

Reducing demand on the hospital sector remains a key priority for the partnership and we will work to reduce our A&E attendances that remain high.

We will continue to work closely with GPs at cluster and practice level to focus on data to identify parts of the system where there are high levels of A&E attendance. We will continue to develop our preventative approaches including developing and promoting the use of Anticipatory Care Plans and supporting the role of Link Workers in our GP practices. We will also work closely with other community-based services where they are in a position to provide earlier support to individuals likely to be frequent attenders at A&E.

We will work to minimise delayed discharge from hospital. In order to achieve the target time of 72 hours we continue to require more community based provision. The medium term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs.

5.4 Adult Support and Protection

We are continuing to develop our model and processes for supporting people at risk of and experiencing harm. In 2019/20 this will see specific focus on areas for improvement identified in a recent audit of ASP including: how we report significant events (chronologies); our approach to risk assessment and management; making best use of advocacy; and strengthening multi-agency working.

5.5 Improving data, intelligence and strategic planning

We are developing our Data and Management Information Strategy and have strengthened performance and governance reporting in our new staffing structure. This is an ongoing focus for the partnership and will support informed planning and decision making.

We have refreshed the membership of our Strategic Planning Group and we are commencing work to support development of our future contractual frameworks for Care at Home and Care and Support to develop sustainable, outcome focused services. We have identified funding to support this development.

5.6 Reducing staff absence

Staff absence affects the delivery of services and we continue to focus our efforts on maximising attendance. We will continue to take a targeted approach to absence management analysing absence data by service area. Absence panels will continue to monitor compliance with our Maximising Attendance policy and the HR Advice and Support Unit will provide dedicated support to service and teams identified as having specific challenges with absence.

Appendix One - National Outcomes

The National Health and Wellbeing Outcomes prescribed by Scottish Ministers are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

The National Outcomes for Criminal Justice are:

- Prevent and reduce further offending by reducing its underlying causes.
- Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all.



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 June 2019
Agenda Item	12
Title	Overnight Support
Summary	
<p>This report sets out a revised approach and clear policy position on overnight support, which should enable staff to progress support reviews, and explore alternatives to a physical presence overnight. It also contains proposals for how people living with support, family members and elected members can be fully informed about the policy change and alternative ways of providing support and alleviate risk overnight</p>	
Presented by	Candy Millard, Head of Adult Health & Social Care Localities / Caroline Robertson, Locality Manager
Action Required	
<p>The Integration Joint Board is asked to:-</p> <ul style="list-style-type: none"> ▪ Agree 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. ▪ Agree the new approach to overnight support planning ▪ Endorse the proposed review programme and communication arrangements 	
Implications checklist – check box if applicable and include detail in report	
<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Policy
<input type="checkbox"/> Risk	<input checked="" type="checkbox"/> Staffing
	<input type="checkbox"/> Legal
	<input type="checkbox"/> Directions
	<input type="checkbox"/> Equalities
	<input type="checkbox"/> Infrastructure

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2019

Report by Chief Officer

OVERNIGHT SUPPORT

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an update on overnight support arrangements.

RECOMMENDATION

2. The Integration Joint Board is asked to:-
 - Agree 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.
 - Agree the new approach to overnight support planning
 - Endorse the proposed review programme and communication arrangements

BACKGROUND

3. We have previously reported to the IJB budget pressures associated with overnight support. This arose from national living wage changes, which require providers to pay care staff the living wage for shifts where they sleep overnight in a person's house and wake if required to respond to any care or support needs. These shifts, known as 'sleepovers', were previously paid at a block rate for the night rather than per hour.
4. A desktop exercise was carried out in November 2016 which highlighted the people who had overnight support provision. This exercise was carried out in partnership with support providers with representatives from commissioning and operational staff teams. Through the desktop process people who might no longer require a physical presence overnight and those who might require a continued presence were identified based on the level of activity and risk.
5. It was the intention of the group to remove the overnight physical presence wherever this was not required. Where there were risks identified it was proposed that ongoing consultation with the providers would take place to identify alternatives to sleepover provision. Options around this varied from small groups being supported by one responder service to providers working together to provide support to others within their area. This would obviously require development and commitment from the various providers. Unfortunately this work has not progressed at the rate we had anticipated.
6. This report sets out a revised approach and clear policy position on overnight support which should enable staff to progress support reviews and explore alternatives to a physical presence overnight. It also contains proposals for how people living with support, family members and elected members can be fully informed about the policy change and alternative ways of providing support and alleviate risk overnight.

REPORT

7. A group of people whom we support, predominantly with learning disability, were assessed as requiring a physical presence in the form of a sleepover or waking nightshift overnight. Whilst this was common practice historically, we now have

alternatives due to developments in technology and other linked responses that can meet people's assessed need and outcomes in less intrusive and more efficient ways.

8. Some of the needs that sleepovers and waking night cover were trying to meet were:-
 - Practical help e.g. with medication, continence, positioning
 - Emotional support e.g. reassurance where a person is confused or distressed
 - Safety support e.g. responding if someone is likely to leave the house or turn on taps, cookers etc
 - Treatment e.g. administering epilepsy medication
9. We are now in the position to develop much more personalised responses for people managing their individual risks whilst focusing on their outcomes. This can include the use of everyday and specialised technology; environmental controls, adaptations and equipment; alongside trained call handling and response staff.

New approach to overnight support planning

10. Our revised approach to overnight supports needs to sit alongside our new approach to individual budgets, and planning with people that allows more innovation and flexibility to meet their desired outcomes.
11. Needs overnight will be reassessed and reanalysed including consideration of each person's strengths and assets, and identification of their specific risks including the risk of restriction to their freedom.
12. A range of options to meet the needs and outcomes will be considered in developing personalised plans. This will include options for moving from one form of overnight support to another, including use of checking equipment, tests of change and transitional support.
13. New overnight support plans will be accurately costed and the resultant amount will be included in Individual Budget for each person. This will be considered to be the HSCPs reasonable offer of support.

Proposed Communication and Redesign Actions

14. Following adoption of the policy and approach, a letter will be drafted and sent to those who receive a physical presence overnight to allow them to understand our policy and approach. Letters will also be sent to families, legal proxies and providers.
15. Communication and briefings will be provided for elected members as well as IJB members and HSCP and Primary Care staff including GP's. This will prevent any misunderstanding and ensure people are not taken by surprise when they are approached by family members and providers.
16. Separate events will be organised for support providers and people who receive support along with their family/legal proxy. This event will be led by senior HSCP management and will be followed by information from the service and providers showcasing the innovative work that has been carried out in East Renfrewshire and other areas, and how this has improved people's lives and outcomes alongside their independence. These events will provide separate opportunities for staff and families to ask questions and discuss concerns about the process.
17. Once the events have place and people are clear about the process, individual reassessment and revised support planning will take place. Where possible this will be undertaken in conjunction with an Individual Budget review in order that people can plan for all their outcomes and support.

18. A social work advanced practitioner will be recruited to support social workers with practice issues associated with reviews, risk assessments and support planning.
19. Whilst planning will be undertaken on an individual basis the review of overnight support will be managed as a programme with additional short term resourcing for the coordination, communication and back office support required.

CONSULTATION AND PARTNERSHIP WORKING

20. The revised approach is based on learning from a number of partnerships across Scotland, work by the Improvement Service and consultation with some local partner providers.

IMPLICATIONS OF THE PROPOSALS

Finance

21. The ongoing cost implications for this support is not sustainable however the benefits of promoting independence and offering opportunities outweigh any financial benefit. We currently have 60 overnight support provisions at the minimum cost of £2.1m year on year if we were to realistically replace 70% of these with technology we would be looking at a financial saving of over £1m.

Staffing

22. Current demands on our staffing will not allow this project to be completed without any additional resource. The project requires someone to co-ordinate the whole process as well as an advanced practitioner who will be skilled to an advanced level to allow them to address some of the complex conversations which will have to take place. This Social Work Advanced Practitioner will also carry out any independent assessments if required. Staffing costs to support the programme are Grade 11 Advanced Practitioner (£38641) and Grade 7 Assistant Business Improvement Officer (£24057)

Infrastructure

23. None

Risk

24. The risk of not continuing with this work and committing to it longer term is that the demands on our service will continue to increase year on year, and people will continue to get an intrusive level of staff presence in their lives.

Equalities

25. We have to apply the same risk measures across our client groups; we have an aging population with long term conditions and progressive complex health needs who should have similar consideration of their overnight risks and supports.

Policy

26. This paper sets out a new policy for overnight support provision.

Legal

27. In consultation with our legal department we have drafted a letter for legal proxies which sets our policy and approach.

CONCLUSIONS

28. Initial plans to remove overnight support sleepover arrangements based on a desktop exercise have not progressed as anticipated. This report sets out a revised approach and clear policy position on overnight support, which should enable staff to progress support reviews and explore alternatives to a physical presence overnight. It also contains proposals for how people living with support, family members and elected members can be fully informed about the policy change and alternative ways of providing support and alleviating risk overnight.

RECOMMENDATIONS

29. The Integration Joint Board is asked to:-
- Agree 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.
 - Agree the new approach to overnight support planning
 - Endorse the proposed review programme and communication arrangements

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21 May 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None