

Date: 18 April 2019
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

A meeting of the East Renfrewshire Integration Joint Board will be held within the **Eastwood Health and Care Centre, Drumby Crescent, Clarkston** on **Wednesday 1 May 2019 at 10.00 am.**

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

The agenda of business is attached.

Yours faithfully

Anne-Marie Monaghan

Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY, 1 MAY AT 10.00am
EASTWOOD HEALTH AND CARE CENTRE
DRUMBY CRESCENT, CLARKSTON**

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting of IJB of 20 March 2019 (copy attached, pages 5 - 16).**
- 4. Matters Arising (copy attached, pages 17 - 20).**
- 5. Rolling Action Log (copy attached, pages 21 - 24).**
- 6. Minutes of committees:-**
 - (i) Clinical & Care Governance Committee – 6 March 2019 (copy attached, pages 25 - 32).**
 - (ii) Performance & Audit Committee – 20 March 2019 (copy attached, pages 33 - 38).**
- 7. Performance and Audit Committee – Appointment of Replacement NHSGGC Non-Executive Member (copy attached, pages 39 - 42).**
- 8. East Renfrewshire's Corporate Parenting Plan 2016-18 – Year 2 Progress Report (copy attached, pages 43 - 60).**
- 9. Care at Home Improvement Inspection Report and Improvement Plan (copy attached, pages 61 - 86).**
- 10. Care in the Home Commissioning Arrangements (copy to follow).**
- 11. Talking Points (copy attached, pages 87 - 94).**
- 12. Primary Care Improvement Plan: Progress (copy attached, pages 95 - 102).**
- 13. Augmentative and Alternative Communication (AAC) in NHS Greater Glasgow and Clyde (copy attached, pages 103 - 130).**

- 14. Revenue Budget Monitoring Report (copy attached, pages 131 - 146).**
- 15. Ministerial Strategic Group for Health & Community Care – Self-Evaluation for the review of progress with integration of health and social care (copy to follow).**
- 16. Date of Next Meeting: Wednesday 26 June 2019 at 10.30 am, Council Offices, Main Street, Barrhead.**

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.30 am on 20 March 2019 in
the Council Offices, Main Street,
Barrhead**

PRESENT

Morag Brown	NHS Greater Glasgow and Clyde Board (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council (Vice-Chair)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Councillor Tony Buchanan	East Renfrewshire Council
Anne Marie Kennedy	Third Sector representative
Dr Craig Masson	Clinical Director
John Matthews	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Julie Murray	Chief Officer – HSCP
Councillor Paul O'Kane	East Renfrewshire Council
Councillor Jim Swift	East Renfrewshire Council

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Arlene Cassidy	Children's Services Strategic Manager
Candy Millard	Head of Health and Social Care Localities

APOLOGIES FOR ABSENCE

Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Andrew McCready	Staff Side representative (NHS)
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Ian Smith	Staff Side representative (East Renfrewshire Council)

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 30 January 2019, subject to an amendment to reflect that Anne Marie Kennedy had been awarded an MBE and not OBE in the New Year Honours List.

MATTERS ARISING

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

Having heard the Chief Officer confirm that all patients in Mearnskirk Hospital had been moved out to alternative locations and that the hospital had now been decommissioned, the Board noted the report.

ROLLING ACTION LOG

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

BUDGET 2019/20

5. Under reference to the Minute of the previous meeting (Item 7 refers), the Board took up consideration of a report by the Chief Financial Officer, advising of the latest position in respect of the 2019/20 revenue budget, and proposing a budget for the financial year subject to agreement with and directions to East Renfrewshire Council and NHSGGC.

Having confirmed that following the publication of the Scottish Government draft budget in December 2018 the Scottish Government budget had been agreed on 21 February 2019, the report highlighted the key messages from the budget announcement relating to health and social care, these being £40M to support the expansion of free personal and nursing care for under 65s and implementation of the Carers Act, as well as £120M transferred from the health portfolio to local authorities to support in-year investment in integration.

The report referred to the conditions placed upon the additional funding and to East Renfrewshire Council's interpretation in respect of flexibility to offset adult social care allocations, as a result of which the Council had applied the 2.2% offset to the total 2018/19 budget. It was noted that a compliance test of the Council contribution had been carried out which showed that the Council's contribution of £49.278M was the minimum permitted. Furthermore it was noted that the expected NHS contribution of £67.577M as set out in Appendix 4 to the report included an uplift of 2.54% reflecting the Board uplift from the Scottish Government. Whilst the formal budget offer would not be made until April the indicative offer had been verbally agreed with NHSGGC.

Based on the information available the total revenue budget, excluding set aside and housing aids and adaptations was expected to be £117.416M.

It was explained that within each partner contribution there were a number of cost pressures totalling £5.665M these being summarised. Also outlined was the funding of £2.560M available to meet the pressures and the savings challenges to close the £3.105M funding gap. The proposals would deliver savings of £3.108M.

Further detailed information on the savings proposals were outlined and it was explained that whilst they were achievable it removed the opportunity for further investment and eliminated flexibility within the budget where resources had previously been allocated on a non-recurring and project basis. It was noted that in percentage terms, the real savings challenge relative to social care was 5.4% whilst for health services it was 1.2%.

Thereafter, the report confirmed that in the view of the Chief Financial Officer, the budget for 2019/20 was deliverable, although there was still uncertainty in relation to 2 issues, these being the potential cost implications for a complex care package, and the implications of Brexit particularly on staffing, prescribing, equipment and consumables.

Furthermore, it was explained that it would be even more challenging in the future to maintain service levels assuming a similar level of cost pressures and current funding levels, with the only viable options being to limit care packages to only support those at greatest risk and reduce grant funding for support organisations.

Having explained that the set aside budget for 2019/20 was still to be confirmed with significant work with partners required to make the set aside budget work in accordance with the legislative requirements, the report set out the various implications of the proposals. The key risk identified was the ability to deliver a sustainable budget in future years, with the need for and importance of early engagement with partners for future planning also being highlighted.

The Chief Financial Officer was then heard further on the terms of the report referring in particular to the issues around local authorities' ability to offset adult social care allocations by 2.2%, but again confirming that in her opinion a balanced budget could be delivered. The Chief Financial Officer also recognised the financial constraints that both partners were under.

In response to questions from Mrs Brimelow, the Chief Financial Officer confirmed that whilst a significant proportion of the Fit for the Future savings targets would be delivered there would be some slippage. However this had been reported at the start of the year and indicated at the time that reserves would be used to meet any shortfall. Current figures indicated that the required level of reserves would be less than originally anticipated. She also indicated that the Phase 2 target of £250K for 2019/20, whilst challenging, was manageable. She also confirmed in response to Mrs Brimelow that provision had been made for the regrading of health visitors and that as a result a reduction in numbers was not being considered.

Councillor Swift was then heard on the proposals. He expressed disappointment that whilst the NHS funding contribution was increasing, the Council contribution was the minimum level in terms of the Council's financial settlement from the Scottish Government. In his view with the level of funding provided by the Council, it was no surprise that the IJB was facing significant challenges in relation to social care provision.

Councillor Buchanan was heard in response indicating that the Council actually contributed more to the IJB than it received from the Scottish Government in terms of its GAE allocation, estimated at around £45.3 million. He referred to the demographic challenges facing East Renfrewshire, particularly in relation to increasing numbers of elderly and children which placed disproportionate pressures on the service. He further noted that when the Council had set its budget the Conservative Group amendment had not made any provision to increase the funding for the IJB.

In response, recognising the demographic challenges that East Renfrewshire faced Councillor Swift explained that the Conservative Group amendment had proposed a transfer of £1M to reserves and this could have been used to supplement IJB funding from the Council.

NOT YET ENDORSED AS A CORRECT RECORD

Ms Brown, noting the comments that had been made, emphasised the importance of any new initiatives being fully funded and that regardless of political positions the major challenge for East Renfrewshire was increasing service pressures without the necessary additional resources being provided.

Thereafter Councillor Swift moved an amendment to recommendation (a) in the Chief Financial Officer's report to the effect that the IJB approve the budget contribution of £49.278M from East Renfrewshire Council but that the Council contribution be considered as an indicative approval and subject to the councillors being asked to go back to the Council to find additional resources to better support the IJB.

In the absence of a seconder his amendment fell and the Board:-

- (a) approved the budget contribution of £49.278 million for 2019/20 from East Renfrewshire Council;
- (b) approved the £0.561 million for Community Justice expenditure funded by grant via East Renfrewshire Council;
- (c) approved the delegated budget for aids and adaptations of £0.550 million (TBC);
- (d) agreed the expected budget contribution of £67.577 million from NHS Greater Glasgow and Clyde subject to any final adjustments for any additional recurring budgets at month 12; and
- (e) noted that the 2019/20 set aside budget contribution was not yet agreed.

EAST RENFREWSHIRE'S FAMILY WELLBEING SERVICE

6. Under reference to the Minute of the meeting of 15 August 2018 (Item 6 refers), when the Board, having considered a report on the success of the 1 year pilot project agreed to note the impact of the service since September 2017; welcome and support the proposal to expand the scope from 2 to 6 GP practices and to continue the project for a further 12 months to September 2019; and to apply up to £50,000 from the Children's Residential earmarked reserve to fund the extended project, the Board considered a further report by the Chief Officer advising that the HSCP, in partnership with Children 1st, had been successful in securing £1,044,355 from the Robertson Trust. The funding had been approved as a Social Bridging Finance partnership contract between the HSCP, Children 1st, and the Robertson Trust. As a result of the additional funding, the service would continue until 2022, and would also be extended to all East Renfrewshire GP practices from summer 2019.

The report set out the background to the Social Bridging Finance model, which included supporting third sector delivery of services whilst also ensuring the long-term sustainability of those that were able to evidence success through the development of a contract with the public sector. It was noted that the service delivery approach had to incorporate a research and development element.

The report explained that a detailed project plan, high level timeline and risk register had all been prepared and set out the steps that Children 1st would take during the 4 months between the funding decision and the project start date in June 2019. A summary of the work to be carried out in the 6 month development phase of the project, as well as the project investment budget over the 3 years to 2022 was also provided.

The Children's Services Strategic Manager was heard in further explanation of the project in the course of which she highlighted the very rigorous testing and evaluation that would form part of the project overall, that over 60 families had benefitted from the programme to date, and that progress reports would be submitted to future meetings of the Board.

Members having paid tribute to the work of officers and Children 1st in developing the project, Ms Monaghan sought clarification of the referral route and what steps would be taken to ensure the long term sustainability of the project.

In reply, the Children's Services Strategic Manager explained that referrals would come directly from GPs who would decide when a child presented at a GP appointment if access to the programme was the most appropriate treatment route for them. It was also confirmed that services remained in contact and so there were opportunities for cross-referral at a later stage if considered appropriate.

With regards to long term sustainability, the Chief Officer explained that officers were already looking at potential future funding streams arising from some transformation work in the NHS, referring in particular to Moving Forward Together although she explained that continuing the project would only be considered if there was a positive evaluation.

Councillor Swift also questioned evaluation methods and enquired if there were any examples of early "wins" in response to which Ms Brown referred to the information provided by Dr Michael Smith, Lead Associate Medical Director for Mental Health, Glasgow City HSCP at the meeting of the Board on 14 February 2018 in relation to some of the research into Adverse Childhood Experiences (ACES) which demonstrated the benefit of early intervention.

The Clinical Director also explained that the service had been well received by GPs who had seen a noticeable reduction in the number of GP appointments required once a child had been referred.

The Board noted:-

- (a) the Robertson Trust investment to continue and expand the Family Wellbeing Service;
- (b) that the new Social Bridging Finance partnership between the 3 parties was underpinned by an emphasis on research and development; and
- (c) the continual financial commitment of the HSCP to invest in the Family Wellbeing Service as part of the Social Bridging Finance partnership agreement.

CARE AT HOME IMPROVEMENT ACTIVITY

7. Under reference to the Minute of the previous meeting (Item 6 refers), when having considered a summary report on the service the Board had requested a more detailed report on the impact on quality of care; service vacancy information; an analysis and update of the position in relation to delayed discharge; and further details of the consultation and joint working in relation to the rollout of reablement, the Board considered a report by the Chief Officer, providing information in respect of these issues.

The Chief Officer introduced the report by stating that she was grateful to the Board for providing this opportunity to give more information on the challenges faced by care at home. She explained that along with the other members of her senior management team, she was

committed to improving the position and also improving the sustainability of the service. The Chief Officer advised the Board that the Care Inspectorate had conducted an unannounced inspection of the service following the last meeting. The results of the inspection would be published in the coming weeks; however the initial feedback on the inspection was not positive and highlighted the pressures on front line staff.

The Head of Adult Health and Social Care Localities was then heard at length, in the course of which she summarised the issues and pressures facing the service. Having provided background contextual information in relation to the redesign of the service the report then provided full details of the impact on the quality of care due to the ongoing pressures. The report provided details about how the service operated and how staff were provided with client information.

Some of the risks associated with current operating methods were explained, with issues around the lack of care plans and how this was being addressed being outlined.

The Head of Adult Health and Social Care Localities went on to highlight the section of the report that explained that as part of the redesign the views of a number of service users and their families and carers had been sought. A similar exercise was also conducted with staff and both exercises had demonstrated that despite best efforts, the current arrangements were having an adverse impact on clients using the in-house service.

Referring to the section of the report that detailed service vacancy information she drew attention to the high absence levels in the service; stating that additional support had been brought in to tackle this and absence was reducing. However the high absence levels had impacted on the ability to hold training and development events for staff.

Details of the levels of hospital discharge for the period 3 December 2018 to 4 March 2019 were provided, it being noted that although the average weekly referrals to the care at home service was 15, there were times when this number increased. Whilst staff had managed to facilitate hospital discharge over the winter period, this had placed more pressure on the service resulting in less time for reablement activities.

Comment was also made on progress in delivering the action plan prepared in response to the Care Inspectorate's previous service inspection. It was noted that due to service pressures planned actions were incomplete or behind schedule, and that the Care Inspectorate had made an unannounced inspection of the service in February 2019. Their report from this inspection was awaited.

The report outlined how, recognising the lack of progress, steps had been taken to move things forward, including the establishment of a senior management improvement task force, under the leadership of the Chief Officer. In addition to this regular meetings to review progress on quality improvement activity were taking place with the Council's Chief Executive.

Further information was provided on the additional capacity being put in place as well as details being provided of the steps being taken to recruit additional staff, it being noted that the proposed investment of £0.75M in care at home would allow increased capacity within the service to support sustainability and improve management of new demand this being enhanced by using £0.25M from reserves to meet one-off costs such as recruitment, development, training and temporary resources.

As part of the remedial action being taken the Head of Adult Health and Social Care Localities referred to the increase in management resources that had been put in place and to the work being undertaken with partners to try and address ongoing recruitment challenges.

Full discussion then took place. Ms Monaghan stated that it appeared that the service was in crisis, expressing disappointment that it had taken so long for the Board to be made aware of the problems it faced. She further stated that it appeared to her that front line staff were dealing with the consequences of a lack of operational leadership at a senior level, and whilst welcoming the rescue plan that had been put in place questioned whether sufficient operational leadership capacity had been retained following the senior management restructure that had taken place. She also suggested that there were serious issues to be considered in relation to the future provision of a homecare service and to the current ability of partner providers to opt out of continuing provision for a client if an increase in staffing support was required, which in turn had an adverse impact on in-house provision. In conclusion she suggested that a root and branch review of the service was required and that there needed to be good quality operational management in place.

Echoing Ms Monaghan's comments, Councillor Bamforth highlighted that care at home services nationwide were facing challenging times. She noted that more people were being discharged from hospital with more complex care needs which placed more pressure on homecare services, and referred to the recruitment challenges facing the sector.

Councillor Swift having suggested that the recruitment challenges being faced may mean in simple terms that rates of pay would need to be improved to attract staff, Mrs Kennedy stated that whilst traditionally the flexibility of working hours had attracted many people, particularly women, to the service, the service was now having to compete with other forms of employment where flexibility was possible.

Councillor Buchanan also expressed disappointment with the performance of the service, welcoming the steps that had already been taken to deliver improvement, following which Ms Brown acknowledged that whilst there were some challenges facing homecare services nationally, many of the issues affecting the local service were particular to that service. She referred specifically to the issues in respect of adequate management capacity and the need for a separation of operational and strategic management of the service.

Having heard the comments made, the Chief Officer acknowledged that there had been a lack of focus; that assumptions had been made about the adequacy of management capacity at the time of the restructure that had proven to be incorrect, and that too much focus had been on "firefighting" to the detriment of putting longer term sustainable measures in place. She further stated that the focus now needed to be moving forward to continue to implement the measures that had been put in place, which would include the consideration of different models of care.

In conclusion Ms Brown having summarised the disappointment and concerns expressed, and noted the assurances regarding improvements, welcomed the additional investment and emphasised the need to focus on delivering the Care Inspectorate recommendations. Furthermore, Ms Brown also suggested that in light of the seriousness of the issue that it be added to the Strategic Risk Register and that a progress report including an update on meeting the Care Inspectorate requirements be submitted to the next meeting.

The Board:-

- (a) noted the report and approved the additional investment in care at home services;
- (b) agreed that an item in relation to the status of the Care at Home service be added to the Strategic Risk Register; and
- (c) agreed that a progress report including an update on meeting the Care Inspectorate requirements be submitted to the next meeting.

MEDIUM-TERM FINANCIAL PLAN

8. The Board considered a report by the Chief Financial Officer seeking approval of a medium-term financial plan for the IJB for the period 2019/20 to 2023/24. A copy of the plan accompanied the report

Having explained that the plan used the 2019/20 budget as Year 1 assumptions to set out the potential financial implications over the subsequent 5 years, the report summarised those areas that the plan considered as well as explaining that in the event there were any changes to the NHSGGC revenue budget, including confirmation of the set aside budget, the plan would be revised accordingly. Delegated authority for the Chief Financial Officer to make these changes if required was sought.

It was also reported that as a minimum the plan would be revised and presented to the IJB annually, however more frequent reporting would occur if there were any significant changes to the financial outlook. Furthermore, the plan would be used to inform engagement with partners in future budget discussions.

The Board:-

- (a) approved the draft Medium-Term Financial Plan;
- (b) delegated authority to the Chief Financial Officer to revise the plan, if required, to reflect the 2019/20 final budget if any variance from the expected budget and the 2019/20 set aside budget once confirmed; and
- (c) agreed to receive an annual update and revision to the plan with more frequent updates if there were significant changes in the financial outlook

CLINICAL AND CARE GOVERNANCE PROPOSALS

9. The Board considered a report by the Clinical Director regarding proposals to change the arrangements for the oversight of clinical and care governance related matters.

The report explained that the Clinical and Care Governance Committee had been in existence for over 3 years during which time the terms of reference of the committee had remained unchanged. It further explained that there had been some significant changes in personnel over the preceding 2 years including a new Clinical Director and Chief Nurse. Both these officers had considered it appropriate to review the existing arrangements to ensure they met legislative and partner body requirements.

The review had identified that the committee often did not have adequate opportunity to discuss matters in depth and explained that the current formal structure was a potential barrier to frank and open discussion about confidential individual and personal situations.

The committee's formal structure, public access and agenda content had all been part of the discussions on future operating arrangements that had taken place at a development workshop in February. These discussions had helped to shape new terms of reference operating proposals that were outlined in the appendix that accompanied the report. These included changing the status from a formal committee to a group.

Discussion followed in the course of which Mrs Kennedy suggested an increase in the number of carer and services user representatives on the new group and the Chief Officer indicated that inspection reports would be considered by either the Performance and Audit Committee or the Board depending on the timing of the issue of the report and the subject matter.

Thereafter, having heard the Clinical Director further on the proposals, the Board agreed to the disestablishment of the Clinical and Care Governance Committee and the establishment of a Clinical and Care Governance Group to operate in accordance with the terms of reference and procedures as outlined in the appendix, subject to an increase in the number of carer and service user representatives from 1 of each to 2 of each.

MINISTERIAL STEERING GROUP FOR HEALTH & SOCIAL CARE INTEGRATION – DRAFT TRAJECTORIES 2019/20

10. The Board considered a report by the Chief Officer submitting for consideration the proposed 2019/20 Ministerial Steering Group (MSG) targets for the HSCP, and outlining how the activity linked to achieving the targets also linked with the wider NHS Greater Glasgow and Clyde Unscheduled Care Programme.

Having explained that each HSCP was required to set annual targets in relation to the MSG objectives around unscheduled care, the report explained that HSCP programmes for unscheduled care were focused on 3 key themes, these being early intervention and prevention of hospital admission; improving hospital discharge and better support for people transferring from acute care to community supports; and improving the primary/secondary interface jointly with Acute Services to better manage patients in the most appropriate setting.

The report explained that HSCPs had collaborated to prepare the trajectories for the 2019/20 indicators to ensure a consistent approach was taken. This had resulted in 2015/16 still being used as the baseline year, trajectories for under 18s being excluded, and trajectories reflecting existing work programmes, some of which would come into full effect in 2019/20, rather than including new work programmes. The reasons for these decisions were outlined.

The report also highlighted that since 2015/16, A&E attendances across all 6 NHSGGC located HSCPs had increased. It was hoped that with the range of workstreams outlined in the report a return to 2015/16 levels was anticipated by March 2020.

The report then set out the proposed 2019/20 targets and performance against the previous years' targets back to 2015/16. Details of the planned activity to support performance accompanied the report, it being noted that progress reporting and monitoring of performance against the trajectories would be included in local performance management arrangements and reported routinely at NHSGGC level via the unscheduled care collaborative process.

The Board:-

- (a) approved the 2019/20 Ministerial Steering Group (MSG) targets; and
- (b) noted the HSCP involvement in the wider Board unscheduled care programme development and delivery

REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH & SOCIAL CARE

11. Under reference to the Minute of the previous meeting (Item 8 refers), when the Board noted a report by the Chief Officer providing an overview of the recent Audit Scotland report examining progress in the integration of the delivery of health and social care services, the Board considered a further report by the Chief Officer giving an overview of the review carried out by the Scottish Government and COSLA and which had produced its final report in February 2019.

Having explained that the purpose of the review was to help increase the pace of delivering the 4 key integration objectives, the report clarified that consideration of their delivery also included reference to the legislative requirements of national health and wellbeing outcomes and integration planning and delivery principles. The Steering Group's proposals, set out in the appendix that accompanied the report, focused on the joint and mutual responsibilities of the Scottish Government and COSLA to improve outcomes for people using the health and social care system in Scotland.

The report then set out the activities to be undertaken by both the Scottish Government and COSLA to support the delivery of the proposals, as well as setting out the expectations that the Scottish Government and COSLA would have of health boards, local authorities, IJBs and HSCPs. It was noted that a self-evaluation tool was being developed by the Scottish Government and COSLA to support IJBs and partners to assess their own position in relation to the review proposals and the earlier Audit Scotland recommendations.

Referring to the project proposals as outlined in the appendix, Mr Mohamed commented in particular on the proposals relating to support for carers and representatives, and questioned whether in light of these proposals the Board would support the payment of replacement care expenses associated with attendance at meetings.

The Board:-

- (a) noted the report; and
- (b) confirmed the commitment to payment of expenses for carer and service user representatives to attend meetings.

REVENUE BUDGET MONITORING REPORT

12. The Board took up consideration of a report by the Chief Financial Officer providing details of the projected outturn position of the 2018/19 revenue budget as at 24 January 2019.

It was reported that against a full year budget of £115.751M there was a projected overspend of £0.257M (0.2%). It was noted that of the projected overspend, £0.398M related to the planned use of reserves and £0.141M was a projected operational underspend, and work would continue to maintain expenditure within existing resources. It was noted that the projections allowed for the impact of winter and new activity to 31 March 2019.

Commenting on the report, the Chief Financial Officer confirmed that since the report had been produced it had become clearer that the funds held in reserve to deal with winter issues would not need to be used. This would result in an improved financial position of approximately £300K.

Ms Monaghan commented on the underspend in relation to staffing, referred to the impact on service users of any understaffing in services, and stated that she hoped that the non-filling of vacancies was not happening routinely. In reply the Chief Officer explained that part of the reason for the non-filling of was to give any staff displaced during the ongoing restructuring exercises the opportunity to apply for other roles.

The Board noted the report.

VALEDICTORY – MORAG BROWN

13. Councillor Buchanan highlighted to the Board that Ms Brown's term of office as a non-executive director of NHHGGC was coming to an end and consequently this would be her last meeting of the IJB.

He paid tribute to the positive contribution Ms Brown had made to the work of the Board, how her work had been a contributory factor in the IJB being recognised as one of the more highly regarded Boards and on behalf of the Board wished Ms Brown all the best for the future.

Echoing the comments of Councillor Buchanan, the Chief Officer intimated that notification had been received from NHSGGC that Anne-Marie Monaghan would take on the role of NHS lead on the Board and as such would take over in the role of Chair.

Responding to the comments, Ms Brown commended the positive culture of the IJB and paid tribute to officers for their support for her during her term of office as Chair.

DATE OF NEXT MEETING

14. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 1 May 2019 at 10.00 am in the Eastwood Health and Care Centre, Clarkston.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 May 2019
Agenda Item	4
Title	Matters Arising
<p>Summary</p> <p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 20 March 2019.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>Integration Joint Board members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

1 May 2019

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To update the Integration Joint Board on progress regarding matters arising from the discussion that took place at the meeting of 20 March 2019.

RECOMMENDATION

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

REPORT

Care at Home Improvement Activity (Strategic Risk Register)

3. The Strategic Risk Register for the Integration Joint Board has been updated to reflect the issues associated with the care at home service and the planned improvement actions.

Review of Progress with integration of Health & Social Care

4. Travel and other out of pocket expenses have been available to users and carers attending meetings on behalf of Your Voice, formerly the Public Partnership Forum. In the majority of cases, claims have been for taxis and out of pocket expenses.

5. We are currently updating the Terms of Reference for Your Voice which will include details of expenses available, including replacement care, and the process for claims.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, IJB: Julie Murray

April 2019

BACKGROUND PAPERS

None

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 May 2019
Agenda Item	5
Title	Rolling Action Log
<p>Summary</p> <p>The attached rolling action log details all open actions, and those which have been completed since the last meeting on 20 March 2019.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>Integration Joint Board members are asked to note progress.</p>	

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ACTION LOG: Integration Joint Board (IJB)

1 May 2019

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Progress Update /Outcome
221	20/03/2019	6	East Renfrewshire's Family Wellbeing Service	Bring update reports to future meetings, including a report on the proposed evaluation framework for the project	CSWO	OPEN	Firsr board meeting 11.04.2019. update to be given by Robertson Trust on evaluation framework.
220	20/03/2019	7	Budget 2019/20	Make the necessary arrangements to proceed on the basis as agreed.	CFO	OPEN	Will be closed on final confirmation of NHS GGC budget following Health Board meeting on 16 April
219	20/03/2019	8	Care at Home Improvement Activity	Make the appropriate arrangements re additional investment as outlined in the report	CFO	CLOSED	
218	20/03/2019	8	Care at Home Improvement Activity	Add an item related to the issues associated with the service to the Strategic Risk Register.	HAHSCL	CLOSED	Added to SRR
217	20/03/2019	8	Care at Home Improvement Activity	Submit a progress update report to the next meeting of the Board	HAHSCL	CLOSED	Paper included on 01.05.2019 agenda
216	20/03/2019	9	Medium Term Financial Plan	Make any changes to the plan to reflect the agreed budget, and make any further changes if required in due course, and submit an annual report, with possible additional reports, to future meetings of the Board.	CFO	CLOSED	
215	20/03/2019	10	Clinical and Care Governance Proposals	Take the required steps for the new arrangements to be introduced.	CO/CD	OPEN	
214	20/03/2019	10	Clinical and Care Governance Proposals	Make arrangements for the required amendments/alterations to be made to the website and other relevant records etc.	DSM	OPEN	
213	20/03/2019	12	Review of Progress with integration of Health & Social Care	Take appropriate steps to deliver on the targets and continue with involvement in the wider programme	HAHSCL	OPEN	An update will be provided to the IJB in six months by the HSCP Unscheduled Care Programme
212	20/03/2019	12	Review of Progress with integration of Health & Social Care	The Board also agreed to formalise the commitments in relation to support for carers and carers reps as set out in para 6(iii) of the table and the necessary arrangements	CFO	OPEN	Updated Terms of Reference for Your Voice will include details of expenses available and process
209	30/01/2019	7	Care at Home Update	Submit a more detailed agreed to a future meeting with further details of the impact on quality of care; service vacancy information; an analysis and update of the position in relation to delayed discharge; and further details of the consultation and joint working in relation to the rollout of reablement.	HAHSCL	CLOSED	Paper presented to IJB 20.03.2019
208	30/01/2019	9	Audit Scotland Report: Health and Social Care Integration – Update on Progress	Following the issue of the MSG report consider the amalgamation of the action plan that will be prepared in response to the MSG recommendations and the actions in the current plan in relation to the Audit Scotland recommendations.	HAHSCL	OPEN	Paper on MSG on agenda. Futher work and self evaluation with partners required to populate action plan.
207	30/01/2019	10	IJB Records Management Plan	Make arrangements for a copy of the Records Management Plan and Memorandum of Understanding to be sent to the Keeper of the Records of Scotland for agreement and implementation thereafter.	BSM	OPEN	The RMP has been sent to the Keeper of Records Scotland. The MOU is awaiting sign off by NHGGC Chief Exective.
203	28.11.2018	5	Rolling Action Log	Submit an update report on progress with Talking Points to the IJB in 6 months.	HAHSCL	CLOSED	Paper included on 01.05.2019 agenda

202	28.11.2018	8	Charging for Services	The Board endorsed the proposed charges as set out and the proposal that delegated powers be granted to the Chief Officer/Chief Financial Officer to set the percentage deduction, on condition that this would be within the 5-10% range - Advise the Cabinet accordingly.	CFO	OPEN	Cabinet agreed up to 10% charging parameter on 29.11.2018. The implementation of new charges will be considered as part of the roll out of the individual budget model. All other charges were implemented in April 2019.
198	28.11.2018	11	Chief Social Work Officer's Annual Report	Consider the possibility of an event/seminar for the IJB to meet Care Experienced Young People	CSWO	OPEN	IJB members invited to CAREDAY afternoon tea 15.02.2019. Proposal for young people to attend August meeting
194	26.09.2018	8	Talking Points (Community Led Support)	The full scale implementation of Talking Points as set out in the report as part of the wider Adult Health and Social Care Localities initial contact redesign was approved and arrangements should now be made for its implementation	HAHSL	CLOSED	Talking Points relaunch planned with partners for May 2019. SEE ALSO 203
172	27.06.2018	10	Individual budgets – SDS update	The Board approved the approach to the calculation and implementation of individual budgets for adults and to a consultation exercise with key stakeholders, and the necessary arrangements should now be made to take this forward	CFO	OPEN	2 consultation events took place in February to demonstrate new approach including charging contribution. A follow up session was held with Carers at Thornliebank Resource Centre
171	27.06.2018	10	Individual budgets – SDS update	Ensure that EIAs are carried out as part of the process	CFO	OPEN	Full EQIAs will be undertaken alongside the consultation event.
170	27.06.2018	11	Regional Planning	Note this item was deferred to the August meeting of the IJB	HAHSL	OPEN	Awaiting updated regional report from the regional planning partnership and will share when available.
131	29.11.2017	14	Appointment of Standards Officer	Make a presentation on Code of Conduct to a future seminar	DSM	OPEN	Seminar programme being planned
59	17.08.2016	10	Participation & Engagement Strategy	Make the necessary arrangements for the implementation of the strategy and the publication of information on the web.	HSS	OPEN	To be updated in light of new strategic planning approach - we are currently drafting a participation & engagement statement for strategic plan and commissioning plan

Abbreviations

BSM	Business Support Manager
CD	Clinical Director
CO	Chief Officer
CFO	Chief Finance Officer
CSWO	Chief Social Work Officer
DSM	Democratic Service Manager
HAHSL	Head of Adult Health and Social Care Localities

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

**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Clinical and Care Governance Committee
held at 10.00am on 6 March 2019 in the
Eastwood Health and Care Centre, Drumby Crescent, Clarkston**

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council
Susan Galbraith	Prescribing and Clinical Pharmacy Lead
Dr Deirdre McCormick	Chief Nurse
Dr Craig Masson	Clinical Director
Julie Murray	Chief Officer – HSCP
Kate Rocks	Head of Public Protection & Children's Services (Chief Social Work Officer)
Elizabeth Roddick	Community Pharmacist
Gerry O'Hear	Lead Optometrist

IN ATTENDANCE

Jennifer Graham	Committee Services Officer, East Renfrewshire Council
Annemarie Long	Clinical and Care Governance Facilitator
Stuart McMinigal	Business Support Manager
Candy Millard	Head of Adult Health and Social Care Localities
Joan Reade	Practice Assurance and Development Manager

ALSO IN ATTENDANCE

Karin French	Parent Carer
Miriam Jackson	Carer and Your Voice Representative

APOLOGIES

Susan Brimelow	NHS Greater Glasgow and Clyde Board (Chair)
Philip O'Hare	Clinical Risk Coordinator

MINUTE OF PREVIOUS MEETING

1. The committee considered and approved the Minute of the meeting held on 31 October 2018.

CLINICAL AND CARE GOVERNANCE DEVELOPMENT EVENT

2. The committee took up consideration of a report by the Clinical Director on the outcome of the Clinical and Care Governance Development Session looking at proposed changes to the existing Clinical and Care Governance arrangements which took place on 6 February 2019.

The report provided an overview of the development session including details of attendees and the focus of the development session. Changes to the terms of reference of the proposed group were provided, taking account of feedback from the development session, and an agenda template for future meetings of the group was considered.

Dr Masson reported that the main difference would be the change of status of the committee to a group which would allow for more sensitive information to be discussed. Meetings would be increased to four times per year and would align with meetings of the Partnership Forum. Discussions had taken place at the development sessions regarding who would Chair the Group but no final decision had been made. It was reported that Ms Brimelow had advised that she would be happy to continue as Chair and the Chief Officer – HSCP undertook to clarify this with Ms Brimelow. Thereafter, a report on the amended Terms of Reference would be submitted to the IJB for consideration.

In the course of discussion a number of matters were clarified including in relation to the attendance of deputies if a member could not attend a meeting. It was also suggested that the Chief Officers' Public Protection Group could be added to the structure diagram if this was not too complicated to achieve. This change would be made prior to the report being submitted to the IJB if appropriate.

Noting the report and the comments made, the committee agreed that:-

- (a) the Chief Officer – HSCP contact Ms Brimelow to confirm if she would be willing to continue in the role of Chair for the proposed Clinical and Care Governance Group;
- (b) future meetings of the Clinical and Care Governance Group take place quarterly; and
- (c) a report on changes to the current Clinical and Care Governance arrangements including proposed new Terms of Reference for the group be submitted to the Integration Joint Board for approval, to include changes to the structure diagram, if appropriate.

ADULT PROTECTION UPDATE

3. The committee considered a report by the Head of Public Protection and Children's Services (Chief Social Work Officer) providing an update in respect of the Adult Support and Protection Committee's progress in relation to its duties and responsibilities.

The report referred to key areas of activity in the previous six months. This included the including resignation of the Chair of East Renfrewshire Adult Support and Protection Committee; recruitment of a Lead Officer; and positive feedback from the Public Protection Conference held on 26 November 2018. It was reported that the Chief Officer's Group for Public Protection was in the process of appointing a new Chair for the Committee, which would be chaired by the Chief Nurse in the interim period, and another Public Protection Conference would be held in November 2019, following on from the excellent feedback received in relation to the 2018 conference.

The Head of Public Protection and Children's Services was heard further regarding the report, advising that the review of Greenlaw Grove was expected to conclude at the end of March and a report on the findings would be submitted to the Clinical and Care Governance Group in due course, subject to changes to Clinical and Care Governance oversight arrangements being approved by the IJB. She added that, following the conclusion of

thematic inspections of Adult Support and Protection (ASP) in 2018, the Scottish Government and The Care Inspectorate would continue inspection of ASP practice for the remaining HSCPs over the next two years.

Further information was provided on quality assurance/training, national priorities/local implications, and it was reported that there had been no Serious/Significant Case Reviews in East Renfrewshire during this period.

The committee noted the report.

CHILD PROTECTION UPDATE

4. The committee considered a report by the Head of Public Protection and Children's Services (Chief Social Work Officer) updating members on key areas of activity for the East Renfrewshire Child Protection Committee relating to national agendas and local activity.

The report provided information on key areas of work within the child protection field during the previous 6 months including the appointment of a new Lead Officer - Child Protection; positive feedback from the Public Protection Conference in November 2018; Quality Assurance/Audit Activity; and the local implications of national priorities. It was reported that there had been no Serious/Significant Case Reviews in East Renfrewshire during this period.

The Head of Public Protection and Children's Services advised that, as part of a Quality Assurance Plan for Public Protection, an Inter-agency Referral Discussion (IRD) was undertaken and the outcome of the audit would be reported to the next meeting of the Clinical and Care Governance Group, subject to changes to Clinical and Care Governance oversight arrangements being approved by the IJB. In addition, it had been agreed that IRDs would be audited on a quarterly basis with an annual report being submitted to the East Renfrewshire Child Protection Committee Continuous Improvement Sub-group in August each year.

The committee noted the report.

MAPPA UPDATE

5. The committee took up consideration of a report by the Head of Public Protection and Children's Services (Chief Social Work Officer) providing an update on key areas of activity for Multi-Agency Public Protection Arrangements (MAPPA) within North Strathclyde and East Renfrewshire.

The report referred to key areas of activity in the preceding six months including VISOR; Quality Assurance/Audit Activity; and the local implications of national priorities. It was reported that there had been no Serious/Significant Case Reviews in East Renfrewshire during this period.

The Head of Public Protection and Children's Services referred to the dissolution the Pathways Partnership Project, which had been a service previously shared with Renfrewshire and Inverclyde, and the processes which had been put in place to mitigate any risk during the transition to a new model of delivery. The project would be replaced with the Moving Forward Making Changes programme (MFMC) and three members of the criminal justice team were now able to deliver the programme in a group or individual setting.

The Head of Public Protection and Children's Services referred to the Violent and Sex Offender Register (VISOR), reporting that four criminal justice workers who needed access to the system were not yet vetted to the required standard, which may lead to their access being removed in future. She advised that discussions were ongoing with the workers to encourage them to undertake the vetting process to allow access to be maintained, and any future appointments to the criminal justice team may be subject to the vetting process being undertaken.

The committee agreed to note the report.

BONNYTON HOUSE ACTION PLAN

6. The committee took up consideration of a report by the Head of Adult Health & Social Care Localities providing an update on the most recent inspection undertaken of Bonnyton House and the continued improvement activity to be progressed by the service.

The inspection report had graded Bonnyton House as good in two areas and adequate in three areas. Within the two areas graded as good, it was highlighted that staff had clearly demonstrated a caring and professional approach when supporting residents; improvements required to the management of medication had been met; the service continued to benefit from a stable management and staff team; training, supervision and regular consultation had taken place; and staff were considered to be genuinely respectful and interacted with residents and their relatives in a professional and compassionate manner.

A number of improvements were required within the areas graded as adequate including further development of quality assurance systems to demonstrate a more thorough analysis of what was happening within the service; undertaking additional work to upgrade the service environment; and including further detail within care plans to ensure care and support was consistent with the Health and Social Care standards.

Having heard members welcome the improvements which had already been made, the committee agreed to note the report.

RECORDING GUIDANCE AND STANDARDS

7. The committee took up consideration of a report by the Head of Public Protection and Children's Services (Chief Social Work Officer) seeking consideration and approval of the new East Renfrewshire HSCP Recording Guidance and Standards.

It was reported that the existing case recording guidance required to be updated to reflect changes in legislation, national learning from Serious Case Reviews and findings from local audits, and a group comprising practitioners and managers across the HSCP had worked to devise updated standards and accompanying guidance. A series of briefings on the new standards and guidance were carried out and an implementation plan would include support and training for staff.

Having heard the Chief Nurse suggest that it would be helpful if the guidance could link to existing professional standards, the committee agreed:-

- (a) the Chief Nurse would liaise with the Learning and Quality Assurance Manager to add a link to existing professional standards; and
- (b) otherwise, to note the report and approve the implementation of HSCP Recording Guidance and Standards.

HSCP COMPLAINTS – QUARTERS 1&2 – 2018/19

8. The committee took up consideration of a report by the Chief Officer providing information on and analysis of complaints, enquiries, suggestions comments and compliments received by the HSCP and IJB for the period April to September 2018.

It was noted that 18 complaints were received in the first quarter and 20 were received in the second quarter of 2018/19 in relation to the HSCP. No complaints had been received in relation to the IJB during either quarter. Summary details of the complaint type, category and conclusion were provided.

The report also explained that during quarter 1, 1 case had been reviewed by the Ombudsman but they did not proceed with an investigation; that 15 contacts had been received from MP/MSP/Councillors; 5 compliments had been received; and there had been 5 late responses to complaints. During quarter 2, 10 contacts had been received from MP/MSP/Councillors and 6 compliments had been received. No cases were reviewed by the Ombudsman in quarter 2. Background information in respect of each of these matters accompanied the report.

In response to a question about the number of complaints which had been upheld and how this compared to other local authority complaints statistics, the Business Support Manager advised that he did not have that information but could undertake some comparative work to allow an update to be provided. During discussion, the Chief Nurse highlighted the importance of encouraging patient/client feedback, whether good or bad, following which the Business Support Manager advised that patient/client feedback was currently sought through the health side of HSCP but not in the Social Work side.

The committee agreed:-

- (a) that the Business Support Manager undertake comparative work with other local authorities regarding the number of complaints upheld, and provide an update in due course;
- (b) that the Chief Nurse/Business Support Manager submit a report on patient participation in due course; and
- (c) otherwise, to note the report.

GP AND OPTOMETRY COMPLAINTS – QUARTER 2 – 2018/19

11. The committee took up consideration of a report by the Chief Officer - HSCP providing an overview of GP and Optometry complaints reported during quarter 2 of 2018/19.

The report explained that all 15 GP practices had responded and a total of 48 GP complaints had been received, an increase of 19 from quarter 1. Of the complaints received, 42 were responded to within 5 working days; 6 within 20 working days; and no complaints remained unresolved at the end of the reporting period.

It was further explained that 10 out of the 15 Optometry practices had submitted responses and 1 complaint had been received during the reporting period which was responded to within 5 days and upheld.

Following discussion, the committee agreed:-

- (a) that more detailed information be requested from practices to allow further work to be undertaken on sharing and learning best practice; and
- (b) otherwise, to note the report.

DISTRICT NURSING REVIEW UPDATE

12. The committee took up consideration of a report by the Chief Nurse providing details of a review commissioned by East Renfrewshire HSCP Senior Management Team in response to concerns raised by Unison on behalf of members of the District Nursing Team.

The review took place between September 2016 and June 2018 to examine and explore concerns raised by staff within the District Nursing Service in relation to working over their contracted hours; taking tablets home; and working evenings to complete nursing notes. It was reported that measures were put in place to address the concerns raised but further concerns about a potential culture of bullying within the service led to an internal review being carried out.

A review team was established in January 2018 during which it was found that the operational and professional leadership within the service had failed to provide the level of support required for front line staff. Twenty two recommendations were presented under four key headings of Workforce Issues; System/Operational Issues; Continual Professional Development; and Practice Issues. The twenty two recommendations were detailed within the report and it was highlighted that improvement actions, developed from the recommendations of the review, had been put in place to ensure continued delivery of safe, effective and person centre care within the District Nursing Service.

The report concluded that a number of improvements to the service had been made to address the issues which had been identified. This included the development of improvement plans in response to Significant Clinical Incident Reviews and concerns raised by Unison, including updates to policy, guidance and standard operating procedures; addressing practice issues; ensuring all staff had the necessary learning and development opportunities for continuing professional development; and improved systems of communication. However, while staff morale and team work had improved, it was recognised that there was more work to do and it was proposed that an update on progress with the improvement plan be provided to a future meeting.

The committee noted:-

- (a) that an updated on progress with the improvement plan would be provided to a future meeting; and
- (b) otherwise, the report.

PRIMARY CARE DISEASE MODIFYING ANTIRHEUMATIC DRUGS (DMARDS) UPDATE

13. The committee took up consideration of a report by the Clinical Director providing information on the compliance and engagement of DMARDS during quarter 3 of 2018/19 and detailing the performance by geographic sector.

It was reported that compliance was achieved when all five elements of the DMARDS Care Bundle were applied to patients every time bloods were monitored. Within NHS Greater

Glasgow and Clyde, the DMARDS Care Bundle had a median of 82% and East Renfrewshire had achieved 72% compliance, 10% below the area average. The Clinical Director reported that East Renfrewshire had achieved the highest compliance rate in 2017/18 and he was unsure why the figures had reduced during 2018/19. This reduction would be discussed further at the next GP Forum to ascertain if there was a reason for this change and if any protocols could be put in place to improve future figures.

The committee agreed:-

- (a) that a further report on DMARDS Care Bundle performance would be submitted to a future meeting following discussion at the GP Forum; and
- (b) otherwise, to note the report.

CLINICAL EFFECTIVENESS UPDATE – GUIDANCE DOCUMENT – PUBLIC PARTNER CLINICAL GOVERNANCE FORUMS

14. The committee took up consideration of a guidance document which had been presented at the NHS Greater Glasgow and Clyde Primary Care and Community Clinical Governance Forum on 31 January 2019 relative to the involvement of public partner volunteers in Clinical Governance Forums.

The guidance document provided practical information and guidance on how best to involve public partner volunteers in Clinical Governance Forums including on recruitment; support and supervision; confidentiality; communication and information; and best practice principles.

Having heard the Chief Officer – HSCP advise that the document would be distributed as appropriate, the committee noted the document.

NHS GREATER GLASGOW AND CLYDE HEALTH CARE QUALITY STRATEGY 2019/20

15. The committee took up consideration of the NHS Greater Glasgow and Clyde Health Care Quality Strategy 2019-2023 which had been approved by the Board of NHS Greater Glasgow and Clyde on 19 February 2019.

It was reported that a Healthcare Quality Review Group would be established to review existing governance and accountability processes to support the delivery of the strategy, which would be accompanied by an annual action plan on the basis of ongoing engagement with patients, carers, families and staff.

The committee noted the information provided.

DATE OF NEXT MEETING

16. The committee noted that, subject to changes to Clinical and Care Governance oversight arrangements being approved by the IJB, the meeting of the Clinical and Care Governance Group would be held on Wednesday 5 June 2019 at 10.00am within Eastwood Health and Care Centre.

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**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 20 March 2019 in the
Council Offices, Main Street, Barrhead**

PRESENT

Councillor Caroline Bamforth, East Renfrewshire Council (Chair)

Morag Brown	NHS Greater Glasgow and Clyde Board
Councillor Barbara Grant	East Renfrewshire Council co-opted Member
Anne Marie Kennedy	Non-voting IJB Member
John Matthews	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
John Cornett	Audit Scotland
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Morven Fraser	Audit Scotland
Tom Kelly	General Manager, Specialist Learning Disability Services
Candy Millard	Head of Adult Health and Social Care Localities
Ross Mitchell	Senior Auditor (East Renfrewshire Council)
Julie Murray	Chief Officer
Steven Reid	Senior Performance Management Officer

APOLOGIES

Janice Cameron	Integration Lead, Independent Sector
Councillor Paul O'Kane	East Renfrewshire Council

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The committee considered and approved the Minute of the meeting of 28 November 2018.

MATTERS ARISING

3. The committee considered and noted a report by the Chief Officer providing an update on progress regarding matters arising from the discussions which took place at the meeting of 28 November 2018.

IJB STRATEGIC RISK REGISTER UPDATE

4. The committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register.

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

The report explained that since the register had been last updated no risk scores had been amended. However, 3 risks, in relation to Child Protection, Adult Protection and Multi-Agency Protection Arrangements; Financial Sustainability; and the Children and Young People (Scotland) Act, had been updated. Details of the updates that had been made to the register were summarised.

The report also highlighted that Financial Sustainability remained a high risk even following mitigation measures, reflecting the current economy and unknown Brexit implications.

Furthermore it was explained that there remained the future year risk that the HSCP could become unsustainable due to one of a number of causes, these being listed in the report.

Councillor Grant questioned the vetting process for social workers to enable them to access the police VISOR system in response to which the Chief Officer explained that due to the nature of the system and the information it contained social workers required to undergo this more rigorous vetting in addition to the normal vetting that took place. This was a national requirement but consideration was being given to amending social worker job descriptions to make VISOR vetting an early requirement.

Councillor Grant also suggested that the risk in relation to financial sustainability was one that was always going to exist.

The Chief Officer reported that the Council's Corporate Management Team had discussed amendments to the Council's Strategic Risk Register to reflect "smarter" control measures and mitigation action timescales and a similar exercise would be undertaken in respect of the IJB register.

The committee noted the updated Strategic Risk Register.

PERFORMANCE OF HOSTED SERVICES – SPECIALIST LEARNING DISABILITY INPATIENT SERVICES

5. The committee took up consideration of a report by the General Manager, Specialist Learning Disability Service, providing data on the performance of Specialist Learning Disability Inpatient Services, with a particular focus on admission and discharge activity throughout 2018.

By way of background, the report explained that it focussed on activity relating to assessment and treatment services provided at 2 sites, Blythwood House and Claythorn House, with a total of 27 beds.

The service was available to people with a learning disability residing in 9 HSCP areas 6 of which lay within the NHSGGC boundary, with the remaining 3 HSCPs from outwith the NHSGGC area accessing the service by way of service level agreements.

It was further explained that the report being presented was the third full year report which outlined activity during the year and highlighted particular challenges relating to patient flow, delayed discharge and waiting times. All these matters were the subject of ongoing monitoring and review and were reported to all the IJBs involved. It was also reported that the service was subject to redesign with a particular focus on responses to people who exhibited challenging behaviour and were at risk of placement breakdown and could potentially become inappropriately delayed in hospital.

Having highlighted the key messages, the report provided detailed information in relation to an overview of activity; referrals to service; referrals by area; reasons for admission to the service; bed occupancy levels as at 31 December 2018; bed days lost in 2018; length of stay/delayed discharges; and waiting times in respect of the 13 patients admitted to the service. Finally the report provided a summary of activity and the actions that were being undertaken.

The General Manager was then heard further on the terms of the report. In particular he emphasised that the service was operating at 100% capacity and that many of the people were using the service due to their challenging behaviours.

Discussion then took place in the course of which Ms Brown referred to the assurances given about future funding at the time of the programme of hospital closures, and how there was now a perceived reduction in funding levels for the service.

In response the Chief Officer, having reminded members of the committee that the HSCP hosted the service, explained that some redesign work had been carried out looking at the totality of funding across the NHSGGC area and that funding had been disaggregated based on need. As a result of this transfer to partnerships, how much had been received by each and the uses to which it was put were not clear. She further highlighted that whilst the report portrayed a challenging picture for the service, the position was much improved from the previous year.

Acknowledging the complexity of the service and the various influencing factors, Mr Matthews highlighted the high numbers of patients who were delayed from leaving the service, reflected on personal experience of people who had improved when they exited the service, and recognised that a significant challenge was ensuring that the necessary arrangements were in place to allow departures. Councillor Bamforth was also heard in this regard and to the further issue of the possible loss of tenancies due to long stays in hospital.

Commenting further, the Chief Officer reported on a recent workshop with partners when discussions had been in relation to the steps that could be taken to prevent people with challenging behaviours being admitted to hospital in the first place. In this regard the General Manager was heard further on some of the good work already been undertaken to support people with challenging behaviour.

Ms Brown having been heard on the need for adequate resources to be provided to allow people to enjoy their rights as citizens, particularly in relation to liberty and family life, the committee noted the report.

PERFORMANCE OF HOSTED SERVICES – PHYSIOTHERAPY

6. The committee took up consideration of a report prepared by the MSK Service Manager and West Dunbartonshire HSCP Chief Officer providing performance information relative to the physiotherapy service in East Renfrewshire for the period October to December 2018. It was noted that the service was provided in 2 health centres in East Renfrewshire and was hosted by West Dunbartonshire HSCP.

The report provided data across a number of categories, these being Referrals; percentage of patients seen within 4 weeks; patients waiting over the 4 week target; maximum wait time in weeks for routine appointment; new appointments; and return appointments.

Commenting on the report the Head of Adult Health and Social Care Localities explained that it demonstrated the high levels of demand that were being experienced. Commenting on the disappointing performance relative to the 4 week waiting time target she explained that the service did operate priority criteria and so anyone who required an urgent appointment was seen within the target timeframe.

Councillor Grant having referred to the challenge of dealing with the unpredictability of demand for the service, Mr Matthews questioned whether self-treatment was used in an effort to better manage demand. In reply, the Head of Adult Health and Social Care Localities explained that self-management of treatment was encouraged although this would be after diagnosis.

Ms Brown having commented on the need for increasing support roles in future, the Chief Officer explained that as part of the Primary Care Improvement Plan advanced practice physiotherapists were being located in GP surgeries and a report could be brought back to a future meeting of the impact of this on performance figures overall.

The committee noted the report and that a report on performance of advanced practice physiotherapists would be submitted to a future meeting.

MID-YEAR PERFORMANCE REPORT

7. The committee considered a report by the Chief Officer giving an overview of the available HSCP performance measures developed to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan, for the period October to December 2018 (Quarter 3).

The report explained that an update on the performance measures set out under the new strategic priorities was provided, with Quarter 3 data provided where available.

Commenting further, the Senior Performance Management Officer explained that as a relatively small HSCP, trend indicators could be affected by relatively small shifts in performance. He also referred to the figures in relation to the electronic Knowledge and Skills Framework (eKSF) explaining that there had been questions over the accuracy of the information and that further investigative work was ongoing,

Thereafter, in response to comments from Councillor Grant on continuing high absence levels, the Chief Officer commented on the continuing efforts being made to address this, and referred to a recent meeting of Chief Officers at which varying absence levels across partnerships was discussed and at which it was agreed to share best practice.

In response to questions from Ms Brown on the accuracy of the information in relation to eKSF, the Head of Adult Health and Social Care Localities explained there had been issues with the transition to the new TURAS appraisal system as a result of which the report understated activity. Reports by service had been requested and managers had been instructed to compare the system data against that held locally.

The committee noted the report.

HSCP STRATEGIC IMPLEMENTATION PLAN

8. The committee took up consideration of a report by the Chief Officer providing details of the Implementation Plan that had been prepared to accompany the 2018-2021 Strategic Plan.

The report explained that following approval of the Strategic Plan, development work had been carried out to establish critical areas of activity to ensure that the strategic priorities were delivered. In consultation with key stakeholders the driver diagram model that was being presented to the committee had been developed. These diagrams formed the HSCP's Implementation Plan, mapping out national and intermediate outcomes and service level contributions to these, setting out critical activities and strategic performance measures to allow progress to be monitored.

It was noted that delivery activities under each strategic priority were set out with the exception of Priority 3 – Wellbeing is improved in our communities that experience shorter life expectancy and poorer health – with operational planning in that area to be further developed in line with the development of Fairer EastRen and restructuring of the health improvement service.

Having heard the Senior Performance Management Officer further on the report, and Ms Brown welcome the layout of the Implementation Plan, the committee noted the report.

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP INTEGRATION JOINT BOARD ANNUAL AUDIT PLAN 2018/19

9. The committee took up consideration of the 2018/19 Annual Audit Plan for the IJB that had been prepared by Audit Scotland, and which provided details of the work that body would undertake as part of their audit of the Annual Accounts of the IJB for 2018/19.

Councillor Bamforth welcomed to the meeting John Cornett and Morven Fraser from Audit Scotland, Mr Cornett being heard thereafter in further explanation of the Plan.

Having commented on the audit risks as set out in the report, Mr Cornett explained that these were generic risks that applied to partnerships across the country. He also referred to the increase in the audit fee for 2018/19, and in response to questions on this explained that these increases were used to fund the national reports that were prepared by Audit Scotland in respect of which individual partnerships could not be individually charged.

The committee noted the 2018/19 Annual Audit Plan.

OVERVIEW OF THE PREPARATION OF THE INTEGRATION JOINT BOARD ANNUAL ACCOUNTS

10. The committee considered a report by the Head of Finance and Resources (Chief Financial Officer) providing an overview of the process for the preparation of the annual accounts for the Integration Joint Board (IJB) including details of legislative requirements and key stages.

Having referred to the legislation establishing IJBs, and to the fact that IJBs were legal entities in their own right, the report explained that IJBs were specified as "Section 106" bodies in terms of the Local Government (Scotland) Act 1973 and as such were expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the UK.

Thereafter the report provided details of the process that would be followed in the preparation of the accounts. This included the consideration of the unaudited accounts by the committee and the IJB, the availability of the unaudited accounts for public inspection, and the approval of the audited accounts. The timetable for this process was outlined.

Referring to the report, the Chief Financial Officer highlighted that additional guidance on accounting for integrated health and social care had been issued by LASAAC (Local Authority (Scotland) Accounts Advisory Committee) on 11 March, the purpose of the guidance being to provide clarity on the accounting treatment for a number of areas where issues such as the differing interpretation of the existing guidance had arisen. Details of the issues covered in the guidance were listed in the report and it was confirmed that the IJB would continue to comply.

The committee noted the report and the proposed timetable for the preparation of the annual accounts.

AUDIT ACTIONS UPDATE

11. The committee considered a report by the Chief Officer providing an update in respect of the audit action plans prepared in relation to the audit of the CareFirst Finance system; the audit of IJB governance arrangements; and the action plan in relation to the Audit Scotland annual report and accounts. Copies of the 3 action plans containing details of progress in delivering the agreed actions accompanied the report.

Having heard the Chief Financial Officer further, the committee noted the report.

DATE OF NEXT MEETING

12. It was reported that the next meeting of the committee would take place on Wednesday 26 June 2019 at 9am in the Council Offices, Main Street, Barrhead.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 May 2019
Agenda Item	7
Title	PERFORMANCE AND AUDIT COMMITTEE – APPOINTMENT OF REPLACEMENT NHSGGC NON-EXECUTIVE MEMBER
Summary	
A report seeking the appointment of a replacement NHS Non-Executive member on the performance and Audit Committee following the end of Morag Brown's term of office.	
Presented by	Eamonn Daly, Democratic Services Manager, East Renfrewshire Council
Action Required	
That the Integration Joint Board agrees that Anne-Marie Monaghan be appointed as the replacement for Morag Brown on the Performance and Audit Committee.	
Implications checklist – check box if applicable and include detail in report	
<input type="checkbox"/> Finance/Efficiency	<input checked="" type="checkbox"/> Policy
<input type="checkbox"/> Risk	<input type="checkbox"/> Staffing
	<input checked="" type="checkbox"/> Legal
	<input type="checkbox"/> Property/Capital
	<input type="checkbox"/> Equalities
	<input type="checkbox"/> IT

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

1 MAY 2019

Report by Chief Officer

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

PURPOSE OF REPORT

1. To seek the appointment of one of the 4 NHSGGC Non-Executive Directors on the IJB as a replacement for Morag Brown.

RECOMMENDATION

2. That the Integration Joint Board agrees that Anne-Marie Monaghan be appointed as the replacement for Morag Brown on the Performance and Audit Committee.

REPORT

3. The term of office of Morag Brown as a Non-Executive Director of NHSGGC came to an end on 31 March 2019. As a consequence Ms Brown's appointment to the East Renfrewshire IJB and any associated committee also came to an end at that time.

4. It has been confirmed that Anne-Marie Monaghan has been appointed by NHSGGC as their lead director on the IJB. As such, Ms Monaghan has taken over the role of Chair of the IJB. She will hold this position until 27 June 2020 when the position of Chair will revert to the Council's lead member (Councillor Bamforth) with Ms Monaghan taking over the role of Vice-Chair from Councillor Bamforth.

5. In addition to her IJB membership, Ms Brown was also a member of the Performance & Audit Committee and as such the IJB will need to appoint a replacement.

6. It is recommended that as she has taken over as Chair of the Board from Ms Brown, Ms Monaghan also replace Ms Brown on the Performance & Audit Committee.

RECOMMENDATION

7. That the Integration Joint Board agrees that Anne-Marie Monaghan be appointed as the replacement for Morag Brown on the Performance and Audit Committee.

Report Author

Eamonn Daly, Democratic Services Manager, East Renfrewshire Council – 577 3023
e-mail:- eamonn.daly@eastrenfrewshire.gov.uk

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 May 2019
Agenda Item	8
Title	East Renfrewshire's Corporate Parenting Plan 2016-18 : Year 2 Progress Report
Summary	
<p>This report provides members of the Integration Joint Board with an update on the progress made with East Renfrewshire's Corporate Parenting Plan Year 2 for the period 2016-2018.</p>	
Presented by	Kate Rocks, Head of Public Protection & Children's Services
Action Required	
<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> ▪ Note and comment on the report, particularly focusing on the progress made in delivering improved outcomes for looked after children, young people, and care leavers within the HSCP ▪ Agree to remit the progress report to Council for approval 	
Implications checklist – check box if applicable and include detail in report	
<input type="checkbox"/> Finance	<input type="checkbox"/> Policy
<input type="checkbox"/> Risk	<input 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**1 May 2019****Report by Chief Social Work Officer****EAST RENFREWSHIRE'S CORPORATE PARENTING PLAN 2016-18**
YEAR 2 PROGRESS REPORT**PURPOSE OF REPORT**

1. This report presents East Renfrewshire's Corporate Parenting Plan Year 2 Progress Report for the period 2016-2018. The Integration Joint Board is requested to consider the progress made by Corporate Parents as agreed in the original plan. The plan was considered by Education Committee on 17 November 2016, the Integration Joint Board on 23 November 2016, and approved by Council on 14 December 2016.

RECOMMENDATION

2. The Integration Joint Board is asked to:
 - Note and comment on the report, particularly focusing on the progress made in delivering improved outcomes for looked after children, young people, and care leavers within the HSCP
 - Agree to remit the progress report to Council for approval

BACKGROUND

3. The Children and Young People (Scotland) Act 2014 received Royal Assent on 27 March 2014. The legislation is a key part of the Scottish Government's strategy for making Scotland the best place in the world to grow up. Part 9 of the Act placed new corporate parenting duties on a wide range of publicly funded organisations.
4. In East Renfrewshire, Community Planning Partners are committed to improving opportunities for all children and young people however there is a long standing recognition that there is a special responsibility for those who are looked after and in our care. To this end the Community Planning Partnership and its members, East Renfrewshire Council, East Renfrewshire Health and Social Care Partnership, NHS Greater Glasgow and Clyde, along with an extensive list of other local and national organisations, the new "**corporate parents**", have worked together over the last two years to deliver the Corporate Parenting Plan that was approved by Council in 2016.
5. As at 31 July 2018 110 children and young people in East Renfrewshire were looked after in a range of settings. This constitutes 0.5% of the total children's population of the area and is one of the smallest proportions in Scotland. 61 of the children are boys, 49 are girls, and 14% are under the age of 5 years (down from 24% in 2017). In the previous decade there had been a year on year increase in the number of children becoming looked after. However since the redesign of HSCP Children's Services and the introduction of the PACE programme the number of children subject to Compulsory Supervision Orders has begun to reduce as some have secured permanence through Permanence Orders, Adoption Orders, and Kinship Care

Orders. As we move forward to meet our Aftercare and Continuing Care statutory duties the expectation is that the population of care experienced young people aged 16-26 years will continue to increase. See appendix 1 for East Renfrewshire looked after children/young people figures.

6. In addition to the looked after population in East Renfrewshire, HSCP Children and Families Services are working with a significantly high proportion of families whose children are on the edges of the care system or have significant additional and complex needs. Intensive and targeted support is provided by these services to support 489 children and young people and this work takes place in partnership with other services including Education.

REPORT

7. The development of the East Renfrewshire Corporate Parenting Plan has been within the context of the aforementioned new legislation as well as the national *Getting it Right for Every Child* programme and the SHANARRI wellbeing indicators framework. The plan was also developed within the context of the Single Outcome Agreement at that time and in particular the outcomes related to children, young people, and families.

Evaluation Framework

8. After engagement throughout 2016 the following Corporate Parenting improvement themes were agreed along with a Corporate Parent Champion for each theme:

East Renfrewshire Corporate Parenting Plan – Themes and Champions	
Themes and Outcomes	Corporate Parent Champion
Permanency (Safe and Nurtured)	Kate Rocks
Raising attainment (Achieving)	Mhairi Shaw
Rights and Participation (Respected and Included)	Caroline Innes
Health and wellbeing (Healthy and Active)	Julie Murray Anthony McReavy
Stable and secure home environment (Safe and Nurtured)	Andy Cahill
Training and Work (Achieving and Responsible)	Andy Cahill

9. The plan has been evaluated in accordance with the performance of each theme and this is presented in the performance report. Performance has been further evaluated through periodic audit activity which has involved sampling approximately a fifth of children's multi agency plans, again in accordance with the six themes.

Performance Overall

Key improvements

11. Permanence
 - 100% of children and young people looked after away from home, who have been in care for a minimum of 6 months, have been reviewed and a permanency decision has been made (target 100%).
 - 1.2% of children looked after away from home have experienced three or more placement moves (target 11%). In order to be ambitious for children we intend to use a one placement move measure as we go forward.

12. Raising Attainment
 - There has been a significant increase in performance of looked after children in baseline assessments in Numeracy and Literacy and with regard to development milestones, albeit this is for a small group of children and therefore figures are subject to year on year fluctuation. Looked after children in Primary 1 achieved an average score of 51% in Numeracy and 49% in Literacy in 2018, compared to 32% and 44% respectively in 2017. 75% of looked after children in the same cohort achieved their development milestones, compared to 33% in 2017
 - There were four exclusions of looked after pupils during 2017-18, the same number as in 2016-17. The authority achieved its 3-year average target (2014-16) of 58 incidents per 1000 looked after pupils, with a rate of 23 incidents per 1000 pupils. It is currently on track to achieve the 3-year average target (2017-19) of 45 incidents per 1000 pupils with a value of 35.4 incidents per 1000 looked after pupils after two years.

13. Health and Wellbeing
 - All looked after children and young people, and now their parents / carers have membership of the EEI scheme which ERCL Trust operate. There are plans to begin evaluating usage of the scheme to ensure barriers to access are addressed. One barrier we are aware of is the reluctance of many young people to use facilities unless a friend can accompany them. A "buddy scheme" solution has been devised.
 - ERCL Trust attended and contributed to 20 Child's Plan Meetings by September 2018 (target 15). As we go forward to strengthen working relationships and communication we would expect this to increase and also to be able to measure outcomes in this respect instead of outputs.

14. Rights and Participation
 - 45% of looked after children and young people have participated regularly in Champions Board activity (35% in 2016-17; Scottish average 10%).
 - Educational Psychology Service and HSCP have jointly delivered two multi-agency professional learning sessions on Corporate Parenting responsibilities. Participants reported a greater understanding of their responsibilities.
 - In 2017/18 25 looked after children and young people accessed advocacy support from Who Cares Scotland (figure for 2016/17 was 10)

15. Stable and Secure Home Environment
 - 94% of children and young people report through their Viewpoint surveys they feel safe at home and in their community (target 90% 2017/18).
 - No care leavers have presented as intentionally homeless in 2017/18 (target 0%). Figure for previous year 2016/17 was 2. Protocols have been revised and a wider range of options for care leavers has been made available.

16. Training and Work
- Family Firm Programme has supported 70 young people between 2017-2018 with a range of work-related activities and interventions. Four care experienced young people have taken up traineeships created and resourced by the Environment Department (original target was 2)
 - The SDS post school service *Next Steps* is well embedded across East Renfrewshire. Targeted support is provided to care experienced young people by Job Coaches to support their post school transitions.

Areas of Challenge

17. Health and Wellbeing
- In 2017-18 31% of looked after children had their health assessment within 4 weeks of becoming looked after (target 100%). Figure was higher for Health Visiting assessments at 73% for children looked after at home 0-5 years. Overall the target for all looked after children, was met within 6 weeks. However as new Specialist Children's Health pathway has been agreed and has been operating since autumn 2018, the target is now being fully met. A subsequent agreement has been reached to provide outreach clinics in Barrhead and Eastwood HCC.
18. Raising Attainment
- 89.6% attendance rates in school session 2016-17 for Looked After pupils (Primary & Secondary), was a slight decrease from 90.6% in 2015-16). Child multi agency plans are not always recording attendance rates or creating attendance targets. Data for 2017-18 will be available in March 2019.
19. Rights and Participation
- 4 looked after children and young people gained 8 achievement awards with support of Young Persons Services in 2017-18. This figure is considerably lower than the previous year 2016-17 where 14 young people gained 34 awards. Further agreement has been reached with Depute Chief Executive to strengthen partnership working with a view to improving looked after young people's access to wider achievement awards and the support they require to participate.
 - A survey of the families who receive the Imagination Library programme (Dollywood) indicated that children looked after at home or in kinship care aged 0-5 did not have a library card nor did they attend Bookbug/Rising Stars programmes etc that take place in local libraries. A small working group has been convened to improve take up and attendance.
 - There had been an increase in completion of Viewpoint Health and Wellbeing surveys from 35% to 42% (target 50%) in 2017. However latterly in 2018 Viewpoint survey take up among younger children has reduced significantly.
20. Training and Work
- The school leaver destination data for academic year 2016/7 shows that 4 out of 8 looked after young people had a negative destination in comparison to 11 out of 15 for the previous year 2016/17. Follow up of care leavers not in a positive destination is required to engage them in activity. SDS, Family Firm Coordinator, and Activity Agreement Coordinator to take forward.

Performance Reporting and Benchmarking

21. As the population of looked after children and young people can vary between 110 – 130 per year, reporting on performance with relatively small figures presents a challenge specifically as the age span i.e. 0-26 years, contains a number of smaller and discrete sub populations. Indeed a number of the agreed measures within the Corporate Parenting Plan relate to specific sub populations only e.g. 0-2 year olds, or 16-21 year olds, and where this is the case caution is required when drawing conclusions as data sets are small and sensitive to minor changes and adjustments. With this understanding it was agreed that analysis of performance data would be supplemented by periodic audit of children’s plans.
22. There are no agreed indicators for Corporate Parenting benchmarking purposes. However work is ongoing at the National Local Government Benchmarking Group in relation to agreeing a suite of children’s outcomes indicators, a number of which could be adopted for this purpose.

CONSULTATION AND PARTNERSHIP WORKING

23. The multi-agency Corporate Parenting Group has supported the delivery of the East Renfrewshire Corporate Parenting Plan 2016-18 and recently undertook an exercise to evaluate progress with implementation, and also begin to consider future priorities. All Corporate Parents are represented on the group including FE sector and national Corporate Parents. Two young people from the Champions Board were members of the group until recently but the relationship between the group and the Champions Board is strong and feedback from young people is regarded as crucial to evaluating impact. A fuller description of Champions Board activity and the newly developing Mini Champs is available at appendix 2.
24. Feedback from children and young people is very important to delivering effective corporate parenting. Only by listening to what children are telling us about our services and their life experiences can we really make the improvements needed to get it right for them and with them. Appendix 3 is just a sample of feedback a range of services have received from looked after children and young people.
25. A key contributor to the successful implementation of the plan in Year 2 has been the strong partnership working arrangements that currently exist between all of the Corporate Parents – please see list at appendix 4. A good example of this is the collaborative working that takes place between HSCP Children and Families, Skills Development Scotland, and Environment Department/Family Firm. This model of partnership working is rooted in the Girfec principles of the “*child at the centre*” and “*children get the help they need when they need it*”.

IMPLICATIONS OF THE PROPOSALS

Finance

26. None

Risk

27. None

Policy

28. None

Staffing

29. None

Legal

30. None

Infrastructure

31. None

Equalities

32. None

Directions

33. None

CONCLUSIONS

34. Public bodies have duties as a consequence of the Children and Young People (Scotland) Act 2014 in relation to publishing a Corporate Parenting Plan. The Corporate Parenting Family in East Renfrewshire approved their plan in December 2016 and have worked together, and in partnership with children, families and carers to deliver the agreed priorities and improved outcomes as highlighted within the plan. As the current plan draws to a close East Renfrewshire's Corporate Parents in partnership with children, will develop a new plan for the coming year that will support the improvement programme we have set for ourselves.

RECOMMENDATIONS

35. The Integration Joint Board is asked to:
- Note and comment on the report, particularly focusing on the progress made in delivering improved outcomes for looked after children, young people, and care leavers within the HSCP
 - Agree to remit the progress report to Council for approval

REPORT AUTHORS AND PERSON TO CONTACT

Arlene Cassidy, Children's Services Planning Manager

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David Gordon, Education QIO (vice chair Corporate Parenting Group)

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24 March 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS/SOURCES

Children and Young People (Scotland) Act 2014

<http://www.legislation.gov.uk/asp/2014/8/contents/enacted>

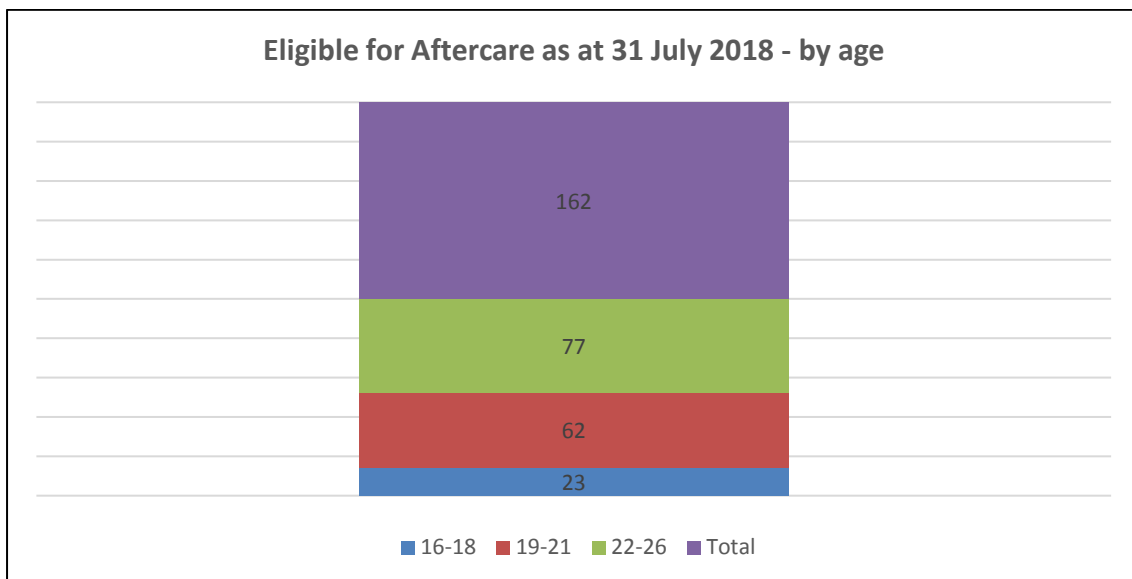
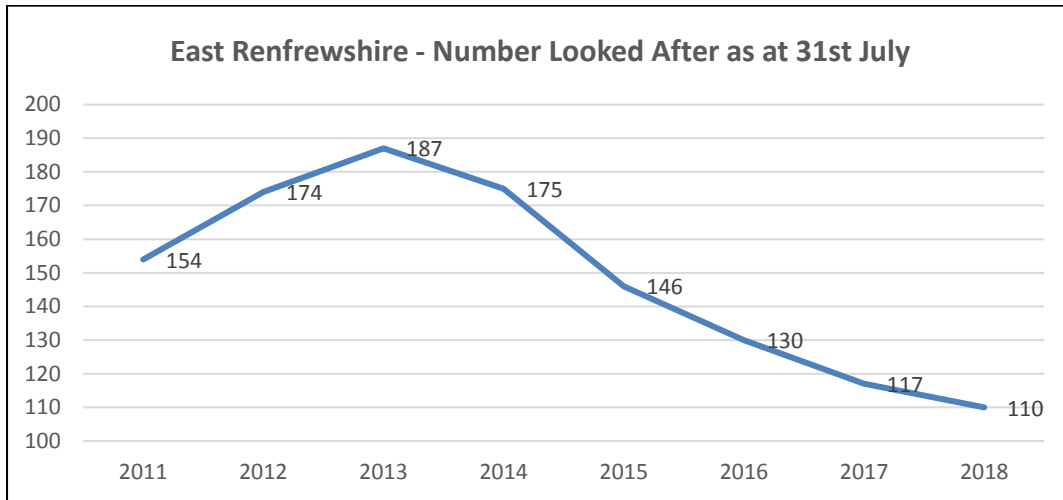
Statutory Guidance on Part 9: Corporate Parenting

<http://www.gov.scot/Publications/2015/08/5260/downloads#res483676>

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Appendix 1

East Renfrewshire Looked After Children Data



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Appendix 2

East Renfrewshire's Champions Board

East Renfrewshire's first Champions Board was launched in June 2016 at a *Keep Calm and Be a Corporate Parent* event where a Care Leavers Covenant was signed. Funded by *Life Changes Trust*, membership of the board is drawn from care experienced young people and senior officers within the local authority, the HSCP and the wider corporate parenting family.

The Board played a key role in ensuring our Corporate Parenting Plan was delivered, by challenging corporate parents to meet their commitments and working together to influence policy and practice. They were supported by *Who Cares? Scotland* in doing this.

Through the Champions Board, there has been regular discussion about what makes the biggest difference for care experienced young people. They want earlier support to prepare for the post school world of training, education and work, and they need to live in a safe and secure home environment free from the financial barriers that state benefits can bring. During their regular meetings, the Board have specifically looked at how support can be improved around mental health and housing. Board members have attended a *Life Changes Trust* Champions board residential in Perth and an outward bound residential in Arrochar where these themes were further explored.

Amongst other highlights, the Champions worked, with funding from Cashback for Creativity, to create a short film called *Under the Bridge* during the summer of 2018. The film was premiered at Eastwood Theatre and went on to be submitted for an award at the Scottish Youth Film Festival.

Following the successful implementation of the Champions Board, a Mini Champs group was also set up for care experienced 8 to 12 years olds. The group focussed on developing three key aspects: participation, inclusion and voice. They have taken part in a series of group and community activities, having fun and gaining a better understanding of their care identity.

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Appendix 3

Messages from East Renfrewshire's Looked After Children and Young People

"School is like a good place, it would be good to have more time with teachers"

"Sometimes we don't have PE kit or our homework done' It's not because we don't want to'

'Sometimes we just need your advice, like a real person, not as a teacher or a social worker'

"I wish that someone had noticed my struggles earlier in primary school, before it got out of hand"

"I think people just need more training, nobody really knows what it's like to grow up in care"

"Sometimes we don't want a social worker, it's easier to talk to a teacher or youth worker"

"Stop using jargon, everyone just speak to us in simple language'

'Police should understand what it's like for us. We aren't all bad'

'It's good to have a variety of different professionals to work with, a group of workers meaning more support to understand your circumstances'

"Family Firm helped me to think things through in terms of what I want to do in the future"

"We have relationships with the staff in HSCP YISS and they support us. It feels like being part of a family. I can tell them anything and I know they'll be there for me".

"There was absolutely nothing I needed to worry or stress about whilst doing my work experience - everything was taken care of just had to get up and go and do the work that was asked of me, can't fault or change anything"

"The YISS team is flexible and willing to work out of office hours and do anything for young people that would not be seen as normal and they are very approachable in every way. They are constantly involved with young people in making decisions, not just individual decisions but decisions involving outings, events even things involving the service."

"Family Firm has helped me develop skills and confidence that I never thought I would have"

"From this work placement, I have learnt how to work in a Communications/Marketing environment and work as part of a team and I would recommend this experience to another young person as it was a great opportunity. Since completing my placement, I have started a full-time Digital Marketing position in the third sector"

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Appendix 4

East Renfrewshire's
Corporate Parenting Family

East Renfrewshire Council
Education Services
Environment Department

- Economic Development
- Housing Services

Corporate and Community Services

- Young Persons Services

East Renfrewshire HSCP
Children and Families Services
Specialist Children's Services

NHSGGC

East Renfrewshire Culture and Leisure Trust

Skills Development Scotland

Who Cares Scotland

SCRA/Children's Reporter

Children's Hearing Scotland

University of the West of Scotland

West College Scotland

Champions Board and Mini Champs – looked after children, care experienced young people

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board								
Held on	1 May 2019								
Agenda Item	9								
Title	Care at Home Inspection Report and Improvement Plan								
<p>Summary</p> <p>The Care Inspectorate carried out an unannounced inspection of the Health and Social Care Partnership's Care at Home service in February 2019. The Care Inspectorate found that whilst service users spoke very highly of the support workers and their care and compassion, the HSCP care at home service is delivering poor outcomes to service users. In light of this the Care Inspectorate has graded the service as unsatisfactory for both care and support and management and leadership and weak for staffing. The service has been given 9 requirements and 1 recommendation to meet.</p> <p>This report gives an overview of the improvement plan developed to respond to care inspectorate requirements, and updates on improvement activity underway. This has focused on increasing staffing; updating care and support planning documentation including medication management and strengthening planning and reviewing capacity.</p>									
Presented by	Candy Millard, Head of Adult Health & Social Care Localities								
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> ▪ Note and comment on the inspection report ▪ Note the improvement plan ▪ Note the improvement activity undertaken to date 									
<p>Implications checklist – check box if applicable and include detail in report</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> <td><input type="checkbox"/> Equalities</td> </tr> <tr> <td><input checked="" type="checkbox"/> Risk</td> <td><input checked="" type="checkbox"/> Staffing</td> <td><input type="checkbox"/> Directions</td> <td><input type="checkbox"/> Infrastructure</td> </tr> </table>		<input checked="" type="checkbox"/> Finance	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input type="checkbox"/> Equalities	<input checked="" type="checkbox"/> Risk	<input checked="" type="checkbox"/> Staffing	<input type="checkbox"/> Directions	<input type="checkbox"/> Infrastructure
<input checked="" type="checkbox"/> Finance	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input type="checkbox"/> Equalities						
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

1 MAY 2019

Report by Chief Officer

CARE AT HOME INSPECTION REPORT AND IMPROVEMENT PLAN

PURPOSE OF REPORT

1. The Health and Social Care Partnership's Care at Home Service was inspected by the Care Inspectorate in February 2019. This report provides the Integration Joint Board with an overview of the outcome from the inspection, the improvement plan developed to respond to care inspectorate requirements and improvement activity underway.

RECOMMENDATION

2. The Integration Joint Board is asked to:
 - Note and comment on the inspection report
 - Note the improvement plan
 - Note the improvement activity undertaken to date

BACKGROUND

3. The Integration Joint Board received reports in January 2019 and March 2019 on the pressures experienced by care at home, the impact on quality of care and lack of progress with inspection requirements. Members were informed that of a number of significant concerns with the current operational delivery of the in-house care at home service. In response to this a task force, led by the Chief Officer, and an immediate improvement plan had been put in place to reduce the risk to service users and staff.
4. The Care Inspectorate carried out an unannounced inspection of our care at home service in February 2019, in order to assess whether the service had made the required improvements and was meeting the Health and Care Standards. Their report was published on 3 April 2019 and is attached as Appendix1.

REPORT

Care Inspectorate Findings

5. The Care Inspectorate found that whilst service users spoke very highly of the support workers and their care and compassion, the service is delivering poor outcomes to service users due to lack of consistency/continuity of care, lack of communication with organisers/management, poor medication practices and lack of service user and their carers' involvement in assessment and care planning.
6. Inspectors concluded that the welfare of those using the service was compromised due to the lack of assessment, care planning, reviewing and consultation with service users and their families. The service is task orientated which is not in line with the Health and Social Care Standards and does not enable the staff to promote people's independence.

7. From this inspection, the Care Inspectorate graded the service as follows:
Quality of care and support 1 - Unsatisfactory
Quality of staffing 2 - Weak
Quality of management and leadership 1 - Unsatisfactory
8. The Care Inspectorate have made 9 requirements and 1 recommendation, as set out below:

Requirements:

- Ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met
- Medication must be managed in a manner that protects the health and wellbeing of service users
- Ensure that personal plans are reviewed in line with legislation
- Ensure handling of complaints is in accordance with our procedures and good practice guidelines.
- Ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs.
- Ensure that we employ and deploy support staff in sufficient numbers to adequately meet the needs of service users.
- Ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform
- Ensure provision of staff supervision and appraisals
- Ensure the service follows the guidance on notification reporting to the Care Inspectorate

Recommendation:

- The service should review the results of the training in dementia awareness for staff and ensure proposals are in place to increase the access of this training for staff

Improvement Plan

9. As reported to the meeting of the Integration Joint Board in March, a senior management improvement task force has been established under the leadership of the Chief Officer. An external mentor who has supported other areas with care at home and quality improvement activity has provided critical friend support to the development of the improvement plan.
10. The improvement plan sets out the work the HSCP needs to undertake in order to meet the requirements and recommendations of the care inspectorate. It contains additional actions to meet a number of other quality issues identified by both inspection and internal review supported by the external mentor.
11. The improvement plan attached as Appendix 2 contains 45 separate actions many of which are underpinned by more detailed operational action plans.

Improvement Progress

12. The Improvement Team and Care at Home management have been progressing a significant number of improvement actions as summarised below:

13. Care and Support Personal Plans – The team have reviewed care and risk planning documentation from other partnerships and providers and developed updated draft documentation for HSCP Care at Home. This was shared with the lead Care Inspector on 8 April who recommended some minor changes to the documents and the order in which these should appear within the personalised care and support plan.
14. Medication Management – A meeting took place between the Senior Homecare Manager, Care Inspectorate Pharmacy Lead and HSCP Pharmacy Lead to review the HSCP draft policy, current training module and assessment tool. Learning and Development team are developing refresher training for staff on medication handling and the use of the tool.
15. Review of Personal Plans - Nursing, social work and OT staff members have all joined the Planning and Review Team. Additional social work assistants have been appointed as part of the wider HSCP Fit for the Future Review. They are currently undertaking a preference exercise which will conclude on 15 April 2019, after which they will be matched into teams. Planning and Review staff have completed induction and have been involved in the development of the new process and plans.
16. Complaints Handling – The complaints handling process and flow chart has been circulated to all frontline care at home managers and discussed at team meetings.
17. Staffing levels – An advert for additional carer staffing through My Job Scotland has resulted in approximately 10 candidates receiving verbal offers subject to the usual checks. It is hoped that the candidates can commence induction later in May with the intention that they will start delivering care and support in June. Planning work is underway for a fast-track recruitment event to take place in May, which will both recruit staff to the HSCP in-house service and identify potential staff for partner providers. Dedicated support has been identified to assist with general recruitment activity (PVGs, referencing etc) and registration/qualification requirements.
18. Staff training – An initial analysis of the training undertaken by all care at home staff has been completed and dedicated Learning and Development resource has been identified to develop and arrange delivery of induction training for new staff and address gaps in training for those already in situ.
19. Staff supervision and appraisals – The HSCP Learning & Development team are developing approaches to supervision including group supervision for care at home staff.
20. Care Inspectorate notifications – The number of staff able to make notifications to the care inspectorate has been increased.
21. Management and leadership -HSCP senior officers, including the Chief Social Work Officer in her role as professional advisor to the Council, are meeting regularly with the Council's Chief Executive to report progress on quality improvement activity. Internal task force meetings oversee the development and implementation of the improvement plan.
22. Members will recall that partner providers are also experiencing pressures and issues with recruitment. This has affected their ability to pick up the long term packages the HSCP wish to transfer. A separate paper provides more detail on these issues and suggests a way forward.

CONSULTATION AND PARTNERSHIP WORKING

23. Service users and their Powers of Attorney were written to about the issues in the service and given a dedicated number to phone with any concerns, issues and complaints. To date 37 calls have been received. The nature of the calls have been as follows:
- Amendments to POA information and records – 13
 - Care Management/ assessment waiting times - 8
 - Requests for changes to current services (call time change/reduction in provision) - 7
 - Compliments - 5
 - Other general enquiries not directly related to care at home - 3
 - Complaints – 1
24. A number of service users and family members have indicated their willingness to be involved in service improvement and redesign. This could potentially be through a reference group, where key elements of the improvement plan and impact on service users can be discussed.

IMPLICATIONS OF THE PROPOSALS

Finance

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

Staffing

26. Recruitment of additional staff as agreed at the last Integration Joint Board is underway.

Risk

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

CONCLUSIONS

28. The Care Inspectorate found that whilst service users spoke very highly of the support workers and their care and compassion, the HSCP care at home service is delivering poor outcomes to service users. In light of this the Care Inspectorate have graded the service as unsatisfactory for both care and support and management and leadership and weak for staffing. The service has been given 9 requirements and 1 recommendation to meet.
29. An improvement plan has been developed with the support of an external mentor. It contains 45 separate actions many of which are underpinned by more detailed operational action plans. Significant improvement activity is already underway and has focused on increasing staffing; updating care and support planning documentation including medication management and strengthening planning and reviewing capacity.

RECOMMENDATIONS

30. The Integration Joint Board is asked to:
- Note and comment on the inspection report
 - Note the improvement plan
 - Note the improvement activity undertaken to date

REPORT AUTHOR AND PERSON TO CONTACT

Candy Millard, Head of Adult Health and Social Care Localities
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0141 451 0749

Chief Officer, IJB: Julie Murray

9 April 2019

BACKGROUND PAPERS

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

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

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

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

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East Renfrewshire Council (Social Work) Housing Support Unit Housing Support Service

Barrhead Health and Care Centre
213 Main Street
Barrhead
Glasgow
G78 1SW

Telephone: 0141 800 7182

Type of inspection:
Unannounced

Completed on:
19 March 2019

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2003055335

About the service

East Renfrewshire Council's Housing Support unit provides home support services to people in their own homes. At the time of this inspection, the service is supporting over five hundred individuals, with a further four hundred individuals receiving support from an independent home care provider, or a combination of private and East Renfrewshire Council Home Support. The service provides personal care and support to people of all ages and the needs of these people vary greatly, for instance, individuals with a physical or learning disability, people with long-term health conditions, older people experiencing increased frailty and individuals living with dementia.

The management team is currently operating from the Barrhead Health and Social Care Partnership headquarters, within an integrated health and social care team. At the point of inspection, there is one hundred and seventy one support workers.

The vision statement of the Health and Social Care Partnership is 'working together with the people of East Renfrewshire to improve lives'. They hope to achieve this by 1) valuing what matters to people 2) building capacity with individuals and communities and 3) focusing on outcomes, not services.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

We received one hundred and twenty five completed questionnaires from service users and their families and during the inspection we visited forty seven service users. Individuals spoke very highly of the support workers and their care and compassion however, the service is delivering poor outcomes to service users due to lack of consistency/continuity of care, lack of communication with organisers/management, poor medication practices and lack of service user and their carers involvement in assessment and care planning. We received a significant number of questionnaires supporting our findings, a small sample of views are below:

'Sometimes when service is stretched, 'strangers' coming in, confusion can occur with client... a lack of communication, which is prevalent, can cause great anxiety. Management don't always return calls!

'Inconsistency of when carers come in can be difficult. Never been asked about my preferences

'The service seems undermanned and to be honest, chaotic, leading to uncertainty in who is coming and when. This causes endless stress to me and to the carers. It might be useful for the service management team to shadow carers from time to time to better understand the challenges present by both their rota and the people in their care'

'As a service user, I have on a number of occasions been dissatisfied with the care I have received e.g. no care plan issued so carers don't care for my needs consistently. My family have raised these issues and tried to arrange a meeting with the team leader but this has never been arranged'

'Because of shortage of staff I often am attended by a stranger, who introduce themselves. But I find it upsetting when I have to tell them what I need, I don't know their names. I had no idea what can be done apart from praying for more funding'

'The carers I have are friendly, helpful, caring and provide an excellent service my only issue is with the time allocated and this not down to the carers. Due to the amount of clients they have they constantly are having to rush to the next client and consistency of carer can sometime be an issue'

'Can be very difficult to contact supervising staff at office base'

'Regular carers are excellent. Occasional carers do not meet the standard of regular ones. Mainly - erratic times

of arrival'

'The girls work extremely hard and they are polite and caring at all times'

Comments from carers and families:

'We are pleased with the service. The staff who come in are kind and caring towards my mother'

'I had issues with my mums care. It was difficult to contact anyone willing to help'.

'My mother suffers from dementia I would like to point out that I need to be 'in the loop' for all plans'

'Mum receives excellent care but sadly if she does not know the carer provided she refuses personal care.

Consistency provides a good relationship with mum and her carers'

Self assessment

A self assessment was not requested prior to this inspection.

From this inspection we graded this service as:

Quality of care and support	1 - Unsatisfactory
Quality of staffing	2 - Weak
Quality of management and leadership	1 - Unsatisfactory

Quality of care and support

Findings from the inspection

Inspectors found the service to be operating at an unsatisfactory level for this quality theme, which has been graded as 1.

At the last inspection March 2018, we undertook a low intensity inspection and found a number of areas of concern therefore, we made six requirements. On our return this year, we concluded that no improvements have been made and that the service is operating in a manner that is not complying with regulations, or the health and social care standards. During the inspection, we examined documentation, visited service users and spoke with service users and their families either in person, by telephone or email. We also shadowed support workers on their daily runs, met with support workers, organiser's (individuals responsible for managing groups of support workers and their runs) and with the management team. We found that the service has systemic failures, which are resulting in poor outcomes for service users.

We obtained a large volume of feedback from service users and their families (please see 'What People Told Us') and the greatest strength is the role of the support workers. People told us that they valued the support provided from the support workers and for some this support enabled them to remain in their homes and meet personal care needs. During the inspection, we observed the support workers to be caring and compassionate and operating within very tight time constraints.

CAREPLANS

We visited forty seven service users and we only found one care plan. Care plans should be developed in collaboration with service users and their families to outline how the service will endeavor to meet the health, welfare and safety needs of the service user. These personalized and outcomes based care plans, should provide

clear information and guidance around abilities, needs, risks, preferences and be available to service users and support workers. The absence of care planning means that service users' needs are not being met in a managed and consistent manner and service users are needing to inform support workers on a daily basis what their needs are and how best to support them. We would encourage the management to review how it monitors and evaluates the quality of the content in care plans. Support workers also need to be reminded of the central role of care plans in providing information needed for them to carry out their roles in a manner that upholds the principles of the health and social care standards. We made a requirement at the last inspection, therefore this will be repeated (see outstanding requirements).

- Health and Social Care Standard 1.12. I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.
- Health and Social Care Standard 1.15. My personal plan is right for me because it sets out how my needs will be met as well as my wishes and choices.

REVIEWS

The careplan should be reviewed when requested by the service user or their representative, when circumstances change and at a minimum every six months. The service is not complying with these regulations. The lack of review activity has a detrimental effect on outcomes for those that use the service and evidence of this was seen during this inspection. The service recently introduced two reviewers to the team however, this measure is not addressing the scale of the problem. The management need to develop a strategy to ensure that meaningful and holistic reviews are carried out in line with legislation and that careplans are updated as needed. We made a requirement at the last inspection, therefore this will be repeated (see outstanding requirements).

- Health and Social Care Standard 2.17 I am fully involved in developing and reviewing my personal plan which is always available to me.

MEDICATION

During the inspection we found a variety of concerns in relation to medication practices. Due to the lack of assessment and care planning, there is a lack of information of the service user's medication needs and the level of support that is required. We found discrepancies in medication management, recording and the disposal of medication. We found that some people were not being supported with their medication needs in a manner that complies with prescription guidelines and therefore will lead to poor health outcomes. We found significant issues in relation to the recording of medication particularly in the administration of medication. There is a complete lack of information in people's home in relation to support required with the administration of topical creams, ointments and pain patches. It was unclear what level of medication support was in place, this has in part led to unsatisfactory outcomes for some people using the service as staff are left to determine the level of service delivery required. At the last inspection, we urged the management to prioritize the need to develop a medication policy in line with best practice. We found that a draft policy has been developed however, there are key elements which are not in line with best practice. We made a requirement at the last inspection, therefore this will be repeated (see outstanding requirements).

- Health and Social Care Standard 1.19 My care and support meet's my needs and is right for me.
- Health and Social Care Standard 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

COMMUNICATION

The service should provide a variety of information to the service user and their families upon receipt of the service. This should include a careplan (within 28 days of service commencing), risk assessments, administration of medication recording documentation, service agreement, information of whom to contact in the office, how to make a complaint to the service and to the Care Inspectorate. This is not being provided therefore, service users and their families are not being informed of their rights, responsibilities and who to communicate with.

Feedback from service users and their families would support that there is a lack of confidence in the services willingness or ability to address concerns, issues or complaints. We found that service users and their families

call support workers directly due to the lack of response from the office team. Service users and their families spoke of trying to contact the office for routine issues and also trying to complain and never receiving any calls in return. We have made a requirement for the service to manage concerns and complaints in line with legislative requirements and good practice Requirement 1).

- Health and Social Care Standard 4.20 I know how and can be helped to make a complaint or raise a concern about my care and support.

- Health and Social Care Standard 4.8 I am supported to give regular feedback on how I experience my care and support and the organization uses learning from this to improve.

SCHEDULING OF CARE PROVISION

The scheduling of support workers visits was a problem that we observed at the last inspection however, the service had recently introduced technology which they hoped would improve the situation. However, we observed that the scheduling has not improved due to shortage of support workers and problems with the computer technology. Support workers schedules are constantly being changed, with very short times allocated with 15 minutes being allocated routinely, no travel time with geography not always being considered, multiple visits on their schedules for the same allocated time and we observed some timed visits vary by two hours.

- Health and Social Care Standard 3.16 People have time to support and care for me and to speak with me.

- Health and Social Care Standard 4.14 My care and support is provided in planned and safe way, including if there is an emergency or unexpected event.

CONSULTATION

There is an absence of consultation in the planning of the care provision. Service users and their families spoke of the lack of information they receive in relation to who and when support workers will be arriving and indeed the length of time that has been allocated. We were able to observe that visit times fluctuate beyond reasonable timescales, sometimes 2hrs. The scheduling has resulted in more than one service user visit with the same visit times. We found that allocated times were not sufficient to meet people's needs for instance a 5 minute visit allocation for a lady with dementia. Service users shared their experiences of 'strangers' coming into their homes, often late and night and the impact this has on their sense of safety and wellbeing in their own homes. People told us that this can be very difficult given the personal nature of the care given and therefore view continuity as essential to develop trusting relationships. These practices impacts on people's sense of safety within their own homes, causes confusion particularly where there is cognitive impairment and causes emotional upset due to the personal nature of the support they receive. We made a requirement for the service to ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs (Requirement 2).

- Health and Social Care Standard 3.11 I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.

- Health and Social Care Standard 3.8 I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.

- Health and Social Care Standard 4.15 I experience stability in my care and support from people who know my needs, choices and wishes even if there are changes in the service or organisation.

Inspectors concluded that the welfare of those using the service was compromised due to the lack of assessment, care planning, reviewing and consultation with service users and their families. The service delivered, was determined by the support workers rather than through outcomes based assessment and care planning. In summary, the provision of care is service led not needs led. The service is task orientated which is not in line with the Health and Social Care Standards and does not enable the staff to promote people's independence. Improvements are necessary across all principles of the National Care Standards: dignity, respect, compassion, be included, responsive care and support and wellbeing. At the feedback meeting, we expressed deep concern at the lack of progress made in relation to previous requirements. The care at home service needs

to work with the senior management team of the Health and Social Care Partnership to address these issues in order to raise the quality of the service.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Principle 3. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them the choice in the way in which the service is provided.

Requirements

Number of requirements: 2

1. The provider must ensure that its handling of complaints is applied in accordance to the provider's procedure and good practice guidelines.

This is to meet Health and Social Care Standard 4.20 I know how and can be helped to make a complaint or raise a concern about my care and support.

This is in order to comply with SSI 2011/110 Regulation 18 Complaints
Timescale: to commence immediately

2. The service must ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs.

This is to meet Health and Social Care Standard 4.14. My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This is to comply with SSI 2011/210 4 Welfare of Users
Timescale: to be achieved by 31 July 2019

Recommendations

Number of recommendations: 0

Grade: 1 - unsatisfactory

Quality of staffing

Findings from the inspection

The service is operating at a weak level for this quality theme, which has been graded as 2.

RECRUITMENT

We sample a number of recruitment files and it was our conclusion that the recruitment, which is managed by the HR Department, was following 'safer recruitment guidance'. However, we were able to make a couple of observations where this could be better demonstrated.

REGISTRATION

The service is registering individuals within six months of employment as required, by the Scottish Social Services Council. There was uncertainty about who in the organization is responsible for monitoring who is registered with the Scottish Social Services Council. The service must ensure that all staff are registered with the Scottish Social Service council within the appropriate timescales and that they remain registered throughout the period they are in post.

TRAINING/ASSESSMENT OF COMPETENCY

Staff are being offered SVQ training and in recent months there has been some medication training. However, due to the staff shortages, the service is struggling to free up staff to enable them to attend training opportunities. There has been a steady increase of people with complex health and care needs who are choosing to remain in their own homes therefore, all staff need to be trained and assessed as competent, in the roles that they undertake. The provider needs to review how they monitor and facilitate training needs, assess staff competency and how they demonstrate that staff have accessed mandatory and specialist training, to ensure that they have the necessary knowledge and skills to undertake their roles. We made a requirement at the last inspection, therefore this will be repeated (see outstanding requirements).

SUPERVISION

Staff are not being offered supervision or appraisals in line with good practice guidance. There has been a lack of supervision or competency checks for support workers. It is essential that staff have the opportunity to spend time with their managers to discuss and reflect on their practice, access support and identify learning and development needs. We made a requirement at the last inspection, therefore this will be repeated (see outstanding requirements).

MEETINGS

The service does not provide sufficient regular opportunities for staff to meet and discuss areas of service delivery. These are essential opportunities for staff teams to come together, share information, seek advice and support and for the allocated organizer to provide this. Support workers are feeling isolated and unsupported by management.

STAFFING LEVELS OF SUPPORT WORKERS

Support workers presented as enthusiastic and motivated in their roles and were clearly committed to providing the best possible care and support to service users. The overall experience of service users, is improved due to the motivation and commitment of support workers. Service users and their families spoke positively about the support workers although they did point out that the workers are always rushing and have too little time.

- 'Majority are alright. There a couple I just would prefer that they didn't come into my house.'
- 'They are great with her, great rapport'
- 'They are kind'
- 'It's important to be me that they are pleasant and they are'.

Support workers are very stressed due to the relentless times constraints and lack of support in their roles (the outcomes are further detailed in Quality of Care and Support). We appreciate that there has been a large volume of work given to external providers and we appreciate the issues relating to staff recruitment across social services however, current staffing levels remain a serious concern. We have made a requirement regarding staffing levels (Requirement 1).

TEAMWORK AND COMMUNICATION

There is poor communication between the support workers and office staff/management. Front line staff, should be encouraged to contact management with any problems with schedules, timescales, incidents and changes in needs. However, we were able to observe that the office is being circumvented due to the workers

poor experiences of seeking support. We concluded that the office team is not cohesive and there is a sense of crisis within the team.

- Health and Social Care Standard 3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organization codes.

Requirements

Number of requirements: 1

1. The provider should ensure that they employ and deploy support staff in sufficient numbers to adequately meet the needs of service users.

Health and Social Care Standard 4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This is in order to comply with SSI 2011/110 Staffing.

Timescales: To be achieved by 28th September 2019.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

The service is operating at an unsatisfactory level for this quality theme, which has been graded as 1.

Since the last inspection, there have been some key structural changes and changes in the management of the service. Following the last inspection, the registered manager responsibilities were taken over by the existing senior manager as they had greater involvement in the day to day operations of the service. This manager was present at last year's inspection feedback.

SSI 28 Records, notifications and returns

4. - (1) On granting registration of a care service under Chapter 3 or 4 of Part 5 of the Act, SCSWIS must, in addition to issuing a certification of registration, notify the provider of the care service of a) the records they must keep and where they must be kept b) any matters the providers must notify from time to time to SCSWIS (2) SCSWIS may, from time to time, make reasonable variations to the information required under paragraph (1).

The Care Inspectorate publication 'Records that all registered care services must keep and guidance on notification reporting' outlines key information that services should make available, during inspections. The Inspectors found that the service is not complying with these guidelines. There is a lack of quality assurance activity taking place at the service. During the inspection we would expect to examine and evaluate the management's processes for managing complaints, accidents and incidents, allegations of harm and any audits designed to examine where the service has failed to meet an individual's needs for instance missed visits or medication errors. This is an essential element of service review to identify preventative strategies to minimize

risk of harm to staff and to those that use the service. At the last inspection, we raised concerns around the service's processes. However, there has been no improvements. We were provided with a number of individual accident/incident reports and these documents were incomplete, with no information as to action taken or outcome for individual involved. There were no overviews for the areas above and the manager was unable to explain or demonstrate that lessons were learned and preventative action taken where necessary. We also became aware of a number of accidents/incidents which should have resulted in a notification to the Care Inspectorate. We made a requirement at the last inspection, therefore this will be repeated (see outstanding requirements).

The provider's vision statement is "working together with the people of East Renfrewshire to improve lives". At the time of the inspection the manager did not have the reports of the recent engagement activity with a sample group of service users and their families; however this was provided at a later date. There is no scheduled activity whereby the management actively seek the views of service users or their families. During the inspection, it became clear that service users and their families feel unable to communicate any issues with the management, whether it was a concern or a complaint.

- Health and Social Care Standard 4.8. I am supported to give regular feedback on how I experience my care and support and the organization uses learning from this to improve.
- Health and Social Care Standard 4.23. I use a service and organization that are well led and managed.
- Health and Social Care Standard 4.7 I am actively encouraged to be involved in improving the service I use in a spirit of genuine partnership.

In summary, there is a lack of care management or line management. The management are unable to demonstrate how they monitor, audit and evaluate service delivery. At the last inspection, we highlighted key areas for improvement and during this inspection we saw no improvements. We concluded that, there are systemic failures within the service and expressed our concern around the services capacity to improve.

Two weeks after the conclusion of the inspection, we met with senior representatives of the Health and Care Partnership who have established an Improvement Team. They offered their reassurance that the Provider is committed to improving the service for the benefit of service users and their families, in the East Renfrewshire Area. We will monitor the progress made and follow up on requirements later in the year.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 1 - unsatisfactory

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met, in order to do this the service must ensure that the personal plans:

- Accurately reflect the current health and care needs of the service user
- Include person-centred information outlining needs, abilities and preferences
- Demonstrate consultation with the service user/relative
- Include the use of appropriate risk assessment documentation which provides the outcomes of these and are used to inform support planning
- Evidence that consideration has been given to Adults With Incapacity (Scotland) Act 2000.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5(1) Personal plans.

Timescale: To commence upon receipt of this report and be completed within six months and remain ongoing thereafter.

This requirement was made on 23 April 2018.

Action taken on previous requirement

It was our conclusion that no improvements have been made to address this requirement (see Quality of Care and Support for further information).

Not met

Requirement 2

Medication must be managed in a manner that protects the health and wellbeing of service users. In order to achieve this, you must ensure that a care plan is in place, which clearly states the details of the medicine to be given and that all staff involved in supporting service users to take medicines, have been trained and assessed as competent to do so.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 - Welfare of Users

Timescale: To commence upon receipt of this report and be completed within six months and remain ongoing thereafter.

This requirement was made on 23 April 2018.

Action taken on previous requirement

It was our conclusion, that no improvements have been made to address this requirement (see Quality of Care and Support and Staffing for further information).

Not met

Requirement 3

The provider must ensure that personal plans are reviewed in line with legislation:

- When requested to do so by the service user or any representative
- When there is significant change in the service users health, welfare or safety needs
- At least once every six month period whilst the service user is in receipt of the service.

The support plans must be updated to reflect any changes and inform current planning of care and support.

This is in order to comply with, The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - Personal Plans.

Timescale: to commence upon receipt of this report and be completed within six months and remain ongoing thereafter.

This requirement was made on 23 April 2018.

Action taken on previous requirement

It was our conclusion that no improvements have been made to address this requirement (see Quality of Care and Support for further information).

Not met

Requirement 4

The provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (a) Staffing.

Timescale for implementation: To commence upon receipt of this report and be completed within six months and remain ongoing thereafter.

This requirement was made on 23 April 2018.

Action taken on previous requirement

It was our conclusion that no improvements have been made to address this requirement (see Quality of Staffing for further information).

Not met

Requirement 5

Management must provide staff supervision and appraisals in-line with the provider's policies and procedures. This is to ensure that staff employed in the service are skilful, knowledgeable and clear about their roles.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15(a) Staffing.

Timescale for implementation: To commence upon receipt of this report and be completed within six months and remain ongoing thereafter.

This requirement was made on 23 April 2018.

Action taken on previous requirement

It was our conclusion that no improvements have been made to address this requirement (see Quality of Staffing for further information).

Not met

Requirement 6

The provider must ensure the service follows the guidance on notification reporting to the Care Inspectorate.

This is to comply with SSI 2002/114 Regulation 21 - Notification of death, illness and other events. Timescale for implementation: to commence upon receipt of this report. Improvements are necessary across all principles of the National Care Standards: dignity/respect, compassion, be included, responsive care and support and wellbeing.

This requirement was made on 23 April 2018.

Action taken on previous requirement

It was our conclusion that no improvements have been made to address this requirement (see Quality of Management and Leadership for further information).

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The service should review the results of training in dementia awareness for staff and ensure that proposals are in place, to increase the access of this training for staff.

National Care Standards, Care at Home, Standard 3: Your Personal Plan, Standard 7: Keeping Well Healthcare.

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

This recommendation will continue see Quality of Care and Support and Staffing for further information.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
16 Mar 2018	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
27 Feb 2017	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
5 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
9 Dec 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

Date	Type	Gradings
5 Dec 2013	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
12 Dec 2012	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
15 Dec 2010	Announced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
18 Feb 2010	Announced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
18 Dec 2008	Announced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate Management and leadership 4 - Good

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Care at Home Service – Improvement Plan April 2019			
Requirement Related Improvements			
Category	Requirement	Ref	Actions
Care and Support	Ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met	1	Develop outcome focussed templates/documentation (inc risk management)
		2	Develop process for documentation completion
		3	Upskill staff to undertake the personal planning to address agreed outcomes
		4	Develop a quality assurance process to ensure plans are to required standard/in correct places
Care and Support	Medication must be managed in a manner that protects the health and wellbeing of service users	5	Agree medication policy with key stakeholders
		6	Develop key documentation including assessment tool and recording
		7	Deliver staff training (all care at home staff)
		8	Implement a staff competency based assessment approach
Care and Support	Ensure that personal plans are reviewed in line with legislation	9	Appoint a dedicated team to undertake review (QRT)
		10	Develop and implement a clear process and documentation for reviews
		11	Develop a tracking mechanism to ensure that the progress of plan provision/reviews is being completed to the required timeliness standards
Care and Support	Ensure handling of complaints is in accordance with our procedures and good practice guidelines. IMMEDIATELY	12	Deliver relevant training to all home care and key business support staff
		13	Provide accurate and up to date info to service users on how to complain
		14	Reinforce current quality assurance mechanisms to ensure complaints are being handled correctly and they inform practice
Care and Support	Ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs. BY 31/07/19	15	Undertake further CM2000 analysis on planned v actual and refine these, in advance of communication to service users
		16	Review current scheduling arrangements (to include consideration of factoring in travel time)
		17	Reinforce the communication process re instances where service timing parameters are significantly exceeded
Staffing	Ensure that we employ and deploy support staff in sufficient numbers to adequately meet the needs of service users. BY 28/09/19	18	Review staff deployment/shift patterns to ensure that visit capacity and efficiency is being maximised
		19	Recruit sufficient levels of additional staff (36wte)
		20	Address sickness absence levels by consistently implementing the Council's 'Maximising Attendance' policy
		21	Review partnership working approach with private providers to obtain maximum additional capacity
Staffing	Ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform	22	Complete the gap analysis of training/skills in current staff group
		23	Develop and deliver training and upskilling plan to address the gaps
		24	Develop a comprehensive induction plan for new recruits
		25	Deliver induction training to all new staff in advance of service commencement
Staffing	Ensure provision of staff supervision and appraisals	26	Upskill home care organisers and managers to effectively deliver high quality supervisions and appraisals
		27	Develop a process and timeline to ensure timely delivery of the supervision and appraisals
		28	Develop a tracking solution to ensure appraisal and supervisions have been undertaken in line with plan
Management & Leadership	Ensure the service follows the guidance on notification reporting to the Care Inspectorate	29	Upskill staff in understanding CI notifiable events
		30	Reinforce internal processes and responsibilities in carrying out notifications in a timely manner
Recommendation Related Improvements			
Staffing	The service should the review the results of the training in dementia awareness for staff and ensure proposals are in place to increase the access of this training for staff	31	Include dementia training in both induction and gaps training (as noted in Requirements above)
		32	Develop an evaluation mechanism to ensure that after training staff can put learning into practice
		33	Ensure relevant dementia information is included in key documents including care plans
Supplementary Improvements			
Care and Support		34	Develop and implement a mechanism to obtain regular qualitative and quantitative feedback from service users and their families/carers
Staffing		35	Develop and implement a procedure to cover better communication when changes to planned care times occur (including from carers to office)
Staffing		36	Implement the revised documentation covering risk assessments for staff dealing with particular service users/settings
Staffing		37	Develop and implement a standing agenda for patch team meetings to include standard operating procedures including Health and Safety, Lone Working and use of PPE
Staffing		38	Develop and implement a workforce development programme for 1 st line managers
Management & Leadership		39	Develop and implement a care at home staff ongoing communication plan
Management & Leadership		40	Develop a process to ensure PVG checks are refreshed on a 3 yearly basis, in conjunction with HR
Management & Leadership		41	Develop a programme plan to ensure SSSC registration qualification documentation & timelines are met
Management & Leadership		42	Create required service level risk assessments
Management & Leadership		43	Review phone system and call handling to improve communications for service users, families and frontline staff
Management & Leadership		44	Develop and implement a culture where key operational and performance data is ready available and is actively used to identify remedial management actions required
Management & Leadership		45	Review and extend out of hours contact arrangements

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 May 2019
Agenda Item	11
Title	Talking Points Implementation
<p>Summary</p> <p>This report provides an update on the work undertaken by Community Led Support partners over the last 6 months to implement Talking Points as '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'. It provides details of the new Talking Points arrangements that will commence in May 2019.</p>	
Presented by	Candy Millard Head of Adult Health and Social Care
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on the progress made in the implementation of Talking Points.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input 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**1 May 2019****Report by Chief Officer****TALKING POINTS IMPLEMENTATION****PURPOSE OF REPORT**

1. This report provides an update on the work undertaken by Community Led Support partners over the last 6 months to implement Talking Points as '*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*'. It provides details of the new Talking Points arrangements that will commence in May 2019.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the progress made in the implementation of Talking Points.

BACKGROUND

3. In September 2018 the IJB received an update on the development and testing of the Community Led Support approach, including the development of 'Talking Points', an approach to support people to access information, early intervention and prevention support in the community. 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*'.
4. The report also outlined plans to implement Talking Points as part of the wider Adult Health and Social Care Localities Initial Contact redesign. This report provides an update on the work undertaken by Community Led Support partners over the last 6 months and gives details of the new arrangements as of May 2019.

REPORT

5. Since the last report to the Integration Joint Board, twenty one Talking Points were held between October and December 2018 at various locations across East Renfrewshire. 124 people attended with only 6 requiring referral to HSCP for further assessment.
6. A further development day was held in January to review results of the previous 3 months Talking Points and develop plans for moving forward. The partners established 4 workstreams to look at communications, talking points paperwork, third sector & community involvement, and practical arrangements moving forward. This work took place between February and April 2019.
7. Separate planning work with the Carers Centre focused on their role in carrying out Carers Support Plans on behalf of the HSCP as 'Trusted Assessors'. The Carers Centre will undertake support planning for adult carers requiring moderate to low input, and will engage with HSCP staff for those requiring significant input. A devolved budget

of £5000 can be used by the Carers Centre to facilitate small 'one off' payments to a maximum of £200 as part of the support plan. For carers with more complex situations the Carers Centre will continue their work with the carer in partnership with HSCP locality social work staff who will undertake the Adult Carers Support Plan taking into account the cared for person's circumstances.

8. ERC Communications Team has supported the development of a communications strategy for Talking Points. This includes poster advertising campaign, press releases, and social media. A collection of 'Good news' stories are being filmed and will be screened in various sites throughout East Renfrewshire as well as appearing on social media.
9. Dates have been agreed for next three months of Talking Points, this will see an increase from 21 (October - December 18) to 52 (May - July 19). Partners have agreed staffing, times and venues across East Renfrewshire.
10. Anyone attending a Talking Point is welcomed by a 'Greeter', normally a community volunteer, before being introduced to a third sector partner who engages in the Good Conversation. Good Conversations are structured, asset based discussions that enable people to identify what matters to them and to develop a plan that supports them to achieve their outcomes, rather than slotting them into services. This may include signposting to a local group the person is interested in, a different way of doing things, an opportunity to be involved or lead to more advice from the Social Worker available. The important thing is that the person is able to think about their situation without the need to answer lots of questions that may feel irrelevant or intrusive. A copy of the process appears as an appendix to this report.
11. The salient point of the Good Conversation is recorded on the Talking Point paperwork which the person can take away with them as a prompt. At the end of the Good Conversation the person is asked if they are happy to receive a call them back in 4-6 weeks for an update. The call back allows Talking Points to gather qualitative data on whether they have met their personal outcomes, as well as offering the person a further Talking Point appointment if required.
12. It has been agreed that HSCP staff will deliberately undertake a supportive role only if required, as the ultimate aim of the Talking Point is to be a community support provided by the community for the community, hence third sector partners take the lead at the Talking Points. East Renfrewshire HSCP social work staff are present at all Talking Points to support with more complex discussions and any statutory/protective issues. Agile equipment allows social work staff to access all information on the CareFirst system and if necessary add a referral in 'real time'. Similarly, if the person wishes to meet with a social worker, this can be arranged at their local Talking Points instead of the person having to come into either of the Health & Care Centres. The service offered by HSCP staff at the Talking Points replicates the service to be offered via the Initial Contact Team at the Health and Care Centre.
13. HSCP Initial Contact Team processes reinforce the use of Good Conversations and referral to Talking Points. The Initial Contact Team will have a responsibility for managing the Talking Points generic mailbox and updating the Talking Points Facebook page with Talking Points dates and venues and answering any queries posted on this site.

CONSULTATION AND PARTNERSHIP WORKING

14. The Talking Points Core Group consists of 12 cross-sector partners; Voluntary Action East Renfrewshire, Carers Centre, Care & Repair, Recovery Across Mental Health, East Renfrewshire Disability Alliance, Enable Scotland, HSCP, ERC Communications Team, Self-Directed Support Forum, Neilston Development Trust, East Renfrewshire Culture & Leisure Trust/Libraries, and Community Volunteers.
15. The purpose of the Talking Point Core Partners Group is to analyse, evaluate and develop the implementation of Good Conversations and Community Led Support, whilst offering support to the membership, some of whom are community volunteers. Using the data from previous Talking Points, the Core Group identify recurring themes of support relating to specific communities in East Renfrewshire and ensure the right Talking Points partners are available at future Talking Points within this area.
16. The group invites a speaker from a Community Resource to each meeting to enhance all partners understanding of what is available and to inform that group/ organisation of the aims and objectives of the Talking Points.
17. In addition to the Talking Points Core Group, approximately 40 community based organisations that cannot commit to being part of Core Group are kept informed of Talking Points developments.

IMPLICATIONS OF THE PROPOSALS

Finance

18. As agreed at the last Integration Joint Board, a budget given to Voluntary Action East Renfrewshire by HSCP to facilitate Talking Points training and support for volunteers. Additional carers work is funded through Carers Act implementation funding.

CONCLUSIONS

19. This report provides an update on the work undertaken by Community Led Support partners over the last 6 months to implement Talking Points as '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'. It provides details of the new Talking Points arrangements that will commence in May 2019.

RECOMMENDATIONS

20. The Integration Joint Board is asked to note and comment on the progress made in the implementation of Talking Points.

REPORT AUTHOR AND PERSON TO CONTACT

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0141 451 0749

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper: 26 September 2018: Talking Points (Community Led Support)
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23087&p=0>

IJB Paper: 17 February 2018: Locality Development
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=16135&p=0>

Talking Points Good Conversations Process
is about people having the right conversation with the right person at the right time.

We want the person they choose to speak with to feel confident in guiding them through a simple conversation which will help them to make plans for the future. This conversation may result in you signposting to a local group the person is interested in, a different way of doing things, an opportunity to be involved or lead to more advice from the Social Worker available... or something in between.

The important thing is that the person is able to think about their situation without the need to answer lots of questions that may feel irrelevant or intrusive. If they choose, the person will go away with a record of the conversation and a plan to build on.

Stage one: What I want to happen and what "better" looks like

You will confirm if they want a record of the conversation to take away with them and which format is best e.g. email , paper copy, You will support conversation that may describe...

What matters to the person or the person they are concerned about? "What's important to them?" What is important *for* them? "What does "well" look like?" "What do you want to be different?" "How do you want your life to be?"

Stage two: The resources and potential resources that could help make a difference

If the person chooses to have a record of the conversation you will enquire as to the best way to do this stage for them e.g. the Conversation Record Paper work or the Accessible resource wheel which can be photographed and wiped clear later. You will support conversation that may describe

What the **person** can tap into from their own experience, skills, interests and resources. The other **people** they might involve or connect with. Where they might go that give opportunities. The **places** they might go that offer opportunities. What is needed to fill the gaps – the **public and paid** resources they have or might look to access?

Stage three: The action plan

You offer to help the person write up a plan that describes

What is possible and obvious from the conversation; the resources discussed; who will or could be involved; what will be done or tried; and who will do what and when?

Stage four: The Returns Sheet

You will complete the returns sheet at the end of each Talking Point.

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 May 2019
Agenda Item	12
Title	Report on Progress of the Primary Care Improvement Plan (PCIP)
<p>Summary</p> <p>This report provides an overview of the activities during year 1 of the East Renfrewshire Primary Care Improvement Plan in line with the Memorandum of Understanding. Progress in recruiting to the roles of the extended primary care team has been challenging however, in partnership with GPs, decisions were taken to increase recruitment where skilled individuals are available i.e. Link Workers. A key resource to support the shift in demand for GP services is the Advanced Nurse Practitioner role and recruitment to these posts has been challenging for all HSCPs. There have been challenges during this initial year but overall the HSCP PCIP implementation has been successful.</p> <p>At the end of year 1 there is a significant under spend, this is the situation for most HSCPs.</p>	
Presented by	Craig Masson, Clinical Director
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> ▪ Note the content of this report and the collaborative working with GPs and the HSCP and wider stakeholders to achieve the level of recruitment to the extended primary care team at this point ▪ Note the challenges experienced during year 1 ▪ Note the underspend position 	
<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

1 May 2019

Report by Chief Officer

Report on the Progress of the Primary Care Improvement Plan (PCIP)

PURPOSE OF REPORT

1. The purpose of this report is to advise the Integration Joint Board of our progress to date with the East Renfrewshire Primary Care Improvement Plan (PCIP). This report will cover:
 - Status report on the 6 Memorandum of Understanding (MOU) areas of commitment
 - Other developments
 - Key successes
 - Key challenges
 - Measuring impact
 - Update financial figures.

RECOMMENDATION

2. The Integration Joint Board is asked to:
 - Note the content of this report and the collaborative working with GPs and the HSCP and wider stakeholders to achieve the level of recruitment to the extended primary care team at this point
 - Note the challenges experienced during year 1
 - Note the underspend position

BACKGROUND

3. The GMS 2018 states "*HSCP Primary Care Improvement Plans will enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end of the three-year plans, every practice in GGC should be supported by expanded teams of board employed health professionals providing care and support to patients*".
4. East Renfrewshire Health and Social Care Partnership, supported by our GP Subcommittee representative developed our three-year Primary Care Improvement Plan. This 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.

REPORT

MOU Commitments

5. **Vaccine Transformation Programme** – East Renfrewshire has achieved highly with respect to the delivery of childhood vaccines. A recent report demonstrates that we are one of only three HSCPs to have achieved the target thresholds across all vaccines. Our uptake for childhood vaccines is strong compared to Board averages – we have the highest aggregate uptake across 6-in-1 + PCV + Rotavirus + MenB vaccination in Greater Glasgow & Clyde (GGC).

Year 1: 2018-2019 Routine Childhood Immunisation

Table 1: Primary Immunisation Uptake Rates by 12 months old

Local authority ¹	Number in Cohort ²	% completed primary course by 12 months							
		6-in-1*		PCV		Rotavirus ³		MenB	
		No.	%	No.	%	No.	%	No.	%
East Dunbartonshire	1,114	1,090	97.8	1,096	98.4	1,056	94.8	1,090	97.8
East Renfrewshire	956	943	98.6	947	99.1	924	96.7	944	98.7
Glasgow City	6,810	6,474	95.1	6,516	95.7	6,096	89.5	6,392	93.9
Inverclyde	662	651	98.3	653	98.6	641	96.8	649	98.0
Renfrewshire	1,776	1,735	97.7	1,741	98.0	1,685	94.9	1,731	97.5
West Dunbartonshire	891	854	95.8	862	96.7	824	92.5	859	96.4
Scotland	53,413	51,228	95.9	51,460	96.3	49,590	92.8	50,982	95.4

Source: SIRS/ISD Scotland
Date: 11 February 2019

6. In 2018 we also undertook a successful housebound patient seasonal flu vaccine programme, following a successful pilot model from Renfrewshire, to provide a community nurse based service for housebound patients requiring the Influenza Vaccine and reduce GP workload. A total of 170 vaccines were administered to the housebound patients by six District Nursing staff across eleven GP surgeries in East Renfrewshire. Similarly across NHS GGC, there has been no movement on over-65s seasonal flu vaccine or travel vaccines. Pilots are commencing soon across GGC with respect to maternity services delivering flu and pertussis vaccines to pregnant women.
7. **Pharmacotherapy** – There has been success in this field, with 13 of our 15 practices having pharmacotherapy input at a level of at least 0.4WTE, a breadth of cover not matched in any other HSCP. When you take into account our Prescribing Support Pharmacist workforce, we have the strongest workforce in GGC at 0.6WTE / 5000 patients.
8. External concerns remain regarding the work being done (Level 1-3 as per the GP contract specification), as most practices are using their pharmacists to undertake the more time consuming Level 2 & 3 work. It may appear on paper, therefore, that the priority Level 1 work is not being covered in East Renfrewshire; however it is worth noting that the HSCP has allowed the practices full autonomy to use their pharmacotherapy service as they see fit, on the understanding that it is the GPs' contract and if they are happy, so are we.

9. **Community Treatment Room Services** – we are a little behind schedule compared to the submitted PCIP timeline of being up and running from April 2019. This is due to a more robust planning process being followed, learning from mistakes made in other areas with respect to the setting up of TR facilities. There has been engagement with GPs and as a result, a model agreed going forward. This hybrid model will move some activities to centralised treatment rooms in EHCC and BHCC, and other services remaining in practices. This follows from the successful implementation of Healthcare Support Workers into each of the practices, who have received the service extremely positively and have indicated that the delivery of care from their premises is one of the positive features.
10. The scale of the TR service has been amended since the original submission of the PCIP to approximately 150% of the original estimate, based on activity data collected in the interim.
11. Having Health and Care Centres in both localities with modern treatment room facilities ready to use when the workforce and service specifications are in place puts us at an advantage compared to most of our colleagues, and should mean that by the end of year 2 we are further ahead than our peers.
12. **Urgent Care (ANPs)** – Unfortunately, we have had two failed rounds of recruitment due to lack of suitable candidates. After the first failed round, the GPs were consulted at the GP Forum and it was agreed that we would re-advertise making it clear that we would take on trainee ANPs and support their development. The second round of recruitment attracted more suitable candidates, but concerns remain regarding their formal status as Advanced Nurse Practitioners and we are in dialogue with Mark Cooper, Nurse Director, regarding the transferable qualifications of the candidates. As a result, at the time of submission of this report, we still have no confirmed new ANPs and are going to explore other options to support local need. Talks continue at Board level regarding a centralised approach similar to the pharmacotherapy approach.
13. **Additional Professional Roles** – we have had success in this area, with the appointment of an Advanced Practice Physiotherapist (APP) who works half her time in each of two practices. (The two practices which did not have pharmacotherapy input, in order to equalise HSCP input across all 15 practices). This has been well received by the two practices and we received the following feedback from the MSK Physiotherapy Manager:

“I wanted to contact you to let you know I have been catching up with the APPs working in East Renfrewshire to see how things are going. The feedback has been excellent and things look to be going very well. Staff have been made to feel very welcome in both Mearns and Lavern Practices and there seems to be fantastic engagement to support this new way of working and get things off the ground. I was particularly overwhelmed when I visited our APP Yvonne in Lavern Group, Barrhead. At this early stage of implementation she has reached her projected capacity in terms of available appointments and these are being well utilised, with significantly high rates of patients directly routed to the APP from receptionists. It was also fantastic to hear that the GPs have seen direct benefit in terms of their patient case load and ability to utilise time released through widening the MDT. I feel early success here may be due to a number of factors; there appears to be strong leadership and team working, the GPs and practice manager seem to have driven this change from within, and I think the practice has been signposting for quite some time and we have been able to slot into this nicely. I think there are key lessons to be learned to give insight into what can be achieved with this model of working and also to aid roll out of APPs in other areas”

14. Phase two implementation will add Advances Practice Physio roles to two other GP Practices within the Eastwood locality.
15. Community Link Workers (CLW) – as a result of the Link Worker pilot, in collaboration with RAMH, and its positive evaluation we decided to upscale more quickly and by a greater amount than was indicated in the submitted PCIP, effectively doubling the CLW WTE. Now all 15 practices have access to a CLW with some of the original nine practices having more input than they did before.

Other Developments

16. We appointed a PCIP Implementation and Development Officer to support implementation of the PCIP aspirations of the Primary Care Project Board. This has been well received by GPs, who now have a nominated person within the HSCP to turn to for all matters relating to the AHPs being provided to them via the PCIP.

Key Successes

- Excellent figures for delivery of childhood vaccines
- The broadest and most significant WTE input of pharmacotherapy in GGC
- Well received practice-based and domiciliary phlebotomy / Healthcare Support Worker service
- Successful implementation of an APP into two practices
- Marked increase in Community Link Worker service to cover all 15 practices
- Dedicated project support to plan and engage with the new contracted Primary care teams and liaise directly with GP practices

Key Challenges

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

Measuring Impact

- 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; one in each locality we will develop our template to gather baseline data. Once agreed regular reports will be provided to monitor shifts in demand and how the freed capacity has been re-shaped to support our complex individuals.

CONSULTATION AND PARTNERSHIP WORKING

17. The achievements at the end of year 1 of the PCIP is a result of collaborative working between the HSCP, GPs, GP Sub-Committee Representative and our wider engagement with RAMH and the Lead for Musculoskeletal Services across Glasgow. The Primary Care Programme Board with representation from all HSCP leads for PCIP and leads for Primary Care has been key in shaping the direction of travel, sharing learning and exploring opportunities to benefit from closer working.

IMPLICATIONS OF THE PROPOSALS

Finance

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

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

19. The balance of £319k will be carried forward to 2019/20.

Staffing

20. None

Infrastructure

21. None

Risk

22. None

Equalities

23. None

Policy

24. None

Legal

25. None

Directions

26. None

CONCLUSIONS

27. During year 1 we have achieved a number of our aspirations outlined in our PCIP. Recruitment to Advanced Nurse Practitioner posts has posed significantly challenging. Strong engagement and collaborative working with the HSCP, GPs and wider stakeholders has been successful in driving the plan forward resulting in investment in some roles going way beyond year 1 aspiration. An under spend is evident at the end of year 1. Implementation has been challenging but we are in a position to report a number of key successes. As we progress in to year 2 we will invest in measuring impact, a vital component of any improvement plan.
28. It is recommended that a mid-year position report is brought to the Integrated Joint Board in November 2019

RECOMMENDATIONS

29. The Integration Joint Board is asked to:
- Note the content of this report and the collaborative working with GPs and the HSCP and wider stakeholders to achieve the level of recruitment to the extended primary care team at this point
 - Note the challenges experienced during year 1
 - Note the underspend position

REPORT AUTHOR AND PERSON TO CONTACT

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April 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

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

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



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 May 2019
Agenda Item	13
Title	Augmentative and Alternative Communication (AAC) in NHS Greater Glasgow and Clyde
<p>Summary</p> <p>This paper was presented to the NHS Greater Glasgow and Clyde (GGC) Corporate Management Team (CMT) on 14 March 2019 and the recommendations were endorsed. It describes the work underway to review provision of Augmentative and Alternative Communication (AAC) equipment and support in GGC. The paper also proposes a local service of repair, recycling and monitoring of AAC equipment embedded within the Scottish Centre for the Communication Impaired (SCTCI) and proposes that East Renfrewshire Health and Social Care Partnership host the service.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> ▪ Note the paper ▪ Approve that East Renfrewshire Health and Social Care Partnership host the SCTCI and associated budgets under the management of the General Manager for Specialist Learning Disability Services ▪ Direct the NHS Board accordingly 	
<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 checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input checked="" type="checkbox"/> Staffing <input checked="" type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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NHS Greater Glasgow & Clyde

Corporate Management Team



Augmentative and Alternative Communication (AAC) in NHS GGC

1. Recommendations

That CMT endorse the proposals developed by the GGC AAC Co-ordinating Group, namely:

- To take the AAC Practice Guidance through relevant clinical/care governance groups for endorsement and wider distribution
- To develop a NHS GGC AAC co-ordination service managed by SCTCI but distinct from its national role
- To review and develop service level agreements between SCTCI and other Health Boards for the new financial year
- That East Renfrewshire HSCP host SCTCI and associated budgets pending approval by East Renfrewshire Integration Joint Board

2. Purpose of Paper

This paper describes the work underway to review provision of Augmentative and Alternative Communication equipment and support in NHS GGC. NHS GGC is required to ensure its compliance with Part 4 of the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 on the provision of Communication Equipment and support which commenced in March 2018. This paper also proposes a local service of repair, recycle and monitoring of AAC equipment with AAC training and support available to staff within HSCPs and Acute Services.

3. Background

3.1 What is AAC?

Augmentative and Alternative Communication (**AAC**) is the term used to describe various methods of communication that can 'add-on' to speech and are used to get around problems with ordinary speech.

AAC includes simple systems such as pictures, gestures and pointing, as well as more complex techniques involving powerful computer technology. AAC is used to help people *express* themselves. Some people, both children and adults, find communication difficult because they have little or no clear speech. There are many possible causes for this including cerebral palsy, stroke, head injury, motor neurone disease or learning disability. Other people, for example those with autism spectrum disorders, find spoken communication difficult because they do not understand how language works and may find it difficult to connect socially. A more concrete form of communication may be easier to use.

AAC can also help with *understanding*. Some people find it difficult to understand what others are saying. This might be due to a stroke, a learning disability or a hearing impairment, for example. If others use some form of AAC, like drawing or writing or pointing to things to back up what they are saying, that may help people to understand. *Difficulty with communication* is a common, but under-recognised. An estimated 0.5% of the population could benefit from some form of AAC and approximately 0.05% of the population could benefit from some form of powered AAC. Better communication, using AAC, is known to improve quality of life and increase participation in society. Being able to communicate brings more opportunities for education, work, relationships and independence.

Many people requiring AAC (both high-tech and low-tech) access a Speech and Language Therapist. If a specialist assessment is deemed necessary a referral can be made to the national service the Scottish Centre of Technology for the Communication Impaired (SCTCI).

However with the development of digital devices; many individuals requiring low tech communication support systems; the recognition that communication is everyone's business individuals access a variety of agencies including health, social work, third sector organisations and education for the procurement, provision and support in relation to their communication.

3.2 Legislation

The commencement of *Part 4 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 – Provision of Communication Equipment* on 19th March 2018 conferred a legislative duty of NHS Boards “to provide or secure communication equipment and support in using that equipment to such extent as they consider necessary to meet all reasonable requirements, to any person who has lost their voice or has difficulty speaking.” (Letter from Jamie McDougal, Deputy Director, Care, Support and Rights, 22/12/2017). Each Health Board was required by Scottish Government to identify an Executive lead for AAC. Julie Murray, Chief Officer of East Renfrewshire HSCP has undertaken this function since December 2017.

4. **Current Position**

Although adult acute SLT service have a single system financially and operationally, HSCP services including RES, CAMHS, Adult MH inpatients, Adult Learning Disability and Community Stroke Team have a range of operational and professional arrangements. Therefore there is no cohesive approach to data collection and analysis, procurement and funding, recycling of equipment and clinical pathways and prioritisation.

Funding of equipment for children is usually drawn from Local Authority Education Departments and HSCP Speech and Language Therapy budgets, although this is variable across NHS GGC. A dedicated NHS GGC Board wide fund was established as part of the Physical Disability Strategy implementation around 2005/6 and is currently administered by an acute services planner.

These historical arrangements have led to some care groups being excluded from some funding streams for example adults with learning disability, the inability to quantify demand and potential unmet need; examples of wasted resource eg buying new equipment when equipment in the system could be restored to factory settings and reused if there were arrangements to do so; delays in providing equipment and the inability to report meaningful data and processes to Government in this priority area.

During the 'Right to Speak' project (NES 2012) work across care group clinical pathway was developed but never endorsed. In order to help Health Boards prepare for the legislation, NES, through 'A Right to Speak' made funding available for the establishment of AAC loan banks in localities often referred to as 'Right to Speak' kits. The Acute Division and each HSCP in NHS GGC has a store of various AAC equipment, which is available on loan to individuals who wish to test before purchase. Each HSCP has its own system for lending and managing its inventory of AAC aids.

4.1 SCTCI

The Scottish Centre for the Communication Impaired (SCTCI) is a tertiary level service managed within NHS GGC. It provides a specialist AAC assessment, recommendation and training service to NHS GGC and other Health Boards in Scotland (except Lothian and Fife). SCTCI is based in NHS GGC premises (the Westmarc building in QEUH) and is managed by the Acute SLT service. The arrangements with other Health Boards are long standing and we have not been able to locate a contract or service level agreement. The retirement of the lead Clinician in May 2018 offered some opportunity to review arrangements in light of the legislation. The post has not been filled permanently and interim arrangements are in place to enable service redesign.

5. GGC AAC Co-ordinating Group

In April 2018 a Co-ordinating Group was established, chaired by the Executive lead. Membership was drawn from Acute SLT, each HSCP and SCTCI. The remit of the group (endorsed by the Director of AHP when she came into post) was to:

- Oversee the implementation of the legislation locally and identify implications
- Refresh and develop the clinical pathways/practice guidance
- Look at issues of equity and funding
- Improve communication
- Improve access to equipment, including recycling
- Improve data collection and reporting

Progress to date:

5.1 Practice Guidance

The group has refreshed and further developed the clinical pathway which now takes the form of a practice guidance tool – see Appendix 1. This has been a comprehensive cross-system piece of work, based on the national core pathway, which has been widely shared and describes how the AAC journey should flow from identification, assessment, funding and procurement as well as the support function and responsibilities of those involved. Should the CMT endorse the proposed approach to developing a NHS GGC wide co-ordinating role the guidance can and be presented to the relevant clinical /care governance groups for further discussion and endorsement.

5.2 Recycling of Equipment

The Co-ordinating Group commissioned additional hours from SCTCI support staff to bring in all equipment from the 'Right to Speak' loan banks from across NHS GGC to assess condition and repair and recycle or dispose of as relevant. A case study is set out below. This exercise has demonstrated that a NHS GGC wide monitoring, repair and recycling service would not only deliver savings but more importantly improve patient experience by reducing waiting times for equipment.

5.3 Case study

AAC Support for LH Feb 2019

LH is a 47 year old woman with rapidly progressing Motor Neurone Disease.

Speech and language therapy involvement made provision for low tech AAC in the form of story books, word / picture charts as well as texting. High tech AAC was agreed and a referral made to SCTCI for assessment and trial of a high tech AAC aid. LH wanted to continue to use her mobile phone and access environment controls such as TV, fan and Skype her Mum who was unable to visit.

SCTCI assessed and trialled LH with a computerised scanning system accessed via a head mouse - a small dot fixed to her glasses. She mastered this system quickly progressing to build sentences with detailed grammar. Familiar vocabulary used by LH was predicted by the high tech AAC aid reducing her time and effort.

LH was delighted with the system and quickly became skilled in using the equipment. A long term loan was provided for her following a week trial. This was only made possible by accessing recycled equipment from across NHS GGC which was cleared and re-programmed to meet her specific needs.

LH received a communication aid quickly at a time when her changing health needs required careful planning with difficult conversations. The cost of the aid would have been ~£8,000, with a procurement time of approx. 6 weeks.

Unfortunately her condition has deteriorated and LH agreed using AAC that she needed palliative care in a hospice. Utilising her AAC computer system LH has expressed her palliative wishes regarding eating, drinking, and the use of medication with her doctors and nurses as well as her advocate and friends. She is able to use her mobile and her environmental controls with the AAC with support by SCTCI and local Speech and Language therapist. LH has some control over her life, at a time where she is acutely aware that her condition is rapidly deteriorating. LH and her care team describe her AAC aid as invaluable by enhancing the quality of her life during what is undoubtedly the last stage of her illness.

5.4 Equity of Funding

Given the original funding for the equipment budget was sourced through a physical disability strategy there has been a perception that the fund is not available for people with learning disabilities. This is not in fact the case as there have been attempts to be more flexible with the criteria for accessing the fund. However, in recognition of demand, particularly in light of the legislation, we intend to supplement the fund with £20k from the specialist learning disability budget. We will keep this under review. The AAC Co-ordinating Group have taken the view that we should maintain the status quo for funding equipment for children as there are different arrangements across HSCPs in relation to cost sharing with Education Departments and any attempt to develop a consistent approach may lead to cost pressures for the NHS.

5.5 Improved data collection and reporting

This has been a challenging area to progress as information about current AAC users is kept in different systems and it is difficult to identify unmet need. The AAC Co-ordinating Group is contributing to national work to take this forward and has established a process to co-ordinate responses to Scottish Government requests for data to ensure that we don't double count.

5.6 Proposal to develop a NHS GGC wide co-ordination service

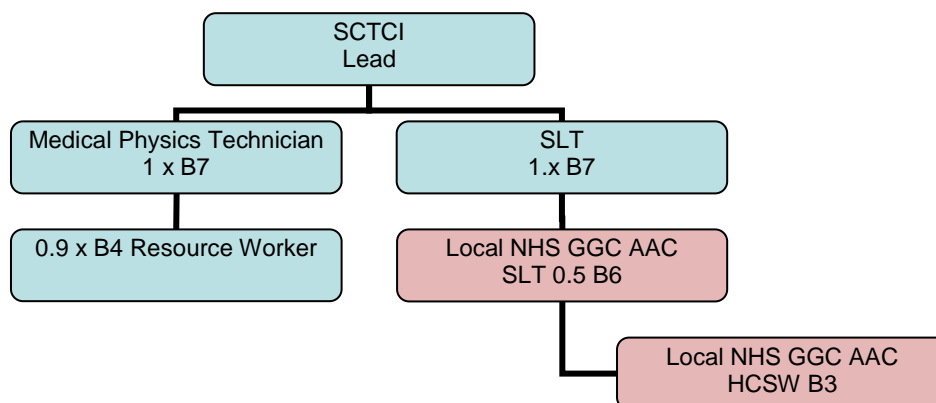
Having considered approaches in different Health Board areas, including Ayrshire and Arran and Lanarkshire, the AAC Co-ordinating Group agreed that a Board wide approach to support local AAC assessment and training, the repair and recycling of locally procured AAC equipment and a consistent and equitable approach to funding for equipment for adults was required. This would address the difficulties highlighted by AAC leads, improve patient experience and ensure compliance with the legislation.

A number of services with the potential to provide procurement, maintenance, repair and recycling of equipment were considered against a set of criteria with SCTCI achieving best fit.

We propose that a small NHS GGC service is managed by SCTCI to provide a discrete service for NHS GCC Partnerships and into Acute services. This will enable the national facing service to focus on the tertiary level support that it was originally established to provide. It will also manage process for accessing the budget for adult equipment.

Figure 1 sets out the proposed staffing for the NHS GGC services within the context of the SCTCI team. Figure 2 sets out the distinct roles of the national and local service.

Figure 1

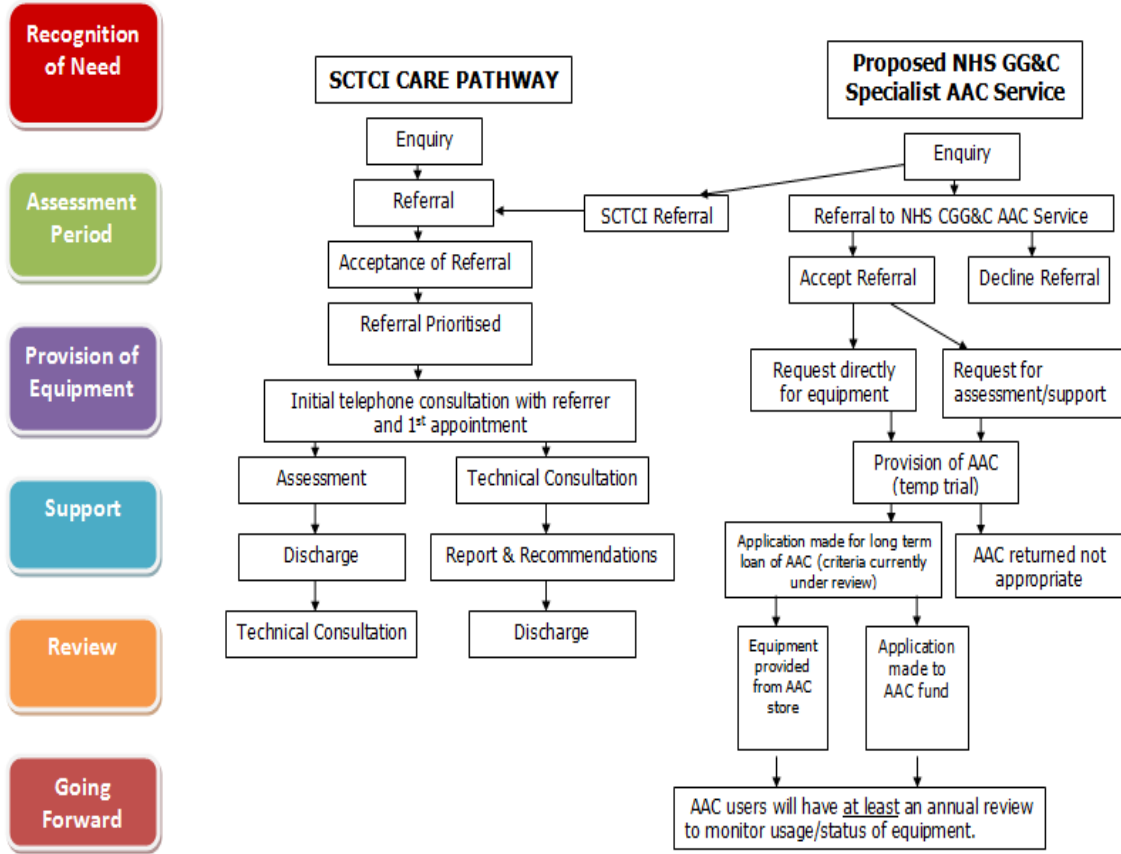


The managing service will ensure that the appropriate general management support is provided and that professional leadership requirements are met.

Currently the SCTCI lead is vacant with clinical back fill provided by 0.6 x B7 SLT and service lead 0.2 B8A SLT, this interim arrangement is not shown on the diagram. We propose to extend the interim arrangement until an amended SCTCI lead job description is developed and evaluated reflecting the additional local as well as national responsibilities.

The job description will be prepared with relevant stakeholders in partnership with Staff side and will follow HR processes regarding job evaluation.

Figure 2



5.7 Proposal to host the SCTCI and associated local service within East Renfrewshire HSCP

Historically SCTCI has been managed within Acute services, most recently by the Acute SLT service which is part of the Clyde Directorate. The majority of the referrals to the service come from community services and it is proposed that the service would be more appropriately managed within an HSCP. East Renfrewshire, given the Executive lead role of the Chief Officer would seem the obvious location and if agreed the service would be managed by the General Manager of hosted specialist Learning Disability services with professional leadership being provided by the Professional Lead for Community SLT. This would need to be subject to agreement by East Renfrewshire IJB.

6. Review of the SCTCI service to other Health Boards

SCTCI has been funded by income from Health Boards across Scotland. There is no current Service Level agreement setting out what will be delivered for this funding and work is underway to set out a clear service specification and transparent cost structure. It is hoped that this can be agreed with Boards for implementation in the new financial year, but we will test the feasibility of this during discussions with the Board leads in the next few weeks.

7. Financial Implications

The estimated cost of the revised service structure is £372k, based on all posts at the top of the scale and with the maximum likely impact of grades. This is considered prudent as this is a specialist service, however for context, if posts were at the mid-point and the lower potential grade the cost could reduce by £38k.

The table below shows the summary position with a notional split between tertiary and NHS GGC local costs, however the NHS GGC local staffing resource will most likely undertake work that would previously fallen to the tertiary service.

	Tertiary	Local	Total
Maximum Expenditure Budget needed	£'000	£'000	£'000
Staffing	213	49	262
Travel	9	2	11
Equipment	23	71	94
Other	5		5
Total Funding Needed	250	122	372

The local equipment budget for NHS GGC is fully funded and allows for equipment purchase across those HSCPs within NHS GGC along with equipment purchase within acute services. Historically Learning Disability services were not included within this arrangement and it has been agreed to increase this budget by £20K, from the LD specialist service hosted by East Renfrewshire HSCP.

The 2018/19 SCTCI income was £299k, comprising £127k from NHS GGC and £172k from other Health Boards. The table below shows the income by Board along with each Board's population. It can be seen that whilst NHS GGC represents 28.2% of the combined population the income is 42.6% reflecting that NHS GGC undertakes both tertiary and local work, as has been custom and practice for many years.

	£	%	Population	%
Ayrshire & Arran	7,706	2.6%	370,410	8.9%
Dumfries & Galloway	7,706	2.6%	149,200	3.6%
Forth Valley	9,807	3.3%	305,580	7.4%
Grampian	53,240	17.8%	586,380	14.2%
Highland	28,722	9.6%	321,990	7.8%
Lanark	39,230	13.1%	658,130	15.9%
Tayside	14,011	4.7%	416,090	10.0%
Western Isles	4,904	1.6%	26,950	0.7%
Borders	4,203	1.4%	115,020	2.8%
Orkney	2,102	0.7%	22,000	0.5%
GGC	127,496	42.6%	1,169,110	28.2%
Total	299,127	100.0%	4,140,860	100.0%

The maximum costs are estimated at £372k. The SCTCI 'external' funding is £299k and when combined with the NHS GGC local equipment budget of £71k gives potential total funding of £370k, leaving a potential funding gap of £2k.

The existing income and expenditure budgets will require re-alignment to reflect one budget for the proposed new service going forward.

8. Risks

The re-aligned budget should fully fund the proposed revisions to the service, however the mechanism for SCTCI external income is based on a three year running average so there may be fluctuation. The income over the last 5 years has grown from £279k to £299k but with year on year variation to each Board. Any shortfall in one year would need to be funded, a reserve mechanism would allow for some flex in dealing with fluctuation over the longer term.

9. Recommendations

That CMT endorse the proposals developed by the GGC AAC Co-ordinating Group, namely:

- To take the AAC Practice Guidance through relevant clinical/care governance groups for endorsement and wider distribution
- To develop a NHS GGC AAC co-ordination service managed by SCTCI but distinct from its national role
- To review and develop service level agreements between SCTCI and other Health Boards for the new financial year
- That East Renfrewshire HSCP host SCTCI and associated budgets pending approval by East Renfrewshire Integration Joint Board

Julie Murray
Chief Officer
East Renfrewshire HSCP
Date: 12th February 2019

AAC Practice Guidance

Draft v.4

This guidance supports the pathway from the Scottish Government in response to Part 4 of the Health (Tobacco, Nicotine etc and Care) Scotland Act 2016 which commenced March 2018.

The document below describes the pathway for Augmentative and Alternative Communication (AAC) provision and support within NHS Greater Glasgow and Clyde. It explains how the multi disciplinary team, individuals and carers work together to maximise peoples' communication where they have needs.

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Recognition of Need

The Scottish Government is committed to respecting, protecting and implementing human rights for everyone in Scotland and to embedding equality, dignity and respect in everything it does.

Access to Communication is as much a right as physical accessibility and ensures inclusivity for all. Everyone has the basic human right to understand and be understood.

A significant number of adults and children in Scotland use communication equipment or need help with communication. For the first time in law (Part 4 of the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016) in Scotland, there is a duty to ensure all people can access the equipment and support they need to be able to participate fully in society.

Communication difficulties can affect all or some of the ability to:

- Understand what others are saying
- Decide what to say
- Speak
- Make choices and decisions
- Solve problems
- Socialise

There are many possible causes for communication difficulties, some which people are born with or some which develop through life. Problems with communication can be stable or changing, temporary or lifelong.

Recognition of Need

Definition of AAC

Augmentative and alternative communication describes different or additional ways to get a message across.

There are two main types of AAC systems:

1. Unaided forms of AAC where the message is expressed using your body eg signing, pointing etc
2. Aided forms of AAC make use of tools , which in turn may be low tech or high tech.

Low tech AAC refers to anything that does not need a battery or power supply eg a communication book (with pictures, symbols, written words), alphabet chart, pen and paper etc.

High tech AAC refers to powered systems and may range from simple single message devices to the use of mainstream technology (such as tablets) with specialist software or purpose designed voice output communication aids

An individual may use more than one type of AAC method for different purposes, or may have a Low-Tech system in place to back up a High-Tech device should there be a technical failure. It can also depend on the individual's preference and where/ who they are communicating with at the time.

Recognition of Need

Meeting AAC Needs

Everyone encounters people with communication difficulties in their daily lives, so **it is everyone's responsibility** to recognise these difficulties and use strategies to support. People who work with individuals with communication difficulties should know how to identify needs as early as possible; know how to help and know when to seek further advice or if assessment is required.

NHS Education for Scotland has developed a knowledge and skills framework

(IPAACKS2: Informing and profiling AAC knowledge and skills)

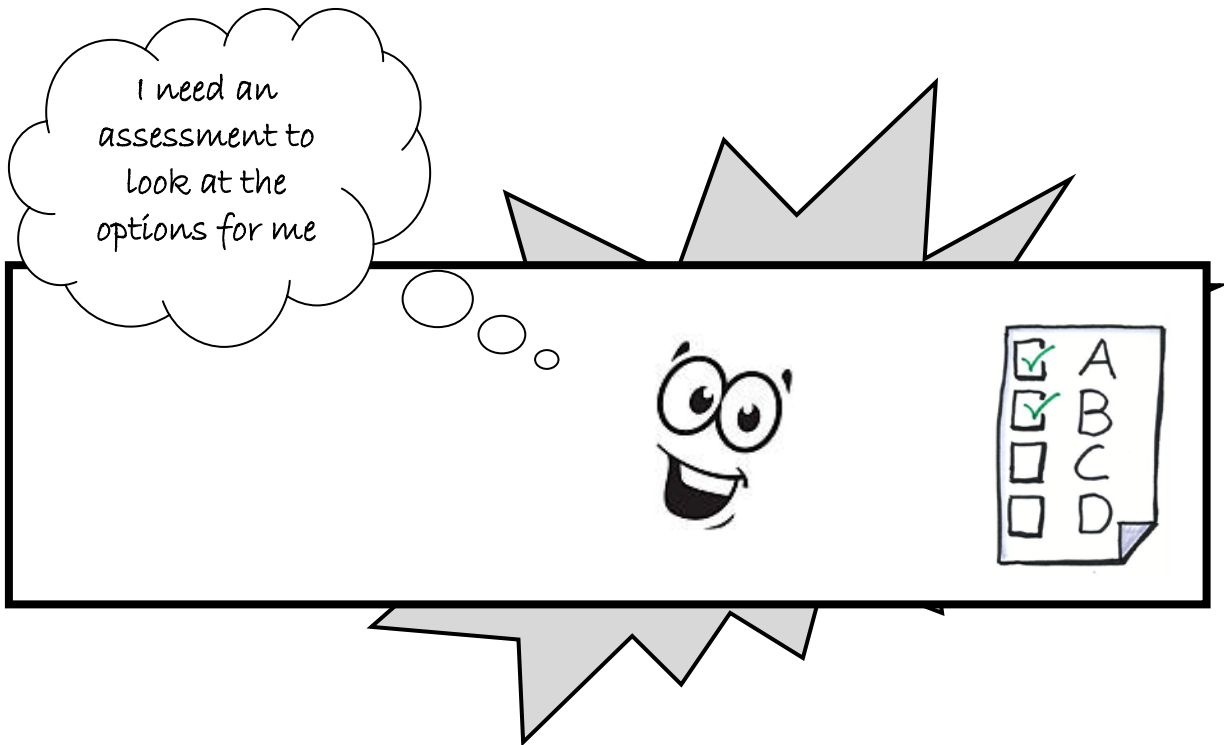
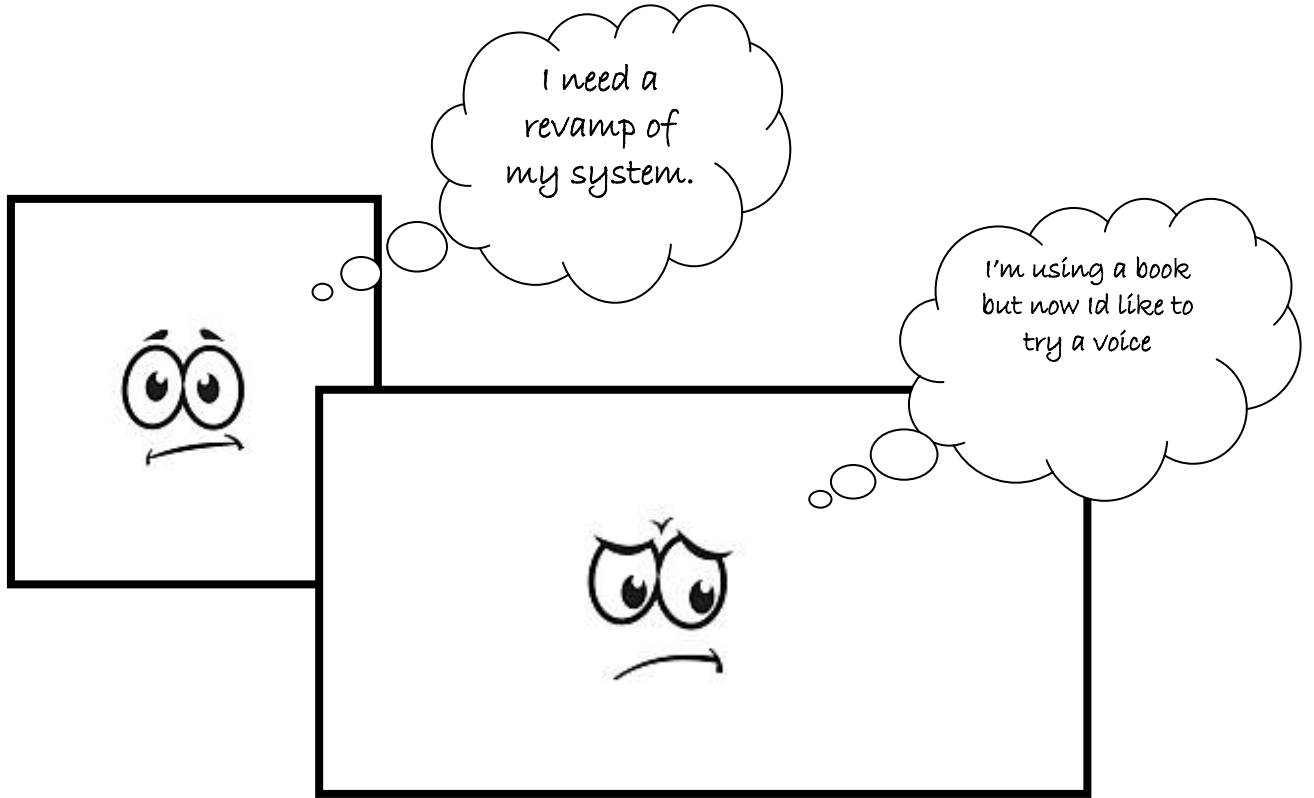
<http://www.nes.scot.nhs.uk/media/2507407/nesd0214aacframework-re.pdf>

Anyone who supports a person with communication needs may find this a useful framework for learning and development.

For individuals with a specific communication difficulty, which affects their daily life and well-being, referral for assessment by an SLT may be appropriate (see further details under assessment).

Consent to refer must be obtained by the individual or their proxy, prior to referral.

Successful use of AAC needs commitment from everyone involved in the individuals life, so this should be established at the time of referral and a coordinator identified.



Assessment

Assessment considers which situations, interactions and activities are most challenging; if something can be done to help that and who can facilitate.

While Assessment is not just about seeking technological solutions it is required to ensure that the most appropriate AAC system and supports are identified for the individual. This needs to take account of a range of factors including; motivation (individual and carer); physical and environmental access; readiness of individuals and partners; if communication would be developed or enhanced further.

Composition of the team will vary depending on age and needs/abilities of the individual, as well as their environment and who they communicate with. The person themselves, their family members and carers are always members of the team. In addition a whole team approach for the support, development and maintenance of the AAC system is required.

Successful implementation and use of AAC requires a whole team approach which sometimes requires the expertise of a Speech and Language Therapist (SLT) where clinical assessment and analysis is required.

Speech and Language Therapists (SLTs) are communication experts who can provide a specialist assessment of communication needs, identify areas for intervention and recommend/teach communication strategies to enable people with communication support needs to maximise their potential.

To enable individuals and their partners to be more successful at communication, assessment and intervention are carried out by the team around the individual, which may include the SLT.

Assessment Knowledge and Skills

People who identify and assess the needs of individuals AAC e.g. including signing systems, powered/unpowered systems, will have knowledge at IPAAACKS levels 1 or 2 or have equivalent experience. Some professionals will go on to develop greater levels of knowledge and skill in specific aspects of AAC.

Assessment Role of SLT in the AAC Assessment

The purpose of assessment is to establish the individual's potential to use AAC and whether this will increase the effectiveness of their communication.

Assessment will:

- Take in to account the individual's preferences
- Include the individual, family, the referrer, their support team and communication partners
- Sometimes require to take place over an extended period of time, involving trials of different AAC systems.
- Be appropriate to the person's age and abilities
- Include observation, information from the individual, family and those in the individual's day to day environments

- Consider the success of communication systems already in place
- Consider the individual's general well being e.g. current medical status, level of tiredness, emotional status.
- Include formal testing where appropriate
- Include a range of different AAC equipment and materials as appropriate to the individual's needs and abilities
- Take place in a variety of locations e.g. school, home, care home, hospital, work place
- Include observations of communication in daily life, which can be made by any significant person in the individual's life and analysed by the SLT
- Present formal assessment materials in flexible ways to ensure the Individual can see/ operate them and take any physical, visual or hearing impairment into account
- Take into account whether the individual can operate the system, their language ability and symbolic understanding
- Consider the individual's desire and ability to interact with another person
- Consider low-tech communication systems e.g. an eye pointing board and/or a communication symbol book to develop skills and/or act as a backup to any high-tech system
- Look for evidence of the ability, or potential, for the individual to develop:
 - Deliberate communication
 - Motivation to communicate
 - Symbol recognition
 - Ability to attend visually or via hearing, select/make choices
 - Physical skills to enable reliable, consistent operating methods, e.g. finger pointing, switch control and eye gaze

AAC is most effective where all environments enable active participation.

Further considerations in assessment may include:

- Are there people around the individual who can make sure the AAC equipment (both High-Tech and Low-Tech) is available at all times?. Also can they make sure the equipment is maintained, in good repair, still appropriate and do they know how to seek help, report faults and send items for repair.
- Can the individual's communication be supported by the AAC equipment in all of their environments, e.g. school, home, socially etc? If not, the individual could be more frustrated by having that means of communication in some settings and not others.
- Can a key person be identified?
 - To understand and support others to understand, that this is the individual's 'voice' (Low-Tech and High-Tech)
 - To take responsibility to embed communication across all environments, e.g. school, home, respite, work.
 - To support others to attend training in the AAC system
 - To provide guidance, information and support while the Individual learns to use AAC system
 - To ensure the persons individual needs are reflected in the AAC device
 - To Update vocabulary so that it remains relevant

Where more complex needs have been identified and further information, advice and **expert** assessment is required, access to tertiary expert services including Scottish Centre of Technology for the Communication Impaired (SCTCI) is available. The term "complex needs" may include individuals with complex access requirements, with a need for remote communication and/or integration with other technology, with very specific multiple physical/sensory and cognitive needs.

SCTCI exists to provide a high quality, specialist AAC assessment service for children and adults in Scotland who have complex additional speech, language and communication support needs. SCTCI provides expert clinical AAC assessment, training and education, and advice and information.

Remit

- To provide an independent AAC assessment service
- To have available a bank of relevant materials for assessment trials including communication books ,switches, communication aids, specific access aids, reference books etc
- To provide training and education in AAC related issues for SLT's parents/relatives and other professionals working in health education social work or the voluntary sector.
- To support the development and competency of local workforce to ensure SCTCI can function as intended as a tertiary level service - promoting 'right time, right person, right place'
- In order to enhance the tertiary function of SCTCI, GGC will develop a local service model to fulfil the requirements of the legislation
- To provide advice, technical support and consultancy services.
- To be involved in research and developments in the field of AAC.

Recommendation of a communication device by SCTCI

- If a recommendation is made then SCTCI will make a detailed report outlining the appropriate intervention/communication device. Included in this report will be details of any peripherals required e.g. switches, software, wheelchair mounting systems and any extended warranty package (if available).

- It is the responsibility of the referring agency and local team to identify funding and provide equipment agreed
- Funding for an individual's communication aid comes from a variety of sources including Health Education Social work and joint funding arrangements between all or some and a variety of charitable and fundraising sources.

SCTCI will work with an individual's team, including local SLT, to provide appropriate support during the assessment of and implementation of AAC. While not providing intervention SCTCI support the individual's local team.

Discharge from SCTCI

- Once the assessment is complete and recommendation/s made, the client will be discharged, unless a period of Technical Consultation and Training is required. The referrer will be informed of the discharge and reason by letter.
- Once the Technical Consultation and Training is complete, the client will be discharged. The referrer will be informed of the discharge and reason by letter. The client and referrer will be provided with information on how to contact SCTCI in the future should this be required.

Provision of Equipment

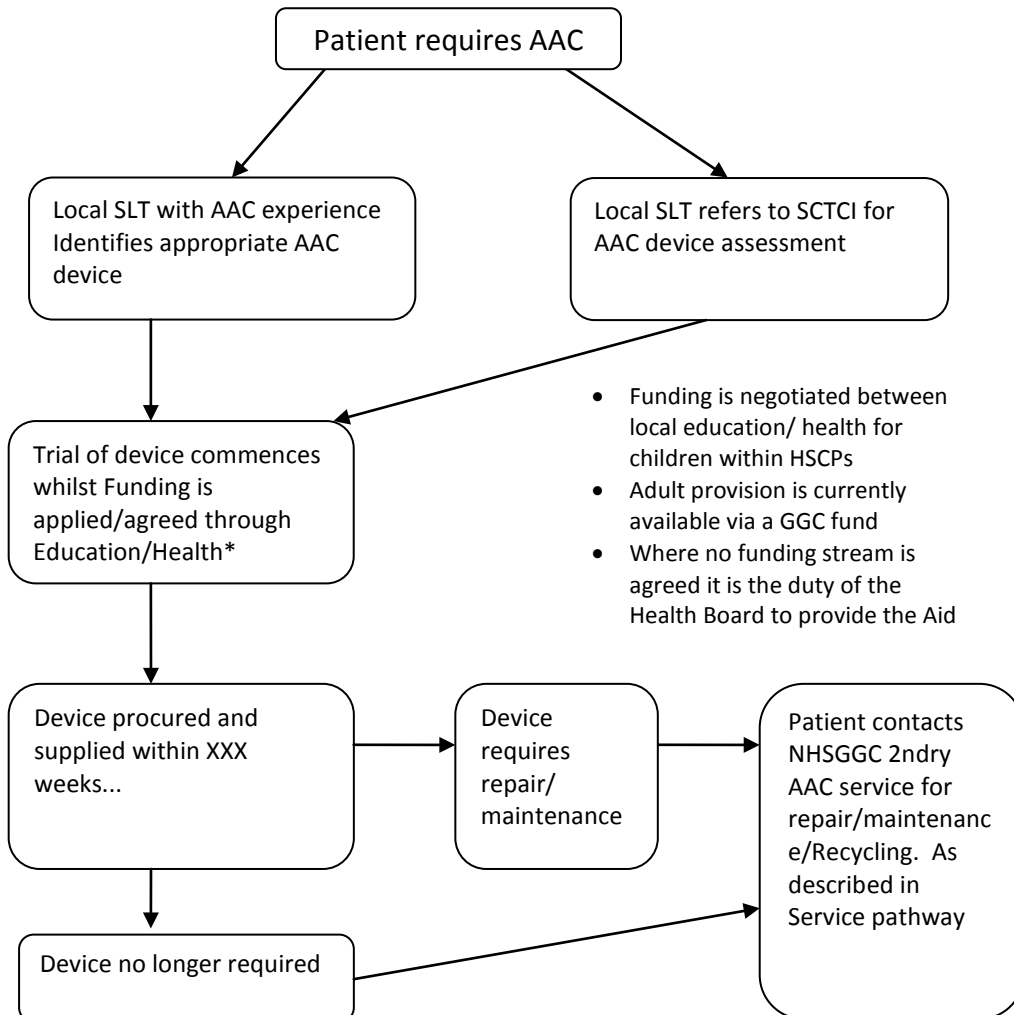
The team supporting AAC assessment should work in partnership to make the process of assessment and provision as quick as possible. AAC toolkits available in each geographical area can provide a device to an individual whilst they await order and delivery of their own. An individual may already have their own technology which can be adapted to meet their communication needs. An assessment may highlight that funding to support an app may be a preferred route.

During assessment there should be ongoing consideration for maintenance and repair of the AAC Device and how this can be supported. AAC users and their families should feel confident to continue to sustain and develop their communication systems when a multi disciplinary team is no longer involved. This may include for example, how families access symbol software for ongoing adaptation of low tech aids, maintenance and repair of high tech aids.

Whenever a high-tech aid is provided there should also be access to a low tech system as a back up.

In line with the legislation, NHSGGC will develop and describe a process to streamline; provision of equipment, data collection, waiting times, recycling and re-issue of equipment, funding streams, and data security.

Provision of Equipment



Recognition of Need

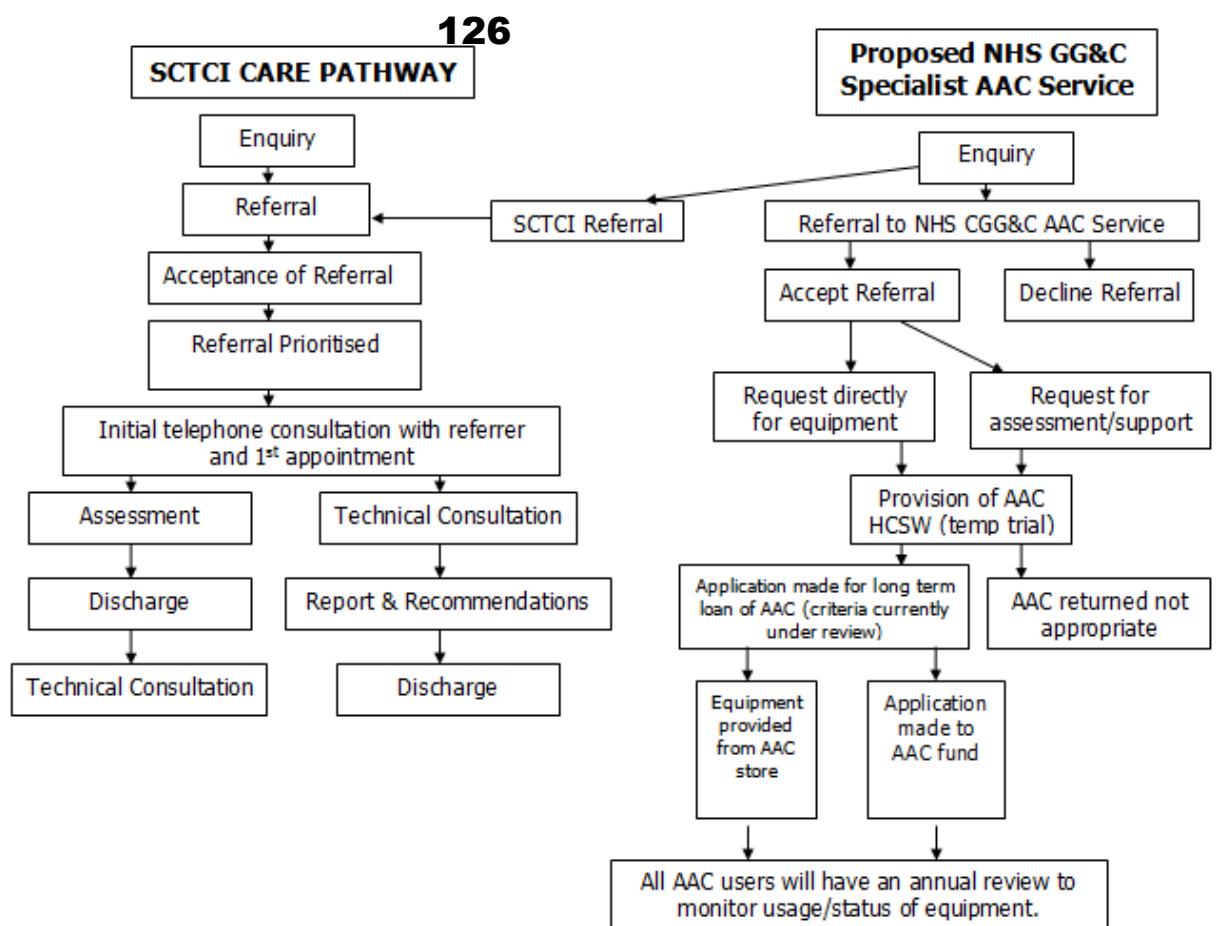
Assessment Period

Provision of Equipment

Support

Review

Going Forward



This algorithm above shows the pathways of NHS GGC secondary level AAC service and the national tertiary level service provided by SCTCI and how they relate to each other.

Support

Settings supporting individuals who are experiencing, communication difficulties that may be helped by the introduction of AAC include care homes, hospital wards, day centres, and classrooms. Communication may be supported by nurses, carers, teaching staff and support staff. Input at this level may include:

- Sign-posting communication partners to use existing resources. There are many freely available from Communication Matters Website as well as NES
- Up-skilling of the team (staff, carers and family members) on communication development or rehabilitation

- establishing basic communication support interventions, which can then be delivered by the wider workforce

The SLT can provide consultation and advice about communication supports, including unpowered / powered AAC methods. The focus would be on the development of a range of AAC strategies and resources and may or may not involve direct intervention from SLT.

Providing AAC support requires ongoing evaluation and assessment, therefore all those providing support require the skills and competencies as described in the section 'Assessment/ Knowledge and skills' (page 7)

Targeted input and interventions for AAC use must address the development of functional communication skills to support individuals with complex communication needs to participate in all aspects of daily life.

The aim of any intervention and support will be to provide individuals with a more effective means of communication helping them to achieve their social, educational and vocational goals.

Person centred goals, jointly decided by all members of the team particularly the AAC user and his/ her family ,will be the basis of any intervention and this data will feed into an evidence base which will include audit, formatting of recorded goals and outcomes.

Review

The AAC user's communication needs should be reviewed by the individual, their family and the wider support team, ideally led by a coordinator. As communication is not static, updating of vocabulary and considering whether the device still meets the user's communication needs should be considered regularly.

This will ensure ongoing success.

Going Forward

A key aim for an AAC user is that where possible s/he becomes expert in the use of their own device and can manage their equipment by themselves or with support from their key communication partners. This means that an individual is as independent of support as is possible.

The individual may be discharged from the SLT when:

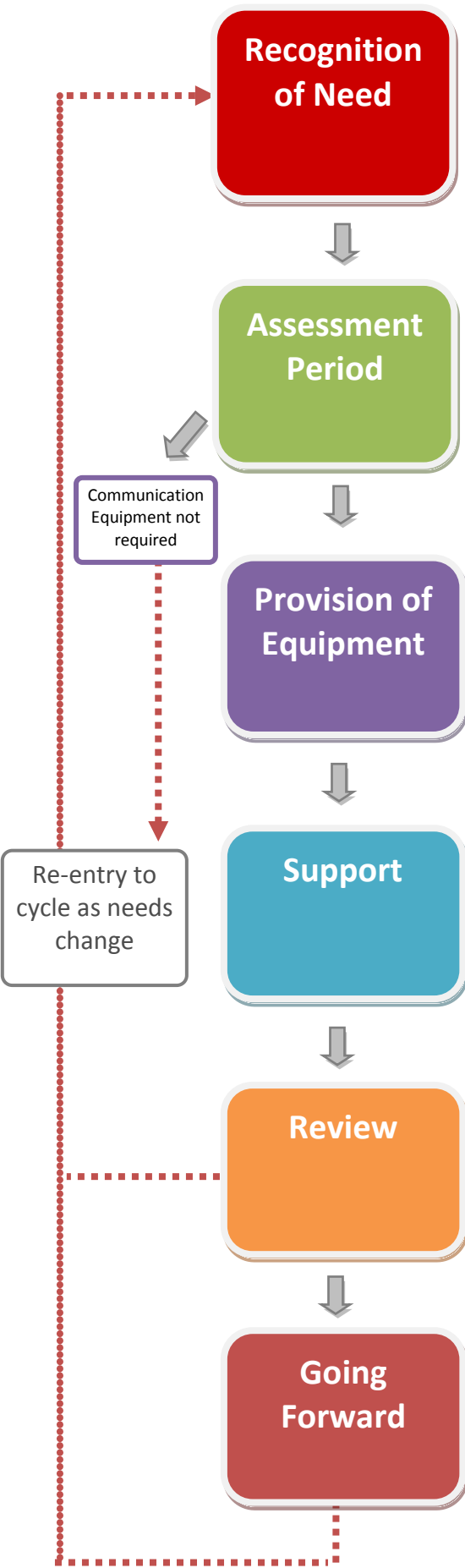
- SLT assessments and interventions are complete
- There are identified people who can support the individual in AAC use
- There are identified people able to support maintenance and development of communication as well as understanding how to refer to services if further advice would help

AAC systems, strategies and equipment need to be reviewed on a regular basis by the individual's support team, in order to ensure that the changing needs of the individual are met.

Individuals who are no longer actively involved with AAC services or SLT services should have information, via the discharge process and report, regarding re-referral and contact details for advice and consultation in the event of any changes in the individual's requirements e.g. due to deteriorating health the AAC system no longer working/meeting the individual's needs, or there is a change in the communication environments.

For adults information should be sent to the GP to ensure they are alerted to the individual's ongoing communication needs. This should be recorded within the electronic clinical information summary. If inserted and actioned by therapists it creates a direct route from the patient's record, for example paramedic services. GPs should know how to re-refer to services if those needs change.

For Individuals who have a rapidly deteriorating condition, discharge from the SLT service may be inappropriate as their changing communication needs must be monitored and their AAC systems are adapted or replaced regularly. This monitoring is the responsibility of the local SLT and team around the individual.



- Early Identification of communication difficulties that AAC might help
- Consent obtained
- Referral to SLT (if not already involved)
- Identify multi-agency team and coordinator to be involved

- Local SLT/multi-disciplinary assessment process
- Discussion with local AAC specialist/coordinator (if available)
- Regional/National specialist services involved as required (Refer to referral criteria)
- Trial of equipment – loan for agreed length of time with support as required
- Evaluate/review outcome of trial
- Identify type and amount of support required
- Person-centered goals written collaboratively with the user

- Long term loan provided from local sources where available
- Local funding arrangements available to access for low and high tech communication equipment
- Equipment is procured in keeping with local procedures and timescales
- If high tech equipment is provided, a low-tech backup should be in place

- Equipment is set up for individual user, including any necessary adaptations, access, mounting and integration with other technology
- Training provided for individual and network of support
- Local equipment management procedure is in place to ensure equipment is tracked, safe and fit for purpose
- Information is provided to the user and network of support on how to look after the equipment and what to do in the event of any issues

- Progress reviewed after a period of consolidation including discussion with the user as to whether intended outcomes have been achieved
- Any necessary changes are made

- Point(s) of contact if needs change, further support required or if any issues with equipment
- Local policies in place for follow-up/discharge
- Individual and network of support takes responsibility for equipment



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 May 2019
Agenda Item	14
Title	Revenue Budget Monitoring Report 2018/19; position as at 1 February 2019
<p>Summary</p> <p>To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Integration Joint Board is asked to note the projected outturn for the 2018/19 revenue budget and approve the budget virement detailed at Appendix 7.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Infrastructure <input type="checkbox"/> Directions </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

1 May 2019

Report by Lesley Bairden, Chief Financial Officer

REVENUE BUDGET MONITORING REPORT

PURPOSE OF REPORT

1. To advise the Integration Joint Board of the projected outturn position of the 2018/19 revenue budget.

RECOMMENDATIONS

2. The Integration Joint Board is asked to note the projected outturn for the 2018/19 revenue budget and approve the budget virement detailed at Appendix 7.

BACKGROUND

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

REPORT

4. The consolidated budget for 2018/19, and projected outturn position is reported in detail at Appendix 1. This shows a projected underspend of £0.331 million against a full year budget of £115.98 million (0.29%). Appendices 2 and 3 set out the operational position for each partner.
5. As advised at the last IJB the underspend has increased as the impact of winter and prudent projections for activity to March 2019 have not had significant impact within the current financial year. Along with additional income of £0.082m received this has meant we do not need to draw from reserves in the current year. This is the projected position at February pending the final outturn.
6. The consolidated budget, and associated direction to our partners is detailed at Appendix 5. This is reported to each IJB and reflects in year revisions to our funding.
7. The budget virements relating to the ERC ledgers for operational budgets are identified at Appendix 7, being the cost of the additional 0.5% 2018/19 pay award for ERC staff. The NHS contribution adjustments are identified in Appendix 5 and do not require operational virement approval.
8. The Fit for the Future opening savings requirement was £0.954 million and the balance of savings in the current year is £0.398 million with the full year target expected to be achieved in full (£0.774 million full year realised with £0.180 million firmly modelled).
9. The main projected operational variances are set out below, and are subject to revision as the year continues.

10. **Children & Families £485k underspend** is a combination of staff turnover and supplies under budget offset by higher residential care and direct payment costs. This is a further £231k underspend since last reported due to a reduction in care package costs and a higher level of staff turnover. The IJB will recall that we had held £100k for additionality to 21 March 2019.
11. **Older Peoples Services £42k underspend** is a projected cost decrease of £381k since last reported and is principally due to a reduction in the projected cost of care package commitments, including release of winter pressures of £300k. The projection reflects the current projected cost of care packages. The main reasons for the projected underspend are:
 - Nursing and residential care £240k inclusive of additional staffing and care package costs associated with care home closure and quality issues included within the older peoples overspend of £200k, of which £109k is recurring.
 - Care at Home committed costs over budget based on current packages £235k
Offset by:
 - A projected saving in regards Direct Payments commitments based on current packages £74k
 - Additional client income of £98k and further Scottish Government funding £82k
 - District Nursing and other vacancy savings projected at £190k.
12. **Physical/Sensory Disability £68k underspend** and continues to reflect staff vacancies and is an increase in costs of £16k since last reported.
13. **Learning Disability Community £161k underspend** which primarily reflects staff vacancies, and is an increase in projected costs of £31k from that last reported.
14. **Learning Disability Inpatients £126k underspend** from operational activity, including a one off over achievement of £125k 2019/20 savings relating to Waterloo Close, not previously reported until nearer year end to be prudent. As previously reported there remains a potential and significant cost pressure relating to a complex care package and the current cost projection assumes we may need to meet part year costs in 2018/19; this will be resolved as part of the year end closure and if the cost is not required then £304k will transfer to the reserve. The service will also likely gain this year from SLA income from other boards which operate on a 3 year average basis.
15. **Mental Health £248k underspend** reflects current staff turnover and vacancies in nursing, occupational therapy and social care. This is a decrease in projected costs of £132k of which £112k is a reduction in the commitments for care packages.
16. **Addictions/Substance Misuse £4k overspend** is a result of the current staff costs with no projected turnover. The movement since last reported is a reduction of £52k which includes a cost transfer of £44k for a staff member to Management and Admin.
17. **Prescribing £274k overspend** the previous reported identified a possible year end variance up to £200k, however was reported to budget as discount and rebate income should also be have been received. This income will not be realised in the current year and the costs will be contained within the bottom line. The worst case scenario from modelled projections suggests the final position may be as high as £458k and this will be confirmed as part of the year end. At this stage a draw on reserve is not required.

18. **Management & Admin £214k overspend** is an increase projected costs of £40k as costs for a staff member were previously included within additions. This budget includes some partnership wide costs such as the historic pension costs (which will diminish over time) and staff pressures from increments and turnover.
19. The current projected underspend of £0.331 million will be added to our budget phasing reserve subject to the final outturn at year end.
20. The year to date position is detailed at Appendix 4 and reflects an underspend of £1.386m and reflects timing differences between actual costs to budget and projected costs to full year budget, particularly in respect of the payment of the 2018/19 pay award to ERC staff.
21. The reserves position is reported at Appendix 6.
22. The Fit for the Future financial position remains as previously reported:

	2018/19		2019/20		2020/21	
	£'000	FTE	£'000	FTE	£'000	FTE
Recurring Savings Achieved						
Deleted Posts	334	9	441	9	441	9
Deleted Staffing Budgets			93		93	
Non Staff budget lines	222		240		240	
Modelled Savings to Date	0		180	5	180	5
Potential Saving to Date		9	954	14	954	14
Savings Target as at 1 April 2018	954		954		954	
Current Balance	398		0		0	

23. Per the table above, the saving will be achieved in full. In the event of any slippage from the modelled savings impacting in 2019/20 reserves will be used. This should not be material.
24. As last reported underspends within the Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drugs Partnership will be taken as ring fenced funding into 2019/20.
25. The virement shown at Appendix 7 relates to additional funding from East Renfrewshire Council to fully fund the 2018/19 local authority pay award. The IJB is asked to approve the application of this £104k as identified across services.

IMPLICATIONS OF THE PROPOSALS

Finance

26. Savings and efficiencies included in the ERC contribution of £0.412 million have been applied in full to the 2018/19 budget as have the NHS GGC savings of £0.612 million.
27. The directions as detailed at Appendix 5 show the latest set aside budget as advised by NHS GGC of £16.624 million. This budget remains notional at this stage.

Directions

28. The directions to our partners are detailed at Appendix 5.
29. The report reflects a projected breakeven position after the potential contribution of £0.331 million to reserves for the year to 31 March 2019.

Staffing

30. Fit for the future staffing issues covered above, as is pay award and health visiting.

Risk

31. As previously reported there remain a number of risks which could impact on the current and future budget position; including:
- Achieving all existing savings on a recurring basis
 - Continued redesign of sleepovers and wider care package costs and demand
 - Achieving turnover targets
 - Prescribing remaining within budget and contingency
 - Out of Area costs within Learning Disability Specialist Services
 - Future savings challenges
32. In addition there remains a potential cost pressure relating to the transfer of one patient from Forensic Services to the hosted Specialist Learning Disability Service.
33. The regrading for Health Visitors will be funded locally.

Equalities

34. None at present. All equalities issues will be addressed through future budget decisions.

Infrastructure

35. None

Policy

36. None

Legal

37. None

CONSULTATION AND PARTNERSHIP WORKING

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

CONCLUSIONS

40. Appendix 1 reports a projected in year underspend of £0.331 million for the year to 31 March 2019 being applied to reserves.

RECOMMENDATIONS

41. The Integration Joint Board is asked to:
- Note the projected outturn position of the 2018/19 revenue budget
 - Approve the budget virement as detailed at Appendix 7

REPORT AUTHOR

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6 March 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 20.03.2019 – Item 13: Revenue Budget Monitoring Report
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24051&p=0>

IJB 30.01.2019 – Item 12: Revenue Budget Monitoring Report
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23711&p=0>

IJB 26.09.2018 - Item 10 Revenue Budget Monitoring Report
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23089&p=0>

IJB 29.06.2018 – Item 15 Budget Update 2018/19
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22620&p=0>

IJB 04.04.2018 – Item 12: Revenue Budget Monitoring Report
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22103&p=0>

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Consolidated Monitoring Report

Projected Outturn Position to 31st March 2019

Objective Analysis	Draft Outturn			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Children & Families	10,474,000	9,989,000	485,000	4.63%
Older Peoples Services	28,793,000	28,751,000	42,000	0.15%
Physical / Sensory Disability	4,657,000	4,589,000	68,000	1.46%
Learning Disability - Community	12,028,000	11,867,000	161,000	1.34%
Learning Disability - Inpatients	8,022,000	7,896,000	126,000	1.57%
Mental Health	4,365,000	4,117,000	248,000	5.68%
Addictions / Substance Misuse	1,546,000	1,550,000	(4,000)	(0.26%)
Family Health Services	22,261,000	22,261,000	-	0.00%
Prescribing	15,766,000	16,040,000	(274,000)	-1.74%
Criminal Justice	39,000	12,000	27,000	69.23%
Planning & Health Improvement	299,000	235,000	64,000	21.40%
Management & Admin	8,689,600	8,903,600	(214,000)	(2.46%)
Fit For the Future Programme	(953,600)	(556,000)	(397,600)	(41.69%)
Net Expenditure	115,986,000	115,654,600	331,400	0.29%
Contribution to / (from) Reserve	-	331,400	(331,400)	
Net Expenditure	115,986,000	115,986,000	-	

Notes:

- 1 NHS & ERC figures quoted as at 31 January & 1 February 2019
- 2 Resource Transfer and the Social Care Fund has been re allocated across client groups at the consolidated level.
- 3 The final contribution to / from reserves will be confirmed as part of the 2018/19 year end closure process
- 4 The balance of Fit for the Future savings will be met from reserves as required as the savings are phased in during 2018/19.

5 Contribution To Reserves is made up of the following transfers ;

£

Net Contribution To Reserves	<u>331,400</u>
Analysed by Partner ;	
NHS	114,000
Council	<u>217,400</u>
Net Contribution To Reserves	<u>331,400</u>

Council Monitoring Report

Projected Outturn Position to 31st March 2019

Subjective Analysis	Draft Outturn			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	21,379,000	20,443,000	936,000	4.38%
Property Costs	1,009,000	920,000	89,000	8.82%
Supplies & Services	2,260,000	2,305,000	(45,000)	(1.99%)
Transport Costs	221,000	297,000	(76,000)	(34.39%)
Third Party Payments	38,311,600	38,798,600	(487,000)	(1.27%)
Support Services	2,138,000	2,138,000	-	(0.00%)
Income	(16,878,000)	(17,076,000)	198,000	1.17%
Fit For the Future Programme	(731,600)	(334,000)	(397,600)	(54.35%)
Net Expenditure	47,709,000	47,491,600	217,400	0.46%
Contribution to / (from) Reserve	-	217,400	(217,400)	
Net Expenditure	47,709,000	47,709,000	-	

Objective Analysis	Draft Outturn			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Children & Families	8,508,000	8,040,000	468,000	5.50%
Older People	19,877,000	20,037,000	(160,000)	(0.80%)
Physical / Sensory Disability	4,293,000	4,225,000	68,000	1.58%
Learning Disability	7,679,000	7,607,000	72,000	0.94%
Mental Health	1,409,000	1,332,000	77,000	5.46%
Addictions / Substance Misuse	264,000	265,000	(1,000)	(0.38%)
Criminal Justice	39,000	12,000	27,000	69.23%
Service Strategy	1,183,600	1,202,600	(19,000)	(1.61%)
Support Service & Management	5,188,000	5,105,000	83,000	1.60%
Fit For the Future Programme	(731,600)	(334,000)	(397,600)	(54.35%)
Net Expenditure	47,709,000	47,491,600	217,400	0.46%
Contribution to / (from) Reserve	-	217,400	(217,400)	
Net Expenditure	47,709,000	47,709,000	-	

Notes

1 Figures quoted as at 1 February 2019

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

3 The balance of Fit for the Future savings will be met from reserves as required as the savings are phased in during 2018/19.

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

£

Total Contribution to reserves

217,400

NHS Monitoring Report

Projected Outturn Position to 31st March 2019

Subjective Analysis	Draft Outturn			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	17,569,000	16,402,000	1,167,000	6.64%
Non-pay Expenditure	45,485,000	46,538,000	(1,053,000)	(2.32%)
Resource Transfer/Social Care Fund	9,550,000	9,550,000	-	-
Income	(4,327,000)	(4,327,000)	-	-
Net Expenditure	68,277,000	68,163,000	114,000	0.17%

Contribution to / (from) Reserve	-	114,000	(114,000)	
Net Expenditure	68,277,000	68,277,000	-	

Objective Analysis	Draft Outturn			
	Full Year Budget £	Projected Outturn Spend £	Variance (Over) / Under £	Variance (Over) / Under %
Childrens Services	1,883,000	1,866,000	17,000	0.90%
Adult Community Services	3,699,000	3,497,000	202,000	5.46%
Learning Disability - Community	912,000	823,000	89,000	9.76%
Learning Disability - Inpatients	8,022,000	7,896,000	126,000	1.57%
Mental Health - Community	1,627,000	1,516,000	111,000	6.82%
Mental Health - Older Adults	693,000	633,000	60,000	8.66%
Family Health Services	22,261,000	22,261,000	-	-
Prescribing	15,766,000	16,040,000	(274,000)	-
Addictions	860,000	863,000	(3,000)	(0.35%)
Planning & Health Improvement	299,000	235,000	64,000	21.40%
Integrated Care Fund	907,000	907,000	-	-
Management & Admin	2,020,000	2,298,000	(278,000)	(13.76%)
Resource Transfer/Social Care Fund	9,550,000	9,550,000	-	-
Fit For the Future Programme	(222,000)	(222,000)	-	-
Net Expenditure	68,277,000	68,163,000	114,000	0.17%

Contribution to / (from) Reserve	-	114,000	(114,000)	
Net Expenditure	68,277,000	68,277,000	-	

Notes

1 Figures quoted as at 31 January 2019

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

	£
Service Strategy	165,000
Children & Families	83,000
Older People	4,298,000
Physical Disability	363,000
Addictions	421,000
Learning Disability	3,429,000
Mental Health	634,000
Support Service & Mgt	157,000
	<u>9,550,000</u>

3 The balance of Fit for the Future savings will be met from reserves as required as the savings are phased in during 2018/19.

4 Contribution To Reserves is made up of the following transfers ;

	£
Total Contribution (from) / to Reserves	<u>114,000</u>

Year To Date Position as at December 2018

Council Monitoring Report

Subjective Analysis	Year To Date			
	Budget £	Actual £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	16,447,000	15,058,000	1,389,000	8.45%
Property Costs	612,000	505,000	107,000	17.48%
Supplies & Services	1,229,000	1,129,000	100,000	8.14%
Transport Costs	187,000	242,000	(55,000)	(29.41%)
Third Party Payments	28,341,000	28,625,000	(284,000)	(1.00%)
Support Services	-	3,000	(3,000)	0.00%
Income	(13,745,000)	(13,877,000)	132,000	-0.96%
Net Expenditure	33,071,000	31,685,000	1,386,000	4.19%

NHS Monitoring Report

Subjective Analysis	Year to Date			
	Budget £	Actual £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	14,167,000	13,745,000	422,000	2.98%
Non-pay Expenditure	36,262,000	36,684,000	(422,000)	(1.16%)
Resource Transfer	9,021,000	9,021,000	-	-
Income	(3,588,000)	(3,588,000)	-	-
Net Expenditure	55,862,000	55,862,000	-	(0.00%)
Total	88,933,000	87,547,000	1,386,000	1.56%

Notes

- 1 NMSGCC employee variances reflect vacant posts and non-pay reflects savings target
- 2 Budget profiling will be reviewed to eliminate any unnecessary variances, however it needs to be recognised that, given the nature of the spend, budget profiling is not exact.
- 3 ERC employee cost variance reflects outstanding 2018/19 3.5% pay award

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
Original Revenue Budget Contributions	66,669	48,175		114,844
Subsequent Contribution Revisions				
NCHC Uplift	-	9	-	9
2018/19 AFC Pay Uplift	18	-	-	18
Legacy Savings	(212)	-	-	(212)
Realignment of Property Income to Facilities	333			333
FHS / GMS Cross Charge and Other Budget Revisions	855			855
School Nursing Redesign - CPT Duties	40	-	-	40
Health Visitors ongoing Redesign (and Fridges)	85	-	-	85
Primary Care Transition Fund	416	-	-	416
Mental Health Strategy	172	-	-	172
Criminal Justice Grant	-	(578)	-	(578)
Prescribing Pressure	(659)	-	-	(659)
ADP	265	-	-	265
SESP	239	-	-	239
Property Costs - Waterloo/Netherton	56	-	-	56
Social Care Fund	-	-	-	-
Central Support Cost Recharge	-	(57)	-	(57)
2018/19 Pay Award @ 3.5%	-	160	-	160
Current Revenue Budgets	68,277	47,709	-	115,986
Funding Outwith Revenue Monitoring				
Housing Aids & Adaptations *		550		550
Set Aside notional Budget	16,624			16,624
Total IJB Resources	84,901	48,259	-	133,160
Directions to Partners				
Revenue Budget	68,277	47,709	-	115,986
Social Care Fund	(5,161)	5,161	-	-
Carer's Information	58	(58)	-	-
Integrated Care Fund	(673)	673	-	-
Delayed Discharge	(264)	264	-	-
	62,237	53,749	-	115,986
Housing Aids & Adaptations *		550		550
Set Aside notional Budget	16,624			16,624
	78,861	54,299	-	133,160

* includes capital spend

Earmarked Reserves	Reserve Carry Forward to 2018/19 £	2018/19 Projected spend £	Projected balance 31/3/19 £	comment
1. Specific Project Funding :				
(Integrating L&D Function) / FFF Reserve	70,000	70,000	-	Funding of post
Community Capacity Building	55,000	55,000	-	Funding of post
C&F Childrens 1st	68,906	-	68,906	Year 1 costs met from within revenue budget
District Nursing	58,500	58,500	-	Funding of post
Speech & Language Therapy	8,500	8,500	-	Funding of post
Prescribing	250,000	-	250,000	Assumed no draw in year subject to year end
SGOVT - LD Funding	48,800	48,800	-	Reserve committed- pending recruitment of post
Primary Care Transition Fund	248,769	248,769	-	Reserve committed - full spend 18/19 planned
LD Furniture & Equipment	100,000	-	100,000	Funding of refresh programme
NHS 2017/18 Projects	52,500	32,500	20,000	Reserve committed, other than Syrian Refugees monies - being reviewed
Total Specific Projects	960,975	522,069	438,906	
2. Transitional Funding - Learning Disability Service Redesign :				
Learning Disability Specialist Services	700,600	-	700,600	Potential £304k addition subject to year end
Total Transitional Funding	700,600	0	700,600	
3. Bridging Finance:				
Bonnyton Service Redesign	450,000	450,000	-	Assume full spend in 2018/19
Budget Savings Reserve to support Fit For the Future Change Programme	1,464,963	(331,400)	1,796,363	Current projected contribution of £331k
In Year Pressures Reserve	500,000	-	500,000	
C&F - Residential Accommodation	460,000	-	460,000	
Total Bridging Finance	2,874,963	118,600	2,756,363	
Total All Earmarked Reserves	4,536,538	640,669	3,895,869	
General Reserves				
East Renfrewshire Council	109,200		109,200	
NHSGCC	163,000		163,000	
Total General Reserves	272,200	-	272,200	
Grand Total All Reserves	4,808,738	640,669	4,168,069	

2018/19 Budget Virement						
Subjective Analysis	2018/19 Budget £	(1) £	(2) £	(3) £	P11 2018/19 Budget £	Total Virement £
Employee Costs	21,275,000	104,000	-	-	21,379,000	104,000
Property Costs	1,009,000	-	-	-	1,009,000	-
Supplies & Services	2,260,000	-	-	-	2,260,000	-
Transport Costs	221,000	-	-	-	221,000	-
Third Party Payments	38,311,600	-	-	-	38,311,600	-
Support Services	2,138,000	-	-	-	2,138,000	-
Income	(16,878,000)	-	-	-	(16,878,000)	-
Fit For the Future Programme	(731,600)	-	-	-	(731,600)	-
Net Expenditure	47,605,000	104,000	-	-	47,709,000	104,000

2018/19 Budget Virement						
Objective Analysis	2018/19 Budget £	(1) £	(2) £	(3) £	P11 2018/19 Budget £	Total Virement £
Children & Families	8,489,000	19,000	-	-	8,508,000	19,000
Older People	19,833,000	44,000	-	-	19,877,000	44,000
Physical / Sensory Disability	4,285,000	8,000	-	-	4,293,000	8,000
Learning Disability	7,672,000	7,000	-	-	7,679,000	7,000
Mental Health	1,407,000	2,000	-	-	1,409,000	2,000
Addictions / Substance Misuse	261,000	3,000	-	-	264,000	3,000
Criminal Justice	36,000	3,000	-	-	39,000	3,000
Service Strategy	1,176,600	7,000	-	-	1,183,600	7,000
Support Service & Management	5,177,000	11,000	-	-	5,188,000	11,000
Contribution From Reserves	(731,600)	-	-	-	(731,600)	-
Net Expenditure	47,605,000	104,000	-	-	47,709,000	104,000

1 Funding of cost of additional 0,5% pay offer , 3,5% 2018/19 pay award in total

2018/19 Savings Delivery			
Saving	Approved Saving 2018/19 Budget £	Projected Saving 2018/19 £	Comments
New savings agreed as part of 2018-21 budget - ERC			
Respite Care	50,000	50,000	Saving posted to ledger projected to be achieved in full
Mental Health	61,000	61,000	Saving posted to ledger projected to be achieved in full
Learning Disability	150,000	150,000	Saving posted to ledger projected to be achieved in full
Addictions	1,000	1,000	Saving posted to ledger projected to be achieved in full
Adoption	20,000	20,000	Saving posted to ledger projected to be achieved in full
Interim Funding	62,000	62,000	Budget increased in line with prior year achievement of income
Property Costs	50,000	50,000	Budget reduced in line with full year costs of new building
Property Income	18,000	18,000	Reflects agreed café rental income from both sites
Sub Total	412,000	412,000	
New savings to meet NHS Pressures			
Non Pay Inflation	152,000	152,000	No inflation increases allocated
Community Equipment	150,000	150,000	Pressure will be met from realignment of ICF funding
LD Redesign - Waterloo Close	125,000	125,000	Full year effect releases funding
Prescribing	185,000	185,000	Pressure will be managed through reserve as required
Sub Total	612,000	612,000	
Fit for the Future Programme			
Balance to be Achieved as at December 2018	953,600	556,000	Projected savings balance required reflects current progress to date both achieved (£291k) and modelled (£265k). Work in ongoing to meet the full saving on a recurring basis
Total HSCP Saving Challenge	1,977,600	1,580,000	