

Date: 15 March 2019
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Board Member

EAST RENFREWSHIRE INTEGRATION JOINT BOARD – 28 NOVEMBER 2018

Please find attached the undernoted items marked “to follow” on the agenda for the meeting of the Integration Joint Board on Wednesday 20 March 2019.

Yours faithfully

Morag Brown

Chair

Undernote referred to:-

Item 7 – Budget 2019/20 (copy attached, pages 3 - 20).

Item 8 – Care at Home Improvement Activity (copy attached, pages 21 - 30).

Item 11 – Ministerial Strategic Group for Health and Social Care Integration (MSG) - Draft Trajectories 2019/20 (copy attached, pages 31 - 38).

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	20 March 2019
Agenda Item	7
Title	Revenue Budget 2019/20
<p>Summary</p> <p>To provide the Integration Joint Board with a proposed 2019/20 Revenue Budget subject to agreement with and subsequent directions to our partners.</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:</p> <ul style="list-style-type: none"> • Approve the budget contribution of £49.278 million for 2019/20 from East Renfrewshire Council • Approve the £0.561 million for Community Justice expenditure funded by grant via East Renfrewshire Council • Approve the delegated budget for aids and adaptations of £0.550 million • Agree 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 • Note that the 2019/20 set aside budget contribution is not yet agreed 	
<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"/> Property/Capital <input type="checkbox"/> IT </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

20 March 2019

Report by Lesley Bairden, Chief Financial Officer

REVENUE BUDGET 2019/20 REPORT

PURPOSE OF REPORT

1. To advise the Integration Joint Board of the latest position for the 2019/20 revenue budget and propose a revenue budget for 2019/20 subject to agreement with and subsequent directions to our partners.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - Approve the budget contribution of £49.278 million for 2019/20 from East Renfrewshire Council
 - Approve the £0.561 million for Community Justice expenditure funded by grant via East Renfrewshire Council
 - Approve the delegated budget for aids and adaptations of £0.550 million
 - Agree 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
 - Note that the 2019/20 set aside budget contribution is not yet agreed

BACKGROUND

3. This report is a continuation of regular budget reports to the IJB with the previous report to the IJB on 30 January 2019. This report provides an update on the latest information relating to the 2019/20 revenue budget implications to the IJB and sets out a proposed budget for 2019/20.

REPORT

4. As previously reported the Scottish Government draft spending and tax plans announcement was delivered on 12 December 2018 and set out the draft budget for financial year 2019/20.
5. The Scottish Government agreed its budget on 21 February 2019.
6. The letters appended to this report include some supporting detail:
 - Appendix 1A : Letter of 31 January 2019 from the Cabinet Secretary for Finance, Economy and Fair Work which provides an updated position to that in Appendices 1B & 1C; in particular identifying that Local Authorities have the flexibility to offset 2.2% of their adult social care allocations to Integration Authorities to manage their own budgets.
 - Appendix 1B: Letter of 12 December 2018 from the Cabinet Secretary for Finance, Economy and Fair Work that sets out the details of the local government finance settlement for 2019/20.
 - Appendix 1 C: Letter of 12 December 2018 from the Director of Health Finance, Corporate Governance and Value Scottish Government that details the funding settlement for Health Boards.

7. The IJB will recall the key messages from the budget announcement that relate to Health and Social Care are:
 - £40 million to support the expansion of Free Personal and Nursing Care for under 65s and implementation of the Carers Act.
 - £120 million to support in-year investment in integration, including delivery of the Living Wage and uprating free personal care. This also includes £12 million for school counselling services.
8. The Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice.
9. The £120 million has been transferred from the health portfolio to local authorities and at present £108 million is included in the local government circular, which details the settlement. The £12 million for school counselling is yet to be distributed.
10. The £40 million is split is £29.5 million for the extension of free personal and nursing care (Frank's Law) and £10.5 million for the Carers Act, as confirmed in the latest finance circular of 7 March 2019. This revision and further distribution was confirmed after ERC set its budget on 28 February 2019 and is therefore reflected in the restated position included within this report. The restated position has been confirmed with ERC.
11. For ERC compliance purposes with the settlement there are now two aspects to consider:
 - i. The IJB will recall from the January report that the letter of 12 December 2018 from the Cabinet Secretary for Finance, Economy and Fair Work states "The £160 million allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018/19 recurrent spending on health and social care and not substitutional. It means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets."
 - ii. In his letter of 31 January 2019 the Cabinet Secretary for Finance, Economy and Fair Work provides updates on changes to the draft announcement and states "Continue to provide an earmarked £160 million from the Scottish Government for health and social care investment to support social care and mental health services – including those under the direction of Integration Authorities – whilst, as part of this package, allowing local authorities the flexibility to offset their adult social care allocations to Integration Authorities in 2019/20 by 2.2% compared to 2018/19, i.e. by up to £50 million across all local authorities to help them manage their own budgets."
12. The IJB will note the wording within paragraph 10ii. refers to 2.2% of adult social care budgets but does not explicitly say only adult social care. Therefore ERC interpretation of this is that it is within the spirit of the letter to apply the 2.2% offset to the total 2018/19 budget.
13. Nationally there has been a variety of interpretations, including that of ERC, and treatment of the compliance criteria.
14. The Scottish Government have not provided an analysis of the £50 million.
15. Appendix 3 sets out the compliance calculation based on the 2.2% offset applied by ERC and shows the minimum contribution from ERC to the IJB can be no less than £49.278 million. The ERC proposed contribution is this minimum with detail at Appendix 2.

16. The NHSGGC expected contribution is set out at Appendix 3 and includes an uplift at 2.54% reflecting the board uplift from Scottish Government. The timing of the formal budget offer may not be until April, following NHSGGC Board approval. The indicative offer has been verbally agreed with colleagues at the board, pending receipt of the formal budget contribution offer.
17. NHSGGC have confirmed that the recurring budget for the continuing care beds financial framework will be included in the formal offer in April. The final offer will also confirm any change to the 2018/19 recurring rollover funding once the month 12 allocation from Scottish Government is confirmed.
18. I would expect our minimum revenue contributions, excluding set aside and housing aids and adaptations should be:

2019/20 Expected Revenue Budget Contribution	£'000
ERC Minimum Contribution (Appendix 2)	49,278
ERC Grant Funded Criminal Justice (Appendix 2)	561
NHSGGC Expected Contribution (Appendix 4)	67,577
Total	117,416

19. Within each partner contribution there are a number of cost pressures, as detailed in the supporting appendices. The tables below sets out a summary of the cost pressures, identifies the funding available to meet these pressures and the savings challenge to close funding gaps.

	ERC £'000	NHS £'000	TOTAL £'000
1. Cost Pressures:			
Pay Award and Inflation	1,865	898	2,763
Demographic and Demand Pressures	1,181	100	1,281
Investment in Care at Home (excluding reserves application)	750		750
Prescribing based on a net 4% pressure – allows for rebate		628	628
Other	161	82	243
Total Pressures	3,957	1,708	5,665
2. Funding available towards cost pressures			
	1,410	1,150	2,560
3. Unfunded Cost Pressures			
	2,547	558	3,105
4. Proposals to Close Funding Gap:			
Learning Disability Bed Model Framework		125	125
Freeze uplift on Non Pay & RT – manage through efficiency		352	352
Fund Prescribing up to 3.5% uplift and manage through contingency supported by investment in technician resource		81	81
Release project flexibility in ICF / DD / Other and non-recurring allocations - maximise savings but removes flexibility	500		500
Release recurring sustainability funding – currently allocated on non-recurring basis	450		450
Fit For the Future – New Target Phase 2	250		250
Rationalisation of Community Resources – review duplication of functions	100		100
Digital Efficiencies – workforce and process	250		250
Increase income from interim funding and alarms to current level	200		2000
Non-residential care packages: implement individual budgets, continued community led support, reviews, respite	800		800
Total Savings Proposed	2,550	558	3,108

20. The pay and inflation cost pressure includes:
- i. The 2019/20 expected cost for the Health Visitor regrading, as no additional funding has been received in the budget settlement for this the choices are fund locally or manage the cost through reduced FTE. This budget proposal allows this cost to be funded in 2019/20, however further funding at c £35k per annum will be required to maintain this through to 2022/23.
 - ii. The working assumption is that the NHS increase in superannuation will be fully funded.
 - iii. Provision has been included for the National Care Home Contract with the annual rate of inflation still to be confirmed.
 - iv. The Scottish Living Wage increase from £8.75 to £9.00 per hour. The proposal to recognise the impact on our providers is to add £0.28 to the existing hourly rates (being £0.25 increase per hour plus 10% for on-costs) which is the same mechanism used in 2018/19.
21. The proposed investment of £0.750 million in Care at Home will allow increased capacity within the service to support sustainability and allow management of new demand. This will be enhanced by using £0.250 million from reserves to meet one off costs such as recruitment, development, training and temporary resources.
22. The current thinking on the prescribing cost pressure is a 6% increase on current costs. Within the cost pressures set out above 4% is included as we expect to receive rebate income – either as a direct income or via an agreed tariff reduction. This budget proposes that we fund 3.5% (of the 4% pressure) as we have some mitigation from:
- i. Local investment in additional prescribing technician resource to achieve savings
 - ii. We have the existing contingency mechanism to manage flex.
23. Whilst there is a degree of risk in this approach our local work plan will direct the technician workload, also supported by the detailed prescribing monitoring which is being developed. During 2019/20 we will increase both the frequency and depth of prescribing monitoring, including the return on our invest to save initiatives; both NHSGGC programme wide and our local programme.
24. The savings proposals to close the 2019/20 funding gap can be achieved however it has to be recognised that this will remove opportunity for any further investment and eliminates flexibility within the budget where we had previously allocated resources on a non-recurring and project basis. The budget savings phasing reserve, currently projected to be no less £1.1 million will be used to meet any part year shortfall from implementation during 2019/20.
25. The proposed savings relating to social care of £2.55 million are 5.2% of the 2019/20 budget, however when the central support cost budget of £2.331 million, which is effectively fixed, is removed the real savings challenge is 5.4%.
26. The proposed savings relating to the health of £0.634 million are 0.8% of the 2019/20 proposed budget, however when the budget for Family Health Services is removed the real savings challenge is 1.2%.
27. With the caveat of the two issues identified below, it is the view of the Chief Financial Officer that the proposed 2019/20 budget is deliverable. However on the basis of the savings required to achieve this budget, it is impossible to see how we can maintain the same level of service delivery in the future when assuming a similar level of cost pressures and current funding levels. As set out in the Strategic Commissioning Plan for 2018-21 the only viable options to close a future funding gap of this level, would be to limit care packages to only support those at greatest risk and to reduce grant funding for support organisations.

28. The draft medium term financial plan for the HSCP sets out the impact of future demand and costs pressures.
29. The Chief Officer and Chief Financial Officer absolutely recognise the funding constraints and pressures that our partners are facing and along with the IJB are fully committed to continued partnership working. We are not in isolation however by following a relatively reactive approach to agreeing the annual budget contributions and will work with our partners to:
 - i. Engage earlier in budget discussions and scenario planning
 - ii. Establish mechanisms and processes to recognise the impacts of the changing population on the NHS contribution and the implications of changing service models with both partners
30. There are two key issues that may impact on the position as set out above and these will have to be addressed with our partners as and when they crystallise;
 - i. Learning Disability Specialist Services – potential cost implications for a complex care package
 - ii. Brexit implications particularly on staffing, prescribing, equipment and consumables
31. In addition to the proposed revenue budget contributions above we will utilise year 2 (plus carry forward) of the Primary Care Improvement Fund (£1 million) and Mental Health Action 15 funding, per our submitted spending plans (£0.3 million)
32. The set aside budget for 2019/20 is still to be confirmed and per the budget announcement we need to undertake significant work with our partners to make this budget work per the legislative requirements.

FINANCE AND EFFICIENCY

33. The proposed 2019/20 budget, subject to agreement of the NHSGGC confirmed contribution is set out in this report.

CONSULTATION AND PARTNERSHIP WORKING

34. As recognised above the 2019/20 budget announcement has implications for our partners as well as to the IJB and we will continue to work closely to finalise the 2019/20 budget contribution with NHSGGC.
35. The Chief Financial Officer has consulted with our partners and will continue to work in partnership with colleagues to develop the budget setting and financial planning process for future years.

IMPLICATIONS OF THE PROPOSALS

Risk

36. The risk to the IJB remains the ability to deliver a sustainable budget in future years.

Staffing

37. The proposed 2019/20 budget includes funding for staff pay award, meets the cost of the Health Visitor regrading and provides funding for care providers to meet the increase in the Scottish Living Wage.
38. The proposed budget also allows for increased capacity within Care at Home.

39. The savings proposals include a new target of £0.250 million to be achieved from the continued review of the entire workforce, with a number of service areas still to be reviewed. The savings from phase 1 of the programme will be achieved in full.
40. The proposed savings for digital efficiency and rationalisation of community resources may impact on staffing.

Equalities

41. None at present. Any equalities issues will be addressed through implementation of savings and investment programmes.

Directions

42. The directions to our partners will be issued upon agreement of the 2019/20 budget.

CONCLUSIONS

43. The 2019/20 proposed budget will allow the IJB to set a budget that is balanced and deliverable, subject to agreement of the NHSGGC contribution. The draft medium term financial plan for the HSCP sets out the cost pressures and challenges for future years.
44. The report recognises the need to engage earlier with our partners for future financial planning and that an agreed mechanism to agree and operate the set aside budget for 2019/20 is required.

RECOMMENDATIONS

45. The Integration Joint Board is asked to:
 - Approve the budget contribution of £49.278 million for 2019/20 from East Renfrewshire Council
 - Approve the £0.561 million for Community Justice expenditure funded by grant via East Renfrewshire Council
 - Approve the delegated budget for aids and adaptations of £0.550 million (TBC)
 - Agree 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
 - Note that the 2019/20 set aside budget contribution is not yet agreed

REPORT AUTHOR

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

lesley.bairden@eastrenfrewshire.gov.uk

0141 451 0746

11 March 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 28.11.2018 - Item 12: Revenue Budget 2019/20 Update

<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23460&p=0>



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Councillor Alison Evison,
COSLA President
Verity House
19 Haymarket Yards
Edinburgh
EH12 5BH

Copy to: Leaders of all Scottish local authorities

31 January 2019

Dear Alison,

I have listened carefully to the points you and other Leaders have raised with me following our consultation, and most recently in our meeting on 30 January, on the terms of the local government settlement and the issues you have sought to resolve as being important to you. The Scottish Greens have also raised many similar points in my discussions with them to secure support for the Budget.

In the Budget Bill Stage 1 debate in Parliament today I announced a package of further measures covering local taxation and local government finance which I consider will be the biggest empowerment of local authorities since devolution. I write now to confirm the details.

The Scottish Government has committed to make a number of changes to local government taxation between now and the end of this Parliament and clearly COSLA will have a key role as that works unfolds. These potential changes include:

- To consult, in 2019, on the principles of a locally determined tourist tax, prior to introducing legislation to permit local authorities to introduce a **transient visitor levy**, if it is appropriate for local circumstances;
- To support an agreed amendment from the Scottish Greens to the Transport (Scotland) Bill that would enable those local authorities who wish to use such a power, to introduce a **workplace parking levy**. Scottish Government support will be contingent on the exclusion of hospitals and NHS properties; and
- To devolve Non-Domestic Rates **Empty Property Relief** to local authorities in time for the next revaluation.

Both the Scottish Government and the Greens also supported the recommendation of the Commission on Local Tax Reform, which was co-chaired by the then COSLA President, that the present council tax system must end.

In order to make progress the Scottish Government will convene cross-party talks on its replacement with a view to publishing legislation, should cross-party agreement on a replacement be reached, by the end of this Parliament, with that legislation taken forward in the following Parliament.

While the Scottish Government maintains the position that money for education, social care and early learning and child care are core functions of local government, we have listened to the arguments that local government requires increased funding and flexibility for the 'core' local government settlement.

I have, therefore, agreed to make the following changes:

- An increase in the core resource local government settlement of £90 million;
- Continue to provide an earmarked £160 million from the Scottish Government for health and social care investment to support social care and mental health services – including those under the direction of Integration Authorities– whilst, as part of this package, allowing local authorities the flexibility to offset their adult social care allocations to Integration Authorities in 2019-20 by 2.2% compared to 2018-19, i.e. by up to £50 million across all local authorities to help them manage their own budgets
- Provide, as you have requested, local authorities with the flexibility to increase the Council tax by 3% in real terms, which equates to 4.79% next year.
- Bringing forward a three year funding settlement for local government from 2020-21 budget onwards; and to develop a rules based framework for local government funding in partnership with COSLA that would be introduced for the next Parliament.

Taken together, this enhanced package offers up to £187 million of increased funding and flexibility to local authorities.

In addition to this, and subject to the successful outcome of negotiations with teachers, the Scottish Government will fully fund its contribution to the cost of the Teachers' Pay deal, providing local authorities with the additional funding required to meet our share of the pay offer.

At our meeting on 30 January I also undertook to follow up and confirm the position on two further points.

Firstly, Local authorities, along with other public bodies, will face increased costs as a result of changes made by the UK Government to employer contributions for public sector pensions, including for Teacher pensions. The UK Government has committed to part fund these costs.

Local authorities were assuming a shortfall of 33% in the funding for these costs. Scottish Government analysis is that this shortfall is likely to be closer to 21%. This difference amounts to around £15 million for local authorities which they should no longer have to budget for.

We will not have formal confirmation of the impact of these changes to the Scottish Budget until the UK Spring Statement on 13 March 2019. However, we are committed to continue to press the UK Government to meet the full cost of these changes to avoid damaging impacts on the delivery of public services across Scotland. The Scottish Government will, however, commit to pass on to local government the consequential that we receive towards the employers' cost increase for local government Teachers' Pension schemes.

Secondly, I can confirm that I intend to bring forward as early as I can (early in the new financial year) changes to legislation which will allow Councils to vary loans fund repayments for advances made before 1 April 2016. Changes to repayments must be based on prudent principles and we will work with COSLA and Audit Scotland to reach a solution.

Throughout the Budget negotiations, I have endeavoured to engage constructively and openly with COSLA. As a result of the continuing UK austerity cuts forced upon us I know local authorities, along with the rest of the public sector, are still facing some difficult financial challenges, but I hope that you can recognise and welcome the significant package of additional measures I have confirmed today, which I truly do consider will be the biggest empowerment of local authorities since devolution.

Set out in the Appendix to this letter are details of the additional allocations to individual local authorities, through the normal formula distribution for the additional £90 million, to be spent at the discretion of individual councils. Subject to Parliamentary approval in the final stages of the Budget Bill, these sums will be added to the Local Government Finance (Scotland) Order 2019 to be presented to Parliament later in February.


DEREK MACKAY

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Local Authority	Additional Stage 1 Allocation: Core Grant
	£m
Aberdeen City	3.161
Aberdeenshire	4.352
Angus	1.967
Argyll & Bute	1.626
Clackmannanshire	0.834
Dumfries & Galloway	2.678
Dundee City	2.503
East Ayrshire	2.051
East Dunbartonshire	1.874
East Lothian	1.719
East Renfrewshire	1.787
Edinburgh, City of	7.038
Eilean Siar	0.691
Falkirk	2.600
Fife	6.165
Glasgow City	9.969
Highland	4.228
Inverclyde	1.355
Midlothian	1.493
Moray	1.543
North Ayrshire	2.398
North Lanarkshire	5.702
Orkney	0.637
Perth & Kinross	2.477
Renfrewshire	2.941
Scottish Borders	1.990
Shetland	0.719
South Ayrshire	1.890
South Lanarkshire	5.388
Stirling	1.585
West Dunbartonshire	1.576
West Lothian	3.063
Scotland	90.000

**EAST RENFREWSIRE COUNCIL
PROPOSED BUDGET CONTRIBUTION 2019/20**

	£,000
2018/19 Approved Budget	48,175
Adjustments:	
Additional NCHC Inflation	9
Pay Award top up	186
Transfer Service: Telecare	76
Adjust for Criminal Justice Grant Income	(578)
Restated 2017/18 Base Budget	<u>47,868</u>
Cost Pressures 2019/20	
Pay Award and Increments	696
Inflationary Adjustments	
Utilities, Transport and Fuel	8
National Care Home Contract	223
Fostering and Kinship	51
Demographic Pressures	
Increase in Demand for Services - Residential & Nursing	380
Increase in Demand for Services - Care at Home	56
Increase in Client Assessed Need - Transitions to Adulthood	346
Increase in Demand - Assessment & Care Management Capacity	35
Investment in Integration Funding	
Increase in rate for Free Personal Care for Adults >65	112
1 Introduce Free Personal Care for Adults <65	
Fair Work Practice and Living Wage	775
2 Continued Implementation of Carers Strategy	167
Investment in Integration	920
Other Adjustments	
Lone Working	26
Telecare Service - cost pressure	88
Adjustments to central support charges	135
Additional Expenditure	<u>4,018</u>
Total Spending Requirement for 2019/20	51,886
3 Savings target in ERC proposed contribution	(3,097)
ERC Proposed Revenue Contribution to IJB 2019/20	<u>48,789</u>
Criminal Justice Service Grant Funded Expenditure	561
ERC Proposed Revenue Budget to IJB 2019/20	<u>49,350</u>
1 Introduce Free Personal Care for Adults <65 - distribution confirmed after ERC budget was set, therefore restated position:	481
2 Distribution adjustment to Carers allocation	8
ERC Proposed Revenue Contribution to IJB 2019/20	<u>49,278</u>
Criminal Justice Service Grant Funded Expenditure	561
ERC Proposed Revenue Budget to IJB 2019/20	<u>49,839</u>
3 Original Savings Proposed	(3,429)
Compliance adjustment after 2.2% of budget retained	332
Revised Savings Proposed	(3,097)

COMPLIANCE CHECK TO BUDGET SETTLEMENT - ERC CONTRIBUTION

1. Based on ERC Budget set on 28 February 2019	£,000
Recurring 2018/19 Budget	47,868
Add: Investment in Integration Funding - in ERC Budget agreed 28/02/19	1,974
Less: 2.2% Council deduction on 2018/19 recurring budget	(1,053)

Minimum Contribution per Settlement	<u>48,789</u>
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2. Restated to Reflect Final Scottish Government Budget Settlement	£,000
Recurring 2018/19 Budget	47,868
Add: Investment in Integration Funding - in ERC Budget agreed 28/02/19	1,974
Add: Final Distribution Adjustments:	
Free Personal / Nursing Care < 65	481
Distribution adjustment - Carers	8
Less: 2.2% Council deduction on 2018/19 recurring budget	(1,053)

Minimum Contribution per Settlement	<u>49,278</u>
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**NHS GREATER GLASGOW & CLYDE
DRAFT PROPOSED BUDGET CONTRIBUTION 2019/20**

	Eligible to Uplift	Expected Uplift	Expected Uplift 2.54%
	£'000	£'000	£'000
2018/19 Opening Recurring Budget			
Pay	15,582	15,582	396
Non Pay	2,890	2,890	73
Prescribing	15,585	15,585	396
Drugs	116	116	3
Purchase of Healthcare	840	840	21
Resource Transfer	10,977	10,977	279
Family Health Services	22,518		0
Recurring Expenditure	<u>68,508</u>	<u>45,990</u>	<u>1,168</u>
		0	
Family Health Services Income	(1,379)		0
Other Income	(1,235)	(1,235)	(31)
2018/19 Recurring Net Budget	<u>65,894</u>	<u>44,755</u>	<u>1,137</u>
Adjust for Continuing Care Beds Framework	533	533	14
Restated Recurring Budget	<u>66,427</u>	<u>45,288</u>	<u>1,150</u>
Add: Expected Inflation Uplift		1,150	
Expected 2019/20 Budget Offer excluding Set Aside		<u>67,577</u>	
Cost Pressures		% Pressure	
Pay Award	467	3%	
Prescribing	628	4%	
Non Pay	29	1%	
Purchase of Healthcare	25	3%	
Resource Transfer	329	3%	
Health Visitor Regrade	48		
Balance of £212k to be funded on recurring basis	82		
Community Equipment	100		
Total Cost Pressures	<u>1,708</u>		
Expected Uplift	1,150		
Funding Gap		<u>558</u>	

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Original Revenue Budget Contributions	67,577	49,278		116,855
Criminal Justice Grant Funded Expenditure		561		561
Funding Outwith Revenue Contribution				
Housing Aids & Adaptations *		550		550
1 Set Aside Budget - at current 2018/19 level	16,638			16,638
Total IJB Resources	84,215	50,389	-	134,604
Directions to Partners				
Revenue Budget	67,577	49,278	-	116,855
Criminal Justice Grant Funded Expenditure		561		561
Continuing Care Beds Model - Phase 1	(474)	474		0
2 Carers Information	58	(58)		0
2 Social Care Fund	(5,161)	5,161		0
2 Integrated Care Fund	(673)	673		0
2 Delayed Discharge	(264)	264		0
	61,063	56,353	-	117,416
Housing Aids & Adaptations *		550		550
Set Aside Budget - at current 2018/19 level	16,638			16,638
	77,701	56,903	-	134,604

* includes capital spend

1 Awaiting confirmation of NHSGGC offer

2 Per 2018/19 subject to review

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	20 March 2019
Agenda Item	8
Title	Care at Home Improvement Activity
Summary	
<p>This report provides the Integration Joint Board with information on activity to improve our in-house care at home service. As requested at the last meeting of the IJB, the report provides 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.</p>	
Presented by	Candy Millard, Head of Adult Health and Social Care Localities
Action Required	
<p>Integration Joint Board members are asked to note and comment on the report and are requested to approve the additional investment in care at home services.</p>	
Implications checklist – check box if applicable and include detail in report	
<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Policy
<input type="checkbox"/> Efficient Government	<input checked="" type="checkbox"/> Staffing
<input type="checkbox"/> Legal	<input type="checkbox"/> Property
<input type="checkbox"/> Equalities	<input type="checkbox"/> IT

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

20 March 2019

Report by Julie Murray, Chief Officer

CARE AT HOME IMPROVEMENT ACTIVITY

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board with information on activity to improve our in-house care at home service. As requested at the last meeting of the IJB, this report provides 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.

RECOMMENDATIONS

2. Integration Joint Board members are asked to note and comment on the report and are requested to approve the additional investment in care at home services.

BACKGROUND

3. In March 2017 the IJB received a report that described the programme of work to extend the in-house reablement service to every individual identified as needing support to enable them to remain safely in their own home.
4. The reablement approach in care at home offers support and encouragement to individuals to help themselves and so increase their independence. It supports individuals 'to do' rather than 'doing to' or 'doing for'.
5. In June 2018 Clinical and Care Governance Committee received a report on the Inspection of our in-house care at home service undertaken by the Care Inspectorate. At the time the service was awarded grades of 3 (adequate) for care and support: staffing and management and leadership. The inspection made 6 requirements in the following areas
 - Quality of Care And Support (3 requirements)
 - Quality of Staffing (2 requirements)
 - Quality of Management And Leadership (1 requirement)
6. A brief update report was presented to the IJB at its last meeting of 30 January 2019. The report contained information about the development of the reablement approach and recent significant pressures experienced by our in-house care at home service.
7. Members requested a further 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.

Wider Context

8. Board members will recall that the responsibility for the in-house care at home services changed in the Spring of 2018. The Head of Health and Community Care left the HSCP in March 2018 and the new Head of Adult Health and Social Care Localities took up post on 1 April 2018.
9. The Directorate Management team became aware that there were issues with the progress of the redesign of our in-house care at home service. The delay in moving to a wholesale model of reablement was impacting the service's ability to manage demand. It also became clear that the budget savings achieved by care at home were not in line with the original efficiency proposals, but had been taken from staffing vacancies and from changes to the way providers were paid as part of the new care at home contract.
10. In August a new Intensive Services Manager with responsibility for managing the in-house HSCP registered services of Bonnyton House (care home) and care at home (reablement and telecare responder service) took up post. This post was created to lead a programme of significant redesign including the development of out of hours services for Adult Health & Social Care Localities; rollout of reablement services and integration with locality rehabilitation teams; along with the changes to Bonnyton House.
11. The care at home programme was put in place to redevelop our in-house service to be targeted on reablement and responsive care and be fully integrated into our two localities. Through integration in localities care at home staff work closely with rehabilitation and community nursing teams with easy access to community social work and review supports.
12. One aspect of the programme had been to move longer term support packages to our partner providers. We had been working to increase the stability of the external market by allowing providers to develop in particular communities, and had agreed a series of tests of change in partnership with them to try different models.
13. Locally and nationally there have been issues with recruitment and retention of care at home staff that have impacted on our ability to implement this approach.

REPORT

Impact on quality of care

14. The ongoing pressures on the in-house service as outlined in the previous report to the IJB continue to impact on quality of care. Provision of care at home is organised in 'runs' a series of visits to service users over a period of time to be undertaken by one or two home carers dependent on need. In order to provide a service, staff are being moved to cover vacant runs and agency staff are being called on to either be the second worker or cover some of the 'runs'. Runs have been frequently changed in order to cover service pressures. This impacts on timing and continuity of care.
15. Our in-house care at home staff are provided with information about the person they are visiting and tasks to be undertaken by the CM2000 scheduling system, through their phone. There is risk that as care workers may not have a detailed knowledge of the person they are visiting, that they are less likely to pick up on changes or be familiar with a person's preferences.

16. This risk is increased by the lack of visibility of care plans in service users' homes. In response to a care inspectorate requirement, two care at home reviewers started in mid September. However one person had to be moved to support the scheduling and organising of care from mid November to December. The reviewers have visited 110 service users and completed reviews. When the reviewers visited service users in their homes, care planning documentation was found to be absent or out of date. In response to this the review team had to complete care plans rather than simply review and update them.
17. This means that many people using in-house care at home do not currently have personal plans that accurately reflect their current health and care needs or their personal abilities and preferences. In addition risk assessments may be out of date. Each service user having an up to date personal plan was a care inspectorate requirement on the service.
18. As part of the home care service redesign an in-depth qualitative analysis of the lived experiences of a number of representative service users and their families was undertaken over December 2018 and January 2019. This was in the form of four in-depth interviews with people currently in receipt of care services, along with five interviews with family members and carers. The following quotes show that despite the efforts and care from staff, there is an adverse impact on the people who are supported by our in-house care at home service.
- *They're lovely, absolutely delightful and helpful. Of course there are problems they are rushed. I hope I'm speaking for them properly. They find they don't have time to do what they really want to do*
 - *They have this thing in the mornings where they look at their phone and see there's three jobs and then ...(carer) can be in here look at her phone and there will be another two added on. No-ones' spoken to her they've just put them on. That's happened when she's here. In the middle of the day that will happen. ... I don't feel the messages are intruding on me I just feel it's upsetting*
 - *It's very relaxed, as things can be in extreme circumstances let's be honest. It's quite a hard job for them and they treat him well. There is a lot of camaraderie going on ...'*
19. Five interviews were undertaken with in-house care at home staff from different areas across East Renfrewshire. Their feedback is similar in many ways to that of service users and their families in relation to issues of timing, consistency and impact on their ability to care as they would wish.
- *Last Sunday, everyone was phoned because we were so short staffed. So I said I would do it as long as it's my own run. Then when I got my run through it was fine – then I got 2 extra. So I phoned up the girls and said – in that 8, I have showers, baths and people with dementia. But she said "you just need to fit them in".*
 - *I mean years ago it was different you didn't have so many clients of course I understand right now people are off sick, people are on their holidays you have to make allowances*

Service vacancy information

20. Over the last 2 years we have been working to change our balance of care with in house services providing more of the reablement and responsive care and external partner providers providing more 'maintenance', longer term support, packages. As part of the shifting of the balance of care. We have therefore not recruited to our in-house care at home service since August 2017 as the intention has been to transfer work to shift the balance of in-house and external provision. The service has 169 staff (126 WTE) and is currently holding 13 vacancies (c10 WTE).
21. In order to develop a stable provider market, we had worked with our providers to identify defined geographic areas or complexes, e.g. sheltered and extra care, where they could provide a significant level of care and support. Our providers had committed to increase recruitment to allow them to support transfer of significant volumes of home care packages. Unfortunately, as reported to the IJB in January, they have not been able to recruit sufficient staff in time to meet our needs. This was despite the recruitment fayre in December, which led to very few actual appointments.
22. Planned care transfer of packages of care in November did not go ahead due to the difficulties faced by partner providers in recruitment. The HSCP then contacted all care at home providers operating in the area to see if they could pick up additional hours. Agencies were contacted for additional staff to support HSCP staff in delivering care.
23. Absence levels in the service have been high. Additional business support was brought in to assist our in-house care at home organisers with managing absence administration. The team have worked to reduce long term absences and more recently to tackle the rise in short term absence.

Absence (across In-house Care at Home & Telecare)	
As at 31/12/18	31 long term & 13 short term absences
As at 18/01/19	27 long term & 12 short term absences
As at 11/02/19	21 long term & 10 short term
As at 18/02/19	18 long term & 5 short term
As at 25/02/19	18 long term & 7short term
As at 4/03/19	16 long term & 5 short term

24. Vacancies, sickness levels and the resulting service pressures have impacted on the ability to hold training and development events with staff.
25. We are currently recruiting additional care at home staff to our in-house service. We would like to recruit up to 36 WTE in order to fill vacancies and projected retirements, backfill for staff training and posts covered by agency staff. There is also a contingency for external market pressures, to mitigate the risk if external providers hand back packages of care.

Hospital Discharge

26. There is a steady stream of referrals to care at home from hospital. The average number per week is approximately 15 but there can be significant peaks within this, as demonstrated in the following table.

Week	No. of hospital team referrals
03/12/2018	12
10/12/2018	11
17/12/2018	21
24/12/2018	15
01/01/2019	11
07/01/2019	13
14/01/2019	19
21/01/2019	12
28/01/2019	17
04/02/2019	9
11/02/2019	19
18/02/2019	17
25/02/2019	16
04/03/2019	10

27. The service has managed to facilitate hospital discharge throughout the winter period however the pressures on the hospital discharge team has been significant. In order to maintain discharges and free up capacity in the team the 'patch' based teams have been asked to take on more service users resulting in the high pressure on the rest of the service. This means that there is limited focus on reablement of individuals and timings of visit are short, with many 5 minute and 15 minute visits.
28. Current pressures on the service may impact on our ability to respond to the demand for discharges from hospital, in order to manage the levels of risk to staff and users.

Progress on Care Inspectorate Requirements

29. The action plan in response to the Care Inspectorate report was developed at a period of change for the organisation. The Head of Health and Community Care left the HSCP in March 2018 and the Acting Manager of Community Resources, who managed the in-house care at home service, left in July 2018.
30. The pressure under which the service has been operating, has meant that there has not been sufficient focus on the Care Inspectorate requirements. Planned actions to meet care inspectorate requirements are incomplete or behind timescales as detailed below:

Requirement	Status
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	Incomplete Review activity has found that plans are not in the majority of service use homes.
2. Medication must be managed in a manner that protects the health and wellbeing of service users.	Incomplete Medication management policy drafted but not finalised. Just under a third of staff (48) have completed medication training this year.

3. The provider must ensure that personal plans are reviewed in line with legislation:	Incomplete Approximately less than a quarter of service users plans have been reviewed since the last inspection.
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.	Incomplete Training records were previously in multiple places across the organisation. All staff training records are now on CM2000. This will inform our training need analysis and workforce development plan. During 2018 <ul style="list-style-type: none"> ▪ 95 home care staff completed moving and handling training ▪ 26 home care staff completed dementia training ▪ 20 home care staff completed codes of conduct training ▪ 11 staff completed other core refresher training ▪ 6 completed SVQ level 2 and 10 are in progression (61 staff have completed SVQ level 2)
5. Management must provide staff supervision and appraisals in line with the provider's policies and procedures.	Incomplete Supervisions and PRDs have been undertaken for all home care organisers but supervision and PRD of frontline staff has not progressed as per the action plan.
6. The provider must ensure the service follows the guidance on notification reporting to the Care Inspectorate.	Inspectorate guidance on notification requirements has been shared with the in-house care at home team and has been an agenda item for the team meeting to ensure requirement to meet notification timelines are clear to staff New CI user accounts for Home Care Manager and Responders Service Manager have been set up.

31. 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 is yet to be published.

Immediate Improvement Activity

32. In response to these issues a senior management improvement task force has been established under the leadership of the Chief Officer. An experienced programme manager has been realigned to support the development and monitoring of the improvement programme. An external mentor who has supported other areas with care at home and quality improvement activity has been asked to provide critical friend support to the improvement team.

33. As the HSCP care at home service is under a Council registration, 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. The Council's Corporate Management Team has agreed support with recruitment, IT improvement and communications.
34. In-house care at home management capacity is being strengthened by combining the technology enabled care and telecare responder management team with care at home.

Management Resources - Current	Management Resources - Interim
1x Intensive Services Manager	1x Intensive Services Manager
1x Care at Home Senior Manager	1x Care at Home Senior Manager
1x Care at Home Manager	2x Care at Home Manager
	1x Improvement Implementation Manager
	1x Programme Manager
	1x Quality Assurance Officer

35. Additional care planning and reviewing resource is being put in place, drawing from across the HSCP. Sample care documentation, processes and procedures have been sourced from other areas as the basis for updated and improved care plans, risk assessments and medication management.

Review Resources - Current	Planning and Review Resources - Interim
2x Review Officers	2x Review Officers
	1 x Social Worker
	2x Social Work Assistants
	1x Occupational Therapist
	1x Community Nurse
	1x Pharmacy Technician

36. The HSCP is moving to recruit additional care at home staff. In-house staff who are not already on full time contracts are being offered the opportunity to increase their hours up to full time. Fast track recruitment events and further social media publicity to support recruitment has been planned with HR and Communications teams. A revised induction programme is being developed and resources identified for its delivery.
37. Drop in sessions have been arranged for staff to discuss concerns and issues face to face with management and our staff partnership and union colleagues have been asked to feedback all concerns raised with them for discussion at regular meetings.
38. A full improvement plan is being developed, with actions across the following improvement areas:
- Service User Health, Safety and Wellbeing
 - Governance, Quality Assurance and Control
 - Capacity to Change
 - Service Capacity
 - Communication
 - Workforce Development
 - Care Quality
 - Processes & Procedures
 - Documentation

CONSULTATION AND PARTNERSHIP WORKING

39. 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

40. The proposed investment of £0.750 million in care at home will allow increased capacity within the service to support sustainability and allow management of new demand. This will be enhanced by using £0.250 million from reserves to meet one off costs such as recruitment, development, training and temporary resources.

Staffing

41. The service is looking to recruit up to 36 WTE additional care at home staff. This number is intended to fill the 10 vacancies along with projected retirements, replace 11 agency staff, and provide backfill for staff training. There is also a contingency for external market pressures. In-house staff have been asked if they wish to increase their contractual hours and this will be taken into account in determining the final number of staff to be recruited.

CONCLUSION

42. There are a number of significant concerns with the current operational delivery of the in-house care at home service. A task force led by the Chief Officer and an immediate improvement plan has been put in place to reduce the risk to service users and staff.

RECOMMENDATIONS

43. Integration Joint Board members are asked to note and comment on the report and are requested to approve the additional investment in care at home services.

REPORT AUTHOR

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

March 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

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>



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	20 March 2019
Agenda Item	11
Title	Ministerial Strategic Group for Health & Social Care Integration (MSG) – Draft Trajectories 2019/20
<p>Summary</p> <p>The purpose of this report is to present members of the Integrated Joint Board with the proposed 2019/20 Ministerial Strategic Group targets for East Renfrewshire Health and Social Care Partnership, and outline how the activity linked to achieving these targets links with the wider NHS Greater Glasgow & Clyde Unscheduled Care Programme.</p>	
Presented by	Candy Millard Head of Adult Health and Social Care Localities
<p>Action Required</p> <p>Integration Joint Board members are asked to:</p> <ul style="list-style-type: none"> ▪ approve the 2019/20 Ministerial Strategic Group (MSG) targets ▪ note the HSCP involvement in the wider Board unscheduled care programme development and delivery 	
<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

20 March 2019

Report by Chief Officer

MINISTERIAL STRATEGIC GROUP (MSG) DRAFT TRAJECTORIES 2019/20

PURPOSE OF REPORT

1. The purpose of this report is to present Integrated Joint Board members with the proposed 2019/20 Ministerial Strategic Group targets for East Renfrewshire HSCP, and outline how the activity linked to achieving these targets links with the wider NHS Greater Glasgow & Clyde Unscheduled Care Programme.

RECOMMENDATION

2. Integration Joint Board members are asked to:
 - approve the 2019/20 Ministerial Strategic Group (MSG) targets
 - note the HSCP involvement in the wider Board unscheduled care programme development and delivery

BACKGROUND

3. Each HSCP is required to set annual targets in relation to the Ministerial Strategic Group (MSG) objectives around unscheduled care. The targets proposed for 2019/20 for East Renfrewshire HSCP, and our performance against those for 2018/19 are appended to this report.

Greater Glasgow and Clyde Context

4. Partnerships in Greater Glasgow & Clyde provide health and social care services to the Board's population of 1.3 million and have a collective budget of £1.2bn. To fulfil their strategic planning responsibility for unscheduled care, HSCPs work closely with the NHS Board for Greater Glasgow & Clyde and Acute Services to deliver improvements in care for patients. The main providers of acute services in Glasgow and Clyde are the Queen Elizabeth University Hospital, Glasgow Royal Infirmary, Inverclyde Royal Hospital, Royal Alexandra Hospital in Paisley, the Vale of Leven Hospital, and ambulatory care centres at Stobhill and Victoria.
5. The HSCP programmes for unscheduled care are focused on three key themes:
 - a. early intervention and prevention of admission to hospital to better support people in the community;
 - b. improving hospital discharge and better supporting people to transfer from acute care to community supports; and,
 - c. improving the primary / secondary care interface jointly with acute to better manage patients in the most appropriate setting.

REPORT

6. Unscheduled Care is a cornerstone priority of the health and social care integration agenda. Increasing numbers of older people in our population and longer life expectancy for those with life limiting illness and disability is to be celebrated. There is however, a resultant increase in demand both in terms of numbers and complexity across the health and social care economy. In order to mitigate against the impact of this, concerted effort across the whole system is needed to ensure person-centred safe, efficient and effective care.
7. HSCPs have collaborated to prepare the trajectories for the MSG indicators for 2019/20 and have taken a consistent approach in this exercise. It is important to note that Partnerships have agreed:
 - Baseline year – partnerships have agreed to continue to use 2015/16 as the baseline year as this is consistent with the approach partnerships have taken nationally and is the year before integration;
 - Not to include trajectories for under 18s as the Board wide unscheduled care programme and the unscheduled care work stream of Moving Forward Together is focused on adults. Partnerships do not have an unscheduled care programme for under 18s at this time, and the activity is not part of Set Aside arrangements.
 - That trajectories reflect existing programmes of work, some of which will come into full effect in 2019/20, rather than new programmes of work so a realistic approach has been applied in setting trajectories. Further inroads into reducing activity is only possible through a more ambitious programme of work that would require a resource shift to facilitate.
8. Since the baseline year of 2015/16, A&E attendances across all 6 HSCPs have increased. Across NHS Greater Glasgow & Clyde there are a range of workstreams underway which will impact on reducing attendances at A&E over 2019/20. These include
 - work on a redirection policy, directing people from A&E to more appropriate services;
 - the roll out of Primary Care Improvement Plans, which will see the introduction of a range of new professional roles in primary care; and
 - focused work to support individuals who frequently attend A&E to be supported more effectively in the community.
9. Assuming the projected impact of this range of workstreams, the HSCPS are anticipating that activity levels can be returned to the 2015/16 level or marginally below, by March 2020. In some areas, this will require an improvement of up to 25%.
10. MSG performance indicators include:
 - Number of emergency admissions
 - Number of unscheduled hospital bed days; acute
 - Number of unscheduled hospital bed days; geriatric long stay
 - Number of unscheduled bed days, mental health
 - Number of A&E attendances
 - Delayed discharge bed days
 - Percentage of last 6 months of life spent in the community
 - Percentage of 65+ living at home (supported or unsupported)

11. The proposed East Renfrewshire HSCP targets for 2019/20 are outlined in the table below, along with baseline 2015/16 and performance to date. Appendix 1 outlines the activity planned to support performance.

	2015/16 Baseline (Av per month)	2016/17 Number (Av per month)	17/18 Number (Av per month)	Indicative performance 2018/19 avg. Per month of data to date	% reduction	Proposed Target 19/20 (avg)
Emergency Admissions	7,915 (660)	8021 (669)	7431 (619)	For 8 months to Nov 18 Av. 590	-10%	7,124 (594)
Unscheduled hospital bed days Acute	58,220 (4,852)	62,752 (5,646)	62,743 (5,229)	For 7 months to Oct 18 Av. 4,699	-2%	57,056 (4,755)
Unscheduled bed days Ger Long Stay	13,943 (1,162)	11,926 (994)	8,004 (667)	Mid-Yr fig 3,217 (Av. 1,609 per Quarter for Q1 and Q2)	-20%	11,154 (929)
Unscheduled hospital bed days MH	11,952 (996)	12,045 (1,004)	13,937 (1,161)	Mid-Yr fig 7,233 (Av. 3,617 per Quarter for Q1 and Q2)	0%	11,952 (996)
A&E Attendances	18,335 (1,528)	18,747 (1,562)	19,344 (1,612)	For 9 months to Dec 18 Av. 1,697	0%	18,335 (1,528)
Bed days lost to delayed discharge	2,366 (197)	2,704 (225)	1,860 (155)	For 8 months to Nov 18 Av. 200	-20%	1,893 (157)
Percentage of last 6 months of life spent in community (all ages)	85.6%	85.8	85.2	88% (Based on latest ISD data – Dec 18. No running figure published for MSG)	-0.1%	85.7%
Proportion of 65+ population living at home (supported and unsupported)	95.6%	95.7	95.9	No 18/19 data available yet	-0.1%	95.7%

12. Progress reporting and monitoring of performance against these trajectories will be included in local performance management arrangements and reported routinely at Greater Glasgow & Clyde level via the unscheduled care collaborative process.

CONSULTATION AND PARTNERSHIP WORKING

13. This work has been carried out in partnership between the 6 HSCPs within the Greater Glasgow & Clyde area and Acute Services.

IMPLICATIONS OF THE PROPOSALS

Finance

14. Long term considerations in relation to Set Aside
15. No other implications have been identified.

CONCLUSIONS

16. This report gives an overview of the work the HSCP is undertaking with partner HSCPs and acute services to reduce unscheduled care. The proposed East Renfrewshire HSCP targets for 2019/20, have been set from an analysis of performance since the 2015/16 baseline year and our expectations on the gains to be made from improvement activity along with developments underway.

RECOMMENDATIONS

17. Integration Joint Board members are asked to:
 - approve the 2019/20 Ministerial Strategic Group (MSG) targets
 - note the HSCP involvement in the wider Board unscheduled care programme development and delivery

REPORT AUTHOR AND PERSON TO CONTACT

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8 March 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB PAPER: 14.02.2018: Update on Unscheduled Care Plan
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21803&p=0>

MSG Unscheduled Care Action Plan

	2015/16 Baseline	ERHSCP Proposed Target 19/20	How will this be achieved
Emergency Admissions	7,915	-10% (7,124)	<ul style="list-style-type: none"> ▪ Short Stay Intensive Rehabilitation ToC - AHP support within local authority care home aiming to prevent admission by proactive turnaround at the front door at ED/ARU and where possible preventing conveyance to A&E using local pathways. ▪ Implementation of Frailty score and Frailty & Falls Pathway development to support prevention and early intervention. ▪ Referral information for Hot Clinics and other community support services ▪ Advising Acute Consultants of services available in the community as alternatives to admission ▪ Anticipatory Care Planning approach standardised with a focus on transferring information to eKIS to support decision making at time of crisis
Unscheduled hospital bed days Acute	58,220	-2% (57,056)	
Unscheduled hospital bed days Geriatric Long Stay	13,943	-20% (11,154)	
Unscheduled hospital bed days Mental Health	11,952	0% (11,952)	
A&E Attendances	18,335	0% (18,335)	<ul style="list-style-type: none"> ▪ Analyse data to identify repeat ED attendances at locality, cluster and GP practice level ▪ Engagement with local GP Practices to identify new pathways to support redirection ▪ Build on local Know Who to Turn To Campaign. ▪ Anticipatory Care Planning ▪ Boardwide redirection policy
Bed days lost to delayed discharge	2,366	-20% (1,893)	<ul style="list-style-type: none"> ▪ Hospital to Home team implemented ▪ Delayed Discharge dashboard being proactively used along with improvement tools to support early in reach and effective discharge planning with individuals and their families. ▪ Choices meetings being fully utilised to support shared decision making ▪ Cross partnership working to look at AWI pathways ▪ Local AWI beds
Percentage of last 6 months of life spent in community (all ages)	85.6%	0.1 (85.7%)	<ul style="list-style-type: none"> ▪ Palliative Care Group implemented and Action Plan developed ▪ Collaboratively working with PPW and Accord Hospices and wider stakeholders to develop a shared action plan to support palliative and end of life care in the community ▪ Cross partnership working to look at out of hours pathways.
Proportion of 65+ population living at home (supported and unsupported)	95.6	0.1 (95.7%)	<ul style="list-style-type: none"> ▪ Progress redesign of care at home and telecare responsive services to increase capacity and flexibility

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