



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	20 March 2019
Agenda Item	9
Title	HSCP Strategic Implementation Plan 2018-21

# Summary

This report provides Performance and Audit Committee with the implementation framework to accompany the HSCP Strategic Plan 2018-21. This shows how critical delivery activities relate to the priorities and outcomes established in the Strategic Plan. The Implementation Plan is set out in 'driver diagram' format incorporating outcome mapping, critical activities and performance measures (now included in our performance reporting framework).

Presented by	Steven Reid, Senior Performance Management Officer
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## **Action Required**

Performance and Audit Committee is asked to note and comment on the driver diagrams in our Strategic Implementation Plan.



#### 55

## EAST RENFREWSHIRE INTEGRATION JOINT BOARD

## PERFORMANCE AND AUDIT COMMITTEE

# 20 March 2019

### **Report by Chief Officer**

### HSCP STRATEGIC IMPLEMENTATION PLAN 2018-19

#### PURPOSE OF REPORT

1. This report provides Performance and Audit Committee with the Implementation Plan to accompany our Strategic Plan 2018-2021. The Implementation Plan is set out in 'driver diagram' format incorporating outcome mapping, critical activities and performance measures (now included in our performance reporting framework).

#### RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the critical activities set out in the Strategic Implementation Plan.

#### BACKGROUND

- 3. Following approval of the HSCP Strategic Plan in 2018 development work was undertaken to establish critical areas of activity to deliver on our strategic priorities. In September 2018 the Performance and Audit Committee received an update on the development of performance measures to monitor progress in the delivery of the strategic priorities set out in the new HSCP Strategic Plan 2018-2021.
- 4. Through a logic modelling process in consultation with key stakeholders, we developed driver diagrams for each of our strategic priorities. The driver diagrams constitute our Implementation Plan and map out our high level (national) outcomes, intermediate outcomes and service-level contributions to these. Under each strategic priority the diagrams set out critical activities and strategic performance measures to allow us to track progress.

## REPORT

- 5. The driver diagrams in the attached Implementation Plan set out our delivery activities under each strategic priority with the exception of Priority 3 (*Wellbeing is improved in our communities that experience shorter life expectancy and poorer health*). Operational planning for this area will be further developed in line with the development of Fairer EastRen and restructuring of the health improvement service.
  - Mental wellbeing is improved among children, young people and families in need
  - People are supported to stop offending and rebuild their lives through new community justice pathways
  - Wellbeing is improved in our communities that experience shorter life expectancy and poorer health

- People are supported to maintain their independence at home and in their local community.
- People who experience mental ill-health are supported on their journey to recovery
- Unplanned admissions to hospital are reduced
- People who care for someone are able to exercise choice and control in relation to their caring activities

#### RECOMMENDATIONS

6. Performance and Audit Committee is asked to note and comment on the driver diagrams in our Strategic Implementation Plan.

# **REPORT AUTHOR AND PERSON TO CONTACT**

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March 2019

Chief Officer, IJB: Julie Murray

#### **BACKGROUND PAPERS**

None

56

East Renfrewshire HSCP Strategic Plan: Implementation Plan 2018-21 – SP1 Children and Families Mental Wellbeing

Community Plan Outcome Health & Wellbeing Outcomes	Intermediate Outcomes (HSCP Strategic Outcome)	Our contribution	Critical activities Delivering a trauma recovery programme test of
secure childhood dy to succeed oung people and	Mental wellbeing is improved among children, young people and families in need	Provide the appropriate and proportionate mental health responses for children and young people	Ensure Children and Young People exiting CAMHS Service will have a Child's Plan in place.
CP1 - All children in East Renfrewshire experience a stable and secure childhood and succeed NO(C&YP)1 - Our children have the best start in life and are ready to succeed NO(C&YP)3 - We have improved the life chances for children, young people and families at risk	Strategic Indicators Child and Adolescent Mental Health-longest wait in weeks at month end % of young people having a positive outcome through the Family Wellbeing Service % looked after children and care experienced young people accessing mental health supports % of LAC experiencing 3 or more placement moves % of positive response to Viewpoint question "Do you feel safe at home"? % Improved outcomes for children from Parenting Programmes % accessing Cygnet post diagnostic programme within 12 months of receiving a diagnosis All looked after children have 6 monthly child's plan reviews which also considers where they will live permanently. % of children under the age of 12 in kinship care waiting no longer than 36 weeks of being placed to have legal permanence. Children and young people starting treatment for specialist CAMHS within 18 weeks of referral % Mothers confirming they have received information about close and loving relationships from staff	Increased confidence among parents most in need of support as a result of targeted interventions Improved maternal health and wellbeing wording Strengthened family capacity through prevention and early intervention	Delivering effective parenting programmes that help families who need support in the early and teenage years         Delivering evidence based parenting support programmes Cygnet for families of children with a diagnosis of autism         Implementing the new Kinship Care duties from the Children and Young People Act 2014 and the Kinship Care Assistance Order 2016         Implementing Universal Pathway within Health Visiting service         Implementing the Maternal and Infant Feeding Plan         Offer Family Decision Making at the initial referral stage through Request For Assistance

East Renfrewshire HSCP Strategic Plan: Implementation Plan 2018-21 – SP2 Criminal Justice

Communi Plan Outcome	ty Health & Wellbeing Outcomes	Intermediate Outcomes (HSCP Strategic Outcome)	Our contribution		Critical activities
oortive communities	ng its underlying causes; committed offences to ir potential for the	People are supported to stop offending and rebuild their lives through new community justice pathways	The risk of offending is reduced though high quality person centred interventions		Using appropriate assessment tools to identify risk and need. Delivering accredited programmes aimed at reoffending. Delivering a whole systems approach to diverting both young people and women from custody
ind live in supp	<ul> <li>A Renfreewshire residents are safe and live it browshire resolution of all citizens of all citizens are safe and live it browshire resolution in the community and realise in to the community and realise in the recovery of all citizens are safe and live it browshire resolution in the community and realise in the recovery of all citizens are safe and live it browshire resolution in the recovery of all citizens are safe and live it browshire resolution in the recovery of all citizens are safe and live it browshire resolution in the recovery of all citizens are safe and live it browshire resolution in the recovery of all citizens are safe and live it browshire resolution in the recovery of all citizens are safe and live it browshire resolution in the recovery of all citizens are safe and live it browshire resolution in the recovery of all citizens are safe and live it browshire resolution in the recovery of all citizens are safe are safe are safe and live it browshire resolution in the recovery of all citizens are safe a</li></ul>	People agreed to be at risk of harm have a protection plan in place	People have improved access to through care and comprehensive range of recovery services.		Ensuring people subject to statutory supervision have early access to community mental health, alcohol and drug recovery services.
ents are safe a		Offenders completing community based sentences whose risk has reduced Offenders completing unpaid work			Developing 'prison through the gate models' to help people move onto and sustain positive destinations.
vshire reside		requirements Increase in the number of people being referred through diversion from prosecution. Positive employability and volunteering			Working with local partners to ensure a range of beneficial unpaid work placements are taken up
ast Renfrev		outcomes for people with convictions Change in individual drug and alcohol recovery outcome score	Effective interventions are in place to protect people from		Working in partnership with people at risk of harm to assess their needs and provide appropriate support
CP4 - E	NO(CJ)1 - I NO(CJ)2 - ( help them benefit of		harm		Providing a range of services for women who experience domestic abuse

East Renfrewshire HSCP Strategic Plan: Implementation Plan 2018-21 – SP4 Community-led Support

Community Plan Outcome	Health & Wellbeing Outcome	Intermediate Outcome (HSCP Strategic Outcome) We will be making good progress when		Our contribution So what we need to achieve is		Critical activities By
wshire are positive	or who are d at home or	People are supported to maintain their independence at home and in their local community. (HSCP SP4)	]	The people we work with have choice and control over their lives and the support they receive.		Working with people to develop outcome focused support plans Establishing processes to ensure that we set appropriate individual budgets
East Renfre oy full and	onditions on distinct of the second s	<u>Strategic Indicators</u> % of people supported at home who agree				for people and they have access to the 4 SDS options.
iditions in E rted to enjo	ong term c ble, indeper	that they are supported to live as independently as possible (NI2) % of people supported at home who agree that they had a say in how their help, care or				Establishing greater 'choice' by developing the local market for provision
ig term con are suppo	bilities or I ly practicat	support was provided (NI3) Percentage of adults with intensive care needs receiving care at home (NI18)				Ensuring Technology Enabled Care is more strongly embedded in all support provision
CP5 - Older people and people with long term conditions in East Renfrewshire are valued; their voices are heard and they are supported to enjoy full and positive lives for longer.	those with di far as reasona heir communit	Number of people self-directing their care through receiving direct payments and other forms of self-directed support. % of people whose care need has reduced following re- <u>ablement</u> Percentage of people reporting 'living where	_	More people stay independent and avoid crisis though early intervention work		Setting up 'Talking Points' where people can talk to a range of professionals, carer and community supports
r people and eir voices are nger.	ole, including le to live, as y setting in tl	you want to live' needs fully met. Percentage of people aged 65+ who live in housing rather than a care home or hospital Self-Directed Support spend on adults as				Setting up an Initial Contact Team to provide fast access to information, advice and support.
CP5 - Older peo valued; their vo lives for longer.	NO2 frail in a l	percentage of total social care spend on adults (LGBF) % of people aged 65+ with intensive needs receiving care at home (LGBF)		People can maintain health and wellbeing through a range of appropriate activities		Continuing to develop our Ageing Well programme in partnership with ER Culture & Leisure Trust.
		% of people with outcome focused support plans in place				Providing an integrated rehabilitation and re-ablement service.

East Renfrewshire HSCP Strategic Plan: Implementation Plan 2018-21 – SP5 Supporting recovery from mental ill-health

Community Plan Outcome Health & Wellbeing Outcome	Intermediate Outcomes (HSCP Strategic Outcome) We will be making good progress when	Our contribution So what we need to achieve is	Critical activities By
e skills for	People who experience mental ill- health are supported on their journey to recovery	East Renfrewshire residents experience mental ill-health access appropriate support on their journey to recovery	Implementing the priorities set out in the Greater Glasgow and Clyde Mental Health Strategy in East Renfrewshire
CP2 - East Renfrewshire residents are healthy and active and have the skills for learning, life and work MO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.	Strategic Indicators Percentage of people waiting no longer than 18 weeks for access to psychological therapies Mental health hospital admissions (age standardised rate per 1,000 population) Primary Care Mental Health Team (Bridges) wait for referral to assessment within 4 weeks (%) Primary Care Mental Health Team (Bridges) wait for referral to treatment appointment within 9 weeks (%)		Developing and delivering the programme of activity supported by Action 15 funding Ensuring appropriate access to primary Mental Health services

East Renfrewshire HSCP Strategic Plan: Implementation Plan 2018-21 – SP6 Unscheduled care

Community Plan Outcome	Health & Wellbeing Outcome	Intermediate Outcome (HSCP Strategic Outcome) We will be making good progress when		Our contribution So what we need to achieve is		Critical activities By		
wshire are positive	r who are at home or	Unplanned admissions to hospital are reduced (through working together with our colleagues in primary and acate care). (HSCP SP6)		We support people at greatest risk of admission to hospital.	]	Working with clinical directors to ensure our prevention activity is focused on the top 6 reasons for unplanned admissions		
ast Renfre	dently and dently and dently and	rategic Indicators ople waiting more than 3 days to be				Supporting people who are frail through an effective Frailty Tool and Pathways		
people with long term conditions in East Renfrewshire are heard and they are supported to enjoy full and positive	or long term co Beg Beg Beg Beg	charged from hospital into a more propriate care setting (inc AWI) d days lost to delayed discharge d days lost to delayed discharge for Adults h Incapacity (AWI) d days lost to delayed discharge rate per				Developing and embedding agreed Anticipatory Care Planning model in GP practices, community nursing, rehab and Older People's Mental Health		
ng term ( y are sup	1,00 Rat peo	00 for patients aged 75+ e of emergency inpatient bed-days for ople aged 75 and over per 1,000 population			7	Reviewing and strengthening care home liaison role/model		
ople with lo ard and the	se with dis as reasonab emunity ou Nor Nor	<ul> <li>of A &amp; E Attendances</li> <li>mber of Emergency Admissions</li> <li>&amp; E Attendances from Care Homes</li> <li>bergency Admissions from Care Homes</li> <li>cupied Bed Days (Adult – non-elective)</li> <li>bergency admission rate (NI12)</li> <li>bergency bed day rate (NI13)</li> <li>admission to hospital within 28 days (NI14)</li> <li>boportion of last 6 months of life spent at</li> <li>me or in a community setting (NI15)</li> <li>Ils rate per 1,000 population aged 65+ (NI16)</li> <li>mber of days people spend in hospital when</li> </ul>	missions reduce attendations admissions	Work with local partners to reduce attendances and admissions	-	Improved communication between hospitals and care homes through introduction of red bag scheme		
and pee s are he	ding the					Engaging with GP practices to reduce ED attendances		
CP5 - Older people and people with long term conditions in East Renfrewshire a valued; their voices are heard and they are supported to enjoy full and positive lives for longer.	- People, incl are able to liv bomely settin Mur		at (NI16)				Our services support rehabilitation and end-of-life	][
CP5 valu	the UNC Per	y are ready to be discharged (NI19) centage of people admitted to hospital from me during the year, who are discharged to a		care		Develop more responsive care at home and OOH services		
	Per	e home (NI21) centage of people discharged from hospital hin 72hrs of being ready (NI22)				Improve end of life care planning and service delivery		

East Renfrewshire HSCP Strategic Plan: Implementation Plan 2018-21 – SP7 Supporting unpaid carers

Community Plan Outcome	Health & Wellbeing Outcome	Intermediate Outcomes (HSCP Strategic Outcome)		Our contribution	Critical activities
ewshire are I positive	eir own health eir caring role	People who care for someone are able to exercise choice and control in relation to their caring activities	_	Staff are able to identify carers and value them as equal partners	 Providing information and training to raise awareness of the impact of caring and requirements of Carers Act.
CP5 - Older people and people with long term conditions in East Renfrewshire are valued; their voices are heard and they are supported to enjoy full and positive lives for longer.	d care are supported t to reduce any negative and any negative d	ategic Indicators ecentage of carers who feel supported to atinue in their caring role. (NI8) ople reporting 'quality of life for carers' eds fully met (%) of identified young carers with a Young eers Statement		More carers have the opportunity to develop their own carer support plan Carers can access accurate information about carers' rights, eligibility criteria and supports	Implementing a new carers' support plan for use with individual carers. Training advisers in a range of organisations who can develop plans with and for carers. Developing and implementing Young Carer Statements as set out in the Carers (Scotland) Act 2016 Developing and publicising a consistent and clear prioritisation framework (eligibility criteria) for support. Ensuring that carers and support organisations are aware of respite care and short-break provision.