AGENDA ITEM No.7

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	28 June 2017
Agenda Item	7
Title	Annual Performance Report 2016/17

Summary

This report advises the members of the Integration Joint Board of the development of the Annual Performance Report for the Health and Social Care Partnership for 2016/17. This year is the first year that the Integration Joint Board is required to publish an Annual Performance Report and forms the baseline year for future annual performance reports. Overall this report provides a favourable comparison of our performance against Scotland's performance as a whole. The Annual Performance Report is a high level report and more detail of local targets and activities is available in the Health and Social Care Partnership Implementation Plan Performance Report for 2016/17.

Presented by	Candy Millard, Head of Strategic Services

Action Required

The Integration Joint Board is asked to

- Note and comment on the contents of the report
- Remit the Head Strategic Services and the Chief Finance Officer to include relevant financial information form the Annual accounts into the Annual Performance Report.
- Approve the final report being shared with East Renfrewshire Council and NHS Greater Glasgow and Clyde
- Remit the Head of Strategic Services to work with the Communications Team to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report for the statutory deadline of 31 July 2017.

Implications checklist – check box if applicable and include detail in report

☐ Finance/Efficiency	☒ Policy	☒ Legal	☒ Equalities
☐ Risk	☐ Staffing	☐ Property/Capital	☐ Directions

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

28 JUNE 2017

Report by Chief Officer

END OF YEAR PERFORMANCE REPORT

PURPOSE OF REPORT

1. This report advises the members of the Annual Performance Report for the Health and Social Care Partnership for 2016/17.

RECOMMENDATION

2. The Integration Joint Board is asked to:-
   - Note and comment on the contents of the report
   - Remit the Head Strategic Services and the Chief Finance Officer to include relevant financial information form the Annual accounts into the Annual Performance Report.
   - Approve the final report being shared with East Renfrewshire Council and NHS Greater Glasgow and Clyde
   - Remit the Head of Strategic Services to work with the Communications Team to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report for the statutory deadline of 31 July 2017.

BACKGROUND

3. The Public Bodies (Joint Working) (Scotland) 2104 Act requires each Integration Authority to publish a Performance Report for each reporting year setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible. The report must be published by 31 July. Publication of the report should include making the report available online, and should ensure that the Report is as accessible as possible to the public. Guidance suggests that partnerships may wish to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report. The Integration Joint Board must also provide a copy of this report to each constituent authority (NHS Greater Glasgow & Clyde and East Renfrewshire Council).

4. The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. In addition Scottish Government has issued guidance for the preparation of performance reports:
   - Performance against national health and wellbeing outcome
   - Performance in relation to integration planning and delivery principles
   - Performance in relation to strategic planning and any review of strategic plan during year
   - Financial planning, performance and best value
   - Performance in respect of locality arrangements
   - Inspections of services

REPORT

5. Although the Integration Joint Board received a report on performance for 2015-16 in June 2016, this was in the form of the Organisational Performance Report (the reporting format used by the previous Community Health and Care Partnership), with some additional health and wellbeing performance information. This year is the first year that the Integration Joint Board is required to publish an Annual Performance Report and forms the baseline year for future annual performance reports.

6. The report is set out under the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families. Each section has an overview of national performance indicators, community planning and East Renfrewshire Council indicators and NHSGGC indicators. The sections also give an overview of work undertaken to deliver the strategic planning priorities with some additional data where relevant.

7. There are additional sections: one on Locality Planning giving an overview of the Community Led Support locality conversations and the development of GP clusters, and one on our hosted Learning Disability Inpatient service.

FINANCE AND EFFICIENCY

8. This report in its current format relates to health and social care performance. A separate Annual Accounts Report is on the agenda. Following approval of these reports the Head of Strategic Services and Chief Finance Officer will incorporate the relevant financial end of year performance information into the Annual Performance Report.

CONSULTATION AND PARTNERSHIP WORKING

9. The Annual Performance Report reflects the work of the Health and Social Care Partnership throughout 2016/17. Through our Strategic Plan we make a commitment to working together:
   - With individuals as partners in planning their own care and support.
   - With carers and families as partners in the support they provide to the people they care for. We will ensure the supports carers and families can sometimes require themselves are recognised.
   - With communities as partners in shaping the care and supports available and in providing opportunities for people to get involved in their communities.
   - With organisations across sectors, including our Community Planning partners and the Third Sector. We will work in partnership to co-commission, forecast, prioritise and take action together.

   There are multiple examples of this commitment in action throughout the report.

IMPLICATIONS OF THE PROPOSALS

Risk
10. None

Policy
11. None

Staffing

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

Legal

13. The Annual Performance Report is a statutory requirement of the Integraion Joint Board.

Property

14. None

Equalities

15. The Integration planning and delivery principles include a requirement that Integration Joint Boards
    - Take account of the particular needs of different service-users.
    - Takes account of the particular needs of service-users in different parts of the area in which the service is being provided.
    - Take account of the particular characteristics and circumstances of different service-users.
16. There are examples of this throughout the report.

Directions

17. None

CONCLUSIONS

18. The Annual Performance Report is the first performance report for East Renfrewshire Health and Social Care Partnership. This report provides a comparison of our performance against the Scotland and acts as a baseline for future years. Overall the report gives a positive picture of performance both in relation to outcomes and the integrated planning and delivery principles. The Annual Performance Report is a high level report and more detail is provided in the Implementation Plan Report for 2016/17.

RECOMMENDATIONS

19. The Integration Joint Board is asked to
    - Note and comment on the contents of the report
    - Remit the Head Strategic Services and the Chief Finance Officer to include relevant financial information form the Annual accounts into the Annual Performance Report.
    - Approve the final report being shared with East Renfrewshire Council and NHS Greater Glasgow and Clyde
    - Remit the Head of Strategic Services to work with the Communications Team to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report for the statutory deadline of 31 July 2017.

REPORT AUTHOR AND PERSON TO CONTACT

HSCP Chief Officer: Julie Murray

Candy Millard, Head of Strategic Services
Candy.Millard@eastrenfrewshire.gov.uk
0141 451 0749
12 June 2017

BACKGROUND PAPERS

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

East Renfrewshire
Health and Social Care Partnership

Annual Performance Report

2016/17

Contents

Introduction by Chief Officer

In East Renfrewshire we have been leading the way in integrating health and care services. Our Community Health and Care Partnership (CHCP), between East Renfrewshire Council and NHS Greater Glasgow and Clyde, was established in 2006. Our Partnership has always managed a much wider range of services than is required by the legislation. Along with community health and care services we provide health and social care services for children and families and criminal justice social work.

Over the last ten years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations, which focus on improving outcomes for the people of East Renfrewshire. Our new Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire's Integration Joint Board, has been able to build on this successful foundation.

The main purpose of integration is to improve the wellbeing of people who use health and social care services. In our Strategic Plan we set out our partnership vision of how we will achieve this

Working together with the people of East Renfrewshire

to improve lives

by:

Valuing what matters to people

Building capacity with individuals and communities

Focusing on outcomes, not services

Our commitment to working together is:

With individuals - as partners in planning their own care and support.

With carers and families - as partners in the support they provide to the people they care for. We will ensure the support carers and families can sometimes require themselves are recognised.

With communities - as partners in shaping the care and support available and in providing opportunities for people to get involved in their communities.

With organisations - across sectors, including our Community Planning partners and the Third Sector. We will work in partnership to co-commission, forecast, prioritise and take action together.

With our staff - as partners in developing and delivering our vision, valuing their knowledge, skills and commitment to health and social care.

This annual performance report gives us an opportunity to demonstrate how we have delivered on our vision and commitments over 2016/17. It provides information about the progress we are making towards achieving the national outcomes for children, the national health and wellbeing outcomes, and criminal justice outcomes. (A full list is provided in Appendix1). Along with performance data the report highlights some of the work carried out during 2016/17 to deliver our strategic priorities, which we believe demonstrates the way that we are working in accordance with the Integration Planning and Delivery Principles (a full list is provided in Appendix 2).

There are 23 National Integration Indicators upon which each HSCP is measured. In the report we have linked them to the National Health and Wellbeing Outcomes. (A full list of the 23 National Health and Wellbeing Indicators is provided in Appendix 3). We have also included some national measures for children and young people and criminal justice.

The national indicators have been, or will be developed from national data sources. The data for these is provided by the Information Services Division (ISD) of the NHS on behalf of the Scottish Government so that measurement is consistent across all Scottish HSCPs. These indicators can be grouped into two types of complementary measure; outcome indicators based on survey feedback and indicators derived from organisational or system data. The images for comparing performance in relation to the Scottish average are as follows:

	Performance is equal or better than the Scottish average
	Performance is close to the Scottish average
	Performance is below the Scottish average

The data presented against the National Indicators is the most up-to-date as released by ISD in June 2017.

The report also contains information about our performance on the key indicators and targets we have agreed with East Renfrewshire Council and NHS Greater Glasgow and Clyde (NHS GGC). As NHS GGC is changing some of its patient information systems we are experiencing a delay this year with performance data. This report contains the most up to date information available. The images for comparing performance in relation to our local targets are as follows:

	Performance is equal or better than the target
	Performance is close to the target
	Performance is below the target

Children and Young People's Outcomes (Early Years)

- Our children have the best start in life and are ready to succeed
- Parents provide a safe, healthy and nurturing environment

NHSGGC Indicator	East Renfrewshire HSCP	Scottish Average	Comparison
Percentage of children meeting developmental milestones at 27-30 month child health review	82%	82%	
Local East Renfrewshire Council Indicator	East Renfrewshire 2016/17	Local Target	
Children in kinship care remaining in their community	100%	75%	

Our *Early Years Strategy* focuses on the youngest members of our population and their families in order to address these inequalities at the earliest stage of life. Our focus is on developing positive ways of engaging with communities, families and individuals that build on their strengths and providing targeted interventions to those most of need of support.

Extending our Family First Worker Initiative

We have increased the number of family first workers to 5 working in 4 communities of need. This has meant that more families benefit from advice and support, improving outcomes and reducing parental stressors, as in the example below.

Delivering effective parenting programmes

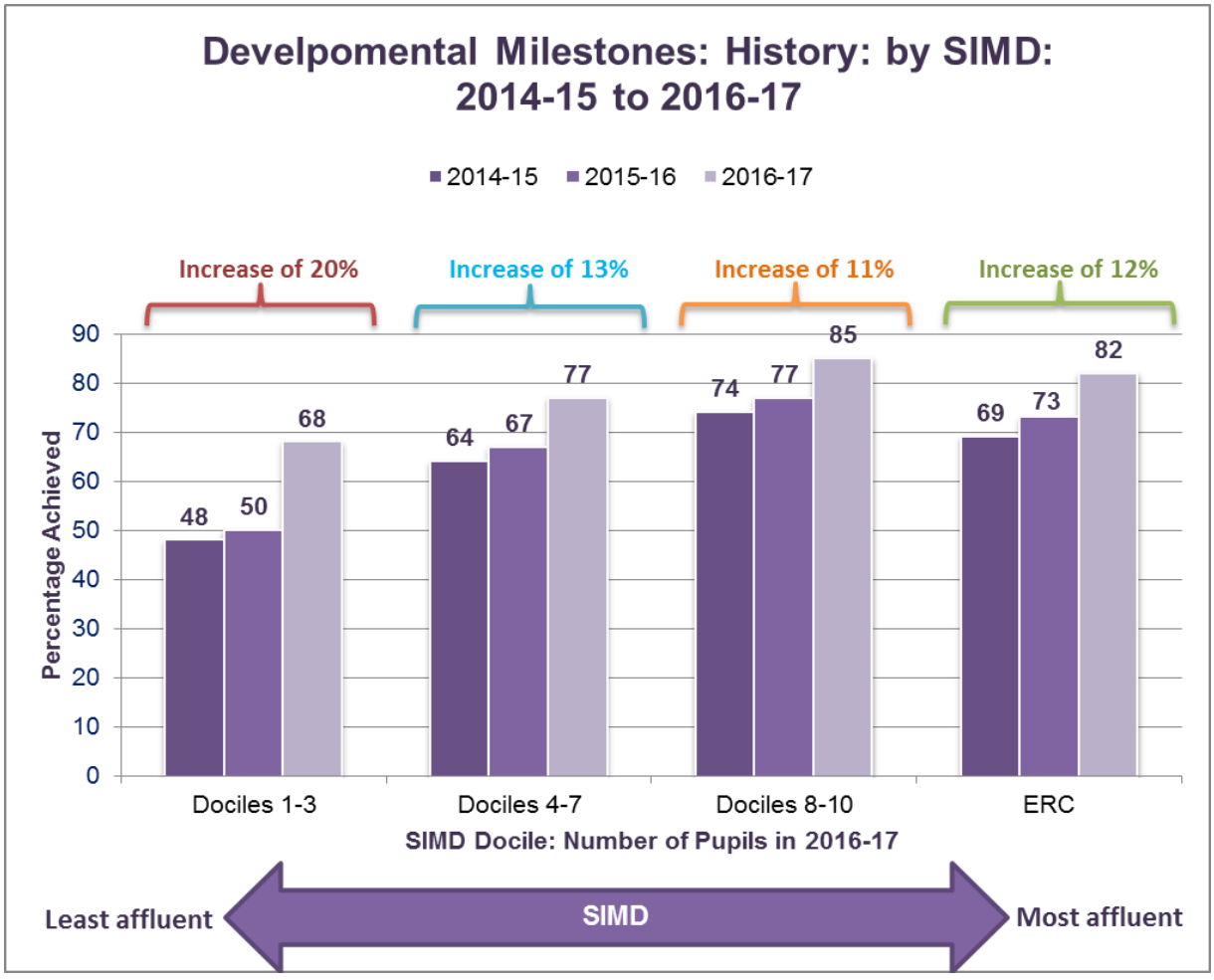
Good parenting has a lasting impact on children's lives, relationships and wellbeing as adults. In East Renfrewshire we recognise that the vast majority of parents and carers do a good job in bringing up children, but we are also aware it can be difficult and challenging and sometimes families will need help. It is for this reason that we emphasise that parenting support is available to all parents, although the level of and type of support offered will vary depending on the needs of the child and family.

The Psychology of Parenting Project aims to improve the outcomes for children with early-onset behaviour problems. The project offers two high quality, evidence-based group programmes - Triple P and Incredible Years.

Research has demonstrated that these programmes can:

- **Significantly reduce the levels of behaviour difficulties in 3 and 4 year olds**
- **Help children be ready to learn and get the most out of their school experiences**
- **Improve the wellbeing of and reduce isolation for parents and carer**

Working together with our partners we have seen an improvement in children reaching their developmental milestones across East Renfrewshire with the greatest gains in our least affluent communities.



Children and Young People's Outcomes (Health and Wellbeing)

- Our young people are successful learners, confident individuals, effective contributors and responsible citizens
- Children and young people are healthy, active and included

National Indicator	East Renfrewshire HSCP	Scottish Average	Comparison
Rates of stillbirths per 1,000	4.6	4.3	
Infant mortality rate per 1,000	1.2	3.3	
Percentage of children exclusively breastfed at 6 - 8 weeks (2015/16)	40.5%	28.2%	
Dental Registration 3-5 years	90%	90%	
Percentage of obese children in Primary 1	3.2%	9.9%	
Local NHS GGC Indicator	2016/17	Local Target	
Percentage of children exclusively breastfed at 6 - 8 weeks in areas of greatest inequality	16.8%	29.3%	
MMR Uptake 24 months	96.9%	95%	
MMR uptake 5 years	98.6%	95%	
18 week referral to treatment for specialist Child and Adolescent Mental Health Services	Data not yet available	90%	

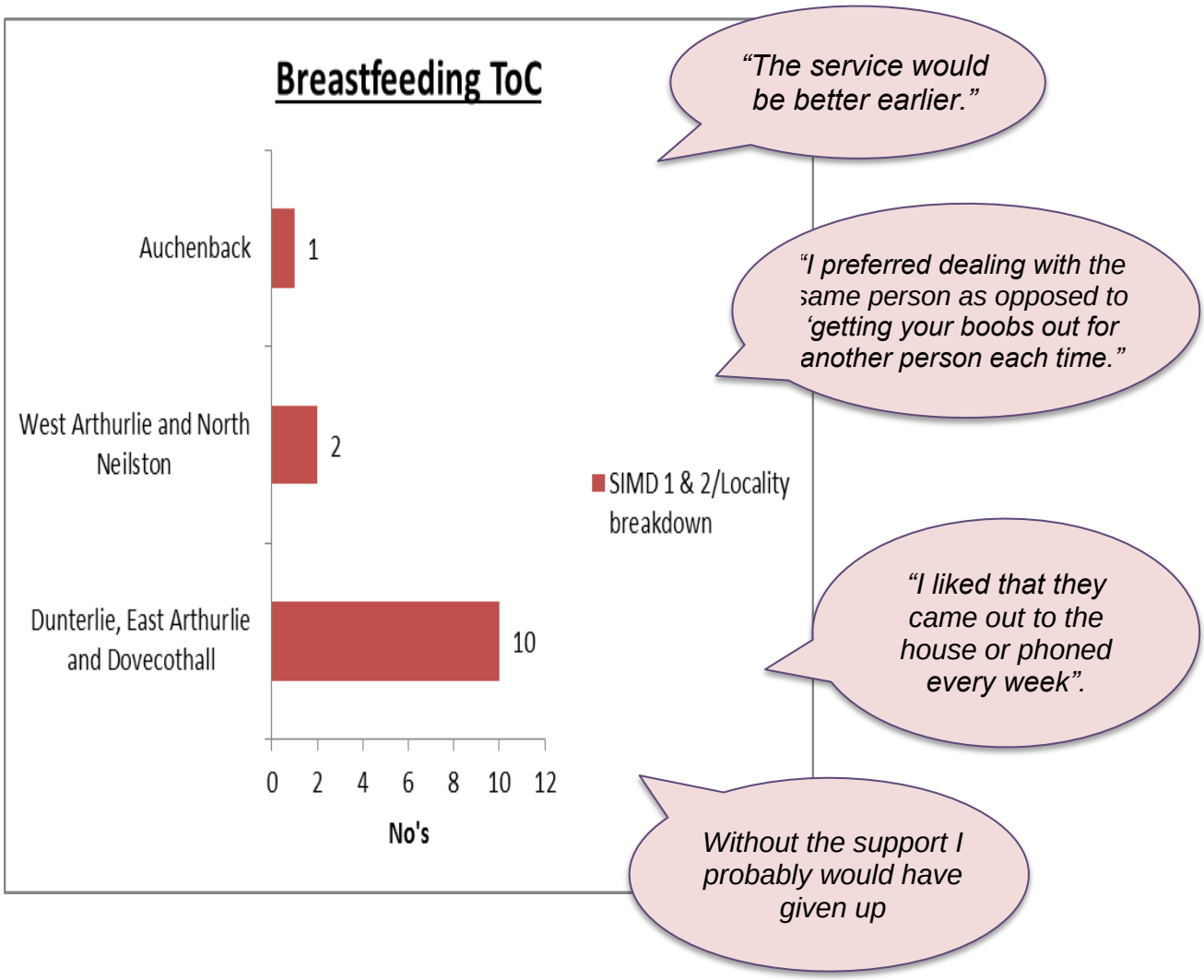
We know that the diet and nutritional status of the mother before conception and during pregnancy, the feeding received by the infant in the first few months of life, the process of weaning onto solid foods and the diet and nutrition status of the growing infant all contribute significantly to long term health. Through our work on maternal and infant feeding we encourage breastfeeding, weaning and good nutrition across East Renfrewshire but with a particular focus on our more deprived communities.

Supporting Breastfeeding in East Renfrewshire

UNICEF Baby Friendly Accreditation is based on evidence based standards for Health Visiting Services that are designed to provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support health and development. In January 2017 our Health Visiting Team secured UNICEF re accreditation. The overall result is recorded as:

"An excellent result with positive feedback on care from mothers"

From 1st July 2016 the HSCP undertook a small Breastfeeding test of change (ToC) to improve breastfeeding rates at 6-8 weeks in our least affluent areas funded through the Early Years Change Fund. Breastfeeding support in the form of home visits (up to 10 home visits/contact in first 6 weeks) and support to attend community breastfeeding groups was offered. Thirteen mothers, the majority of whom were first time mothers took part and 50% were exclusively breastfeeding at 6-8 weeks



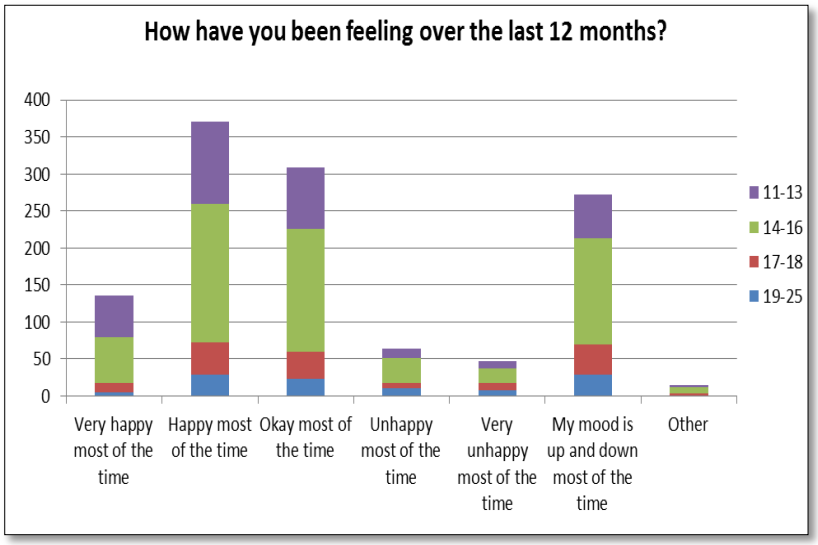
Improving Young People's Mental Health and Wellbeing

Prevention and early intervention are key to reducing poor mental health and the life time impact of mental illnesses. Over 2016/17 we have been developing a better picture of the wellbeing of young people in East Renfrewshire, so we can put the right supports in place for the future.

On average young people occupy

2

Specialist adolescent mental health beds at each month



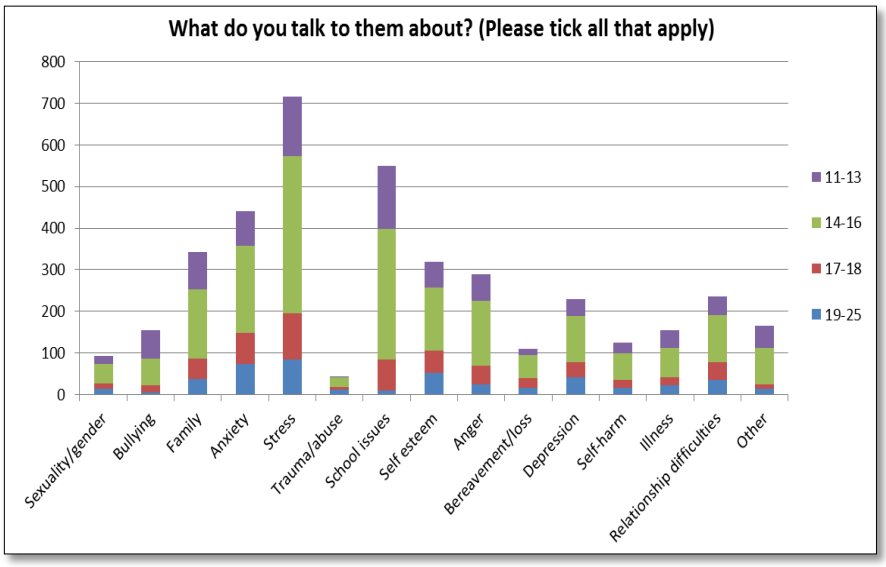
From surveys we know that whilst the majority of our young people are happy or feel ok most of the time, a significant minority are unhappy most of the time.

When they talk to others many young people are expressing concern about stress and anxiety.

64%

referrals to Youth Counselling

Are for anxiety, stress or self harm



Our Child and Adolescent Mental Health Service is under significant pressure and struggles to meet waiting times target. Further analysis of the data suggests some current referrals do not require specialist mental health support but a more appropriate and proportionate response that recognises trauma recovery and family wellbeing are fundamental in providing early help. By changing our model of care we can improve our responses and the time it takes for young people to get the support they need.

In 2017/18 we will be testing new ways of working in a primary care setting with our GPs and a third sector provider in partnership with young people and their families. This will require us to work with our partners in education to increase young people's resilience and develop timely and proportionate pathways.

East Renfrewshire Children and Young People's Edges of Care

Children and Young People's Outcomes (Life Chances)

- We have improved the life chances for children, young people and families at risk
- Children are protected

National Indicator		East Renfrewshire HSCP	Scottish Average	Comparison
	Percentage of children being looked after in the community	95.4%	90.4%	
Local East Renfrewshire Council Indicator		2016/17	Local Target	
	Percentage of children looked after away from home who experience 3 or more moves	7.1%	11.0%	
	Percentage of child protection re-registrations within 12 months of de-registration	8.3%	17%	
	Percentage of positive Viewpoint review responses 'Do you feel safe at home?'	85%	90%	

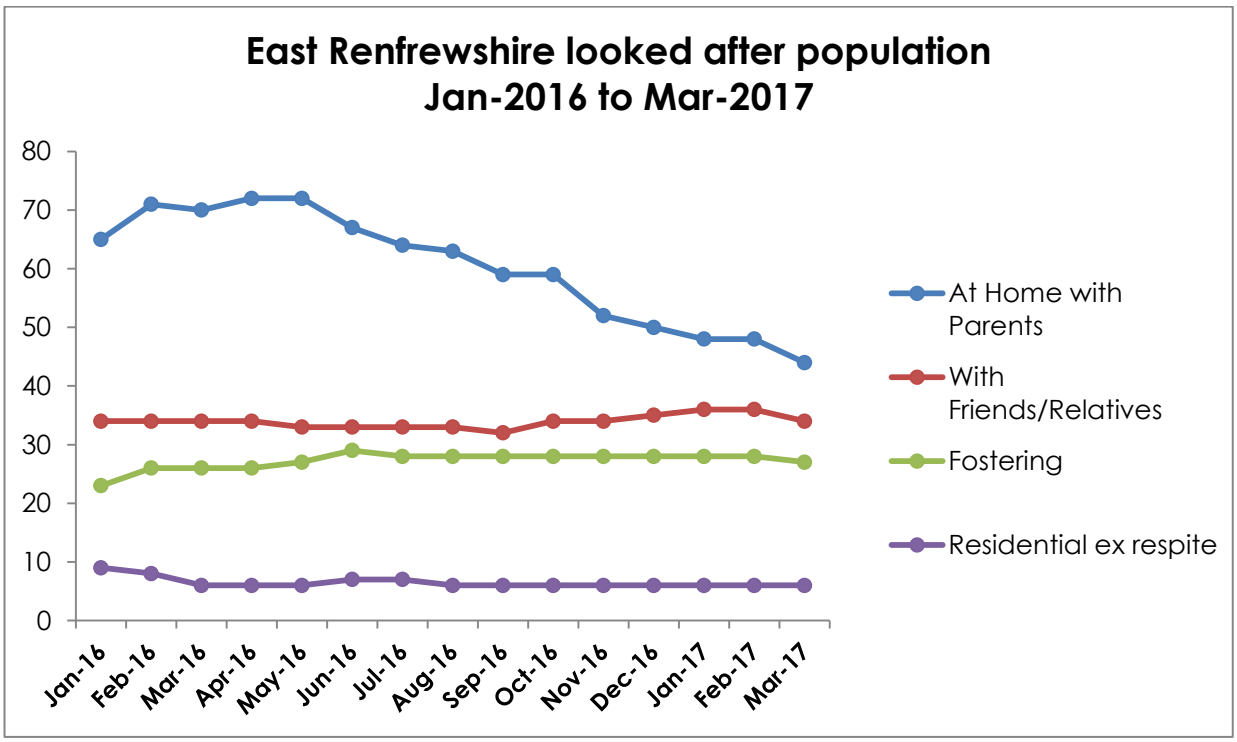
Working towards PACE (Permanence and Care Excellence)

Through PACE we have a positive joint working, commitment to change and a developing 'common understanding' of permanence across the whole system. This includes supporting our staff, managers and partners to understand that permanence also includes a child/young person remaining/returning home for good.

We have streamlined our processes to ensure that children, young people and their families/carers are included throughout the process in decision making and care planning. Successful small tests of change have been undertaken to support decision making for individual children.

This has resulted in the following improvements:

- ✓ Significant reduction in children subject to Compulsory Supervision Orders
- ✓ Improved planning for children aged between 0-3 years
- ✓ Improved confidence reported by social workers
- ✓ We have reduced the overall number of children who are 'looked after' by about 10% from the beginning of 2016/17 to the end of the year.



We have refreshed our PACE aim:

As part of our learning from the year 2016/17 we have reviewed our work and refreshed our aim to ensure that any child/young person who becomes looked after from 1st April 2017 will have a review of their plan that considers where they will live permanently (including returning/remaining at home with their parents) within six months of when they first become looked after.

Developing partnerships with care experienced young people through East Renfrewshire Champions Board

The overall aim of East Renfrewshire Champions Board is to improve the life chances of care experienced young people within the wider community. Our approach has been to involve as many of our looked after young people in activity based programmes and consultation exercises with their views directly filtered into shaping service delivery.

There have also been several events that have been developed from these engagement events, including a six week summer programme, care leavers week and Christmas Programme. Our aim has been to involve as many of our looked after young people in activity based programmes and consultation exercises. These views will be directly filtered into shaping service delivery.

As part of establishing our local Champions Board where senior managers and young people will work together to improve outcomes, young people, elected members, members' of the Corporate Management Team and key corporate parents have taken part in team building days. These included a 'Taggart' themed murder mystery exercise in the west end of Glasgow and a 'Cook Off' event.

A group of nine looked after young people were involved in 10 weekly sessions in drama and sound production led in partnership with the Citizens Theatre.
Using their own script and soundtrack, they performed at the Corporate Parenting Training Event and launch of the Champions Board. This was a powerful way of communicating what is important to them and how their corporate parents could help them to overcome challenges they might be facing

We want our care experienced young people to have say on all our future plans. In 2016/17 we had a group of our Champions Board young people involved in the development of our Children's Services plan. They gave us very clear messages about what they felt would need to be included in the plan. Our participation group has worked hard on developing vision and mission statements within our children services plan to ensure care experienced young people are at the heart of all policy.

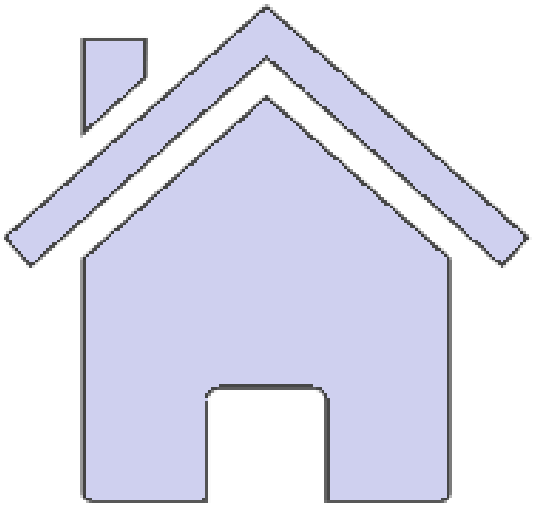
It is important for children and young people in East Renfrewshire to have a home where they feel wanted and safe

We will unite families with their community to ensure all children and young people are valued

East Renfrewshire believes that all children and young people are ambitious and we will inspire them to achieve

We will prioritise real relationships with children and young people so they are nurtured, actively involved and confident to reach their full potential

Young people and staff have highlighted that one of the main areas they would like the Champions Board to tackle is some of the difficulties around housing. In response a young person's housing support worker from the Connor Road supported accommodated team has been co-located with the HSCP Youth Intensive Support Services Team.



Since the start of this post in Nov 2016:

- 2 young people who previously had terminated placements in Connor Road have now been supported to return.
- A drop in consultation with care experienced young people explored their views on housing provision, options and general housing services.
- Alternative housing options for care leavers within East Renfrewshire are being explored and we have already viewed housing options in other authorities and discussed expanding our housing options with providers.

National Wellbeing Outcome 1 (Health Improvement)

- People are able to look after and improve their own health and wellbeing and live in good health for longer

National Indicator		East Renfrewshire HSCP	Scottish Average	Comparison
1	Percentage of adults able to look after their health very well or quite well	96%	94%	
11	Premature mortality rate per 100,000 persons	297	441	
Local East Renfrewshire Council Indicator		2016/17	Local Target	Comparison
	Uptake of community and leisure health improvement programmes	462	400	
	Citizens reporting taking part in physical activity	85%	80%	

Increasing people's awareness and skills to improve health and well being

A series of chair based exercise courses for older adults has been delivered and evaluated by the Health Improvement Team. Participants reported both improved physical health and more social connections. The HSCP is now exploring a wider rollout of similar activity with our partners East Renfrewshire Culture and Leisure Trust.

We also train staff across the HSCP, Council and other partners in

Health Matters
Conversations about Change

Though our training of Community Walk Leaders, across East Renfrewshire there are **11 community led health walks across attended by over 125 people each week**.

Working in partnership to tackle public health priorities

east renfrewshire CULTURE and LEISURE is commissioned by the Health and Social Care Partnership and NHS GCC to deliver the Live Active GP referral programme, which encourages people with a range of medical conditions to participate in exercise and healthy lifestyles. This year has seen an increase in participation in the programme and positive outcomes for individuals.

2015/16

283 participants

By working to raise awareness of the service to the public and GP primary care services

2016/17

462 participants

"Live active has supported/helped motivate me to remain active and take responsibility for my physical well-being. Staff support and encourage whilst understanding the physical challenges I face without being pushy which would just turn me off to the thought of exercise."

Mark, 48
Living with spina bifida, Eastwood

National Wellbeing Outcome 2 (Living Independently)

- People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

National Indicator		East Renfrewshire HSCP	Scottish Average	Comparison
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	84%	
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	78%	79%	
12	Emergency admission rate (per 100,000 population)	11,057	11,874	
13	Emergency bed day rate (per 100,000 population)	92,158	106,531	
14	Re-admission to hospital within 28 days (per 1,000 population)	78	96	
15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%	
18	Percentage of adults with intensive care needs receiving care at home	58%	62%	
Local East Renfrewshire Council Indicator		2016/17	Target	Comparison
	Self-Directed Support spend on adults as percentage of total social care spend on adults	5.3%	6.7	
	Percentage of people reporting 'living where you want to live' needs fully met at review.	78.6%	80%	
	Percentage of people aged 65+ who live in housing rather than a care home or hospital	96.8%	97%	
Local NHS GGC Indicator		2016/17	Target	Comparison
	Delayed discharge: people waiting more than 72 hours to be discharged from hospital into a more appropriate care setting	5	0	

Working with people early to help them stay independent

One of our strategic priorities has been the expansion of our telecare programme. 2016/17 has seen further investment in telecare staff and vans, and Telecare is now an integral part of hospital discharge planning. Through active promotion of the service we have grown our numbers of Telecare customers by 15% since last year.

Telecare Annual Report 2016

Telecare combines technology with support and can be used to summon help 24 hours a day 7 days a week. Our broad range of Telecare alerts and sensors provide confidence, reassurance and support to residents to live independently at home. Currently our customers are aged from 3mths -104yrs!
Telecare provides opportunities for people to safely get out and about in their local community and gives individuals and their carers peace of mind.

"It gives me reassurance that help is there"

Mrs J Gray, Newton Mearns

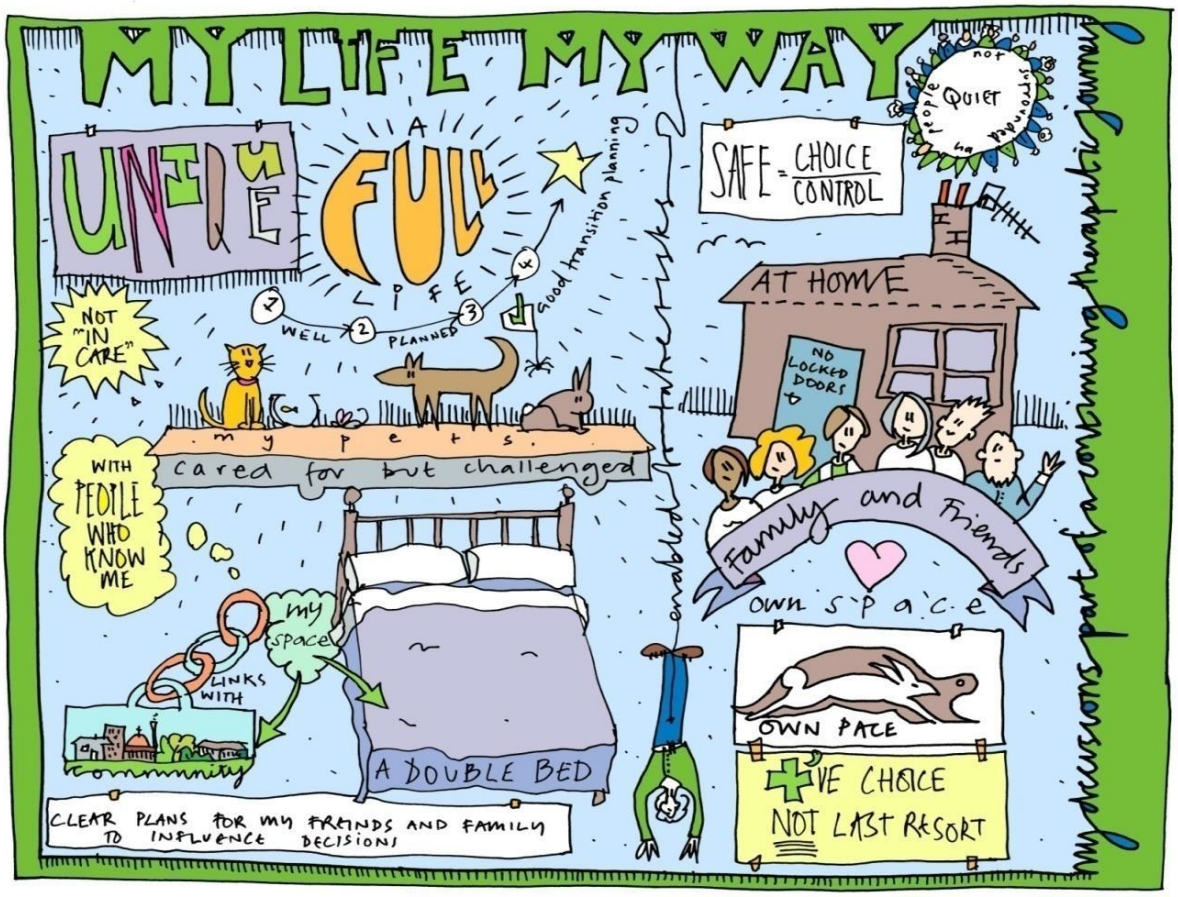
"I've encouraged several of my friends to take it up"

Mrs B Mathews, Giffnock

"I feel very lucky to have the service. Anyone on their own who doesn't take the service is crackers. It's great."

Mrs D Cameron, Clarkston

Developing a new way of planning with people who need support so that they have choice and control over their life



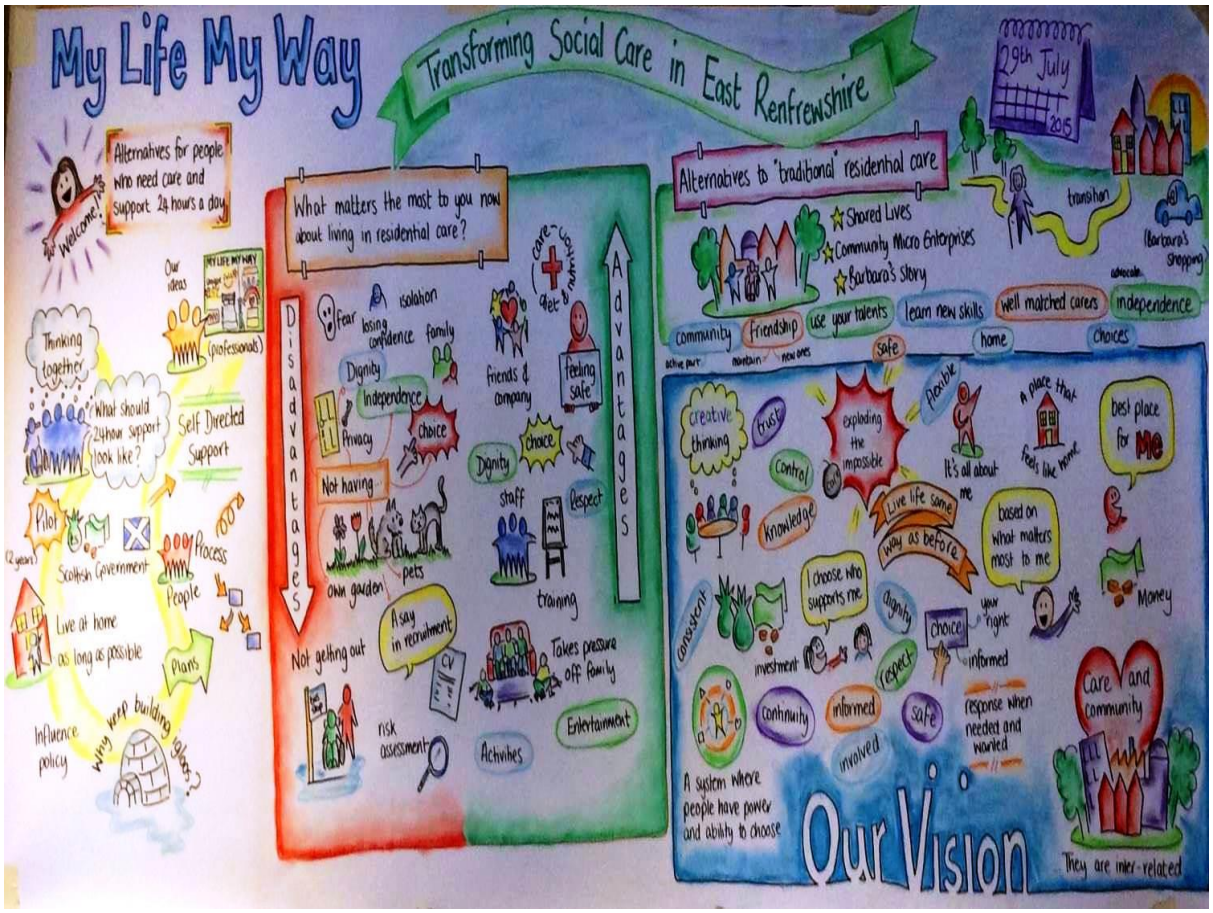
The My Life My Way pilot supported 21 individuals to consider using a direct payment, either within a care home setting or as an alternative to a care home setting. The pilot work enabled us to take a wider look at our systems and processes and to work more closely in partnership with care homes.

Working together the partners developed a wide range of activities that support a more outcomes focussed culture in East Renfrewshire. The activities were highly valued by those involved. Activities not only improved peoples' knowledge and skills, but led to tangible changes in practice and working together. Examples included*:*

- *Care home managers opening up their home to enable people from the community to be supported during the day and to make the care home more accessible to the local community.*
- *Care homes working in partnership with the HSCP, community groups and other services to develop new social opportunities that were built on what was important to individuals involved in the pilot work.*

People in the pilot engaged in a person centred planning process with the people who are important to them. Those involved worked collaboratively to implement the plan, using the full range of Self Directed Support options and local community resources. We are taking the learning from My Life My Way into our support planning practice. A learning tool has been developed for teams and practitioners and the person centred approaches to planning with individuals are being used across localities and in reviews.

My Life My Way – on a page



The most important things you need to know about me to support me well.

This is me!
My potted history… *who I am and where* *I've been…* *… the things I've done and the things I still love to do…* *… what makes me tick!*
What matters most to me.
The people, places and passions that mean most to me… *… the things that make me smile and want to get up in the morning…* *… what puts a spring in my step…* *… and make life feel worthwhile!*
Staying healthy and safe.
Key things you need to know or do to help me stay healthy and safe - <u>on my terms.</u>

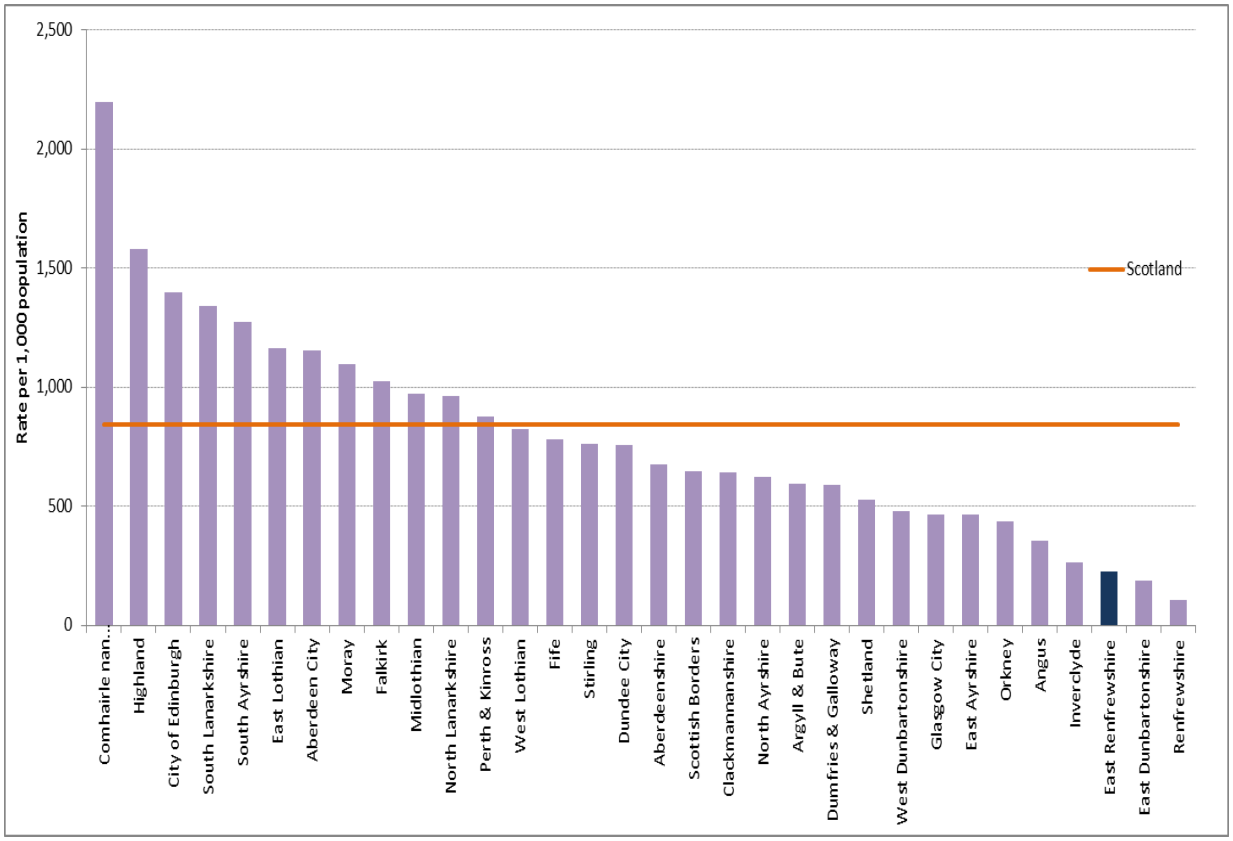
Safe and Supported- improving pathways for people going into and coming home from hospital

Our ‘Safe and Supported’ workstream, established last year, used improvement methodology to support groups of staff, clinicians, users , carers, third and independent sector representatives to consider what we could do differently at various points in people’s journey to and from hospital. From their work we developed a number of tests of change together.

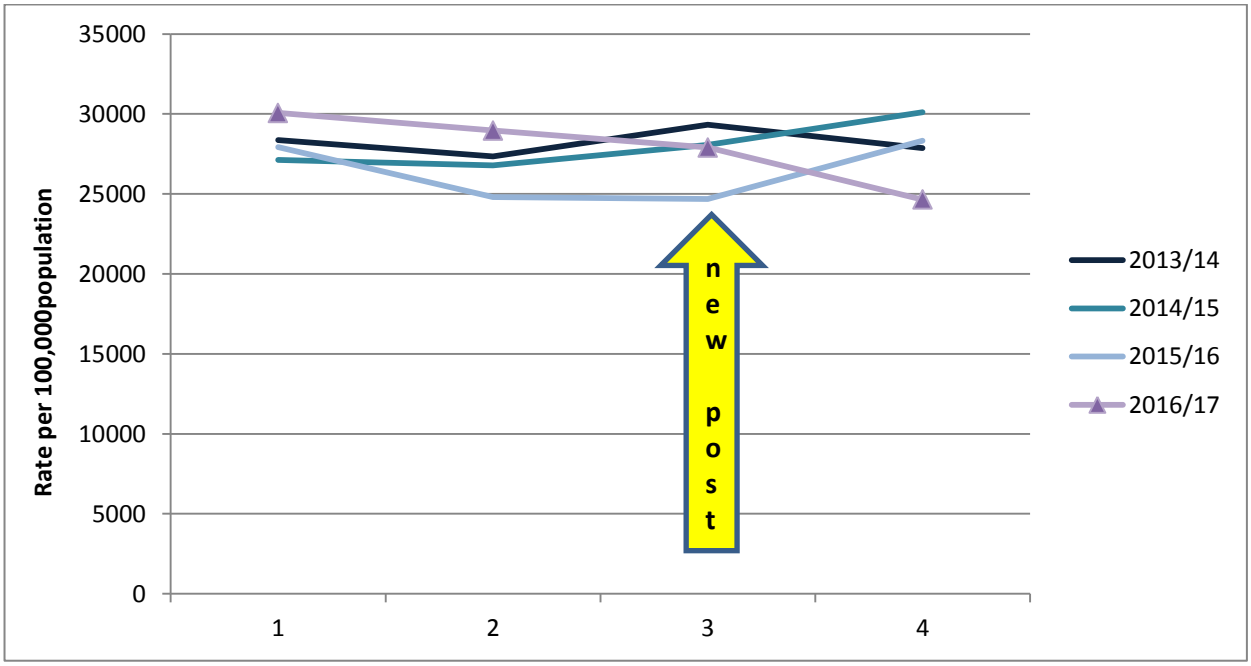
Our Hospital Co-ordinator finds, tracks and engages with East Renfrewshire residents in hospital from early in their admission.

The co-ordinator brings our Health and Social Care Partnerships information about people and local knowledge of ER community services to the acute assessment and advises and assists acute staff in making plans for safe and supported discharge.

Number of days people aged 75+ spend in hospital when ready to be discharged rate per 1,000 population 2016/17



Rate of emergency bed day per 100,000 population for adults by quarter



VAER
Support Development Collaboration

I arranged for a match meeting with VA, they both have similar interests in photography and music they get on great. After 6 weeks they said they felt like they were friends and have continued to see each other every week, getting out and about.

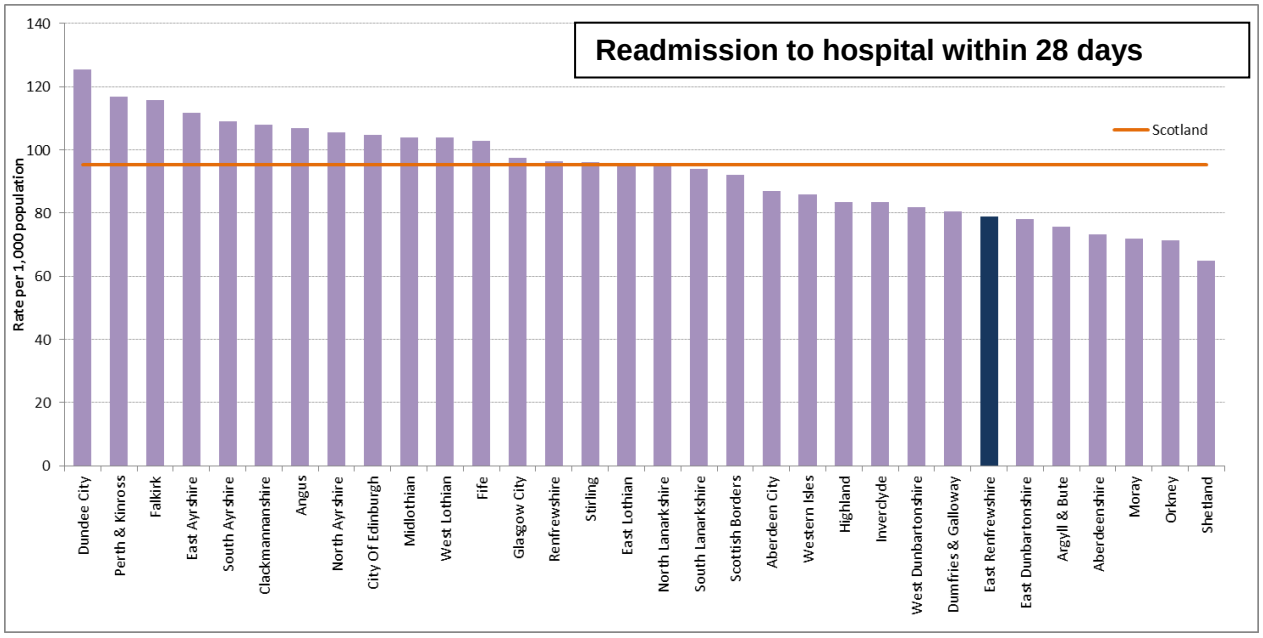
Voluntary Action coordinates the **Home from hospital** volunteer project connecting people back into their local community and activities, following a stay in hospital. In the six months the project was operational in 2016/17 it dealt with 46 referrals and trained 10 volunteers.

Thank you so much for all your help. M is enjoying the club and loves it.

Medicines Management

Our pharmacy technician helps support patients who would not otherwise receive a medication review to manage their medicines in their home. By improving compliance, the aim is to reduce hospital admissions for avoidable medication related issues. The technician also talks to patients about what is important to them and makes referrals to appropriate supports including volunteer support.

P not taking medication as prescribed and was very confused. Set up new blister pack and dosette box, and supported with new glucose meter as has not been using it. Second visit P started dosette box from the incorrect day. Explained how to use box and its day of week system. No further input required



Step down rehabilitation beds

Hospital Connector / Staff identify suitable patient from QEUH Wards who fit the agreed criteria for Step Down bed and has Consultant approval

Rehabilitation Programme from Hospital shared with care home staff by Hospital Connector to allow rehabilitation to continue without delay

Patient will be reviewed at beginning of week 4

National Wellbeing Outcome 3 (Experience of Health and Care Services)

- People who use Health and Social Care services have positive experiences of those services, and have their dignity respected

National Indicator		East Renfrewshire HSCP	Scottish Average	Comparison
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	69%	75%	
5	Total % of adults receiving any care or support who rated it as excellent or good	83%	81%	
6	Percentage of people with positive experience of the care provided by their GP practice	89%	87%	
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	86%	83%	
Local East Renfrewshire Council Indicator		2016/17	Target	Comparison
	People reporting 'being respected' needs fully met at review	95.5%	94.0%	
	Citizen panel percentage of service users rating health and social care services as very good/good	67%	92%	

Ensuring people have a positive first contact with Health and Social Care

We recognise that the way into community health and care services can sometimes be confusing and lacking in coordination. Over 2016/17 we have been working with local people, community groups and organisations to redesign thinking about **a new front door** and a new way of engaging with people in their communities and with their communities (community led support). We engaged the National Development Trust for Inclusion to help us in this work as they have supported successful transformation in areas such as Shropshire, with improvements in access, waiting times and early intervention reducing demands on services. In 2017/18 we will be testing our new model in different localities.

Arts and Environment Strategy for Eastwood Health and Care Centre

The strategy creates a place where patients, visitors and staff benefit from the therapeutic effects of nature. From the moment visitors enter the Centre site they encounter nature, and within the Centre there are carefully selected artworks based on the theme of nature, creating a sense of calm and wellbeing in the waiting areas. The strategy was developed by a steering group made up of members of the community, artists, partner organisations and staff, and was led by the Health Improvement Team.

Pupils from Isobel Mair School (which used to be on the site of the Health and Care Centre), worked with a textile artist to design the privacy curtains in the treatment rooms taking the theme of birch trees to create an image of a forest surrounding the beds.

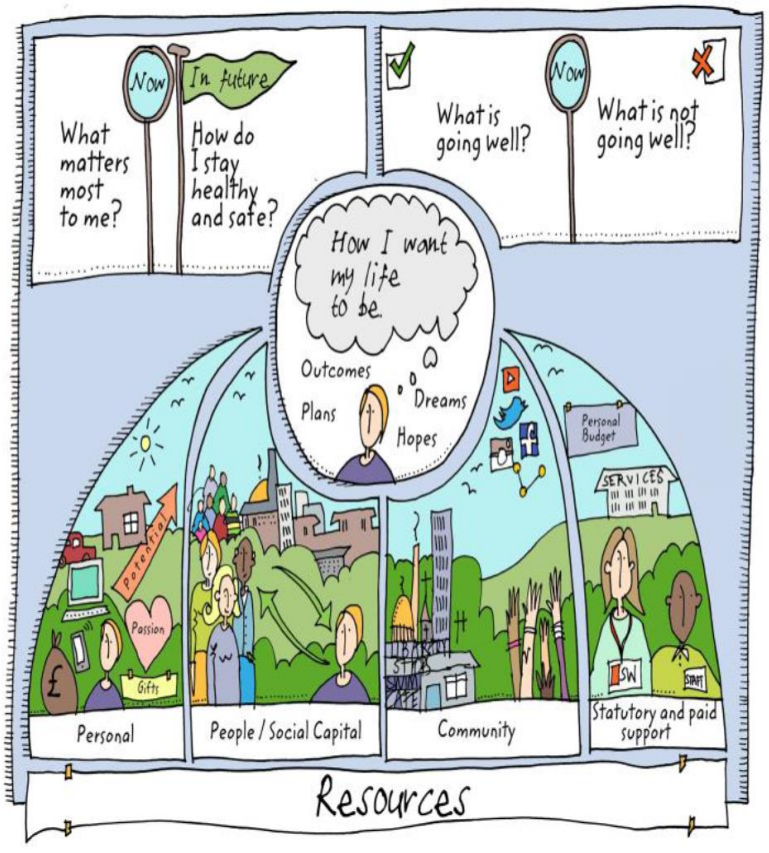
Ensuring dignity through valuing what matters to people

As part of the Community Led Support programme we have offered a series of good conversations training courses for anyone who will be, or would like to be, involved in helping local people understand and access community, health, social care or council support in the future.

This includes:

- *local people and carers*
- *all health and social care partnership staff*
- *staff and volunteers from community, provider and third sector organisations*
- *people responsible for training in these organisations*

The training is an introduction to helping people explore what matters most to them about their current situation, think about how they want their life to be (their 'outcomes') and plan how to use all the resources available to them to get there.



National Wellbeing Outcome 4 (Quality of Life)

- Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services

National Indicator		East Renfrewshire HSCP	Scottish Average	Comparison
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	84%	
16	Falls rate per 1,000 population aged 65+	21	21	
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (75+)	209	915	
Local East Renfrewshire Council Indicator		2016/17	Target	Comparison
	Percentage of those whose care need has reduced following reablement.	64%	50%	
	Percentage of people reporting having things to do' needs fully met at review	66%	62%	
	Percentage of people reporting 'staying as well as you can' needs fully met at review	76.4%	77.0%	
Local NHS GGC Indicator		2016/17	Target	Comparison
	18 week referral to treatment for psychological therapies	Data not yet available	90%	
	Clients will wait no more than 3 weeks for appropriate drug and alcohol treatment that supports their recovery	Data not yet available	95%	
	People newly diagnosed with dementia will have a minimum of 1 years post diagnostic support	Data not yet available	100%	
	Primary care mental health team (% of patients referred to 1st appointment offered <4weeks)	Data not yet available	100%	
	Primary care mental health team waits (% of patients referred to 1st treatment appointment offered <9 weeks)	Data not yet available	100%	

Extending access to reablement service for older adults and people with long term conditions

Always feel listened to and included in the decision about my care. Also good to discuss things that worry or bother me as some things I don't like to offload or worry my family with.

Girls are good listeners and they encourage me all the way. Never feel a burden. Girls are always positive. Nothing I couldn't ask them. They make me feel confident about myself.

What is the Reablement Service?

East Renfrewshire Reablement Service is about giving adults the opportunity and confidence to relearn and regain some of the skills they may have lost because of poor health or disability following a spell in hospital or problems at home.

After events like this people lose confidence and are worried about their ability to cope at home again.

This is a great service and hope it leads to me staying in my own home

The Reablement Service aims to:

- Enable people to stay in their own homes
- Keep or improve independence and safety in all areas of daily living
- Improve quality of life.

The continuity of having the same 2 carers has been reassuring and encouraging

improving your confidence

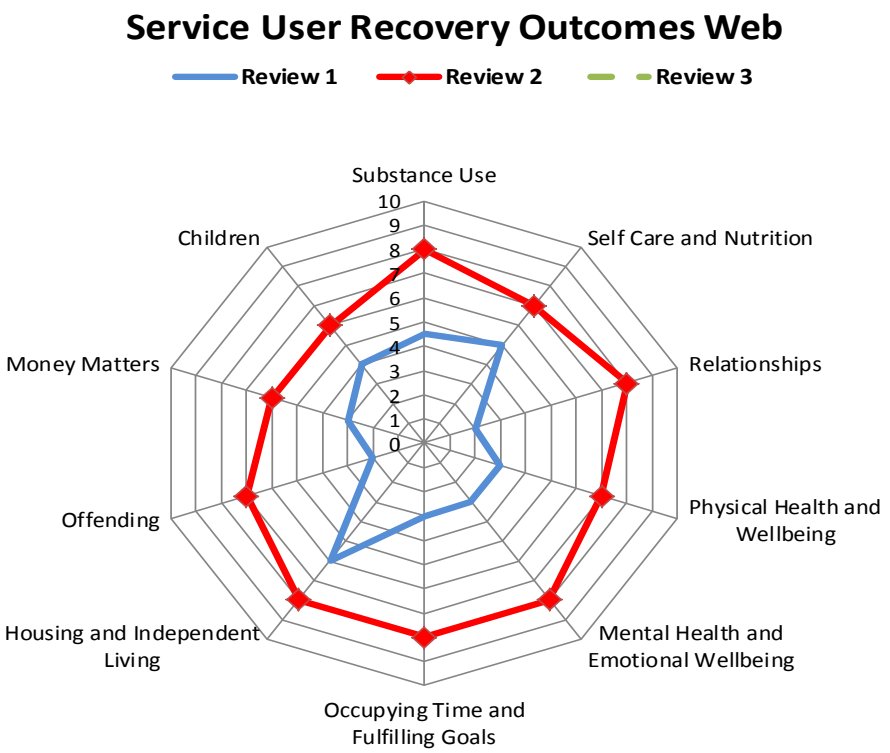
Who is the Reablement Service for?

The service is for anyone receiving home care in East Renfrewshire who want to retain their independence as far as possible.

Although I was apprehensive at the start, I soon found confidence in the service

I am still restricted with my injury, however happy with my achievements. No pressure was put on me, only advice and encouragement

Helping people plan for their recovery from drug and alcohol addiction

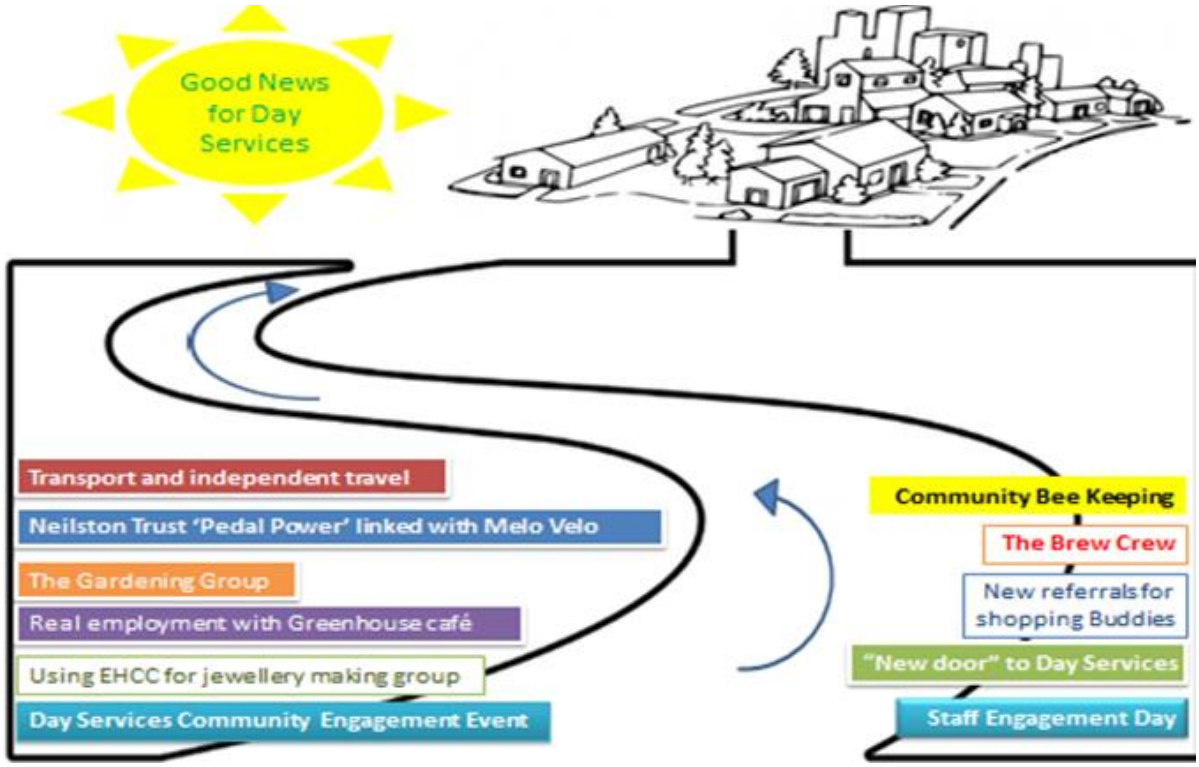


We were one of four national sites to pilot a new recovery outcome reporting tool. The aim of the tool is to measure changes in a person's life when they access specialist support from drug and/or alcohol services. This helps provide a better understanding of their recovery journey, needs and motivation for change. The scores are mutually agreed between service users and staff and link to individual recovery plans.

Improving access to primary care mental health support

Historically the Primary Care Mental Health Team provided therapeutic interventions to patients on a 1 to 1 basis. This was resource intensive and did not always meet our referral to treatment targets. In January 2017 we introduced both an electronic self-referral system to improve access and a new group therapy programme. The groups have been very successful, as illustrated by some of the feedback received.

Supporting people to engage in meaningful activities and make a positive contribution to their communities



What's been happening for people with learning disability …….

Real employment with Greenhouse café

The Green House is a Community Interest Company that runs the new café in Eastwood Health and Care Centre. One person now has permanent paid employment and has given up his full time placement in the Day Centre. In addition 5 people with learning disabilities have work placements at the café on a part time basis. There are 2 new applications for work in the café, 2 new employment opportunities in other employers via Greenhouse café. Opportunities are also now available in the Greenhouse Cafe for pupils from Isobel Mair School.

The Brew Crew

The Brew Crew provides skills, training and experience to people who wish to move on to employment opportunities at the Greenhouse Café. The Brew Crew also provides lunch at Barrhead Day Centre and ad hoc catering services for local functions. Thornliebank Resource Centre no longer uses a catering contract for meals as the Brew Crew provide this service.

The Gardening Group

The Gardening group works at a sheltered housing complex and provide a regular maintenance service. The garden recently won an award. The Group also have their own allotment at the Waterworks in Barrhead.

Using EHCC for jewellery making group

The existing jewellery group has become much more visible with its time based on the ground floor of Eastwood Health and Care Centre. Community members have taken a real interest, with some people asking to join. The group are linked to charity work in aid of National Autistic Society and Poppy Scotland.

New referrals for shopping Buddies

Shopping Buddies is a service offered to people in the community who are housebound and require some support with their weekly shopping. This initiative has been hugely successful in building natural networks and has recently won an award and has now increased from one day per week to three days with new networks have started in Giffnock and Neilston offering more opportunities that are not building based.

Transport and independent travel

Day services continue to promote alternative to traditional transport. Initiatives include the use of electric cars for some routes and new independent travel programmes to support the use of public transport and active encouragement of use of personal vehicles through Motability. Of course we understand that for some people this is not an option and we remain committed to providing transport solutions for them when required. We are currently working on a proposal to replace our ageing buses with a mixture of wheelchair accessible people carriers and cars.

And for older people …….

"The feedback already indicates that its's improving their quality of life by taking part in something"

Royal College of Nursing Bulletin – July 2016
My Life My Way

"The Quiz helps build relationships, stronger communities and understanding between older and younger people by aiming to reduce social isolation and developing communication and interaction skills in our younger generation"

Intergenerational Quiz National Toolkit - 2016

National Wellbeing Outcome 5 (Health Inequalities)

- Health and social care services contribute to reducing health inequalities

Local Indicator		Most Deprived in East Renfrewshire 2013- 2015	Total East Renfrewshire	Comparison
	Male life expectancy at birth in 15 per cent most deprived communities (age)	71.9	79.3	
	Female life expectancy at birth in 15 per cent most deprived communities (age)	78.8	83.4	
Local NHS GGC Indicator		2014/15	East Renfrewshire	Comparison
	Bowel Cancer Screening take up in most deprived communities	43.8%	65.2%	
	Bowel Cancer Screening take up in most deprived communities by males	39.3%	61.4%	
	Bowel Cancer Screening take up in most deprived communities by females	48.0%	68.7%	
	Cervical Cancer Screening take up	69.5%	81.8%	
Local NHS GGC Indicator		2016/17	Target	Comparison
Mid year	The number of smokers in our most deprived areas (SIMD1) supported to successfully stop smoking at 12 weeks post quit date'	12	14	

Reducing health inequalities in East Renfrewshire is a challenge as our most affluent communities have some of the best health outcomes and life expectancy in Scotland, but this is not the case in our more deprived areas. The data above shows the difference between our most deprived communities and East Renfrewshire. The data refers to periods before our IJB was established but it shows the size of our local challenge.

Our smoking cessation figures and target are shown for half a year. The full year data will not be available until later in 2017 as the target requires people to have stopped smoking for 12 weeks after quitting.

Providing targeted health improvement interventions

One of the key actions of the Scottish Government's tobacco control strategy, 'Creating a Tobacco Free Generation' is to protect children from the harm caused by second-hand smoke. To raise awareness of this in October 2016, our Smoke free service delivered a second hand smoke road show, at Barrhead foundry

The show titled, 'For Your Kids' Sake - Take it Right Outside' used a visual interactive display which is designed to mimic a typical living room set. Staff used augmented reality software to show visitors the invisible toxins of second-hand smoke floating around them and inside of them and mirror this on to a TV screen.

Health Improvement staff were available on the day to share information and to answer any tobacco/smoking related queries from the public.

The display was visited by both public and staff and feedback was positive.

Working with communities to tackle health inequalities

Clean Air Event at the Auchenback Resource Centre Community Safety Fun Day

This smokefree event ran alongside the annual fun day. The majority of feedback from participants was very positive and considered to be a good approach to protect children and people from second hand smoke and smoking behaviours. People liked the idea of the outdoor areas being smokefree, particularly for the busy outdoor activity area which is set up for children to play. They would like to see future smokefree events across East Renfrewshire.

Providing targeted health interventions

Some staff groups have been identified as being more likely to experience poorer health, and the Healthy Working Lives Group has targeted activity towards these groups. A survey was carried out with manual workers based in Thornliebank Depot to identify their health concerns. As a result, the Health Improvement Team organised health checks by a qualified occupational health nurse for staff at the depot.

39 health checks over 2 days

13 staff members had potential health issues e.g. high blood pressure, raised cholesterol

National Wellbeing Outcome 6 (Carers)

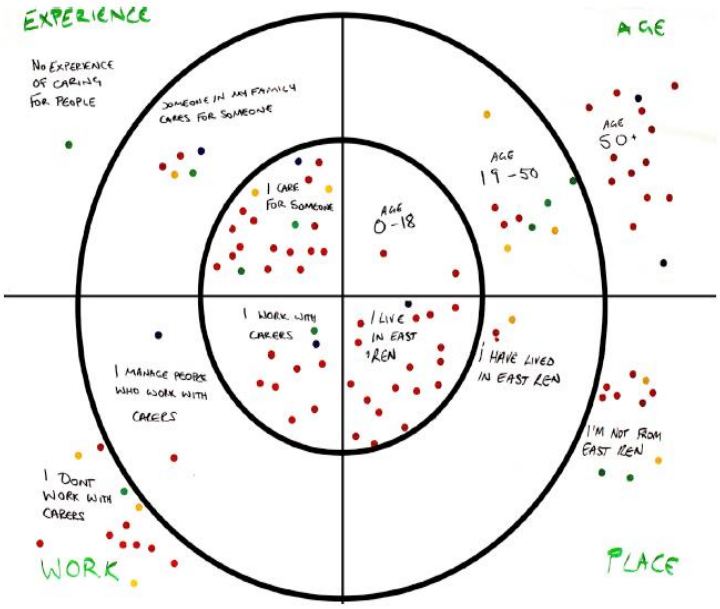
- People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

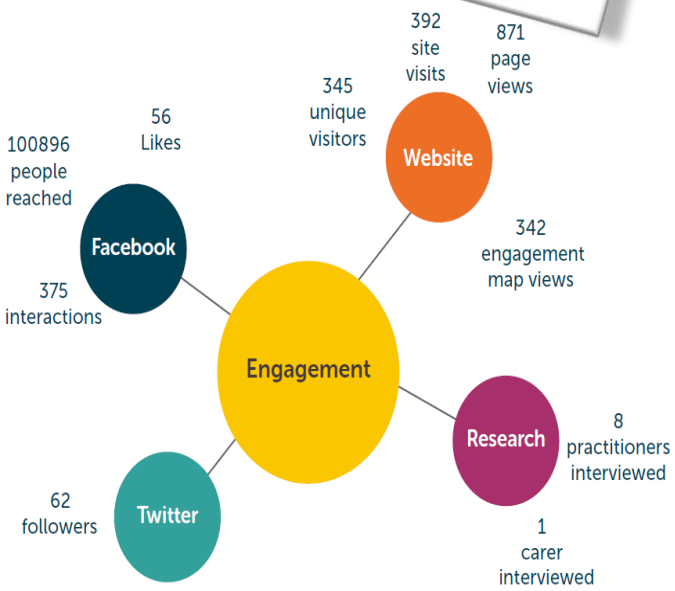
National Indicator		East Renfrewshire HSCP	Scottish Average	Comparison
8	Total combined percentage of carers who feel supported to continue in their caring role	42%	41%	
Local East Renfrewshire Council Indicator		2016/17	Target	Comparison
	Percentage of people reporting 'quality of life for carers' needs fully met at review	69.8%	70.0%	

Working in partnership to implement carers legislation

The Care Collective is a partnership between East Renfrewshire Carers, Voluntary Action East Renfrewshire. It aims to involve people in East Renfrewshire in improving outcomes for carers and shaping the implementation of the Carers Act 2016. The first phase has focussed on community engagement and targeted social research with both carers and people involved in providing services that support carers.

The care collective continuously monitors engagement to ensure relevance, inclusion and diversity and representation of all groups across the community

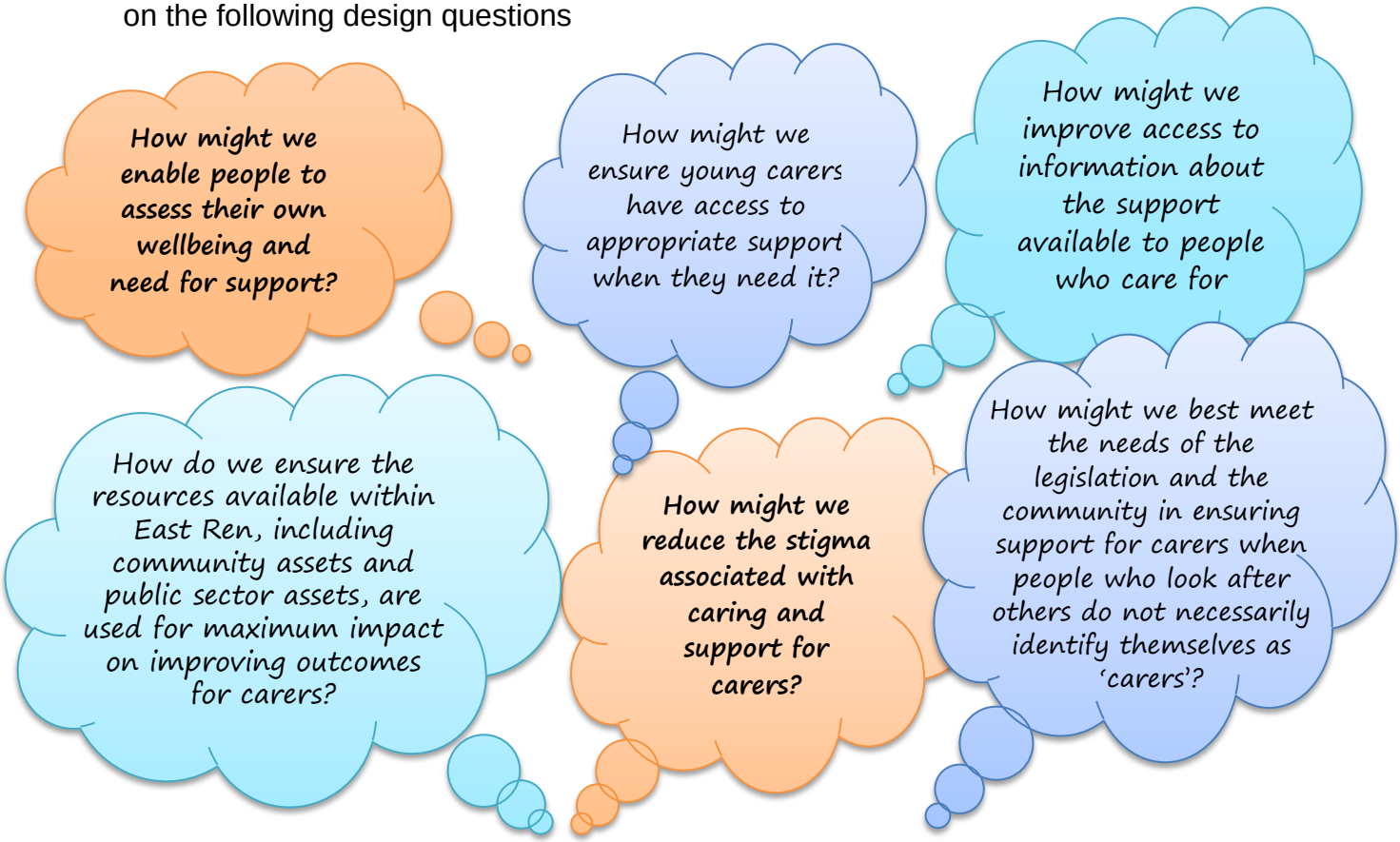




Research Process

	Practitioners	Carers
Desk research	Gathering information about the carers system in East Renfrewshire and Scotland.	Reviewing literature and secondary research sources exploring issues around carers.
Recruitment	Exploring the system and reaching out to people through the Care Collective; 8 professionals are recruited who are involved in the carers system: HSCP, management, and carer support workers	Parallel engagement activity feeds recruitment for carers interviews. Currently one young carer has been interviewed; recruitment is ongoing
Practitioner Interviews	Interviews are conducted confidentially with practitioners; exploring their experiences working within the carers system as well as personally as carers	Interviews with carers explore lived experiences of being a carer; conducted in a similarly confidential manner
Analysis	The audio recordings from interviews are transcribed and coded for analysis; drawing out and comparing behaviours, values, and beliefs in and around the carers system	Through transcription and coding, analysis looks for patterns across personal accounts
Synthesis of insights	An insight report is synthesised from the analysis, describing how the system is currently operating from the perspectives of the interviewees	User Journey maps are informed by the analysis, describing the path a carer might take through their caring role. Insights are created around the role of the carer and their experience

A number of themes have emerged through initial phase. The next phase will focus on the following design questions



National Wellbeing Outcome 7 (Safe from Harm)

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

National Indicator		East Renfrewshire HSCP	Scottish Average	Comparison
9	Percentage of adults supported at home who agreed they felt safe	84%	84%	
Local East Renfrewshire Council Indicator		2016/17	Target	Comparison
	Percentage of people agreed to be at risk of harm and require a protection plan have one in place	100%	100%	
	Percentage average change in women's life outcomes domestic abuse- risk reduced	62%	Baseline only	
	Percentage of people reporting 'feeling safe' needs fully met at review	85%	84%	

Ensuring that all adults that are at risk of harm are provided with appropriate interventions that reduce the impact of risk

EAST RENFREWSHIRE ADULT PROTECTION COMMITTEE Adults need protecting too

Awareness of services has increased significantly with referrals up 37% on the last 4 years

As a result of better links and collaboration working, referrals from GPs have increased by 73% in the past 2 years.

Bespoke Adult Support and Protection training including Self Learning Packs have been introduced to all Care Homes in East Renfrewshire.

During 2016/17 a total of 233 women, children and young people were supported by East Renfrewshire Women's Aid service funded by the Health and Care Partnership.

- 42 women, children and young people were accommodated in refuge.
- 128 women supported in outreach service and 63 children and young people supported in Children and Young People's Service.
- 719 contacts to the help line or as drop-ins
- 23 children and young people supported by social work.

South Lanarkshire & East Renfrewshire • Women's Aid • free from fear

Ensuring robust clinical and care governance arrangements are in place

The role of our Clinical and Care Governance Group is to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, professional registration and validation, learning, continuous improvement and inspection activity.

The group meets a minimum of three times a year and the agenda is structured to cover the areas of:

- Professional Leadership/Standards including registration and practice assurance
- Improvement Activity including self-evaluation and clinical governance actions
- Service Care Group Activity
- Patient/Service User Views including complaints, surveys and feedback
- Quality and Safety of Care including public protection, Inspections and Contract Monitoring
- Review of Significant and Adverse Events

Risk Based Contract Monitoring

Area of Risk	Indicator	Low	Medium	High
QUALITY	Care Commission Reports	Ratings of 4/5 Few recommendations	Ratings of 3	Ratings of 2 and below High numbers of repeat requirements Improvement/ Enforcement Notice
	Concerns from Care Managers/other professionals	Few concerns raised Positive feedback re outcomes	Number of low level concerns raised	Number of significant concerns raised Very significant failures noted
	Complaints	Service reports low incidence of investigated complaints	Company is unable to report on the outcome of reported complaints	Company is unable to evidence outcomes from complaints
	Accidents/incidents	Accidents / incidents within service norms	Accidents/ incidents outwith service norms	Accidents/ incidents significantly outwith service norms

Risk Based Contract Monitoring

Risk	Frequency	Contract Monitoring
LOW	Annual	Desktop Monitoring of care inspectorate reports/grades Monitoring of complaints/concerns/incidents Monitoring of contract compliance information
Med	2-4 times per year	As above + audits of: Delivery of care plan/outcomes Implementation of policies and procedures Staffing/Training/supervision/recruitment
High	As required >4 times per year	As above + Agree and monitor remedial action plans Develop and update risk register

The Health and Social Care Partnership Commissioning Team uses a risk based approach to contract monitoring. The majority of our social care providers are low risk with good or excellent Care Inspectorate grades.

East Renfrewshire In-house Services – Grades from Care Inspectorate 2016/17

Service	Date of Last Inspection	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Bonnyton House Care Home	20/12/2016	4	NA	NA	4
Bonnyton Resource Centre	21/06/2016	4	NA	NA	4
Care at Home	27/02/2017	5	NA	NA	5
Thornliebank Resource Centre	07/04/2016	4	NA	NA	4

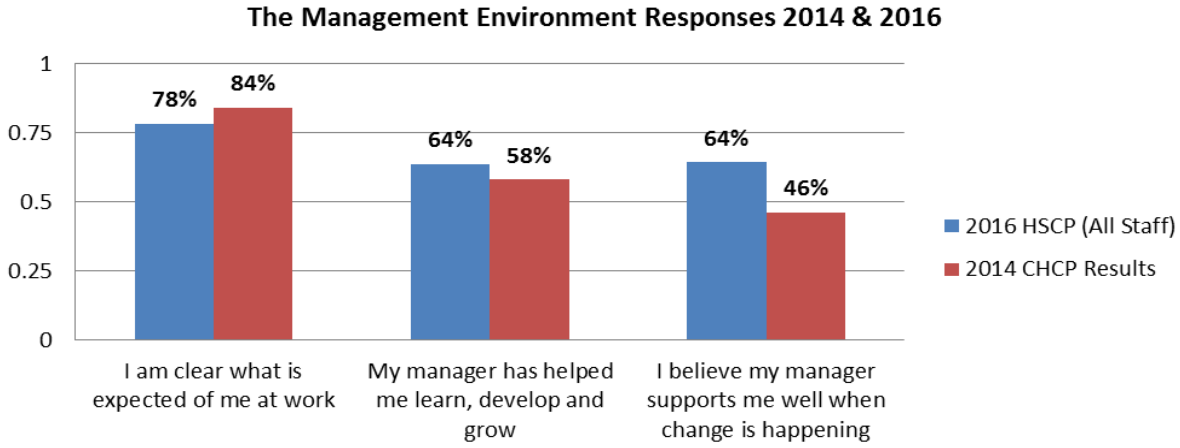
National Wellbeing Outcome 8 (Staff)

- People who work in Health and Social Care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

National Indicator		East Renfrewshire HSCP	Scottish Average	Comparison
10	Percentage of staff who say they would recommend their workplace as a good place to work	Indicator under development (ISD)		
Local Proxy Indicator		2016/17	2015/16	Comparison
	% of staff who report feeling engaged in staff survey	57%	55%	

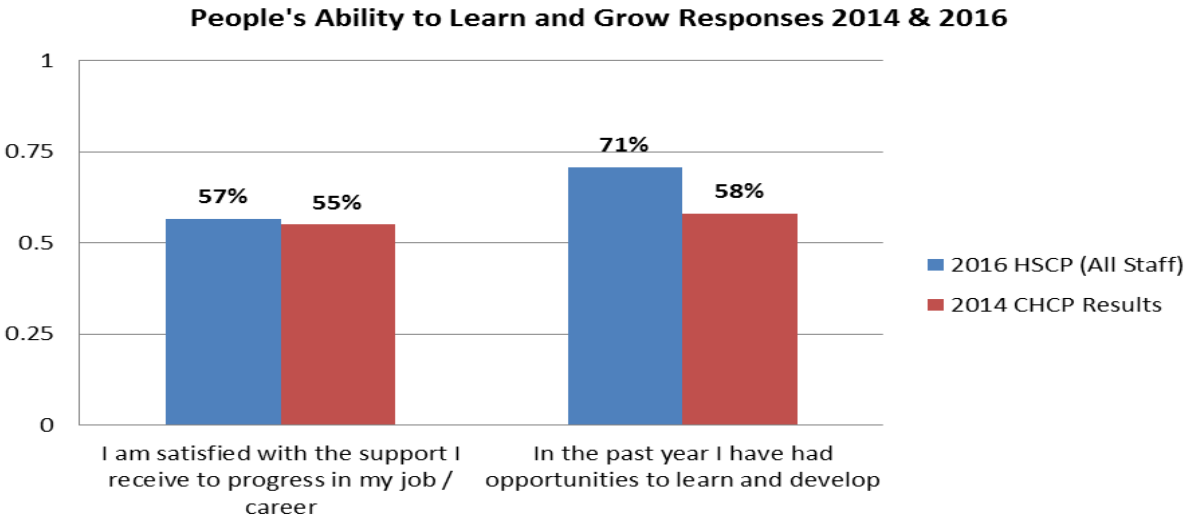
Involving staff in service changes and reviews

Our leadership event in 2016 for health and social care partnership managers focused on staff governance. All service changes use these standards as a benchmark and there is early engagement with trade unions. Despite a large number of service redesigns and changes in 2016 staff views on management and change had improved from the last survey (CHCP 2014)



Supporting staff to achieve and maintain professional registration

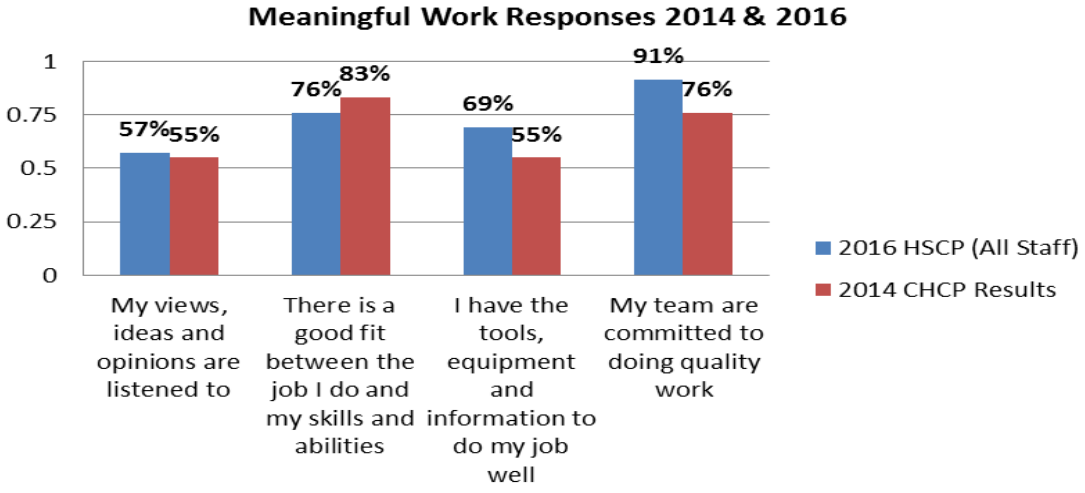
All our staff have access to professional Council and NHS training, plus the bespoke training offered through our Learning and Development Team who also support practice teaching and SVQ accreditation. This is reflected in the positive response on opportunities to learn and grow in the staff survey,



Empower staff to use initiative, creativity and innovation

We have worked with a number of academic and expert institutions to support staff in evidence based practice and innovation.

Staff were positive in their views about their team being committed to doing quality work, and about the fit between their job and their skills/abilities. Most staff felt they had the right tools, equipment and information to do their job well but were less likely to feel that their views, ideas and opinions are listened to. In response to this the HSCP started its fit for the future programme.



National Wellbeing Outcome 9 (Resources)

- Resources are used effectively and efficiently in the provision of health and social care services

National Indicator		East Renfrewshire HSCP	Scottish Average	Comparison
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	17%	21%	

Modernising our workspaces to support integration and flexible working

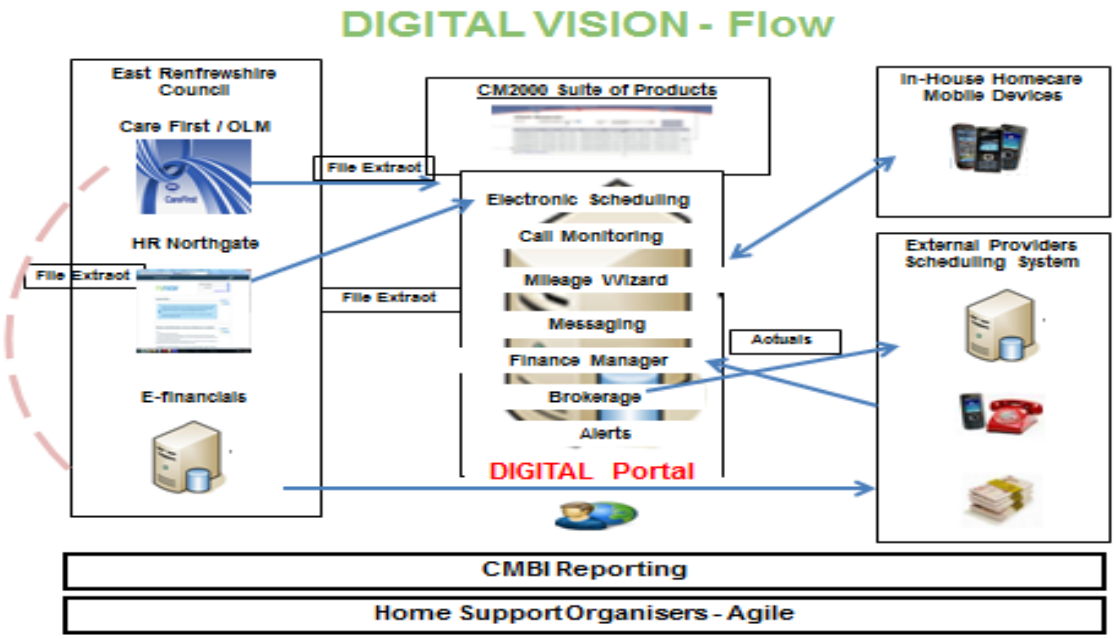
In August 2016 we moved many of our services for the Eastwood localities and our headquarters into the new Eastwood Health and Care Centre. The building funded by both NHS and East Renfrewshire Council has won many awards, including two for health and care design.

This light-filled, vibrant building used the 3 storey atrium as a central connecting feature and community cafe facility. Use of colour for different services enhanced the layout's intuitive wayfinding

The central foyer/atrium provides intuitive, easy access to a multiple public functions, with a flair and vibrancy that resulted from putting its people and community at the heart of this design.

The direct access available from cafe, the children's unit waiting area and the upper staff lounge respectively, enabled courtyards to potentially be well used amenities, not just light-wells.

Increasing the efficiency and effectiveness of our care at home service



Our home care redesign is an ambitious modernisation programme that is

- ✓ Eliminating manual processes that are currently used to manage the in-house and externally purchased elements of the Care at Home Service.
- ✓ Improving records management with online storage.
- ✓ Improving management information.
- ✓ Reducing paper use and paper-based processes.
- ✓ Reducing end-to-end times for service delivery.
- ✓ Increasing productivity ensuring that people can work effectively regardless of time or location.
- ✓ Improving satisfaction levels for both service users and staff.

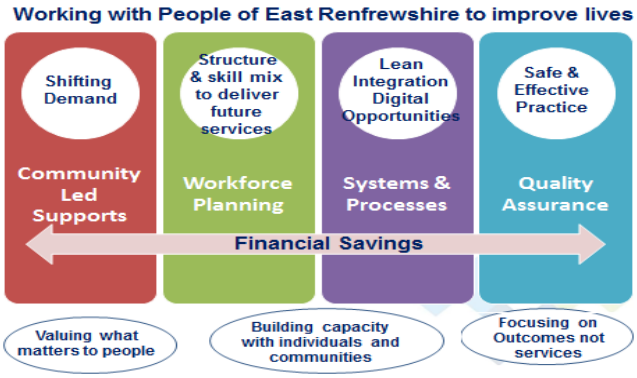
Working in partnership to achieve best value

A ruling by the Employment Tribunal in 2014 requires providers to pay the National Minimum Wage (NMW) to staff for all hours worked including sleepovers, rather than the payment of a nightly allowance. Applying the NMW to sleepovers would significantly increase the cost of sleepovers.

Using existing review processes, the partnership could not complete the number of individual reviews and redesign of existing sleepovers in a desirable timeframe. Our approach was to work together with providers to tackle the problem. From our shared review we have agreed that of the 60 people currently receiving overnight support in the form of a 'sleepover' only 16 people actually need this level of support, some for only a short identified period of time. Four of our partner providers have submitted very creative proposals to offer support to the remaining group that require some kind of support, at greatly reduced costs, including Technology Enhanced Care and a responder's service.

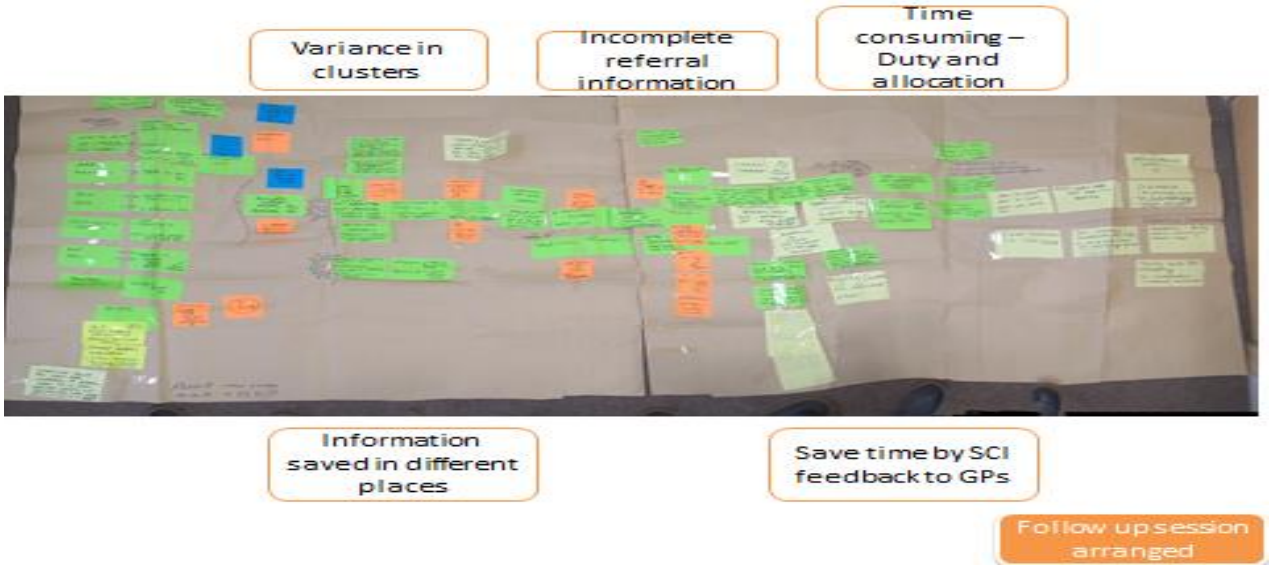
Undertaking a Fit for the Future Review of how we work

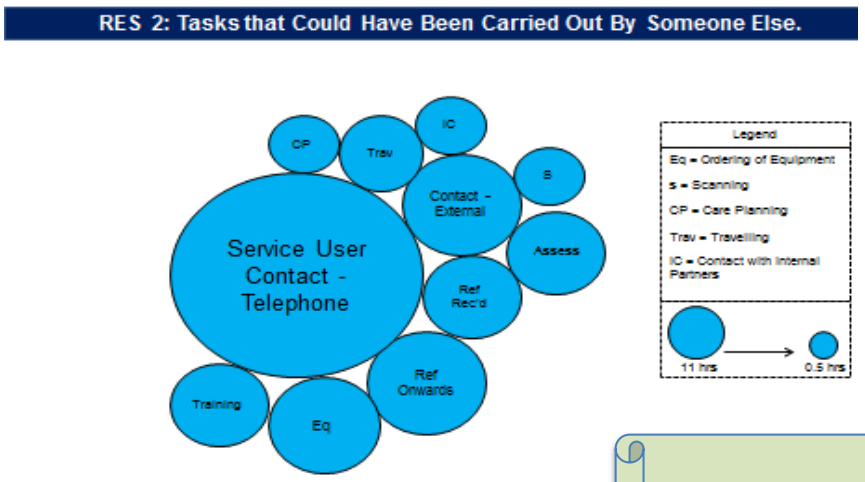
We recognised that a review of how we work was needed in response to the rising demand, pressures on public finance and opportunities offered through our new modernised workplaces. The Fit for the Future Service Review Programme established to undertake:



- End to end reviews for all services in community care.
- Consider structural changes.
- Review roles and responsibilities so we make best use of our professional staff.
- Review and lean processes.
- Explore digital opportunities and review fitness of IT equipment.
- Underpinned by Quality Assurance.

So far the review has mapped processes in most of our community care service areas and worked with staff to identify opportunities for change and improvement.





Reviewing our equipment to make sure that staff have the right tools for their work

Criminal Justice Outcomes

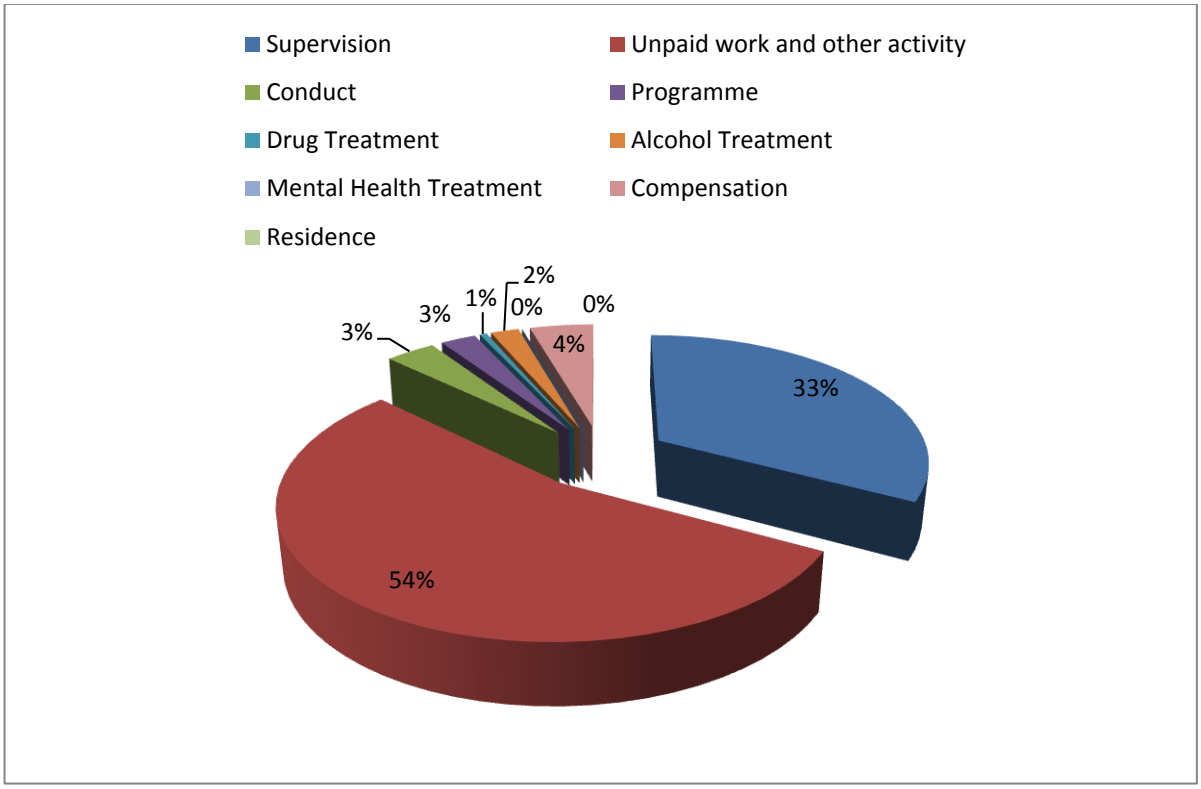
- Community safety and public protection is safeguarded

Local Indicator		2016/17	Target	Comparison
	Percentage of offenders successfully completing community based sentences whose risk has reduced	17%	21%	

Delivering high quality person centred interventions to reduce risk of offending

In 2016/17 a total of 240 Criminal Justice social work reports and progress reports were requested from Scottish courts. This represented an 8% increase from the previous year.

Community Payback Orders were the most used disposal by courts. Within the 68 orders, a total of 8444 hours of unpaid work were completed during 2016/17 across a range of projects and activities seven days per week. The full use of all requirements by sentencers was as follows:



During 2016/17, the Unpaid Work service's strong links with Voluntary Action ER led to the development of several projects including gardening for adults with additional support needs.

The service also responded to requests from community groups to undertake tasks which were of benefit to the local community including; a general tidy up of a Commonwealth graves site for a special event, cutting back vegetation on a public path and, in conjunction with community police, the dismantling and clearing of a drinking den. A number of service users also undertake personal placements within voluntary and third sector agencies. Some people continued to undertake voluntary work locally when their order has expired.

Where appropriate, people who offend can be credited for attendance at an activity which is beneficial to them and seen as a constructive use of time. Examples include engagement with the Community Addiction Team, Employability services, Community Learning and Development and Voluntary Action.

During 2016/17, Work East Ren, East Renfrewshire Council's Employability Service, received 10 referrals from individuals subject to Community Payback Orders – criminal justice services expects this to increase during 2017/18.

Developing East Renfrewshire's Community Justice Partnership

The HSCP has supported considerable work on the development of the new plan for Community Justice which is led by the Council's Deputy Chief Executive, including:

- A launch event in May to brief key partners and stakeholders.
- Four improvement planning workshops.
- Three consultation focus groups sessions (facilitated jointly with Renfrewshire Community Justice Partnership) with prisoners on remand, short term and long term in Low Moss Prison.
- A consultation session with women accessing criminal justice services.
- Use of the council's on line citizen space.

Locality Planning

Community led support

In 2016 we held a series of conversations around East Renfrewshire about creating new ways in which the HSCP can reach local people to engage with them.

We then had a planning day for how the Community Led Support model was to be implemented locally – what is it actually going to look like on the ground?

People who had ideas, information and suggestions and who are willing to get involved in putting these into practice came along to contribute to the plans which will took shape through the day. This included people who both live and work locally. Many currently use or work within health and social care, community groups and voluntary organisations across East Renfrewshire.

Using some case studies helped people think about how we might respond to the kinds of stories people might have to tell when they make their first contact with us: what skills, experience, knowledge and resources would someone need to have an '*effective conversation'* with them?

This led us to realise that it does not necessarily need to be a qualified worker, or even a paid person at all who engages with someone at their first point of contact, as long as the person who answers the phone, 'chats' to them on line or greets them when they walk through the door, has the right balance of skills and resources, and has the support of knowing how to access suitably qualified people to pass the person on to if that should seem to be necessary.

Finally, everyone spent some time imagining what the experience of contacting the HSCP might be like in a year's time, and what different groups of people might say about their experience. This gave a clear vision of where we are aiming to be. The steering and planning groups made up of volunteers from the events have been working on this for the last year and we will shortly be testing the new approaches in different localities within East Renfrewshire.

Developing our Locality Clusters

East Renfrewshire HSCP has three GP clusters, Eastwood 1 and 2 and Levern Valley. Following the move to Eastwood Health and Care Centre the GPs from the Eastwood Health and Care Campus indicated that they wished to work together as a cluster. This has meant a slight adjustment to our previous GP cluster locality arrangements. The new cluster arrangements are as follows:

Levern Valley (A)
Glennifer Medical Group
Neilston Medical Centre
The Oaks Medical Centre
Levern Medical Group

Eastwood 2 (B+C)
Sheddens Medical Practice
Mearns Medical Centre
Broomburn Medical Centre
Greenlaw Medical Practice
Carolside Medical Centre

Eastwood 1 (D)
Clarkston (Drs Boardman and King)
Clarkston (Drs Morrice, Masson and Boyd)
Eastwoodmains Medical Practice
Elmwood Medical Practice
Maclean Medical Practice
Williamwood Practice

Our clusters were quick to establish, with each successfully appointing a Cluster Quality Lead (CQL), and every practice in the HSCP being represented by sending a Practice Quality Lead (PQL) to Cluster meetings.

The clusters have been developing a number of projects. These are all based around improving patient services, the quality of service provided and transforming general practice. Together practices have been gather and sharing data around phlebotomy demand, GP access, flu vaccination rates and fit notes. Some of the initial ideas are to develop treatment rooms and community phlebotomy to support the Modernising Outpatients process in Secondary Care.

Focusing on patients the clusters have supported a patient led pain clinic, a specialist patient run HIV group , and have worked together with the Prince and Princess of Wales Hospice to host a palliative care outreach clinic in Eastwood Health and Care Centre. This more local service allows greater patient engagement with a high level of satisfaction

The Prince & Princess of Wales Hospice

Four of our GP practices have used Primary Care Investment Fund for medicines reconciliation support by prescribing support pharmacists or technicians. Having dedicated time and resource to focus on medicines reconciliation has allowed a more detailed process of checking to be carried out in these practices, resulting in improvements in prescribing quality and better communication with patients on medication changes

RAMH
recovery across mental health

GP Community Link Workers

Project developed to address the impact on Primary Care for a significant cohort of 'patients' who seek recurring and regular support from GPs, for issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues.

There are link workers in each locality cluster each working in 2 or 3 GP practices. People who use the service benefit from supportive self-management techniques to help manage stress, anxiety and other mental health issues, as well as signposting to other supports such as carers, money advice, and housing.

Many users are showing improvements following intervention as measure by the recognised CORE 10 (psychological distress tool).

Data from GP practices (EMIS) shows that contacts with the practices are reduced in some of the cases

"She listened to my problems and discussed options/ideas to help me progress in the future. Good to have someone to talk to and also know I am not alone. Help is there if I need to return."

"I now feel I am not alone in my situation and hope to be able to go back to work soon".

Our Hosted Service – Specialist Learning Disability Services

In late 2015 East Renfrewshire HSCP assumed hosting responsibility for Learning Disability Inpatient services, Learning Disability Liaison, Specialist Epilepsy Nursing and the development of a system wide Quality and Clinical Governance system spanning all HSCP areas. We also maintain a system wide strategic forum.

We have four inpatient units, two of which provide admission assessment and two which provide long stay accommodation

Facility	**No. of Beds**
Acute Admission Claythorn – Gartnavel Royal Hospital	12
Community Assessment & Treatment – Blythswood House	15
Longer stay – Netherton & Waterloo Close	14
Total	**41**

Operationally inpatient services now have clearer key performance indicators and governance arrangements for patient care and rights issues. The service is functioning within the allocated financial resource and achieving good results when inspected by external agencies. Work to become accredited with the Royal College of Psychiatrists, Accreditation for Inpatient Mental Health Services (AIMS) is well underway and expected to be achieved in late 2017.

The service is driving up quality through good engagement, and person centred planning. It has undertaken a number of service initiatives to gain feedback and factor that feedback into service work plans / objectives. These include regular carer questionnaires and carer community meetings. Good advocacy to support people to have a strong voice and influence where we need to focus our efforts to continually. The service has formed a new partnership with The Advocacy Project is working on how to further strengthen governance through this alliance.

Our Strategy signals a significant redesign of bed based services, including the reprovision of the 'long stay' element of the current model and a review of admission services. Over 2016 we have been working with other Health and Social Care Partnerships to implement this strategy.

Concluding Remarks

Overall the performance of the Health and Social Care Partnership in East Renfrewshire is positive.

For children our performance is very positive in comparison with Scotland and there are a number of examples of strong evidence based practice and developing partnerships with our young people and families. Our major challenges in this area are tackling inequalities, making sure all our children have the best start in life; and developing resilience in our young people, particularly those affected by adverse childhood experiences.

For adults our performance is equal or exceeds the Scottish average in 14 of the 20 National Health and Wellbeing indicators for which data is currently available, with performance in a further 4 being close to the Scottish average. In the two areas where performance is below the Scottish benchmark work is underway to make improvements.

The achievement of these outcomes is a tribute to the commitment and hard work of staff and volunteers from many organisations. Our shared delivery of the strategic priorities is built on strong longstanding partnerships. In an uncertain financial climate we remain committed to working together with the people of East Renfrewshire to improve lives, using all our strengths and resources to meet the challenges ahead.

Appendix 1: National Outcomes

The National Outcomes for Children are:

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

For East Renfrewshire our contribution to these outcomes is

- Parents provide a safe, healthy and nurturing environment
- Children are healthy, active and included
- Children are protected

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

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

The National Outcomes and Standards for Social Work Services in the Criminal Justice System that we set out in our Strategic Plan are:

- Community safety and public protection
- The reduction of re-offending
- Social inclusion to support desistance from offending

Appendix 2: Integration Planning and Delivery Principles

The integration planning and delivery principles are set out in the Public Bodies (Joint Working) (Scotland) Act 2014. They are intended to be the lens through which all integration activity should be focused to achieve the national health and wellbeing outcomes. They set the ethos for delivering a radically reformed way of working and inform how services should be planned and delivered in the future.

The main purpose of the integration planning and delivery principles is to improve the wellbeing of service-users and to ensure that those services are provided in a way which:

- Are integrated from the point of view of service-users.
- Take account of the particular needs of different service-users.
- Takes account of the particular needs of service-users in different parts of the area in which the service is being provided.
- Take account of the particular characteristics and circumstances of different service-users.
- Respects the rights of service-users.
- Take account of the dignity of service-users.
- Take account of the participation by service-users in the community in which service-users live.
- Protects and improves the safety of service-users.
- Improves the quality of the service.
- Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care).
- Best anticipates needs and prevents them arising.
- Makes the best use of the available facilities, people and other resources.

Appendix 3: Performance at a Glance:

The 23 National Indicators

National Indicator		East Renfrewshire HSCP	Scottish Average	Comparison
1	Percentage of adults able to look after their health very well or quite well	96%	94%	
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	84%	
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	78%	79%	
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	69%	75%	
5	Total % of adults receiving any care or support who rated it as excellent or good	83%	81%	
6	Percentage of people with positive experience of the care provided by their GP practice	89%	87%	
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	84%	
8	Total combined percentage of carers who feel supported to continue in their caring role	42%	41%	
9	Percentage of adults supported at home who agreed they felt safe	84%	84%	
10	Percentage of staff who say they would recommend their workplace as a good place to work	Indicator under development (ISD)		
11	Premature mortality rate per 100,000 persons	297	441	
12	Emergency admission rate (per 100,000 population)	11,057	11,874	

13	Emergency bed day rate (per 100,000 population)	92,158	106,531	
14	Readmission to hospital within 28 days (per 1,000 population)	78	96	
15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%	
16	Falls rate per 1,000 population aged 65+	21	21	
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	86%	83%	
18	Percentage of adults with intensive care needs receiving care at home	58%	62%	
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	209	915	
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	17%	21%	
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Indicator under development (ISD)		
22	Percentage of people who are discharged from hospital within 72 hours of being ready	Indicator under development (ISD)		
23	Expenditure on end of life care, cost in last 6 months per death	Indicator under development (ISD)		

The data presented against these National Indicators is the most up-to-date as released by ISD in June 2017