

EAST RENFREWSHIRE COUNCIL14 September 2016Report by Chief Officer, Health and Social Care PartnershipHealth and Social Care End of Year Performance Report**PURPOSE OF REPORT**

1. This report advises members of the Council of the performance of the HSCP and former CHCP over 2015/16.

RECOMMENDATIONS

2. Council is asked to note and comment on the contents of the report.

BACKGROUND

3. The Integration Joint Board of the East Renfrewshire Health and Social Partnership had its inaugural meeting in August 2015, with formal delegation of health and care services commencing in October 2015. This new arrangement built on the successful Community Health and Care Partnership (CHCP) between East Renfrewshire Council and NHSGCGC, which operated from 2006 until the formal delegation to the Integration Joint Board in October.
4. Scottish Government recently published statutory guidance setting out the prescribed content of a performance report relating to an integration authority. This guidance does not come into force until 2016/17 but the HSCP considers it helpful to cover the main reporting areas and provide performance information where the data is available. The key reporting areas are:
 - Service planning including national health and wellbeing outcomes and indicator performance; and integration planning and delivery principles
 - Financial planning and performance
 - Best value in planning and carrying out integration functions
 - Performance in respect of locality arrangements
 - Inspections of services
 - Review of strategic plan
5. The Strategic Plan for the Health and Social Care Partnership stated that progress and performance would be reported for 2015/16 in the form of the Organisational Performance Report, which was the reporting format used by the Community Health and Care Partnership. A copy of the end of year Organisational Performance Report is attached, which covers both the CHCP and HSCP performance from April 2015 until end of March 2016 in relation to commitments to East Renfrewshire's Outcome Delivery Plan and NHCSSG Local Delivery Plan.

REPORT

Personal Outcomes and Experience of Services

6. All Health and Social Care Partnerships must report on a series of National Health and Wellbeing Outcome indicators. Many of these are based on national surveys. The Scottish Health and Care Experience Survey asks people about their experiences of their GP practice, as well as their local care and support services provided by their local council and other organisations. Results for East Renfrewshire from this national survey carried out in December 2015 show:
 - 83% of adults supported at home agree that they are supported to live as independently as possible.
 - 78% of adults supported at home agree that they had a say in how their help, care or support was provided.
 - 69% of adults supported at home agree that their health and care services seemed to be well co-ordinated.
 - 83% of adults receiving any care or support rate it as excellent or good
 - 89% of people reported positive experience of care at their GP practice.
 - 82% of adults supported at home agree that their services and support had an impact in improving or maintaining their quality of life.
 - 42 % of carers feel supported to continue in their caring role.
 - 84% of adults supported at home agree they felt safe.

7. Each year East Renfrewshire Council undertakes a Citizen Panel survey. The latest report from December 2015 had a response from over 700 residents of whom 5% were adult health and social care service users.
 - 92% of users rated health and social care services good or very good (6% rise on the previous year)
 - 100% of home care users rated the service as good or very good

8. Whilst national personal outcomes data has only recently become available, locally the CHCP was one of the first areas to adopt the use of talking point personal outcomes data, recording user and carer experience and outcomes at the point of review.

2015/16	MET				PARTIALLY MET				UNMET			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Confidence / morale	74%	69%	70%	76%	22%	25%	25%	21%	5%	6%	5%	4%
Feeling safe	84%	83%	78%	84%	12%	11%	17%	12%	3%	6%	5%	4%
Having things to do	67%	59%	56%	64%	25%	32%	34%	30%	8%	9%	9%	6%
Living where you want	82%	74%	73%	72%	14%	18%	19%	22%	4%	8%	8%	6%
Mobility	68%	65%	62%	67%	26%	27%	26%	29%	6%	8%	12%	4%
Quality of life for carer	72%	66%	70%	74%	17%	23%	21%	18%	11%	11%	9%	8%
Seeing People	78%	70%	70%	77%	18%	27%	26%	21%	3%	3%	4%	2%
Skills	72%	65%	62%	69%	23%	27%	31%	25%	5%	8%	7%	6%
Staying as well as you can	83%	77%	70%	82%	13%	19%	25%	14%	4%	4%	5%	4%
Symptoms	75%	63%	69%	73%	22%	32%	28%	22%	3%	4%	3%	4%
Treated with respect	97%	96%	93%	96%	3%	3%	7%	3%	0.0%	0.4%	0.4%	0.5%

National Indicators and Trends over time

9. A second set of National Indicators are taken from organisational/system data primarily collected for other reasons. These indicators are:-
- Premature mortality rate
 - Rate of emergency admissions for adults
 - Rate of emergency bed days for adults
 - Hospital readmissions of discharge
 - Proportion of last 6 months of life spent at home or in community setting
 - Falls rate per 1,000 population in over 65s
 - Proportion of care services graded 'good' (4) or better by Care Inspectorate
 - Percentage of adults with intensive needs receiving care at home
 - Number of days people spend in hospital when they are ready to be discharged
 - Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency
 - Percentage of people admitted from home to hospital during the year, who are discharged to a care home
 - Percentage of people who are discharged from hospital within 72 hours of being ready
 - Expenditure on end of life care
10. Whilst much of the data above is not yet available for 2015/16, some of the information forms a useful baseline for the new Health and Social Care Partnership. Chart 2 illustrates an increase in emergency admission rates (per 100,000 population) between creation of the CHCP in 2006/07 and 2014/15. Despite this increase, Chart 1 illustrates a decrease in the emergency bed day rates (per 100,000 populations) across the same time period. Whilst some of this decrease in emergency bed day rate relates to changes in acute hospital care, it also demonstrates that primary care, community health and social care have worked together to support increasing numbers of people to be discharged home. East Renfrewshire has consistently has a strong performance on reducing bed days lost to delayed discharges illustrated from 2012 in Chart 3.

Chart 1: Rate per 100,000 population of all emergency admission bed days for East Renfrewshire patients aged 18+ (2006/07 - 2014/15 data)

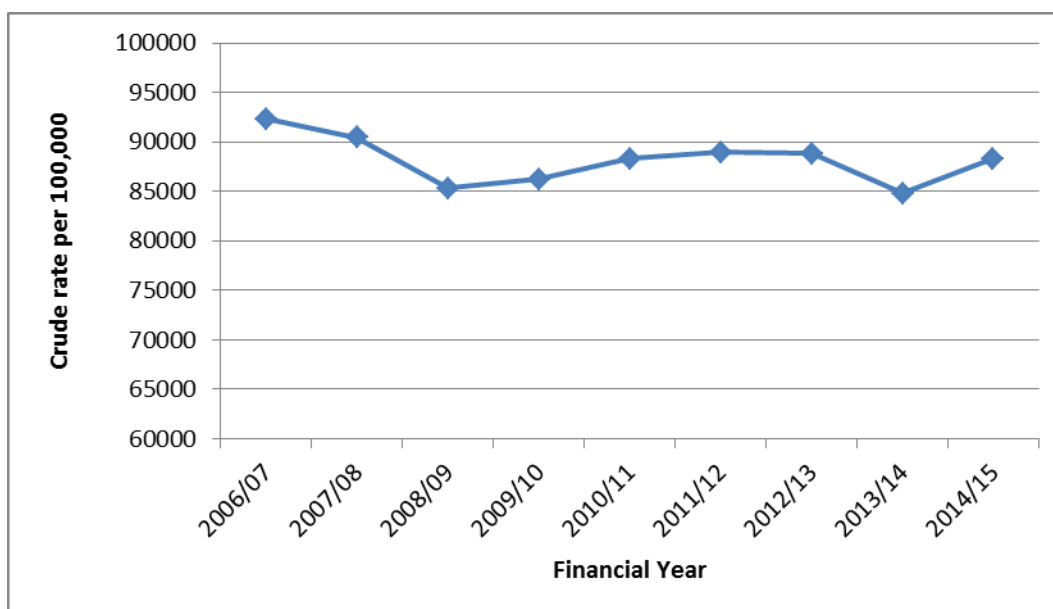


Chart 2: Rate per 100,000 population of all emergency admissions for East Renfrewshire patients aged 18+ (2006/07 - 2014/15 data)

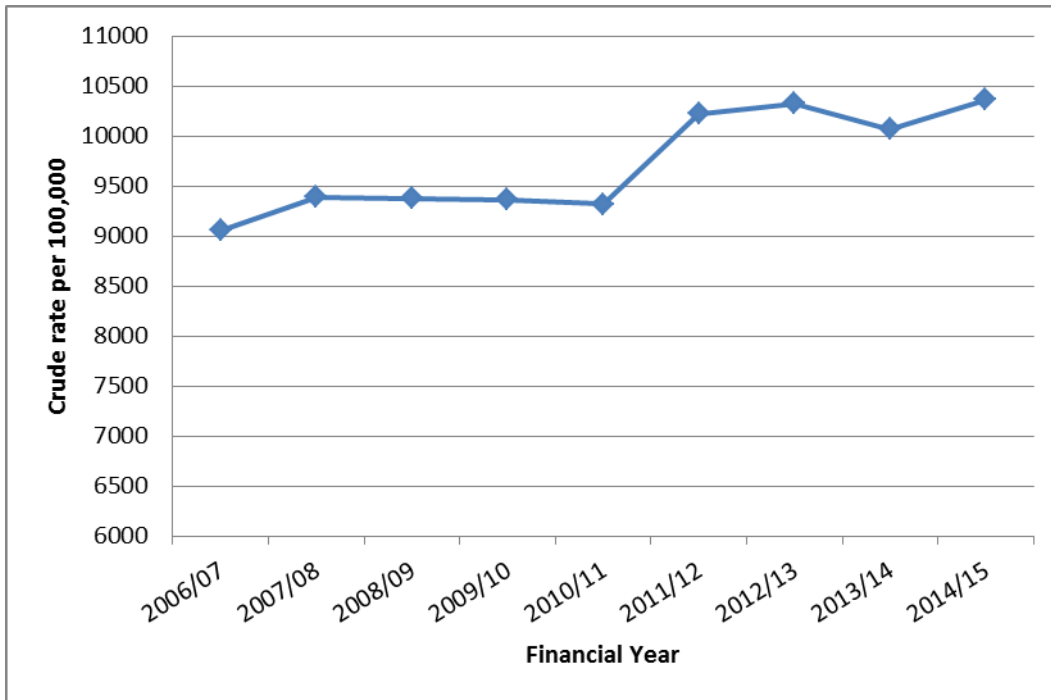
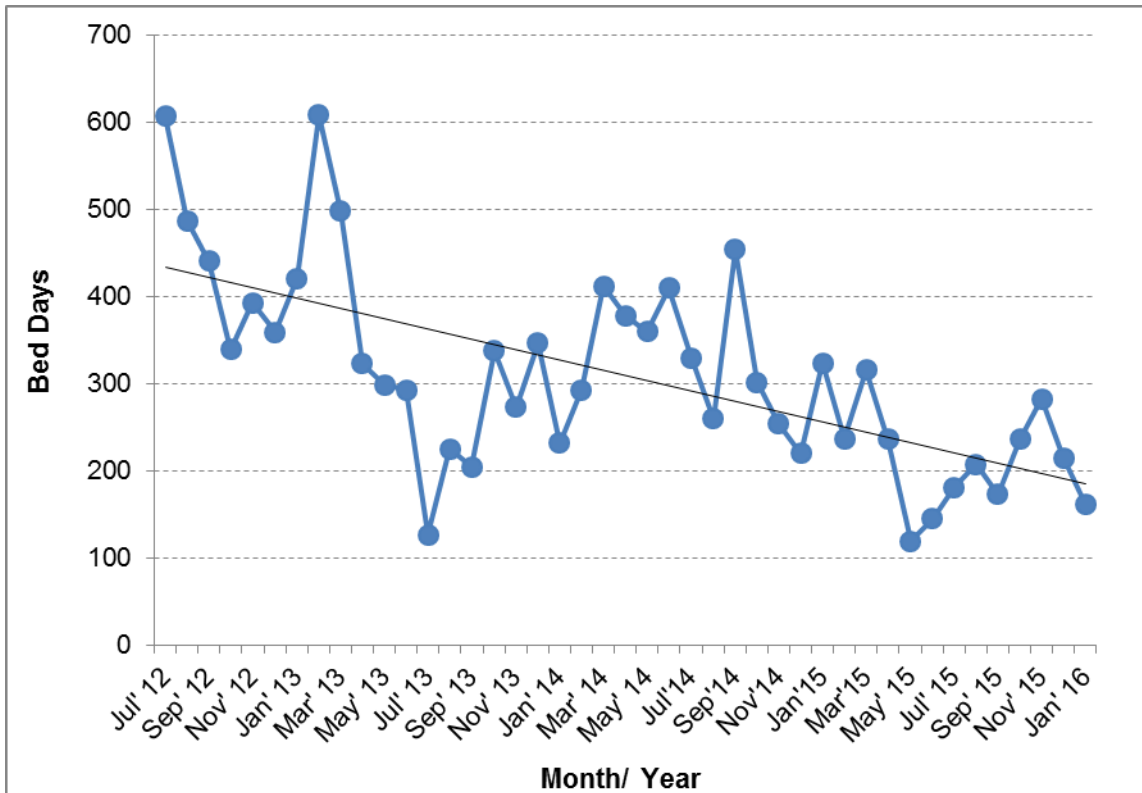


Chart 3. Number of bed days lost to delayed discharge patients (East Renfrewshire data, July 2012 - January 2016)



Getting it Right for Every Child

11. For children's services all activity is underpinned by Getting it Right for Every Child and the wellbeing indicators of Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included. In East Renfrewshire, local partners have worked in a collaborative way over the last 6 years to plan and deliver for children through our integrated children's services planning approach. We have also played a key role in developing and delivering the Early Years Collaborative and Strategy. Children's social work and health services form part of the services delegated to the Health and Social Care Partnership.
12. Our campaign to recruit foster carers who live within East Renfrewshire, launched in March 2015, and enabled us to increase our own local authority foster carers. Kinship and close family support is utilised when it is assessed as safe to do so and in the child's best interests and this is an area that the greatest growth has happened over the last two years, with the number of looked after children in kinship care increasing by 100%. The use of external care placements purchased from the independent sector has reduced by 35% between 2014 and 2016, as costs were exceptionally high and outcomes for children unclear. The use of residential school accommodation is now minimal except for those young people who have additional support needs. There were no young people in secure placements from 2014 to 2016.
13. Implementing Self Directed Support in a fair, transparent and equitable way for children and young people with disabilities was a key priority for the CHCP and has continued under the HSCP. Our approach was designed in partnership with families. Families are now carrying out their support plans using their resource flexibly. Initial reports are that families feel more in control of their lives and are clear and focused on the outcomes they want to achieve for their children.

Integration Planning and Delivery

14. The Integration Joint Board has invested heavily in the development of the Strategic Plan to reflect the range of needs of different communities and health and social care staff in East Renfrewshire. The Strategic Plan directs the work of the Health and Social Care Partnership towards achieving the National Health and Wellbeing Outcomes. It is underpinned by the Integration Planning Principles which emphasise the importance of respecting rights, and taking into account particular needs, characteristics and circumstances. The Strategic Plan was based on a Strategic Needs Assessment which took account of the particular the needs and circumstances of local communities and users of services. A high level summary of this needs assessment is published on the HSCP webpages.
15. User and carer representation on the Integration Joint Board and its governance structures is drawn from the Public Partnership Forum. The Public Partnership Forum includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. It is committed to regularly reviewing its operation to ensure removal of potential barriers to participation.
16. The Health and Social Care Partnership has maintained the integrated management structure and services established under the CHCP. These include the integrated Rehabilitation and Enablement Service which includes social workers, district nurses, occupational therapists, physiotherapists, advanced nurse practitioners and district nurses; integrated Learning Disability Team, integrated Community Addictions and Recovery Team.

17. A redesign of Children and Families services is moving to a more integrated service management structure. The newly formed Request for Assistance service, comprising health and social work staff, can be accessed by the public, Named Person or any other organisation, where they believe that a child or young person needs help, advice or direct support from the Health and Social Care Partnership.

Financial Planning and Performance

18. The Integration Joint Board has held a series of seminars on financial planning and the Financial Strategy to support the Strategic Plan will be taken to the next Integration Joint Board in August. The Performance and Audit Committee was the first Integration Joint Board governance body to be established and has received reports on financial regulations, audit arrangements, audit reports and the development of performance measures.

19. The HSCP has provided regular budget monitoring reports to both the Integration Joint Board and Cabinet for information and scrutiny. The provisional outturn for 2015/16 reflects a small underspend, after allowing for a planned contribution to reserves. The Chief Financial Officer of the HSCP is implementing a finance improvement programme. This includes the use of Care Finance, development of detailed supporting procedures and restructuring of the finance team, which now report directly to the Chief Financial Officer.

20. Financial year end for 2015/16 is subject to external audit. The unaudited annual report and accounts were taken to the Performance and Audit Committee on 29 June and the audited annual report and accounts will be taken to this committee on 28 September 2016.

Best Value

21. The following table sets out the progress made during 2015/16 in relation to the Best Value characteristic and gives some areas for further development in 2016/17.

Characteristic	Progress 2015/16	Area for development
Use of Assets	Development of Eastwood Health and Care Centre Modernising the way we work update programme planned for other sites including Barrhead Health and Care and Civic	Greater community use of resource centres
Challenge and improvement	Change programme in place Self- evaluation at service level feeding into service plans	Increase use of benchmarking
Community engagement	Strategic planning conversations Early Years engagement in Auchenback Review of Public Partnership Forum to reflect range of community and equality groups Community led support work commencing locality discussions	Community Engagement strategy to be updated in light of community empowerment
Customer-focus and responsiveness	Personal outcomes focus in both adult and children's services Complaints data analysis and improvements undertaken	Positive conversations training for staff

Efficiency	Strong links to Council and NHSGGC processes Programme management approach in place to deliver savings	Further work on business processes
Equalities	Equalities outcomes developed Equality mainstreaming report approved by Integration Joint Board	Complete agreed Equality impact Assessments
Financial management	Implementation of Care Finance Review and restructure of HSCP finance team.	Complete Care Finance implementation and further work on supporting procedures.
Governance and accountability	Developed and agreed Integration Scheme Establishment of Integration Joint Board, Performance and Audit , Clinical and Care Governance committees	Consolidate new governance arrangements
Information management	Information Sharing Protocol in place Local Information Services Team provide links to national data	Improve use of analytics for planning
Partnership working community leadership	Voluntary Action (Third Sector Interface) leadership role Strong partnership working with providers Collaborative work with East Renfrewshire Carers Working together approach to service reviews and redesigns	Evidence of closing the in-equalities gap
People management	Establishment of Joint Staff Forum Regular leadership sessions with managers	Update workforce plan
Performance management	Mid and End of year performance report Agreed performance indicators with NHSGGC and Council	Exception reporting to Performance and Audit
Planning and resource alignment	Strategic Plan agreed Commitments to SOA, ODP and LDP honoured 15/16 Set aside budget proposition agreed by IJB	Financial Strategy to support Strategic Plan
Procurement	Review of contracts Care at Home tender	Care and support tender
Public performance reporting	First performance report developed Implementation Plan developed with key measures	Development of website to improve access to reports.
Risk management	Development of strategic risk register and risk management strategy	Risk reporting to IJB and governance bodies
Sustainability	Continued work with Council and NHSGGC on carbon emissions and recycling	
Vision and strategic direction	Vision and Touchstones developed and shared widely Strategic Plan and Implementation Plan in place	Individual work objectives for 2015/16 to reflect vision and direction

Locality Arrangements

22. All Health and Social Care Partnerships are required to establish locality planning arrangements providing a forum for professionals, communities and individuals to inform service redesign and improvement.
23. In our strategic planning conversations local people, staff and partners demonstrated a keen interest to working together in shaping health and social care in East Renfrewshire. We consulted widely on how we should develop localities and agreed up on a system which had:-
- close alignment of health and care services with GP practices in localities based on GP practice populations,
 - a focus on the different health and wellbeing outcomes in different local areas of East Renfrewshire; and
 - strong links and engagement with different communities within East Renfrewshire.
24. The CHCP aligned adult health and care services to locality clusters of GPs, in Rehabilitation and Enablement teams.
- Eastwood 1 (Netherlee, Stamperland, Clarkston, Eaglesham, Waterfoot and Busby)
 - Eastwood 2 (Newton Mearns, Giffnock and Thornliebank)
 - Levern Valley (Barrhead, Neilston and Uplawmoor)
25. In developing, the HSCP Link GPs from the clusters were invited onto our strategic planning group and have been working with us giving their locality perspectives, supported by locality data and information. We also invited them to take part in our 'Safe and Supported' work groups looking at unscheduled care and delayed discharge and in shared IJB and Strategic Planning group seminars including on the Clinical Services Review.
26. Recently the IJB has agreed that we should become one of three Health and Social Care Partnerships in Scotland to test a new transformation programme. The programme works on the principle that frontline community health and social care support and services can be delivered out of "Hubs" based in and working with local communities. Experience of delivering the model in England and Wales with social work services is that this results in reduced bureaucracy, better outcomes for individuals and greater efficiency.

Inspection

27. The Health and Social Care Partnership runs a number of services which are subject to external inspection from the Care Inspectorate. All were graded 4 (good) or more in their inspection reports (see table on next page). There are a number of areas where services received grades of 6, the highest grade possible.
28. Much of our care locally is provided by other contracted providers. Eleven of the thirteen local care homes (85%) had grades of 4 for care and support. All were graded 3 and above. Twenty of the twenty two providers (90%) on the care and support framework had grades of 4 and above for quality of care and support. Four of these providers had grades of 6 for care and support.

East Renfrewshire In-house Services Care Inspectorate Report Grades	Date of last Inspection	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Bonnyton Care Home	10/02/2016	4	5	5	4
Bonnyton Resource Centre	26/04/2013	5	4	5	4
Holiday Programme and Inclusive Support Service	23/07/2014	6	6	5	5
Care at Home	05/02/2016	5	NA	5	5
Fostering Service	19/02/2015	5	NA	5	5
Adoption Service	19/02/2015	4	NA	4	4
Thornliebank Resource Centre	28/05/2013	5	6	5	5
Barrhead Resource Centre	11/02/2015	5	6	6	6
Kirkton Older People's Service	24/10/2014	4	5	5	4

Review of Strategic Plan

29. The Health and Social Care Partnership Strategic Plan is a living, dynamic plan, intended to evolve over time. The integration Joint Board approved updates to the plan in March 2016 in response to national policy changes and legislative requirements relating to carers and children and families.
30. The other change to the strategic plan related to planning for delayed discharge and unscheduled care, which was identified as a priority area by the Strategic Planning Group. It agreed to set up four 'Safe and Supported' work groups to develop proposals for tests of change using improvement methodology.
- a) Prevention and Anticipatory Care
 - b) Point of Possible Admission
 - c) During Admission
 - d) Discharge from Hospital
31. These task and finish groups which included third sector, independent sector, carers, health and social care staff and managers, locality GPs and acute clinicians identified a range of additional improvement opportunities for testing during 2016/17.

Organisational Performance

32. The Health and Social Care Partnership Organisational Performance End of Year report is attached as Appendix 1. The report is set out under the previous Strategic Priorities, with clear links to the Single Outcome Agreement and Local Development Plan.

Early Intervention and Preventing Ill-health (SOA 1&2)

33. Overall the report shows that we are improving health in the population, however there are a number of measures (dental health, smoking and breastfeeding) where we are struggling to close the inequality gap. In East Renfrewshire these represent very small areas with a number of families who have lived there for generations. We need to work closely with these communities to improve health and wellbeing, building on the successful start of the Early Years work in Auchenback.

34. There has been significant improvement in the stability of placements for looked after children, which is an important measure of attachment and future outcomes. The percentage of children experiencing three or more placements has fallen from 4.05% to 1.07%. Along with colleagues in Education, we have reviewed parenting programmes and put in place a range of evidence based interventions.
35. Waiting times for mental health services have improved, although psychological therapies are slightly below target. It is anticipated that the re-establishment of therapeutic groups will improve this performance.

Shifting the Balance of Care (SOA 4)

36. The number of people self-directing their support has continued to increase. Supported living arrangements for people with a learning disability were reviewed using a public social partnership approach. All involved are benefiting from individually redesigned services which better meet their personal outcomes.
37. Our commitments to the North Strathclyde Criminal Justice Authority have come to an end, with a number of changes to service provision. Work to rectify delays to the start of community placement order work placements has seen considerable improvement with 18 of 21 orders on time in the final quarter.

Reshaping Care for Older People (SOA 5)

38. Performance remains positive for meeting people's personal outcomes, despite a change a target to measure outcomes that were fully met rather than both fully and partially met. Work to develop opportunities for older people has continued. Walking groups and chair based exercise have proved very popular.
39. We have performed very well in relation to delayed discharge, meeting the new 72 hour delayed discharge targets most months. Whilst overall lengths of stay are reducing, the level of unplanned admissions continues to be a challenge impacting on overall bed days. A programme of tests of change developed though our Safe and Supported work stream, will be implemented during 2015/16.
40. In relation to NHSGGC targets despite having one of the lowest levels of bed days lost East Renfrewshire struggles to meet the 75% reduction in bed days target set, although we are well under the 50% reduction target. This is due to the target being set on a very strong CHCP baseline performance and thus being a great deal more challenging than that set for other previously poorer performing areas. We consider that a target based on a rate per population would be a fairer target.

HSCP	Actual Days lost April-March 2016	50% target days lost amount	75% target days lost amount
East Dunbartonshire	3,636	2,760	1,380
East Renfrewshire	1,680	1,810	905
Glasgow City	21,288	19,916	9,958
Inverclyde	1,560	2,522	1,261
Renfrewshire	3,633	6,078	3,039
West Dunbartonshire	3,345	2,864	1,432
Total	35,142	35,950	17,975

FINANCE AND EFFICIENCY

41. The Performance and Audit Committee of the Integration Joint Board approved the unaudited annual report and accounts for the IJB covering the period 27 June 2015 to 31 March 2016. These accounts are now subject to external audit. The Performance and Audit Committee will consider for approval the External Auditors report, proposed audit certificate and the audited annual accounts at its meeting on 28 September 2016. Following this, the accounts will be available in both hard copy and on the Health and Social Care Partnership website.

CONCLUSIONS

42. This performance report demonstrates a strong start to the work of the Health and Social Care Partnership building on the successful Community Health and Care Partnership between East Renfrewshire Council and NHSGGC, which operated from 2006 until the formal delegation to the Integration Joint Board in October 2015.

RECOMMENDATIONS

43. Council is asked to note and comment on the contents of the report.

REPORT AUTHOR AND PERSON TO CONTACT

Candy Millard, Head of Strategic Services
Candy.Millard@eastrenfrewshire.gov.uk
0141 577 3376

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HSCP Chief Officer: Julie Murray

BACKGROUND PAPERS

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

KEY WORDS

A report providing an overview of the performance of the CHCP and HSCP for 2015/16

Performance, planning, health and social care, outcomes, strategic plan,

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