AGENDA ITEM No.8

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 5 October 2016
Agenda Item	8
Title	Response to Scottish Parliament Health and Sport Committee

Summary

The Scottish Parliament Health and Sport Committee recently issued a questionnaire to all Integration Authorities on three key areas in relation to integration authorities:

- Budget setting
- Delayed discharges
- Social and community care workforce

The timing of the response by August 2016 required submission prior to reporting to the Integration Joint Board. This report gives an overview of response from East Renfrewshire Health and Social Care Partnership which was submitted to the Health and Sport Committee in August 2016. The full partnership response is attached in the appendix.

Presented by	Julie Murray, Chief Officer

Action Required

The Integration Joint Board is asked to note this report and the attached response submitted to the Scottish Parliament Health and Sport Committee

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

☐ Financial	☒ Policy	☐ Legal	☐ Equalities
☐ Efficient Government	☐ Staffing	☐ Property	☐ IT

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

5 OCTOBER 2016

Report by Julie Murray, Chief Officer

RESPONSE TO SCOTTISH PARLIAMENT HEALTH AND SPORT COMMITTEE

PURPOSE OF REPORT

1. This report gives an overview of response from East Renfrewshire Health and Social Care Partnership submitted to the Scottish Parliament Health and Sport Committee in August 2016. The full partnership response is attached in the appendix.

RECOMMENDATION

2. The Integration Joint Board is asked to note this report and the attached response submitted to the Scottish Parliament Health and Sport Committee.

BACKGROUND

3. Integration authorities will be a key area of interest for the Health and Sport Committee over the course of the five year parliamentary session. The Health and Sport Committee has recently agreed its work programme for autumn 2016. It is keen to explore three key areas in relation to integration authorities:
   - Budget setting
   - Delayed discharges
   - Social and community care workforce

4. The Health and Sport Committee recently issued a questionnaire to all Integration Authorities on these matters. The timing of the response by August 2016 required submission prior to reporting to the Integration Joint Board. This report gives an overview of response from East Renfrewshire Health and Social Care Partnership submitted to the Health and Sports Committee in August 2016. The full partnership response is attached in the appendix.

REPORT

Budget Setting

5. The questionnaire asks for details about the HSCP budget and budget setting process.

6. In response to the question about budget setting challenges the HSCP has noted:-
   - Timing differences between Local Authority & NHS budget setting processes, with NHS budget contribution notified 5/7/16
   - Demographic pressures and savings challenges
   - Uncertainty of future years recurring funding and impact on planning and service redesign challenges; associated frustrations for longer term financial planning

- Identifying options to deliver NHS savings challenge on a recurring basis in future years
- No mechanism for transfer of funds to primary from secondary care
- Funding is allocated on an historic basis and does not reflect NRAC distribution. Nor do the funding allocations reflect 10 years of integration.

7. The HSCP provided three examples of how we intend to shift resources as a result of integration over the period of your Strategic Plan.
   - Community led support – shifting the balance of care in the community from a reactive to a preventative and anticipatory care model.
   - Safe and supported – taking an improvement approach to delayed discharge and unplanned hospital admissions
   - Getting it Right for Every Child – in particular shifting the balance of care from residential care and independent providers to local foster and kinship carers.

Delayed Discharge

8. In responding to the questions on delayed discharge we pointed out that as an integrated partnership for 10 years East Renfrewshire has 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. Our population has high levels of very elderly living independently but once a fall or other trauma occurs there are few options other than an emergency admission.

9. In terms of barriers to tackling delayed discharge we highlighted that hospital information systems are not linked to those in the community including GPs, and this impacts on our ability to track and engage earlier with individuals and their families. We explained that we will tackle this through in reach activity to identify residents and begin planning prior to being "fit for discharge" and ensure that they are both provided with appropriate support and reconnected to informal support networks.

10. We also note the increasing impact of dementia, with our ageing population, individual capacity for decision making/planning. We stated that we are tackling this through active promotion of guardianship and also gave a number of examples of how we are working to avoid inappropriate readmission through medicine reconciliation and compliance activity; end of life care work with care homes and hospice outreach; and community supports.

Social and community care workforce

11. The questionnaire asked a number of questions about recruitment and retention of the local care workforce. We explained that East Renfrewshire is a relatively affluent area with high educational attainment. Providers who cover a number of areas report that they experience more issues recruiting staff in the area than neighbouring authorities. There is a degree of staff mobility between providers, with the workforce mostly retained within East Renfrewshire.

12. The Committee were also keen to explore actions on the living wage and career development. We detailed the following mechanisms:-
    - We are in the process of letting a care and support contract that is pivotal to reviewing contractual terms and costs in relation to fair work practices.

- Close working with providers through forums and public social partnerships allow us to jointly consider future staff roles and associated skill/knowledge base. Public Social Partnership has resulted in increased collaborative work between providers including staff training and development activity.
- Workforce planning is exploring potential career pathways across health and social care, including the development of modern apprentices. Career and recruitment fairs have been organised with support from local employability partners.

13. In response to the question regarding how we monitor contracts to ensure quality of care and compliance. We explained that we have small contracts monitoring team that uses a risk based approach to monitoring quality of care. Providers submit quarterly returns which contain information about fair work practice, staff movements, use of agency, and a number of quality indicators. This data is supplemented by feedback from HSCP staff if concerns arise from reviews of people supported by providers. Where there are concerns about quality or compliance the team works with providers to develop, agree and monitor an improvement plan. Where appropriate this is carried out in collaboration with the Care Inspectorate.

FINANCE AND EFFICIENCY

14. The response contains information about the overall HSCP budget, budget setting and expenditure on delayed discharge.

CONSULTATION

15. The questionnaire will form part of the Health and Sport Committee engagement with Integration Authorities over the course of the parliamentary session.

PARTNERSHIP WORKING

16. The response was developed based existing work and partnership discussions.

IMPLICATIONS OF THE PROPOSALS

Policy

17. The response will inform the scrutiny of the Health and Sport Committee in relation to the work of Integration Authorities.

CONCLUSIONS

18. This report provides the Integration Joint Board with an overview of response from East Renfrewshire Health and Social Care Partnership submitted to the Scottish Parliament Health and Sport Committee in August 2016. It highlights some of the challenges faces by the Partnership and how these are being tacked.

RECOMMENDATIONS

19. The Integration Joint Board is asked to note this report and the attached response submitted to the Scottish Parliament Health and Sports Committee.

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, HSCP: Julie Murray

Candy Millard, Head of Strategic Services
candy.millard@eastrenfrewshire.gov.uk
0141 451 0749

September 2016

KEY WORDS

Scottish Parliament, Health and Sports Committee, Questionnaire Response

A report detailing response from East Renfrewshire Health and Social Care Partnership submitted to the Scottish Parliament Health and Sports Committee in August 2016.

EAST RENFREWSHIRE IJB HEALTH SPORTS COMMITTEE SURVEY RETURN

Budget Scrutiny: Integration Authorities

The Committee has chosen to consider the integration of health and social care as part of its consideration of the Scottish Government's budget. The following questions are designed to explore the budget setting process for 2016-17 and how budget allocation reflects the priorities set out in the performance framework.

1. Which integration authority are you responding on behalf of?

   East Renfrewshire Health & Social Care Partnership Integration Joint Board

2. Please provide details of your 2016-17 budget:

	£m
Health board	65.178
Local authority	46.604
Set aside budget	13.425
Total	**125.207**

3. Please provide a broad breakdown of how your integration authority budget has been allocated across services, compared with the equivalent budgets for 2015-16.

£m	2015-16	2016-17
Hospital	20.079	20.079
Community healthcare	21.177	17.671
Family health services & prescribing	36.436	35.832
Social care & Housing	48.241	51.158
Total	**125.923**	**125.207**

   Note full year 2015/16 shown – IJB was live from August 2015, with financial delegation from October 2015. Community Healthcare 2015/16 includes a number of non-recurring funding sources.

4. The 2016-17 budget allocated £250m for social care. Please provide details of the amount allocated to your integration authority and how this money has been utilised.

£'000	Application
928	To fund adult demographic pressures
100	To fund aids and adaptations increases relating to increased demographics
710	East Renfrewshire Council pressures
165	Living wage already in ERC contribution
935	Living Wage balance – part year effect to be determined
782	To be allocated, including charging threshold impact £30k, £250k ring-fenced for Living Wage recurring.
3,620	Total

Budget setting process

5. Please describe any particular challenges you faced in agreeing your budget for 2016-17
   - Timing differences between Local Authority & NHS budget setting processes, with NHS budget contribution notified 5/7/16
   - Demographic pressures and savings challenges

- Uncertainty of future years recurring funding and impact on planning and service redesign challenges; associated frustrations for longer term financial planning
- Identifying options to deliver NHS savings challenge on a recurring basis in future years
- No mechanism for transfer of funds to primary from secondary care
- Funding is allocated on an historic basis and does not reflect NRAC distribution. Nor do the funding allocations reflect 10 years of integration.

6. In respect of any challenges detailed above, can you describe the measures you have put in place to address these challenges in subsequent years?
    - NHS recognition of financial planning timescales

7. When was your budget for 2016-17 finalised?
    - East Renfrewshire Council contribution to IJB confirmed February 2016
    - NHSGGC contribution to IJB confirmed July 2016
    - NHSGGC set aside budget indicative as at July 2016

8. When would you anticipate finalising your budget for 2017-18?
    - February/March 2017

Integration outcomes

9. Please provide up to three examples of how you would intend to shift resources as a result of integration over the period of your Strategic Plan:

   East Renfrewshire had an integrated partnership for 10 years prior to the establishment of Integration Authorities. During this time we
    - achieved management savings though integration of our health and social care teams and management structures
    - aligned our services to clusters of GPs
    - introduced a focus on personal outcomes and
    - achieved challenging local delayed discharge targets.

   Our new Integration Join Board/HSCP is focusing on:

   Community Led Support

   We have begun working the National Development Team for Inclusion on their Community Led Support programme which is designed to support Health and Social Care Partnerships to put their work right at the heart of communities. 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. Its success comes from local people, organisations and professionals planning, developing and delivering this new way of working together. It is delivered in partnership with Shropshire Council and People2People, Shropshire's independent social work practice, which is delivering:
    - Improved outcomes for local people and their families;
    - Motivated and engaged social work teams;
    - Streamlined and proportionate support through developing local 'hubs' where people can get advice, information and assistance;
    - Significant savings to the local authority through reduced demand on statutory services.

   We believe that by developing and implementing this approach an integrated health and social care setting we can shift the balance of care in the community from a

reactive to a preventative and anticipatory care model, with additional benefits of reduced bureaucracy, better outcomes for individuals and greater efficiency.

Safe and supported

Planning for delayed discharge and unscheduled care was identified as a priority area by our Strategic Planning Group. When we were made aware of the new funding earlier in 2016, we took the opportunity to review how we were currently managing discharges from hospital. This work was in the context of a long term commitment to reducing bed days and high performance in relation to delayed discharge with East Renfrewshire consistently in the top quartile of local areas. We decided to take a broader view of discharge, looking at it as a process, beginning when people were still at home, rather than a single discharge event. We have called this area of work Safe and Supported rather than delayed discharge to emphasise this wider approach. We set up four 'Safe and Supported' work groups to develop proposals for tests of change using improvement methodology.

- Prevention and Anticipatory Care
- Point of Possible Admission
- During Admission
- Discharge from Hospital

These task and finish groups which included third sector, independent sector, carers, health and social care staff and managers, GPs and acute clinicians have identified a range of additional improvement opportunities for us to test over the coming year.

Getting it Right for Every Child

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.

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.

10. What efficiency savings do you plan to deliver in 2016-17?
    - Total savings challenge is £2.727 million

11. Do you anticipate any further delegation of functions to the integration authority? (If so, please provide details of which services and anticipated timescales)
    - No, at present all children's services and criminal justice are delegated as are those housing functions required by legislation

Performance framework

12. (a) Please provide details of the indicators that you will use to monitor performance and show how these link to the nine national outcomes
(b) If possible, also show how your budget links to these outcomes

National Outcome	Indicators	2016-17 budget
People are able to look after and improve their own health and wellbeing and live in good health for longer.	- Cervical screening take-up - Breast screening up-take - Bowel Screening - Number of people participating in community based health improvement programmes - Local outcome – Older People and People with LTC Feel Included - Citizens' Panel % agree that their community supports older people - People reporting 'seeing people' needs fully met (%)	Not yet analysed / allocated over outcomes
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.	- People reporting 'living where you want to live' needs fully met (%) - Self Directed Support spend on adults 18+ % of total social work spend on adults 18+ - Number of older people with Anticipatory Care Plans - Percentage of people aged 65+ who live in housing rather than a care home or hospital - Number of people self directing their care through receiving direct payments and other forms of self-directed support. - Percentage of people with learning disabilities with an outcome-focused support plan - Percentage of deaths occurring in hospital among people aged 65+ - Percentage of deaths occurring in hospital among people aged 75+ - Delayed discharge: people waiting more than 14 days to be discharged from hospital into a more appropriate care setting - Delayed discharges bed days lost to delayed discharge for patients aged 65+ (incl AWI's) - Delayed discharges bed days lost to delayed discharge for Adults with Incapacity (AWI) - A&E attendance per 100,000 - % Increase in number of older people's groups - % Increase in infant and parent support groups in Barrhead	

National Outcome	Indicators	2016-17 budget
People who use health and social care services have positive experiences of those services, and have their dignity respected.	- People reporting 'being respected' needs fully met (%) - Citizens' Panel % agree that their community supports older people - People reporting 'having things to do' needs fully met (%) - People reporting 'staying as well as you can' needs fully met (%) - People reporting 'living where you want to live' needs fully met (%) - Percentage of offenders completing orders reporting that the order helped them to look at how to stop offending. - Percentage of HSCP (NHS) complaints received and responded to within timescale - Percentage of HSCP (local authority) complaints received and responded to within timescale - Drug-related deaths per 100,000 - % of service users moving from drug treatment to recovery service - Alcohol brief interventions - Brief interventions delivered - Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. - % Change in individual recovery Outcome Score Percentage of Licensed Premises passing Challenge 25 Integrity Test – Level 1	

National Outcome	Indicators	2016-17 budget
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	- Percentage of those whose care need has reduced following re-ablement - Rate of emergency inpatient bed-days for people aged 75 and over per 1,000 population - Number of people referred for dementia post-diagnostic support - People with dementia post-diagnostic support - Access to psychological therapies - % starting treatment within 18 weeks of referral - SIMD1 - Access to psychological therapies - % starting treatment within 18 weeks of referral - SIMD5 - Dietetics - % of people waiting over target time at end of month - Physiotherapy - % of people waiting over target time at end of month - Podiatry - % of people waiting over target time at end of month - 48 hour access to GP practice team - Primary Care Mental Health Team wait for referral to assessment within 4 weeks (%) - Primary Care Mental Health Team wait for referral to treatment appointment within 9 weeks (%) - People reporting 'having things to do' needs fully met (%)	
Health and social care services contribute to reducing health inequalities.	- Cancer screening - bowel SIMD1 - Cancer screening - bowel SIMD5 - Cancer screening - bowel male SIMD1 - Cancer screening - bowel male SIMD5 - Cancer screening - bowel female SIMD1 - Cancer screening - bowel female SIMD5 - Number of smokers supported to successfully stop smoking in the most deprived areas - Cervical screening - SIMD1 - Cervical screening - SIMD5 - INCREASE - 005.1A Male Life expectancy at birth - INCREASE - 005.1B Female life expectancy at birth - INCREASE - 005.1E Male life expectancy at birth in 15 per cent most deprived communities - INCREASE - 005.1B Female life expectancy at birth in 15 per cent most deprived communities	

National Outcome	Indicators	2016-17 budget
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.	People reporting 'quality of life for carers' needs fully met (%) *NB indicators for carers will be further developed as work to implement new Carers' Legislation is progressed*	
People who use health and social care services are safe from harm.	People reporting 'feeling safe' needs fully met (%) % Change in women's domestic abuse outcomes People agreed to be at risk of harm and requiring a protection plan have one in place Adult Support and Protection - Average time to enquiry completion Percentage of Licensed Premises passing Challenge 25 Integrity Test – Level 1	
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.	- % Staff who report feeling 'engaged' in Staff Survey - Absence: average days lost per employee (all staff LA) - Absence: days lost for long-term absence as percentage of all days lost - (all staff LA) - Absence: days lost for short-term absence as percentage of all days lost - (all staff LA) - Sickness absence (%) NHS - Sickness absence - short-term (%) NHS - Sickness absence - long-term (%) NHS - Percentage of NHS HSCP Staff with an e-KSF (Knowledge and Skills Framework) review in last 12 months - Percentage of HSCP local authority staff with Performance Review and Development (PRD) plans in place	

National Outcome	Indicators	2016-17 budget
Resources are used effectively and efficiently in the provision of health and social care services.	- Primary care prescribing performance - cost per patient (weighted) - Primary care prescribing performance against budget - Primary care prescribing performance - % compliance with preferred list - Outturn net expenditure within 95% to 100% of approved revenue budget (CHCP) - The gross cost of "children looked after" in residential based services per child per week £ - The gross cost of "children looked after" in a community setting per child per week £ - Home care costs for people aged 65 or over per hour £ - Direct payments spend on adults 18+ as a % of total social work spend on adults 18+ - Net Cost of Residential Care Services per Older Adult (+65) per Week	

Delayed Discharges

In relation to delayed discharge the Committee is interested in three areas. The extent to which the IJB is able to direct spending, how much money is available to tackle delayed discharge and how well it is being spent to eradicate the problem.

1. **As an Integrated Authority what responsibility do you have for tackling the issue of delayed discharges?**

   The Integration Joint Board is responsible for the operational oversight of Integrated Services, and through the Chief Officer is responsible for the operational management of integrated services. These include social work, social care, rehabilitation, district nursing and aids and equipment all of which have a role in delayed discharge. A number of the health and wellbeing outcomes and national indicators relate to delayed discharge.

2. **What responsibility do you have for allocating expenditure including additional sums allocated by the Scottish Government to tackle delayed discharges?**
   The Integration Joint Board directs the allocation of the expenditure. One of the early actions of the IJB through its Strategic Planning Group was to establish a Safe and Supported work stream using improvement methodology to look at both delayed discharges and unplanned admissions. The improvement planning work was undertaken by staff, clinicians, third sector, users and carers.

3. **How much was spent in 2015-16 on tackling delayed discharges? If necessary this answer can be based on your shadow budget for 2015-16.**
   £1.01m comprising specific funding further supplemented by core activity and budget.

4. **What is the total funding (in 2016-17) you are directing to address the issue of delayed discharges? Please provide a breakdown of how much money has been received from each of the following for this purpose:**
   - NHS board
   - Local authority
   - Other (please specify)

   £1.505m comprising specific funding further supplemented by core activity and budget.

5. **How was the additional funding allocated by the Scottish Government to tackle delayed discharges spent in 2015-16? How will the additional funding be spent in the current and next financial years?**
   The focus in 2015/16 was primarily on planning and scoping work with a total spend of £205k, with funds carried forward to support the projects as detailed below.
   For the remainder of the funding we plan to spend:

	£'000
Community Connectors & Hospital Connectors	400
Pharmacy Support	120
Out of Hours Care Home Access / Home Care 48 Hour Access	400
Step Up / Down Beds	70
Projects	310
Total 2016/17 and 2017/18	1,300

6. **What impacts has the additional money had on reducing delayed discharges in your area?**

   Our delayed discharge performance has generally been good. The additional funding will help us keep pace with the increase in admissions as well as help prevent increasing numbers.

7. **What do you identify as the main causes of delayed discharges in your area?**

- As an integrated partnership for 10 years East Renfrewshire has 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. Our population has high levels of very elderly living independently but once a fall or other trauma occurs there are few options other than an emergency admission.

8. **What do you identify as the main barriers to tackling delayed discharges in your area?**
   - Hospital information systems are not linked to those in the community including GPs, and this impacts on our ability to track and engage earlier with individuals and their families.
   - Increasing impact of dementia on individual capacity for decision making/planning

9. **How will these barriers to delayed discharges be tackled by you?**
   - Active promotion of guardianship
   - Inreach activity to identify residents and begin planning prior to being “fit for discharge” and ensure that they are both provided with appropriate support and reconnected to informal support networks.
   - Working to avoid inappropriate readmission through medicine reconciliation and compliance activity; end of life care work with care homes and hospice outreach; and community supports.

10. **Does your area use interim care facilities for patients deemed ready for discharge?**
    - Direct access out of hours to interim care support to avoid admissions coupled with district nurse and rehabilitation support

11. **If you answered yes to question 10, of those discharged from acute services to an interim care facility what is their average length of stay in an interim care facility?**
    - Trialled this and exploring efficacy

12. **Some categories of delayed discharges are not captured by the integration indicator for delayed discharges as they are classed as ‘complex’ reflecting the fact that there are legal processes which are either causing the delay (e.g. application for guardianship orders) or where there are no suitable facilities available in the NHS board area. Please provide the total cost for code 9 delayed discharges for 2015-16? What is your estimate of cost in this area in the current and next financial years?**

    For financial year 2015/16 our cost was £35k. For 2016/17 and 2017/18 costs will range from £35k to £100k dependant on level of activity.

Social and Community Care Workforce

In relation to the social and community care workforce the Committee is interested in the recruitment of suitable staff including commissioning from private providers and the quality of care provided.

1. **As an Integrated Joint Board what are your responsibilities to ensure there are adequate levels of social and community care staff working with older people?**

Responsible for health and wellbeing outcomes including
- People using health and social care services are safe from harm.
- 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.

Responsibilities under Integration Planning and Delivery Principle of Quality of Care include.
- Ensuring that the services we commission and/or deliver are providing appropriate education, training and supervision to staff to improve care quality
- Being assured that staff in our area are clear about lines of professional accountability for care, whichever sector they work in.
- Being assured that the services we commission and /or deliver have appropriate numbers of staff and skill mix to provide quality care.

Responsibility under Clinical and Care Governance Framework and local arrangements
- Through Council's commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors
- Through Clinical and Care governance arrangements providing assurance to the IJB, the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.

2. **Are there adequate levels of these social and community care staff in your area to ensure the Scottish Government's vision of a shift from hospital based care to community based care for older people is achieved? If not, please indicate in what areas a shortage exists.**

Yes although local Care Homes report some difficulties in recruiting and retaining qualified nursing staff

3. **Other than social and community care workforce levels, are there other barriers to moving to a more community based care?**

Reduced funding from the NHS board along with 10 years of integration meant that we have already realised the efficiencies of integrated working and there is real potential that front line services will be affected in future years.

4. **What are the main barriers to recruitment and retention of social and community care staff working with older people in your area?**

East Renfrewshire is a relatively affluent area with high educational attainment. Providers who cover a number of areas report that they experience more issues recruiting staff in the area than neighbouring authorities.
There is a degree of staff mobility between providers, with the workforce mostly retained within East Renfrewshire.

5. **What mechanisms (in the commissioning process) are in place to ensure that plans for the living wage and career development for social care staff, are being progressed to ensure parity for those employed across local authority, independent and voluntary sectors?**

- We are in the process of letting a care and support contract that is pivotal to reviewing contractual terms and costs in relation to fair work practices.
- Close working with providers through forums and public social partnerships allow us to jointly consider future staff roles and associated skill/knowledge base. Public Social Partnership has resulted in increased collaborative work between providers including staff training and development activity.
- Workforce planning is exploring potential career pathways across health and social care, including the development of modern apprentices. Career and recruitment fairs have been organised with support from local employability partners.

6. **What proportion of the care for older people is provided by externally contracted social and community care staff?**

- 95% of residential nursing care placements are provided by externally contracted providers.
- 30% of homecare is currently contracted, with a framework exercise currently ongoing
- Approximately 70% of day-care is purchased

7. **How are contracts monitored by you to ensure quality of care and compliance with other terms including remuneration?**

We have small contracts monitoring team that uses a risk based approach to monitoring quality of care.

Providers submit quarterly returns which contain information about fair work practice, staff movements, use of agency, and a number of quality indicators. This data is supplemented by feedback from HSCP staff if concerns arise from reviews of people supported by providers.

Where there are concerns about quality or compliance the team works with providers to develop, agree and monitor an improvement plan. Where appropriate this is carried out in collaboration with the Care Inspectorate.