

Date: 19 September 2024
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD (IJB)
WEDNESDAY 25 SEPTEMBER 2024**

Please find attached the undernoted items marked “to follow” on the agenda for the meeting of the Integration Joint Board on Wednesday 25 September 2024.

Yours faithfully

Councillor Katie Pragnell

**Councillor Katie Pragnell
Chair, East Renfrewshire Integration Joint Board**

Enc.

Undernote referred to:-

- Item 9 Revenue Budget Monitoring Report
- Item 10 HSCP Recovery and Renewal Programme
- Item 16 Annual Strategic Risk Register

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD
Wednesday 25 September at 2.30 p.m.
VIRTUAL MEETING VIA MICROSOFT TEAMS

SUPPLEMENTARY AGENDA

9. Revenue Budget Monitoring Report (copy attached, pages 3 – 20).
10. HSCP Recovery and Renewal Programme (copy attached, pages 21 – 30).
16. Annual Strategic Risk Register (copy attached, pages 31 – 42).



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	25 September 2024	
Agenda Item	9	
Title	Revenue Budget Monitoring Report 2024/25; position as at 31 August 2024	
Summary		
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.		
Presented by	Lesley Bairden, Chief Financial Officer	
Action Required		
The Integration Joint Board is asked to: <ul style="list-style-type: none"> • note the projected outturn for the 2024/25 revenue budget, • note that the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures in the current year. 		
Directions	Implications	
<input type="checkbox"/> No Directions Required	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input checked="" type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**25 September 2024****Report by Chief Financial Officer****REVENUE BUDGET MONITORING REPORT 2024/25****PURPOSE OF REPORT**

1. To advise the Integration Joint Board of the projected outturn position of the 2024/25 revenue budget. This projection is based on ledger information as at 31 August 2024 and allows for latest intelligence.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - note the projected outturn for the 2024/25 revenue budget,
 - note the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures in the current year.

BACKGROUND

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the second report for the financial year 2024/25 and provides the projected outturn for the year based on our latest information recognising that whilst we are making progress with savings, we remain in a very challenging financial position.
4. The projected outturn shows a potential overspend for the year of £1.687 million (m) as a combination of savings shortfalls against specific plans, the over-recovery we built in recognising the pension gain, as well as ongoing operational pressures. This can be summarised:

	ERC £m	NHS £m	Total £m
Savings Shortfalls against plans	(1.474)	(1.841)	(3.315)
Pension Gain / Planned Over Recovery	2.067		2.067
Operational Pressures	(0.149)	(0.290)	(0.439)
Total (Over) / Under Spend Projected	0.444	(2.131)	(1.687)

5. This is an increase in the projected overspend of £0.446m since last reported and the changes are:
 - Supporting People Framework (SPF) savings reduced by £0.287m
 - Prescribing savings reduced by £0.315m
 - Operational pressures improvement of £0.156m
6. To help with the delivery of savings our council partner is providing £0.7m invest to save funding to support review capacity, additional Human Resources, recruitment and a post to support implementation of income from charges.
7. We continue to work with health board colleagues on our prescribing pressures.

8. The Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year and are working on options to close this gap.

REPORT

9. The consolidated budget for 2024/25 and projected outturn position, shows a possible overspend of £1.687m against a full year budget of £163.318m (1.03%). As stated above this projected overspend results from both operational pressures but primarily savings shortfalls. Our current savings position is summarised:

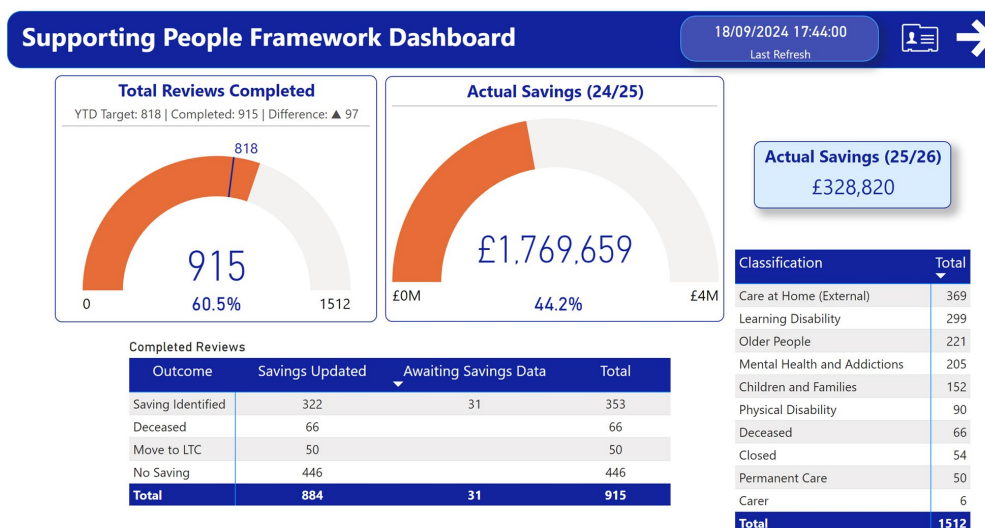
HSCP Savings 2024/25	ERC		NHS		Total	
	£m	%	£m	%	£m	%
Per Budget agreed March 2024						
Unfunded cost pressures (ie minimum needed)	5.913		3.904		9.817	
Savings target agreed per IJB budget	7.892		3.904		11.796	
Progress against savings target						
Delivered	4.573	57.9%	1.522	39.0%	6.095	51.7%
Detailed plans on track	0.066	0.84%	0.000	0.0%	0.066	0.6%
Further savings expected by March 2025	1.779	22.5%	0.541	13.9%	2.320	19.7%
Total	6.418	81.3%	2.063	52.8%	8.481	71.9%
(Shortfall) Against Target	(1.474)		(1.841)		(3.315)	
(Shortfall) / Over Against minimum saving needed	0.505		(1.841)		(1.336)	
Savings Delivered to date as a % of target		57.9%		39.0%		51.7%
Savings Delivered to date as a % of minimum		77.3%		39.0%		62.1%

10. The table above shows that we set a target of £11.796m recognising this was £1.979m higher than the minimum total requirement for the IJB. Members will recall we agreed to build in over recovery to allow for some flexibility and also recognising that the pension gain will drop out for 2026/27.
11. We are projecting a shortfall against planned savings of £3.315m based on our latest projections. This is a reduction in the amount of savings for the current year of £0.602m since we last reported.
12. The NHS savings shortfall is driven by the prescribing pressures (£3.304m when setting the budget) with savings targets set at £0.875m:
- £0.675m savings from an NHSGGC wide programme of work which is currently projecting an over recovery of £0.260m (a reduction of £0.245m)
 - £0.150m from a local programme of initiatives which is now estimated at £0.080m (a reduction of £0.070m)
13. This means we still need to find a further £1.841m to meet the savings target in the current year. We are working on options to deliver further savings from redesign.
14. The ERC shortfall is £1.474m and the main components are:
- £0.619m SPF within Care at Home (CAH) (a reduction of £0.119m)
 - £0.168m SPF adults and childrens (previously on target)
 - £0.150m relating to restructuring of CAH, with work ongoing
 - £0.159m from changes to CAH framework contracts
 - £0.262m from a reduction in supplies and running cost budgets
 - £0.092m from income, in part due to a timing of the election

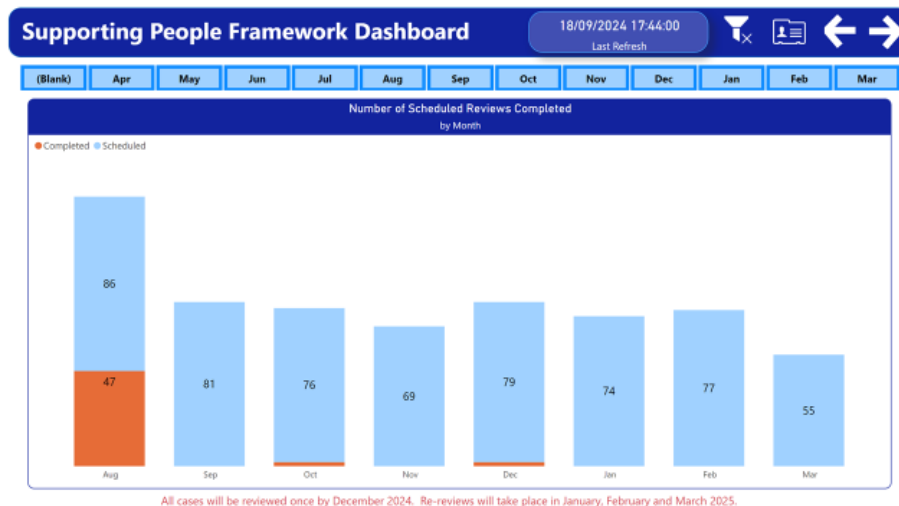
15. The Supporting People Framework is showing an overall projected shortfall of £0.787m in the current year. This position is inclusive of additional funding of £0.240m that will be passed through to the HSCP as part of Scottish Government consequential funding, which the council will receive, relating to social care funding from the UK budget. We have also applied £0.200m as we have received confirmation of this funding in relation to living wage increases for childrens social care; as the IJB had previously agreed increases to these costs as part of its budget we are able to apply this funding to SPF.
16. The table shows the current year projections and the full year effect for 2025/26. This is based on all reviews being completed by the end of March 2025, however our officers are working to try and complete reviews earlier; for illustration if a December completion was achieved this would mean a c£0.2m increase in the current year, with an equivalent reduction in 2025/26.

Supporting People Framework - Summary	2024/25	2025/26	Total
	£m	£m	£m
Part 1. Current Projection			
Savings Achieved to date as at 18 September	1.770	0.329	2.099
Reviews Completed and saving being finalised	0.059	0.059	0.118
Reviews Allocated not yet complete	0.165	0.174	0.339
Remaining Reviews to be completed (by March 2025)	0.429	1.084	1.513
Direct Payment balances	0.350		0.350
Projected Savings	2.773	1.646	4.419
Savings Target	4.000		
Shortfall in 2024/25 and Full Year Effect 2025/26	(1.227)		
Offset by: Additional Funding applied in 2024/25	0.440		
Reported Shortfall 2024/25	(0.787)		
Part 2. Recurring Savings			
Projected Savings as above	2.773	1.646	4.419
Remove Non Recurring Direct Payment Balances	(0.350)		(0.350)
Recurring Savings projected by 1 April 2025	2.423	1.646	4.069

17. The extracts from the SPF dashboard show that of the 1,512 expected reviews at the start of the year 915 (60.5%) are completed and 44.2% of the £4m savings target is achieved.



18. The timetable extract from the dashboard shows the plan to ensure all first reviews are completed by December and those reviews that took place early in the SPF are re-reviewed under the current criteria. As we have said above the end date is shown as 31 March 2025 however we will endeavour to complete this as early as is possible.



19. All savings, including SPF, are continuously monitored and we continue to try to identify every opportunity across the HSCP and more widely if and where possible to reduce all shortfalls. The savings detail is included at Appendices 6a and 6b.
20. The consolidated revenue budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in year revisions to our funding contributions and associated directions.
21. The reserves position is set out at Appendix 5 and shows the planned in-year use of reserves and the committed spend to take forward. As we used all flexibility within reserves as part of our financial recovery for 2023/24 the balance is minimal and we are in breach of our policy.
22. The main projected operational variances are set out below, based on known care commitments, vacant posts and other supporting information from our financial systems as at 31 August 2024 and allows for the latest intelligence.
23. **Children & Families and Public Protection £300k underspend;** this is a reduction in projected costs of £337k since last reported, mainly from a reduction in residential care placement costs. There still remains a high degree of volatility within the service for unaccompanied asylum seekers and we will review this as the year progresses.
24. **Older Peoples Services £573k underspend;** mainly from community based care costs within localities which has decreased overall since last year. This is offset in part by nursing and residential care which is projected to overspend by £190k. We are also seeing turnover within community nursing services. This is an increase in costs of £248k since the August report (£156k staffing and care costs and £92k SPF reduction).
25. **Physical & Sensory Disability £341k overspend;** this remains due to our current cost of care commitments and is an increase of £60k.
26. **Learning Disability Community Services £570k overspend;** this remains due to current care commitment costs, offset in part by ILF income. This is an increase in

projected costs of £453k including SPF savings reductions of £63k, a realignment of a grants saving of £90k and £300k is a correction to the savings reported in August; the commitments were reduced to reflect achievements but the budget allocation was not adjusted at the same time.

27. **Learning Disability Inpatients £287k overspend;** this continues to reflect the ongoing pressure from increased observation costs and maintaining staff ratios within the inpatient units, however is a significantly improved position from last year. The retraction from Netherton later in the coming month or so has been factored into the projection. This is an increase in costs of £20k
28. **Intensive Services £639k overspend;** the majority of which is the current projected shortfall on savings within Care at Home along with continued operational pressures on purchased care. There are a number of underspends elsewhere in the service that partly offset these pressures. This is a reduction in costs of £83k since last reported from SPF savings reduction of £119k and reduced operational costs of £202k.
29. **Recovery Services Mental Health & Addictions £149k underspend;** mainly due to turnover and care costs. This is a reduction of £96k since last reported mainly around a reduction in care commitments and holding vacancies.
30. **Prescribing £2,289k overspend;** reflects the savings shortfall of £1,841k as discussed above and further cost pressures of £448k since the estimated pressures at March. This is an increase in projected costs of £315k since August, reflecting revised savings projections. The savings and expected cost profile are based on two months of current year data, so still early in the cycle. The early trend for this year shows that our volumes continue to increase by just over 3% compared to last year.
31. Our Clinical Director continues to lead on the savings programmes and we will be working with colleagues from the health board over the coming weeks to take a more detailed analysis of our position and how we compare to other HSCPs.
32. Whilst the additional savings to close our health related pressures will not be achieved from prescribing alone the balance of required savings is shown here as this is the driver for the cost pressure we need to fund.
33. **Finance & Resources £1,356k underspend;** whilst this is a significant underspend it needs to be recognised that this budget holds the benefit from the pension gain as well as a number of HSCP wide costs. This is a reduction in costs of £114k from property and turnover. The key elements of the underspend remain:
 - £2,067k pension gain underspend
 - Offset in part by
 - £362k savings shortfalls (£354k is 20% supplies & income)
 - £464 HSCP wide costs including supernumerary posts, historic pension charges, additional HR and Communication costs, IT licences etc.
34. **Primary Care Improvement Plan, Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15;** whilst we have had some information on funding allocations for 2024/25 work is ongoing to analyse the local impact of bundled funding and we await confirmation of the allocation from the Scottish Government. The usual appendices for these reports will be included in future reports once allocations are confirmed.

Other

35. As we reported last year the council funded a number of Covid recovery activities from its Covid reserve and whilst the majority of this related to 2023/24 Appendix 8 shows the carry over activity to 2024/25.
36. The position reported is inclusive of the current of future costs and invest to save funding of £700k provided by the council for over the next two years.
37. We continue to look at every action where it could be possible to minimise cost pressures and continue close monitoring our savings. We are looking at how we can close the remaining gap in the current year.
38. There are no budget virement requests within this report.
39. As with every year there are a number of variables such as pay award, inflation, demand, economic volatility, workforce capacity that will all impact on our cost projections and detailed monitoring will continue during the year. This in turn, will inform forward financial planning.

IMPLICATIONS OF THE PROPOSALSFinance

40. The financial implications are detailed in the report and work remains ongoing to identify further cost reductions to mitigate the current projected overspend.

Risk

41. Maintaining service delivery whilst managing such a significant savings challenge remains our most significant risk.
42. There are other risks which could impact on the current and future budget position; including:
 - Maintaining capacity to deliver our services
 - Achieving all existing savings on a recurring basis and containing the current projected overspend
 - The ongoing impact of Covid-19 on our partner providers and the care service market
 - Prescribing costs and the ability to accurately model and project the position, particularly in the early part of the year
 - Observation and Out of Area costs
 - The impact of current year pressures on forward financial planning and how future savings challenges / funding gaps could be met

DIRECTIONS

43. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
44. The report reflects a projected overspend of £1.687m.
45. Given our financial recovery position in 2023/24 and recognising we still have work to do in 2024/25 regular financial discussions remain ongoing with both partners.

CONSULTATION AND PARTNERSHIP WORKING

46. The Chief Financial Officer is engaged in ongoing discussion with both our partners.

CONCLUSIONS

47. The report reflects a projected overspend of £1.687m arising from savings shortfalls, pension gain / planned over recovery and operational pressures.

48. Financial performance discussions are ongoing with both partners and the Chief Officer and her management team continue to try and minimise the budget deficit in the current financial year.

RECOMMENDATIONS

49. The Integration Joint Board is asked to:

- note the projected outturn for the 2024/25 revenue budget,
- note the Chief Officer and her management team continue to work on actions to deliver savings and mitigate cost pressures in the current year.

REPORT AUTHOR

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18 September 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 16.08.2024 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/10624/IJB-Item-12-14-August-2024/pdf/IJB_Item_12_14_August_2024.pdf?m=1723050074450

Consolidated Monitoring Report

Projected Outturn Position as at 31st August 2024

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	13,198	12,898	300	2.27%
Public Protection - Criminal Justice	13	13	(0)	(0.14%)
Adult Localities Services				
Older People	30,017	29,443	573	1.91%
Physical & Sensory Disability	6,278	6,619	(341)	(5.44%)
Learning Disability - Community	21,757	22,327	(570)	(2.62%)
Learning Disability - Inpatients	10,366	10,653	(287)	(2.77%)
Augmentative and Alternative Communication	284	224	60	21.13%
Intensive Services	16,710	17,349	(639)	(3.82%)
Recovery Services - Mental Health	5,844	5,765	80	1.36%
Recovery Services - Addictions	2,216	2,146	69	3.14%
Family Health Services	30,133	30,133	-	0.00%
Prescribing	17,614	19,903	(2,289)	(13.00%)
Finance & Resources	8,889	7,532	1,356	15.26%
Net Expenditure	163,318	165,005	(1,687)	(1.03%)
Contribution to / (from) Reserve	-	-	-	-
Net Expenditure	163,318	165,005	(1,687)	(1.03%)

Projected under / (overspend) by Partner
Health
Social Care
Projected Deficit

£'000
(2,131)
444
(1,687)

East Renfrewshire HSCP - Revenue Budget Monitoring 2024/25
 Council Monitoring Report
 Projected Outturn Position as at 31st August 2024

Appendix 2

Subjective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	28,487	28,199	288	1.01%
Property Costs	1,003	1,000	4	0.36%
Supplies & Services	2,292	3,408	(1,116)	(48.70%)
Transport Costs	320	328	(9)	(2.71%)
Third Party Payments	56,536	58,024	(1,488)	(2.63%)
Support Services	2,616	2,616	-	0.00%
Income	(18,460)	(21,226)	2,766	(14.98%)
Net Expenditure	72,793	72,349	444	0.61%
Contribution to / (from) Reserve	-		-	
Net Expenditure	72,793	72,349	444	0.61%

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	10,560	10,216	344	3.26%
Public Protection - Criminal Justice	13	13	(0)	(0.14%)
Adult Localities Services				
Older People	17,245	16,920	324	1.88%
Physical & Sensory Disability	5,548	5,889	(341)	(6.15%)
Learning Disability	15,101	15,832	(731)	(4.84%)
Intensive Services	15,639	16,277	(639)	(4.08%)
Recovery Services - Mental Health	1,856	1,912	(55)	(2.98%)
Recovery Services - Addictions	153	145	7	4.91%
Finance & Resources	6,680	5,145	1,534	22.97%
Net Expenditure	72,793	72,349	444	0.61%
Contribution to / (from) Reserve	-		-	
Net Expenditure	72,793	72,349	444	0.61%

Notes

NHS Monitoring Report

Projected Outturn Position as at 31st August 2024

Subjective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	26,823	26,137	686	2.56%
Non-pay Expenditure	53,625	56,562	(2,937)	(5.48%)
Resource Transfer/Social Care Fund	11,905	11,905	-	0.00%
Income	(1,828)	(1,948)	120	6.56%
Net Expenditure	90,525	92,656	(2,131)	(2.35%)

Contribution to / (from) Reserve	-		-	
Net Expenditure	90,525	92,656	(2,131)	(2.35%)

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Childrens Services	2,535	2,579	(44)	(1.74%)
Adult Community Services	9,364	9,115	249	2.66%
Learning Disability - Community	1,722	1,561	161	9.35%
Learning Disability - Inpatients	10,366	10,653	(287)	(2.77%)
Augmentative and Alternative Communication	284	224	60	21.13%
Family Health Services	30,133	30,133	-	0.00%
Prescribing	17,614	19,903	(2,289)	(13.00%)
Recovery Services - Mental Health	3,209	3,074	135	4.21%
Recovery Services - Addictions	1,502	1,440	62	4.13%
Finance & Resources	1,891	2,069	(178)	(9.41%)
Resource Transfer	11,905	11,905	-	0.00%
Net Expenditure	90,525	92,656	(2,131)	(2.35%)

Contribution to / (from) Reserve	-		-	
Net Expenditure	90,525	92,656	(2,131)	(2.35%)

Notes

Resource Transfer and the Social Care Fund is re allocated across client groups at the consolidated level as detailed below:

	£'000
Public Protection - Children & Families	103
Adult Localities Services	
Older People	3,408
Physical & Sensory Disability	730
Learning Disability	4,934
Intensive Services	1,072
Recovery Services - Mental Health	779
Recovery Services - Addictions	561
Finance & Resources	318
	<u>11,905</u>

East Renfrewshire HSCP - Revenue Budget Monitoring 2024/25
Budget Reconciliation & Directions

Appendix 4

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Expected Revenue Budget Contributions per March 2024 Budget	84,640	72,793		157,433
Criminal Justice Grant Funded Expenditure		616		616
Criminal Justice Grant		(616)		(616)
Pay and other adjustments	5,749			5,749
Prescribing - including Apremilast	136			136
	90,525	72,793	-	163,318
Funding Outwith Revenue Contribution				
* Housing Aids & Adaptations		530		530
Set Aside Hospital Services Opening Budget	28,430			28,430
Total IJB Resources	118,955	73,323	-	192,278
Directions to Partners				
Revenue Budget	90,525	72,793	-	163,318
Criminal Justice Grant Funded Expenditure		616		616
Criminal Justice Grant		(616)		(616)
1 Resource Transfer & Recharges	(12,146)	12,146		0
Carers Information	58	(58)		0
	78,437	84,881	-	163,318
Housing Aids & Adaptations		530		530
Set Aside Hospital Services Budget	28,430			28,430
	106,867	85,411	-	192,278

1. Includes Social Care Fund, Cross Charges and historic resource transfer etc.

Earmarked Reserves	Reserve Brought Fwd from 2023/24 £'000	2024/25 Projected spend £'000	Projected balance 31/03/25 £'000	comment
Scottish Government Funding				
Mental Health - Action 15	118	118	0	Assumed used in full as part of funding arrangements
Alcohol & Drugs Partnership	489		489	Committed for recovery hub and timing tbc
Primary Care Improvement Fund	91	91	0	Assumed used in full as part of funding arrangements
Primary Care Transformation Fund	0		0	
COVID-19	2	2	0	To support Carers PPE
Scottish Government Funding	700	211	489	
Bridging Finance				
Budget Savings Reserve	0		0	
In Year Pressures Reserve	0		0	
Bridging Finance	0	0	0	
Children & Families				
Trauma Informed Practice	100	50	50	Balance of 2 year funding for committed for post, slippage against original start date
Whole Family Wellbeing	661	442	219	Projected slippage from current year included in carry forward as funding ring fenced
Children & Families	761	492	269	
Transitional Funding				
Community Living Change Fund	154	154	0	To support redesign programme and committed for premises hire, equipment etc. following pilot period
Total Transitional Funding	154	154	0	
Adult Services				
Learning Disability Health Checks	53	53	0	Recruitment slippage, committed against posts
Telecare Fire Safety	18	18	0	Expect to be spent in full
Cancer Screening Inequalities	28	28	0	Expect to be spent in full
DBI Seed Funding	100	100	0	Expect to be spent in full
Total Adult Services	199	199	0	
Repairs & Renewals				
Repairs, Furniture and Specialist Equipment	50	50	0	Remaining balance being held to supplement anti-ligature programme and any other essential works. At this stage assume will be used in full during 2024/25
Repairs & Renewals	50	50	0	
Total All Earmarked Reserves	1,864	1,106	758	
Total General Reserves	0	0	0	
Grand Total All Reserves	1,864	1,106	758	

2024/25 Saving £m	ERC TARGET	Delivered	Detailed Plans on track	Further Expected	Possible Over / (Under) Recovery	R A G	NHS TARGET	Delivered	Detailed Plans on track	Further Expected	Possible Over / (Under) Recovery	R A G	Notes
Business Support vacancies	0.037	0.037			0.000		0.059	0.060			0.001		Released vacant posts 1.7 FTE NHS and 1.0 FTE ERC
Childrens Services Redesign							0.072	0.066			(0.006)		Part year from management review with a further £24k in 25/26.
Whole Family Wellbeing Fund	0.320	0.320			0.000						0.000		Delivered from April by use of reserve whilst redesign developed.
Crisis Stabilisation	0.042	0.042			0.000						0.000		Residential funding initiative
Increase Turnover targets reflecting pause in recruitment	0.067	0.067			0.000		0.372	0.409			0.037		NHS; increase turnover to 2% excluding inpatients and a number of posts identified to hold indefinitely
Redesign LD & Recovery	0.041	0.033			(0.008)						0.000		Vacant post to be deleted as part of redesign. Further £11k in 2025/26
Family Group Decision Making Service	0.050	0.050			0.000						0.000		Reduce service by 50%.
LD Review of Care Packages (Was SRR)	0.120	0.120			0.000								Achieved in full from the full year effect of 2023/24. Further LD savings will now be reported within SPF as the programme of work continues.
Intensive Services post/s (Was SRR)	0.064		0.066		0.002								Achieved through vacant posts.
Adult Planning & Service Redesign							0.071	0.071			0.000		Aim to manage through vacant posts / redesign
LD University funded activity							0.050	0.050			0.000		Review output and negotiate reduction / cessation of this work. Initial reduction shown in line with 10% approach whilst longer term discussions take place.
VS/ER Phase 1	0.781	0.783			0.002						0.000		Final position 13.9 FTE / 15 posts (Adults £0.325m, LD & Recovery £0.111m, Childrens £0.075m, Finance & Resources £0.273m)
Localities posts & running costs (was SRR)	0.025	0.025			0.000						0.000		This is full year effect from 2023/24
Review of Connor Road (was SRR)	0.065	0.065			0.000						0.000		This is full year effect from 2023/24
Total Green Savings	1.612	1.542	0.066	0.000	(0.004)		0.624	0.656	0.000	0.000	0.032		

2024/25 Saving £m	ERC TARGET	Delivered	Detailed Plans on track	Further Expected	Possible Over / (Under) Recovery	R A G	NHS TARGET	Delivered	Detailed Plans on track	Further Expected	Possible Over / (Under) Recovery	R A G	Notes
Summer play schemes / activity	0.075	0.065		0.010	0.000								Proposed redesign and outsource activity ongoing. Part met on non-recurring basis.
Grant Funded (Was partly SRR)	0.530	0.264		0.266	0.000						0.000		£224k from 10% phase 1 and £40k from cessation of Indep Sector post. Work is ongoing to redesign and / or move to commissioned services for phase 2
VS/ER Work up Phase 2	0.300	0.195		0.105	0.000								Work ongoing to manage through turnover and known changes so that VR will be restricted to service specific redesign. A further £44k in 2025/26 from current changes and further service redesign work continues.
CaH external - price efficiency	0.300	0.071		0.070	(0.159)						0.000		Work is ongoing to move to local framework.
Care at Home Review Phase 2 (Was SRR)	0.150				(0.150)						0.000		Service redesign work ongoing. Service still seeing significant cost pressures.
CaH external - application of SPF	1.700	0.845		0.236	(0.619)						0.000		Progress shows c£1.2m savings potentially identified. Alternatives being sought.
Supporting People Framework	2.300	1.364		0.768	(0.168)								Delivered is FYE from 2023/24 (£293k) and part year so far 2024/25 (£548k). Further £160k in 2025/26.
Top slice supplies budgets 20%	0.480	0.168		0.050	(0.262)		0.440	0.392			(0.048)		20% reduction on supplies set as target. ERC shortfall being reviewed again. NHS shortfall £48k mostly offset by additional turnover above .
St Andrews House	0.020				(0.020)						0.000		Look at as part of accommodation strategy including recovery hub
Prescribing GGC wide programme					0.000		0.675	0.454		0.481	0.260		GGC wide programme of savings with stretch targets deemed achievable
Prescribing - local programme							0.150	0.020		0.060	(0.070)		Practice visits May to August 2024; detailed discussions on compliance, deprescribing, internal projects . July 2024 - 13/15 visits completed.
Shared Services	0.025			0.025	0.000						0.000		Need to explore with partners as well as other HSCPs.
Income / Charging for Services	0.200	0.058		0.050	(0.092)								IGSLWG report to August IJB to propose in-year changes to charging. Income so far from property (£17k) and inflation to existing (£41k).
Review Council Support Costs Charges	0.200			0.200	0.000								Need to undertake full review with ERC colleagues. 2023/24 was underspent and further savings in related services should mean this is achievable.
Remaining Gap to be identified							2.015				(2.015)		Work ongoing to identify options
Wider review of all accommodation					0.000						0.000		Project being set up to revisit current use and long term strategy of all properties
Transport Strategy					0.000						0.000		Project has been scoped and will tie in with partners. Work ongoing to identify any immediate gains.
Total Amber and Red Savings	6.280	3.031	0.000	1.779	(1.470)		3.280	0.866	0.000	0.541	(1.873)		
Total Green Savings (App 6a)	1.612	1.542	0.066	0.000	(0.004)		0.624	0.656	0.000	0.000	0.032		
Total All Savings (6a and 6b)	7.892	4.573	0.066	1.779	(1.474)		3.904	1.522	0.000	0.541	(1.841)		

Subjective Analysis	2024/25 Budget Virement					
	Opening Budget £'000	(1) £	(2) £	(3) £	2024/25 Budget £'000	Total Virement £'000
Employee Costs	28,487				28,487	-
Property Costs	1,003				1,003	-
Supplies & Services	2,292				2,292	-
Transport Costs	319				319	-
Third Party Payments	56,537				56,537	-
Support Services	2,616				2,616	-
Income	(18,461)				(18,461)	-
Net Expenditure	72,793	-	-	-	72,793	-

Objective Analysis	2024/25 Budget Virement					
	Opening Budget £'000	(1) £	(2) £	(3) £	2024/25 Budget £'000	Total Virement £'000
Public Protection - Children & Families	10,560				10,560	-
Public Protection - Criminal Justice	13				13	-
Adult Health - Localities Services						
Older People	17,244				17,244	-
Physical & Sensory Disability	5,547				5,547	-
Learning Disability	15,101				15,101	-
Adult Health - Intensive Services	15,639				15,639	-
Recovery Services - Mental Health	1,856				1,856	-
Recovery Services - Addictions	154				154	-
Finance & Resources	6,679				6,679	-
Net Expenditure	72,793	-	-	-	72,793	-

Note:

There are no virement requests as at 31 August 2024

East Renfrewshire HSCP - Revenue Budget Monitoring 2024/25
ERC Funded Covid Reserves Activity (c/f from 2023/24)

Appendix 8

Initiative	2024/25 Funding £'000	Comments
Development of Talking Points	27	Post recruited - £10k discretionary fund and 3 months Social Work Assistant post c/f
Carers Support	37	Post recruited and other supports in place - £13k respite and 3 months Social Worker post c/f
Housing Support for young people	16	4 months Support Worker post c/f
Mental Health Support for Children	20	6 months Play/Art Therapist c/f
Healthier Minds Hub - Children & Young People's Mental & Emotional Wellbeing	31	Support Worker and Psychology Assistant c/f
Extend wellbeing officer post to June 2024	15	Post extended to June 2024
Total	146	

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	25 September 2024	
Agenda Item	10	
Title	HSCP Recovery and Renewal Programme	
Summary		
The purpose of this report is to update the Integration Joint Board on the HSCP Recovery and Renewal Programme.		
Presented by	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)	
Action Required		
Members of the Integration Joint Board are asked to note and comment on the progress of the HSCP Recovery and Renewal Programme.		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

25 September 2024

Report by Chief Officer

HSCP RECOVERY AND RENEWAL PROGRAMME

PURPOSE OF REPORT

1. The purpose of this report is to update the Integration Joint Board on the HSCP Recovery and Renewal Programme.

RECOMMENDATION

2. It is recommended that the Integration Joint Board note and comment on the progress of the HSCP Recovery and Renewal Programme.

BACKGROUND

3. At the March meeting of the IJB it was agreed that savings would only be reported through the revenue monitoring report to avoid duplication of information. The purpose of this paper is to focus on the progress of recovery and renewal projects and key areas of change.

REPORT

4. Since the last report to the IJB the programme has continued to progress. The information at Appendix 1 provides a detailed update on individual projects. At present there are 5 live projects; 4 recently completed projects; 1 planned and 1 future. By exception, the updates are detailed below.
5. **Case Recording Replacement System project** – following the contract award to The Access Group the project is now in the implementation phase. Significant engagement work has taken place with operational teams to inform the configuration of the new system. The first iteration of the system has been received with initial testing taking place.
6. The project is currently amber reflecting the time delay in accessing the test system due to IT connectivity issues. The project team are working to adjust the plan to ensure no impact to the go live date, however this uses the time contingency built into the project. User acceptance testing is scheduled to begin over the next few weeks.
7. **HSCP Transport Review (Phase 1)** – a brief piece of work was undertaken to review the current transport fleet across the HSCP. This has identified opportunities to make small changes which will bring operational benefits and may result in a small saving this financial year, subject to contract terms. Phase 1 provides the current position to inform the next stage of this project which ties in with wider work with our partners.
8. Whilst not yet listed as a project, the IJB should note that work has begun to review how we use our space within buildings now that we are in a “steady state” following the changes made as we emerged from the Covid pandemic.

CONSULTATION AND PARTNERSHIP WORKING

9. Representatives from staff, those who use our services, staffside and partner providers will continue to be invited onto projects as appropriate.

IMPLICATIONS OF THE PROPOSALS

Equalities

10. We will undertake Equality, Fairness and Rights Impact Assessments where required.
11. There are no specific legal, policy, workforce, infrastructure or risk implications arising as a result of this paper.

DIRECTIONS

12. There are no directions arising from this report.

CONCLUSIONS

13. The Recovery and Renewal Programme is continuing to progress and will be reported to future IJB meetings.

RECOMMENDATIONS

14. It is recommended that the Integration Joint Board note and comment on the progress of the Recovery and Renewal Programme.

REPORT AUTHOR AND PERSON TO CONTACT

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

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Chief Officer, IJB: Julie Murray

16 September 2024

BACKGROUND PAPERS

IJB Paper: 27 March 2024 – Item 8 Savings, Recovery and Renewal Programme

https://www.eastrenfrewshire.gov.uk/media/10168/IJB-Item-08-27-March-2024/pdf/IJB_Item_08_-_27_March_2024.pdf?m=1710509964907

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Appendix 1

Project Timelines and Summaries to IJB as at 09 September 2024

LIVE PROJECTS				
Project	Project Owner	Project Start Date	Project End Date	RAG Status
L1: Learning Disability Development	Tom Kelly	August 2022	December 2024	GREEN
L2: Case Recording System (CareFirst) Replacement	Lesley Bairden	April 2022	April 2025	AMBER
L3: Information Governance and Data Cleansing	Raymond Prior	November 2022	October 2024	AMBER
L4: Review of Commissioned Services	Margaret Phelps	November 2022	November 2026	GREEN
L5: Reliance Lone Worker Device roll-out	Mairi Clare Armstrong	August 2024	December 2024	AMBER

RECENTLY COMPLETED PROJECTS (LAST REPORTING PERIOD)			
Project	Project Owner	End date	Comments
C1: EMIS / Prescription Management Assistance	Mary Wilson	June 2024	Defined new processes put to put into place for the management of the prescription service. Short project, successfully completed. Intended outcomes all achieved.
C2: Supporting People Framework Set-up	Robert Price	March 2024	Now moved into operational phase. Project element completed.
C3: Care at Home Review Phase 2	Julie Murray	June 2024	Initial project work around scoping/set-up now complete. Work now transferred to service for significant service re-design
C4: HSCP Transport/Vehicle fleet review (Phase 1)	Lesley Bairden	August 2024	Report on scoping exercise and initial progress presented to Recovery & Renewal Programme Board/DMT in September as directed. Await go-ahead to commence Phase 2 as noted below.

PLANNED PROJECTS			
Project	Project Owner	Expected Start Date	Comments
P1: HSCP Transport and Vehicle Usage Review (Phase 2)	L. Bairden	September 2024	Next steps/follow up action from the ongoing review in Phase 1 as referred to above.

FUTURE PROJECTS			
Project	Project Owner	Expected Project Start Date	Comments
F1: Review of Telephony Systems	Mairi Clare Armstrong	TBA	Longer term project to review existing telephony and wider communications in conjunction with ERC IT Services

LIVE PROJECTS SUMMARIES	
Project Title	L1 – Learning Disability Development
Project Owner	Tom Kelly
Purpose - what do we want to achieve	<ul style="list-style-type: none"> To undertake an extensive review of our current approach to supporting those who use our Learning Disability support services and introduce a modern integrated service that puts the needs of those who use our services at the heart of what we do, whilst identifying viable and sustainable options for creating efficiencies in service provision. The project will encompass a review of the overnight support service ('sleepovers'), facilitating a fresh assessment of overall support needs, and looking at ways of utilising modern technology to provide personalised support alternatives, introducing less intrusive and more efficient methods of meeting assessed need and managing more successful and fulfilling outcomes. The project will also build upon the work carried out in relation to Phase 1 of the remobilisation of day opportunities following the enforced COVID-19 service suspension of these services. The review will provide the opportunity to assess how the reintroduction of both building based and outreach services can be individualised and provide a better fit with a modernised integrated Learning Disability support service.
Expected Outcomes – Non financial	<ul style="list-style-type: none"> Ensuring those that who use our learning disability service are supported and encouraged to thrive with enhanced day opportunities The creation of a modern, integrated and efficient support service
Expected Outcomes – financial	<p>Indicative savings are:</p> <ul style="list-style-type: none"> 2022/23: £200k (£29k not achieved) 2023/24: £300k (£217k achieved) 2024/25: £100k (£120k achieved)
Current Update	<ul style="list-style-type: none"> Workstream 1 closed due to savings target being achieved Delay in progress for overnight support reviews due to lack of resources and other issues within SOL. Consultation underway regarding the SOL framework rates. Exploration of alternative service provision is making progress. Progress on pool has been postponed indefinitely. Room booking system fully implemented and terms and conditions to be submitted to DMT for approval. Bank account transferred to VA for project accounts and ongoing consultation regarding spending and operation of projects. New workstream to be approved for re-model of sensory rooms in Thornliebank Resource Centre and the Barrhead Centre
Next Steps	<ul style="list-style-type: none"> Reviews will continue to be undertaken Training continues for Community Pathways Team for SSSC registrations Ongoing liaison with SOL Connect and partner provider regarding monitoring and future use Exploration of alternative solutions for replacing SOL Connect responder service.
RAG Status	GREEN
Timeline	18 August 2022 – 16 December 2024

Project Title	L2 - Case Recording System Replacement
Project Owner	Lesley Bairden
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • The HSCP Case Management solution is the mechanism by which HSCP staff record and capture information relating to those who use our services. • To procure and implement a new comprehensive case management solution for the recording and management of service user information and case recording within all aspects of Social Work managed by the HSCP
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • A system that can be accessed and updated from anywhere on any device • Lean and person-centred recording processes • Data as an asset- using data available to drive future service improvement
Expected Outcomes – financial	<p>Indicative savings are:</p> <ul style="list-style-type: none"> • 2024/25: £75k – will not be achieved until system implemented, alternatives identified • 2025/26: £75k – still expect to make this saving
Current Update	<ul style="list-style-type: none"> • The Access Group (TAG) has been awarded contract, which was signed on 14 March 2024. • Implementation phase of project now fully live. • Service configuration workshops now complete. This has created bespoke forms and workflows for each service (including Finance services), which are now being 'built' by TAG • Agreed joint comms on the implementation of the new system has been approved by IJB and distributed. • Project Team recruitment now fully completed for the project duration. • Concurrent work-streams now live in relation to data migration and training, following approval of schedules by the Project Board. • Workflow build testing now underway which will oversee all data and systems testing within the new solution. • Work on 'bulk deletion' of all records on CareFirst system no longer required in line with ERC data retention policy has been paused to allow for further consideration of requirement to retain historical records. • Liaison work continuing with Business Operations and Partnerships colleagues with regards to the simultaneous migration of related data contained within the Information at Work records management system. As with CareFirst records noted above, no permanent deletion will take place until further consideration of ongoing requirement of historical records. • Project RAG status moved to AMBER to allow re-alignment of project timescales negatively affected by 7/8 week delay caused by IT connectivity issues, now resolved. 'Go-live' date remains on track. • Social Work Practice sub-group, chaired by CSWO will continue to act as project assurance from a practitioner/system user perspective.
Next Steps	<ul style="list-style-type: none"> • Re-align project tasks timelines to mitigate delay referred to above delay. • Continue all implementation work around testing and interface development. • Complete staff training needs analysis and confirm training programme.
RAG	AMBER
Timeline	20 April 2022 – 30 April 2025

Project Title	L3: Information Governance and Data Cleansing
Project Owner	Raymond Prior
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • Implement a robust approach to information governance across the HSCP ensuring statutory duties are met • Embed good information governance practices into business-as-usual activity • Ensure staff have the training and information to manage associated risk accordingly • Fully prepared for a transition to a new case recording system and online collaboration tools such as One Drive
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • HSCP has a defined approach to information governance • HSCP processes are reviewed to ensure information governance requirements are adhered to • Reduced risks of data breaches and potential Information Commissioner fines
Expected Outcomes – financial	<ul style="list-style-type: none"> • There are no expected financial outcomes as a result of this project.
Current Update	<ul style="list-style-type: none"> • Review of physical files at Thornliebank is complete for all Teams except Finance (resource issue) • All files on CDs at Thornliebank are now catalogued • Review of both NHS and Council files at St Andrews Houses now complete • Review of access databases now complete • Progress with electronic files pending Board decision at meeting scheduled as below • Scanning of old Home Care Diaries into Information at Work system is now on hold due to staff shortage • Work in progress with updating Information Asset Register (IAR)
Next Steps	<ul style="list-style-type: none"> • Board Meeting scheduled for Monday 16 September 2024 seeking decision on electronic file deletion and ongoing scope • Complete review of physical finance files stored at EHCC and Thornliebank • Obtain script from database analysts for bulk deletion of identified client records on HSCP shared drive • Carry out bulk deletion of electronic files using script (to include: “scanned files” and clients files on shared drive) pending board decision • Agree action plan on Home Care Diaries • Continue to progress work on Record Management/IAR
RAG	AMBER
Timelines	16 November 2022 – 31 October 2024

Project Title	L4: Review of Commissioned Services
Project Owner	Margaret Phelps
Purpose - what do we want to achieve	<ul style="list-style-type: none"> To review a number of arrangements to ensure we are maximising all framework and contractual opportunities
Expected Outcomes – Non-financial	<ul style="list-style-type: none"> Resilience in local partnership working
Expected Outcomes – financial	<p>An indicative saving of:</p> <ul style="list-style-type: none"> 2022/23 - £75k (achieved) 2023/24 - £225k (£82k achieved) 2024/25 – £500k (£348k achieved to date)
Current Update	<ul style="list-style-type: none"> Reviews of grants are continuing.
Next Steps	<ul style="list-style-type: none"> Refocus of work streams considering Supporting People Framework has closed Continue with work around grant funding
RAG	GREEN
Timelines	November 2022 – November 2026

Project Title	L5: Reliance Lone Worker Device roll-out
Project Owner	Mairi-Clare Armstrong
Purpose - what do we want to achieve	<ul style="list-style-type: none"> Following the agreement on the new lone worker devices for relevant HSCP staff, and successful trial period carried out in spring 2024, this small short-term project will manage the scheduled roll-out of devices, and co-ordinate required training.
Expected Outcomes – Non financial	<ul style="list-style-type: none"> Greater health and safety assurance for staff in the field whose duties include lone working
Expected Outcomes – financial	<ul style="list-style-type: none"> Change in contractual arrangements expected to yield small saving. Details to be confirmed.
Current Updates	<ul style="list-style-type: none"> Date for commencement of roll-out planned for 15 September 2024 Devices ordered Workshop planned for Team leads
Next Steps	<ul style="list-style-type: none"> Take delivery of devices on 11 September 2024 Organise workshops for Team Leads Go live date targeted for 28 October 2024
Timelines	August 2024 – December 2024

PLANNED PROJECTS SUMMARY

Project Title	P1: HSCP Transport and Vehicle Usage Review (Phase 2)
Project Owner	Lesley Bairden
Purpose - what do we want to achieve	<ul style="list-style-type: none"> Work on this project is due to commence once approval is received from DMT on Phase 1 noted above which has reviewed the current vehicle fleet usage and will make recommendations on a new streamlined approach to vehicle usage in HSCP in conjunction with ERC wider review on vehicle fleet requirements
Expected Outcomes – Non financial	<ul style="list-style-type: none"> New plan in place for more efficient and carbon-aware use of HSCP vehicle fleet.
Expected Outcomes – financial	<ul style="list-style-type: none"> Savings target to be outlined in Benefits Tracker on commencement of the project
Next Steps	<ul style="list-style-type: none"> Receive approval from DMT/R&R Board for Phase 1 recommendations.
Timelines	To be agreed

FUTURE PROJECTS SUMMARY

Project Title	F1 – Review of Telephony Systems
Project Owner	Mairi-Clare Armstrong
Purpose - what do we want to achieve	<ul style="list-style-type: none"> Delivery of a unified telephony system that supports and enhances service delivery A telephony system that supports hybrid working and future technological developments Access to telephony and communications data reports
Expected Outcomes – Non financial	<ul style="list-style-type: none"> A modern, flexible telephony and communications system Technology that supports hybrid working and enables further integration across health and social care A solution that enables HSCP to provide a better experience for those who contact the partnership Access to data which enabling HSCP to understand telephony data, demands and trends that can be used to influence future service redesign
Expected Outcomes – financial	<ul style="list-style-type: none"> Potential savings not known at this stage
Next Steps	<ul style="list-style-type: none"> Present Project Mandate R&R Programme Board for consideration.
Timelines	To be agreed



<p>Meeting of East Renfrewshire Health and Social Care Partnership</p> <p>Held on</p>	<p>Integration Joint Board</p> <p>25 September 2024</p>
<p>Agenda Item</p>	<p>16</p>
<p>Title</p>	<p>IJB Strategic Risk Register Annual Update 2024</p>
<p>Summary</p> <p>This report provides the Integration Joint Board with the annual update on the IJB Strategic Risk Register.</p> <p>The risk register is reported to all Performance and Audit Committee meetings.</p>	
<p>Presented by</p>	<p>Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)</p>
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.</p>	
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input type="checkbox"/> Finance <input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Policy <input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Equalities <input type="checkbox"/> Fairer Scotland Duty</p>

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

25 September 2024

Report by Chief Financial Officer

IJB STRATEGIC RISK REGISTER ANNUAL UPDATE

PURPOSE OF REPORT

1. This report provides the Integration Joint Board with an update on the IJB Strategic Risk Register.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

BACKGROUND

3. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risks to make it a useful working document. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

Likelihood	Score								
Certain	4	Low (Green)	Medium (Yellow)	High (Red)	High (Red)				
Likely/probable	3	Low (Green)	Medium (Yellow)	Medium (Yellow)	High (Red)				
Possible/could happen	2	Low (Green)	Low (Green)	Medium (Yellow)	Medium (Yellow)				
Unlikely	1	Low (Green)	Low (Green)	Low (Green)	Low (Green)				
Impact		Minor	1	Significant	2	Serious	3	Major	4

4. In normal circumstances the policy states the tolerance for risk is as follows:

Risk Score	Overall rating
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

REPORT

5. The Performance and Audit Committee receive updates on the IJB Strategic Risk Register at each meeting. Any additions, deletions and changes to the register are reported to the Performance and Audit Committee detailing the reason for each change. A brief summary of the main changes since the Strategic Risk Register was last reported to the IJB in September 2023 are included in this report, however the full audit trail is detailed in the individual Performance and Audit Committee reports available online.

Summary of main changes

6. Since last reported to the Integration Joint Board in September 2023:-
 - All risk control measures have been reviewed and updated where necessary, as detailed within Performance and Audit Committee reports.
 - All risk scores have been reviewed, and whilst these may have fluctuated over the year, compared to the September 2023 IJB annual update, two risk scores have changed.
 - No new risks have been added, however one risk has been removed.

Workforce Planning and Change (reduction in scoring)

7. This score was reduced from 12 to 9 in March 2024 as the immediate staffing difficulties within mental health services improved slightly and interim arrangements are in place to mitigate risk, however current recruitment and retention challenges and the need for further redesign does present challenges and risks.

Analogue to Digital Switchover (reduction in scoring)

8. The score was reduced from 9 to 3 in September as replacement digital devices have been installed to our community alarm customers (c3000). Replacement alarms and call warden devices are still to be installed in sheltered housing properties within East Renfrewshire and we are supporting Housing with this. It is anticipated that this will be concluded by March 2025 at which point the risk will be removed.

Failures within IT System (risk removed)

9. This risk was removed in June 2024 as it was largely related to a particular issue which is currently stable. As IT elements are included within the wider Business Continuity risk, an individual IT risk was no longer required.

Red and significant risks

10. Risks which score between 11-16 and rated as High/Red/Unacceptable post mitigation and those which the Health and Social Care Partnership Management Team considers significant are brought to the attention of the Performance and Audit Committee by an 'exception report'.

11. Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economic climate and the cost and demand pressures the HSCP continues to face. Financial sustainability is also rated red within the independent auditors report on the 2023/24 annual report and accounts.

IMPLICATIONS

12. There are no implications arising as a result of this paper.

DIRECTIONS

13. There are no directions arising as a result of this paper.

CONCLUSIONS

14. The Integration Joint Board will continue to receive an annual update on the IJB Strategic Risk Register and Performance and Audit Committee will continue to review at each meeting.

RECOMMENDATIONS

15. The Integration Joint Board is asked to note and comment on the IJB Strategic Risk Register.

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
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0141 451 0746

9 September 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper: 27.09.2023: Strategic Risk Register Annual Report
https://www.eastrenfrewshire.gov.uk/media/9532/IJB-Item-12-27-September-2023/pdf/IJB_Item_12_-_27_September_2023.pdf?m=1694776724283

IJB Risk Management Policy and Strategy
https://www.eastrenfrewshire.gov.uk/media/9642/Risk-Policy-and-Strategy-Sept-22/pdf/IJB_Risk_Policy_and_Strategy_IJB_-_V2.1_Sep22.pdf?m=1696347600137

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 16.09.2024

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner	
					Risk Score	Overall rating				Likelihood (probability)	Impact (Severity)	Risk Score (LxI)		Likelihood (probability)
						11-16	HIGH							
						5-10	MEDIUM							
						1-4	LOW							
						L	I				L	I	LxI	
n/a	1	S	Death or significant harm to vulnerable individual											
			Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions. Consequences could include: - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage.	Supporting People Framework (eligibility criteria) in place. Social work and nursing professional leadership in place Operate within Clinical and Care Governance Framework ASP Quality Assurance Framework implemented and reported to APC Quality assurance of Adult Service Improvement Plans Senior Management rota for chairing ASP implemented Continual audit against compliance of MHO standards Professional supervision policy adopted for social work and social care staff. Review of rising demands and pressure points across health and care services. Rolling training programme.				Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk Fully implement ASP improvement plan Robust caseload management process will be prioritised 4 weekly, along with clinical supervision and child protection supervision to manage risk and ensure oversight of all caseloads	Ongoing 31/03/2025 Ongoing (Review 31/12/24)				Head of Adult Services / Chief Social Work Officer	
						3	3	9			2	3	6	

			Modified Universal pathway is in place to increase capacity within the HV team to manage caseloads and HV weekly staffing safety huddle in place to manage risk.										
n/a	2	S	Scottish Child Abuse Inquiry										
			Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care or long-term hospital care Possible increase in demand of access to records and potential claims against the Council as Inquiry work progresses	Adult Protection and Child Protection Committees sighted on issues. Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. Further information submitted in Jan-22. Key learning from S21 work shared with managers Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made. Chief Officer and Head of Service supporting NHSGGC Board in connection with Lennox Castle	3	3	9			3	3	9	Chief Social Work Officer
n/a	3	S	Child Protection, Adult protection and Multi-Agency Public Protection Arrangements										
			Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPA) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.	The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues. "Safe Together" model implemented in HSCP and rolled out across Council Regular reporting to COPP in place for adult, children and high risk offenders. Training programme reviewed and monthly ASP audits in place	2	4	8	Fully implement ASP improvement plan	31/03/2025	1	4	4	Chief Social Work Officer

4	C	<p>Financial Sustainability</p> <p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget and/or unable to meet demand pressures for statutory services. This is further impacted by the diminished earmarked reserves held.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies & savings.</p> <p>3) Unable to meet financial pressures within prescribing, including influence of GP prescribers, including demographic changes, economic and distribution factors.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation</p> <p>5) Financial risks relating to Covid-19 following cessation of support funding. For example staff cover in any service where an outbreak of the virus impacts on capacity. The longer term financial impact is unclear</p> <p>6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding.</p> <p>7) Diminished earmarked reserves meaning there is no flexibility to allow us to deal with prescribing and other cost volatility in any one year. We do have very specific reserves to support ringfenced activity only.</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress and operational cost pressures.</p> <p>Budget seminars are held with IJB Members.</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in various financial discussions with partners in relation to funding and budget contributions as well as financial recovery for 2023/24.</p> <p>Medium Term Financial Plan (latest revision June 2024) Regular monitoring, reporting and seminars ensure the IJB is aware of the most current factors.</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including areas such as prescribing, hosted services, savings challenges and cost pressures from service delivery.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGGC.</p> <p>Ongoing monitoring of wider economic factors and inflation impacts.</p>	3	4	12	<p>Monitor hosted service arrangements – ongoing and longer term.</p> <p>Monitor Medium Term Financial Plan for any significant changes</p> <p>Continue discussions with both partners in relation to funding and financial performance and service outcomes and focus on savings delivery.</p> <p>Implement actions from local prescribing action plan – new plan for 2024/25 includes local and GGC wide prescribing initiatives</p>	<p>31/03/2025</p> <p>31/03/2025</p> <p>Ongoing</p> <p>31/03/2025</p>	3	4	12	Chief Financial Officer
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n/a	5	S	<p>Failure of a Provider</p> <p>Risk of failure of a key care provider, including care home, care at home and other care providers due to significant care concerns financial instability, contractual status, staff recruitment and retention difficulties.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> - disruption to service delivery - requirement to implement contingency plans - impact on individuals and families with potential disruption to care arrangements 	<p>Care Home assurance group meets weekly.</p> <p>Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support.</p> <p>We work with the Care Inspectorate and third sector to ensure robust action plans for improvement are in place.</p> <p>Robust internal processes under ASP/Contract Monitoring and multi-agency procedures to focus on improvement and recovery.</p> <p>Where unavoidable we work with providers at risk to agree phased and managed approach to supporting service users, residents to access alternative safe care. .</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market. National Care Home Contract under negotiation</p> <p>We will work with the Scottish Government as part of national contingency planning in the event that providers indicate intention to withdraw from the national care home contract in the future</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p> <p>Daily safeguarding as part of LSI into Establishment E</p> <p>Revised strategic Commissioning plan developed (approved by IJB August 2023 and monitored through Strategic Planning Group)</p>	3	4	12	Increased monitoring by Commissioning and Contracts service and/or respective Heads of Service	Ongoing (Review-30/09/24)	3	3	9	Chief Financial Officer / Heads of Service
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6	C	Access to Primary Care										
		<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>GP Practice accommodation capacity shortfall to provide care to increased list sizes and accommodate PCIP staff</p> <p>Increased GP Practice workload due to increasing population and increased demand post pandemic</p>	<p>Support Practices to amend catchment areas where appropriate</p> <p>Working with practices / assisting with remote working to maximise premises capacity to enable them to extend primary care team.</p> <p>Support to Practices through use of GGC sustainability toolkit and escalation framework.</p> <p>NHSGGC Strategy for Primary Care launched 2024</p>	3	3	9	<p>Work with planning colleagues provide data to assist with LDP3 which includes developer contributions to mitigate for new housing and care home developments.</p> <p>Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Working with NHSGGC to support GP practice sustainability</p>	<p>Ongoing (reviewed Mar 24)</p> <p>Ongoing (reviewed Mar 24)</p> <p>Ongoing (reviewed Mar 24)</p>	3	2	6	Clinical Director
5.1	7	C	Increase in frail older population									
		<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>Unscheduled Care Delivery Plan approved by IJB in March-22.</p> <p>Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources.</p> <p>New front door model manages level of demand launched Summer 22 making significant positive impact on waiting list for assessment</p> <p>Talking Points diverting people to community resources and building own assets.</p>	4	3	12	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p>	Ongoing	3	3	9	Chief Officer HSCP

			<p>Project to support Care at Home redesign now live Supporting people framework implemented April 23 Monitoring includes analysis of waiting lists, admissions and incidents.</p> <p>Completed review of equipment requests – management oversight and monitoring in place</p>									
8	C	Workforce Planning and Change										
		<p>Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience.</p> <p>Risk of further reduction in workforce capacity due to factors such as morale, burnout, industrial action and covid</p>	<p>Workforce planning group in place and includes 3rd / independent sector reps</p> <p>HSCP management team actively review all requests to recruit in line with our workforce plan</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Savings, Recovery and Renewal Programme monitors spend and efficiencies</p> <p>HSCP 3 year Workforce Plan developed</p> <p>Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re-advertising vacant posts and close monitoring.</p> <p>HSCP Staff Wellbeing programme in place</p> <p>Business Continuity plans support critical service prioritisation where required and cover a range of events including possible industrial action.</p> <p>Interim MH workforce plan developed August 2023</p>	3	3	9	<p>Implement local mental health interim workforce plan</p> <p>Workforce Plan 2025-28 to be developed</p> <p>Strengthen reporting arrangements around all professional registrations.</p>	<p>31/12/2024</p> <p>30/04/2025</p>	2	3	6	<p>Chief Officer HSCP</p>

2.2	10	S	Increase in children & adults with additional support needs										
			<p>Increase in the number of children and adults with additional support requirements leading to a rise in demand which impacts on our ability to provide services</p>	<p>Transitions service and strategy in place Transitions is also included in R&R Programme Analysis of demographic changes and increased financial forecasting is enabling us to plan more effectively.</p> <p>Education Resource Group manage specialist resources and admission to specialist provision.</p> <p>Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.</p> <p>Supporting People Framework (eligibility criteria) developed and approved by IJB 29.03.2023. (Eligibility threshold increased to substantial/critical – Nov 2023)</p>	3	3	9	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p>	Ongoing	3	2	6	Chief Officer HSCP
n/a	11	C	In-House Care at Home Service										
			<p>Inability to deliver services to a level that meet current demand and /or meet all statutory requirements</p>	<p>Increased resource to support robust absence management.</p> <p>Scheduling system (Total Mobile) in place</p> <p>Work patterns realigned to maximise efficiencies.</p> <p>Programme Board in place to provide oversight of planned care at home redesign</p>	3	4	12	<p>Continued implementation of SPF via dedicated Reviewer resources</p> <p>Progress implementation of new practice model in line with organisational change</p> <p>Implement the in house structural redesign</p> <p>Implement local framework for externally purchased care</p>	<p>Ongoing</p> <p>Ongoing</p> <p>31/10/2024</p> <p>30/11/2024</p>	2	4	8	Chief Officer HSCP

13	C	BUSINESS CONTINUITY, COVID19 & RECOVERY												
		<p>The significant impact of an emergency crisis on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.</p>	<p>Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC & NHSGGC) response and recovery.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including Care Homes.</p> <p>Accommodation group oversees strategy and demand, both planned and unplanned ensuring continued service delivery, both day to day and in the event of an emergency.</p> <p>Annual assurance statement to IJB as Category 1 responder.</p> <p>Sufficient staff trained as incident loggists in the event of emergency</p> <p>Well established covid procedures are in place and can be escalated if necessary.</p> <p>Schedule of meetings with partner ICT BRMs in place to highlight and address intermittent and known ICT issues.</p> <p>Specific sender email addresses highlighted to ensure receipt of critical emails e.g. MAPPA</p>	3	3	9	<p>Identify additional staff to be trained to ensure sufficient trained Incident Officers and rest centre managers</p> <p>Complete transfer of Business Continuity Plans into new template</p> <p>Go live of the new Case Recording System (Mosaic) (Cloud based)</p>	31/10/2023	31/10/2024	31/03/2025	2	3	6	All Heads of Service
14	C	ANALOGUE TO DIGITAL SWITCHOVER												
		<p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p>	<p>Programme board established and full project team in place to take forward the transition from analogue to digital.</p> <p>HSCP Head of Service chairing programme board.</p> <p>Analogue to digital implementation plan.</p> <p>Digital ARC went live October 2022.</p> <p>Local Risk assessment group established summer 2023 which looks for solutions to and developing a contingency plan</p>	3	1	3	<p>Installation of alarms and call warden devices within remaining sheltered housing</p>	March 25			1	1	1	Head of Adult Services: Communities and Wellbeing