

Date: 12 November 2024
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TO: ALL MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
HYBRID MEETING – WEDNESDAY 20 NOVEMBER 2024**

You are requested to attend a meeting of the **East Renfrewshire Integration Joint Board** which will be held on **Wednesday, 20 November 2024 at 10.30 a.m.** in the Council Chamber, East Renfrewshire Council Headquarters, Eastwood Park, Rouken Glen Road, Giffnock, G46 6UG.

As this is a hybrid meeting, Committee Members can attend in person or via Microsoft Teams. The agenda of business is attached.

Yours faithfully

Councillor Katie Pragnell

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

Enc.

ACCESSING THE IJB MEETING AND ALTERNATIVE FORMATS OF MEETING PAPERS

For information on how to access the virtual meeting please email barry.tudhope@eastrenfrewshire.gov.uk or lesleyann.burns@eastrenfrewshire.gov.uk

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Wednesday 20 November 2024 at 10.30 a.m.
in East Renfrewshire Council Chamber, Council Headquarters, Eastwood Park,
Rouken Glen Road, Giffnock or via Microsoft Teams

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minutes of Previous Meeting held on 25 September 2024** (copy attached, pages 3 – 12).
- 4. Matters Arising** (copy attached, pages 13 – 14).
- 5. Rolling Action Log** (copy attached, pages 15 – 16).
- 6. Revenue Budget Monitoring Report 2024/25; position as at 30 September 2024** (copy attached, pages 17 – 36).
- 7. Charging for Services 2025/26** (copy attached, pages 37 – 48).
- 8. HSCP Strategic Plan 2025-28** (*copy to follow*).
- 9. Clinical and Care Governance Annual Report** (*copy to follow*).
- 10. Care at Home Redesign Project** (copy attached, pages 49 – 54).
- 11. Care Home Assurance Report 2024** (copy attached, pages 55 – End).
- 12. Presentation: Delayed Discharge Position**

NOT YET ENDORSED AS A CORRECT RECORD

Minute of Meeting of the East Renfrewshire Integration Joint Board held on Wednesday 25 September 2024 at 2.30 p.m. in the Council Chamber, East Renfrewshire Council Offices, Eastwood Park, Rouken Glen Road, Giffnock.

* = online attendance

Present

Councillor Katie Pragnell, East Renfrewshire Council (Chair)
Mehvish Ashraf, NHS Greater Glasgow and Clyde (Vice Chair)
Lesley Bairden, Chief Financial Officer (Integration Joint Board)
Councillor Caroline Bamforth, East Renfrewshire Council
Martin Cawley, NHS Greater Glasgow and Clyde*
Councillor Paul Edlin, East Renfrewshire Council
Dr Claire Fisher, Clinical Director (HSCP)*
Ruth Gallagher, Third Sector Representative
Annemarie Kennedy, Third Sector Representative
Andrew McCready, Staff Representative (NHS)*
Geoff Mohamed, Carers Representative
Julie Murray, Chief Officer, Integration Joint Board)
Councillor Owen O'Donnell, East Renfrewshire Council
Raymond Prior, Raymond Prior, Head of Children's Services and Justice (Chief Social Work Officer)

In Attendance

Lesleyann Burns, Assistant Democratic Services Officer, East Renfrewshire Council
Claire Coburn, Strategic Services Lead, East Renfrewshire Council
Karen Gordon, Information Systems Officer (HSCP)*
Tom Kelly, Head of Adult Services: Learning Disability and Recovery
Lee McLaughlin, Head of Adult Services: Communities and Wellbeing*
Margaret Phelps, Strategic Planning, Performance and Commissioning Manager
Gillian Phillips, Health Improvement Lead (HSCP)
Steven Reid, Policy, Planning and Performance Manager
Kirsty Ritchie, Senior Communications and Campaigns Officer, East Renfrewshire Council
Grace Scanlon, Ernst & Young*
Lynne Siddiqui, Community Rehabilitation Team Lead
Barry Tudhope, Democratic Services Manager
Dr Beatrix Von Wissmann, NHS Greater Glasgow and Clyde

Chair

Councillor Katie Pragnell in the Chair.

Apologies

Cath Cooney, NHS Greater Glasgow and Clyde
Diane Foy, NHS Greater Glasgow and Clyde
Julie Thomlinson, Chief Nurse (HSCP)
Catherine Lister, Staff Representative

1. WELCOME

1.1 The Chair welcomed everyone to the meeting of the Integration Joint Board.

2. DECLARATIONS OF INTEREST

2.1 There were no declaration of interest intimated.

3. MINUTES OF PREVIOUS MEETING: 14 AUGUST 2024

3.1 The Minute of the Meeting of the Integration Joint Board held on Wednesday 14 August 2024 was approved subject to the following amendments.

Paragraph 10.2 - remove “and leave immediately”.

Paragraph 10.5 - should read “Board members enquired whether the new service had affected the standard phlebotomy service. It was confirmed that Acute Hospital Phlebotomy Service in the community was unaffected as a separate service.”

4. MATTERS ARISING

4.1 The Integration Joint Board considered a report on matters arising from the discussion which took place at the IJB meeting on 14 August 2024.

4.2 The Chief Officer confirmed that the Audit Scotland Report on IJBs Finance and Performance would be considered by East Renfrewshire Council’s Audit and Scrutiny Committee on 26 September 2024.

4.3 The Integration Joint Board agreed to note the report.

5. ROLLING ACTION LOG

5.1 The Integration Joint Board considered a report from the Chief Officer detailing all ongoing actions and those that had been completed since the previous meeting of the Integration Joint Board on 14 August 2024.

5.2 The Chief Officer reported that in terms of Action 433, the summary version of the Adult Carers Strategy 2024-27 (Action 433) had been prepared and a web link would be issued soon. She also advised that in terms of Action 418, the new format of the Clinical and Care Governance Annual Report would be used for the report being presented in November 2024.

5.3 The Integration Joint Board agreed to note the report.

6. LOCAL CHILD POVERTY ACTION REPORT: YEAR 6

6.1 The Integration Joint Board considered a report by the Chief Officer on the Annual East Renfrewshire Local Child Poverty Action Report required by the Child Poverty Scotland Act 2017.

6.2 The Chief Officer highlighted that the report had been approved by East Renfrewshire Council at its meeting in June 2024. East Renfrewshire is the local authority with both the highest proportion of children and the lowest rates of child poverty in Scotland. The most recent data shows 3,247 (14%) children living in low-income households, which is a very slight decrease on the previous data (3,288/ 14.4%) but is still higher than the national target of 10% by 2030.

6.3 The Chief Officer also highlighted some of the key successes over the last year, including:

- Staff in health settings are increasingly referring families to money advice services.
- Families have been supported to manage over £2m worth of debt.
- Over 200 families have been supported with their fuel costs

- 6.4 She also highlighted some of the work to be undertaken in the coming year, including
- Tackling food insecurity.
 - Working with head teachers to reduce the cost of the school day.
 - Poverty Awareness Training will be developed and delivered to increase awareness of 'hidden poverty' and empower employees to signpost and refer families to support services.
- 6.5 Board Members thanked everyone involved the various workstreams and initiatives for the progress being made.
- 6.6 The Integration Joint Board agreed a) to note the Local Child Poverty Action Report; and b) approve the report for publication, subject to approval by NHS Greater Glasgow and Clyde Population Health and Wellbeing Committee.

7. CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2023/24

- 7.1 The Integration Joint Board considered the Chief Social Work Officer's Annual Report for 2023/24.
- 7.2 The report provided narrative of statutory social work and social care activity and outlined the current pressures being experienced across the service.
- 7.3 The Chief Social Work Officer highlighted that he was very proud of staff who had delivered services with trust, kindness and compassion during a very difficult year.
- 7.4 Board Members commented that in terms of Inclusive Family Support, it was good to see that advice and guidance was being given to fathers who do not have full-time care of their child, but want to be the best parent they can be.
- 7.5 Board Members enquired about timescales in terms of mental health assessments for financial wellbeing. It was highlighted that waiting times can be impacted by a number of factors such as treatments orders. Work is being done to grow Mental Health Officers in East Renfrewshire and there will be a focus on bringing waiting times down in the future.
- 7.6 Board Members also enquired about the purchase of foster care with the Chief Social Work Officer confirming that the service would always try to use their own foster carers but purchased foster care would be used if there wasn't anyone available or if there was a specific requirement for a child.
- 7.7 The Chair thanked the Chief Social Work Officer for his annual report and asked they he pass on the Board's thanks to the workforce for their continuing efforts in delivering quality services.
- 7.8 The Integration Joint Board agreed to approve the submission of the Chief Social Work Officer's Annual Report 2023/24 to the East Renfrewshire Council.

8. AUDITED ANNUAL REPORT AND ACCOUNTS

- 8.1 The Committee considered a report by the Chief Financial Officer, which provided an overview of the audited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2023 to 31 March 2024.
- 8.2 The Chair reported that the Performance and Audit Committee had dealt with this item at their meeting earlier in the day and sought confirmation from the Committee Chair that they were happy to remit the item to the IJB.
- 8.3 The Chief Financial Officer advised that the report confirms the position as presented by Ernst & Young and the work of the IJB's Chief Internal Auditor and confirms that the annual report and accounts for 2023/24 has an unqualified audit opinion and that we did not require to make any changes to the

financial statements. The audit work also confirms that we have met legislative requirements, we address best value and have appropriate governance in place.

- 8.4 The Chief Financial Officer highlighted that given 2023/24 was a difficult year on many levels for the IJB, particularly with the challenges of financial recovery, she was pleased with the result. However there are some difficult messages within the accounts and report and from the Ernst & Young audit as we have heard.
- 8.5 Paragraph 12 in the report summarises the key messages from Ernst & Young along with the Red, Amber or Green RAG rating and that whilst the financial statements, going concern, vision leadership and governance along with use of resources are all rated green there is one red and one amber.
- 8.6 She further highlighted that no changes were required to the financial statements however during the time period between the un-audited and final accounts there was a small change to the extended going concern accounting policy note on page 60 of the Auditor's report to reflect the extent of the challenge in the short term financial period to March 2026.
- 8.7 The Chief Financial Officer also highlighted that paragraph 17 of the cover report details the one recommendation made by Ernst & Young around financial planning and the HSCP's response. The main messages from the report and accounts remain unchanged from the position presented to the June meeting of the Committee and this is set out from paragraph 19 onwards.
- 8.8 She also highlighted that it remains no surprise that our financial recovery is the lead message for the year, both in the management commentary and in the governance statement. The challenges ahead recognise the scale of savings needed in 2024/25 and that the unachieved savings and operational pressures taken forward from 2023/24 must be resolved in 2024/25.
- 8.9 The IJB ended the year with an overspend of £4.7 million and this was funded through non-recurring support from both partners, £2.6 million from East Renfrewshire Council and £2.1 million from NHS Greater Glasgow Clyde.
- 8.10 Paragraph 24 of the report summarises the main variances to the budget, prior to the additional support and this is in line with reporting throughout the year.
- 8.11 The Chief Financial Officer highlighted that paragraphs 26 to 30 in the report give an overview of our reserves position and the most important point to note is that we are in breach of our own reserves policy; this states we should hold a general reserve at 2% of our budget. We have been in breach of this in prior years too.
- 8.12 The ring-fenced and earmarked reserves held are for specific purposes and commitments and have featured in recovery discussions with partners.
- 8.13 Board Members thanked the Chief Financial Officer and her team for their work and recognised the huge effort that goes in to an audit.
- 8.14 The Integration Joint Board agreed a) to approve the audited reports as remitted from the Performance and Audit Committee; b) authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB for submission to Audit Scotland; and c) note the summary overview of financial performance document for 2023/24 prior to the publication on the IJB website.

9. REVENUE BUDGET MONITORING REPORT 2024/25 POSITION AS AT 31 AUGUST 2024

- 9.1 The Integration Joint Board considered a report by the Chief Financial Officer on 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.
- 9.2 The Chief Financial Officer reported that the projected position to the end of the financial year shows an overspend of £1.687 million or just over 1% of the total budget. This is an increase in projected costs of £0.446m since the last report and paragraph 5 shows the 3 key reasons for this increase.

The table at paragraph 4 showed the projected overspend results from:

- £3.315m shortfall projected against savings plans
- £2.067m pension gain
- £0.439m operational pressures

- 9.3 Paragraph 12 of the report shows that the projected overspend against NHS funded activity remains driven by prescribing pressures and work is ongoing with the NHS GCC Central Prescribing Team to help identify any further savings opportunities in this area.
- 9.4 The Chief Financial Officer highlighted that work is still ongoing in terms of exploring any system wide or shared service options with some of our fellow HSCPs to try and get NHS costs within budget. The level of savings required directly correlates to the prescribing cost pressures.
- 9.5 The position against our social work and social care funded activity shows a projected underspend of £0.444 million after offsetting the expected savings shortfalls and operational pressures.
- 9.6 The table at paragraph 9 of the report shows a savings target of £7.892 against the social care budget for the year, despite needing at the time £5.913 million savings to balance the pressures as part of the budget
- 9.7 The report shows that 52% of savings have been achieved so far against the target and this equates to just over 62% of the minimum savings we required to break even at the point of setting the budget.
- 9.8 She further highlighted that the rationale for the planned over recovery was twofold:
- to ensure we have sufficient recurring savings by 2026/27 to allow for the impact when the non-recurring pension gain ends
 - flexibility to ensure any in-year shortfalls or changes to savings will be managed within the budget.
- 9.9 The £1.474 million shortfall in savings is summarised at paragraph 14 and £0.787m of this is from the supporting people framework. Given this is such a key element of our savings additional information is included at paragraphs 15 through 18.
- 9.10 The table at paragraph 16 shows the projected savings in the current financial year and also the full year impact we expect in 2025/26.
- 9.11 Part 1 of the table shows that savings achieved to date are £1.770m this year rising to £2.099m in a full year. When we add in the projected savings from the reviews completed and in progress, but not yet quantified along with modelled savings based on the calendar of reviews to March 2025 the current year projected savings for the current year increase to £2.773m.
- 9.12 When we compare this to the current year target of £4m we are £1.227m short however there are 2 new sources of funds available to us (as set out in paragraph 15) which offsets £0.44m against this saving in the current year. This means the reported shortfall in this report is £0.787m
- 9.13 When we look at the recurring saving projected, shown at part 2 in the table, you will see that by the start of the new financial year the full £4m saving should be in place.
- 9.14 The latest extracts from the dashboard show the progress to date and the timetable of reviews through to March. Colleagues are working hard and if possible we want to complete this work as early as possible. For illustration, if completed by the end of December this would increase the current year by around £0.2m.
- 9.15 The Chief Financial Officer confirmed that she would continue to monitor this and all savings as the year progresses and the detail is set out at a revamped Appendix 6.
- 9.16 The operational position by service is set out as usual with explanations for the main variances. It was highlighted that we still await the outcome of a revised Mental Health bundled funding to allow us

to assess the impact locally of the expected reduction in allocation. We will need to manage this with the overall programme of work and primarily the mental health action 15 programme.

- 9.17 We continue to look at every opportunity to reduce costs, particularly within our NHS funded activity to balance our pressures come year end.
- 9.18 The Board discussed the prescribing pressures in detail and highlighted that it would be useful to get further analysis around this if it was available. Concern was expressed regarding the campaign on prescribing and the impact this could have particularly on those with chronic pain. The Chief Officer confirmed that clinical decision would not be challenged and the campaign was about waste and raising awareness around costs. She highlighted examples of care at home staff finding boxes of medications in some people's homes
- 9.20 The Chief Financial Officer also confirmed that while this is a high level report, she will be happy to take any Board member through the savings in the report in detail and advised that savings are discussed in more detail at budget seminars.
- 9.21 The Integration Joint Board agreed to a) note the projected outturn for the 2024/25 revenue budget; and b) 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

10. HSCP RECOVERY AND RENEWAL PROGRAMME

- 10.1 The Integration Joint Board considered a report from the Chief Financial Officer regarding the progress of the HSCP Recovery and Renewal Programme.
- 10.2 The Chief Financial Officer indicated that this report would be presented to the Integration Joint Board whenever significant changes or developments occur, or on a routine basis every few months for updates.
- 10.3 The latest updates focused on the implementation of the new case recording system and initial efforts to assess transportation. Additionally, a review is being conducted on accommodation usage to better align services within our facilities.
- 10.4 Appendices to the report provided further details on the current status of each project.
- 10.5 The Integration Joint Board agreed to note the report.

11. CHARGING FOR SERVICES 2024/25 AND BEYOND

- 11.1 The Integration Joint Board considered a report by the Chief Financial Officer on an update on the recommendations from the Income Generation Short Life Working Group (IGSLWG) to confirm the previously agreed report to ERC Cabinet proposing an increase to existing charges for Community Alarms and for Bonnyton House along with preparation for implementing new charges for 2025/26.
- 11.2 The Chief Financial Officer pointed out that the report confirms the proposed increase in charges for the current year will be considered by the Council's Cabinet on 3 October 2024 and that a series of engagement events are being organised to take place throughout October, with a summary of activities included at paragraph 10 of the report.
- 11.3 She further emphasised that the engagement will centre on previously discussed proposals regarding the implementation of charges for non-residential care. All charges, both existing and new, are linked to individuals' ability to pay, which is determined through a financial assessment.
- 11.4 The risks and implications remain consistent with prior discussions, and the outcomes of the consultation and engagement will be reported to the Integration Joint Board (IJB) in November 2024. This will subsequently inform the proposals to the Council for setting charges for the 2025/26 period. Additionally, an equalities, fairness, and rights impact assessment will be shaped by the consultation and engagement process.

- 11.5 The Integration Joint Board agreed a) to note the update regarding the implementation of charges for non-residential care; b) to note that the previously agreed report for East Renfrewshire Council's Cabinet will be discussed on 3 October 2024, which proposes increases to the current charges for Community Alarms and Bonnyton House effective from 1 January 2025; c) to note the next steps for October 2024, focusing on communication and engagement in preparation for 2025/26; and d) to receive the proposed charging report for 2025/26 for the ERC Cabinet during a seminar scheduled for late October or early November 2024.

12. PRESENTATION: DELAYED DISCHARGE POSITION

- 12.1 The Integration Joint Board received a presentation from the Head of Adult Services: Wellbeing and Communities on delayed discharges.
- 12.2 It was highlighted that the East Renfrewshire Health and Social Care Partnership was ranked first nationally for standard delayed discharges. Between July and August, East Renfrewshire saw a 14% reduction in number of days people spent in hospital.
- 12.3 The Chief Officer informed the Board that discussions are still ongoing with the Cabinet Secretary for Health and Social Care and Councillor Kelly, the Health and Social Care spokesperson from the Convention of Scottish Local Authorities (COSLA), regarding delayed discharges.
- 13.4 The Integration Joint Board agreed to note the presentation and to receive a further update at the next meeting.

13. HSCP STRATEGIC PLAN UPDATE

- 13.1 The Integration Joint Board considered a report by the Chief Officer on the development of the revised HSCP Strategic Plan for 2025-28.
- 13.2 A range of planned engagement activities were outlined in the report and it was highlighted that a draft of the Strategic Plan will be presented to the Integration Joint Board in November 2024 prior to going out for consultation. There was discussion on how to capture digital enablement.
- 13.3 The Integration Joint Board agreed to note the report.

14. HSCP iMATTER 2024

- 14.1 The Integration Joint Board considered a report from the Chief Officer on the results of the Health and Social Care Partnership 2024 iMatter Survey.
- 14.2 The Chief Officer highlighted an increase in survey responses, although the employee engagement index showed a slight decline compared to last year. The feedback from employees was promising and will now be utilised to develop an Action / Improvement Plan approved by Senior Management and subsequently presented at the Joint Staff Forum for staff input and agreement.
- 14.3 Additionally, she emphasised that over the past year, the HSCP had published a series of articles in the HSCP Bulletin featuring IJB members to enhance understanding and awareness of their roles. She indicated that efforts will continue to collaborate with IJB members to promote awareness of their responsibilities.
- 14.4 The Integration Joint Board agreed to a) note the report and the positive feedback received from staff; b) note the necessary actions for improvement; and c) to participate in HSCP Bulletin communications to raise awareness of IJB members and their roles.

15. EAST RENFREWSHIRE HEALTH AND WELLBEING SURVEY AND NHS GCC DIRECTOR OF PUBLIC HEALTH WORKING TO STEM THE TIDE REPORT.

- 15.1 The Integration Joint Board received a comprehensive presentation.
- 15.2 It was suggested that arrangements be made for the presentation to be delivered at a future Community Planning Partnership Board meeting and that a session should be arranged for Elected Members prior to a Council meeting.

16. IJB STRATEGIC RISK REGISTER ANNUAL UPDATE 2024

- 16.1 The Integration Joint Board considered a report from the Chief Financial Officer regarding the Annual Strategic Risk Register.
- 16.2 The Chief Financial Officer noted that the Performance and Audit Committee examines the Risk Register at each of its meetings throughout the year.
- 16.3 Key changes over the year are outlined in paragraphs 6 to 9. Financial sustainability remains a red risk, before and after mitigation.
- 16.4 Earlier in the day, the Performance and Audit Committee was informed of the plan to review the Strategic Risk Register, including its relation to partner registers. This approach has been in place for several years, making it timely to reassess and update this strategic document.
- 16.5 The Integration Joint Board agreed to note the Strategic Risk Register.

17. IJB COMPLAINTS ANNUAL REPORT 2023/24

- 17.1 The Integration Joint Board considered a report from the Chief Financial Officer regarding IJB Complaints for the year 2023/24.
- 17.2 The Chief Financial Officer stated that the Integration Joint Board is obligated by the Scottish Public Services Ombudsman to publish an Annual Complaints Report.
- 17.3 She also pointed out that from 1 April 2023 to 31 March 31 2024, there were no complaints filed against the Integration Joint Board. We will continue to publish quarterly reports on the website and to present an annual report to the Integration Joint Board, in accordance with the mandatory reporting requirements established by the Scottish Public Services Ombudsman.
- 17.4 The Integration Joint Board acknowledged the report.

18. MEMBERSHIP OF PERFORMANCE AND AUDIT COMMITTEE

- 18.1 The Integration Joint Board considered a report from the Chief Officer requesting approval for the appointment of an NHS Voting Member to the East Renfrewshire Integration Joint Board, who would temporarily serve on the Performance and Audit Committee.
- 18.2 The Democratic Services Manager informed the Board that Martin Cawley had volunteered to join the Performance and Audit Committee and had participated in the meeting earlier that day.
- 18.3 The Integration Joint Board agreed that Martin Cawley would serve on the Performance and Audit Committee

19. CALENDAR OF MEETINGS 2025

- 19.1 The Integration Joint Board considered a report from the Chief Officer regarding proposed meeting dates for 2025.
- 19.2 The Democratic Services Manager presented the various meeting dates for the IJB and PAC throughout 2025 and informed the Board of a local resident's request to record the meetings. A copy of the resident's correspondence had been circulated prior to the meeting.
- 19.3 Following discussion the Integration Joint Board agreed a) to approve the proposed meeting dates for 2025; b) to hold future meetings in the Council Chamber whenever feasible; and c) to not record meetings and maintain the current practice where members of the public can request a Teams meeting link to attend virtually or observe meetings in person in the public gallery.

CHAIR



<p>Meeting of East Renfrewshire Health and Social Care Partnership</p> <p>Held on</p>	<p>Integration Joint Board</p> <p>20 November 2024</p>
<p>Agenda Item</p>	<p>4</p>
<p>Title</p>	<p>Matters Arising</p>
<p>Summary</p> <p>The purpose of this paper is to update Integration Joint Board members on progress regarding matters arising from the discussion which took place at the IJB meeting on 25 September 2024.</p>	
<p>Presented by</p>	<p>Julie Murray, Chief Officer</p>
<p>Action Required</p> <p>Integration Joint Board members are asked to note the report.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

20 November 2024

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To provide the Integration Joint Board with an update on progress regarding matters arising from the discussion that took place at the last IJB meeting where these are not included within other agenda items.

RECOMMENDATION

2. Integration Joint Board members are asked to note the report.

REPORT

Local Child Poverty Action Report (Year 6)

3. The report was approved by the NHS Greater Glasgow and Clyde Population Health and Wellbeing Committee on 22nd October 2024.

Chief Social Work Officer's Annual Report 2023-24

4. The report was approved at Council on 23rd October 2024.

Annual Audited Report and Accounts

5. The Annual Audited Report and Accounts was signed and submitted to Ernst & Young immediately following the Integration Joint Board on 25 September 2024.

RECOMMENDATIONS

6. Integration Joint Board members are asked to note the report.

REPORT AUTHOR AND PERSON TO CONTACT

IJB Chief Officer: Julie Murray
Julie.Murray@eastrenfrewshire.gov.uk

1 November 2024



<p>Meeting of East Renfrewshire Health and Social Care Partnership</p> <p>Held on</p>	<p>Integration Joint Board</p> <p>20 November 2024</p>
<p>Agenda Item</p>	<p>5</p>
<p>Title</p>	<p>Rolling Action Log</p>
<p>Summary</p> <p>The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting held on 25 September 2024.</p>	
<p>Presented by</p>	<p>Julie Murray, Chief Officer</p>
<p>Action Required</p> <p>Integration Joint Board members are asked to note progress.</p>	

Action No	Date	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
455	25-Sep-24	Audited Annual Report and Accounts	The Chair, Chief Officer and Chief Financial Officer should now accept and sign the annual report and accounts on behalf of the Integration Joint Board	CFO	CLOSED	Sep-24	Accounts signed and submitted to Ernst & Young 25.09.2024
454	25-Sep-24	Revenue Monitoring Report	Further detail around prescribing plan to be shared at future IJB Seminar	GCO	OPEN	Sep-24	This will be discussed at a budget seminar - date to be agreed for late January/early February
453	25-Sep-24	Charging for services 2024/25 any beyond	IJB seminar to discuss charging proposals and Cabinet paper to take place late October	CFO	CLOSED	Oct-24	Seminar took place on 28.10.2024 An update is included at item 7 of the November IJB agenda (20.11.2024)
452	25-Sep-24	HSCP iMatters 2024	New IJB members to be featured in HSCP staff bulletin	SCCO	CLOSED	Sep-24	An update on the changes to IJB membership was included in a staff bulletin and we are planning some additional features in the new year
451	25-Sep-24	Health and Wellbeing Survey & Director of Public Health Working to Stem the Tide Report	Make suggestion that the presentation also be delivered to Community Planning Board and Elected Members	GCO	CLOSED	Sep-24	Slides and contact details of presenters shared with groups for them to consider and progress as appropriate
450	25-Sep-24	Calendar of Meetings	The Board agreed proposed meeting dates - venues to be identified and diary invites issued	DSM	CLOSED	Oct-24	Invites for hybrid meetings have been issued to IJB members
433	31-Jan-24	10. East Renfrewshire Adult Carers Strategy 2024-2027	Easy read summary version of the strategy to be developed	HAS-C&W	OPEN	Nov-24	A summary version has been produced and a video is also being developed for the website
418	27-Sep-23	11. Clinical and Care Governance Annual Report	Consideration to be given to amending format of future Clinical and Care Governance Annual reports to include index and executive summary	CD	CLOSED	Sep-24	This has been included in the Clinical and Care Governance Annual 2023-24 at item 9 of the November IJB agenda (20.11.24)

Abbreviations

CCGC	Clinical and Care Governance Committee
IJB	Integration Joint Board
PAC	Performance and Audit Committee

CD	Clinical Director
CO	Chief Officer
CFO	Chief Financial Officer
CN	Chief Nurse
CSWO	Chief Social Work Officer
DSM	Democratic Service Manager

HAS - C&W	Head of Adult Services - Communities and Wellbeing
HAS - LD&R	Head of Adult Services - Learning Disability and Recovery
HRBP	HR Business Partner
PPPM	Policy, Planning & Performance Manager
SPPCM	Strategic Planning, Performance and Commissioning Manager
SCCO	Senior Communications and Campaigns Officer



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board								
Held on	20 November 2024								
Agenda Item	6								
Title	Revenue Budget Monitoring Report 2024/25; position as at 30 September 2024								
<p>Summary</p> <p>To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.</p>									
Presented by	Lesley Bairden, Chief Financial Officer								
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <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, approve the budget virement detailed at Appendix 7 									
<p>Directions</p> <p><input 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 checked="" type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input checked="" type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input type="checkbox"/> Workforce</td> <td><input type="checkbox"/> Infrastructure</td> </tr> <tr> <td><input type="checkbox"/> Equalities</td> <td><input type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk								
<input type="checkbox"/> Policy	<input type="checkbox"/> Legal								
<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure								
<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty								

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

20 November 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 30 September 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,
 - approve the budget virement detailed at Appendix 7.

BACKGROUND

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the third 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 £1.784 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	(1.473)	(2.253)	(3.726)
Pension Gain / Planned Over Recovery	2.067		2.067
Operational Pressures	0.119	(0.244)	(0.125)
Total (Over) / Under Spend Projected	0.713	(2.497)	(1.784)

5. This is an increase in the projected overspend of £0.097m since last reported and the changes are:
 - Health savings decrease of £0.412m
 - Operational pressures improvement of £0.315m
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. This funding is being spent over 2024/25 and 2025/26.

7. We continue to work with health board colleagues on our prescribing pressures. 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

8. The consolidated budget for 2024/25 and projected outturn position, shows a possible overspend of £1.784m against a full year budget of £163.319m (1.09%). As stated above this projected overspend results from both operational pressures but primarily savings shortfalls. Our current savings position is summarised:

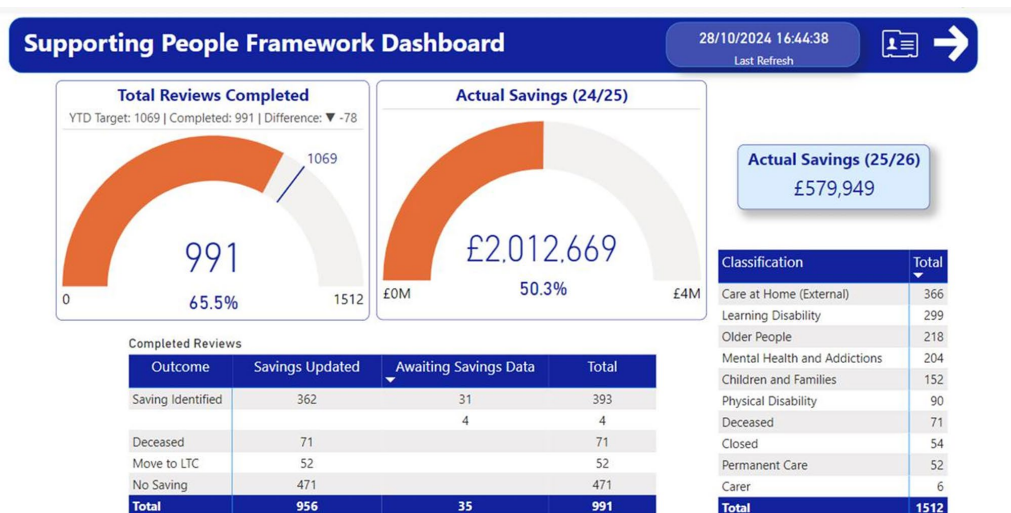
HSCP Savings 2024/25	ERC		NHS		Total	
	£m	%	£m	%	£m	%
Per Budget agreed March 2024						
Unfunded cost pressures (ie minimum needed)	5.913		3.904		9.817	
Savings target agreed per IJB budget	7.892		3.904		11.796	
Progress against savings target						
Delivered	4.882	61.9%	1.53	39.2%	6.412	54.4%
Detailed plans on track	1.155	14.64%	0.000	0.0%	1.155	9.8%
Further savings expected by March 2025	0.382	4.8%	0.121	3.1%	0.503	4.3%
Total	6.419	81.3%	1.651	42.3%	8.07	68.4%
(Shortfall) Against Target	(1.473)		(2.253)		(3.726)	
(Shortfall) / Over Against minimum saving needed	0.506		(2.253)		(1.747)	
Savings Delivered to date as a % of target		61.9%		39.2%		54.4%
Savings Delivered to date as a % of minimum		82.6%		39.2%		65.3%

9. 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.
10. We are projecting a shortfall against planned savings of £3.726m based on our latest projections. This is a reduction in the amount of savings for the current year of £0.411m since we last reported.
11. 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 a shortfall of £0.119m (a reduction of £0.377m)
 - £0.150m from a local programme of initiatives which remains estimated at £0.080m
12. This means we still need to find a further £2.253m to meet the health savings target in the current year. We are working on options to deliver further savings from redesign however recognise that we won't be able to achieve this in isolation and system wide and shared service solutions will be required.

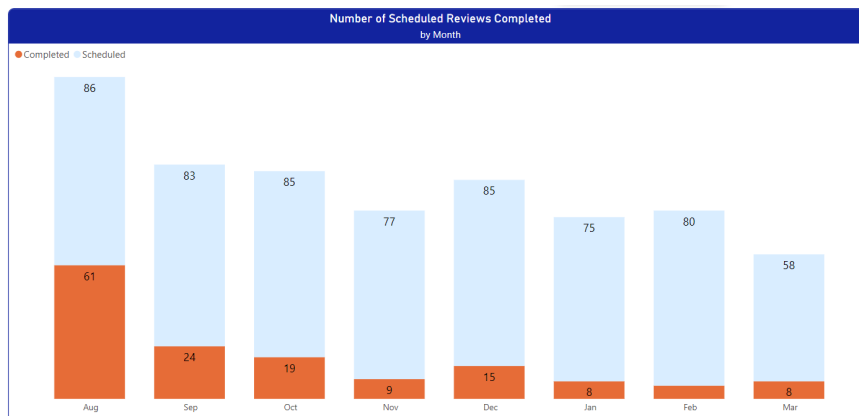
13. The ERC shortfall is £1.473m and the main components remain:
- £1.023m SPF within Care at Home (CAH) (a reduction of £0.355m)
 - £0.0355m over recovery SPF adults and childrens (an improvement of £0.523m)
 - £0.150m relating to restructuring of CAH, with work ongoing
 - £0.159m from changes to CAH framework contracts
 - £0.312m from a reduction in supplies and running cost budgets (a reduction of £0.050m)
 - £0.092m from income, in part due to a timing of the election
14. The Supporting People Framework is showing an overall projected shortfall of £0.668m in the current year and this is £0.119m better than the position last reported. 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.
15. It should be noted that the SPF savings are allocated against the main service within each care package, however the costs often relate to a number of services. There will be a realignment of budget as required for 2025/26.
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.

Supporting People Framework Summary	2024/25	2025/26	Total
	£m	£m	£m
Part 1. Current Projection			
Savings achieved to date as at 5 November	2.013	0.580	2.593
Reviews completed and being finalised	0.037	0.065	0.102
Reviews allocated not yet complete	0.127	0.218	0.345
Remaining reviews to be completed by March 2025	0.365	0.937	1.302
Direct Payment balances	0.350		0.350
Projected Savings	2.892	1.800	4.692
Savings Target	4.000		
Shortfall in 2024/25	(1.108)		
Offset by: Additional Funding applied in 2024/25	0.440		
Projected Shortfall 2024/25	(0.668)		
Part 2. Recurring Savings			
Projected savings as above	2.892	1.800	4.692
Remove non-recurring direct payment balances	(0.350)		(0.350)
Recurring Savings projected by 1 April 2025	2.542	1.800	4.342

17. The extracts from the SPF dashboard show that of the 1,512 expected reviews at the start of the year 991 (65.5%) are completed and 50.3% 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 30 September 2024 and allows for the latest intelligence.
23. **Children & Families and Public Protection £254k underspend;** this is an increase in projected costs of £46k since last reported, mainly from an increase in residential care placement costs, offset in part by further turnover. 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 £1,086k underspend;** this is reduction in projected costs of £513k since last reported and this is primarily within nursing and residential care based on our latest committed costs. We are still seeing turnover within community nursing services.
25. **Physical & Sensory Disability £259k overspend;** this remains due to our current cost of care commitments, however this is a decrease of £82k since last reported.
26. **Learning Disability Community Services £661k overspend;** this remains due to current care commitment costs, offset in part by ILF income. This is an increase in projected costs of £91k from additional care commitments.
27. **Learning Disability Inpatients £323k 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. Whilst this is a further £36k increase since last reported the recent (and planned) closure of the Netherton unit mitigates a worsening of this cost pressure in the current year.
28. **Intensive Services £956k 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 an increase in costs of £317k since last reported and relates to the SPF savings reduction of £404k and reduced operational costs of £87k.
29. A separate service redesign report for Care at Home is included elsewhere on the agenda and shows that if the redesign is completed by March 2025 this service should operate within budget.
30. **Recovery Services Mental Health & Addictions £91k underspend;** remains due to turnover and care costs. This is an increase of £58k since last reported mainly around an increase in care package commitments.

31. **Prescribing £2,706k overspend;** this is an increase in projected costs of £417k reflecting a reduction in savings and continued cost pressures. The table below summarised the current projection:

Prescribing Pressures Summary		£k
Pressures identified when budget was set		3,304
Savings identified when setting budget		
GGC wide programme		675
Local savings programme		150
Total savings from prescribing		825
Savings from other services		638
Savings gap at time of the budget		1,841
Savings shortfalls projected		
GGC wide programme		117
Local savings programme		70
Cost pressures		678
Overspend reported based on September		2,706

32. The savings and expected cost profile are based on four months of current year data, so still early in the cycle. The year to date position shows an overspend of £1.4m.
33. The savings now projected from system wide initiatives have changed across all HSCPs for modelled assumptions, particularly relating to the cost and full year impact apixiban. The NHS central team have advised the full year impact was overstated and that the cost of this drug has also increased, so whilst there is still a saving this is reduced from £7.5m to £4m across NHSGGC.
34. The £497k saving we are reporting locally, against the system wide target of £675k relates to:

Position as at 30 September	Saving			Number of Patients in Scope (76%)		
	Actual	Projected	Total	Completed	Pending	Total
	£k	£k	£k			
DOAC switch	127	8	135	348	114	462
Lidocaine Patches	145	2	147	539	90	629
Fostair switch	111	10	121	1,225	441	1,666
Sitagliptin	18	5	23	147	155	302
Braltus switch	10		10			
Polypharmacy Reviews	17	10	27			
PIIGlet	12	5	17			
Ad Hoc	44	19	63			
Care Homes	3	1	4			
Medication Support Service	10	1	11			
Total	497	61	558	2,259	800	3,059
				74%	26%	

35. When all initiatives are complete the focus of work will concentrate on waste avoidance including within care homes, de-prescribing and continued polypharmacy reviews. Patient numbers are included for specific drug switch initiatives and show that 24% of people are excluded from any switch from existing medication, so far based on reviews.

36. At its meeting in September IJB members requested information on the current top 10 drugs that are adding to cost pressures; the first table shows the NHSGGC wide top 10 along with the percentage that relates to East Renfrewshire; the second table shows the East Renfrewshire top 10 drug tariffs.

For the whole of NHSGGC			ER	East Renfrewshire HSCP		
		£k	%			£k
1	QUETIAPINE	518	4.9%	1	TERBINAFAINE	42
2	SALBUTAMOL	454	2.9%	2	ERYTHROMYCIN	36
3	TERBINAFAINE	394	10.7%	3	BUPRENORPHINE	26
4	ERYTHROMYCIN	353	10.2%	4	QUETIAPINE	26
5	HALOPERIDOL	348	7.3%	5	HALOPERIDOL	26
6	NICORANDIL	277	6.4%	6	MOMETASONE	19
7	BUPRENORPHINE	267	9.6%	7	NICORANDIL	18
8	EZETIMIBE	227	7.3%	8	EZETIMIBE	17
9	PREGABALIN	220	0.0%	9	ISPAGHULA HUSK	14
10	DIHYDROCODEINE	203	0.0%	10	SALBUTAMOL	13

37. The continued trend for this year shows that our volumes continue to increase by just over 3% compared to last year. Our average cost per item appears slightly down for the year so far at £11.58, compared to £11.69 in 2023/24.
38. Our Clinical Director continues to lead on the savings programmes and we continue to work with colleagues from the health board over the coming weeks to continue to look in depth at our position and how we compare to other HSCPs.
39. Whilst the additional savings to close the prescribing pressures will not be achieved from prescribing alone the balance of required savings is shown here as this is the driver.
40. **Finance & Resources £1,641k 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 £285k from savings adjustments. The key elements of the underspend remain:
- £2,067k pension gain underspend
Offset in part by
 - £464 HSCP wide costs including supernumerary posts, historic pension charges, additional HR and Communication costs, IT licences etc.
41. **Primary Care Improvement Plan, Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15;** whilst we have had information on funding allocations for 2024/25 we continue, locally and at a national level, to discuss the impact of funding reductions with the Scottish Government; we also await confirmation on the funding impact for the agenda for change pay award. For ADP and PCIP we expect to contain costs within the allocations, subject to pay changes.
42. For the Mental Health Outcomes bundled funding we now know the local impact, again subject to agenda for change impacts will be:
- Learning Disability Health Checks reduced by £24k across the whole programme, hosted by us (the East Renfrewshire element is £2k). This will need to be managed by use of the reserves until staffing can be reduced through turnover.
 - School Nursing is reduced by £10k and this will further impact on turnover, given that two posts are already being held here.

- Mental Health Action 15 is reduced by £31k and whilst this again will need to be contained through turnover along with a review of system wide activities.
43. For Multi-Disciplinary Teams we have been advised of a funding reduction of £131k and this will impact on staffing levels across teams and will need to be managed through any turnover that will arise. The Chief Officer has written to the Scottish Government advising of the impact.
 44. The financial impacts as we understand them have been factored into the financial position reported, recognising that our core budget may need to meet funding shortfalls until turnover can be achieved, if there is no change to funding. The usual appendices for these reports will be included in future reports once allocations are confirmed.

Other

45. 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.
46. The position reported is inclusive of the current year invest to save funding provided by the council, totalling £700k over a two year period.
47. 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.
48. The budget virement requests are included at Appendix 7 within this report.
49. 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 PROPOSALS

Finance

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

Risk

51. Maintaining service delivery whilst managing such a significant savings challenge remains our most significant risk.
52. 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
- The impact of reduction in funding from Scottish Government for ring-fenced initiatives

DIRECTIONS

53. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
54. The report reflects a projected overspend of £1.784m.
55. 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

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

CONCLUSIONS

57. The report reflects a projected overspend of £1.784m arising from savings shortfalls, pension gain / planned over recovery and operational pressures.
58. 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

59. 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,
 - approve the budget virement detailed at Appendix 7.

REPORT AUTHOR

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
lesley.bairden@eastrenfrewshire.gov.uk

10 November 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 25.09.2024 – Revenue Budget Monitoring Report
https://www.eastrenfrewshire.gov.uk/media/10774/IJB-Item-09-25-September-2024/pdf/IJB_Item_09_-_25_September_2024.pdf?m=1726753024803

Consolidated Monitoring Report

Projected Outturn Position as at 30th September 2024

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	13,161	12,907	254	1.93%
Public Protection - Criminal Justice	13	13	-	0.00%
Adult Localities Services				
Older People	29,783	28,697	1,086	3.65%
Physical & Sensory Disability	6,256	6,515	(259)	(4.14%)
Learning Disability - Community	21,633	22,294	(661)	(3.06%)
Learning Disability - Inpatients	10,366	10,689	(323)	(3.12%)
Augmentative and Alternative Communication	284	235	49	17.25%
Intensive Services	16,711	17,667	(956)	(5.72%)
Recovery Services - Mental Health	5,705	5,670	35	0.61%
Recovery Services - Addictions	2,170	2,114	56	2.58%
Family Health Services	30,133	30,133	-	0.00%
Prescribing	17,614	20,320	(2,706)	(15.36%)
Finance & Resources	9,490	7,849	1,641	17.29%
Net Expenditure	163,319	165,103	(1,784)	(1.09%)
Contribution to / (from) Reserve	-	-	-	
Net Expenditure	163,319	165,103	(1,784)	(1.09%)

Projected under / (overspend) by Partner	£'000
Health	(2,497)
Social Care	713
Projected Deficit	<u>(1,784)</u>

Council Monitoring Report

Projected Outturn Position as at 30th September 2024

Subjective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	28,524	28,457	67	0.23%
Property Costs	1,005	998	7	0.70%
Supplies & Services	2,291	3,388	(1,097)	(47.88%)
Transport Costs	320	328	(8)	(2.50%)
Third Party Payments	56,498	57,943	(1,445)	(2.56%)
Support Services	2,616	2,616	-	0.00%
Income	(18,460)	(21,649)	3,189	(17.28%)
Net Expenditure	72,794	72,081	713	0.98%

Contribution to / (from) Reserve	-		-	
Net Expenditure	72,794	72,081	713	0.98%

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	10,523	10,281	242	2.30%
Public Protection - Criminal Justice	13	13	-	0.00%
Adult Localities Services				
Older People	17,011	16,133	878	5.16%
Physical & Sensory Disability	5,526	5,785	(259)	(4.69%)
Learning Disability	14,977	15,827	(850)	(5.68%)
Intensive Services	15,639	16,595	(956)	(6.11%)
Recovery Services - Mental Health	1,717	1,843	(126)	(7.34%)
Recovery Services - Addictions	107	123	(16)	(14.95%)
Finance & Resources	7,281	5,481	1,800	24.72%
Net Expenditure	72,794	72,081	713	0.98%

Contribution to / (from) Reserve	-		-	
Net Expenditure	72,794	72,081	713	0.98%

Notes

NHS Monitoring Report

Projected Outturn Position as at 30th September 2024

Subjective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	26,823	25,810	1,013	3.78%
Non-pay Expenditure	53,625	57,231	(3,606)	(6.72%)
Resource Transfer/Social Care Fund	11,905	11,905	-	0.00%
Income	(1,828)	(1,924)	96	5.25%
Net Expenditure	90,525	93,022	(2,497)	(2.76%)

Contribution to / (from) Reserve	-		-	
Net Expenditure	90,525	93,022	(2,497)	(2.76%)

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Childrens Services	2,535	2,523	12	0.47%
Adult Community Services	9,364	9,156	208	2.22%
Learning Disability - Community	1,722	1,533	189	10.98%
Learning Disability - Inpatients	10,366	10,689	(323)	(3.12%)
Augmentative and Alternative Communication	284	235	49	17.25%
Family Health Services	30,133	30,133	-	0.00%
Prescribing	17,614	20,320	(2,706)	(15.36%)
Recovery Services - Mental Health	3,209	3,048	161	5.02%
Recovery Services - Addictions	1,502	1,430	72	4.79%
Finance & Resources	1,891	2,050	(159)	(8.41%)
Resource Transfer	11,905	11,905	-	0.00%
Net Expenditure	90,525	93,022	(2,497)	(2.76%)

Contribution to / (from) Reserve	-		-	
Net Expenditure	90,525	93,022	(2,497)	(2.76%)

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>

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Expected Revenue Budget Contributions per March 2024 Budget	84,640	72,794		157,434
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	72,794	-	163,319
Funding Outwith Revenue Contribution				
* Housing Aids & Adaptations		530		530
Set Aside Hospital Services Opening Budget	28,430			28,430
Total IJB Resources	118,955	73,324	-	192,279
Directions to Partners				
Revenue Budget	90,525	72,794	-	163,319
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	84,882	-	163,319
Housing Aids & Adaptations		530		530
Set Aside Hospital Services Budget	28,430			28,430
	106,867	85,412	-	192,279

1. Includes Social Care Fund, Cross Charges, COVID funding adjustments as well as 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 across 2024/25 and 2025/26
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 and mitigates funding reduction
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	
General Reserves				
East Renfrewshire Council	0		0	
NHSGCC	0		0	
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								Delivered from April by use of reserve whilst redesign developed.
Crisis Stabilisation	0.042	0.042			0.000								Residential funding initiative
Increase Turnover targets reflecting pause in recruitment	0.067	0.054			(0.013)		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)								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								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 post.
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.
Transport Strategy		0.010			0.010								Project has been scoped and will tie in with partners for longer term. Current year relates to release of 6 vehicles within Care at Home.
Grant Funded (Was partly SRR)	0.530	0.423	0.067		(0.040)								£224k from 10% reduction phase 1. £42k from cessation of Indep Sector post. Work continues to redesign and / or move to commissioned services for phase 2 with a number of partners.
VS/ER Phase 1	0.781	0.783			0.002								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								This is full year effect from 2023/24
Review of Connor Road (was SRR)	0.065	0.065			0.000								This is full year effect from 2023/24
Total Green Savings	2.142	2.028	0.067	0.000	(0.047)		0.553	0.585	0.000	0.000	0.032		

2024/25 Saving £m	ERC TARGET	Delivered	Detailed Plans on track	Further Expected	Possible Over / (Under) Recovery	RAG	NHS TARGET	Delivered	Detailed Plans on track	Further Expected	Possible Over / (Under) Recovery	RAG	Notes
Summer play schemes / activity	0.075	0.075			0.000	Amber							Proposed redesign and outsource activity ongoing to ensure full recurring saving.
VS/ER Work up Phase 2	0.300	0.237		0.063	0.000	Amber							Work ongoing to manage through turnover and known changes so that VR will be restricted to service specific redesign. A further £47k in 2025/26 from current changes and further service redesign work continues.
CaH external - price efficiency	0.300	0.071		0.070	(0.159)	Amber							Work is ongoing to move to local framework and optimise available options.
Adult Planning & Service Redesign						Amber	0.071	0.036			(0.035)	Amber	1.00 FTE vacancy being held. Aim to manage balance through further vacancies / redeployment.
Care at Home Review Phase 2 (Was SRR)	0.150				(0.150)	Red							Service redesign work ongoing. Service still seeing significant cost pressures. Part year impact will be minimal - expect full recurring saving in 2025/26.
CaH external - application of SPF	1.700	0.677			(1.023)	Red							Shortfall here but expect over-recovery in adults below for recurring saving
Supporting People Framework	2.300	1.567	1.088		0.355	Red							Includes FYE from 2023/24 (£293k) and funding gains (£440k). Further £580k in 2025/26 from reviews so far with a recurring full year effect meeting the total target of £4m.
Top slice supplies budgets 20%	0.480	0.168			(0.312)	Red	0.440	0.392			(0.048)	Red	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)	Red					0.000	Amber	Look at as part of accommodation strategy including recovery hub, will now impact 2025/26.
Prescribing GGC wide programme					0.000	Red	0.675	0.497		0.061	(0.117)	Red	GGC wide programme of savings with stretch targets deemed achievable
Prescribing - local programme						Red	0.150	0.020		0.060	(0.070)	Red	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)	Red							This saving dropped as a stand alone but the principles are included in care packages and SPF reviews.
Income / Charging for Services	0.200	0.058		0.050	(0.092)	Red							In-year changes to charging will commence January 2025. Income so far from property (£17k) and inflation to existing (£41k).
Review Council Support Costs Charges	0.200			0.200	0.000	Red							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						Red	2.015				(2.015)	Red	Work ongoing to identify options
Wider review of all accommodation					0.000	Red					0.000	Amber	Project ongoing to revisit current use and long term strategy of all properties
Total Amber and Red Savings	5.750	2.853	1.088	0.383	(1.426)		3.351	0.945	0.000	0.121	(2.285)		
Total Green Savings (App 6a)	2.142	2.028	0.067	0.000	(0.047)		0.553	0.585	0.000	0.000	0.032		
Total All Savings (6a and 6b)	7.892	4.881	1.155	0.383	(1.473)		3.904	1.530	0.000	0.121	(2.253)		

Subjective Analysis	2024/25 Budget Virement				
	P5 Budget £'000	(1) £	(2) £	2024/25 Budget £'000	Total Virement £'000
Employee Costs	28,487	38	(1)	28,524	37
Property Costs	1,003		2	1,005	2
Supplies & Services	2,292		(1)	2,291	(1)
Transport Costs	319			319	-
Third Party Payments	56,537	(38)	(1)	56,498	(39)
Support Services	2,616			2,616	-
Income	(18,461)		1	(18,460)	1
Net Expenditure	72,793	-	-	72,793	-

Objective Analysis	2024/25 Budget Virement				
	P5 Budget £'000	(1) £	(2) £	2024/25 Budget £'000	Total Virement £'000
Public Protection - Children & Families	10,560	(37)		10,523	(37)
Public Protection - Criminal Justice	13			13	-
Adult Health - Localities Services					
Older People	17,244	(233)		17,011	(233)
Physical & Sensory Disability	5,547	(21)		5,526	(21)
Learning Disability	15,101	(124)		14,977	(124)
Adult Health - Intensive Services	15,639			15,639	-
Recovery Services - Mental Health	1,856	(139)		1,717	(139)
Recovery Services - Addictions	154	(47)		107	(47)
Finance & Resources	6,679	601		7,280	601
Net Expenditure	72,793	-	-	72,793	-

Note:

1. Savings Allocations adjusted as actions realised
2. Realigning budgets to reflect activity (minor changes across budget headings)

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	



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	20 November 2024
Agenda Item	7
Title	Charging for Services 2025/26
<p>Summary</p> <p>To provide the Integration Joint Board (IJB) with an update on the proposed charging for 2025/26 including extending the scope for charging for non-residential services.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • note the update on the implementation of charging for non-residential care • recommend the proposed charges for 2025/26 to be considered by ERC Cabinet on 5 December 	
<p>Directions</p> <p><input 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 checked="" type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Workforce</p> <p><input checked="" type="checkbox"/> Equalities</p> <p><input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

20 November 2024

Report by Chief Financial Officer

Charging for Services 2025/26

PURPOSE OF REPORT

1. To provide the Integration Joint Board with an update on the work to date on progressing charges for 2025/26 and in particular the proposed approach to introducing charges for non-residential care and support.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - note the update on the implementation of charging for non-residential care
 - recommend the proposed charges for 2025/26 to be considered by ERC Cabinet on 5 December

BACKGROUND

3. The Income Generation Short Life Working Group (IGSLWG) was set up to explore the implementation of wider charging for non-residential care.
4. Members of the IJB will recall the previously agreed increases to existing charges this year, approved by ERC Cabinet on 3 October:
 - Community Alarms to £4.90 per week, increased from £3.25
 - Bonnyton House to £960 per week, increased from £912.80
5. The increase in this financial year will come into effect on 1 January 2025.
6. The IJB will also recall the previous report discussed at the September meeting where a programme of engagement and communication was agreed for October.
7. ERC Cabinet will consider the proposal for inflation and all other increases and any new charges at its meeting on 5 December 2024. This is an annual meeting where charges across all council services are considered and per legislation, the Council has the statutory duty to set charges for the HSCP.
8. All charges are linked to the ability to pay and this is confirmed through financial assessment. There is a risk that some people may choose not to engage in this process and potentially pay the full cost of care, or withdraw from engagement with the HSCP. Given the East Renfrewshire population dynamic some people may opt to engage in private arrangements entirely.

9. All charging proposals are supported by our charging policy. This aligns with the “COSLA NATIONAL STRATEGY & GUIDANCE; Charges Applying to Social Care Support for people at home 2024/2025 guidance” which provides a recognised framework.

REPORT

10. The focus of this report is to provide an update from engagement work to date for the proposed introduction of charging for non-residential care and support. The report asks the IJB to recommend this, along with increases to existing charges for the council Cabinet to consider for 2025/26.
11. At the time of writing four engagement events have taken place on 22 and 23 October; two in-person events during the day at Barrhead and Thornliebank and two online sessions on the evening of each date. Around 225 people attended with robust discussion and a range of views. Appendix 1 to this report provides a summary of the feedback, grouped into themes.
12. Further engagement events are planned and a questionnaire has been issued to attendees who wished to engage further to allow additional information to be support the equalities fairness and rights impact assessment; this will be included in the report to ERC Cabinet.
13. The Frequently Asked Questions (FAQ) continues to be revised reflecting questions raised.
14. A local petition has also been set up in relation to the proposed charging for non-residential care and support.
15. Since the IJB last met the UK budget has been announced and whilst the indications are that some funding may flow through to health and social care in Scotland the impact is not yet known.
16. The Scottish Government budget announcement is expected on 4 December 2024 (the day before ERC Cabinet will be asked to take the decision on charges for the coming financial year) and whilst it will take time for the details of the Scottish Government budget to be analysed the initial announcement should indicate whether there are any significant changes to council funding. The supporting local government circular is expected around the 12th of December and this will provide initial information on funding allocations.
17. Given the financial challenges facing the HSCP, and despite some uncertainty as above, the IJB is asked to recommend, albeit recognising this is a reluctant decision, to ERC Cabinet to introduce the charges as previously discussed for non-residential care.
18. The proposed charges for 2025/26 are therefore:

Service	2024/25	2025/26					
	Current Charge	2.3% Inflation	Other Increases	Rounding	Proposed Charge	Increase	
	£	£	£	£	£	£	%
Community Alarms (per week)*	4.9	0.11	1.22	0.07	6.30	1.40	29%
Lunch Club meals	5.75	0.13		0.02	5.90	0.15	3%
Room Hire (per day)	8.15	0.19	4.075	0.59	13.00	4.85	60%
Blue Badges (per application)	20				20.00	0.00	0%
Bonnyton Residential Care (per week)*	912.8	20.99	45.64	0.07	979.50	66.70	7%
Inclusive Support Holiday Programme (per day)	44.6	1.03	2.23	0.04	47.90	3.30	7%
Proposed Charge for Care & Support (per hour)			20		20.00	20.00	100%
* Charge as at 1 January 2025							

19. The year on year increases are based on a 2.3% inflation increase, set by ERC as part of the annual process for reviewing charges. The rationale for the other changes is set out below.
20. Community Alarms shows a £1.22 increase and this reflects the additional cost to the HSCP from the changes away from analogue phone lines and equipment to digital. This is part of a national change. This means whilst additional income of c£41k will be generated from this increase there will be an equal cost increase to the HSCP. This element will therefore not generate additional income.
21. Lunch club meals are a long standing arrangement where meals are prepared within school kitchens and provided to community lunch clubs. The HSCP is the conduit where the catering costs are charged to and receipts of income are received. This is cost neutral to the HSCP.
22. As previously discussed room hire was set up as a nominal charge as the focus of our buildings was very much predicated on service and community use, not as a commercial venture in any way. Given this is a very low level contribution a 50% increase above inflation is proposed and in some cases there will be a relationship with grant funded activity that will need to be considered.
23. The fee for Blue Badge applications and administration is set nationally.
24. For Bonnyton House an increase of 5% above inflation is proposed to gradually increase fees closer to the costs of the service. IJB members will recall a 5% increase for part of 2024/25 becomes effective on 1 January 2025.
25. The inclusive support holiday programme has also been increased by 5% above inflation using the same rationale. The delivery model for this service is under review.
26. The expected increase in income for the existing charges, net of the additional £41k of costs for community alarms, is £166k for the year.
27. The proposed charge for care and support is set at £20 per hour and this is a contribution towards direct costs. The actual income that will be generated will depend on the actual financial assessments that would be required; the income target for 2025/26 is set at £1.5 million.

28. The ability to pay the any of the charges above, including the proposed charge for care and support is based on the ability to pay. A financial assessment looks at all income the person has, allows for a range of deductions recognising the costs of living incurred, identifies a “disposable amount” left over and then applies a taper to that disposable amount. A taper is used to determine the percentage of the disposable income the person should keep and the percentage that should go towards paying for their care. The IJB previously agreed the proposed taper should be set at 60% and this will be reflected in the supporting policy that will also be included in the report to the council Cabinet on 4 December.
29. This financial assessment will allow a calculation to show the maximum amount someone would pay towards the cost of their care. It is important that we identify an appropriate cap – a level which should not be exceeded – to ensure that those with the most complex needs, whose cost of care is normally higher, are not disproportionately disadvantaged.
30. There will also be certain circumstances where it is not appropriate to charge for a service and the existing Charging Policy for the IJB sets this out.

CONSULTATION AND PARTNERSHIP WORKING

31. The engagement activity will help inform the final report to ERC Cabinet and in particular the Equalities, Fairness and Rights impact assessment.
32. The Chief Financial Officer has consulted with our partners and will continue to work in partnership with colleagues to develop and implement the expansion of non-residential charging, preparing for 2025/26 and subject to ERC Cabinet decisions.

IMPLICATIONS OF THE PROPOSALS

Finance

33. The likely income level from non-residential charging will continue to be assessed as the work develops and the savings target for income is currently assumed at £1.5 million for 2025/26.
34. The income that would be realised from the increases to existing charges is expected to be £0.166 million.
35. Consideration needs to be given to the treatment of bad debt and any non-payment for services provided. Under the current arrangements the Chief Officer and Chief Financial Officer have the delegated authority to write off bad debt, although to date this has not been required at any material level.

Risk

36. If charging for non-residential services is not implemented then additional savings will be required to meet the targets required in 2025/26 and beyond.
37. The IJB recognises there will be cumulative impacts on individuals as a result of implementing new charges for non-residential care on top of other changes to care packages.

38. We may see a retraction from use of or engagement with statutory services.
39. There may be conflicts with Scottish Government policy intentions.
40. Managing the expectations of the people we support and their families may result in reputational damage. As reported above a petition has been launched in relation to the proposed introduction of charges for non-residential care.

Workforce

41. As previously reported there will be additional work involved relating to setting up and operating the processes for charging for services. This will need to be considered alongside the system and process changes resulting from the implementation of a new case recording system (MOSAIC) and associated finance module. The council is supporting the IJB with “invest to save” funding for a post to support the implementation of non-residential charging for a 12 month period.
42. It is hoped that some of the new work may be contained through the introduction of new processes for existing workflows. As we work towards implementation of the Mosaic system this will become clearer.
43. We need to assess the ongoing impact to other Council services and in particular the Money Advice and Rights Team (MART) and Debtors teams and the HSCP are in dialogue with colleagues.

Equalities

44. We will complete an equalities, fairness and rights impact assessment relating to the charging proposals following engagement with key stakeholders.
45. Engagement and communication needs to be mindful of multiple impacts on any group or individual following Supporting People reviews and / or other service changes.

DIRECTIONS

46. There are no specific directions at this time.

CONCLUSIONS

47. The previously proposed in-year increases for 2024/25 for Community Alarms and for Bonnyton House were subsequently agreed by ERC Cabinet on 3 October 2024.
48. A report, reflecting the recommendations from the IJB will be taken to ERC Cabinet on 4 December 2024 reflecting the position set out above, subject to any IJB revisions to the recommendations.

RECOMMENDATIONS

49. The Integration Joint Board is asked to:
 - note the update on the implementation of charging for non-residential care
 - recommend the proposed charges for 2025/26 to be considered by ERC Cabinet on 5 December

REPORT AUTHOR

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

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8 November 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 25.09.2024 – Charging for Services 2024/25 and beyond

https://www.eastrenfrewshire.gov.uk/media/10723/IJB-Item-11-26-September-2024/pdf/IJB_Item_11_-_26_September_2024.pdf?m=1726591566693

IJB 16.08.2024 – Charging for Services 2024/25 and beyond

https://www.eastrenfrewshire.gov.uk/media/10593/IJB-Item-13-14-August-2024/pdf/IJB_Item_13_14_August_2024.pdf?m=1722614081173

Proposal to introduce charging for non-residential care Summary of information events on 22 & 23 October 2024

Overview

The East Renfrewshire Health and Social Care Partnership (HSCP) hosted four information sessions (two in-person and two online) with people in receipt of a care package, their carers and family members on 22 & 23 October. People were invited to these events via a letter which was sent to all residents in receipt of a care package.

Around 225 people attended to hear about the proposals and share their views.

Two events were hosted by Raymond Prior, Chief Social Work Officer and two hosted by Tom Kelly, Head of Adult Services: Learning Disability and Recovery. Raymond and Tom were joined by HSCP Senior Social Work Manager, SDS Implementation Lead, Carers Lead and Finance Manager. A range of staff were present in order to be able to provide answers to a range of questions.

This summary provides an overview of the main themes, questions and concerns raised by attendees. It also outlines points raised that the HSCP has committed to investigating further and agreed actions.

A full FAQ document will follow. It will be shared by email to those that provided their email address for this purpose.

General feedback

- People are angry that the most vulnerable/people with disabilities, are once again being asked to fund the council's "black hole"
- There was a lot of comparisons made to the estimated saving and the spend on other council projects – attendees were upset that these projects were happening while charging was being proposed, particularly the council office renovations and bike lanes. A number of people also raised the amount of funding for schools v vulnerable people
- There is anger that this policy will strip older people of their dignity, and money. From people who have worked hard all their lives. Community Alarms costs just went up massively – when will it be enough
- It was highlighted that young adults with autism and other challenges have a low quality of life as it is. Very often their mental health is so poor and they're in burnout and unable to keep up personal care, so these proposals are life changing to real people
- People are worried that those who need social supports will become isolated
- There were concerns raised around some people paying and others not, making it an unfair system
- People wanted to know if other sources of income had been considered and they challenged the Council to reconsider these plans
- There was frustration about this happening right after people have had assessments and already had their care reduced
- While it was accepted that other areas charge for these services and the HSCP was applying the law, people told us that they feel this is discriminatory towards people requiring social care and the fact other HSCPs do this, does not excuse you doing it now

- People were upset that the decision to introduce charges had been made and this wasn't a true consultation
- People are concerned that £1.5m split between 600-1000 people is a lot of money for such a small number of people, all of whom are vulnerable
- There was anger around the short notice of the events and the way in which people were invited
- Some questioned the timing of this when the Scottish Government want to remove these charges in this term of parliament
- People asked why Elected Members who make these decisions weren't at the event to listen to people impacted directly
- Following these events [a change.org petition](#) has been set up – *"We propose that the money should be found from outwith the Health and Social Care budget."*

Clarifying the proposals

- It was questioned whether it is in line with SDS guidelines for any kind of charging to take place. Our SDS reassured those present that it must be and all legislation and guidance will be followed
- There were other questions about SDS such as whether the policy would apply to care paid directly to providers and it was clarified that it would
- It was asked, for a young disabled adult who cannot work, what is their 'income' expected to be made up of? Officers explained benefits are included as income
- People wanted to understand if it was individuals or household income that would be assessed. Officers advised it would be the individual only except when it made sense to do otherwise, such as in the instance of a couple sharing care
- There were questions around care that is supplied by a provider, not the HSCP. It was clarified that the policy would not look at who provides the care, but who funds it. Attendees were also reassured the policy's aim was not to reduce care, but to charge for the applicable elements of care
- People who do not have a named social worker had concerns about how this would work but social work managers were able to provide clarity for individual situations
- There was the request to define what constitutes as personal care. Staff took the time to explain this and this link to the relevant section of the legislation was shared in the chat box during the online events - <https://www.legislation.gov.uk/asp/2002/5/schedule/1>
- The definition of disposable income was also a featured topic. This was discussed and the [minimum income guarantee](#) set by the Scottish Government was highlighted. This has been set to ensure everyone in Scotland could secure a minimum acceptable standard of living and this would be included as expenditure in the financial assessment
- People were interested how the "ability to pay" will be determined and asked if disabled people would be forced to use savings similar to older people in care homes. Our finance manager outlined the proposed process but clarified a lot of detail could not be shared as this was still a proposal and processes would be determined if the policy is approved
- There were lots of questions around the proposed £20 per hour charge as people did not understand where the figure had come from. Staff explained this is not set in stone but it had been used in the modelling as it is less than our cheapest provider
- People asked if there will be an appeals process to the financial assessment and it was clarified there would be

Impact on carers

- Many of those present are family carers, there to advocate for their loved ones

- People raised concerns about the stress this is putting on carers and question if £1.5m (a “drop in the ocean for the council”) was really worth this
- Concerns it will actually end up costing the HSCP/council more money as it will be the last straw for carers who may “hand over” care of their loved one to the authority
- People expressed disappointment and frustration that carers/parents weren't involved sooner, for example as part of the IGSLWG
- There are lots of pressures and demands on parent carers. They expressed that short notice of these sessions shows no care for them or genuine desire for their input
- Some carers feel their finances have already taken a hit due to SPF as they are already paying for services they believe are critical for their loved one – such as feeding and repositioning - that SPF did not categorise as critical or substantial so this is creating another wave of anxiety around finances
- It was raised that this policy will push carers into poverty and depression and asked what was being done to combat this
- Carers told us they have been put through so much already and have so much on their shoulders that they just don't have the energy to keep fighting and want someone in their corner for once
- Carers feel they are being punished for keeping disabled adult children at home, as if they were in care this wouldn't apply
- It was asked what services are available to carers. Our carers lead outlined the right carers have to a support plan and the types of services available. He encouraged carers to reach out to the carers centre or himself for support
- It was expressed that no policy maker can walk in carers shoes, it's extremely difficult and they fear for their own wellbeing, and the wellbeing of the people they care for

Implementing the policy

- The cost of implementing this policy was questioned – how will the HSCP undertake such a large volume of financial reviews and the need to hire staff to deliver this was upsetting
- People highlighted they have already seen a strain on social work staff – long waiting times, no face to face meetings, delays with reviews, no named social worker – so questioned their capacity to deliver this
- It was raised that people have been on long waiting lists for other services – 6 months for a mental health assessment – so it's upsetting the HSCP is prioritising financial assessments, They asked if the impact this will have on other waiting lists been considered, particularly mental health
- A question that was raised a number of times was how the different elements of care would be split. HSCP staff advised that this would be down to the skill of social work staff to work with the people we support, their carers and families to establish how much of their support is personal care, and how much falls into the non-residential care. For example someone may get a 1 hour visit but of that 40 minutes is spent on personal care tasks and 20 on non-personal care tasks. It is those 20 minutes that would be in scope for charging
- People asked what the anticipated timeline for the major milestones leading up to implementation are
- One resident highlighted that when your family member has a very poor quality of life, the only thing that makes it any better is being able to do things using their "disposable" income. By taking 60% there will be a massive impact on quality of life
- Joint accounts were raised and people wanted to understand the impact this would have

- Adult mobility payments were raised a number of times and our finance manager advised these would be disregarded

Points requiring further consideration

- If people are charged for services, do they become a customer and therefore do they have different rights?
- If people are charged for an hour how will we ensure they get the full hours care – this was answered in part as our finance manager advised invoices would only be sent once information from providers on what they actually delivered was received. Although it was agreed this should be set out clearly in the policy
- Several participants asked the HSCP include people with lived experience in drafting the EQIA and Raymond made a commitment to do this. He advised that a version would need to be submitted to Cabinet for 5 December, but if approved we would work with people in the new year to develop the assessment which is a live/working document

Events

- There was a lot of frustration regarding the short notice for the events and that letters were sent to vulnerable people, rather than their carers. The partnership acknowledges this could have been done better, but it is a reflection of the pressure and the lack of resource available. However the learnings from these events will be applied for future engagement sessions
- Venues – parking at both venues (Thornliebank Resource Centre and Barrhead Foundry) was difficult for people attending
- Thornliebank resource centre is not set up for these type of events and both the visuals (presentation) and sound made it difficult. The Foundry was better as the space is designed for large meetings/events, there was a better screen and we borrowed a microphone from the Trust following the difficulties with people hearing the day before
- People have said they hope any policy takes on board on what has been said and that it is fair and not just a tick box exercise and people are looked at as individuals.

Other feedback

- Thank you for having this information meeting, you were able to answer our questions very satisfactorily. I look forward to further information on next steps. Thank you.
- Thanks for this discussion and for your time this evening - I appreciate it is very difficult to find a resolution to the budget shortfalls and still support those in our society who need help and let them live with purpose and dignity
- Thank you very much: I found this quite interesting and that many of the families share the same concerns. I will put forward my views/comments on the proposals



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board								
Held on	20 November 2024								
Agenda Item	10								
Title	Care at Home Redesign Project								
<p>Summary</p> <p>This report provides an update to the Integration Joint Board on the progress of the Care at Home Redesign Project.</p>									
Presented by	Lee McLaughlin, Head of Adult Services: Communities & Wellbeing								
<p>Action Required</p> <p>The Integration Joint Board is asked to note the positive progress made by the project in the service redesign to date.</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> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Workforce</td> <td><input type="checkbox"/> Infrastructure</td> </tr> <tr> <td><input type="checkbox"/> Equalities</td> <td><input type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>	<input checked="" type="checkbox"/> Finance	<input type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

20 November 2024

Report by Head of Adult Services: Communities & Wellbeing

CARE AT HOME REDESIGN PROJECT

PURPOSE OF REPORT

1. The purpose of this report is to update on the redesign and restructure of the Care at Home Service.

RECOMMENDATION

2. The Integration Joint Board is asked to note the positive progress made both in terms of the practice model and the financial arrangements for the service moving forward.

BACKGROUND

3. Integration Joint Board members will recall the need to redesign the care at home service (homecare and telecare) was agreed in response to growth in demand, as well as to improve efficiency, maintain the quality of care provided and achieve necessary cost reductions.
4. Since the pandemic period there has been an increasing demand for care at home services and the timely provision of this to support hospital discharges. This is a known national, sector-wide challenge and one which, unfortunately, shows no sign of reducing.
5. The Care at Home Review project was mobilised in late 2023 to focus on reviewing the in house service structure and delivering the optimum market share arrangements in partnership with the external provider community.
6. Service redesign oversight and governance is achieved via the Project Board, which acts as the overall authority for the project and ensures effective assurance, quality control and decision making. The board, chaired by the HSCP Chief Officer, convenes monthly with additional interim progress checks held on a fortnightly basis. The board consists of key stakeholders including HR, Finance & Planning and Commissioning. Trade Unions have been co-opted to attend specific board meetings as appropriate.

REPORT

7. The project determined that the in house service structural redesign must facilitate the achievement of necessary care and governance standards, support staff retention and skills development as well as creating a sustainable, person-centred, resource and cost efficient operating model for the future.

8. The following design principles have been applied in developing the new practice model:
 - a. The service can respond to the current and anticipated future challenges upon it
 - b. The ability to operate more dynamically to keep pace with service demands
 - c. Making most efficient use of our resources with a strengthened focus on re-ablement at the earliest opportunity and providing high quality end of life care.
 - d. Delivering a care experience (including continuity) which service users and their families rightly expect
 - e. The need for different role focuses and content as technology plays a larger and more integral part of our day to day operations
 - f. Continuing to demonstrate the standards, requirements and continuous improvement focus demanded by our regulator
 - g. Developing and retaining a sufficiently skilled workforce
 - h. Putting a stronger focus on staff morale, wellbeing
9. Another key driver for change is the development of the digital landscape within the service, where technology is now such an integral and vital part of the day to day operations. The scheduling and monitoring solution deployed into the service in late 2022 is supporting greater efficiency and automation for the service both in frontline staff deployment to visits and for office staff in terms of time spent on manual scheduling activity. It also plays a key part in managing risk for service users and staff. It is vital however that key roles within the service are aligned to working with such digital solutions, to ensure the benefits of the investment are fully realised.
10. A clear ambition is that the new management roles within the service must keep a focus on continuing to meet the areas for improvement required by the Care Inspectorate following their most recent inspection of the service in early 2024 and have a stronger emphasis on staff morale, wellbeing and community based support.
11. To allow clearer role definition and accountability, functional splits for the managerial roles have been established as follows:
 - a. Service Support - overseeing all of the 'back office' functions including resourcing, scheduling and monitoring, reviewing, learning and development as well as quality, assurance and compliance.
 - b. Service Delivery - responsibility for ensuring effective field based supervision, practice support and competence assurance, development of staff teams in local areas and greater interaction and communication with the frontline workforce.
 - c. Technology Enabled Care (TEC) - responsible for delivery of the remaining elements of the transition to digital telecare and refocusing on new types of technology available for use in care and innovative ways to deploy this as an alternative to traditional care package provision.
12. As part of the new practice model, the Scheduling and Monitoring function is being strengthened to maximise efficiencies in resource management via forward scheduling of required home care visits and monitoring to ensure that visits are being conducted as expected during the working day.

13. Another vital change is the introduction of a Community Co-ordinator role which will allow the opportunity to develop a place based approach to care, provide greater efficiency with flex resource to cover absence, offer a better career path development opportunity for frontline staff, enhance field based supervision, practice support and competence assurance and allow greater interaction and communication with frontline teams to support wellbeing.
14. An initial focus of the project activity was to work with frontline homecare colleagues who were not on the standard 4 days on/4 days off work pattern. Consultation exercises, supported by HR and Trade Union colleagues, took place to successfully support the remaining frontline care staff on legacy work patterns to transition to the preferred work pattern, which facilitated efficiencies of resource utilisation.
15. Following agreement to progress some key priority appointments in summer 2024, work has moved at pace to recruit to these roles, in accordance with organisational change policy.
16. Care is being taken to ensure that the structural redesign implementation is correctly sequenced and that principles of consistency and fairness are upheld.
17. The operational team alongside HR and Trade Union colleagues have collaborated well and have successfully completed group and individual consultation sessions.
18. Following these, four managerial positions and six Scheduling and Monitoring team roles have been successfully filled.
19. Another group of roles is currently being appointed to involving both internal and external recruitment and this work is due to complete this month. This involves new roles with supervisory responsibility for frontline Homecare teams, Telecare Response staff and the Scheduling and Monitoring function, as well as a new role in Brokerage.
20. Next steps for the project are to progress the remaining roles required within the revised in house team structure and continue collaborative working with the external provider market to achieve best value hourly rates and optimum commissioning model arrangements.
21. Activity on both work streams is underway and will continue during the remainder of 2024 and the first quarter of 2025, with an estimated project completion date of end of March 2025. This will ensure that the service can move into the new financial year on a robust footing.
22. Central to the new practice model is a key focus for the in house service to deliver a strengthened re-ablement approach, compassionate end of life care and effective care to support prevention of hospital admission.
23. There is also an ongoing need to facilitate timely acute discharges as a key strategic priority for the partnership.
24. The in house service will continue to deliver a proportion of mainstream care and from a risk management perspective, it is vital that the service is appropriately scaled and has sufficient resilience.

CONSULTATION AND PARTNERSHIP WORKING

25. The Chief Officer, Chief Finance Officer, Head of Service and HR Business Partner have been fully consulted on the structure changes, associated costs and impact. The appropriate Organisational Change Policy is being followed in relation to the staffing changes. Our Trade Union colleagues have been engaged throughout the process and are supportive of the changes.

IMPLICATIONS OF THE PROPOSALS

Finance

26. The current full year effect of the modelled cost of the service is c£16.3 million and the funding in scope is £16.4 million. This level of funding is after the full target savings for 2024/25 has been removed:
- £1.7m Supporting People Framework
 - £0.3m commissioned costs
 - £0.15m structure savings
27. The modelled costs will continue to be refined as the programme progresses however this demonstrates that delivery of the required savings on a recurring basis should be fully achieved in 2025/26. The shortfall in 2024/25 is included in the revenue monitoring reporting.
28. The modelling does not allow for any impact from the recently announced UK budget, this will be assessed in due course for the HSCP.

Workforce

29. The progression of the redesign has resulted in the deletion of job roles that were no longer fit for purpose and the creation of new roles to support operational care at home provision. Affected staff (nine) have been consulted and have now successfully secured other permanent posts within the new structure.

DIRECTIONS

30. No direction is required.

CONCLUSIONS

31. In summary, the project has made good progress in determining a modernised, strengthened and scalable practice model and in advancing appointments to priority posts within the revised structure, which will support the service to remain equipped to meet the demands upon it.
32. There is a keenness and drive to swiftly progress the remaining elements of the revised structure and external market arrangements to ensure resilience within the service, manage the cost pressures and alleviate uncertainty for the affected staff members.

RECOMMENDATIONS

33. The Integration Joint Board is asked to note the positive progress made.

REPORT AUTHOR

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7 November 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	20 November 2024	
Agenda Item	11	
Title	Care Home Assurance Report 2024	
Summary		
<p>This report provides an overview of the care home assurance tools (CHAT) submitted from care home assurance visits undertaken across East Renfrewshire in 2024. The report provides a thematic analysis, commenting on areas of good practice and opportunities for improvement, highlighting learning for care homes and East Renfrewshire Health and Social Care Partnership. The report additionally outlines the work of the Care Home Liaison Nurse team and wider HSCP Multidisciplinary teams in support of care homes.</p>		
Presented by	Julie Tomlinson, Chief Nurse	
Action Required		
<p>The Integration Joint Board is asked to note and comment on the report.</p>		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

20 November 2024

Report by Chief Officer

EAST RENFREWSHIRE CARE HOME ASSURANCE REPORT 2024

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the care home assurance tools (CHAT) submitted from care home assurance visits undertaken across East Renfrewshire in 2024. The report provides a thematic analysis, commenting on areas of good practice and opportunities for improvement, highlighting learning for care homes and East Renfrewshire Health and Social Care Partnership (HSCP). The report additionally outlines the work of the Care Home Liaison Nurse team (CHLN) and wider HSCP Multidisciplinary teams in support of care homes.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the report.

BACKGROUND

3. Care home assurance visits commenced in East Renfrewshire in May 2020 in response to the impact of the pandemic. Annually across Greater Glasgow and Clyde (GGC) each HSCP, in partnership with local care homes, plans a schedule of assurance visits using a GGC wide validated tool. Local intelligence of emerging situations drives the focus for support and improvements and further visits as required.
4. The CHAT tool has defined areas of reporting covering Infection Prevention and Control (IPC), Resident Health and Care Needs and Workforce, Leadership and Culture. CHAT tools are discussed with the care home teams, good practice is celebrated and the learning shared locally at HSCP level.
5. A recent review of assurance visits and the template was undertaken involving extensive consultation with stakeholders including care homes, health, social work, commissioning, and Care Inspectorate. The sector recommended care home assurance visits continue, and that the CHAT tool was refined to reduce the number of questions and avoided duplication with existing structures.
6. The revised CHAT was tested in December 2023, with ongoing further refinements made based on stakeholder feedback. The updated approved tool was used throughout East Renfrewshire HSCP 2024 visits, (Appendix 1).

REPORT

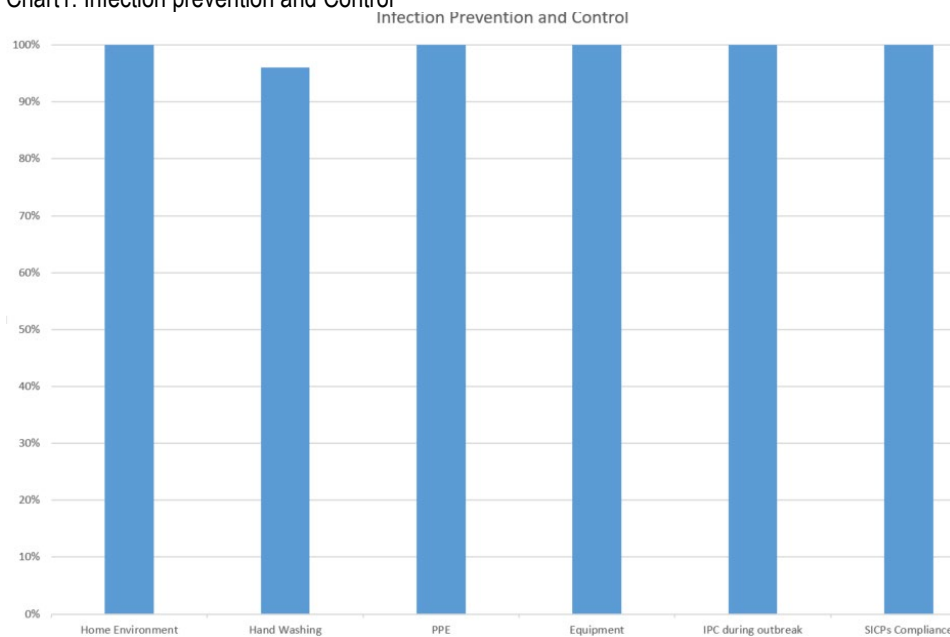
East Renfrewshire HSCP Care Home Assurance Visits 2024

7. Over a 6 week period commencing 13th May 2024 representatives of East Renfrewshire Care Home Assurance Group visited all 13 care homes and completed the CHAT in partnership with Care Home managers and staff.
8. In preparation for the CHAT visits our Commissioning Team shared a copy of the new CHAT and each Care Home then completed a self-assessment prior to the HSCP visit. In preparation for visits the HSCP team complete a review of the self-assessment to identify areas for focus and discussion during the visit.
9. This report details the CHAT findings, commenting on areas of good practice and opportunities for improvement, and also highlighting any wider learning from the process.

Theme 1 - Infection Prevention and Control (IPC)

10. For the theme of IPC across East Renfrewshire Care Homes chart 1 shows the finding as follows:

Chart1: Infection prevention and Control



Entry to the home

11. Staff in homes were found to provide a warm and friendly welcome, directing visitors to hand hygiene facilities. CHAT outcomes demonstrate a plentiful provision of alcohol based hand rub (ABHR) at entryways.

Home environment

12. ER Homes were found to be well appointed, clean and tidy, with 92% fulfilling the requirements of this section.
13. Residents' bedrooms were found to be clean and well maintained with strong evidence across all homes of rooms being personalised with resident's choice of decor and personal belongings.
14. Where residents opt for less frequent cleaning, this was appropriately risk assessed.

Hand Hygiene

15. All homes were able to fulfill all requirements for hand hygiene, with supplies of ABHR and designated facilities throughout the home environment. Ongoing support and education for staff to support best practice in relation to hand hygiene continues.
16. 92% of homes achieved all aspects of hand hygiene practice. Care home visitors noted that staff were on occasion observed not bare below the elbow, either wearing wrist watches or bracelets.
17. CHAT templates captured some wall-mounted ABHR units that had not been replenished.

Personal Protective Equipment (PPE)

18. Care homes visited had an adequate, suitable and accessible stock of PPE for a range of activities. However due to over stocking during the pandemic PPE stock in a number of homes was noted to have expired.

Equipment

19. Homes continue to limit shared equipment as a means of preventing cross-infection.
20. Shared equipment was predominantly found to be clean and orderly. All homes were able to fulfill all requirements for the maintenance and management of equipment. Where CHAT outcomes noted equipment that was not visibly clean this was highlighted to managers and recommended inclusion to cleaning schedules.
21. A key recommendation was the need for signage and evidence of cleaning between uses.

DSR and Housekeeping (Monitoring the Care Environment)

22. CHAT visitors noted evidence of cleaning at the time of visit, and were confident in practices through conversations with knowledgeable housekeeping staff.
23. 100% of homes were able to demonstrate robust practices with regards to maintenance and monitoring of the care environment.

Laundry

24. All homes were able to fulfill the requirements for laundry processes, with advice posters, suitable wash temperatures and segregated areas for clean and dirty linen.

IPC Training

25. Consistent with previous visits, all homes have robust internal process for ongoing IPC training and completion rates were noted to be high.

Monitoring compliance with Standard Infection Control Precautions (SICPS)

26. All homes had processes for monitoring compliance with SICPS, such as observation of hand hygiene and donning doffing of PPE as well as more formal systems such as audit.
27. Staff receive feedback on their performance, either at the time of observation, as part of regular one-to-one, or at team meetings.

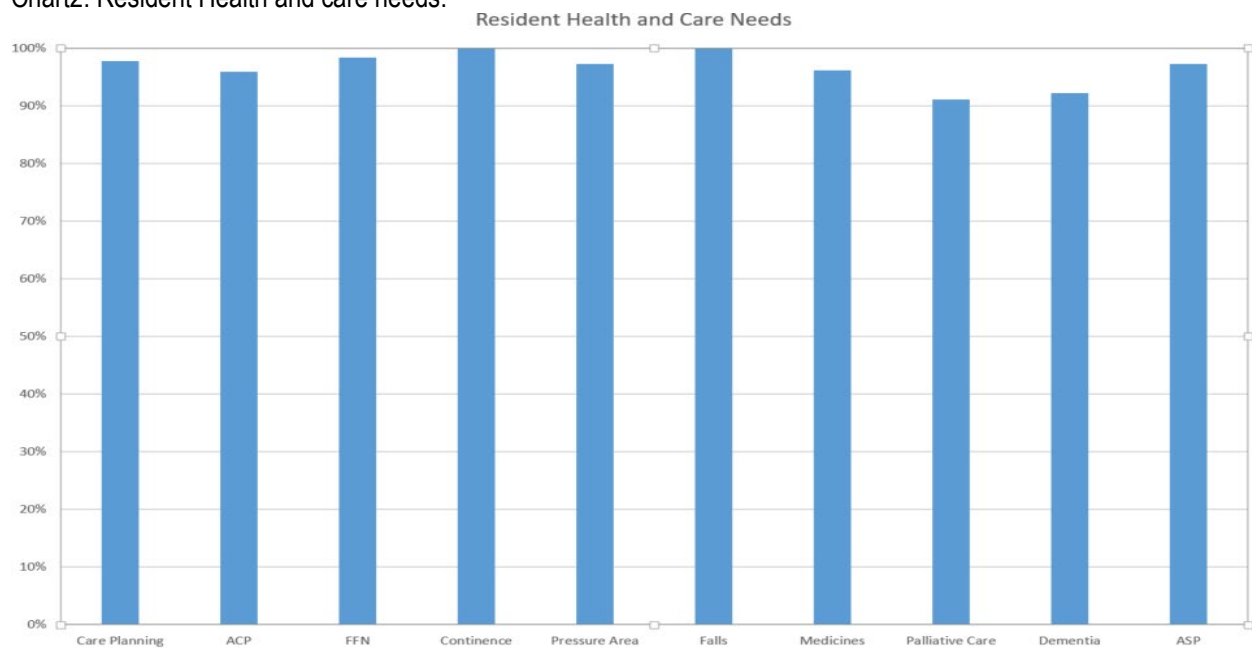
IPC during an Outbreak

28. All homes visited could detail their plans for management of an outbreak. Care home teams voiced actions such as isolation of residents, escalation of concerns to leadership teams and public health, this was consistent across all 13 homes.

Theme 2 – Resident Health and Care Needs

29. The following chart highlights the findings of care assurance visits within the theme of resident's health and care needs.

Chart2: Resident Health and care needs:



30. Chart 2 illustrates that care planning and practices relating to residents health and care need were found to be of a high standard across East Renfrewshire Care homes with multiple examples of good practice. The excellent practice observed during the CHAT was recognised and feedback given at the time of visits.

Care Planning

31. Care planning remains an area of strength with 92% of homes fulfilling all requirements, and demonstrating care planning which supports resident's health and care needs.
32. There were good examples of care plans that detailed the resident's life stories, who and what is important to them, and discussed what upsets the resident and what makes them feel better. In some homes Care plans considered not only issues of care needs and risk assessment, but took a strength-based approach, documenting resident's abilities and considering how these could be supported.
33. Consistent with previous CHAT visits, recommendations for improvement centred on the record keeping of handwritten notes, their legibility and attribution. CHAT visitors recommended that providers encouraged staff to reference the NMC and SSSC guidance in support of improvements.

Anticipatory Care Planning/Future Care Planning

34. Anticipatory Care Planning or Future Care Planning (FCP) practices remain an area of strength. End-of-life wishes are considered within care plans, and DNACPRs are in place for those residents who may need them.
35. Homes are able to recognise and report changes using RESTORE2 and RESTORE mini to help standardise the recognition and communication of deterioration. All homes noted good working relationship and further support available such as GP services, community nursing teams, pharmacy and specialist palliative care services.

Food Fluid and Nutrition

36. 100% of care homes provided access to meals and stalks throughout the day and overnight.
37. 100% made reference to the use of nutritional screening, predominantly using MUST (Malnutrition Universal Screening Tool).
38. CHAT visitors noted the display of information on texture modified diet and fluids and likes and dislikes are recorded in personal plans.

Pressure Area Care

39. 92% of homes fulfilled the necessary aspects of pressure area care.
40. Good practice was noted in the use of pressure ulcer safety cross to track the inheritance or development of pressure ulcers; and the use of the Red Day Review tool, to audit pressure area care.

41. CHAT tools highlighted that homes are accessing support from community nursing teams and podiatry, and that homes have access to a range of redistributing equipment as required.
42. Staff training on pressure ulcer management was highlighted as an area for ongoing improvement.

Adult Support and Protection

43. ASP themes included wound care, medication errors, altercations and verbal exchange between residents, and unwitnessed falls which resulted in injury. Additionally complaints regarding staff behaviour towards residents are highlighted as an issue.

Medicines Management

44. 100% of care homes were able to evidence staff training in medicines administration and regular medication audits taking place.
45. Relationships with local pharmacies to carry out polypharmacy review was highlighted as an area for improvement.

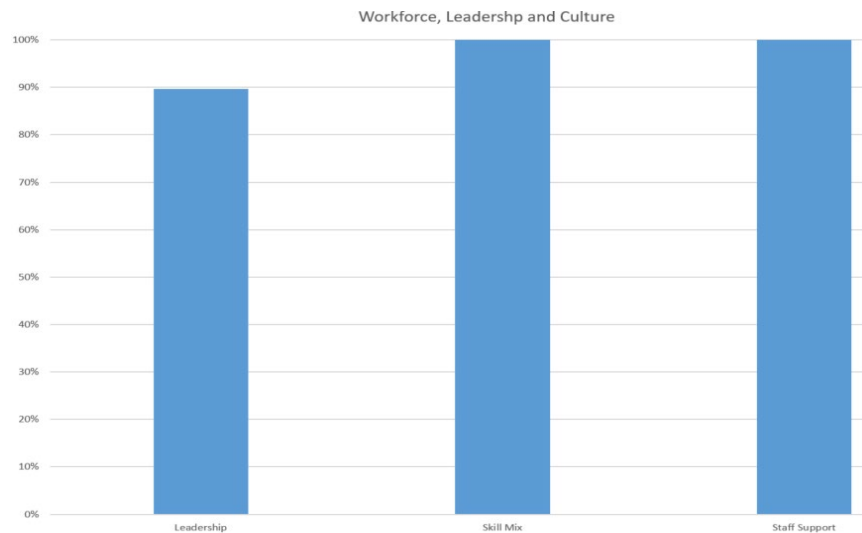
Falls

46. 100% of homes carried out falls risk assessment for residents, however some services reported that this was not care their residents required. Falls awareness and prevention training is carried out via a range of e-learning platforms and the good links with the HSCP Rehab team for assessments and treatment plans was noted.
47. Homes also made reference to use of the Falls Pathway through the NHS GGC Flow Navigation Centre.

Theme 3 - Workforce, Leadership and Culture

48. Effective leadership and support from the care home's wider organisation can be directly correlated with how supported staff feel, the overall culture of the home and the care residents receive. This section provides a narrative of key themes in workforce, leadership, and culture for East Renfrewshire care homes.

Chart 3: workforce leadership and culture



Workforce

49. Staff reported feeling content within their roles. Care home visitors noted that staff were open to conversation and keen to discuss future events.
50. Homes continue to celebrate the achievements of staff mentioning the completion of SVQ qualifications.
51. The staffing picture remains mixed, with some homes fully staffed, with limited requirements for agency. Conversely, homes noted that their shortage of registered nursing staff was negatively impacting on the quality and consistency of care provided.

Leadership

52. Care home visitors complemented the work of care home managers. New managers have positively impacted their homes, and long standing managers are providing consistency of leadership. The importance of good relationships with staff was highlighted as a factor, making staff teams feel valued and positively shifting culture.

Culture

53. In reviewing culture, care home visitors spoke with residents and families who reported being happy within their home and with their care.

Wider care home support available.

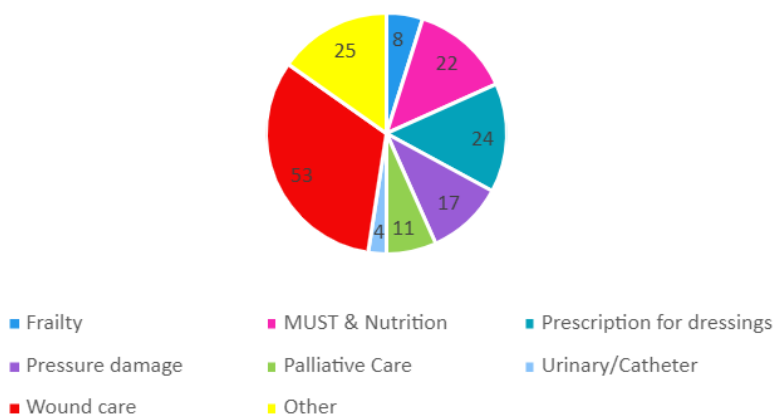
54. **Care Home Liaison Nursing Service (CHLN):** works in partnership with Care Home nursing staff to deliver high quality, enhanced nursing support to people living in an older adult Care Home. This includes those being discharged from acute care or transferring from the community to a Care Home setting. The CHLN service are an integral part of the wider multidisciplinary (MDT) Care Home Support Team providing an expert nursing

resource. The CHLN provide enhanced support 7 day service and focus work around admission avoidance and Palliative end of life care (PEOLC). The team support and advise Care home Staff in the provision of nursing care for residents and their families by providing the following:

- Supporting discharge and transitions between Care Homes and hospital.
- Supporting prevention of unnecessary hospital admissions.
- Supporting Care Home staff to use an anticipatory person centred approach to identifying residents preferred place of care.
- Provision of expert nursing resource to ensure all resident needs are met and taking action to raise concerns and support investigations when required.
- Support Care Home staff in the provision of palliative and end of life care for residents ensuring timely identification of deterioration and symptom management.
- Developing a system of partnership working with Care Home Nurses through provision of clinical advice and providing clinical interventions as and when required e.g. peg tube management or suprapubic catheter insertion.
- Supporting Care Home nurses to make referrals to wider services when required
- Undertaking a range of clinical assessments when this is necessary to support specialist advice e.g. continence, falls, tissue viability, palliative and end of life care, physical and cognitive functions.
- Assisting Care Home staff with care planning to meet the individual needs of residents in line with NMC nursing standards and in the implementation of evidence based practice to meet agreed local and national standards.
- Supporting Care Home nurses to proactively improve their ability to effectively manage long term conditions and maintain functional ability of residents and avoid unnecessary hospital admissions, where possible.
- Sign posting to other specialist services as required and education and training events within the locale.
- Supporting attainment of additional clinical competencies and areas of practice development as require.
- Facilitating local clinical skills training and development of competencies for Care Home Nurses to meet individual resident needs if out with their scope of practice.
- Sharing guidance and acting as expert resource when required
- Utilising patient information systems to identify all patients admitted to hospital from care homes.
- Sharing information gained with multidisciplinary team when required.
- Participate in the evaluation and audit of the CHLN Service to continually improve service delivery.
- Prescribing V150/V300 specifically wound care products/palliative end of life care medications.

55. **CHLN Referral process:** A referral process was set up in April 2024 in order to create a more formal route for care homes to contact the CHLN team for support, this also provided a data source recording the categories of referral reasons which in turn has informed the development of training, education and support the CHLN team provide. In the period care homes have made 129 referrals to CHLN service the graph below shows referral reasons:

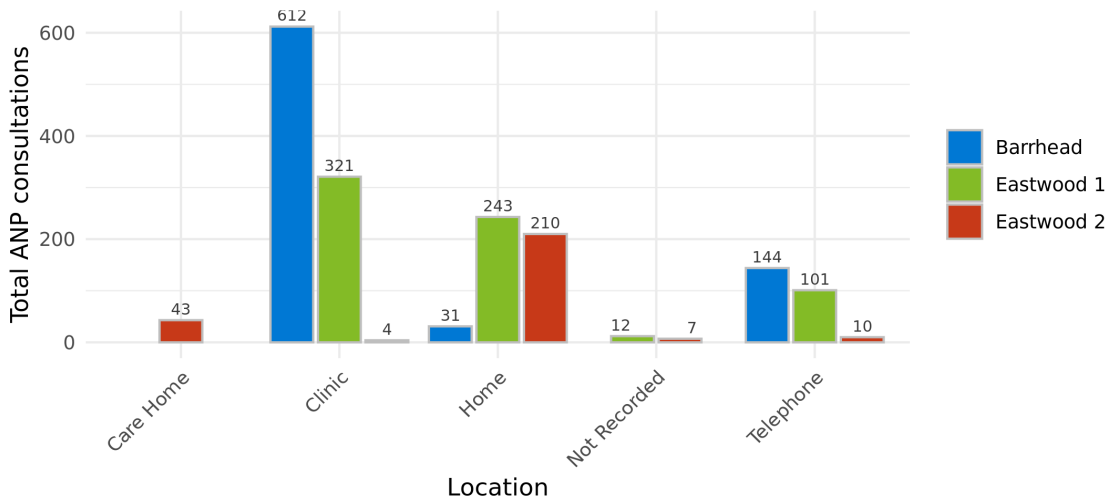
Referral Reason



56. **Vaccination Team:** The Vaccination Service operate a home visit model, with vaccines administered to all eligible residents in all East Renfrewshire care homes, additionally care home staff are offered flu and covid vaccine as part of the process. The service also provides support in regards to consent and AWIs within care homes working in collaboration with Commissioning and Care Home Liaison nursing services. Vaccine campaigns during 23/24 period have seen care home uptake and delivery of vaccine at 98%.
57. **Older Peoples Mental Health Care Home Liaison service:** The team are a dedicated secondary care mental health team, who are responsive to the mental health needs of individuals living in East Renfrewshire care homes. The service is triggered from GP referrals to ensure reversible causes of distress have been considered and ruled out as contributors to distress in the first instance. The team's role supports individuals living in care homes with moderate to severe mental health needs, and/or stress and distress in dementia. The service is also involved in the diagnostic process of new diagnosis of dementia.
58. The team offers a proactive and preventative model of care, providing regular stress and distress in dementia training, which also encompasses the impact of frailty and delirium on the individual living with dementia. This upstream working has enabled the team, to build collaborative relationships with the care home teams, resulting in reduced stress and distress for individuals and staff, a reduction of antipsychotic medication which was already prescribed, and a reduction in psychiatric admission from care homes and the prevention of placement breakdown.
59. **Adult Support and Protection Team (ASPT):** For the period of (01/04/2023 – 31/03/2024), 30.37% of referrals received by the ASPT were from care homes, 448 in total. This constituted 239 inquiries and 84 investigations. Support includes reviewing care plans and care delivery, signposting to partner agencies where required and providing advice and guidance in relation to safeguarding, capacity issues and general provision of holistic care support. ASP team work closely with Care Home managers and are encouraged to make contact for advice and support regarding the submission of AP1 queries or referrals. The ASP Team have a designated care home liaison social worker who keeps in touch with the

managers and regularly visits the homes. In particular supporting new managers who are new to the area to become familiar with ASP local operating procedures and thresholds. The ASP Team work collaboratively with the nursing teams within the HSCP to undertake inquiries and investigations in order to minimise risk of harm to residents and also identify early indicators of harm prior to harm being incurred.

- 60. **Commissioning Team:** ER HSCP commissioning team carry out weekly welfare calls to every care home with the primary purpose to continue to build effective and positive relationships. In addition the call provides an opportunity to ensure the care home is adequately staffed, if there are any new ASP concerns, any care concerns specifically around the Out of hours period, infection control escalations and immediate or additional training requirements. The commissioning team also host a quarterly care home managers meeting which enables managers to network, problem solve and share best practice.
- 61. **Advanced Nurse Practitioners:** East Renfrewshire HSCP ANPs are part of the Primary Care Improvement Plan to enhance existing medical/nursing provision and provide direct clinical assessment. ANPs provide treatment support to care home residents as required, 15.7% of ANP visits have supported care homes since April 2024.



- 62. **Community Rehab/ AHP** - Support to care homes is provided from Community Rehabilitation Service consisting of a link Rehab Team Physiotherapist and Occupational Therapist aligned to each care home, these staff provide regular proactive visits, every 2-4 weeks to care homes this is in addition to the specific scheduled individual assessment and rehabilitation/ support which is provided to individual residents who are referred to the team. Majority of referrals are in relation to rehabilitation to return to baseline post illness/ injury (eg #NOF)/ hospital admission. Also seating assessments to meet postural needs. The team also provide assessments and advice in relation to falls, walking aid assessments and safety checks.
- 63. **Community Diabetes Specialist Nursing** - provides in reach specialist diabetes clinical assessment, diabetic review, support advice and training to residents within East Renfrewshire care homes.

CONSULTATION AND PARTNERSHIP WORKING

64. The partnership working across HSCP teams and wider partner agencies aids the identification of themes in relation to concerns and also areas of good practice. This information sharing helps inform and guide discussions with care home managers and owners when carrying out the care home assurance visits. This ensures that areas of concern are fully shared and discussed with providers and action plans are developed to support improvement it also support sharing and celebrating of best practice across the sector. The HSCP proactively supports the objectives of provision of nursing leadership, support and guidance within care homes and has worked collaboratively to improve the health and wellbeing of people living in care homes by creating a network of health and social care multidisciplinary teams that work collaboratively with care home staff.

IMPLICATIONS OF THE PROPOSALS

65. There are no implications arising from this report.

DIRECTIONS

66. There are no directions arising from this report.

CONCLUSIONS

67. There are robust processes in place to provide assurance in relation to provision of nursing leadership support and guidance to care homes in East Renfrewshire. Additionally the collaborative support structures in place to improve the health and wellbeing of care home residents and staff and ensuring care homes are fully integrated within the health and social care system.

RECOMMENDATIONS

68. The Integration Joint Board is asked to note and comment on the report.

REPORT AUTHOR AND PERSON TO CONTACT

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5 November 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None

Greater Glasgow and Clyde Care Home Assurance Tool (CHAT)

Working together with Care Homes across Greater Glasgow and Clyde, assuring quality of care and enabling care home residents to live their best possible life aligned to what matters to them.

Care Home	
Care Service Number	
Care Type	
Provider	
HSCP	
If self-review:	
Name and role of person completing record	
If HSCP and NHSGGC Assurance Visitors	
Visiting Team Name and Role 1	
Visiting Team Name and Role 2	
Visiting Team Name and Role 3	
Visiting Team Name and Role 4	
Date of visit	
Time of visit	
Name and role of person in charge at time of visit	
Details of Service	
Number of registered places	
Number of current residents	
Resident Group	
Grade and Dates of past 2 Care Inspections	
Care Inspectorate Web-Link based on Care Service Number listed above	
Date 1 <i>(if exact date is not known please record 1st of month)</i>	
Grade 1	
Date 2 <i>(if exact date is not known please record 1st of month)</i>	
Grade 2	
Note theme of requirements from last inspection if applicable	

Question / Criteria	Yes/No	What's working well	What would make this even better	HSCP Comments
SECTION 1: Infection Prevention and Control				
Below are key questions to gather indicators that guidance within the National Infection Prevention and Control Manual, the sector specific Care Home IPCM and the Care Home Cleaning Specification (Safe Management of the Care Environment -SHFN 01-05) is in place within the care home.				
1 Hand rub is available at entrances and key points throughout the home to facilitate hand hygiene. Dispenser nozzles, brackets/bottle holders and bottles are clean and functioning. Staff may carry personal size hand rub dispensers.				
2 Staff comply with the essentials to support effective hand hygiene, including being bare below elbows, no stoned rings, no watches, wrist jewellery or wearable fitness devices.				
3 A supply of PPE to meet the needs of the staff and the care provided is available and close to the point of use.				
4 Reusable equipment is clean, in a good state of repair with no visible damage and ready for use.				
5 The environment is visibly clean.				
6 Residents' bedrooms and ensuite toilet facilities are clean and well maintained. If an individual resident makes an alternative choice it is documented within their personal plan and recorded as part of cleaning monitoring.				
7 Infectious laundry is collected in a water soluble bag, placed into a plastic outer bag and then into used laundry receptacle.				
8 There is a process in place for monitoring cleanliness of the care home environment to ensure standards are being maintained.				
9 The person in charge of each unit can describe the escalation process and actions to take if an outbreak (e.g. respiratory infection/norovirus) is suspected or confirmed.				
10 There is a process in place to monitor compliance with Standard Infection Control Precautions (SICPs) with results fed back to staff.				
SECTION 1 REFLECTION				
Based on your observations, and discussion with staff and residents, please give your professional view of the infection control measures within the care home noting how the home is managing to adhere to IPC				

SECTION 2: RESIDENTS HEALTH AND CARE NEEDS

This section is focused on person centred high quality nursing and social care being planned and delivered across the home. Using an appreciative inquiry approach, gathering information based on discussions, observations and the sharing of information by the home to evidence their practice. Whilst this is not an audit of resident records a selection of residents and their documentation should be discussed.

Personal planning (discuss a minimum of 3 care plans)		Yes/No	What's working well	What would make this	HSCP Comments
11	There are systems in place to gather information from residents, families and Power of Attorney on what matters to them.				
12	Daily notes give an indication of the quality of the residents day and demonstrate social and care interactions that align to their personal plan.				
13	Care plans are up to date with evidence of review that reflect changing needs of resident.				
14	The personal plan is accessible to resident, care team, and approved POA/ approved family.				
15	Records are dated, timed, signed and have designation recorded.				
16	There is evidence that people experience meaningful contact and activities that meet their needs and wishes.				

Future Care Plans (Anticipatory Care Planning)		Yes/No	What's working well	What would make this	HSCP Comments
17	Future care plans (anticipatory care plans) are in place which reflect the residents and POA/ families wishes for those who chose to engage.				
18	Staff have received support or training in future care planning and feel confident in having these conversations				
19	Power of Attorney/ Adults with Incapacity is in place and in date, where required.				

Right Care, Right Place		Yes/No	What's working well	What would make this	HSCP Comments
20	If a resident is unwell, vital signs are able to be monitored and interpreted appropriately.- e.g. RESTORE 2 / NEWS2				
21	Training and / or a system is in place to recognise deterioration and escalate concerns e.g. RESTORE 2				
22	There are adequate pathways supporting access to health care teams and they are available for residents with complex needs or conditions e.g. CHLN / DN / ANPs / GP and admissions to acute.				

Food, Fluid & Nutrition		Yes/No	What's working well	What would make this	HSCP Comments
23	The care home uses a nutritional risk screening tool				
24	Residents food and fluid likes and dislikes are recorded within their personal plan.				
25	There is regular communication between the care team and the catering team to provide safe food and fluid for those on a specialised diet.				
26	Staff have received training and are competent in IDDSI levels				
27	Residents are prompted and assisted with food and fluid according to their assessed needs.				
28	Arrangements are in place for residents to access meals and snacks throughout the day and night. Snacks are also available for textured/specialised diet where required.				

Continence Promotion		Yes/No	What's working well	What would make this	HSCP Comments
29	Bladder and bowel habits are recorded within residents personal plans.				
30	Staff are able to describe how to promote continence.				
31	Continence products for residents are easily accessible and topped up regularly.				
32	Is someone in the care home responsible for the assessment / reassessment of continence				
33	Have staff received training on promotion of continence				

Pressure area care		Yes/No	What's working well	What would make this	HSCP Comments
34	The care home uses a pressure ulcer risk assessment tool				
35	The pressure ulcer risk tool is updated regularly and accurately reflects the residents changing condition.				
36	Staff are able to access pressure redistributing equipment and products to aid prevention and have been trained on how to use them.				
37	Staff have received training on pressure ulcer prevention and management.				
38	A system is in place to record pressure damage.				
39	The care home carries out a review of pressure damage to identify any new learning.				

Falls Prevention		Yes/No	What's working well	What would make this	HSCP Comments
40	The care home uses the multi-factorial tool to assess falls risk?				

41	The falls risk assessment tool is updated regularly and accurately reflects the residents changing condition.				
42	The home promotes and encourages movement where appropriate, to reduce the likelihood of falls.				
43	All staff have completed training on prevention of falls and have knowledge of use of equipment including bed rails, low profile beds, seating.				
44	A system is in place to report falls				
Medicines Management		Yes/No	What's working well	What would make this	HSCP Comments
45	Staff have received appropriate training in medicines administration.				
46	There is a process in place for medication audit.				
47	Residents who would benefit from a polypharmacy review are identified and referred to pharmacy team.				
48	There is a procedure for reporting medication errors and staff can discuss learning from incidents.				
49	There is a policy/process in place for medicines returned to community pharmacy.				
50	Staff comply with Mental Welfare Commission recommendations for covert medicines administration				
Palliative and End of Life Care		Yes/No	What's working well	What would make this	HSCP Comments
51	There is a system in place that assists recognition of changes in residents? e.g. SPAR				
52	Staff are aware of health and social care and specialist palliative care referral routes including out of hours - should this be required for residents who are at end of life.				
53	Anticipatory (just in case) medicines are available, as appropriate.				
54	Do Not Attempt Cardiopulmonary Resuscitation documentation is appropriately in place as per Resuscitation Council guidance.				
55	Staff have received training / education in the use of syringe drivers, and are competent and confident in their use?				
56	Registered nursing staff within the home are competent with confirmation of death procedures.				
Delirium		Yes/No	What's working well	What would make this	HSCP Comments
57	Staff are able to identify a change in resident's behaviour such as an increase in confusion, drowsiness, hypoactive or hyperactive activity.				
58	Staff are able to identify delirium and act accordingly				
59	Staff are able to respond appropriately to residents displaying stress and distress behaviours.				
60	Staff have completed training on delirium.				
Adult Support and Protection		Yes/No	What's working well	What would make this	HSCP Comments
61	There is an adult protection policy and procedure that evidences how people are kept safe.				
62	Staff are trained in adult protection and are confident in knowing when and how to make referrals, including notifying the Care Inspectorate.				
63	Have there been any AP1s within the last 3 months?				

SECTION 2 REFLECTION

Based on your observations, and discussion with staff and residents, please give your professional view of the measures for residents' health and care needs within the care home.

SECTION 3: WORKFORCE, LEADERSHIP & CULTURE

Yes/No What's working well What would make this HSCP Comments

This section is focused on workforce, leadership and culture within the home. Effective leadership and wider support from the organisation can be directly correlated with the care that the residents receive, how supported staff feel and the overall culture of the home.

64	Please share any successes or celebrations your home has had in the last year				
65	The leadership team is able to describe improvements they would like to make within the home?				
66	There is supportive and visible leadership that enables staff to voice their concerns, share ideas and explore ways to promote resilience.				
67	There is effective communication between staff, with opportunities for discussion. For example shift handovers, flash meetings, clear escalation processes.				
68	Staffing arrangements allow for more than basic care needs to be met and support people to get the most out of life.				
69	Staff competence is regularly assessed to ensure that learning and development supports better outcomes for people.				
70	Staff benefit from wellbeing support that includes debriefing on the management of difficult situations, personal safety, assessment of workload and bereavement support.				

SECTION 3 REFLECTION

Based on your observations, and discussion with staff and residents, please give your professional view of the workforce,

[View Agreed Improvement Priorities](#)

Signoff for Care Home Assurance visit and accuracy of Agreed Improvement Priorities:	
Designation	
Date	