

Date: 6 March 2020
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

A meeting of the East Renfrewshire Integration Joint Board will be held within the **Eastwood Health and Care Centre, Drumby Crescent, Clarkston** on **Wednesday 18 March 2020 at 10.30 am** or if later at the conclusion of the Performance and Audit Committee.

Please note the change in venue and time for the meeting.

The agenda of business is attached.

Yours faithfully

Anne-Marie Monaghan

Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY, 18 MARCH AT 10.30am
EASTWOOD HEALTH AND CARE CENTRE,
DRUMBY CRESCENT, CLARKSTON**

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting of IJB of 29 January 2020 (copy attached, pages 5 - 14).**
- 4. Matters Arising (copy attached, pages 15 - 18).**
- 5. Rolling Action Log (copy attached, pages 19 - 22).**
- 6. Budget 2020/21 (copy to follow).**
- 7. Revenue Budget Monitoring Report (copy attached, pages 23 - 38).**
- 8. Implementation of Individual Budget Calculator and Self-Directed Support (copy attached, pages 39 - 44).**
- 9. Care at Home Improvement and Redesign Programme Update (copy to follow).**
- 10. Statutory Guidance on Directions from Integration Authorities to Health Boards and Local Authorities (copy attached, pages 45 - 50).**
- 11. Carers Strategy Implementation and Development Plan 2020-21 (copy to follow).**
- 12. Date of Next Meeting: Wednesday 29 April 2020 at 10.00 am, Council Offices, Main Street, Barrhead.**

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**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.30 am on 29 January 2020 in
the Council Offices, Main Street,
Barrhead**

PRESENT

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council (Vice-Chair)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
Anne Marie Kennedy	Third Sector representative
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – HSCP
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Councillor Jim Swift	East Renfrewshire Council

IN ATTENDANCE

Kim Campbell	Localities Improvement Manager
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Ruth Gallagher	Chief Officer, Voluntary Action
Candy Millard	Head of Adult Health and Social Care Localities

APOLOGIES FOR ABSENCE

Councillor Tony Buchanan	East Renfrewshire Council
John Matthews	NHS Greater Glasgow and Clyde Board
Councillor Paul O'Kane	East Renfrewshire Council
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

DECLARATIONS OF INTEREST

1. Mrs Kennedy declared an interest in agenda item 9 – Talking Points – Update, by virtue of her role as Chair of Voluntary Action.

MINUTE OF PREVIOUS MEETING

2. The Board considered the Minute of the meeting held on 27 November 2019.

Commenting on the Minute and the discussions that had taken place in relation to levels of use of the CAMHS service, Councillor Swift enquired if it would be possible to obtain figures comparing levels of use of the service in East Renfrewshire against usage levels in other IJB areas.

The Chief Officer having confirmed that the information could be provided to a future meeting, the Board approved the Minute.

MATTERS ARISING

3. The Board considered and noted a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

ROLLING ACTION LOG

4. The Board considered and noted a report by the Chief Officer providing details of all open actions, and those that had been completed since the last meeting.

Responding to comments the Chief Officer confirmed that the form in relation to the reimbursement of carers' expenses would be finalised as soon as possible. She further confirmed that the status of the action in relation to the Care at Home Improvement and Redesign Programme would be changed from "Closed" to "Open". In relation to the progress report on Individual Budgets she also confirmed that this would take account of the technological solutions that were being introduced as this would have an impact on individual budgets.

The Board noted the report and the additional actions to be taken.

PERFORMANCE AND AUDIT COMMITTEE

5. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 27 November 2019.

ADDITIONAL INTEGRATION JOINT BOARD MEMBER

6. The Board considered a report by the Chief Officer seeking the appointment to the Board of a representative from Scottish Care.

The report explained that Scottish Care was a membership organisation and the largest representative body for independent care providers in Scotland, representing over 400 organisations.

Although locally there was a history of successful collaboration with the independent sector, the recent Joint Strategic Inspection suggested that in terms of strategic commissioning and planning, there was a need for greater involvement of the independent sector.

It was noted that Scottish Care were already represented on the Performance and Audit Committee and it was considered that having a Scottish Care representative on the Board would help to strengthen partnership working and be a valuable way of reflecting their contribution in East Renfrewshire. It was further noted that Scottish Care were represented on 8 IJBs, including on the Boards of some neighbouring IJBs.

Mrs Brimelow sought clarification of the representative nature of Scottish Care and whether or not in light of their role there was the potential for any conflict of interest were they to be offered membership of the Board.

In reply, the Chief Officer explained that the independent sector already participated in the Clinical and Care Governance Forum and the Scottish Care were already represented on the Performance and Audit Committee.

The Chair then invited Heather Molloy from Scottish Care, who was in the public gallery, to join the meeting to respond to Mrs Brimelow's questions. Thereafter Ms Molloy explained the role of Scottish Care, highlighting that it was a representative body with over 400 members providing both care home and care at home services. She explained that Scottish Care did not directly provide services and so the question of conflict of interest was one that should not arise. However she clarified that the organisation did have a framework in place to mitigate against any potential conflicts of interest.

Having heard Ms Molloy, and Mrs Brimelow welcome the assurances given, the Board agreed that the membership of the Board be extended to include a representative from Scottish Care, and that Scottish Care be invited to nominate a representative and substitute to serve on the Board

PARTICIPATION AND ENGAGEMENT STRATEGY - PRESENTATION

7. It was noted that the presentation had been made prior to the start of the meeting.

TALKING POINTS - UPDATE

8. Under reference to the Minute of the meeting of 1 May 2019 (Item 10 refers), when the Board noted a report by the Chief Officer providing an update on activity in the preceding 6 months and details of the new arrangements that would be in place from May 2019, the Board considered a report by the Chief Officer providing details of further progress in the implementation of Talking Points from May to October 2019.

The report explained that during that time, 69 Talking Points had taken place, leading to "good conversations", these being structured, asset-based discussions enabling people to identify what mattered to them and the development of a plan supporting people to achieve their outcomes. It was noted that the majority of conversations resulted from linking talking points to existing group activities, walk-ins, 3rd sector referrals and a social media campaign, with less than 5% of attendances being as a result of a direct referral by HSCP staff.

The report provided details of the type of supports people were referred/signposted to, highlighting that the main changes from the initial 3-month pilot period were a reduction in requests for general community information and an increase in Council/Culture and Leisure Trust referrals.

The report also provided details of plans for the coming year. These would include a number of fixed Talking Points at the most popular/accessible venues including the 2 health and care centres, Barrhead and Newton Mearns Market Places and Giffnock Library, as well as monthly

themed Talking Points each led by a different partner. Details of the issues and the lead partners for each were listed.

The Head of Adult Health and Social Care Localities was heard further on the report in the course of which she introduced Ruth Gallagher, Chief Officer, Voluntary Action, which was heavily involved in the delivery of Talking Points.

In response to questions from Ms Monaghan on diversion routes and the relatively low number of referrals from HSCP staff, the Head of Adult Health and Social Care Localities explained whilst the report provided details of some of the organisations service users had been signposted to, as one of the key elements of the elements of the approach was to keep people out of the formal system, individual referral details were not recorded. Notwithstanding, the Chief Social Work Officer indicated that there was nothing to prevent users of these services being asked if they had been referred there through Talking Points. This could be considered further as the service developed.

Councillor Bamforth referred to the commercial status of some of the organisations listed in the report., and sought clarification of what arrangements were in place to ensure that the service did not simply become another income stream for these organisations. In reply, Ms Gallagher explained that before any organisation could become part of Talking Points they needed to participate in the Development Group. She clarified that it was only third sector organisations that were involved in Talking Points. However, the whole ethos of the project was about providing choice and giving people options, and that if any organisations who wanted to participate were already on the commissioning framework they would not be excluded.

The Board noted the report.

CONTINUING CARE – FINANCE AND POLICY IMPLICATIONS FOR KINSHIP AND FOSTER CARE

9. The Board considered a report by the Chief Officer on the impact of Part 11 of the Children and Young People (Scotland) Act 2014 (the Act) in relation to continuing care and outlining the financial implications of the policy implementation for looked after children and young people in East Renfrewshire in relation to kinship and foster care.

By way of background, the report referred to the new duties placed on local authorities by Part 11 of the Act to provide young people born after 1 April 1999 who ceased to be looked after on or after their 16th birthday, and whose final placement was “away from home”, with the continuation of the support they received prior to their 16th birthday. This support was to continue up to and including the age of 21.

It was highlighted that this was separate from the duties under Part 10 of the Act that extended the provisions relating to aftercare to young people as contained in Section 29 of the Children (Scotland) Act 1995. This enabled local authorities to provide advice, guidance and assistance to young people ceased to be looked after and eligible for aftercare, up to the age of 26.

The report noted that the average age for leaving care in Scotland was between 16 and 18 whilst the average age for leaving home was 25, and highlighted that moving on from care too early or abruptly and at times without the benefits of support and social networks could contribute to significantly poorer outcomes. To help address this in June 2016 East Renfrewshire Corporate Parents had signed up to the Scottish Care Leavers Covenant, which set out guiding principles for support to care leavers, with a particular keystone of the covenant being for corporate parents to encourage looked after children and care leavers to remain in positive care settings until they were ready to move on.

The report then outlined the existing local arrangements for kinship and foster care including providing details of existing financial arrangements, whereby from 2016 a financial parity model for formal kinship and foster care allowances had been adopted. However, there were still challenges to be addressed in relation to supported care where in certain circumstances financial support was either reduced or stopped altogether. This had in some cases contributed to young people moving on from care earlier than they were perhaps ready to do.

The report then outlined the proposed extended care and support mechanisms to be introduced as a result of the legislative changes. Details of the financial implications of increasing and extending allowances for continuing care were set out. It was noted that in terms of foster care to continuing care the proposed financial support for young people 18-21 would increase from £329.21 to £357.41 per week, whilst for kinship care where 18-21 year olds currently received no financial support, support of £182.70 per week would be introduced. The total estimated cumulative additional costs over the period 2019-2022 would be approximately £140,000 with current indications showing that additional funding would be required. However given the fluidity of numbers of looked after and accommodated young people the full implications for future years were difficult to predict.

Thereafter the report explained that existing planning arrangements for young people in continuing care were being revised, as well as revised guidance for children's social work being developed. This would better assist young people in their transition to adulthood.

The Chief Social Work Officer was heard further on the report referring to rising numbers of children in kinship care. She highlighted the differing ages for the cessation of financial support depending on the type of care provided and how particularly in respect of kinship care the cessation of funding could have an adverse impact on the young person being cared for often resulting in a knock on impact on other services. She commented further on the proposed financial changes outlined in the report and referred to the forthcoming report from the Care Inspectorate into the direct and indirect costs in relation to kinship care.

Referring to the financial implications of the new approach, Councillor Swift questioned whether or not East Renfrewshire Council would fund the additional costs.

Ms Monaghan having suggested that the determination of the overall funding provided to the IJB for those Council services delivered by the HSCP was a matter for the Council and not the Board, the Chief Financial Officer confirmed that the additional cost pressures had been included in the 2020-21 budget process.

Recognising the impact of legislative and policy changes for the HSCP and East Renfrewshire, the Board:-

- (a) noted that local guidance would be strengthened to better support carers and young people to financially plan for young people leaving care; and
- (b) approved the projected financial commitment in respect of Continuing Care.

EAST RENFREWSHIRE HSCP STRATEGIC IMPROVEMENT PLAN

10. The Board considered a report by the Chief Officer providing details of the proposed development actions in the Strategic Improvement Plan. An amended copy of the plan was tabled.

The actions had been drawn from the response to the areas for development identified in the Joint Strategic Inspection of Adult Services carried out by the Care Inspectorate and Health Improvement Scotland between April and June 2019; the improvement actions identified

following the self-evaluation conducted as part of the Ministerial Strategic Group for Health and Community Care Group review; and the findings from the Audit Scotland Report: *Health and Social Care Integration*.

The report explained that the Improvement Plan reflected the cross-cutting themes in the recommendations and proposals from the various bodies and that the plan was structured in relation to the 6 thematic headings used in the Audit Scotland report.

Commenting on the report the Chief Officer drew attention to the fact that the responses to the Care Inspectorate's recommendations contained in their report published in October had been incorporated into the Improvement Plan.

She reported that in relation to collaborative leadership, positive meetings between HSCP Chief Officers and council Chief Executives had already taken place and some public messaging on the appropriate use of services was being developed. A first meeting between Chief Finance Officers and NHSGGC Director of Finance had also taken place.

Further discussion followed in the course of which Mr Mohamed having emphasised the importance of key stakeholders being identified and involved in any engagement undertaken, Ms Monaghan welcomed that weaknesses in information gathering had been identified and that this was being addressed.

Mrs Brimelow welcomed the action plan highlighting the importance of adopting a strategic focus and the need for the pace of change to be maintained. Referring to the new head of service post that had been created she stated that it would be useful to see a copy of the management structure chart which would allow members of the Board to see where the position would sit within the HSCP management structure and the duties to be undertaken and responsibilities held by the postholder.

In reply the Chief Officer was heard on the role of the new post but also confirmed that a copy of the structure chart would be shared with members of the Board. Furthermore, in response to a question from Councillor Swift on benchmarking of IJB annual performance reports, the Chief Officer explained that the benchmarking criteria had still to be developed.

The Board noted the Strategic Improvement Plan.

CARE AT HOME IMPROVEMENT AND REDESIGN PROGRAMME

11. Under reference to the Minute of the previous meeting (Item 9 refers), when the Board had noted a report by the Chief Officer providing an update on the most recent report from the Care Inspectorate and setting out arrangements to develop a comprehensive programme to focus efforts on meeting the Care Inspectorate requirements, alongside a more fundamental service redesign, the Board considered a further update report giving progress against the programme, and outlining the timeline and key milestones to be reached to progress the service redesign.

Having outlined the membership of the Programme Oversight Board that had been established, the report explained that the key element in relation to meeting and sustaining the Care Inspectorate requirements was the review of frontline management roles and the development of new roles that were fit for the future. In this regard, it was explained that continuity of support for service users would require further recruitment and changes to work patterns to ensure staffing resource was aligned to service demand. Part of the recruitment strategy included advertising through television, radio and social media with the campaign timings being aligned to the national social care recruitment campaign being led by the Scottish Government.

The report then set out the key improvement activities within the programme for Quarter 1 (January to March) across all workstreams and whether they were on target to be delivered on time. It was clarified that in terms of the reporting mechanism used Green status did not indicate that an action had been completed but that it was on track to be delivered in accordance with the agreed delivery timescale.

The report also explained that Quarter 2 priorities were in the process of being set and would predominantly focus on service redesign.

Thereafter the report provided details of the current financial position in respect of the Care at Home Service, it being noted that there was a current projected overspend of £501K against a budget of £7.5M. Further information regarding the implications for current staff roles and working patterns was also outlined.

The Chief Officer commented at length on the report, explaining that a more detailed report would be brought to the next meeting of the Board. She was heard on the challenges in relation to staff recruitment and explained that every effort was being made to improve the current financial position.

Responding to questions from Dr Campbell of the impact of staffing shortages on delayed discharges, the Chief Officer explained that despite staffing challenges delayed discharges in East Renfrewshire had been well-managed with the numbers being relatively low. She also confirmed that only 1 person had been able to take up temporary residency in a care home to enable them to be discharged from hospital before to an appropriate homecare package had been put in place.

In support of the Chief Officer's comments, Mrs Brimelow explained that she had been monitoring levels of delayed discharge across the whole GGC area and East Renfrewshire performed well. Notwithstanding she suggested that it would be helpful for a paper regarding delayed discharges to be submitted to a future meeting of the Board. Any such paper should also include details of numbers, reasons for delay, numbers of patients who were kept out of hospital due to appropriate care packages, primary and secondary diagnoses.

The Chief Officer having confirmed that a paper would be brought to a future meeting, Mrs Brimelow sought further clarification of whether, in the Chief Officer's opinion, the Care Inspectorate requirements would be delivered by the end of March. In reply, the Chief Officer having explained the efforts that had been made and the ongoing collaborative work with the Care Inspectorate stated that in her opinion it was likely that the majority of the requirements would be delivered, however operational pressures in the winter period may present challenges to progress.

In support of the Chief Officer, the Chief Social Work Officer explained that as commented on earlier in the meeting, one of the challenges that was being addressed was the quality of management information and that the quality of existing information made it difficult to demonstrate to the Inspectorate the improvements that were being delivered. Improvements in data quality would make it easier to demonstrate to the Inspectorate the improvements that were being delivered.

Ms Monaghan having welcomed the assurances that everything possible was being undertaken to improve the service and Councillor Bamforth highlight that staff recruitment was a national issue the Board noted the report.

PRIMARY CARE IMPROVEMENT PLAN - PROGRESS

12. Under reference to the minute of the meeting of 1 May 2019 (Item 11 refers) when the Board had noted a report by the Chief Officer providing an overview of the activities during Year 1 of the East Renfrewshire Primary Care Improvement Plan (PCIP), in line with the Memorandum of Understanding (MOU), the Board took up consideration of a report by the Chief Officer providing a Year 2 mid-year update in relation to actions set out in the Plan.

Having set out the background to the creation of the Plan and associated purpose, the report provided information on the delivery of the commitments set out in the MOU, such as the Vaccine Transformation Programme, Pharmacotherapy, Community Treatment Room Services, Urgent Care (Advanced Nurse Practitioners), and Additional Professional Roles.

Information in relation to the key successes over the year was highlighted. This included excellent figures for the delivery of childhood vaccines, the broadest and most significant whole time equivalent (WTE) input of pharmacotherapy in the Greater Glasgow and Clyde area, and enhanced competency level for Community Health Care Assistants, amongst other things.

Some of the key challenges still to be addressed were outlined. These included uncertainty around the Vaccination Transformation Programme across the wider Greater Glasgow and Clyde area; staff cover during sickness absence, and limited funding from Scottish Government impacting on the ability to fully implement the Plan, amongst others.

The Localities Improvement Manager having been heard further on some of the issues raised in the report, Councillor Swift questioned whether the Advanced Nurse Practitioners and Advanced Practice Physiotherapists currently providing resource to a limited number of practices could be accessed by other practices. In reply the Localities Improvement Manager explained that access to these resources was restricted at the moment but that the possibility of introducing a cluster approach to widen service access in future had not been discounted. Furthermore, she explained that although the additional pharmacy resource was not introduced with the specific intention of achieving prescribing savings, this was a possibility.

The Chief Nurse was heard on the excellent levels of pre-5 flu vaccinations in East Renfrewshire which at 73.3% were significantly higher than in previous years and paid tribute to the efforts of all staff involved, reference being made in particular to the role of District Nurses in the immunisation regime. She did highlight the need to increase the cohort of suitable trained staff but this took time. In addition, in response to a question from Ms Monaghan on the possibility of restrictive contracts to ensure anyone trained by the partnership had to commit to staying there for a defined period, the Chief Nurse explained the challenges around such an approach and that a lot of work on this was taking place at an NHS Board-wide level.

The Localities Improvement Manager having been heard further on challenges associated with training and retention of staff not least of which was the lack of a national pay scale, the Board noted the delivery of achievements as set out as well as the challenges and considerations for forward planning.

RISK MANAGEMENT POLICY AND STRATEGY

13. The Board considered a report by the Chief Officer seeking approval of a revised Risk Management Policy and Strategy. A copy of the proposed Policy and Strategy accompanied the report.

Having set out the background to the establishment of the current Policy and Strategy, the report explained the steps that had been taken as part of the review. These had included seeking comment from a range of stakeholders and also peer review of the Policy and Strategy by other HSCPs.

Details of the feedback that had been received and the proposed recommendations/actions were outlined.

It was noted that the revised policy and Strategy had been considered by the Performance and Audit Committee at its meeting on 27 November 2019, when it had been agreed to remit the Policy and Strategy to this meeting for consideration.

The Board approved the revised Risk management Policy and Strategy.

REVENUE BUDGET MONITORING REPORT

14. The Board took up consideration of a report by the Chief Financial Officer providing details of the projected outturn position of the 2019/20 revenue budget, and seeking approval of a budget virement.

It was reported that against a full year budget of £120.066M there was a projected overspend of £0.231M (0.19%), with details of the projected overspend being provided.

It was noted that this was a reduction in spend of £0.032M from the position last reported. It was further noted that any overspend at the end of the year would be funded from reserves if required although every effort would be made to eliminate the operational overspend during the year.

Comment was made on the main projected variances, it being noted that at these would be subject to change as the year progressed.

It was also reported that the proposed budget virements as set out in Appendix 7 to the report reflected realignment of existing budgets

Commenting further, the Chief Financial Officer clarified that the figures presented did not take account of any further winter related costs and these would be included in the next report.

Mrs Kennedy having suggested that it may be useful for the budget monitoring report to be considered earlier on the agenda for future meetings, the Board:-

- (a) noted the report; and
- (b) approved the budget virements as set out in Appendix 7.

DATE OF NEXT MEETING

15. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 18 March 2020 at 10.30 am in the Eastwood Health and Care Centre, Drumby Crescent, Clarkston.

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	18 March 2020
Agenda Item	4
Title	Matters Arising
<p>Summary</p> <p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 29 January 2020.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>Integration Joint Board members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

18 March 2020

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To update the Integration Joint Board on progress regarding matters arising from the discussion that took place at the meeting of 29 January 2020.

RECOMMENDATION

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

REPORT

Volunteer Expenses

3. The volunteer expenses form has been updated and will be implemented from 1st April 2020.

Adult Health and Social Care Localities – Individual Budgets and Overnight Support

4. At the last meeting of was requested that the Individual Budget Update take account of the technical developments being introduced such as new technical substitutes for sleepovers. A separate paper on Overnight Support including the use of technology will be presented at the IJB on 29 April 2020. The Individual Budget Update is on today's agenda.

Appointment of Additional IJB Member

5. Heather Molloy will be representing Scottish Care on the IJB on an interim basis until they are able to identify a permanent rep.

Charts/Graphs

6. As requested, any charts and graphs which are included in IJB papers will also be available on screen in future.

Continuing Care – Finance and Policy Implications for Kinship and Foster Care

7. The recommendations in the report have been implemented to support carers and young people financially plan for leaving care.

Delayed Discharges

8. A paper on delayed discharges will be presented to the IJB on 29 April 2020

IJB Risk Management Policy and Strategy

9. The policy and strategy has been circulated to the HSCP Senior Management Team for action.

RECOMMENDATIONS

10. Integration Joint Board members are asked to note the contents of the report.

REPORT AUTHOR AND PERSON TO CONTACT

Julie Murray, Chief Officer

Julie.Murray@eastrenfrewshire.gov.uk

February 2020



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 January 2020
Agenda Item	5
Title	Rolling Action Log
Summary	
The attached rolling action log details all open actions, and those which have been completed since the last meeting on 29 January 2020.	
Presented by	Julie Murray, Chief Officer
Action Required	
Integration Joint Board members are asked to note progress.	

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ACTION LOG: Integration Joint Board (IJB)

March 2020

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due	Progress Update /Outcome
283	29/01/2020	2	Declarations of Interest	Record in the Minute the declaration made by Anne Marie Kennedy in relation Item 9 on account of her position of Chair of Voluntary Action.	DSM	CLOSED	18/03/2020	Recorded in minute
282	29/01/2020	4	Minute of meeting of IJB of 27 November 2019.	Provide information to a future meeting on levels of CAMHS access compared to other IJBs.	CO	OPEN	24/06/2020	Added to forward planner - scheduled for June 2020
281	29/01/2020	5	Rolling Action Log	Make the necessary arrangements as soon as possible for the finalisation and issue of the expenses claim form for carers.	CFO	CLOSED	18/03/2020	Claim form revised. Will be implemented from 1st April 2020
280	29/01/2020	5	Rolling Action Log	Redesignate the action in relation to the Care at Home Improvement and Redesign Programme (271) from closed to open.	CO	CLOSED	18/03/2020	Action 271 redesignated to open
279	29/01/2020	5	Rolling Action Log	In the paper to be submitted to a future meeting in respect of Individual Budget Update (242) take account of the technical developments being introduced such as new technical substitutes for sleepovers, which will impact on individual budgets.	HAHSCL	OPEN	29/04/2020	Implementation of SDS included on March IJB agenda. Overnight Support will be a separate paper which will be presented in April.
278	29/01/2020	7	Appointment of Additional IJB member	Make arrangements to identify the representative/substitute and issue relevant documentation and amend all records accordingly	DSM	CLOSED	18/03/2020	
277	29/01/2020	9	Talking Points – Update	When colour graphs/charts are included in meeting papers ensure the relevant items are able to be displayed on screens at meetings.	DSM/GCO	CLOSED	18/03/2020	Process agreed
276	29/01/2020		Continuing Care – Finance and Policy Implications for Kinship and Foster Care	Make the necessary arrangements for the decisions to be implemented - The Board Approved the report, recognising the impact of legislative and policy change for the HSCP and the Council; Agreed that local guidance should be strengthened to better support carers and young people to financially plan for young people leaving care; Approved the projected financial commitment in respect of continuing care.	CSWO/CFO	CLOSED	18/03/2020	Implemented. Rates agreed
275	29/01/2020	11	East Renfrewshire HSCP Strategic Improvement Plan	Send out a copy of the amended structure chart containing the new HoS post to all members of the IJB	GCO	CLOSED	18/03/2020	Circulated to IJB Members 20/02/20
274	29/01/2020	12	Care at Home Improvement and Redesign Programme – Update	Submit a paper to a future meeting on delayed discharges – numbers; reasons for delay; strategies used for keeping people out of hospital; primary/secondary diagnoses etc	HAHSCL	OPEN	29/04/2020	Paper on Delayed discharges added to forward planner - scheduled for April 2020 IJB
273	29/01/2020	14	IJB Risk Management Policy and Strategy	Make the necessary arrangements for them to be implemented	CFO	CLOSED	18/03/2020	Circulated to HSCP Senior Management Team for action
272	29/01/2020	15	Revenue Budget Monitoring Report	The report was noted and the virements approved. Make the necessary budget adjustments	CFO	CLOSED	18/03/2020	
271	27/11/2019	9	Care at Home Improvement and Redesign Programme	Continue to submit progress reports to each meeting until further notice.	CO	OPEN	ONGOING	Paper included on March IJB agenda
263	25/09/2019	8	Chief Social Work Officer's Annual Report	Submit a report to a future meeting on how the use of data in Children's Services has led to service improvements.	CSWO	OPEN	29/04/2020	Paper originally added to forward planner for March - deferred to April IJB
262	25/09/2019	9	Clinical & Care Governance Annual Report	Collate and circulate information in relation to the reduction in the number of GP appointments required as a result of the introduction of new working practices and initiatives such as the Tier 2 pilot.	HAHSCL/CSWO	OPEN	24/06/2020	Information not yet available
244	26/06/2019	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	TBC	Added to forward planer - Timing of progress report will be dependant on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde
242	26/06/2019	11	Individual Budget Update	Submit a progress report to a future meeting.	CFO	CLOSED	30/01/2020	Implementation of SDS on March IJB agenda

238	26/06/2019	14	Planned housing developments in East Renfrewshire: Measuring Impact on GP Practice populations	Make arrangements for a seminar to be held to consider the wider implications for health and social care of increasing housing development, prior to submitting an options paper to the Board in Autumn 2019.	Localities Improvement Manager	CLOSED	31/12/2019	Seminar held 17 February 2020
232	01/05/2019	8	East Renfrewshire's Corporate Parenting Plan 2016-18 – Year 2 Progress Report	The Board also recognised the value of engaging with young people and recommended that this method be used as an exemplar for engagement by other services. Submit a report on engagement strategies to a future meeting.	CSWO	OPEN	27/11/2019	This will be included in Participation and Engagement paper - A presentation was delivered to IJB in Jan 2020 and a follow up paper will be presented to IJB in April 2020 (deferred from Mar)
212	20/03/2019	12	Review of Progress with integration of Health & Social Care	The Board also agreed to formalise the commitments in relation to support for carers and carers reps as set out in para 6(iii) of the table and the necessary arrangements	CFO	CLOSED	27/11/2019	CLOSED - SUPERCEDED BY 281 - The Terms of Reference for Your Voice has been updated to include details of expenses and support available. HSCP Replacement Care form developed (Aug 19) awaiting approval and will be shared at Your Voice in Sep
170	27/06/2018	11	Regional Planning	Note this item was deferred to the August meeting of the IJB	HAHSCL	OPEN	TBC	Awaiting updated regional report from the regional planning partnership and will share when available.
131	29/11/2017	14	Appointment of Standards Officer	Make a presentation on Code of Conduct to a future seminar	DSM	OPEN	13/05/2020	Included on programme for next seminar (May 2020)

Abbreviations

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

BSM	Business Support Manager
CD	Clinical Director
CO	Chief Officer
CFO	Chief Finance Officer
CSWO	Chief Social Work Officer

DSM	Democratic Service Manager
GCO	Governance and Compliance Officer
HAHSCL	Head of Adult Health and Social Care Localities
SPPPO	Senior Policy, Planning & Performance Officer



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	18 March 2020
Agenda Item	7
Title	Revenue Budget Monitoring Report 2019/20; position as at 31 January 2020
Summary	
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
The Integration Joint Board is asked to note the projected outturn for the 2019/20 revenue budget and approve the requested budget virement.	
Implications checklist – check box if applicable and include detail in report	
<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Policy
<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Staffing
<input type="checkbox"/> Legal	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Equalities	<input type="checkbox"/> Directions

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

18 March 2020

Report by Chief Financial Officer

REVENUE BUDGET MONITORING REPORT

PURPOSE OF REPORT

1. To advise the Integration Joint Board of the projected outturn position of the 2019/20 revenue budget.

RECOMMENDATIONS

2. The Integration Joint Board is asked to note the projected outturn for the 2019/20 revenue budget and to approve the requested budget virement.

BACKGROUND

3. This report forms part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained.

REPORT

4. The consolidated budget for 2019/20, and projected outturn position is reported in detail at Appendix 1. This shows a projected overspend of £0.479 million against a full year budget of £120.377 million (0.4%). This is an increase in projected spend of £0.248 million from the position last reported, with the main cost increase in the Care at Home Service from our recruitment campaign and new staff. Any overspend at the end of the year will be funded from reserves, if required. Appendices 2 and 3 set out the operational position for each partner.
5. The projected overspend remains in the main due to;
 - £0.604 million based on the current cost of services within Eastwood and Barrhead localities
 - £0.760 million Care at HomeOffset by:
 - £0.391 million care package and staffing costs within Children & Families
 - £0.288 million within Recovery Services from Mental Health staff and care package costs
 - £0.151 million within Finance and Resources from staff turnover and property costs
6. The consolidated budget, and associated direction to our partners is detailed at Appendix 5. This is reported to each Integration Joint Board and reflects in year revisions to our funding contributions and associated directions.
7. The budget virements relating to the ERC ledgers for operational budgets are identified at Appendix 7 and reflect realignment of existing budgets, to reflect the current structure and to support reporting against care groups and localities.

8. The NHS contribution adjustments are identified in Appendix 5 and do not require operational virement approval.
9. The main projected operational variances as set out below with projected costs based on known commitments and activity as at mid-year 2019/20.
10. **Children & Families £391k underspend** is a combination of staff turnover and the current projected costs of residential care and direct payment costs, also including £104k cost pressures within Health Visiting where we have increment and staff number pressures resulting from the funding model. This is an increase in costs of £27k since last reported.
11. **Older Peoples services £121k overspend** – this remains due to care package costs and is offset, in part, by vacancies within District Nursing and Rehabilitation. This a reduction in costs of £141k since last reported due to turnover and the latest projection for bed costs.
12. **Physical & Sensory Disability £312k overspend** – reflecting the current cost of care packages. This is an increase in costs of £55k from care cost package projections.
13. **Learning Disability £171k overspend** –this remains due to a £353k overspend on social care costs, mainly care packages and this is offset by vacancies within community nursing and slippage within consultant costs. This is a cost increase of £70k since last reported of which £39k is care package costs.
14. The total - projected overspend for Localities relating to the 3 care groups above is now £604k (Barrhead £275k and Eastwood £329k) and is a reduction in projected costs of £16k since last reported.
15. **Intensive Services £720k overspend** due to £760k Care at Home (both purchased and the in-house service), offset in part by staff turnover within day care and telecare services. This is an increase in projected costs of £263k since last reported, mainly from:
 - £143k additional staffing in Care at Home including costs associated with recruitment, training, uniforms etc.
 - increased purchased care £17k
 - £70k cost correction in day care as previous staff projections were understated
16. **Learning Disability Inpatients** is currently projected to budget. The ongoing bed redesign is dependent on the timing of the redesign of community provision by the other HSCPs, with the transition funding reserve remaining in place to support this. Whilst the inpatients service is currently underspending, we are assuming a break-even position as we have significantly increased our staff costs from January associated with the move of a very complex individual.
17. **Recovery Services Mental Health £288k underspend** is from staff turnover and care package costs. This is an increase in costs of £44k since last reported, for revised care package costs.
18. **Recovery Services Addictions £3k overspent** reflecting current staffing projections and care package cost commitments, a reduction of £2k since last reported.
19. **Prescribing Nil Variance.** The year to date indications are that the budget we have is sufficient to meet the current year costs, with two caveats being the inherent delay of c 2 months and the possible impact of non-receipt of rebate income this year (offset by tariff reduction next year). As previously reported given the number of variable

elements within prescribing and the ongoing uncertainty of Brexit the projections are continuously reviewed as costs, trends and intelligence build. A standard reporting format is being developed for 2020/21 across all 6 HSCPs within NHSGGC to bring more detail to the IJB.

20. **Planning and Health Improvement £18k underspend** – relates to vacant posts. This budget area will be realigned to Adult Localities and Public Protection Children and Families.
21. **Finance & Resources £151k underspend** – is a result of staff turnover and a further review of property costs, based on spend to date. This is a reduction in projected costs of £68k from one off gains in property and supplies
22. **Primary Care Improvement Plan and Mental Health Action 15.** The 2019/20 budgets have been agreed and a summary of each is set out at Appendices 9 and 10. The Scottish Government have confirmed that whilst the current year allocations have been reduced by the level of earmarked reserves that we hold, the full funding allocation will be available to us, subject to evidenced need. We provide regular returns to the Scottish Government to support our plans and evidence our spending profiles.
23. The current projected revenue budget overspend of £0.479 million will be funded from our budget savings reserve as required.
24. The year to date position is detailed at Appendix 4 and reflects an underspend of £0.975 million which is due to timing differences between actual year to date costs to the profiled budget.
25. The reserves position is reported at Appendix 6 and shows the current projected overspend being met from the budget phasing reserve. This also shows a draw on this reserve of £0.350 million for two savings targets in the current year-due to capacity issues to implement the programmes. The final draw on this reserve will be determined by the cost of services at the end of this financial year.

IMPLICATIONS OF THE PROPOSALS

Finance

26. Savings and efficiencies included in the ERC contribution of £3.097 million have been applied in full to the 2019/20 budget as have the NHSGGC savings of £0.585 million. As stated above a draw of £0.350 million is currently assumed to meet part of our current year savings.
27. The directions as detailed at Appendix 5 include the set aside budget as advised by NHSGGC of £17.046 million. This budget remains notional at this stage however work is ongoing to progress this.

Risk

28. As previously reported, a number of risks remain which could impact on the current and future budget position; including:
 - Achieving all existing savings on a recurring basis
 - Any in year impact from Covid 19 on our service delivery
 - Continued redesign of sleepovers and wider care package costs and demand
 - Achieving turnover targets
 - Prescribing costs exceeding budget and reserve
 - Observation and Out of Area costs within Learning Disability Specialist Services

Directions

29. The directions to our partners are detailed at Appendix 5.
30. The report reflects a projected breakeven position after the potential contribution of £0.479 million from reserves for the year to 31 March 2020.
31. There are no Staffing, Infrastructure, Equalities, Policy or Legal implications.

CONSULTATION AND PARTNERSHIP WORKING

32. The Chief Financial Officer has consulted with our partners.
33. This revenue budget reflects the consolidation of funding from both East Renfrewshire Council and NHS Greater Glasgow and Clyde. The HSCP operates under the Financial Regulations as approved by the Performance and Audit Committee on 18 December 2015. These regulations have been reviewed and will be presented to the Performance and Audit Committee of the IJB on 8 March 2020.

CONCLUSIONS

34. Appendix 1 reports a projected in year overspend of £0.479 million for the year to 31 March 2020 being funded from reserves, as required.

RECOMMENDATIONS

35. The Integration Joint Board is asked to note the projected outturn position of the 2019/20 revenue budget and approve the requested budget virement.

REPORT AUTHOR

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

4 March 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 29.01.2020 – Revenue Budget Monitoring Report
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25576&p=0>

IJB 27.11.2019 – Revenue Budget Monitoring Report
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25554&p=0>

IJB 25.09.2019 – Revenue Budget Monitoring Report
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25150&p=0>

IJB 14.08.2019 – Revenue Budget Monitoring Report
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24915&p=0>

IJB 01.05. 2019 - Revenue Budget Monitoring Report
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24320&p=0>

Consolidated Monitoring Report

Projected Outturn Position to 31st March 2020

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection - Children & Families	13,215,000	12,824,000	391,000	2.96%
Public Protection - Criminal Justice	-	-	-	-
Adult Localities Services				
Older People	18,734,000	18,855,000	(121,000)	(0.65%)
Physical & Sensory Disability	5,498,000	5,810,000	(312,000)	(5.67%)
Learning Disability - Community	10,586,000	10,757,000	(171,000)	(1.62%)
Learning Disability - Inpatients	8,361,000	8,361,000	0	0.00%
Augmentative and Alternative Communication	220,000	220,000	0	0.00%
Intensive Services	10,570,000	11,290,000	(720,000)	(6.81%)
Recovery Services - Mental Health	4,119,000	3,831,000	288,000	6.99%
Recovery Services - Addictions	1,111,000	1,114,000	(3,000)	(0.27%)
Family Health Services	22,974,000	22,974,000	0	0.00%
Prescribing	15,779,000	15,779,000	0	0.00%
Planning & Health Improvement	261,000	243,000	18,000	6.90%
Finance & Resources	8,949,000	8,798,000	151,000	(1.69%)
Net Expenditure	120,377,000	120,856,000	(479,000)	(0.40%)
Contribution to / (from) Reserve	-	(479,000)	479,000	0.00%
Net Expenditure	120,377,000	120,377,000	-	-

Note; ERC & NHS figures for the month ended 31 January 2020

Net Contribution To / (From) Reserves	£ (479,000)
Analysed by Partner;	
NHS	349,000
Council	(828,000)
Net Contribution To / (From) Reserves	(479,000)

Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	15,692,000	15,967,000	(275,000)	(1.75%)
Localities Services - Eastwood	19,126,000	19,455,000	(329,000)	(1.72%)
Net Expenditure	34,818,000	35,422,000	(604,000)	(1.73%)

Council Monitoring Report

Projected Outturn Position to 31st March 2020

Subjective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	22,051,000	21,716,000	335,000	1.52%
Property Costs	976,000	886,000	90,000	9.22%
Supplies & Services	2,032,000	2,328,000	(296,000)	(14.57%)
Transport Costs	224,000	277,000	(53,000)	(23.66%)
Third Party Payments	38,275,000	39,452,000	(1,177,000)	(3.08%)
Support Services	2,331,000	2,335,000	(4,000)	(0.17%)
Income	(16,299,000)	(16,576,000)	277,000	1.70%
Net Expenditure	49,590,000	50,418,000	(828,000)	(1.67%)

Contribution to / (from) Reserve	-	(828,000)	828,000	0.00%
Net Expenditure	49,590,000	49,590,000	-	0.00%

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection - Children & Families	9,213,000	8,718,000	495,000	5.37%
Public Protection - Criminal Justice	-	-	-	-
Adult Localities Services				
Older People	12,049,000	12,193,000	(144,000)	(1.20%)
Physical & Sensory Disability	4,559,000	4,871,000	(312,000)	(6.84%)
Learning Disability	7,859,000	8,212,000	(353,000)	(4.49%)
Intensive Services	8,737,000	9,457,000	(720,000)	(8.24%)
Recovery Services - Mental Health	1,351,000	1,317,000	34,000	2.52%
Recovery Services - Addictions	279,000	269,000	10,000	3.58%
Finance & Resources	5,543,000	5,381,000	162,000	2.92%
Net Expenditure	49,590,000	50,418,000	(828,000)	(1.67%)

Contribution to / (from) Reserve	-	(828,000)	828,000	0.00%
Net Expenditure	49,590,000	49,590,000	-	0.00%

Notes

- Figures quoted as at 31 January 2020
- The projected underspend / (overspend) will be taken to/(from) reserves at year end.
- Contribution To Reserves is made up of the following transfer;

Contribution from In Year Pressures Reserve	£ <u>(828,000)</u>
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4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	11,587,000	11,944,000	(357,000)	(3.08%)
Localities Services - Eastwood	12,880,000	13,332,000	(452,000)	(3.51%)
Net Expenditure	24,467,000	25,276,000	(809,000)	(3.31%)

NHS Monitoring Report

Projected Outturn Position to 31st March 2020

Subjective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	19,055,000	17,997,000	1,058,000	5.55%
Non-pay Expenditure	45,572,000	46,281,000	(709,000)	(1.56%)
Resource Transfer/Social Care Fund	10,896,000	10,896,000	-	0.00%
Income	(4,736,000)	(4,736,000)	-	-
Net Expenditure	70,787,000	70,438,000	349,000	0.49%

Contribution to / (from) Reserve	-	349,000	(349,000)	
Net Expenditure	70,787,000	70,787,000	-	

Objective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Childrens Services	2,142,000	2,246,000	(104,000)	(4.86%)
Adult Community Services	4,076,000	4,053,000	23,000	0.56%
Learning Disability - Community	1,001,000	819,000	182,000	18.18%
Learning Disability - Inpatient	8,361,000	8,361,000	-	-
Augmentative and Alternative Communication	220,000	220,000	-	-
Family Health Services	22,974,000	22,974,000	-	-
Prescribing	15,779,000	15,779,000	-	-
Recovery Services - Mental Health	2,462,000	2,208,000	254,000	10.32%
Recovery Services - Addictions	772,000	785,000	(13,000)	(1.68%)
Planning & Health Improvement	261,000	243,000	18,000	6.90%
Finance & Resources	2,156,000	2,167,000	(11,000)	(0.51%)
Resource Transfer	10,583,000	10,583,000	-	-
Net Expenditure	70,787,000	70,438,000	349,000	0.49%

Contribution to / (from) Reserve	-	349,000	(349,000)	0.00%
Net Expenditure	70,787,000	70,787,000	-	0.00%

Notes

- Figures quoted as at 30 January 2020
- Resource Transfer and the Social Care Fund is re allocated across client groups at the consolidated level as detailed below;

	£
Public Protection - Children & Families	1,860,000
Adult Localities Services	
Older People	2,609,000
Physical & Sensory Disability	939,000
Learning Disability	1,726,000
Intensive Services	1,833,000
Recovery Services - Mental Health	306,000
Recovery Services - Addictions	60,000
Finance & Resources	1,250,000
	<u>10,583,000</u>

Localities Services - Barrhead	2,496,000
Localities Services - Eastwood	2,778,000

- Total Contribution to / (from) Reserves £ 349,000

- Additional information - Adult Localities

Objective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	1,609,000	1,527,000	82,000	5.10%
Localities Services - Eastwood	3,468,000	3,345,000	123,000	3.55%
Net Expenditure	5,077,000	4,872,000	205,000	4.04%

Year To Date Position as at January 2020

Council Monitoring Report

Subjective Analysis	Year To Date			
	Budget	Actual	Variance	Variance
	£	£	(Over) / Under £	(Over) / Under %
Employee Costs	16,883,000	16,440,000	443,000	2.62%
Property Costs	616,000	602,000	14,000	2.27%
Supplies & Services	832,000	1,498,000	(666,000)	(80.05%)
Transport Costs	156,000	173,000	(17,000)	(10.90%)
Third Party Payments	28,832,000	28,370,000	462,000	1.60%
Support Services	-	7,000	(7,000)	-
Income	(7,987,000)	(8,436,000)	449,000	(5.62%)
Net Expenditure	39,332,000	38,654,000	678,000	1.72%

NHS Monitoring Report

Subjective Analysis	Year to Date			
	Budget	Actual	Variance	Variance
	£	£	(Over) / Under £	(Over) / Under %
Employee Costs	15,893,000	15,098,000	795,000	5.00%
Non-pay Expenditure	37,777,000	38,277,000	(500,000)	(1.32%)
Resource Transfer	9,021,000	9,019,000	2,000	-
Income	(3,495,000)	(3,495,000)	-	-
Net Expenditure	59,196,000	58,899,000	297,000	0.50%
Total	98,528,000	97,553,000	975,000	0.99%

Notes

- 1 Budget profiling is regularly reviewed to eliminate any unnecessary variances, however it needs to be recognised that, given the nature of the spend, budget profiling is not exact.

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Original Revenue Budget Contributions	67,577	49,350	-	116,927
Subsequent Contribution Revisions:				
Inflation uplift minor change	4	-		4
Continuing care beds minor change	(14)	-		(14)
Health Visiting - allocation of central budget	210	-		210
AAC Equipment budget	51	-		51
Family Health Services	1,567	-		1,567
FPC/FPNC <65's - Franks Law	-	490		490
CJS Grant Income	-	(561)		(561)
Employers Superannuation	716			716
Mental Health Action 15 Tranche 1	75			75
AAC SLA Budget transfer	149			149
PCIP Tranche 1	58			58
ADP Tranche 1	197			197
GP Premises	47			47
SESP Diabetes	39			39
SESP Learning Disabilities Team	65			65
Pay funding adjustment	2			2
Tobacco Prevention	44			44
Access to Counsellors in Schools		311		311
Current Revenue Budgets	70,787	49,590	-	120,377
Funding Outwith Revenue Monitoring				
Housing Aids & Adaptations *	-	550	-	550
Set Aside notional Budget	17,046	-	-	17,046
Total IJB Resources	87,833	50,140	-	137,973
Directions to Partners				
Revenue Budget	70,787	49,590	-	120,377
Social Care Fund	(5,161)	5,161	-	-
Integrated Care Fund	(673)	673	-	-
Delayed Discharge	(264)	264	-	-
	64,689	55,688	-	120,377
Housing Aids & Adaptations *	-	550	-	550
Set Aside notional Budget	17,046	-	-	17,046
	81,735	56,238	-	137,973

Earmarked Reserves	Reserve Carry Forward to 2019/20* £	2019/20 Projected spend £	Projected balance 31/3/20 £	comment
Scottish Government Funding				
Mental Health - Action 15	110,925	110,925	0	Applied in year
Alcohol & Drugs Partnership	68,303	68,303	0	Applied in year
Primary Care Improvement	185,823	185,823	0	Applied in year
Primary Care Transition Fund	234,201	234,201	0	Applied in year
Scottish Government Funding	599,252	599,252	0	
Bridging Finance				
Budget Savings Reserve	1,137,741	829,000	308,741	£350k to bridge current year savings and £479k to meet operational overspend
In Year Pressures Reserve	500,000	250,000	250,000	To support Bonnyton House decant
Prescribing	222,000	0	222,000	To smooth prescribing pressures
Bridging Finance	1,859,741	1,079,000	780,741	
Children & Families				
Residential Accommodation	460,000	0	460,000	To smooth the impact of high cost residential placements
Children 1st	68,906	68,906	0	Applied in year
Home & Belonging	100,000	12,500	87,500	2019/20 part year funding requirement
Continuing Care	35,000	35,000	0	Applied in year
Children & Families	663,906	116,406	547,500	
Transitional Funding				
Learning Disability Specialist Services	1,039,134	0	1,039,134	To support redesign and application determined by community placement. Possible £90k cost under review
Total Transitional Funding	1,039,134	0	1,039,134	
Projects				
District Nursing	38,800	0	38,800	Reserve was agreed in 2017/18 activity undertaken reserve will be realigned
Active Lives	55,000	55,000	0	Applied in year
Projects & Initiatives - various	109,730	0	109,730	Timing of use being reviewed along with potential realignment
LD Non Specialist Services	48,800	0	48,800	Timing of use being reviewed
Projects	252,330	55,000	197,330	
Repairs & Renewals				
LD Non Specialist Services	100,000	0	100,000	£30k committed for environmental works approved for 2020/21
Repairs & Renewals	100,000	0	100,000	
Capacity				
Care at Home	250,000	250,000	0	To support the Care at Home action plan
Partnership Strategic Framework	200,000	50,000	150,000	2019/20 part year funding requirement
Organisational Learning & Development	100,000	0	100,000	Timing of use being reviewed
Capacity	550,000	300,000	250,000	
Total All Earmarked Reserves	5,064,363	2,149,658	2,914,705	
General Reserves				
East Renfrewshire Council	109,200	0	109,200	
NHSGCC	163,000	0	163,000	
Total General Reserves	272,200	0	272,200	
Grand Total All Reserves	5,336,563	2,149,658	3,186,905	

East Renfrewshire HSCP - Revenue Budget Monitoring 2019/20
Budget Virement

Appendix 7

Subjective Analysis	2019/20 Budget Virement					
	2019/20 Budget P8 £	(1) £	(2) £	(3) £	2019/20 Budget £	Total Virement £
Employee Costs	22,122,000	(71,000)			22,051,000	(71,000)
Property Costs	976,000				976,000	-
Supplies & Services	2,032,000				2,032,000	-
Transport Costs	224,000				224,000	-
Third Party Payments	37,793,000	71,000	100,000	311,000	38,275,000	482,000
Support Services	2,331,000				2,331,000	-
Income	(16,199,000)		(100,000)		(16,299,000)	(100,000)
Net Expenditure	49,279,000	-	-	311,000	49,590,000	311,000

Objective Analysis	2019/20 Budget Virement					
	2019/20 Budget P8 £	(1) £	(2) £	(3) £	2019/20 Budget £	Total Virement £
Public Protection - Children & Families	8,662,000	240,000		311,000	9,213,000	551,000
Adult Health - Intensive Services	8,808,000	(71,000)			8,737,000	(71,000)
Adult Health - Localities Services						
Older People	11,951,000	98,000			12,049,000	98,000
Physical & Sensory Disability	4,371,000	188,000			4,559,000	188,000
Learning Disability	8,037,000	(178,000)			7,859,000	(178,000)
Recovery Services - Mental Health	1,351,000				1,351,000	-
Recovery Services - Addictions	279,000				279,000	-
Public Protection - Criminal Justice	-				-	-
Finance & Resources	5,820,000	(277,000)			5,543,000	(277,000)
Net Expenditure	49,279,000	-	-	311,000	49,590,000	311,000

Note:

- 1 Budget realignments for staffing budgets to reflect budget changes.
- 2 Resource Transfer adjustment for older people's services
- 3 Access to counselling in schools Scottish Government funding received in January

Additional information - Adult Localities budget allocations

Objective Analysis	2019/20 Budget Virement					
	2019/20 Budget P8 £	(1) £	(2) £	(3) £	2019/20 Budget £	Total Virement £
Adult Localities - Localities Services Barrhead	11,722,000	(135,000)			11,587,000	(135,000)
Adult Localities - Localities Services Eastwood	12,637,000	243,000			12,880,000	243,000
Net Expenditure	24,359,000	108,000	-	-	24,467,000	108,000

East Renfrewshire HSCP - Revenue Budget Monitoring 2019/20
Analysis of Savings Delivery

Saving	Approved Saving 2019/20 Budget £	Projected Saving 2019/20 £	Comments
New savings agreed as part of 2018-21 budget - ERC			
Recurring IJB Funding	547,000	547,000	Saving Achieved
Project Flexibility	500,000	500,000	Saving achieved - £270k recurring, £230k non-recurring
Recurring Sustainability Funding	450,000	450,000	Saving Achieved
Interim Funding & C Alarm Income	200,000	200,000	Saving Achieved
Fit for The Future - Phase 2	250,000	250,000	Full saving projected with £135k achieved and balance from reserve as required this year
Digital Efficiencies	250,000	250,000	Full saving projected from reserves for 2019/20, digital programme prepared but capacity delay to implement
Rationalisation of Community Resources	100,000	100,000	As above
Non Residential Care Packages	800,000	800,000	Saving applied to all care budgets
Sub Total	3,097,000	3,097,000	
New savings to meet NHS Pressures			
Non Pay Inflation	460,000	460,000	Saving Achieved
LD Redesign - Waterloo Close	125,000	125,000	Saving Achieved
	-	-	
Sub Total	585,000	585,000	
Total HSCP Saving Challenge	3,682,000	3,682,000	

East Renfrewshire HSCP - Revenue Budget Monitoring 2019/20
Primary Care Improvement Plan

Appendix 9

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£	£	£
Pharmacist	430,000	433,000	(3,000)
Advanced Nurse Practitioners	174,000	45,000	129,000
Advanced Practice Physiotherapists	59,000	80,000	(21,000)
Community Mental Health Link Workers	83,000	72,000	11,000
Community Healthcare Assistants / Treatment Room	77,000	167,000	(90,000)
Vaccine Transformation Programme	168,000	205,000	(37,000)
Programme Support / CQL / Pharmacy First	71,000	44,000	27,000
Total Cost	1,062,000	1,046,000	16,000
Funded by:			
Current Year Allocation - subject to additional drawdown against full allocation of £1.014m	856,116	856,116	-
Reserve Balance	185,823	185,823	-
Total Funding	1,041,939	1,041,939	-
Potential Further Funding Request / (Addition to reserve)		4,061	

Notes

Detailed reporting on progress will be included in PCIP update reports to the IJB

Service	Planned Programme Costs £	Projected Programme Costs £	Projected Variance £
System Wide Programme			
Prevention and Early Intervention			
Computerised CBT Service	3,200	1,400	1,800
<i>Collection Prevention Programme</i>			
- Mental Health and Suicide Prevention Training	6,000	4,000	2,000
- Digital Support	400	400	0
Bipolar Hub			
Dementia - Young Onset Dementia	2,000	1,600	400
Productivity			
<i>Unscheduled Care</i>			
- Adult Liaison services to Acute Hospitals	10,800	5,800	5,000
- Out of Hours CPNs	9,800	6,300	3,500
Police Custody	10,500	6,300	4,200
Borderline Personality Disorder	24,400	17,400	7,000
Project Management Support	5,000	4,700	300
Recovery			
Recovery Peer support workers	9,300	10,500	(1,200)
Psychological Interventions in Prisons	9,100	8,100	1,000
System Wide Programme Cost	90,500	66,500	24,000
Local Programme			
Investment in tier 2 services for Children & Young People			
2 Workers (Children's First) increasing to 4	51,500	44,500	7,000
CAMHS	17,000	17,000	-
Peer Support Workers - Purchase from voluntary sector			
Band 3 0.5 FTE equivalent * 2 posts	25,700	6,000	19,700
Extension of Crisis Service at RAMH	12,900	-	12,900
Waiting Time Initiatives - 12 month period			
Band 5 & 6			
Band 6	50,100	37,825	12,275
Band 5	20,100	15,175	4,925
Development & Planning Role - 18 months			
Band 7	29,500	9,000	20,500
Consultant			
Bridge 2 sessions pending redesign			
Local Programme Cost	206,800	129,500	77,300
Total Programme Cost	297,300	196,000	101,300
Funded by:			
Current Year Allocation	264,617	264,617	-
Reserve Balance	110,925	110,925	-
Total Funding	375,542	375,542	-
Potential Further Funding Request / (Addition to reserve)	(78,242)	(179,542)	

Notes

The system wide costs are based on the latest available information and may change.
There is some recruitment slippage and balances will be carried forward as required.



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	18 March 2020
Agenda Item	8
Title	Implementation of Individual Budget Calculator and Self Directed Support
<p>Summary</p> <p>This report sets out an update on the Implementation of the Individual Budget Calculator and Self Directed Support processes.</p>	
Presented by	Lesley Bairden, Chief Financial Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to note the update and progress.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**18 March 2020****Report by Chief Financial Officer****IMPLEMENTATION OF SELF DIRECTED SUPPORT****PURPOSE OF REPORT**

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an update on the implementation of the Individual Budget calculator and self-directed support process.

RECOMMENDATION

2. The Integration Joint Board is asked to note and discuss the update on implementation contained in the report
3. The Integration Joint Board is asked to approve the deferment of charging a client contribution until April 2021.

BACKGROUND

4. The Integration Joint Board has received a series of reports, as set out below and detailed at the end of this report, on the process for calculating (adult) Individual Budgets under Self Directed Support legislation.

Adult Individual Budget Process Overview

5. This report provides an update on the implementation of the Individual Budget Calculator and Self Directed Support processes.

REPORT

Preparation for Implementation

6. Prior to implementing the Individual Budget Calculator, outcome-focussed planning training was delivered to all Social Workers and Social Work Assistants as well as Team Managers and Finance Support Officers. Partner agencies, the SDS Forum and Carers Centre, also attended training sessions held on 29th/30th May 2019 and 19th/20th August 2019 for those who couldn't attend the original session.
7. Practice guidance and process checklists were developed and shared with staff to ensure consistency of implementation and equity across the two localities.
8. The original implementation date had been set for July 2019, however taking into account the ongoing changes to team structures; it was decided to postpone this until all staff and partners had undertaken training and practice guidance was in place.

Development of Resource Enablement Group

9. The Resource Enablement Group (REG) was established with a fixed and rotating membership. The fixed membership has been the Barrhead Locality Manager and Client Finance Officer. Other members include team managers, social workers and social work assistants and finance support officers who rotate, allowing all staff the opportunity to take part and contribute to the work and development of the REG.
10. The first part of the process is that the social worker or social work assistant completes the questionnaire with the person and their family and undertakes an outcomes assessment. Following this they meet with the finance support officer who uses the indicative budget calculator to produce an indicative budget. The worker then uses the indicative individual budget to plan with the person and with the finance support officer to cost the plan. The costed care plan, outcomes assessment and indicative banking are presented to REG.
11. At the REG the social worker gives a brief background, outlines the outcome and the plan to meet these outcomes. Either the plan is accepted or REG discussions inform the care plan. In many cases changes can be made in the meeting. If further information or significant changes are the required, the social worker is asked to attend the following meeting with an updated plan. The decisions of the REG are all recorded.
12. Initially workers were not asked to attend the meeting and the group reviewed the papers submitted. However the REG found that they sometimes had insufficient information to approve the budget and plan. In order to address this, workers are asked to attend and present to the REG.
13. Workers and managers have reported positively on the process both from the perspective of being a member of the REG and presenting the case for a budget and plan. Three months following implementation, the demand to attend the REG is such that it has been changed from a fortnightly to a weekly meeting, alternating between the Barrhead and Eastwood Localities.

Individual Budgets

14. 36 cases for the Barrhead Locality have been presented to the REG. 7 have been new cases and 29 have been as a result of a review. Of the 29 reviews undertaken to date, 9 have seen a reduction in the indicative budget. This is likely to be due to the proportion of higher funded cases being within the Barrhead Locality which hosts the Learning Disability Team. Planning for 4 of these cases have resulted in a higher budget being agreed and a plan to work towards the indicative budget. This is likely to be in relation to the complexity or requirement of 2:1 support identified within the risk assessment.
15. 52 Eastwood Locality cases have been presented to the REG, 15 of which have been new cases and 36 have been as a result of reviews. Of the 36 reviews, 11 have seen a reduction in their care costs. The higher levels of budget reduction may be as a result of reviews following crisis intervention where an initially higher level of resource for respite or use of an off framework provider resulted in increased costs.
16. Each case brought to the REG is given a review date. Although most cases will be reviewed annually, high risk cases, or those where emergency care has been agreed (and will need to be reviewed again once no longer in crisis) are given a much shorter timeframe for review – usually between 6 weeks and 3 months. Reminders will be sent to staff about cases due to be brought back for review to allow them time to complete new paperwork if applicable.

CONSULTATION AND PARTNERSHIP WORKING

17. Partners have participated in the outcome planning and individual budget training.

IMPLICATIONS OF THE PROPOSAL

Finance

18. No changes have been made to the calculator at present. Indicative budget amounts compared with actual agreed budgets and previous budgets (where applicable) will be compiled for January – March to establish if the calculator is working within expected parameters. However given the recent budget announcement and depending on ongoing discussions with our partner organisations around final budget settlement, it may be necessary to make further changes to the scope of the calculator.
19. The decision to defer charging a contribution to the Individual Budget was originally deferred until April 2020 to ensure that there was equity in the process while people were awaiting review. As the introduction of the new process was delayed until December 2019 it is recommended that a decision on charging be deferred until April 2021.

CONCLUSIONS

20. Whilst there has been a slight delay in implementing the Individual Budget process agreed by the Integration Joint Board, the Resource Enablement Groups are well established and over 80 individual budgets and outcome plans have been considered.

RECOMMENDATIONS

21 The Integration Joint Board is asked to note and discuss the update on implementation contained in the report

22. The Integration Joint Board is asked to approve the deferment of charging a client contribution until April 2021.

REPORT AUTHOR AND PERSON TO CONTACT

Caroline Robertson, Barrhead Locality Manager
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Lesley Bairden, Head of Finance and Resources, Chief Financial Officer
Lesley.Bairden@eastrenfrewshire.gov.uk

February 2020

Chief Officer, IJB : Julie Murray

BACKGROUND PAPERS

IJB PAPER 26.06.2019: Individual Budget Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24642&p=0>

IJB PAPER 28.11.2018: Individual Budget Process
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23458&p=0>

IJB PAPER 27.06.2018: Individual Budgets Self Directed Support Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22619&p=0>



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	18 March 2020
Agenda Item	10
Title	Statutory Guidance on Directions from Integration Authorities to Health Boards and Local Authorities
<p>Summary</p> <p>The Scottish Government issued Statutory Guidance on Directions from Integration Authorities to Health Boards and Local Authorities in December 2020. This report identifies the key actions from the guidance and our proposals for implementation.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Members of the Integration Joint Board are asked to note the content of this report and approve the implementation actions identified.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Finance <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**18 March 2020****Report by Chief Financial Officer****STATUTORY GUIDANCE on DIRECTIONS FROM INTEGRATION AUTHORITIES TO HEALTH BOARDS AND LOCAL AUTHORITIES****PURPOSE OF REPORT**

1. This report provides the Integration Joint Board with proposals to address the key actions identified in the recently issued Statutory Guidance on Directions from Integration Authorities to Health Boards and Local Authorities in December 2020.

RECOMMENDATION

2. Members of the Integration Joint Board are asked to note the content of this report and approve the implementation actions identified.

BACKGROUND

3. The statutory guidance succinctly summarises directions as the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan.
4. Directions are a key aspect of governance and accountability between partners. This guidance has been published as one of the proposals from the Ministerial Strategic Group for Health and Community Care (MSG) report on the review of progress with integration (February 2019).

REPORT

5. The key actions identified in the guidance are set out in the improving practice and summary of key actions section of the publication:
 - i. A standard covering report format, which includes a brief section requiring the report author to decide and record if the report requires a direction to be issued to the Health Board, the Local Authority or both, or that no direction is required.
 - ii. Directions should include detail on the required delivery of the function and financial resources.
 - iii. The content of a direction should be informed by the content of a report on the function(s) approved by the IJB and should be contained in the same report, using a standard format.
 - iv. Directions should be issued as soon as practicable following approval by the IJB, usually by the IJB Chief Officer to the Chief Executive of either the Health Board or the Local Authority, or both. Each in the role as accountable officers to the relevant statutory body.
 - v. A log of all directions issued, revised, revoked and completed should be maintained. This log should be periodically reviewed by the IJB and used as part of the performance management processes, including audit and scrutiny.

6. The proposed actions for our IJB are:
 - i. We will introduce a specific directions section in the report, rather than inclusion in the implications section of the report as now.
 - ii. Our revenue monitoring report is referenced as a running budget directions reconciliation – however in future the financial implications will be shown with specific directions.
 - iii. We have a standard format report which we will revise for clearer directions detail. The IJB may wish to take this opportunity to suggest any other format changes to the report format.
 - iv. We have agreed with the Democratic Services Manager, who supports the IJB, the process for reporting and recording directions in the IJB minutes and actions. A letter specifying directions will be issued to either or both partners following each meeting of the IJB.
 - v. We will maintain a directions log, along the same principles as our action log for the IJB. Given that directions are likely to support strategic decisions, service redesign and medium-term actions it is proposed that the IJB review this log twice a year.

CONSULTATION AND PARTNERSHIP WORKING

7. Consultation took place as described earlier in the report.
8. The revised policy and strategy was shared with the Performance and Audit Committee in November 2019 who agreed to remit to the IJB for approval.

IMPLICATIONS OF THE PROPOSALS

9. There are no finance, staffing, risk, policy, infrastructure, equalities or legal implications.
10. There are no directions as a result of this paper, however the identification and treatment of directions within all future reports will reflect the changes outlined, subject to IJB approval.

CONCLUSIONS

11. Whilst the IJB issues directions as part of the financial reports and on a few specific occasions, directions have not been issued as a matter of course.
12. The proposed actions set out for local implementation will ensure we are compliant with the practice set out in the strategic guidance.
13. The implementation of the guidance should be given consideration as future audit activity for the IJB to provide assurance and transparency.

RECOMMENDATIONS

14. The Integration Joint Board are asked to note the content of this report and approve the implementation actions identified.

REPORT AUTHOR AND PERSON TO CONTACT

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

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

The link to the statutory guidance is included here for further information if required.
<https://www.gov.scot/publications/statutory-guidance-directions-integration-authorities-health-boards-local-authorities/>

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