

Date: 17 January 2020
When calling please ask for: Eamonn Daly (0141-577-3023)
e-mail: eamonn.daly@eastrenfrewshire.gov.uk

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 **Council Offices, Main Street, Barrhead** on **Wednesday 29 January 2020 at 10.00 am.**

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

The agenda of business is attached.

Yours faithfully

Anne-Marie Monaghan

Chair

This document can be explained to you in other languages and can be provided in alternative formats such as large print and Braille. For further information, please contact Customer First on 0141 577 3001 or email customerservices@eastrenfrewshire.gov.uk

BLANK PAGE

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY, 29 JANUARY AT 10.00am
COUNCIL OFFICES, MAIN STREET,
BARRHEAD**

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting of IJB of 27 November 2019 (copy attached, pages 5 - 14).**
- 4. Matters Arising (copy attached, pages 15 - 18).**
- 5. Rolling Action Log (copy attached, pages 19 - 22).**
- 6. Performance and Audit Committee – Minute of meeting of 27 November 2019 (copy attached, pages 23 - 28).**
- 7. Appointment of Additional IJB Member (copy attached, pages 29 - 32)**
- 8. Participation and Engagement Strategy - Presentation.**
- 9. Talking Points Implementation Update (copy attached, pages 33 - 42).**
- 10. Continuing Care – Finance and Policy Implications for Kinship and Foster Care (copy attached, pages 43 - 50).**
- 11. East Renfrewshire HSCP Strategic Improvement Plan (copy attached, pages 51 - 64).**
- 12. Care at Home Improvement and Redesign Programme Update (copy attached, pages 65 - 72).**
- 13. Report on the Progress of the Primary Care Improvement Plan (PCIP) (copy attached, pages 73 - 82).**
- 14. IJB Risk Management Policy and Strategy (copy attached, pages 83 - 106).**
- 15. Revenue Budget Monitoring Report (copy attached, pages 107 - 122).**
- 16. Date of Next Meeting: Wednesday 18 March 2020 at 10.30 am, Eastwood Health and Care Centre, Drumby Crescent, Clarkston.**

BLANK PAGE

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.30 am on 27 November 2019 in
the Eastwood Health and Care Centre, Drumby Crescent,
Clarkston**

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council (Vice-Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
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
Councillor Paul O'Kane	East Renfrewshire Council
Dr Ian Ritchie	NHS Greater Glasgow and Clyde Board (substitute for Anne-Marie Monaghan)
Ian Smith	Staff Side representative (East Renfrewshire Council)
Councillor Jim Swift	East Renfrewshire Council
Flavia Tudoreanu	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Vivienne Hoggan	Specialist NHS Learning Disability Services
Fiona McBride	Operations Manager, Children 1 st .
Belinda McEwan	Senior Manager, Children and Families (Intensive Services) and Criminal Justice
Rhoda MacLeod	Head of Adult Services (Sexual Health, Prison & Police Custody Health Care) Glasgow City HSCP
Candy Millard	Head of Adult Health and Social Care Localities
Jennifer Schofield	Lead Nurse, Sandyford, Glasgow City HSCP

APOLOGIES FOR ABSENCE

Councillor Tony Buchanan	East Renfrewshire Council
John Matthews	NHS Greater Glasgow and Clyde Board
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

Variation in Order of Business

In accordance with Standing Order 16.2, Councillor Bamforth advised that she had altered the order of business to facilitate the conduct of the meeting.

TRANSFORMATIONAL CHANGE PROGRAMME – SEXUAL HEALTH SERVICES IMPLEMENTATION PLAN

2. The Board considered a report by Jackie Kerr, Assistant Chief Officer, Adult Services, Glasgow HSCP, on service changes and implications for East Renfrewshire of the ongoing transformational change programme for Sexual Health Services.

By way of background, the report explained that the transformation plan to remodel sexual health services in the Greater Glasgow area was set out in the document *Transformational Change Programme – Sexual Health Services*. This had been endorsed through engagement with partners and the public, and approved by Glasgow City IJB in March 2018.

The report also outlined the objectives of the service review and highlighted a number of the key service improvements that would be delivered

Thereafter, the report explained that the change programme had recommended the introduction of a 3-tier future service model with details of the service provided at each tier being outlined. The report also outlined the range of proposals and activities that had been developed alongside or as part of the new service model. This would lead to improved access to specialist sexual health care and treatment and appropriately skilled staff, and a better, more efficiently organised service. Implications for East Renfrewshire were the establishment of a transitional 1-day Tier 1 service in Barrhead while online services for local residents were tested. In addition, an evening service for young people would be provided from a suitable location.

The report also provided information in relation to the development and introduction of an online service from January 2020 to support people with simpler and more straightforward clinical needs to gain access to services timeously. This may encourage people to access services who were usually unable to travel to or access physical services, whilst at the same time freeing up time and capacity at local services for those with more complex needs who needed to see specialist staff.

Details of how the online service would work having been explained, and the key objectives and anticipated benefits of the online service having been listed, the report noted that the project would be established as a demonstration project for 12 months with physical services being retained locally on 1 day a week to allow evaluation of the online service.

The report then explained the ongoing discussions with the HSCP about the impact of the project on local services and on multi-partner and multi-agency involvement in development of the project's implementation plan.

Details of the public engagement process held between 5 August and 13 September 2019 and conclusions of the engagement were also summarised, it being noted that further engagement and evaluation would take place during the life of the implementation plan.

Finally the report set out the various implications of the proposals, it being noted that there would be no financial implications for East Renfrewshire HSCP with transitional funding coming from the overall financial framework.

Councillor Bamforth introduced Rhoda MacLeod Head of Adult Services (Sexual Health, Prison & Police Custody Health Care) and Jennifer Schofield Lead Nurse, Sandyford, Glasgow City HSCP, who were heard further on the proposals as outlined in the report, in the course of which it was explained that the proposed changes would not lead to any reduction of service in East Renfrewshire. It was further explained that East Renfrewshire would be involved in the online services pilot project.

Responding to questions from Councillor Swift, the reasons why oral contraception repeat prescribing could not form part of the pilot were explained, although work was ongoing to address this.

Comment was also made on some concerns expressed by GPs that the changes would lead to increases in their workload. Ms MacLeod explained that this was not the intention and that every effort would be made to work with GPs to ensure services were delivered in an efficient manner and did not increase GP workload.

Comment was also made on the public engagement that had taken place, and on the positive responses received, particularly in relation to the development of online services. In response to Councillor Swift, the number and type of testing kits available and how algorithms would be used to determine the type of testing kits issued to patients was explained.

Welcoming the development of online services, Councillor O’Kane questioned whether the use of social media to advertise the availability of services had been considered. In reply, it was explained that there had been considerable investment into the service’s website and that work to develop social media channels was ongoing.

Responding to further questions on working with other vulnerable groups, not just young people, it was explained that as the service was an open door service it made targeting specific groups of vulnerable people more challenging. Notwithstanding some key groups, including drug injectors, people with learning disabilities, and homeless people had been targeted for support.

Ms Tudoreanu questioned what support mechanisms were in place for young people who did not want parents/carers to know that they were accessing the service, and what the impact of the change would be on the LGBT community.

In reply, it was explained that young people over the age of 13 were entitled to access the service on a confidential basis, although it was clarified if the reason for attending related to potential child protection issues, these would be reported as normal. In addition, it was explained that the changes had been subject to an Equality Impact Assessment to make sure no groups were disadvantaged. In addition, the service had recently received its customer care charter.

The Chief Officer having suggested that it may be useful for an update to be provided to the Board at a future meeting, the Board noted the report and the presentation.

FAMILY WELLBEING SERVICE – ANNUAL REPORT 2018-19

3. The Board considered a report by the Head of Public Protection and Children’s Services (Chief Social Work Officer) presenting the 2018-19 Annual Report for the Family Wellbeing Service.

The report explained that the Annual Report related to the delivery and expansion of the Family Wellbeing Service to support children and young people who presented with a range of significant mental and emotional wellbeing concerns.

The report further explained that Children 1st had delivered the service as a two-year pilot project, commencing in September 2017, originally taking direct referrals from 2 predetermined GP practices. This had expanded to 6 GP practices during Year 2 of the project and from June 2019, with increased investment from both the HSCP and the Robertson Trust a phased implementation across all remaining GP practices in East Renfrewshire had started.

The Annual Report, a copy of which was appended, provided a range of statistical information relative to the operation of the service including the ages and genders of those using the service; education/employment status; and referral outcomes.

The Annual Report also contained some of the positive feedback received from families as well as information from the external evaluation of the service carried out by the Scottish Recovery Network, and concluded by providing details of the future development proposals for the service

Councillor Bamforth welcomed to the meeting Fiona McBride, Operations Manager, Children 1st, and Belinda McEwan, Senior Manager, Children and Families (Intensive Services) and Criminal Justice, who were heard further on the information contained in the Annual Report, and on further upscaling work that had taken place since June and which was not covered in the report.

The Chief Nurse posed a number of questions; on outliers in terms of the uptake of the service by GP practices; the possible use of A&E attendance data as some young people went there rather than to their GP; numbers of young people over 19 accessing the service; and the interface between the service and school nurses.

In reply it was explained that phasing was the main reason for outlier GPs; that A&E attendance figures could be looked at; and that the project was for young people aged 0-18 although if someone was involved with the service prior to their 19th birthday they were able to continue the treatment they were receiving. The links the service had with the school nursing service were also explained.

Mrs Kennedy and Councillor Swift having welcomed and commended the service, and it having been explained that the development of social media and peer support structures was ongoing, Mrs Brimelow suggested that it would be useful to know the impact of the new service on the CAMHS service. Responding to Mrs Brimelow, Ms McEwan confirmed that the Family Wellbeing Service was not a substitute for those young people who required CAMHS. Quantifying the impact on the CAMHS service would be challenging, however the Chief Officer confirmed that staff would be monitoring any long-term trends and impact on CAMHS.

The Board:-

- (a) noted the Family Wellbeing Service 2018-19 Annual Report and the increasing numbers of children and families accessing the service during that period; and
- (b) the progress made since June 2019 to expand and upscale the service to all GP practices in East Renfrewshire.

VOLUNTEER OF THE YEAR

4. At this stage in the meeting the Chief Officer reported that Mrs Kennedy had been named Volunteer of the Year at the recent Scottish Health Awards. The award had been made in connection with Mrs Kennedy's involvement in the "Wee Red Bus", the local community transport scheme, but the Chief Officer also referred to Mrs Kennedy's involvement in other volunteer groups.

The Board congratulated Mrs Kennedy on her success.

MINUTE OF PREVIOUS MEETING

5. The Board considered and approved the Minute of the meeting held on 25 September 2019.

MATTERS ARISING

6. 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

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

The Chief Officer having intimated that the seminar on housing was to be rolled over until January, the Board noted the report.

PERFORMANCE AND AUDIT COMMITTEE

8. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 25 September 2019.

CARE AT HOME IMPROVEMENT AND REDESIGN PROGRAMME

9. Under reference to the Minute of the previous meeting (Item 5 refers), when the Board had noted the progress report into the delivery of the Care at Home Improvement Plan, the Board considered 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 report referred to the implementation of the new senior management structure in April 2018, reminding the Board that this had seen a change in head of service and operational management for the care at home service. In addition, it had been recognised at that time, that there needed to be a substantial service redesign and a change programme board was established to take this forward.

However following the publication of the inspection report of the service by the Care Inspectorate in February 2019, service redesign was suspended with the aim of focussing on the improvements necessary to meet the Inspectorate's requirements.

The report explained that a further inspection of the service had been undertaken by the Care Inspectorate in August. The findings, published on 11 November, acknowledged that progress had been made, but stated that the Care Inspectorate did not consider the initial requirements to be met. Accordingly the inspection grades remained unchanged from the initial inspection.

The report further explained that in discussions with the Care Inspectorate it had become evident that their requirements would not be met in a sustainable way unless the service was redesigned.

Whilst the report set out the various elements to a redesign programme it emphasised that the most critical element in relation to meeting the Inspectorate's requirements was a review of frontline management roles and the development of new roles to ensure support workers were properly supported. Furthermore, current working practices would need to be reviewed to ensure staff were deployed at times needed by service users. This would require a review of existing shift patterns.

To take the redesign forward a wider programme of improvement and redesign had been initiated, led by the Chief Officer. To support this approach, a programme oversight board had been set up, membership of which included the Council's Chief Executive, and legal, HR and staff side representatives. Details of the remit of the group were provided.

Notwithstanding the new proposals, the report explained that there was still a focus on delivering the Inspectorate's requirements but alongside a parallel redesign process, with additional support resources being identified to increase the pace of change and improvement, and details of focus of activity between September 2019 and March 2020 being set out.

Thereafter the report provided the latest update on key activities, current status, and future plans to March 2020.

The report then set out the current financial position it being noted that an overspend of £461K was projected, with the reasons for this being provided. Projections were refined as the year progressed and every effort was being made to bring costs closer in line with budget.

Commenting further, the Chief Officer stated that although the Care Inspectorate had acknowledged that improvements had been made, staff were disappointed that the Inspectorate did not consider these to be at such a level to amend their inspection grades. She explained that a recent round of recruitment had proven to be more successful than earlier attempts and indicated that she was now more confident that adequate resources and processes were in place to deliver on both the improvement and redesign of the service.

Mrs Brimelow indicated that she did not feel wholly reassured by both the report and the additional comments made by the Chief Officer. She referred to both the 9 requirements from the Inspectorate's February report that the still not been addressed as well as a recommendation from made in 2017 that also remained unmet.

Whilst expressing hope that the redesign project would deliver the necessary service improvements Mrs Brimelow suggested that the root of the problems facing the service was weak management and leadership and that the current management did not have the capability to deliver improvements.

In reply, the Chief Officer explained that management was focussed on delivering the required improvements, A detailed action plan containing 81 actions had been prepared and would be delivered.

Responding to questions from Ms Tudoreanu on why the grades of the service had declined in recent years, the Chief Officer explained that the Care Inspectorate appeared to have adopted a different approach recently in terms of inspections and grades and that it was noticeable that some neighbouring authorities had been given similar inspection grades. She indicated that the Inspectorate had directed the HSCP to areas of good practice in other local authorities and visits had been made to these authorities to discuss how the services had been improved in those areas.

Supporting the redesign, Councillor Swift reminded the Board of comments he had made at previous meetings about underfunding of the HSCP by the Council, which in his view had not been as supportive of the HSCP as it should have been.

The Board noted the report.

JOINT INSPECTION BY CARE INSPECTORATE AND HEALTH IMPROVEMENT SCOTLAND ON EFFECTIVENESS OF STRATEGIC PLANNING

10. The Board took up consideration of a report by the Chief Officer providing an overview of the findings of the Joint Strategic Inspection of Adult Services carried out by the Care Inspectorate and Health Improvement Scotland.

Having explained that the inspection was one of a series on the effectiveness of strategic planning requested by Scottish Ministers and having set out the key elements of the inspection, the report explained that the inspection had taken place between April and June 2019 with the final report being published in October.

Thereafter, the report summarised the inspection findings in 3 main areas, these being Performance; Strategic Planning and Commissioning; and Leadership. For each area the performance rating was “good” with there being important strengths in each with some areas for improvement identified.

It was further clarified that 5 areas for development had been identified, with these being set out. It was noted that these were similar themes from both the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland report into health and social care integration. In view of this it was proposed that development actions be incorporated into a single Improvement Plan to be presented to the next meeting of the Board for consideration.

The Chief Office was heard further on the findings of the inspection and on the areas for development, highlighting that the grades awarded had been the highest in Scotland to date.

Referring specifically to development area 5, which stated that the partnership should ensure that it had sufficient effective operational leadership and management capacity to fully implement strategies and plans, the Chief Officer acknowledged that the senior management team needed to be strengthened and improved. Discussions would take place with the council and the health board about how to deliver this.

The Board:-

- (a) noted the Joint Inspection Report; and
- (b) agreed that the Chief Officer prepare an action plan in response to the areas for development identified.

SPECIALIST LEARNING DISABILITY SERVICES – ENVIRONMENTAL CHANGES TO BLYTHSWOOD HOUSE AND CLAYTHORN HOUSE

10. The Board considered a report by the Chief Officer seeking approval to invest in environmental changes to both Blythswood House and Claythorn House, the changes being required to safely meet the complex needs of 2 patients and to ensure the overall safe operation of the service.

Having set out the services provided at both locations and highlighted the diverse patient group which in turn required a careful approach to risk management including how to best use the estate to minimise risk and provide a therapeutic environment, the report explained that there was a need to reconfigure both units to better accommodate the needs of 2 individuals.

Details of the historic care arrangements and the reasons for these having been set out, the report provided details of the proposed changes to be made to both properties, it being noted that the Specialist Learning Disability Services senior management team considered the proposals to be in line with the current redesign programme. They would also support plans to work more flexibly with community services providing a good resource that could be used in a variety of ways to prevent admission. This was consistent with the overall service vision and strategic plans.

It was noted that the anticipated overall cost of the specialist furnishings would be around £25,000, and the Board's approval was sought to meet this from the Repairs and Renewals reserve set up for the service. In addition, the Chief Finance Officer reported that whilst the final cost estimates had not yet been received from the health board's Estates Service, and assuming that they would meet appropriate costs, the Board's agreement was also sought to the use of the reserve for any reasonable share of building costs.

The Board approved the proposals and the drawdown from the earmarked reserve.

INTEGRATION SCHEME REVIEW

11. The Board took up consideration of a report by the Chief Officer providing an overview of the work to date and anticipated timeline for the review of the Integration Scheme between East Renfrewshire council and NHS Greater Glasgow and Clyde (NHSGGC).

Having reminded the Board that the current Integration Scheme took effect in June 2015 and in terms of the relevant legislative provisions required to be reviewed after 5 years, the report explained that a working group, comprising representatives of all 6 HSCPs who partnered with NHSGGC, along with a health board representative and the Chief Officer of the East Dunbartonshire HSCP, representing all 6 Chief Officers, had been set up in July 2019.

The report explained that all 6 existing integration schemes had been reviewed for content and consistency and a specimen scheme drafted to identify areas of commonality, the aim being to maintain consistency across the schemes where possible although it was acknowledged there would be some local variation.

It was further explained that the proposed changes to date had been minor and that locally, discussions with Council officials did not indicate significant change. It was also noted that East Renfrewshire councillors would be consulted as part of the process.

The report explained that the Chief Officer from East Dunbartonshire HSCP was leading on discussions with NHSGGC and that these discussions would include any proposed changes

and agreed wording for hosted services and the set aside budget although it was explained that to “future proof” new schemes and allow for latitude for operational changes, operational detail of these 2 areas would not be included. In addition, it was explained that a separate review of the mechanisms for managing and accounting for hosted services was currently being carried out by Chief Finance Officers, as well as a working group looking at the mechanics of the set aside.

The Board noted the report.

REVENUE BUDGET MONITORING REPORT

12. 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 as at 30 September 2019, and seeking approval of a budget virement.

It was reported that against a full year budget of £120.032M there was a projected overspend of £0.263M (0.22%), with details of the projected overspend being provided. It was noted that this was an improvement of £0.105M from the position to 30 July reported at the September meeting of the Board. 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 Finance Officer clarified that within the overspend, it had been assumed that £600K would be drawn from reserves to cover part of the required savings target. Some further savings may be may be achieved during the remainder of the year. However a prudent approach had been taken.

The Chief Officer having responded to comments from Councillor on capacity and associated costs to the effect that there was some contingency available if required, the Board:-

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

DATE OF NEXT MEETING

13. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 29 January 2020 at 10.00 am in the Council Offices, Main Street, Barrhead.

CHAIR

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 January 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 27 November 2019.</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>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 January 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 27 November 2019.

RECOMMENDATION

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

REPORT

Findings of Joint Inspection by Care Inspectorate and Health Improvement Scotland on Effectiveness of Strategic Planning

3. An action plan in response to the areas for development identified by the report has been submitted to the Care Inspectorate.

4. Following the meeting, options to strengthen the senior team were refined and the proposal to create an additional Head of Service – Head of Recovery and Intensive Services was approved by the Council and Health Board Chief Executive. The post has now been advertised and interviews will take place on 3rd March.

Specialist Learning Disability Services – Environmental Changes to Blythwood House and Claythorn House

5. NHS Greater Glasgow and Clyde Estates are leading on the planned environmental changes which have experienced some delay due to Estates' workload. Changes to Claythorn House are underway however, Blythwood House works require relevant building warrants which are being progressed.

Budget Update

6. The date for the UK budget has recently been announced as the 11th March 2020. The Scottish Government budget will be announced on 6th February 2020.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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

8 January 2020

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 January 2020
Agenda Item	5
Title	Rolling Action Log
<p>Summary</p> <p>The attached rolling action log details all open actions, and those which have been completed since the last meeting on 27 November 2019.</p> <p><u>Individual Budget Update</u></p> <p>The Resource Enablement Group went live in December following piloting of the Individual Budget process. Given the limited time the group has been running we will bring an update report on activity to the Integration Joint Board in March 2020.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>Integration Joint Board members are asked to note progress.</p>	

BLANK PAGE

ACTION LOG: Integration Joint Board (IJB)

January 2020

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due	Progress Update /Outcome
270	27/11/2019	9	Care at Home Improvement and Redesign Programme	Continue to submit progress reports to each meeting until further notice.	CO	CLOSED		Paper included on Jan IJB agenda
269	27/11/2019	10	Findings of Joint Inspection by Care Inspectorate and Health Improvement Scotland on Effectiveness of Strategic Planning	Prepare an action plan in response to the areas for development as identified in the report.	CO	CLOSED		Action plan submitted to Care Inspectorate
268	27/11/2019	11	Specialist Learning Disability Services – Environmental Changes to Blythswood House and Claythorn House	The Board noted the report and authorised the use of reserve funds to make the changes as outlined and the necessary arrangements should now be made	CFO	CLOSED		
267	27/11/2019	13	Revenue Budget Monitoring Report	Make the necessary budgetary amendments	CFO	CLOSED		
262	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	18/03/2020	Paper added to forward planner for March IJB
261	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
251	26/06/2019	5	Rolling Action Log.	Submit update reports on Action Nos 59 (Participation & Engagement - <i>Make the necessary arrangements for the implementation of the strategy and the publication of information on the web</i>)	HAHSCL	CLOSED	27/11/2019	Deferred to January 2020 - Presentation on January IJB agenda
251	26/06/2019	5	Rolling Action Log.	Submit update reports on Action Nos 208 (Improvement Plan) to the September meeting	HAHSCL	CLOSED	27/11/2019	Included on January IJB agenda
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	20/03/2020	Added to forward planer - Timing of progress report will be dependent 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	OPEN	30/01/2020	Update in Jan Matters Arising paper. Update rescheduled to March 2020
239	26/06/2019	13	Primary Care Improvement Plan – Year 2 Report	Bring forward a progress report in November 2019.	Localities Improvement Manager	CLOSED	30/01/2020	Included on January 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	OPEN	31/12/2019	Proposed seminar date: 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 which will be presented to IJB in January 2020
225	01/05/2019	11	Talking Points	Submit a report to a future meeting monitoring the use of the funding provided to the Carers Centre and also on the training and support being provided by Voluntary Action East Renfrewshire	HAHSCL	CLOSED	30/01/2019	Added to forward planner - scheduled for January 2020

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	OPEN	27/11/2019	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	30/01/2020	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	31/10/2019	Seminar date being rescheduled

Abbreviations

BSM Business Support Manager
 CD Clinical Director
 CO Chief Officer
 CFO Chief Finance Officer
 CSWO Chief Social Work Officer
 DSM Democratic Service Manager
 HAHSCL Head of Adult Health and Social Care Localities

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

**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 27 November 2019 in
the Eastwood Health and Care Centre, Drumby Crescent,
Clarkston**

PRESENT

Councillor Caroline Bamforth, East Renfrewshire Council (Chair)

Councillor Barbara Grant	East Renfrewshire Council co-opted Member
Anne Marie Kennedy	Non-voting IJB member
Heather Molloy	Local Integration Lead, Independent Sector (substitute for Janice Cameron)
Councillor Paul O’Kane	East Renfrewshire Council
Dr Ian Ritchie	NHS Greater Glasgow and Clyde Board (substitute for Anne-Marie Monaghan)

IN ATTENDANCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Belinda McEwan	Senior Manager, Children and Families (Intensive Services) and Criminal Justice
Stuart McMinigal	Business Manager, Finance and Resources
Candy Millard	Head of Adult Health and Social Care Localities
Ross Mitchell	Senior Auditor, East Renfrewshire Council
Steven Reid	Policy, Planning and Performance Manager

ALSO IN ATTENDANCE

Aimee MacDonald	Audit Scotland
Stephen Shaw	Audit Scotland

APOLOGIES

Janice Cameron	Integration Lead, Independent Sector
John Matthews	NHS Greater Glasgow and Clyde Board
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The committee considered and approved the Minute of the meeting of 25 September 2019.

MATTERS ARISING

3. The committee noted a report by the Chief Officer providing an update on progress regarding matters arising from the discussions that took place at the meeting of 25 September 2019.

Having heard the Head of Finance and Resources comment further, the committee noted the report.

MID-YEAR PERFORMANCE REPORT – 2019/20

4. The committee considered a report by the Chief Officer providing an update on progress against the strategic performance measures developed to monitor progress in the delivery of the strategic priorities set out in the Strategic Plan 2018-21, during the period 1 April to 30 September 2019.

The Policy, Planning and Performance Manager commented further, both in respect of areas where there had been strong performance, and on areas where there were still remaining challenges.

In response to comments from Dr Ritchie on the good performance in relation to delayed discharge, the Chief Officer explained that one of the key tools used was a dashboard that had been developed locally. This enabled East Renfrewshire residents in hospital to be identified and allowed arrangements for discharge to start at an early stage in a person's stay in hospital. In addition, she confirmed that there was a good supply of care homes in the area. This also helped with the outflow of people from hospital. However, she explained that due to the ongoing issues with the Care at Home service, getting people back into their own homes immediately would be a challenge. Staff were working to identify people in hospital who would be prepared to go into residential accommodation on a temporary basis until personal care packages for their own homes were ready.

In addition, the Head of Adult Health and Social Care Localities commented on some of the ongoing work in relation to the promotion of guardianship and power of attorney.

Councillor Bamforth having commented on the recent success of the Home from Hospital team in the recent NHSGGC awards, and the Chief Officer highlight that for a number of weeks in the recent past there had been no delayed discharges for East Renfrewshire, the committee noted the report.

AUDIT ACTIONS UPDATE

5. Under reference to the Minute of the meeting of 20 March 2019 (Item 11 refers), when the committee had noted a report by the Chief Officer providing an update in respect of audit action plans prepared in relation 3 audits; the audit of the CareFirst Finance system; the audit of IJB governance arrangements; and the action plan in relation to the Audit Scotland annual report and accounts, the committee considered a report by the Chief Officer providing a further update. Copies of the 3 action plans containing details of progress in delivering the agreed actions accompanied the report.

Commenting on each of the open actions in the action plans in turn, the Head of Finance and Resources firstly explained that in respect of the CareFirst system actions, whilst a review team had been established, it had been necessary to reprioritise workloads within Adult Services, and processes for undertaking reviews of service agreements were being reviewed. She also provided information on the work required following the changes to the Council's new ledger system, it being noted that to date around 2500 invoices with a value of £5.6 million had been processed.

Having commented further on some of the other open actions in the action plan, the Head of Finance and Resources explained that in respect of the open action in the IJB Governance audit action plan, whilst a workforce development plan was in place for the current year, development of the 2020-23 plan had been delayed as anticipated guidance from the Scottish Government had not yet been received.

In relation to the Audit Scotland report actions, the Head of Finance and Resources explained that in order to meet savings targets it may be necessary to prioritise care packages. This would become clearer once the budget settlement figures from the Scottish Government became available.

In response to Councillor Grant who questioned the availability of the most recent report by the Care Inspectorate into the Care at Home Service, it was clarified that copies of the report were available from the Care Inspectorate website and had also been circulated to all members of the IJB. It was further explained that the article in a recent issue of the Barrhead News related to the Commission's first report on the service produced in February 2019. The Chief Social Work Officer had referred to this report in her recent annual report.

In addition, the Chief Officer acknowledged that whilst the most recent report was still critical of the service it did recognise that improvements were being delivered, although the pace of improvement was not as fast as had been sought.

In response to questions from Dr Ritchie on the potential need to prioritise care packages in future, the Head of Finance and Resources explained that a number of the current packages were of a lower level preventative nature. If review was required it would be these types of package that were most likely to be adversely affected. However it was recognised that this increased the potential for longer term pressures on other parts of the service. In addition, the Chief Officer emphasised that this was not a course of action that officers were keen to pursue and explained that due to the savings targets that had been delivered historically, there were limited opportunities to make savings in other service areas.

The committee noted the report.

REVIEW OF IJB RISK MANAGEMENT POLICY AND STRATEGY

6. The committee considered a report by the Chief Officer providing an update of the review of the IJB Risk Management Policy and Strategy approved by the IJB in August 2016, and seeking the committee's endorsement for a number of amendments.

Having provided details of the review process, the report set out details of feedback received and details of proposed amendments where these had been considered appropriate.

The Business Manager, Finance and Resources was heard further on the report and in response to questions from the Senior Auditor.

The committee having noted that this would be the last meeting attended by the Business Manager as he was moving to another role within the Council, and having wished him well in his future position:-

- (a) noted the report;
- (b) endorsed the draft IJB Strategic Risk Register and the amendments to the Risk Management Policy and Strategy; and
- (c) agreed that these be remitted to the IJB for approval.

IJB STRATEGIC RISK REGISTER UPDATE

7. The committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register.

Having set out the risk matrix used to calculate risk scores, the report then provided further details in respect of those areas considered high risks, these being supported by additional information provided by the Head of Finance and Resources.

The report explained that no risks had been removed from the register since the last update. 6 risks had been updated, with a summary of the changes being provided. 2 risks remained high post-mitigation. These related to financial sustainability and to the Scottish Government's Inquiry into Historical Sexual Abuse.

The Head of Finance and Resources having provided an update in respect of each of the risks listed, the Senior Manager, Children and Families (Intensive Services) and Criminal Justice provided contextual information in relation to the Inquiry into Historical Sexual Abuse and to the operational implications for the service of reviewing all relevant case files and providing the information sought. She explained that the deadline for responses was 27 January 2020. However, the Chief Social Work Officer had written to the Inquiry and had obtained a part extension of the deadline until April 2020 for some of the information to be provided.

The significant changes in inspection and regulation standards during the period covered by the Inquiry was highlighted, it being noted that the review needed to take account of the standards in force at the time. Notwithstanding this, it was reported that it was likely that the case file review would uncover some information that would be pertinent to the Inquiry.

Thereafter, in response to questions from Councillor Grant on the proposed redesign of the Care at Home Service, the Chief Officer explained the background to the decision to move forward with a service redesign, and how the process would be managed and delivered.

She also referred to the support being provided by the Care Inspectorate and to similar redesign exercises taking place in other areas. Visits had been made to these areas in order to identify areas of learning and best practice.

Discussion also took place in particular on the profile of staff in the service and details of efforts to recruit younger people and to make care at home a more attractive career option were outlined.

The committee noted the report.

DATE OF NEXT MEETING

8. It was reported that the next meeting of the committee would take place on Wednesday 18 March 2020 at 9.00 am in the Eastwood Health and Care Centre, Clarkston.

CHAIR

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 January 2020
Agenda Item	7
Title	Appointment of Additional IJB Member
Summary	
Report seeking the appointment of a representative from Scottish Care to serve on the Integration Joint Board.	
Presented by	Julie Murray, Chief Officer
Action required	
That the appointment to the Board of a representative from Scottish Care be approved.	
Implications checklist – check box if applicable and include detail in report	
<input type="checkbox"/> Finance	<input type="checkbox"/> Policy
<input type="checkbox"/> Risk	<input type="checkbox"/> Staffing
<input checked="" type="checkbox"/> Legal	<input type="checkbox"/> Directions
<input type="checkbox"/> Equalities	<input type="checkbox"/> Infrastructure

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 January 2020

Report by Chief Officer

APPOINTMENT OF ADDITIONAL IJB MEMBER

PURPOSE OF REPORT

1. To seek approval for the appointment of a representative from Scottish Care to the Integration Joint Board.

RECOMMENDATION

2. That the Integration Joint Board agree:
 - (a) to appoint a representative from Scottish Care to the Board; and
 - (b) that Scottish Care be invited to nominate a representative and substitute to serve on the Board.

REPORT

3. Standing Order 2.1 of the Board's Standing Orders sets out the membership of the Board. In addition, Standing Order 2.4 states that "The IJB may appoint such additional members as it sees fit subject to any such additional members being neither a councillor nor a non-executive director of the Health Board."
4. It is proposed that Scottish Care be invited to nominate a representative to serve on the Board. Scottish Care is a membership organisation and the largest representative body for Independent Social Care providers in Scotland, representing over 400 organisations.
5. Although there is a history of successful collaboration with the Independent Sector, our recent Joint Strategic Inspection suggested that in terms of strategic commissioning and planning, more was needed to involve the independent sector. Scottish Care are already represented on the Performance and Audit Committee and it is considered that having a Scottish Care representative on the Board will help strengthen partnership working and be a valuable way of reflecting their contribution within East Renfrewshire. Scottish Care have committed to establishing a system locally to ensure they are truly representative of the sector by communicating directly and regularly with local providers.
6. Scottish Care currently have representatives on 8 Integration Joint Boards, including some neighboring Boards.
7. If approved, the appointment will last until 28 January 2023

CONSULTATION AND PARTNERSHIP WORKING

8. As this is a governance matter consultation has taken place with the Chief Officer.

IMPLICATIONS OF THE REPORT

9. There are no implications in respect of finance staffing, property, legal IT, equalities or sustainability arising from this report.

CONCLUSIONS

10. Having a representative from Scottish Care on the Board will improve partnership working and promote meaningful involvement with the Independent Sector.

RECOMMENDATION

11. That the Integration Joint Board agree:
- (a) to appoint a representative from Scottish Care to the Board; and
 - (b) that Scottish Care be invited to nominate a representative and substitute to serve on the Board.

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, IJB: Julie Murray
julie.murray@eastrenfrewshire.gov.uk
0141 451 0746

BACKGROUND PAPERS

NONE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 January 2020
Agenda Item	9
Title	Talking Points Implementation Update
<p>Summary</p> <p>This report provides an update on the implementation of the Talking Points arrangements that commenced in May 2019.</p>	
Presented by	Candy Millard Head of Adult Health and Social Care Localities
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on the implementation of Talking Points.</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>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 January 2020

Report by Chief Officer

TALKING POINTS IMPLEMENTATION UPDATE

PURPOSE OF REPORT

1. This report provides a 6 month update on the implementation of the new Talking Points arrangements that commenced in May 2019, as requested by the IJB.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the progress made in the implementation of Talking Points.

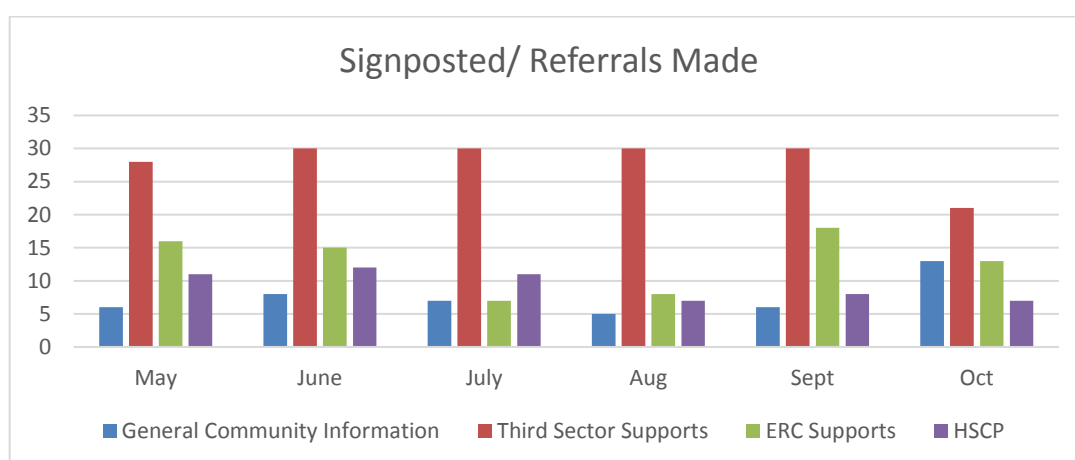
BACKGROUND

3. In May 2019 the IJB received a report on the development of Talking Points '*places in your community where you can come along and get information, support and advice about adult health, wellbeing and community activities going on where you live*'. The report outlined the plans to implement Talking Points developed by the Talking Points partners.
4. This included third sector partners taking a lead role in Good Conversations at each Talking Point. Good Conversations are structured, asset based discussions that enable people to identify what matters to them and to develop a plan that supports them to achieve their outcomes, rather than slotting them into services. This could include signposting to a local group the person is interested in, a different way of doing things, an opportunity to be involved or lead to more advice from the HSCP staff available. East Renfrewshire HSCP Initial Contact Team would support with more complex discussions and any statutory/protective issue, using agile equipment if necessary add a referral in 'real time'.
5. Each person could take record of the key point of their Good Conversation on the Talking Point paperwork. At the end of the Good Conversation the person is asked if they are happy to receive a call them back in 4-6 weeks for an update, enabling Talking Points to gather qualitative data on whether they have met their personal outcomes, as well as offering the person a further Talking Point appointment if required.
6. A series of fixed and pop up Talking Points were planned by partners. ERC Communications Team supported the development of a communications strategy for Talking Points. This included poster advertising campaign, press releases, and social media.

REPORT

Data from May – Oct 2019

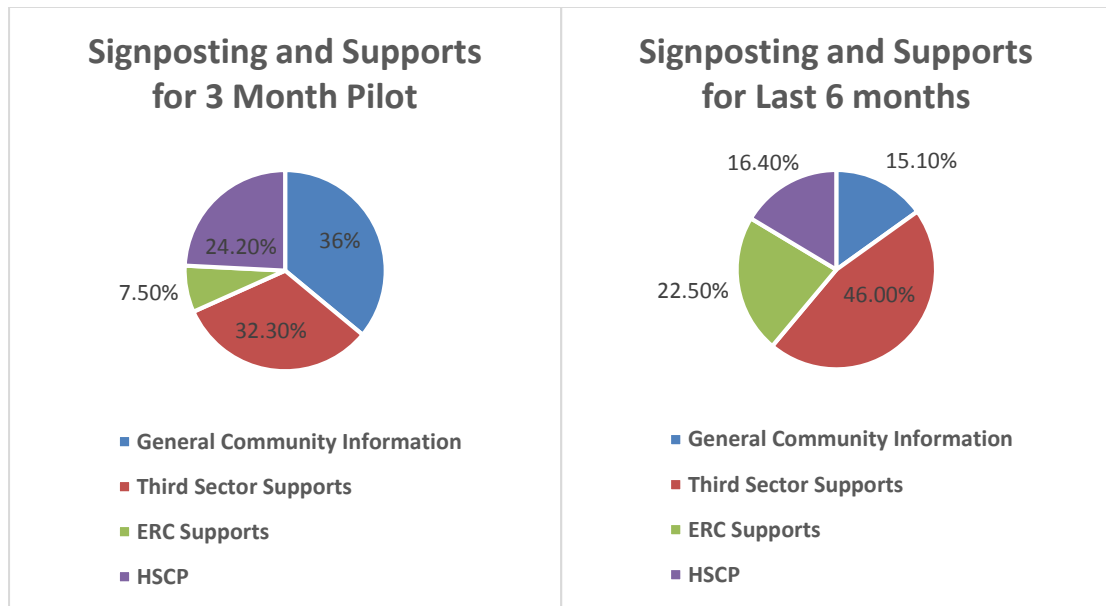
7. During the 6 month period from May 2019 until October 2019, 69 Talking Points took place across East Renfrewshire and led to 590 good conversations. The majority of conversations resulted from linking talking points to existing group activities, walk-ins, 3rd sector referrals and a social media campaign. (Talking Points Facebook posts reached over 11,000 people in August – October). Less than 5% of attendances were a direct referral from HSCP staff.
8. Of those people who were signposted /referred to other supports the majority were linked to third sector organisations, with very few (just over 15% requiring HSCP supports). A list of the types of support/referrals appears below with the most frequent in bold.



Supports Referred/Signposted to:

Advocacy project	Councillor Info	Historic Scotland
Age Concern	Culture and Leisure	Housing
Alzheimer's Scotland	Driving Miss Daisy	HSCP (Various)
Care and Repair	ERDA	Impact Arts
Carers Centre	Falls Prevention	Include me 2
Chair Based Exercise	Further Education	Kirkton Service
CTER Afternoon Teas	Helping Hands	Local Area Coordinators
Long Term Conditions Group	Neilston Development Trust	SDS Forum ER
Macular Degeneration Support	Occupational Therapy	Shopping Buddies
Market Place	Outside the Box	Singing for the Brain
MART Team (Blue badge & Benefits checks)	Parkinson's Support	Technology Enabled Care
Men's Shed	Recovery Across Mental Health	Voluntary Action/ Market Place
Motability Scheme	Roads Department	Walking Groups
Mybus	SDS Assessment (HSCP)	Wee Red Bus

9. The main changes from the 3 month pilot has been a reduction in requests for general community information and an increase in referrals to Council services, the majority of these are for Money Advice and Rights Team .



10. Qualitative feedback has been positive about both the experience of attending a talking point and the support received. A sample of responses will be shared at the IJB meeting.

Plans for 2020

11. The partners have undertaken analysis of throughput at the various Talking Points venues used in 2019 along with feedback from people attending and partner organisations and used to inform the template for the next twelve months of Talking Points in the community.
12. They have agreed to have a number of fixed talking points at the most popular/accessible venues. These include the two health and care centres, Barrhead and Mearns Market Places and Giffnock Library.
13. In addition there will be monthly themed talking points each led by a different partner
- Mental Health – RAMH (Recovery Across Mental Health)
 - Money/ Training – MART (ERC Money Advice and Rights Team)
 - Additional Support Needs – Local Area Co-ordinator
 - Alzheimer's awareness – Alzheimer Scotland
 - Social Isolation and Volunteering – Voluntary Action
 - Carers Support – Carers Centre
 - Fire & Police – Both Forces
 - Housing – Care and Repair/ Barrhead Housing
 - Fitness and health – ER Culture & Leisure
 - Employability and Learning – To be confirmed
 - Prostate Cancer – MacMillan Cancer Support

CONSULTATION AND PARTNERSHIP WORKING

14. Health Improvement Scotland ihub recently developed a case study of the East Renfrewshire Talking Points Partnership as an example of collaborative working across the third sector and beyond (attached as appendix to report). It found that the partnership has enabled the building of strong relationships across a diverse sector. This is driving improved choice and control for individuals in accessing services and support to meet their health and wellbeing needs

IMPLICATIONS OF THE PROPOSALS

Finance

15. As agreed at the last Integration Joint Board, a budget is given to Voluntary Action East Renfrewshire by HSCP to facilitate Talking Points training and support for volunteers. Additional carers work will continue to be funded through Carers Act implementation funding.

CONCLUSIONS

16. This report provides an update on the work undertaken by Community Led Support partners over the last 6 months to implement Talking Points as 'places in your community where you can come along and get information, support and advice about adult health, wellbeing and community activities going on where you live'. It provides details of the good conversations signposting and referral activity and partnership working. The report also sets out partner and local priorities for future Talking Points,

RECOMMENDATIONS

17. The Integration Joint Board is asked to note and comment on the progress made in the implementation of Talking Points.

REPORT AUTHOR AND PERSON TO CONTACT

Candy Millard, Head of Adult Health and Social Care Localities
candy.millard@eastrenfrewshire.gov.uk
0141 451 0749

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper: May 2019: Talking Points Implementation
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24317&p=0>

IJB Paper: 26 September 2018: Talking Points (Community Led Support)
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23087&p=0>

IJB Paper: 17 February 2018: Locality Development
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=16135&p=0>

East Renfrewshire Talking Points Partnership: A Community Led Support Case Study

The Talking Points Partnership is an example of collaborative working across the third sector and beyond.

The partnership has enabled the building of strong relationships across a diverse sector. This is driving improved choice and control for individuals in accessing services and support to meet their health and wellbeing needs

This casestudy outlines the background to Talking Points in East Renfrewshire, and the role and membership of the partnership.

It also provides insight into where the Talking Points Partnership is making a difference.



“

“If you turn up from the money advice team you’re not from money advice anymore – you’re from Team Talking Points...”



Talking Points in East Renfrewshire

East Renfrewshire Health and Social Care Partnership (HSCP) began their Community Led Support journey in 2016 with a view to move from traditional day service provision for older people to enabling access to more local, personalised and flexible services.

As part of this approach Talking Points have been established across East Renfrewshire as places where people can go to have a good conversation about their health and wellbeing within their own community and can be directed to services and support that best meet their needs. Talking Points are staffed by third sector organisations with support from social work services.

A Talking Points Partnership was created to bring together the third sector across East Renfrewshire to support the development and coordination of Talking Points.

Lots of big, small, formal,
informal support organisations

From a diverse, fragmented sector...



Talking
Points
Partnership

...to a collaborative network.

The Talking Points Partnership

The Talking Points partnership consists of over 50 local organisations and representatives from the statutory sector. A Talking Points coordinator employed by the HSCP supports development and coordination of the partnership.

The partnership aims to promote better collaboration across its membership, to develop staff capacity to have good conversations and to build knowledge on services and supports available within the community. Information is shared across the partnership via a regular newsletter.

Representatives from the partnership meet regularly to share learning and coordinate activity. This includes to:

- plan Talking Points hubs,
- identify improvement opportunities, and
- develop and implement data collection

Membership

Membership ranges from commissioned and non-commissioned service providers, small businesses and advice organisations. This includes:

- East Renfrewshire HSCP
- Voluntary Action East Renfrewshire
- East Renfrewshire Carers Centre
- Recovery Across Mental Health (RAMH)
- Care and Repair

Members benefit by the opportunity to be part of Talking Points, to share information about services they provide and networking with other local organisations.

Membership is continually growing and is open to all organisations offering a service to a community in East Renfrewshire. A key priority is to increase membership from the HSCP to improve connections and develop a larger role for the statutory sector.



Alan Stevenson - Talking Points Coordinator



“ My role is to ensure that the community led support agenda is used to allow people to achieve their goals by having good conversations and really getting into the depths of their needs and helping them achieve their outcomes’

The Talking Points Coordinator is a new role developed by East Renfrewshire Health and Social Care partnership and I have been in post since summer 2019. However, my involvement and interest in community led approaches extends way beyond this. My most recent role was as a community capacity builder, I have also worked for local third sector organisations and have been involved in many projects and initiatives that all have partnership and community at the centre.

The vision for the Talking Points Partnership is for it to grow. I am enthusiastic about the potential to develop a network that can facilitate access to any support available that a person might want. This includes links with statutory services, advice services, volunteer groups in all areas across the region. What we want is this wonderful, big, all seeing eye.

“I have been trying so hard, for so long not to use buzzwords – really what we are trying to do is make people happy, joyous and fulfilled”

There are plans to begin using the information gathered at Talking Points about what matters to people to inform where there are gaps in services. We would like to find out what issues are impacting people in different areas to help focus our resources. Also, as different communities have different needs I am developing ways to create bespoke Talking Points that can be led by the needs of a community.

At the heart of Talking Points is the collaborative partnership between all partners involved across all sectors. We could never have come this far without the belief in the process of community led support and the willingness of all organisations in giving their time and support. This is not only to physically attend the Talking Points but also to be involved in all steps of the decision making and planning processes.

I hope that we can instil a positive drive and belief in the Talking Points approach with staff across the HSCP and reinforce the view that we can achieve so much more by working together. Through the Talking Points partnership working in collaboration with HSCP staff we can build the courage to construct new ways to support our communities. This is very much what community led support is all about – finding innovative solutions to support health and wellbeing that best meet people’s needs.

Building Confidence and Trust

Third sector staff report increased confidence to have good conversations with people and to offer information and sign-posting outside their area of expertise. Partnership working has developed trust across organisations and recognition of shared values.

Diversity and Inclusion

A diverse membership of the partnership has enabled Talking Points to reach across communities. With representation from different cultural and religious groups there is greater knowledge of needs and assets within these communities.

Better Collaboration

The networking opportunities provided by the partnership has facilitated conversations between organisations around how they can collaborate and offer joined up support for people within a preventative space.

Feeling Valued

Our role is recognised more as being valued (by statutory services), we've got a much more professional footing

Mark Mulhearn
Carers Centre Manager

Increased understanding

We have a much clearer understanding of who is offering what across East Renfrewshire

Ruth Gallagher
Voluntary Action East Renfrewshire

Creativity and Innovation

As membership of the Talking Points partnership grows new partners bring new ideas to the table and new opportunities to reach people by hosting Talking Points in different community spaces.

Impact on people

The increased awareness and confidence in the wide range of services and support available in the community has created more flexibility and 'thinking outside the box' when working with individuals and is enabling staff to identify creative solutions that better meet need.



“If one of our clients phones and it's something we can't help with, through meeting all the other organisations, I know who to pass them on to. Now I know the services personally”

Charlene Cameron, Care and Repair



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 January 2020
Agenda Item	10
Title	Continuing Care – finance and policy implications for kinship and foster care
<p>Summary</p> <p>This report advises of the Integration Joint Board of the impact of Part 11 of the Children and Young People (Scotland) Act 2014 in relation to Continuing Care. The report also outlines the financial implications of the policy implementation for looked after children and young people in East Renfrewshire in relation to kinship and foster care.</p>	
Presented by	Kate Rocks, Head of Public Protection and Children's Services (Chief Social Work Officer)
<p>Action Required</p> <p>The Integration Joint Board is asked to:-</p> <ul style="list-style-type: none"> • Approve the contents of the report; • Recognise the impact of legislative and policy change for the Health and Social Care Partnership and East Renfrewshire Council; • Agree for local guidance to be strengthened to better support carers and young people to financially plan for young people leaving care; and • Approve the projected financial commitment in respect of Continuing Care. 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input 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>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 JANUARY 2020

Report by Chief Social Work Officer

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

PURPOSE OF REPORT

1. This report advises of the Integration Joint Board of the impact of Part 11 of the Children and Young People (Scotland) Act 2014 in relation to Continuing Care. The report also outlines the financial implications of the policy implementation for looked after children and young people in East Renfrewshire in relation to kinship and foster care.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:-
 - (a) Approve the contents of the report;
 - (b) Recognise the impact of legislative and policy change for the Health and Social Care Partnership and East Renfrewshire Council;
 - (c) Agree for local guidance to be strengthened to better support carers and young people to financially plan for young people leaving care; and
 - (d) Approve the projected financial commitment in respect of Continuing Care.

BACKGROUND

3. Part 11 (Continuing Care) of the Children and Young People (Scotland) Act 2014 introduced a new duty on local authorities to provide young people, born after 1st 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 up to and including the age of 21. The legislative and policy intention is to provide looked after children with a more graduated transition out of care, reducing the risk of multiple simultaneous disruptions occurring in their lives while maintaining supportive relationships and improving their outcomes as adult citizens.
4. The new duty is separate from duties under [Part 10 \(Provision of aftercare\) of the Children and Young People \(Scotland\) Act 2014](#) that extended the existing section 29 provision within the Children (Scotland) Act 19915 so that local authorities could now provide advice, guidance and assistance to young people ceased to be looked after and eligible for aftercare up to the age of 26.

Young people leaving care

5. In Scotland, the average age for leaving care is between 16 and 18 years old, but the average age for leaving home is 25¹. The complexity of the needs of young people leaving care forms part of Scotland's current [Independent Care Review](#). Moving on from care too early or abruptly and at times without the benefit of informal support and social network can contribute to significantly poorer outcomes².
6. In recognition of the particular vulnerabilities and challenges faced by care leavers, and to reduce longstanding inequalities, on 16th June 2016, East Renfrewshire held an event "Keep Calm and be a Corporate Parent" where East Renfrewshire Corporate Parents signed up to the [Scottish Care Leavers Covenant](#), which sets out guiding principles for support to care leavers. The Covenant is supported by a number of local authorities and other public bodies, including the Care Inspectorate and NHS Scotland. A keystone of the Covenant is for corporate parents to encourage looked after and care leavers to remain in positive care settings until they are ready to move on.

East Renfrewshire Kinship and Foster Care

7. East Renfrewshire has a registered foster care service and since 2017, a registered adult placement service which provides young people who are ceased to be looked after with a supported care placement. These services have been recently evaluated very positively by the Care Inspectorate across all services.
8. Over the last few years, significant work has been undertaken to successfully shift the balance of care by ensuring that we are working to improve outcomes by securing children's permanent futures. However, some older children remain within our care and are unable to return home safely.
9. For looked after children and young people aged under 18yrs, on 17th February 2016, East Renfrewshire Health and Social Care Partnership³ adopted a local financial parity model for formal kinship and foster care allowances. This pays kinship care allowances that are the equivalent to foster care allowances minus benefits i.e. child benefit and tax credits. The model has successfully addressed local inequalities between fostering and formal kinship care, ensuring that East Renfrewshire is compliant with human rights law in a sensitive way.
10. Prior to the legislative changes in the Children and Young People (Scotland) Act 2014, in East Renfrewshire and elsewhere, where a young person in foster care reached the age of 18 and ceased to be looked after, but was assessed as continuing to require care, the placement changed from that of foster care to supported care. Supported care attracts a lower level of allowance for the child and fee for the carer, reflecting the difference in the care task and an expectation that the young person does not require the same level of support. For young people who reached the age of 18 within a formal kinship care placement, financial support ceased. This approach is no longer compliant with the legislative intentions of the Children and Young People (Scotland) Act 2014.
11. We are aware from our own carers and national experience that with reduced or no allowances, financial hardships are experienced and in some circumstances, have contributed to young people moving on earlier than they were perhaps ready to do.

¹ <https://www.celcis.org/our-work/key-areas/throughcare-and-aftercare/our-throughcare-and-aftercare-work/>

² <https://www.whocaresscotland.org/who-we-are/media-centre/statistics/>

³ <http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=16131&p=0>

REPORT

12. The Children and Young People (Scotland) Act 2014 has brought in legislative changes to enable young people to remain in their placement on or after the age of 16 when they ceased to be looked after. Prior to the 2014 Act coming in to force, East Renfrewshire young people already remained supported in their foster and formal kinship care placements until the age of 18 (if not continuing in education in kinship this age would be 16) when they ceased to be looked after. After the age of 18, some young people were able to be supported to remain with their foster carer where the placement could be converted to a supported care placement. However, whilst the fee for the carer was reduced (reflective of the difference in the care task), the rate of the allowance for the young person's care was also reduced.
13. From the 1st April 2015, young people ceasing to be looked after on or after their 16th birthday, have been legally entitled to have their placement continue on the basis of continuing care up until and including the age of 21. East Renfrewshire Health and Social Care Partnership have put in place arrangements to support legislative duties, including the registration of an additional adult placement service (Supported Care).
14. In providing those young people eligible for and requesting the provision of continuing care from the age of 18yrs and to ensure that there is no conflict with the legislative duty to enable them to remain in their placement, the allowance payable for the young person's care requires be the same amount as that provided prior to their 18th birthday. In effect, there is a significant cost increase in the funding of placements between the ages of 18 and 21 years. The greatest impact is for continued funding for kinship care placements which previously did not attract funding post 18yrs.
15. In providing financial parity for continuing care allowances, East Renfrewshire Council is discharging their legislative duties on a fair and equitable basis and in recognition that financial hardship can be a contributing factor to placement breakdown and young people leaving care too early. The proposed funding for young people continues the child allowance for those remaining within a foster care or kinship care placement up to age 21 as the table below illustrates:

Foster care to continuing care – total average financial support per week including allowance for young person and skills fee for carer					
Current		Current		Proposed	
Under 18yrs	£456.79 Includes child allowance and carer fee	18-21yrs	£329.21	18-21yrs	£357.41
Kinship care to continuing care - total average financial support per week including allowance for young person					
Current		Current		Proposed	
Under 18yrs	£182.70 Includes child allowance	18-21yrs	£0 No allowance given	18-21yrs	£182.70

16. The table below provides an estimate of the cumulative additional costs 2019 – 2022 in providing allowances for placements equivalent to foster or kinship care. This is a conservative estimate, based on young people who will be eligible for continuing care requesting this and assuming an additional 6 placements across kinship and foster care by 2022:

Year	Additional cost of young people provided with continuing care	
2019/20	Continuing care (Foster Care)	£5,881.71
	Continuing care (Kinship)	£19,053.00
	TOTAL	£24,934.71
2020/21	Continuing care (Foster Care)	£25,997.91
	Continuing care (Kinship)	£42,906.83
	TOTAL (cumulative)	£68,904.74
2021/22	Continuing care (Foster Care)	£44,624.90
	Continuing care (Kinship)	£88,735.30
	TOTAL (cumulative)	£133,360.20

17. Current indications evidence that additional funding will be required in order to comply with the legislation. This is included in the budget process for 2020-21.
18. Young people in receipt of continuing care legally require to have an assessment and plan, and this will be subject to regular review. Work is being undertaken to revise the existing planning arrangements to better align this with the current practice model (Signs of Safety). This will ensure a strengths based assessment to support young people and risk sensible planning into adulthood.
19. Revised guidance is currently being developed for children's social work. Importantly, we will work with carers and young people to strengthen the financial planning advice, guidance and support provided to young people to better assist them in their transition to adulthood.

CONSULTATION AND PARTNERSHIP WORKING

20. There are existing multi-disciplinary authorisation panel arrangements in place to ensure robust decision making takes place in relation securing and improving young people's futures. Quality assurance is crucial to ensure that arrangements for the assessment/planning and monitoring of placements are in line with legislation and guidance and also consider the financial impact for HSCP.
21. East Renfrewshire has a strong and proud history in relation to the participation of looked after children and young people. Our Children's Champions Board actively engages with looked after children and young people across a range of issues affecting them and a key theme for our young people has been financial support both during their placement that prepares them for independent living and having a good life in adulthood.

IMPLICATIONS OF THE PROPOSALS/...

IMPLICATIONS OF THE PROPOSALS

Finance

22. There are financial implications in relation to the funding of continuing care as outlined in this paper and in line with legislative duties. Given the fluidity of looked after and accommodated young people, the full implications for future years are difficult to accurately predict. The table at paragraph 16 includes all known costs to date and a budget pressure bid is included in the 2020-21 budget process.

Legal

23. Legal services are aware of the implications of the Children and Young People (Scotland) Act 2014 and continue to support the planning for children's permanent futures.

Equalities

24. The conclusion within this report is in line with the vision, policy and practice intentions already in place in East Renfrewshire to ensure parity for children living in formal kinship care.

25. IT
None

26. Staffing
None

27. Property
None

CONCLUSIONS

28. The Children and Young People (Scotland) Act has resulted in legislative changes that entitles young people who cease to become looked after either on or after their 16th birthday to remain in their placement up to and including the age of 21.

29. To address financial hardship, minimise placement breakdown and to comply with legislative duties, it is proposed that foster and formal kinship care placements allowance for the child/ young person continue at their present rate of financial support. By providing parity of financial and practical support during placement and working with young people to financially plan for their futures. It is hoped that this will reduce significant inequalities for care experienced young people.

30. There are significant financial implications attached to this policy and it is not possible to accurately predict future numbers of young people.

RECOMMENDATIONS

31. The Integration Joint Board is asked to:-

- (a) Approve the contents of the report;
- (b) Recognise the impact of legislative and policy change for the Health and Social Care Partnership and East Renfrewshire Council;
- (c) Agree for local guidance to be strengthened to better support carers and young people to financially plan for young people leaving care; and
- (d) Approve the projected financial commitment in respect of Continuing Care.

REPORT AUTHOR AND PERSON TO CONTACT

Kate Rocks, Head of Public Protection and Children's Services (Chief Social Work Officer)

kate.rocks@eastrenfrewshire.gov.uk

0141 451 0748

8 January 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB PAPER 17.02.2019: Kinship Care and Residence Orders- Financial and Policy Implications

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=16131&p=0>



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 January 2020
Agenda Item	11
Title	HSCP Strategic Improvement Plan
<p>Summary</p> <p>The purpose of this report is to give the Integration Joint Board details of the proposed development actions in our current Strategic Improvement Plan. The integrated plan includes improvement actions developed in response to the recent Joint Strategic Inspection of Adult Services, the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: Health and Social Care Integration.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on the Strategic Improvement Plan.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input 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>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 January 2020

Report by Chief Officer

EAST RENFREWSHIRE HSCP STRATEGIC IMPROVEMENT PLAN

PURPOSE OF REPORT

1. The purpose of this report is to give the Integration Joint Board details of the proposed development actions in our current Strategic Improvement Plan. The actions have been established in response to the 'areas for development' identified in the recent Joint Strategic Inspection of Adult Services in East Renfrewshire Health and Social Care Partnership (carried out by the Care Inspectorate and Health Improvement Scotland between April and June 2019). In 2019 we also identified a range of improvement actions following the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: Health and Social Care Integration. Given the similar themes covered, we have chosen to integrate these actions in a single Strategic Improvement Plan, provided at Appendix 1.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the Strategic Improvement Plan.

BACKGROUND

3. The Audit Scotland report on progress of health and social care integration published on 15 November 2018 found that whilst some improvements have been made to the delivery of health and social care services, Integration Authorities, Councils and NHS Boards need to show a stronger commitment to collaborative working to achieve the real long term benefits of an integrated system. They noted that it would not be possible for one organisation to address all the issues raised in their report. If integration is to make a meaningful difference to the people of Scotland, Integration Authorities, Councils, NHS boards, the Scottish Government and COSLA need to work together to address the six areas that support integration and their report contains a series of recommendations linked to these.
4. The Ministerial Strategic Group for Health and Community Care agreed in June 2018 that a review would be taken forward via a small "leadership" group of senior officers chaired by Paul Gray, Director General Health and Social Care and Chief Executive of NHS Scotland and Sally Loudon, Chief Executive of COSLA. The group produced its report Review of Progress with Integration of Health and Social Care Final Report in February 2019.
5. In undertaking their review, the Ministerial Strategic Group built upon Audit Scotland's observation that integration can work within the current legislative framework, but that Integration Authorities are operating in an extremely challenging environment and there is much more to be done. The Ministerial Strategic Group also set out their proposals under the same six headings used in the Audit Scotland report.

6. Subsequently, the Scottish Government and COSLA developed a self-evaluation tool to support Integration Joint Boards and partners to assess their position in relation to the review proposals and Audit Scotland recommendations.
7. In completing the self-evaluation, partners were asked to rate themselves against 22 of the 25 proposals and identify evidence to support the conclusions. Partners were also asked to identify proposed improvement actions in respect of each proposal.
8. The draft self-evaluation was developed by the IJB Chief Officer following discussion with the IJB Chair, Vice-Chair, Third Sector and Carer representatives and Chief Financial Officer prior to being shared with the wider Integration Joint Board at its meeting on 1st May 2019.
9. Integration Joint Board members endorsed the draft self-evaluation subject to additional comments and agreed that it be remitted to the Chief Officer to reach a consensus view on the evaluation ratings and any improvement actions with the Chief Executives of NHS GGC and East Renfrewshire Council prior to submission to the Integration Review Leadership Group. Following agreement with the Chief Executive of East Renfrewshire Council and the Chief Executive of NHS Greater Glasgow and Clyde, the final draft was submitted on 14 May 2019. The actions set out in the self-evaluation have been reviewed as appropriate for the current iteration of our Improvement Plan.
10. The Care Inspectorate and Health Improvement Scotland carried out a Joint Strategic Inspection of Adult Services in East Renfrewshire Health and Social Care Partnership between April and June 2019.
11. The inspection was one of a series on the effectiveness of strategic planning requested by Scottish Ministers. It was one of six inspections that have taken place with this focus. The key elements during the inspection were how well the partnership had:
 - a) Improved performance in both health and social care;
 - b) Developed and implemented operational and strategic planning arrangements;
 - c) Established the vision, values and aims across the partnership and the leadership of strategy and direction.
12. The inspection included analysis of the evaluative statements and evidence submitted by the partnership, followed by fieldwork in East Renfrewshire, which included focus groups, interviews and observation of activities.
13. The final report of the inspection was published on 9 October 2019. An overview of the findings of the inspection shared with the wider Integration Joint Board at its meeting on 27 November 2019.
14. The inspection report set out a number of conclusions in relation to: performance management; strategic planning and commissioning; and, leadership and direction. The report highlighted the following five areas for development:

Areas for Development	
1	The partnership should improve its planning processes showing how: <ul style="list-style-type: none"> • strategic and locality needs information are updated • service and locality plans contribute to strategic priorities • priorities are to be resourced
2	The partnership should improve its approach to meaningful involvement of a full range of stakeholders for: <ul style="list-style-type: none"> • strategic and locality planning • commissioning • service redesign
3	The partnership should work closely with a full range of stakeholders to develop and implement cross-sector market facilitation approaches
4	The partnership should further develop its quality assurance and self-evaluation approaches to demonstrate how it identifies priority areas for self-evaluation and how these activities are co-ordinated to improve services
5	The partnership should make sure that it has sufficient effective operational leadership and management capacity to fully implement strategies and plans

15. In response to these recommendations the partnership submitted a detailed plan to the Care Inspectorate on 25 November 2019 setting out actions to address these areas for development. These actions have been incorporated into our Strategic Improvement Plan, provided at Appendix 1.

REPORT

16. The partnership has developed an integrated Strategic Improvement Plan reflecting the cross-cutting themes in the recommendations and proposals from Audit Scotland Report: Health and Social Care Integration, the Ministerial Strategic Group self-evaluation and the Joint Strategic Inspection.
17. The plan is structured in relation to the six thematic headings used in the Audit Scotland report:
 - Collaborative leadership and building relationships;
 - Integrated finances and financial planning;
 - Effective strategic planning for improvement;
 - Governance and accountability arrangements;
 - Ability and willingness to share information;
 - Meaningful and sustained engagement.
18. The plan gives a series of detailed improvement actions along with responsible officer and timescale for delivery. The plan highlights whether the action relates directly to a MSG proposal or a recommendation from the Joint Strategic Inspection.

CONSULTATION

19. The Improvement plan was developed in consultation with Senior Management and with relevant service managers.

IMPLICATIONS OF THE PROPOSALS

20. The Improvement Plan establishes an ambitious but achievable work programme that will strengthen strategic and financial planning, collaborative leadership, and our governance and accountability arrangements across the partnership.

CONCLUSIONS

21. The Strategic Improvement Plan sets out a range of development activity including collaborative working with other partnerships, strengthening of procedures and development of our capacity for operational management and strategic planning.

22. The plan seeks to address national priority areas (identified by Audit Scotland and the Ministerial Strategic Group) and local areas for development (identified by the Care Inspectorate and Health Improvement Scotland).

RECOMMENDATIONS

23. The Integration Joint Board is asked to note and comment on the Strategic Improvement Plan.

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid, Policy, Planning and Performance Manager
steven.reid@eastrenfrewshire.gov.uk

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Audit Scotland Report: Health and social care integration: update on progress
<http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress>

Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care
<https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>

Joint Inspection (Adults) – The effectiveness of strategic planning in East Renfrewshire Health and Social Care Partnership
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/joint_inspections_strat_com/east_renfrewshire_oct_19.aspx

IJB Paper: 01.05.2019 – Item 15: MSG Self Evaluation
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24370&p=0>

IJB Paper: 27.11.2019 – Item 10: Findings of Joint Inspection
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25529&p=0>

Appendix 1 - East Renfrewshire HSCP – Improvement Action Plan 2019-2020

Audit Scotland Recommendation	MSG Proposal	Strategic Inspection Recommendation	ERHSCP Improvement Action	Owner & Timescale	Progress
1. Collaborative leadership and building relationships					
<p>The Scottish Government and COSLA should:</p> <ul style="list-style-type: none"> ▪ ensure that there is appropriate leadership capacity in place to support integration ▪ increase opportunities for joint leadership development across the health and care system to help leaders to work more collaboratively. 	<p>1. (i) All leadership development will be focused on shared and collaborative practice.</p>		<p>To collaborate across all six Councils, HSCPs and the Health Board to develop some shared learning and development as a consequence of this self-evaluation.</p>	<p>Chief Officer By November 2019</p>	<p>Meeting held 9 October 2019. Initial areas of focus agreed.</p>
	<p>1. (ii) Relationships and collaborative working between partners must improve. Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system.</p>		<p>To create more opportunities to improve the visibility of financial pressures across the Council and NHS Board to improve shared understanding of future challenges.</p>	<p>Chief Finance Officer May 2020</p>	<p>Tripartite meeting scheduled for December 2019.</p>
	<p>1. (iii) Relationships and partnership working with the third and independent sectors must improve.</p>		<p>Through reinvigorating the Strategic and Locality Planning Groups the HSCP will further develop relationships with neighbourhood and community groups.</p>	<p>Chief Officer May 2020</p>	
2. Integrated finances and financial planning					
<p>The Scottish Government should:</p> <ul style="list-style-type: none"> ▪ commit to continued additional pump-priming funds to facilitate local priorities and new ways of 	<p>2. (i) Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.</p>		<p>Establish a tri partite discussion on the respective financial plans of parent bodies and implications for the IJB.</p>	<p>Chief Finance Officer By 31st March 2020 and thereafter each year by end March.</p>	<p>Tripartite meeting scheduled for December 2019.</p>

<p>working which progress integration.</p> <p>The Scottish Government and COSLA should:</p> <ul style="list-style-type: none"> urgently resolve difficulties with the 'set-aside' aspect of the Act. The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to: <ul style="list-style-type: none"> support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community-based care. <p>Integration Authorities, councils and NHS boards should work together to:</p> <ul style="list-style-type: none"> view their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support. 	<p>2. (ii) Delegated budgets for IJBs must be agreed timeously.</p>		<p>For the Health Board to make a formal budget offer before the end of March at the conclusion of a process which enables discussion about IJB demographic and other pressures.</p>	<p>Chief Finance Officer By end of March 2020 and thereafter each year by end March</p>	
	<p>2. (iii) Delegated hospital budgets and set aside requirements must be fully implemented.</p>		<p>The Health Board will obtain 2018/19 activity data and finalise budget and actual costs with a view to developing and agreeing a model for allocation of set aside budgets. The HSCP will identify commissioning intentions and capacity requirements thereafter, learning from a test of change planned around the GRI.</p>	<p>Chief Finance Officer By end of March 2021</p>	<p>Working group established.</p>
	<p>2. (iv) Each IJB must develop a transparent and prudent reserves policy.</p>		<p>The IJB will continue to review the level of general reserve.</p>	<p>Chief Finance Officer Ongoing</p>	<p>Policy reviewed annually</p>
	<p>2. (v) Statutory partners must ensure appropriate support is provided to IJB S95 Officers.</p>		<p>To develop a fully integrated finance role. (HSCP Accountants, whilst in the same team, are currently responsible for either NHS or Council reporting.)</p>	<p>Chief Finance Officer March 2021</p>	<p>Team well established. Accountancy role to be reviewed.</p>
	<p>2. (vi) IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.</p>		<p>IJB will ensure investment is directed to priority areas regardless of source.</p>	<p>Chief Finance Officer Ongoing</p>	

3. Effective strategic planning for improvement					
<p>Integration Authorities, councils and NHS boards should work together to:</p> <ul style="list-style-type: none"> ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. <p>The Scottish Government should:</p> <ul style="list-style-type: none"> ensure that there is a consistent commitment to integration across government departments 	<p>3. (i) Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.</p>		NO LOCAL ACTION - NATIONAL BODIES RESPONSIBLE		
	<p>3. (ii) Improved strategic inspection of health and social care is developed to better reflect integration.</p>		NO LOCAL ACTION - NATIONAL BODIES RESPONSIBLE		
	<p>3. (iii) National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.</p>		NO LOCAL ACTION - NATIONAL BODIES RESPONSIBLE		
	<p>3. (iv) Improved strategic planning and commissioning arrangements must be put in place. Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and capability for this.</p>	<p>(1) The partnership should improve its planning processes showing how:</p> <ul style="list-style-type: none"> strategic and locality needs information are updated service and locality plans contribute to strategic priorities priorities are to be resourced. 	<p>(1.1) The HSCP will establish a procedure for updating needs assessments to support development of Strategic Plan, Commissioning Plan and Locality Plans.</p> <p>(1.2) The HSCP will develop a structured methodology for demographic/demand projections to support annual budget planning cycle.</p> <p>(1.3) The HSCP will translate the IJB's Strategic Plan into operational plans that support the delivery of quality services. All service and locality plans will link clearly to our strategic priorities and be integrated into our performance framework. Service plans will include 3-yr budget/resource information.</p>	<p><u>Chief Officer</u></p> <p>March 2020</p> <p>March 2020</p> <p>1st round of plans to be signed-off by December 2019. 2nd round starting December 2019. To be signed-off by March 2020.</p>	

		(5) The partnership should make sure that it has sufficient effective operational leadership and management capacity to fully implement strategies and plans.	(5.1) The HSCP will increase our senior operational management capacity. (5.2) The HSCP will support managers by building our strategic planning capacity with new service-dedicated planning leads and business analysts.	<u>Chief Officer</u> By February 2020 By January 2020	
		(3) The partnership should work closely with a full range of stakeholders to develop and implement cross-sector market facilitation approaches.	(3.1) The HSCP will develop a Market Shaping Plan to support our established commissioning plan objectives. This will be developed collaboratively by our Market Shaping and Commissioning Officers. Working within the recently introduced locality forums, this will ensure cross sector involvement and wider stakeholder engagement, with the objective of creating a sustainable and sufficiently diverse market.	<u>Strategic Commissioning Manager</u> March 2020	
		(4) The partnership should further develop its quality assurance and self-evaluation approaches to demonstrate how it identifies priority areas for self-evaluation and how these activities are co-ordinated to improve services.	(4.1) We will agree a consistent approach to self-evaluation to support the new service planning cycle across the HSCP. This will be based on national standards and tailored to needs of service areas. (4.2) The HSCP will develop internal standards for quality assurance activity and an accompanying delivery plan.	<u>Chief Officer</u> April 2020 Commencing January 2020 and ongoing	
	3. (v) Improved capacity for strategic commissioning of delegated hospital services must be in place.		The IJB will review commissioning capacity as set aside budgets become fully integrated and devolved.	Chief Finance Officer By end March 2021	Working group established.

4. Governance and accountability arrangements				
<p>The Scottish Government and COSLA should:</p> <ul style="list-style-type: none"> support councillors and NHS board members who are also Integration Joint Board members to understand, manage and reduce potential conflicts with other roles. <p>The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:</p> <ul style="list-style-type: none"> agree local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles. Scenarios or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen. 	<p>4. (i) The understanding of accountabilities and responsibilities between statutory partners must improve.</p>		<p>The HSCP will refresh development work with IJB members to ensure their understanding of their role is clear.</p> <p>Review performance reporting arrangements to ensure consistency and alignment of reporting and avoid unnecessary duplication.</p>	<p>Chief Finance Officer Annual.</p> <p>By March 2020</p>
	<p>4. (ii) Accountability processes across statutory partners will be streamlined.</p>		<p>Continue to review reporting structures to ensure accountability is clear and there is minimum duplication.</p>	<p>Chief Finance Officer Annual.</p>
	<p>4. (iii) IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.</p>		<p>As the IJB has a newly appointed Chair and new Board member joining shortly, it will refresh its seminar programme.</p>	<p>Chief Officer By November 2019</p>
	<p>4. (iv) Clear directions must be provided by IJBs to Health Boards and Local Authorities.</p>		<p>The IJB will review its use of directions and develop them in collaboration with other NHS GGC integration authorities.</p>	<p>Chief Officer</p> <p>Awaiting national guidance to be issued.</p>
	<p>4. (v) Effective, coherent and joined up clinical and care governance arrangements must be in place.</p>		<p>The IJB will review clinical and care governance arrangements when national guidance is published.</p>	<p>Chief Officer</p> <p>Awaiting national guidance to be issued.</p>

5. Ability and willingness to share information					
<p>The Scottish Government and COSLA should:</p> <ul style="list-style-type: none"> monitor how effectively resources provided are being used and share data and performance information widely to promote new ways of working across Scotland. <p>The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:</p> <ul style="list-style-type: none"> share learning from successful integration approaches across Scotland address data and information sharing issues, recognising that in some cases national solutions may be needed review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future. They should also ensure mechanisms are in place to collect and report on this data publicly. 	<p>5. (i) IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.</p>		<p>The IJB will continue to participate in the Strategic Commissioning Improvement Network and will adapt our annual report structure in line with national recommendations to enable better comparison and learning.</p>	<p>By publication of next round of annual reports in July 2020</p>	<p>Awaiting feedback on 2018/19 report.</p>
	<p>5. (ii) Identifying and implementing good practice will be systematically undertaken by all partnerships.</p>		<p>The IJB will continue to collaborate with NHS GGC wide and national initiatives.</p>	<p>Ongoing</p>	<p>Pan-HSCP work underway as part of unscheduled care and Moving Forward Together.</p>
	<p>5. (iii) A framework for community based health and social care integrated services will be developed.</p>		<p>NO LOCAL ACTION - NATIONAL BODIES RESPONSIBLE</p>		

6. Meaningful and sustained engagement				
<p>Integration Authorities, councils and NHS boards should work together to:</p> <ul style="list-style-type: none"> continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered. 	<p>6. (i) Effective approaches for community engagement and participation must be put in place for integration.</p>	<p>(2) The partnership should improve its approach to meaningful involvement of a full range of stakeholders for:</p> <ul style="list-style-type: none"> strategic and locality planning commissioning service redesign. 	<p>(2.1) The HSCP will develop a more systematic approach to seek users and carer feedback and will update our participation and engagement plan in partnership with 'Your Voice'.</p> <p>(2.2) The HSCP will establish locality forums to delegate decision making on priorities to locality level.</p>	<p><u>Strategic Commissioning Manager</u></p>
	<p>6. (ii) Improved understanding of effective working relationships with carers, people using services and local communities is required.</p>			<p>February 2020 (Paper to go to IJB in January 2020)</p>
	<p>6. (iii) We will support carers and representatives of people using services better to enable their full involvement in integration.</p>			<p>November 2019</p>

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 January 2020
Agenda Item	12
Title	Care at Home Improvement and Redesign Programme
<p>Summary</p> <p>This report provides and update to the Integration Joint Board on the progress of the Care at Home service in relation to the improvement activity undertaken to date and an outline of timescales for the service redesign.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on the report.</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 checked="" type="checkbox"/> Risk <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 January 2020

Report by Chief Officer

CARE AT HOME IMPROVEMENT AND REDESIGN PROGRAMME

PURPOSE OF REPORT

1. This report updates the Integration Joint Board on progress against the comprehensive programme developed to support meeting the Care Inspectorate requirements. The report also outlines the timeline and key milestones to be reached to progress the service redesign.

RECOMMENDATION

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

BACKGROUND

3. Integration Joint Board members will recall that as previously reported the Health and Social Care Partnership's new senior management team formed a view that there needed to be a substantial redesign of the service and formed a change programme board to oversee this. As reported the service intent was to continue with improvement activity whilst progressing the service redesign.
4. The focus for the service has now moved to ensure improvement actions to date are embedded within the service and that additional resources are in place to support taking forward the service redesign.
5. The Integration Joint Board has received a series of reports on the issues with the in-house care at home service and the improvement activity underway. Links to all previous papers are provided at the end of this report in the background papers section.

REPORT

6. The programme of improvement and redesign is being led by the Chief Officer and the Programme Oversight Board, chaired by the Council Chief Executive, is established. Membership is drawn from staff side, HR and legal services as well as the Chief Officer, who is the Programme sponsor, the Chief Social Work Officer, the Intensive Services Manager and a programme manager
7. The key element in relation to meeting and sustaining the Care Inspectorate requirements is to review frontline management roles to ensure our home care support workers are properly supported in the community. This will require the development of new roles that are fit for the future.
8. Continuity of support for our service users will require further recruitment and a change to work patterns to ensure the staffing resource is better aligned to meet service demand.

9. A robust recruitment campaign is now in place to support recruitment to the service, including advertising through STV; social media and radio. The campaign timings have been aligned to run in conjunction with the national recruitment campaign for social care being led by Scottish Government.
10. We are now in the second phase of improvement within the service. 'Phase 2' running from September 2019 to March 2020 where the focus is on:
- Realigning the continuing work on the requirements to reflect the second inspection feedback and report
 - Refining and refocussing the use of additional resources
 - Planning the service redesign and begin the implementation.
11. The table below sets out the key improvement activities within the programme for Quarter 1, the latest update, RAG (red, amber, green) status and plans for the months to the end of March 2020. Quarter 2 priorities are in the process of being set and will predominantly focus on the service redesign.

Latest Update	RAG	Q1 2020 (Jan, Feb, Mar)
Workstream 1 Requirements Phase 2		
Activity: Care Planning <ul style="list-style-type: none"> • Care planning for the service continues to be undertaken • Positive progress being made on creation of reports from Carefirst to ensure that our care planning performance is maintained • Ongoing development with organisers on outcome focussed care planning, with practice forums to support this. 	A	Improve quality of plans to better reflect outcomes and risk management. Refine pathway to ensure all service users entering the service have a care plan developed in line with statutory requirement.
Activity: Medication <ul style="list-style-type: none"> • Over 50% of staff have now completed medication good practice training • Medication pilot planning completed. Pilot now operational. • Some queries raised via Trade Union reps from frontline staff 	G	Train remaining staff in medication good practice Commence the pilot and monitor early impacts Roll out pilot across Barrhead locality
Activity: Reviews <ul style="list-style-type: none"> • Historical overdue reviews completed (except handful outwith our control) • Automated Carefirst report now refined and generated weekly to ensure review performance is maintained reviews due • Quality sampling of reviews undertaken has commenced. 	A	Improve quality of reviews Develop QA measures within the review process.
Activity: Complaints <ul style="list-style-type: none"> • Limited progress • Recording process continues to be refined • External advisor supporting the further development of complaint handling process and overview. 	A	Introduce monthly management team complaint reviews - complaint overview and learning improvement focus Ensure overview of complaint activity for the service is further developed and maintained

<p>Activity: Service Delivery</p> <ul style="list-style-type: none"> • Compliance rates (use of electronic monitoring of visit times) now sitting at over 90% • Where frontline staff resource has allowed visit times have been increased when required. 	R	<p>Improve communications to front line staff around changes to schedules Secure additional management resource to support service redesign</p>
<p>Activity: Employ/ Deploy</p> <ul style="list-style-type: none"> • Additional 8 staff recruited- induction this month • Advertising strategy planned and designed with TV partners and Internal Communication team. Launch date 03/02 	A	<p>Ongoing recruitment Implement recruitment strategy Develop wider strategic plan for recruitment across social care sector Provide better continuity of care/service timings/patterns of service delivery Progress modern apprenticeship scheme</p>
<p>Activity: Training</p> <ul style="list-style-type: none"> • Training completed to quarterly plan (focused medication, ASP, food hygiene and GDPR) • Competency checks commenced • Draft Learning and Development framework for Intensive Services completed • Q1 2020 training plan prepared and circulated to allow for staff scheduling 	G	<p>Deliver Q1 2020 training plan - first aid, dementia and medication focus Deliver 2x further induction programmes</p>
<p>Activity: Supervision</p> <ul style="list-style-type: none"> • Field based supervisions have commenced 	A	<p>Continue monitoring to ensure schedule is being followed as normal practice Develop quality of sessions and experience of managers & organisers in delivering supervisions</p>
<p>Activity: Notification to Care Inspectorate</p> <ul style="list-style-type: none"> • Managers continue to undertaking reporting 	G	<p>Introduce a monthly overview and focus on reporting at management meetings Remind staff regularly on the importance of notification Ensure better reporting is in place (volume/timeliness) Finalisation of reporting procedures</p>
<p>Activity: Dementia</p> <ul style="list-style-type: none"> • Training dates set for this quarter and cohort size agreed • Dementia good practice discussions held at patch meetings 	G	<p>Staff attend training as scheduled</p>
<p>Activity: Supplementary</p> <ul style="list-style-type: none"> • SSSC registration of workforce completed in advance deadline. • Quality Framework outline agreed 	G	<p>Progress the development of the Quality Framework and relevant tools to support the implementation of this</p>

Service Redesign

12. The timeline and key milestones for the service redesign have been progressed in partnership with key workstream stakeholders and are outlined below.

Activity Area	Timescale
Design (operating model, structure, initial financial modelling)	Jan- mid Mar
In principle approvals	Late March
Phase 1 (Non Frontline workers)-specifications, consultation & implementation	April - July
Phase 2 (Frontline staff team)- (specifications, consultation & implementation)	Aug - Dec

13. The latest update on progress is detailed below

Latest Update	RAG	Q1 2020 (Jan, Feb, Mar)
Workstream 2 Service Redesign -Care At Home and Responder Services (including out of hours)		
<ul style="list-style-type: none"> Preparation activity including: forming workstream team prepare detailed project plan define model & structure has been undertaken 	A	Finalise job specifications and evaluate Financial modelling
Workstream 3. Workforce Development		
<ul style="list-style-type: none"> Being managed under workstream 1 	G	Planning, design and delivery of training- ongoing quarterly planning
Workstream 4. Private Providers (Interim framework)		
<ul style="list-style-type: none"> Singular Pathway for commissioning of Care at home provision continues to be developed Contract management officer for care at home providers appointed 	G	Prepare provider market for future Comprehensive overview of all externally commissioned Care at Home provision
Workstream 5. Transport		
<ul style="list-style-type: none"> Commissioning of review of use of transport within the service being progressed in partnership with Neighbourhood services. 	A	Undertake review. Recommendations to be progressed in Q2
6. Telecare TSA Action Plan		
<ul style="list-style-type: none"> Review of improvement plan and activity by consultant has now been undertaken. Action plan for service progressing 	A	Implement the agreed recommendations from consultant's report

7. Telecare A2D (operational)			
	<ul style="list-style-type: none"> Digital Office funding bid submitted 	<p style="text-align: center;">G</p>	Appoint to role Early planning/preparation for implementation
8. Embedding TEC			
	<ul style="list-style-type: none"> Appointment to role agreed 	<p style="text-align: center;">G</p>	Continue workstream planning Progress workstream

CONSULTATION AND PARTNERSHIP WORKING

14. Staff side are represented on the programme oversight group. The draft collective agreement, linked to the adoption of the ethical care charter, has now been prepared and shared with staff side. Further engagement sessions with cohorts of staff from both frontline and management staff teams are now being planned to inform the direction of the service redesign.

IMPLICATIONS OF THE PROPOSALS

Finance

15. The Care at Home service is currently projected to overspend by £501k based on the current cost commitments against a budget of £7.5 million (6.7%). This includes the £1 million funding agreed by the Integration Joint Board for this year. This is an increase in projected costs of £40k since last reported and includes additional spend on recruitment.
16. The cost projection is regularly reviewed to reflect the ongoing impact of the action plan, including increasing recruitment, reducing agency use, the interim framework contract and review of care packages. This continues to be refined as the year progresses and we are working hard to bring costs closer in line with budget on a recurring basis.
17. The additional £750k recurring budget (included in the position above) is meeting the costs of 12 responders, 10 care at home FTE (full time equivalents) and additional contract management capacity. There is also £175k committed to progress the improvement and redesign of the service.
18. The £250k non-recurring resource is fully committed and is funding a number of development posts along with training and recruitment. Should there be any in year slippage, this will carry forward to fund a full 12 months of activity.

Staffing

19. Redesign of the care at home service will have implications for current staff roles and working patterns. The first phase of the redesign will include the management structure and staff roles within this structure, the second phase will see the rationalisation of the work patterns of frontline staff to ensure that service demands can be fully met at the peak demand times for the service.

Risk

20. As previously reported the risk associated with the care at home service remains high. Our improvement and redesign work should support a reduction in risk. Additional risks associated with winter pressures have to date been mitigated through winter planning.

Directions

21. There are no directions at this point, but will be issued when redesign proposals are agreed.

RECOMMENDATION

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

REPORT AUTHOR

Gayle Smart, Intensive Services Manager
Gayle.Smart@eastrenfrewshire.gov.uk

Julie Murray, Chief Officer, IJB
julie.murray@eastrenfrewshire.gov.uk
0141 451 0746

BACKGROUND PAPERS

IJB Paper: November 2019 – Care at Home Improvement and Redesign Programme
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25553&p=0>

IJB Paper: September 2019 – Care at Home Improvement Update: August 2019
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25145&p=0>

IJB PAPER: August 2019 – Care at Home Improvement Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24912&p=0>

IJB PAPER: 26 June 2019 – Care at Home Improvement Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24640&p=0>

IJB PAPER: 1 May 2019 – Care at Home Inspection Report and Improvement Plan
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24316&p=0>

IJB PAPER: 20 March 2019 – Care at Home Improvement Activity
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24127&p=0>

IJB PAPER: 30 January 2019 – Care at Home Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23706&p=0>

IJB PAPER: 29 March 2017 – Care at Home Programme Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=19790&p=0>

CCGC PAPER: 20 June 2018 – Homecare Service Inspection
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22587&p=0>



Meeting of East Renfrewshire Health and Social Care Partnership Held on	Integration Joint Board 29 January 2020
Agenda Item	13
Title	Report on the Progress of the Primary Care Improvement Plan (PCIP)
Summary This report provides a summary of the achievements and challenges mid year 2 of implementing our Primary Care Improvement Plan and outlines key considerations for year 3 planning.	
Presented by	Kim Campbell, Localities Improvement Manager
Action Required The Integration Joint Board is asked to note the achievements of the Primary Care Improvement Plan mid year 2 and note the challenges for forward planning.	
Implications checklist – check box if applicable and include detail in report <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	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 January 2020

Report by Chief Officer

Report on the Progress of the Primary Care Improvement Plan (PCIP)

PURPOSE OF REPORT

1. This report provides the Integration Joint Board an update on mid year 2 achievements against the ambitions outlined in the East Renfrewshire Primary Care Improvement Plan.

RECOMMENDATION

2. The Integration Joint Board is asked to note the achievements of the Primary Care Improvement Plan mid year 2 and note the challenges for forward planning.

BACKGROUND

1. The General Medical Services (GMS) Contract 2018 states "*HSCP Primary Care Improvement Plans will enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end of the three-year plans, every practice in GGC should be supported by expanded teams of board employed health professionals providing care and support to patients*".
2. East Renfrewshire Health and Social Care Partnership, supported by our GP Subcommittee representative developed our three-year Primary Care Improvement Plan. This plan will enable the role of the GP moving forward to evolve in to the expert medical generalist. The new GP role will be achieved by embedding multi-disciplinary primary care staff to work alongside and support GPs and practice staff to reduce GP practice workload and improve patient care.
3. The 2018 Scottish GMS contract is intended to allow GPs to deliver the four Cs in a sustainable and consistent manner in the future.
 - Contact – accessible care for individuals and communities
 - Comprehensiveness – holistic care of people - physical and mental health
 - Continuity – long term continuity of care enabling an effective therapeutic relationship
 - Co-ordination – overseeing care from a range of service providers
4. To help ensure sufficient, visible change in the context of a new contract, it was agreed to focus on a number of specific services to be reconfigured at scale across the country. These priorities outlined in the Memorandum of Understanding (MOU) include:
 - 1) *The Vaccination Transformation Programme (VTP)*
 - 2) *Pharmacotherapy Services*
 - 3) *Community Treatment and Care Services*
 - 4) *Urgent Care (advanced practitioners)*
 - 5) *Additional professional clinical and non clinical services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services*

- An end of year 1 position report was provided at the May Integration Joint Board and celebrated the success in this early implementation stage.

REPORT

Progress of MOU commitments position Mid Year 2

The Vaccination Transformation Programme (VTP)

Childhood Immunisations

- The delivery of routine childhood immunisations has fully transferred from all NHS GGC GP practices, with delivery now based in 39 community clinics, two of which are in East Renfrewshire. A new Pre School Immunisation Team, hosted by Glasgow City HSCP – North West Sector, was established in August 2019.
- Pre-school flu vaccinations were intended for year 2 (2019-20) using the same venues as Routine Childhood clinics. Heath Visiting are currently running a pilot of children's flu clinics in Barrhead Health and Care Centre following the successful uptake last year. Uptake for the Barrhead pilot for 2-5 year old flu (not yet in school) can be seen below:

			Historical uptake % of participating GP practices	
HSCP	Pilot Clinic	2019/20 (accumulative uptake % to date)	2018/19	2016/17
East Ren	Barrhead	73.3%	47.9%	52.9%

Vaccination in Pregnancy

- Pregnant Women Immunisations (flu and pertussis) is being delivered via Women and Children's Services/Midwifery across all Greater Glasgow and Clyde Maternity Centres in year 2 (2019-20). The service delivery of flu and pertussis through Maternity Services has been a 'soft start' pending resolution of outstanding issues (IT and staffing); with vaccination being offered opportunistically to women attending 12 and 20 week scan appointments. GP practices continue to vaccinate pregnant women post 20 week scan if they have not already been vaccinated.
- Maternity services are currently running a pilot of flu clinics for pregnant women from Barrhead Health and Care Centre (2019-20), co-ordinated by NHSGGC.

Adult Vaccinations

10. By 2021 all Adult Immunisations (Flu, Pneumococcal, Shingles and Travel) will be delivered through the formation of HSCP Adult/Older People's Services - Adult Immunisation teams (as per Childhood and Schools). With regards to the wider programme of adult vaccinations, scoping and planning continues through the NHS Greater Glasgow and Clyde Adult Immunisation VTP group.
11. In 2019-20, in the absence of an interim IT solution to enable a larger scale flu pilot, it was agreed to pilot opportunistic adult flu vaccination (over 65s and under 65 "at risk") through community pharmacies to assess capacity and feasibility of this as part of potential future hybrid service delivery model. This is in addition to status quo delivery through GP practices.
12. The Community Pharmacy flu pilot commenced on 4th November, 184 pharmacies have signed up across Greater Glasgow and Clyde (16 in East Renfrewshire). A full evaluation will be completed in 2020.
13. In East Renfrewshire, flu immunisations for the mobility challenged on the district nursing caseload has been co-ordinated by Kevin Bletsoe, Senior Nurse ER HSCP. All GP Practices were contacted by the Senior Nurse to complete a pro-forma identifying housebound patients not on DN caseload and HSCP have vaccinated these patients during November 2019.

Travel vaccinations

14. Travel Health planning in NHSGGC is being incorporated as part of wider Adult Planning, with the planning assumption of approximately 1% of NHSGGC's adult population requiring this service.
15. A three tier Travel Health service model has been agreed and is being progressed nationally, with tiers one and two requiring national development/agreement and the third tier for Health Boards to plan local service delivery models for the administration of vaccinations/provision of specialist travel advice.
16. It should be noted that dependency on national IT solutions and workforce work streams are required to ensure the safe and sustainable delivery of the Vaccination Transformation Programme in NHSGGC.

Pharmacotherapy Services

17. All GP Practices have minimum of 0.4wte allocation of PCIP Pharmacotherapy. Prescribing Lead and Localities Improvement Manager will be visiting all GP Practices in January 2020 to review their Pharmacotherapy resource and gather views to inform the planning process for year three of PCIP.
18. The Primary Care Improvement Plan stated the ambition to provide a minimum Pharmacy resource of 0.4 whole time equivalent (wte) Pharmacy Professionals to each practice by March 2020 with the aim being to provide 0.4wte per 5000 patients. All East Renfrewshire practices now have a minimum of 0.4 wte Pharmacotherapy resource (with the exception of one split site practice where one surgery falls under Glasgow City HSCP). The minimum recruitment has now been exceeded (the total resource now in place will provide 0.44wte per 5000 patients).

19. The Memorandum of Understanding between the Scottish Government, BMA, integration authorities and NHS boards in relation to the implementation of the GMS contract stated *'By 2021, phase one will include activities at a general level of pharmacy practice including acute and repeat prescribing and medication management activities and will be a priority for delivery in the first stages of the HSCP Primary Care Improvement Plan.'* Although level one activities have not been deemed the highest priority activities in all practices, some level 1 activity has been implemented in 14 of 15 East Renfrewshire practices. Specialist clinics have been established in 9 practices providing Pharmaceutical Care for patients with Hypertension and Respiratory Conditions.
20. Moving towards year 3 of the transition period, work is underway to determine the appropriate skillmix and service model for the future. Early audits estimated that 2.5wte Pharmacist per 5000 patients is required to fully deliver all Pharmacotherapy elements as stated in the GP contract. At this stage there is nothing to suggest that this can be reduced. Full service transfer is unlikely to be possible by the end of 20/21 with the main barriers being the availability of suitably qualified staff and lack of suitable space in some practices to accommodate pharmacy staff.
21. Work is underway to scope out the feasibility of testing a hub model, in which some level 1 activities would be carried out in a hub, possibly at GP cluster level, staffed by Pharmacy Technicians and Pharmacy Support Workers. Such a model would increase Pharmacist capacity, reduce demand for space in practices, and might provide a more efficient use of resource by minimising duplication of effort.
22. The Lead for Prescribing and Clinical Pharmacy and the Localities Improvement Manager will be visiting GP Practices in January 2020 to review Pharmacotherapy provision thus far and gather views to inform the planning process for year three.

Community Treatment and Care Services

23. In collaboration with GP practices data was gathered to understand the activity currently taking place in local practices by the nursing team, this would allow us to understand the type and volumes of activity. This data set was shared with the PCIP Steering Group where the decision was taken to launch the service with a transfer of the task taking the most time in practices to treatment rooms; this is dressings. In Eastwood locality there was an average of 85 hours per week and Barrhead 21 hours per week. Other tasks such as phlebotomy and suture removal will also be available.
24. Interviews took place in December 2019 for staffing resource to operate the Community Treatment Rooms; 1 x Treatment Room Co-coordinator, 2 x Treatment Room Nurses, 1 Community Health Care Assistant and 1 Admin/Health Care Assistant. The recruitment process is in progress and we hope to have the team in post by March 2020 with a Go Live date of April 2020 for the service.
25. Two Short Life Working Groups are actively developing referral pathways/processes, appointment allocation, sharing of information between GP Practices and the Treatment Room and Standard Operating Procedures.
26. Our Band 3 Community Health Care Assistants successfully completed the Community Health Care Assistant module at Glasgow Clyde College, improving their competencies to undertake a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting or out in the community

including suture removal, urinalysis, simple wound dressings, BMI, health and weight etc.

Urgent care (advanced practitioners)

27. In June 2019 following 3 rounds of recruitment our transitioning Advanced Nurse Practitioner (ANP) came in to post. This individual has an excellent skill set with formal education/experience within acute frailty and medical areas and a sound knowledge basis for the ANP in general practice. In order to complete transition to ANP a portfolio has to be completed requiring GP support. PCIF funding was used to remunerate 2 practices who offered to support the competency sign off over a 6 month period. We hope to achieve competency sign off to a fully fledged ANP by end of January 2020. Feedback from both practices has been extremely complimentary. Data will be reviewed in February to measure impact of the role in reducing GP House visits, reducing unscheduled hospital admissions, onward referrals and improved outcomes for individuals

Additional Professional roles

28. A further 1 whole time equivalent (wte) Advanced Practice Physiotherapist (APP) has been recruited; this resource is shared across 2 practices. 2 wte Advanced Practice Physiotherapists are now in post providing support to 4 GP practices. A key success factor in utilising this resource appropriately is effective signposting by reception staff.

Community Links Worker (CLW)

29. The Community Link Worker posts continue to embed. Analysis of the service and impact review will be available by end of March 2020.

CONSULTATION AND PARTNERSHIP WORKING

30. The local PCIP Steering Group is progressing well and demonstrating positive collaborative working between GP practices, Quality Clusters and the HSCP. Terms of Reference have been approved and several option appraisals and standard operating procedures have been developed in partnership prior to implementation.

Key Successes

- 1) Excellent performance against delivery of childhood vaccines
- 2) The broadest and most significant WTE input of pharmacotherapy in GGC
- 3) Enhanced competency level for our Community Health Care Assistants
- 4) Advanced Practice Physiotherapist support in 4 GP practices
- 5) Community Treatment Room on target for March go live date
- 6) PCIP Steering Group developing well and demonstrating partnership working to achieve PCIP aspirations

Key Challenges

- 1) Uncertainty around the Vaccination Transformation Programme (across GGC)
- 2) Challenges regarding pharmacotherapy work force availability which make the 2021 position look untenable
- 3) Ability to provide cover during sickness absence

- 4) Development of robust pathways/processes to support the Treatment Room service will require careful planning and coordinated implementation to avoid dissatisfaction amongst patients and GPs
- 5) It should be noted that dependency on national IT solutions and workforce work streams are required to ensure the safe and sustainable delivery of PCIP across NHSGGC.
- 6) Funding available from Scottish Government is limited and will not allow full implementation of our PCIP

IMPLICATIONS OF THE PROPOSALS

Finance

31. The Scottish Government have confirmed that whilst the current year funding allocations have been reduced by the level of earmarked reserves we hold the totality of funding will be available to us, on evidenced need. We provide regular returns to the Scottish Government to support our plans and evidence our spending profiles. The table below shows the forecast position for the current year and a projection for 2020/21. When we look at 2020/21 and beyond the current assumed programme costs are in excess of the expected recurring funding and the programme is being reviewed to bring this to a spending profile that is sustainable based on recurring funding.

Model Updated as at 10 December 2019

Primary Care Improvement Plan	Current			
	Year 2		Year 3	
	Full Year 2019-20		Full Year 2020-21	
Services	WTE	£'000	WTE	£'000
Pharmacist (Band 7)	8.3	433	19.0	1,007
Pharmacy First		0		0
Advanced Nurse Practitioners (Band 7)	1.0	45	3.0	159
Advanced Practice Physiotherapists	2.0	80	3.0	159
Community Link Workers	4.0	72	4.0	74
Healthcare Assistants (Band 3)		0		0
Treatment Room Nurses (Band 5)		0		0
Community Treatment Rooms and Care	8.0	147	8.0	281
Treatment Rooms Equipment Set Up		20		0
Vaccine Transformation Programme		205		205
CQL Sessions		0		0
PCIP Project Support Officer		44		45
Total Cost	23.3	1,046	37.0	1,930
Allocation		1,014		1,314
Reserves		185		153
Total Funding Available		1,199		1,467
Surplus / (Shortfall)		153		(463)*

*projected overspend prior to action to reduce costs to equal funding

Infrastructure

32. As we implement extended primary care teams this creates pressure on space availability within local GP premises

33. There are no staffing, risk, equalities, policy or legal implications arising from this report.
34. There are no directions arising from this report.

CONCLUSIONS

35. We are successfully building on the strong platform achieved in year 1 of PCIP.
36. We have implemented more resource than anticipated at this point in year 2 to allow the treatment room to be in place.
37. There has been strong collaborative working between the HSCP, local GPs and the Greater Glasgow and Clyde Primary Care Programme Board.
38. At the end of the current year we expect to take £153k forward. The current projections for 2020-21 would be an overspend of £463k based on the original plan and this is being reviewed to ensure costs remain within available funding.
39. As we progress in to year 2 implementation we will invest in measuring impact of new resources to shift demand for GP services, a vital component of any improvement plan.

RECOMMENDATIONS

40. The Integration Joint Board is asked to note the achievements of the Primary Care Improvement Plan mid year 2 and note the challenges for forward planning.

REPORT AUTHOR AND PERSON TO CONTACT

Kim Campbell, Localities Improvement Manager
kim.campbell@ggc.scot.nhs.uk

January 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB PAPER – 26 June 2019 – Item 13: Primary Care Improvement Plan Year 2 Plan Report
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24643&p=0>

IJB PAPER: 1 May 2019 – Item 12: Report on Progress of the Primary Care Improvement Plan
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24318&p=0>

IJB PAPER: 27 June 2018 – Item 14: Primary Care Improvement Plan Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22737&p=0>

IJB PAPER: 14 February 2018 – Item 9: GP Contract
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21802&p=0>



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board		
Held on	29 January 2020		
Agenda Item	14		
Title	IJB Risk Management Policy and Strategy		
Summary			
<p>The revised IJB Risk Management Policy and Strategy was endorsed by the Performance and Audit Committee in November 2019. This report includes an overview of the changes that have been made to the original document, which was adopted by the Integration Joint Board in August 2016.</p>			
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)		
Action Required			
<p>The Integration Joint Board are asked to approve the revised IJB Risk Management Policy and Strategy.</p>			
Implications checklist – check box if applicable and include detail in report			
<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

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 JANUARY 2020

Report by Chief Financial Officer

**INTEGRATION JOINT BOARD RISK MANAGEMENT
POLICY AND STRATEGY**

PURPOSE OF REPORT

1. This report provides the Integration Joint Board with an update on the IJB Risk Management Policy and Strategy review including an overview of changes to the original document which were made following a consultation exercise. The changes were endorsed by the Performance and Audit Committee on 27 November 2019 and remitted to the Integration Joint Board for approval.

RECOMMENDATION

2. The Integration Joint Board are asked to approve the amended Risk Management Policy and Strategy.

BACKGROUND

3. The IJB Risk Management Policy and Strategy was first considered by the Performance and Audit Committee in March 2016 and remitted to the Integration Joint Board in June 2016, following some amendments. The Integration Joint Board approved the policy in August 2016.

REPORT

Review Process

4. The original IJB Risk Management Policy and Strategy document was circulated to a range of stakeholders for comment and shared with other HSCPs to allow for peer review and to identify any learning opportunities. Stakeholders included:-
 - Existing owners of operational risk registers within the HSCP
 - Head of Finance & Resources,(Chief Financial Officer), East Renfrewshire HSCP
 - Chief Nurse, East Renfrewshire HSCP
 - Business Support Manager, East Renfrewshire HSCP
 - Responsible officer for risk management, East Renfrewshire Council
 - Risk and Litigation manager, NHS Greater Glasgow & Clyde

Feedback received

From	Note of feedback	Recommendation/ Action
Operational Risk Register Owners	A request for more training and guidance on implementing the policy and strategy	Risk management training is sourced for officer requiring initial or refresher training
NHSGGC Risk and Litigation manager	It was noted that the policy was fit for purpose, although the scoring matrix used is not the standard 5x5 scoring matrix used by NHSGGC. The Council 4x4 scoring matrix is currently used.	Noted
ERC Risk Manager	<p>Comfortable with approach.</p> <p>Section 1 Perhaps a recognition and link to the ERC Strategic Risk Register (SRR) within section 1 and more generally within the document. There are currently a number of HSCP risks included within this document and HSCP Chief Officer is actively involved in the discussion of this as a member of CMT.</p> <p>Section 3 – reporting. The SRR (including HSCP risks) is considered by the Audit & Scrutiny Committee twice a year and annually by the Cabinet.</p>	<p>Noted</p> <p>The policy and strategy document be amended to reflect this</p> <p>The policy and strategy document be amended to reflect this</p>
HSCP Head of Finance and Resources	Requested that it be highlighted in the document that “Service Managers have a responsibility to report any changes to their own operational risk register”	Document amended to add text

CONSULTATION AND PARTNERSHIP WORKING

5. Consultation took place as described earlier in the report.
6. 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

7. There are no finance, staffing, risk, policy, infrastructure, equalities or legal implications.
8. No are no directions as a result of this paper.

CONCLUSIONS

9. A review of the IJB Risk Management Policy and Strategy has been undertaken and was endorsed by the Performance and Audit Committee in November 2019.
10. If approved, the new policy and strategy will be circulated to HSCP Senior Management for implementation.
11. The next review of the IJB Risk Management Strategy and Policy will take place in November 2021.

RECOMMENDATIONS

12. The Integration Joint Board are asked to approve the revised IJB Risk Management Policy and Strategy.

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

27-11-2019 PAC PAPER: Review of IJB Risk Management Policy and Strategy
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25574&p=0>

17-08-2016 IJB Paper: IJB Risk Management Policy and Strategic Risk Register
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=17355&p=0>

29-06-2016 PAC Paper: Risk Management Policy and Strategic Risk Register Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=17085&p=0>

16-03-2016 PAC Paper: Risk Management Policy and Strategic Risk Register
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=16335&p=0>

18-12-2015 PAC Paper: Risk Management Policy and Strategy
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=15894&p=0>

BLANK PAGE



East Renfrewshire Integration Joint Board

Risk Management Policy and Strategy

(Version 2.0)

BLANK PAGE

Contents

Policy – the risk management approach.....	2
Strategy – implementing the policy	3
1. Introduction	3
2. Risk Management Process.....	4
3. Application of good risk management across the IJB activities.....	4
Realising the risk management vision	6
4. Risk management vision and measures of success	6
Risk leadership and accountability	6
5. Governance, roles and responsibilities	6
Resourcing risk management	8
6. Resourcing the risk management framework.....	8
7. Resourcing those responsible for managing specific risks	8
Training, learning and development.....	8
8. Risk management training and development opportunities	8
Monitoring activity and performance	9
9. Monitoring risk management activity	9
10. Monitoring risk management performance	9
Communicating risk management.....	10
11. Communicating, consulting on and reviewing the risk management framework.....	10

BLANK PAGE

Policy – the risk management approach

East Renfrewshire Integration Joint Board is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

In doing so the Integration Joint Board (IJB) aims to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the IJB and others who interact with the services delivered under the direction of the IJB.

The Integration Joint Board believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets, and fewer unexpected problems.

The IJB purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enable positive outcomes.

Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and
- a positive reputation established for the Joint Board.

In normal circumstances the IJB's appetite/tolerance for risk is as follows:

Risk matrix with score and tolerance ratings

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

The table below shows risk levels considering Likelihood and Severity

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

The IJB promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the IJB.

The IJB will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the IJB.

The IJB, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

Strategy – implementing the policy

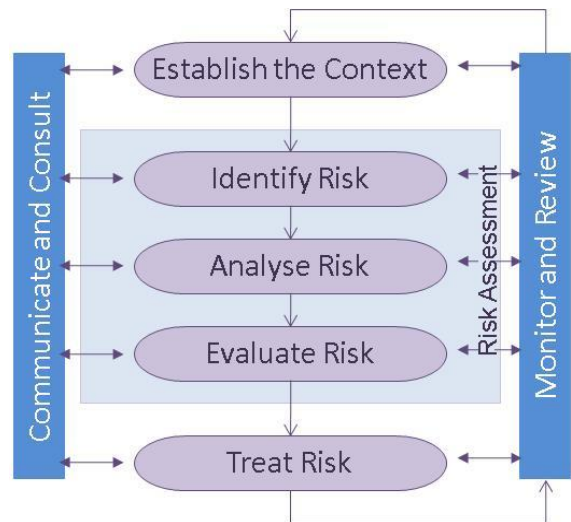
1. Introduction

- 1.1 The primary objectives of this strategy will be to:
 - promote awareness of risk and define responsibility for managing risk within the Integration Joint Board;
 - establish communication and sharing of risk information through all areas of the Integration Joint Board;
 - initiate measures to reduce the Integration Joint Board's exposure to risk and potential loss; and,
 - establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.
- 1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.
- 1.3 **Strategic risks** represent the potential for the Integration Joint Board (IJB) to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. The Strategic Risks Register will be shared with East Renfrewshire Council and NHS GGC. IJB risks may be noted on those organisations' Strategic Risk Register if deemed appropriate.
- 1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Joint Board's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the IJB.
- 1.5 All risks will be analysed consistently with an evaluation of risk as being as follows; High/Red/Unacceptable, Medium/Yellow/Tolerable and Low/Green/Acceptable. Risks identified as High/Red/Unacceptable will be subject to an exception report presented to the Performance and Audit Committee.
- 1.6 This document represents the risk management framework to be implemented across the IJB and will contribute to the IJB's wider governance arrangements.

2. Risk Management Process

2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects¹. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

2.2 The IJB embeds risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.



3. Application of good risk management across the IJB activities

- 3.1 Standard procedures (3.2 – 3.10) will be implemented across all areas of activity that are under the direction of the IJB in order to achieve consistent and effective implementation of good risk management.
- 3.2 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.
- 3.3 Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.
- 3.4 Categorisation of risk under the headings below:
- Strategic Risks: such as risks that may arise from political, economical, social, technological, legislative and environmental factors that impact on the delivery of the Strategic Plan outcomes.
 - Operational Risks: such as risks that may arise from or impact on clinical care and treatment, social care and treatment, customer service, employee health, safety and wellbeing, business continuity/supply chain, information security and asset management.
- 3.5 Appropriate ownership of risk. Specific risks will be owned by/assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.

¹ Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

- 3.6 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix and guide to terms and scoring to be used is detailed in Appendix 1.
- 3.7 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (i.e. to another partner or third party); tolerated as it is; or treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the IJB in keeping with its appetite/ tolerance for risk. In the case of opportunities, the IJB may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the IJB is confident in it's ability to achieve the benefits and manage/ contain the associated risk.
- 3.8 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources, and ease of access to information for risk reporting.
- 3.9 Reporting of strategic risks and key operational risks to the IJB on an annual basis and to the PAC on a quarterly basis. In addition ERC Strategic Risk Registers which may contain IJB risks, are reported to East Renfrewshire Council's Audit and Scrutiny Committee twice a year and Cabinet once a year. Likewise high level NHS Greater Glasgow and Clyde risks from the Strategic Risk Register are reported to the Board every quarter.
- 3.10 Operation of a procedure for movement of risks between strategic and operational risk registers will be facilitated by the Senior Management Team.
- 3.11 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

Realising the risk management vision

4. Risk management vision and measures of success

Vision Statement:

“To ensure that risk management is clearly and consistently integrated in the culture of East Renfrewshire Integration Joint Board.”

- 4.1 In working towards this risk management vision, the IJB aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the IJB.
- 4.2 The measures of success for this vision will be:
- *successful delivery of the strategic plan, outcomes and targets*
 - *good financial outcomes for the Integration Joint Board*
 - *successful outcomes from external scrutiny*
 - *fewer unexpected/ unanticipated problems*
 - *fewer incidents/ accidents/ complaints*
 - *fewer claims/ less litigation*

Risk leadership and accountability

5. Governance, roles and responsibilities

Integration Joint Board

- 5.1 Members of the Integration Joint Board are responsible for:
- oversight of the IJB’s risk management arrangements;
 - receipt and review of reports on strategic risks and any key operational risks that require to be brought to the IJB’s attention; and,
 - ensuring awareness of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies.

Chief Officer

- 5.2 The Chief Officer has overall accountability for the IJB’s risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB’s partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB’s ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

Chief Financial Officer

- 5.3 The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

Senior Management Team

- 5.4 Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:
- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
 - arranging professional risk management support, guidance and training from partner bodies;
 - receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the IJB; and,
 - ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

Individual Risk Owners

- 5.5 It is the responsibility of each risk owner to ensure that:
- risks assigned to them are analysed in keeping with the agreed risk matrix;
 - data on which risk evaluations are based are robust and reliable so far as possible;
 - risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
 - risks are reviewed not only in terms of likelihood and impact of occurrence, but taking account of any changes in context that may affect the risk;
 - controls that are in place to manage the risk are proportionate to the context and level of risk.
 - Service Managers have a responsibility to report any changes to their service's Operational Risk Register to the Directorate Management Team.

All persons working under the direction of the IJB

- 5.6 Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:
- understand the risks that relate to their roles and activities;
 - understand how their actions relate to their own, their patient's, their client's and public safety;
 - understand their accountability for particular risks and how they can manage them;
 - understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
 - understand that good risk management is a key part of the IJB's culture.

Partner Bodies

- 5.7 It is the responsibility of relevant specialists from the partner bodies (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

Senior Information Risk Owner

- 5.8 Responsibility for this specific role will remain with the individual partner bodies.

Resourcing risk management

6. Resourcing the risk management framework

- 6.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the IJB will be resourced through the Senior Management Team's arrangements (referred to in 5.4).
- 6.2 Wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

7. Resourcing those responsible for managing specific risks

- 7.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.
- 7.2 Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Financial Officer.

Training, learning and development

8. Risk management training and development opportunities

- 8.1 To implement this policy and strategy effectively, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.

- 8.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required (referred to in 5.4).

Monitoring activity and performance

9. Monitoring risk management activity

- 9.1 The IJB operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.
- 9.2 Monitoring will include review of the IJB's risk profile at Senior Management Team level.
- 9.3 All strategic and shared risks and key operational risks will be considered by the Senior Management team on a quarterly basis.
- 9.4 It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

10. Monitoring risk management performance

- 10.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.
- 10.2 Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or budget monitoring PIs (Performance Indicators) can provide assurance that key financial risks are under control.
- 10.3 The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.
- 10.4 Reviewing the IJB's risk management arrangements on a regular basis will also constitute a PDSA (Plan/Do/Study/Act) review cycle that will shape future risk management priorities and activities of the IJB, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

Communicating risk management

11. Communicating, consulting on and reviewing the risk management framework

- 11.1 Effective communication of risk management information across the IJB is essential to developing a consistent and effective approach to risk management.
- 11.2 Copies of this policy and strategy will be widely circulated via the Senior Management Team and will form the basis of any risk management training arranged by the IJB.
- 11.3 The Policy and Strategy (Version 1.0) was first approved by the Integration Joint Board at its meeting of 17 August 2016.
- 11.4 Formal reviews of the policy will be undertaken biannually. In addition regular reviews will take place to ensure that it reflects current standards and best practice in risk management and fully reflects the IJB's business environment.

BLANK PAGE

Appendix 1: Risk Matrix

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

BLANK PAGE

Appendix 2: Guide to terms and scoring

Risk Criteria for Impact

Factor	Score	Effect on Service	Embarrassment/reputation	Personal Safety	Personal privacy infringement	Failure to provide statutory duties/meet legal obligations	Financial	Effect on Project Objectives
Major	4	Major loss of service, including several important areas of service and /or for a protracted period. Service Disruption 5+ Days	Adverse and persistent national media coverage Adverse central government response, involving (threat of) removal of delegated powers Officer(s) and/or Members forced to resign	Death of an individual or several people	All personal details compromised/ revealed	Litigation/claims/fines from Departmental £250k+ Corporate 500k+	Costing over £500,000 Up to 75% of Budget	Complete failure of project/ extreme delay – 3 months or more
Serious	3	Complete loss of an important service area for a short period Major effect to services in one or more areas for a period of weeks Service Disruption 3-5 Days	Adverse publicity in professional/municipal press, affecting perception/standing in professional/local government community Adverse local publicity of a major and persistent nature	Major injury to an individual or several people	Many individual's personal details compromised/ revealed	Litigation/claims/fines from Departmental £50k to £125k Corporate £100k to £250k	Costing between £50,000 and £500,000 Up to 50% of Budget	Significant impact on project or most of expected benefits fail/ major delay – 2-3 months
Significant	2	Major effect to an important service area for a short period Adverse effect to services in one or more areas for a period of weeks Service Disruption 2-3 Days	Adverse local publicity /local public opinion aware Statutory prosecution of a non-serious nature	Severe injury to an individual or several people	Some individual's personal details compromised/ revealed	Litigation/claims/fines from Departmental £25k to £50k Corporate £50k to £100k	Costing between £5,000 and £50,000 Up to 25% of Budget	Adverse effect on project/ significant slippage – 3 weeks–2 months
Minor	1	Brief disruption of important service area Significant effect to non-crucial service area Service Disruption 1 Day	Contained within section/unit or Directorate Complaint from individual/small group, of arguable merit	Minor injury or discomfort to an individual or several people	Isolated individual's personal details compromised/ revealed	Litigation/claims/fines from Departmental £12k to £25k Corporate £25k to £50k	Costing less than £5,000 Up to 10% of Budget	Minimal impact to project/ slight delay less than 2 weeks

Risk Criteria for Likelihood

Factor	Score	Threats - Description	Indicators
Certain	4	More than 75% chance of occurrence	Regular occurrence Circumstances frequently encountered – daily/weekly/monthly
Likely	3	40% - 75% chance of occurrence	Likely to happen at some point in the next 1-2 years Circumstances encountered a few times per year.
Could happen	2	10% - 40% chance of occurrence	Only likely to happen 3 or more years
Unlikely	1	Less than 10% chance of occurrence	Has rarely happened/ never before



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	29 January 2020
Agenda Item	15
Title	Revenue Budget Monitoring Report 2019/20; position as at 30 November 2019
<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, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Integration Joint Board is asked to note the projected outturn for the 2019/20 revenue budget and approve the requested budget virement.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Infrastructure <input type="checkbox"/> Directions </p>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

29 January 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 £0.231 million against a full year budget of £120.066 million (0.19%). This is a modest reduction in spend of £0.032 million from the position last reported. 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 is mainly due to;
 - £0.620 million based on the current cost of services within Eastwood and Barrhead localities
 - £0.501 million Care at HomeOffset by:
 - £0.418 million care package and staffing costs within Children & Families
 - £0.332 million within Recovery Services from Mental Health staff and care package costs
 - £0.083 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 £418k underspend** is a combination of staff turnover and the current projected costs of residential care and direct payment costs, including assumptions for increased activity during the year as well as £104k cost pressures within Health Visiting where we have increment and staff number pressures resulting from the funding model. This is a reduction in costs of £5k since last reported.
11. **Older Peoples services £262k overspend** – this remains due to care package costs and is offset, in part, by vacancies within District Nursing and Rehabilitation. This is an increase in costs of £92k since last reported and reflects the current cost of care packages.
12. **Physical & Sensory Disability £257k overspend** – reflecting the current cost of care packages. This is a reduction in costs of £194k from a both staffing and care cost projections.
13. **Learning Disability £101k overspend** – this remains due to a £283k overspend on social care costs, mainly care packages and this is offset by vacancies within community nursing and slippage within consultant costs. There is an increase in care package costs of £27k and a reduction in projected turnover since last reported.
14. The total - projected overspend for Localities relating to the 3 care groups above is now £620k (Barrhead £450k and Eastwood £170k) and is a reduction in projected costs of £12k since last reported.
15. **Intensive Services £457k overspend** due to £501k 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 £72k since last reported, including additional spend on Care at Home recruitment and a reduction in income from other HSCPs within day services.
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 as we anticipate high staff costs in the latter months of this financial year associated with location changes for two very complex individuals.
17. **Recovery Services Mental Health £332k underspend** is from staff turnover and care package costs. This is an increase in costs of £1k since last reported.
18. **Recovery Services Addictions £5k overspent** reflecting current staffing projections and care package cost commitments, a reduction of £2k since last reported. .
19. **Prescribing Nil Variance.** It is still too early in the financial year for any accurate trends to have emerged to inform projections to March 2020. Current indications are that the budget we have is sufficient to meet the current year costs based on the year to date. However given the number of variable elements within prescribing and the

uncertainty of Brexit the projections and reporting will be continuously reviewed as costs, trends and intelligence build.

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 £83k underspend** – is a result of staff turnover and a review of property costs, based on spend to date.
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 £0.231 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 £1.694 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 £0.465 million for three savings targets in the current year-due to capacity issues to implement the programmes. Whilst some savings may be achieved in the second half of the year a prudent position is shown. 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 £0.465 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
 - 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 £0.231 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.

CONCLUSIONS

34. Appendix 1 reports a projected in year overspend of £0.231 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)
lesley.bairden@eastrenfrewshire.gov.uk
0141 451 0746

15 January 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

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	12,664,000	12,246,000	418,000	3.30%
Public Protection - Criminal Justice	-	-	-	0.00%
Adult Localities Services				
Older People	18,636,000	18,898,000	(262,000)	(1.41%)
Physical & Sensory Disability	5,310,000	5,567,000	(257,000)	(4.84%)
Learning Disability - Community	10,764,000	10,865,000	(101,000)	(0.94%)
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	10,641,000	11,098,000	(457,000)	(4.29%)
Recovery Services - Mental Health	4,119,000	3,787,000	332,000	8.06%
Recovery Services - Addictions	1,111,000	1,116,000	(5,000)	(0.45%)
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	9,226,000	9,143,000	83,000	0.90%
Net Expenditure	120,066,000	120,297,000	(231,000)	(0.19%)
Contribution to / (from) Reserve	-	(231,000)	231,000	0.00%
Net Expenditure	120,066,000	120,066,000	-	-

Note; ERC & NHS figures for the month ended 30 November 2019

Note; ERC figures for the month ended 30 November 2019

Net Contribution To / (From) Reserves	£ (231,000)
Analysed by Partner;	
NHS	449,000
Council	(680,000)
Net Contribution To / (From) Reserves	(231,000)

Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	15,827,000	16,277,000	(450,000)	(2.84%)
Localities Services - Eastwood	18,883,000	19,053,000	(170,000)	(0.90%)
Net Expenditure	34,710,000	35,330,000	(620,000)	(1.79%)

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	22,122,000	21,662,000	460,000	2.08%
Property Costs	976,000	889,000	87,000	8.91%
Supplies & Services	2,032,000	2,198,000	(166,000)	(8.17%)
Transport Costs	224,000	297,000	(73,000)	(32.59%)
Third Party Payments	37,793,000	38,952,000	(1,159,000)	(3.07%)
Support Services	2,331,000	2,335,000	(4,000)	(0.17%)
Income	(16,199,000)	(16,374,000)	175,000	1.08%
Net Expenditure	49,279,000	49,959,000	(680,000)	(1.38%)

Contribution to / (from) Reserve	-	(680,000)	680,000	0.00%
Net Expenditure	49,279,000	49,279,000	-	0.00%

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection - Children & Families	8,662,000	8,140,000	522,000	6.03%
Public Protection - Criminal Justice	-	-	-	0%
Adult Localities Services				
Older People	11,951,000	12,336,000	(385,000)	(3.22%)
Physical & Sensory Disability	4,371,000	4,628,000	(257,000)	(5.88%)
Learning Disability	8,037,000	8,320,000	(283,000)	(3.52%)
Intensive Services	8,808,000	9,265,000	(457,000)	(5.19%)
Recovery Services - Mental Health	1,351,000	1,273,000	78,000	5.77%
Recovery Services - Addictions	279,000	271,000	8,000	2.87%
Finance & Resources	5,820,000	5,726,000	94,000	1.62%
Net Expenditure	49,279,000	49,959,000	(680,000)	(1.38%)

Contribution to / (from) Reserve	-	(680,000)	680,000	0.00%
Net Expenditure	49,279,000	49,279,000	-	0.00%

Notes

- Figures quoted as at 30 November 2019
- 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>(680,000)</u>
---	-----------------------

- Additional information - Adult Localities

Objective Analysis	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	11,722,000	12,304,000	(582,000)	(4.97%)
Localities Services - Eastwood	12,637,000	12,980,000	(343,000)	(2.71%)
Net Expenditure	24,359,000	25,284,000	(925,000)	(3.80%)

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	46,181,000	(609,000)	(1.34%)
Resource Transfer/Social Care Fund	10,896,000	10,896,000	-	-
Income	(4,736,000)	(4,736,000)	-	-
Net Expenditure	70,787,000	70,338,000	449,000	0.63%

Contribution to / (from) Reserve	-	449,000	(449,000)	
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	3,953,000	123,000	3.02%
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	70,338,000	449,000	0.63%

Contribution to / (from) Reserve	-	449,000	(449,000)	0.00%
Net Expenditure	70,787,000	70,787,000	-	0.00%

Notes

1 Figures quoted as at 30 November 2019

2 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>

For Information:

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

3 Total Contribution to / (from) Reserves £
449,000

4 Additional information - Adult Localities

Objective Analysis	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	1,609,000	1,477,000	132,000	8.20%
Localities Services - Eastwood	3,468,000	3,295,000	173,000	4.99%
Net Expenditure	5,077,000	4,772,000	305,000	6.01%

Year To Date Position as at November 2019

Council Monitoring Report

Subjective Analysis	Year To Date			
	Budget	Actual	Variance	Variance
	£	£	(Over) / Under £	(Over) / Under %
Employee Costs	13,602,000	12,622,000	980,000	7.20%
Property Costs	508,000	335,000	173,000	34.06%
Supplies & Services	617,000	895,000	(278,000)	(45.06%)
Transport Costs	127,000	126,000	1,000	0.79%
Third Party Payments	22,299,000	21,777,000	522,000	2.34%
Support Services	-	23,000	(23,000)	0.00%
Income	(1,782,000)	(1,799,000)	17,000	0.95%
Net Expenditure	35,371,000	33,979,000	1,392,000	3.94%

NHS Monitoring Report

Subjective Analysis	Year to Date			
	Budget	Actual	Variance	Variance
	£	£	(Over) / Under £	(Over) / Under %
Employee Costs	12,554,000	11,848,000	706,000	5.62%
Non-pay Expenditure	29,207,000	29,613,000	(406,000)	(1.39%)
Resource Transfer	3,843,000	3,841,000	2,000	-
Income	(2,186,000)	(2,186,000)	-	-
Net Expenditure	43,418,000	43,116,000	302,000	0.70%
Total	78,789,000	77,095,000	1,694,000	2.15%

Notes

- 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
Current Revenue Budgets	70,787	49,279	-	120,066
Funding Outwith Revenue Monitoring				
Housing Aids & Adaptations *	-	550	-	550
Set Aside notional Budget	17,046	-	-	17,046
Total IJB Resources	87,833	49,829	-	137,662
Directions to Partners				
Revenue Budget	70,787	49,279	-	120,066
Social Care Fund	(5,161)	5,161	-	-
Integrated Care Fund	(673)	673	-	-
Delayed Discharge	(264)	264	-	-
	64,689	55,377	-	120,066
Housing Aids & Adaptations *	-	550	-	550
Set Aside notional Budget	17,046	-	-	17,046
	81,735	55,927	-	137,662

East Renfrewshire HSCP - Revenue Monitoring 2019/20
Projected Reserves as at 31 March 2020

	Reserve Carry Forward to 2019/20*	2019/20 Projected spend	Projected balance 31/3/20	comment
	£	£	£	
Earmarked Reserves				
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	696,000	441,741	£465k to bridge current year savings and £231k 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	946,000	913,741	
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	38,800	0	Applied in year
Active Lives	55,000	55,000	0	Applied in year
Projects & Initiatives - various	109,730	0	109,730	Timing of use being reviewed
LD Non Specialist Services	48,800	0	48,800	Timing of use being reviewed
Projects	252,330	93,800	158,530	
Repairs & Renewals				
LD Non Specialist Services	100,000	25,000	75,000	Initial estimate for environmental works approved
Repairs & Renewals	100,000	25,000	75,000	
Capacity				
Care at Home	250,000	250,000	0	To support the Care at Home action plan
Partnership Strategic Framework	200,000	30,400	169,600	2019/20 part year funding requirement
Organisational Learning & Development	100,000	0	100,000	Timing of use being reviewed
Capacity	550,000	280,400	269,600	
Total All Earmarked Reserves	5,064,363	2,060,858	3,003,505	
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	2,060,858	3,275,705	

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

Appendix 7

Subjective Analysis	2019/20 Budget Virement						2019/20 Budget £	Total Virement £
	2019/20 Budget P6 £	(1) £	(2) £	(3) £	(4) £			
Employee Costs	22,122,000					22,122,000	-	
Property Costs	968,000			8,000		976,000	8,000	
Supplies & Services	2,390,000			(8,000)	(350,000)	2,032,000	(358,000)	
Transport Costs	224,000					224,000	-	
Third Party Payments	37,443,000				350,000	37,793,000	350,000	
Support Services	2,331,000					2,331,000	-	
Income	(16,199,000)					(16,199,000)	-	
Net Expenditure	49,279,000	-	-	-	-	49,279,000	0	

Objective Analysis	2019/20 Budget Virement						2019/20 Budget £	Total Virement £
	2019/20 Budget P6 £	(1) £	(2) £	(3) £	(4) £			
Public Protection - Children & Families	8,662,000					8,662,000	-	
Adult Health - Intensive Services	8,808,000					8,808,000	-	
Adult Localities - Localities Services Barrhead	11,722,000	(11,722,000)				-	(11,722,000)	
Adult Localities - Localities Services Eastwood	12,637,000	(12,637,000)				-	(12,637,000)	
Adult Health - Localities Services						-	-	
Older People	-	12,027,000	(76,000)			11,951,000	11,951,000	
Physical & Sensory Disability	-	4,295,000	76,000			4,371,000	4,371,000	
Learning Disability		8,037,000				8,037,000	8,037,000	
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					5,820,000	-	
Net Expenditure	49,279,000	-	-	-	-	49,279,000	0	

Note:

- 1 Movement to reflect revised reporting structure.
- 2 Localities team budget realignment
- 3 Carbon reduction commitment subjective amendment
- 4 Approved savings - digital efficiencies & rationalisation of community resources - subjective amendment
- 5 Additional information - Adult Localities budget allocations

Objective Analysis	2019/20 Budget Virement						2019/20 Budget £	Total Virement £
	2019/20 Budget P6 £	(1) £	(2) £	(3) £	(4) £			
Adult Localities - Localities Services Barrhead	11,722,000					11,722,000	-	
Adult Localities - Localities Services Eastwood	12,637,000					12,637,000	-	
Net Expenditure	24,359,000	-	-	-	-	24,359,000	-	

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
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.