

Date: 20 November 2019
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Board Member

EAST RENFREWSHIRE INTEGRATION JOINT BOARD – 27 NOVEMBER 2019

Please find attached the undernoted items marked “to follow” on the agenda for the meeting of the Integration Joint Board on Wednesday 27 November 2019.

Yours faithfully

Anne-Marie Monaghan

Chair

Undernote referred to:-

Item 9 – Care at Home Improvement and Redesign Programme

Item 13 – Revenue Budget Monitoring Report as at 30 September 2019

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<p>Meeting of East Renfrewshire Health and Social Care Partnership</p> <p>Held on</p>	<p>Integration Joint Board</p> <p>27 November 2019</p>
<p>Agenda Item</p>	<p>9</p>
<p>Title</p>	<p>Care at Home Improvement and Redesign Programme</p>
<p>Summary</p> <p>This report provides an update to the Integration Joint Board on the most recent report from the Care Inspectorate, and sets out the arrangements we have made to develop a comprehensive programme to focus our efforts on meeting the Care Inspectorate Requirements, alongside a more fundamental service redesign.</p>	
<p>Presented by</p>	<p>Julie Murray, Chief Officer</p>
<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>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 November 2019

Report by Chief Officer

CARE AT HOME IMPROVEMENT AND REDESIGN PROGRAMME

PURPOSE OF REPORT

1. This report updates the Integration Joint Board on the most recent report from the Care Inspectorate, and sets out the arrangements we have made to develop a comprehensive programme to focus our efforts on meeting the Care Inspectorate Requirements, alongside a more fundamental 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 when the Health and Social Care Partnership's new senior management structure was implemented in April 2018, the Care at Home service had a change in Head of Service and operational management. The new management team formed a view that there needed to be a substantial redesign of the service and formed a change programme board.
4. However, when the Care Inspectorate published their inspection report in February of this year a decision was made to put the service redesign on hold and to focus on the improvement activity required to meet the Care Inspectorate requirements.
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 Care Inspectorate undertook a further inspection of the Care at Home service at the end of August. Their report was published on 11 November 2019. Although there was acknowledgement that progress had been made, the Care Inspectorate does not consider the original requirements to be met and therefore the grades remain the same. The Inspectors have recognised some of the challenges we face and are clear that there are no quick solutions. Once again, the Inspectors praised our support workers and found them to be caring and compassionate and highly valued by our service users. We have been reporting to the Care Inspectorate on a monthly basis and will continue to do so. The Inspectors have committed to supporting us on the improvement journey.
7. Following discussion with the Care Inspectorate it has become evident that we will not meet the requirements in a sustainable way unless we embark on a programme of service redesign. There are a number of elements to the redesign programme, including developing a more systematic approach to telecare, the full integration of the

Responder service, review of transport provision and the consideration of our approach to market share with our framework providers. However, the most critical element in relation to meeting 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. Equally, in order to achieve better continuity of support for our service users we will not only need to recruit more staff, but ensure that our current workforce is deployed at the times that are needed by our service users. We have to review the shift patterns we currently have in place and move to more efficient and appropriate work patterns.

8. We have therefore moved from an improvement planning approach to a wider programme of improvement and redesign led by the Chief Officer and creating a programme oversight board chaired by the Council Chief Executive and with membership 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. The role of the oversight group is to:

Ensure the in-house service is viable, sustainable and safe by:

- Supporting and ensuring that actions are progressing to plan timescales
 - Unblocking any issues that are preventing plan progress (Getting to Green)
 - Handling any issues escalated/ requiring approval from HSCP programme meetings
 - Addressing key risks and issues
9. There is still an absolute focus on the improvement activity needed to meet the requirements but alongside a parallel redesign process. Additional project management, management and HR capacity has been identified to support the programme as it is important that the pace of change and improvement is increased.
 10. We have therefore moved from 'Phase 1' which ran from March to September 2019 and focussed on our immediate response to the Inspection and the development of our initial improvement plan, to 'Phase 2' running from September 2019 to March 2020 where we will focus on:
 - Embedding and sustaining the improvements from phase 1
 - 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 activities within the programme, the latest update, RAG (red, amber, green) status and plans for the months to the end of March 2020.

	Latest Update	RAG	Q4 2019 (Oct, Nov, Dec)	Q1 2020 (Jan, Feb, Mar)
Workstream 1: Requirements- Phase 2				
	Activity: Care Planning All service users reviewed by review team have a care plan in place	A	Create and deliver plans for all remaining service users Upskill organisers to complete care plans in their patches. Establish practice forum to support development of outcome focused care planning	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 Staff are attending medication good practice training as per scheduled sessions Medication pilot planning and preparation activity underway with a target go live date of 18/11	G	Train 50% of staff in medication good practice Commence the pilot and monitor early impacts	Train remaining staff in medication good practice Roll out pilot across Barrhead locality
	Activity: Reviews Historical overdue reviews completed (except handful outwith our control) All hospital discharge service users who have been receiving service for over 8 weeks reviewed	A	Complete all reviews with a 2019 due date Build and refine automated Carefirst report to identify reviews due each month to inform scheduling of review activity Finalise Carefirst data cleansing to support reporting and planning Commence quality sampling	Improve quality of reviews
	Activity: Complaints Continue to record on Council lagan system with manual data extract being taken when required. Complaint and compliments being added into Performance (KPI) dashboard	A	Fit for purpose recording in place Refine process across service	Introduce monthly management team complaint reviews - Complaint overview and learning improvement focus
	Activity: Service Delivery Compliance rates (use of electronic monitoring of visit times) continue to improve. Real time alerts (missed/late visits) fully operational	R	Maximise current available staffing resource. Increase visit times where required. Improve communications to front line staff around changes to schedules	Additional management resource in place to support service redesign

<p>Activity: Employ/ Deploy Move to permanent contracts for current temp staff and new recruits agreed. Recent job fair- 3 selected for interview. Further advert on myjobscotland Bespoke recruitment flyer developed and sent to schools for onward distribution to parents</p>	<p>A</p>	<p>Continue recruitment Recruitment flyers to parents/carers through schools Progress Modern Apprenticeship scheme Develop and finalise recruitment strategy with Communication Team Improve visit compliance rates</p>	<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</p>
<p>Activity: Training Role defined and progressed to Job Evaluation</p>	<p>G</p>	<p>Deliver short term quarterly plan Competence checks commenced</p>	<p>Deliver Q1 2020 training plan - first aid, dementia and medication focus Deliver 1x further induction programme</p>
<p>Activity: Supervision Schedule for supervisor and managerial supervision and Quality Conversations (annual review) now agreed and implemented</p>	<p>A</p>	<p>Monitor that Organisers are following schedule for staff supervision. Commence field based supervision</p>	<p>Continue monitoring to ensure schedule is being followed as normal practice Develop quality of sessions and experience of managers & organisers in delivering</p>
<p>Activity: Notification to Care Inspectorate Managers are now undertaking reporting Option of notifications automatically appearing in performance dashboard being explored</p>	<p>G</p>	<p>Better reporting in place (volume/timeliness) Clear procedure is developed and issued</p>	<p>Introduce a monthly overview and focus on reporting at management meetings Remind staff regularly on the importance of notification</p>
<p>Activity: Dementia Dementia Experience completed</p>	<p>G</p>	<p>Staff attend Dementia Experience Align staff to appropriate skill level on Promoting Excellence framework to allow planning of next quarter training Include dementia good practice discussions at patch meetings</p>	<p>Set targets for number of staff to attend framework based training Agreed number of staff undertake training</p>
<p>Activity: Supplementary SSSC registration sessions underway and booked throughout Nov- on target to complete by 13/12 deadline Weekly operations management level meetings underway (performance focus)</p>	<p>G</p>	<p>Complete SSSC registration for all required staff Agree quality framework calendar for 2020</p>	<p>Progress first quarter priorities from quality framework calendar</p>

Workstream 2: Service Redesign -Care At Home and Responder Services (including out of hours)				
	Initial stakeholder meeting held (including Legal services) Discussions commenced with HR re resource required to support workstream Initial meeting held with Staffside to discuss approach to developing collective agreement and working towards ethical charter	A	Preparation activity including: forming workstream team prepare detailed project plan define model & structure define market share	Finalise job specifications and evaluate Financial modelling
Workstream 3. Workforce Development				
	Being managed under workstream 1	G	n/a- manage under workstream 1	Planning, design and delivery of training- ongoing quarterly planning
Workstream 4. Private Providers (Interim framework)				
	Engagement and review meetings continue Test of change being undertaken with partner provider	G	Put in place single system for arranging care at home packages Appoint contract management officer for care at home providers	Prepare provider market for future Comprehensive overview of all externally commissioned Care at Home provision
Workstream 5. Transport				
	Scope of transport review defined	A	Commission review of use of transport within the service Focus on grey fleet (use of workers own vehicles) considering (1) efficiencies available by providing transport and (2) if applicable, future transport approach	Agree and plan implementation of recommendations Feed transport aspects into workstream 2
6. Telecare TSA Action Plan				
	Action plan developed and submitted Telecare Services Association (TSA) have approved action plan - quarterly KPI improvement reporting is required Critical friend consultancy resource agreed, will commence 04/11 Monthly KPI monitoring in place Recruitment underway	A	Deliver actions to plan timetable Complete external consultant review and agree implementation of any further recommendations	Implement the agreed recommendations Induction of new starts to cover vacancies
7. Telecare A2D (operational)				
	Agreed that a Digital Office funding bid should be submitted	G	Prepare & submit a funding bid	Appoint to role Early planning/preparation for implementation
8. Embedding TEC				
	Role defined and progressed to Job Evaluation	G	Appoint to role and progress early planning/preparation of project plan in advance of workstream commencing	Progress work stream

CONSULTATION AND PARTNERSHIP WORKING

- Staff side are represented on the programme oversight group and we have had early discussions about working towards a collective agreement linked to the adoption of the ethical charter. We have held engagement sessions with frontline staff which will inform our redesign proposals.

IMPLICATIONS OF THE PROPOSALS

Finance

13. The Care at Home service is currently projected to overspend by £461k based on the current cost commitments against a budget of £7.5 million (6.16%). This includes the £1 million funding agreed by the Integration Joint Board for this year. The cost projection is regularly reviewed to reflect the ongoing impact of the action plan, including recruitment, reducing agency use, the interim framework contract and review of care packages. The cost projection continues to be refined as the year progresses and we are working hard to bring costs closer in line with budget.
14. 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.
15. 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

16. Redesign of the care at home service will have implications for current staff roles and working patterns.

Risk

17. The risk associated with the care at home service remains high. Our improvement and redesign work should see the risk reduce, however the winter and pressures that it brings adds to the risk. We will mitigate through winter planning.

Directions

18. None at this point, but will be issued when redesign proposals are agreed.

CONCLUSIONS

19. The outcome of the most recent inspection of our in-house care at home service acknowledges some of the progress we have made but has not led to improved grades. In discussion with inspectors we have concluded that service redesign is required alongside our improvement planning in order to meet requirements in a sustainable way. We have created a programme approach led by the Chief Officer with and oversight board chaired by the Council Chief Executive to ensure that we can move through this next phase with greater pace. We will continue to report progress at each Integration Joint Board meeting.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Julie Murray, Chief Officer
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BACKGROUND PAPERS

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>

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<p>Meeting of East Renfrewshire Health and Social Care Partnership</p> <p>Held on</p>	<p>Integration Joint Board</p> <p>27 November 2019</p>
<p>Agenda Item</p>	<p>13</p>
<p>Title</p>	<p>Revenue Budget Monitoring Report 2019/20; position as at 30 September 2019</p>
<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>	
<p>Presented by</p>	<p>Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)</p>
<p>Action Required</p> <p>The Integration Joint Board is asked to note 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>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 November 2019

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 £0.263 million against a full year budget of £120.032 million (0.22%). This is an improvement of £0.105 million from the position last reported, mainly due to staff vacancies, offset in part by care package costs. 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 principally due to;
 - £0.632 million based on the current costs services within Eastwood and Barrhead localities
 - £0.461 million Care at Home, offset by:
 - £0.413 million care package and staffing costs within Children & Families
 - £0.333 million within Recovery Services Mental Health staff and care package costs
 - £0.100 million staffing costs within Intensive Services
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 re-alignment of existing budgets.
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 £413k 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. This is a reduction of £64k in projected costs since last reported; based on current staff vacancies and recruitment plans, inclusive of £104k cost pressures within Health Visiting where we have increment and staff number pressures resulting from the funding model.
11. **Localities Services - Barrhead £309k overspend** is an increase in projected costs of £85k, reflecting the current care package costs and allows for an increase in placements during the remainder of the financial year. There is also turnover from District Nursing and Rehabilitation vacancies in the first half of the year.
12. **Localities Services – Eastwood £323k overspend** also reflects the current projected care packages with a provision for further placements during the remainder of the year. This is an increase in costs of £36k since last reported. As above this includes turnover from District Nursing and Rehabilitation staff from the first half of the year.
13. **Intensive Services £385k overspend** due to £461k Care at Home (both purchased and the in house service), offset in part by £100k of staff turnover within day care and telecare services. This is an increase in projected costs of £24k since last reported.
14. The current purchased care package projected overspends included within the Localities and Intensive services by client group are:
 - £170k Older People – Residential & Nursing care and Direct Payments
 - £927k Older People - Care at Home (NB this is offset by £527k staff costs from the in house service)
 - £451k Physical and Sensory
 - £294k Learning DisabilityOffset in part by underspend:
 - £41k Recovery Services
15. **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 later in the year associated with location changes for two very complex individuals. A separate paper is on the agenda relating to property works within Blythswood and Claythorn.
16. **Recovery Services Mental Health £333k underspend** is from staff turnover and care package costs. This is a reduction in costs of £279k since last reported with £79k relating to care packages and £200k movement in staffing as we have had vacancies within nursing and consultant psychology.
17. **Recovery Services Addictions £7k overspend** reflecting revised staffing projections and care package cost commitments, an increase of £107k since last reported. The previous projection was understated.
18. **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.

19. **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 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.
20. The current projected revenue budget overspend of £0.263 million will be funded from our budget savings reserve as required.
21. The year to date position is detailed at Appendix 4 and reflects an underspend of £0.996 million which is due to timing differences between actual year to date costs to the profiled budget.
22. 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 £0.6 million for three savings targets in the current year, given 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

23. 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 £0.6 million is currently assumed to meet part of our current year savings.
24. The directions as detailed at Appendix 5 show the latest 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

25. As previously reported there remain a number of risks 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 remaining within budget and reserve
 - Observation and Out of Area costs within Learning Disability Specialist Services

Directions

26. The directions to our partners are detailed at Appendix 5.
27. The report reflects a projected breakeven position after the potential contribution of £0.263 million from reserves for the year to 31 March 2020.
28. There are no Staffing, Infrastructure, Equalities, Policy or Legal implications.

CONSULTATION AND PARTNERSHIP WORKING

29. The Chief Financial Officer has consulted with our partners.

30. 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

31. Appendix 1 reports a projected in year overspend of £0.263 million for the year to 31 March 2020 being funded from reserves, as required.

RECOMMENDATIONS

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

REPORT AUTHOR

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

18 November 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

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>

IJB 20.03.2019 – Revenue Budget Monitoring Report
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24051&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	12,251,000	413,000	3.26%
Public Protection - Criminal Justice	-	-	-	0.00%
Localities Services - Barrhead	15,807,000	16,116,000	(309,000)	(1.95%)
Localities Services - Eastwood	18,883,000	19,206,000	(323,000)	(1.71%)
Intensive Services	10,641,000	11,026,000	(385,000)	(3.62%)
Learning Disability - Inpatients	8,382,000	8,382,000	0	0.00%
Recovery Services - Mental Health	4,119,000	3,786,000	333,000	8.08%
Recovery Services - Addictions	1,117,000	1,124,000	(7,000)	(0.63%)
Family Health Services	22,977,000	22,977,000	0	0.00%
Prescribing	15,779,000	15,779,000	0	0.00%
Planning & Health Improvement	217,000	199,000	18,000	8.29%
Finance & Resources	9,226,000	9,229,000	(3,000)	(0.03%)
Augmentative and Alternative Communication	220,000	220,000	0	0.00%
Net Expenditure	120,032,000	120,295,000	(263,000)	(0.22%)
Contribution to / (from) Reserve	-	(263,000)	263,000	
Net Expenditure	120,032,000	120,032,000	-	-

Note: ERC figures for the month ended 30 September 2019, NHS to 31 October 2019

Net Contribution To / (From) Reserves	£ (263,000)
Analysed by Partner:	
NHS	402,000
Council	(665,000)
Contribution to / (from) Reserve	(263,000)

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	21,605,000	517,000	2.34%
Property Costs	968,000	889,000	79,000	8.16%
Supplies & Services	2,390,000	2,482,000	(92,000)	(3.85%)
Transport Costs	224,000	305,000	(81,000)	(36.16%)
Third Party Payments	37,443,000	38,662,000	(1,219,000)	(3.26%)
Support Services	2,331,000	2,331,000	-	(0.00%)
Income	(16,199,000)	(16,330,000)	131,000	0.81%
Net Expenditure	49,279,000	49,944,000	(665,000)	(1.35%)

Contribution to / (from) Reserve	-	(665,000)	665,000	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	8,145,000	517,000	5.97%
Public Protection - Criminal Justice	-	-	-	(0.00%)
Localities Services - Barrhead	11,722,000	12,274,000	(552,000)	(4.71%)
Localities Services - Eastwood	12,637,000	13,021,000	(384,000)	(3.04%)
Intensive Services	8,808,000	9,193,000	(385,000)	(4.37%)
Recovery Services - Mental Health	1,351,000	1,272,000	79,000	5.85%
Recovery Services - Addictions	279,000	273,000	6,000	2.15%
Finance & Resources	5,820,000	5,766,000	54,000	0.93%
Net Expenditure	49,279,000	49,944,000	(665,000)	(1.35%)

Contribution to / (from) Reserve	-	(665,000)	665,000	
Net Expenditure	49,279,000	49,279,000	-	0.00%

Notes

1 Figures quoted as at 30 September 2019

2 The projected underspend / (overspend) will be taken to / (from) reserves at year end.

3 Contribution To / (From) Reserves is made up of the following transfer;

	£
Contribution from In Year Pressures Reserve	(665,000)

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	18,927,000	18,468,000	459,000	2.43%
Non-pay Expenditure	45,925,000	45,982,000	(57,000)	(0.12%)
Resource Transfer/Social Care Fund	10,582,000	10,582,000	-	-
Income	(4,681,000)	(4,681,000)	-	-
Net Expenditure	70,753,000	70,351,000	402,000	0.57%
Contribution to / (from) Reserve	-	402,000	(402,000)	
Net Expenditure	70,753,000	70,753,000	-	

Objective Analysis	Full Year			
	Budget £	£	Variance (Over)/Under £	Variance (Over)/Under %
Childrens Services	2,142,000	2,246,000	(104,000)	(4.86%)
Localities Services - Barrhead	1,589,000	1,346,000	243,000	15.29%
Localities Services - Eastwood	3,469,000	3,408,000	61,000	1.76%
Learning Disability - Inpatient	8,382,000	8,382,000	-	-
SCTCI	-	-	-	#DIV/0!
Recovery Services - Mental Health	2,462,000	2,208,000	254,000	10.32%
Family Health Services	22,977,000	22,977,000	-	-
Prescribing	15,779,000	15,779,000	-	-
Recovery Services - Addictions	778,000	791,000	(13,000)	(1.67%)
Planning & Health Improvement	217,000	199,000	18,000	8.29%
Finance & Resources	2,156,000	2,213,000	(57,000)	(2.64%)
Resource Transfer	10,582,000	10,582,000	-	-
Fit for the Future Programme	-	-	-	#DIV/0!
Augmentative and Alternative Communication	220,000	220,000	-	-
Net Expenditure	70,753,000	70,351,000	402,000	0.57%
Contribution to / (from) Reserve	-	402,000	(402,000)	
Net Expenditure	70,753,000	70,753,000	-	0.00%

Notes

1 Figures quoted as at 31 October 2019

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

	£
Childrens Services	1,860,000
Localities Services - Barrhead	2,496,000
Localities Services - Eastwood	2,777,000
Intensive Services	1,833,000
Recovery Services - Mental Health	306,000
Recovery Services - Addictions	60,000
Finance & Resources	1,250,000
	10,582,000

3 Contribution To / (From) Reserves is made up of the following transfer;

£

Total Contribution to / (from) Reserves

402,000

East Renfrewshire HSCP - Revenue Budget Monitoring 2019/20
 Year To Date Position as at 30 September / 31 October 2019

Appendix 4

Council Monitoring Report to 30 September 2019

Subjective Analysis	Year To Date			
	Budget	Actual	Variance	Variance
	£	£	(Over) / Under £	(Over) / Under %
Employee Costs	9,588,000	9,468,000	120,000	1.25%
Property Costs	395,000	260,000	135,000	34.18%
Supplies & Services	547,000	513,000	34,000	6.22%
Transport Costs	93,000	88,000	5,000	5.38%
Third Party Payments	16,380,000	15,661,000	719,000	4.39%
Support Services	-	6,000	(6,000)	
Income	(1,334,000)	(1,323,000)	(11,000)	(0.82%)
Net Expenditure	25,669,000	24,673,000	996,000	3.88%

NHS Monitoring Report to 31 October 2019

Subjective Analysis	Year to Date			
	Budget	Actual	Variance	Variance
	£	£	(Over) / Under £	(Over) / Under %
Employee Costs	10,969,000	10,389,000	580,000	5.29%
Non-pay Expenditure	25,849,000	26,165,000	(316,000)	(1.22%)
Resource Transfer	3,362,000	3,362,000	-	-
Income	(1,959,000)	(1,959,000)	-	-
Net Expenditure	38,221,000	37,957,000	264,000	0.69%
Total	63,890,000	62,630,000	1,260,000	1.97%

Notes

- 1 NHSGCC employee variances reflect vacant posts
- 2 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. The budget to date does not reflect the impact of any proposed budget virements.

	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	1,569	-		1,569
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	10			10
Current Revenue Budgets	70,753	49,279	-	120,032
Funding Outwith Revenue Monitoring				
Housing Aids & Adaptations *	-	550	-	550
Set Aside notional Budget	17,046	-	-	17,046
Total IJB Resources	87,799	49,829	-	137,628
Directions to Partners				
Revenue Budget	70,753	49,279	-	120,032
Social Care Fund	(5,161)	5,161	-	-
Integrated Care Fund	(673)	673	-	-
Delayed Discharge	(264)	264	-	-
	64,655	55,377	-	120,032
Housing Aids & Adaptations *	-	550	-	550
Set Aside notional Budget	17,046	-	-	17,046
	81,701	55,927	-	137,628

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

Appendix 6

Earmarked Reserves	Reserve Brought Forward to 2019/20	2019/20 Projected spend	Projected balance 31/3/20	comment
	£	£	£	
Scottish Government Funding				
Mental Health - Action 15	110,925	110,925	-	Applied in 2019/20
Alcohol & Drugs Partnership	68,303	68,303	-	Applied in 2019/20
Primary Care Improvement	185,823	185,823	-	Applied in 2019/20
Primary Care Transition Fund	234,201	234,201	-	Applied in 2019/20
Scottish Government Funding	599,252	599,252	-	
Bridging Finance				
Budget Savings Reserve	1,137,741	863,000	274,741	£263k to balance 2019/20 and £600k to fund savings delays this year
In Year Pressures Reserve	500,000	250,000	250,000	Provisional estimate for Bonnyton decant
Prescribing	222,000	-	222,000	To smooth prescribing pressures
Bridging Finance	1,859,741	1,113,000	746,741	
Children & Families				
Residential Accommodation	460,000	-	460,000	To smooth impact of high cost residential
Children 1st	68,906	68,906	-	2019/20 funding requirement
Home & Belonging	100,000	12,500	87,500	2019/20 part year funding requirement
Continuing Care	35,000	35,000	-	2019/20 funding requirement
Children & Families	663,906	116,406	547,500	
Transitional Funding				
Learning Disability Specialist Services	1,039,134	-	1,039,134	Application determined by community placement
Total Transitional Funding	1,039,134	-	1,039,134	
Projects				
District Nursing	38,800	38,800	-	Applied in 2019/20
Active Lives	55,000	55,000	-	Applied in 2019/20
Projects & Initiatives - 1	52,500	-	52,500	Timing of use being reviewed
Projects & Initiatives - 2	57,230	-	57,230	Timing of use being reviewed
LD Non Specialist Services	48,800	-	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	
Repairs & Renewals	100,000	25,000	75,000	Will be applied as required, initial contributio
Capacity				
Care at Home	250,000	250,000	-	To support action plan
Partnership Strategic Framework	200,000		200,000	Timing of use being reviewed
Organisational Learning & Development	100,000	-	100,000	Timing of use being reviewed
Capacity	550,000	250,000	300,000	
Total All Earmarked Reserves	5,064,363	2,197,458	2,866,905	

General Reserves				
East Renfrewshire Council	109,200	-	109,200	
NHSGCC	163,000	-	163,000	
Total General Reserves	272,200	-	272,200	
Grand Total All Reserves	5,336,563	2,197,458	3,139,105	

East Renfrewshire HSCP - Revenue Budget Monitoring 2019/20

Appendix 7

Budget Virement

2019/20 budget						
Subjective Analysis	Revised 2019/20 Budget	(1)	(2)	(3)	(4)	Revised 2019/20 Budget
	£					£
Employee Costs	22,122,000					22,122,000
Property Costs	968,000					968,000
Supplies & Services	2,390,000					2,390,000
Transport Costs	224,000					224,000
Third Party Payments	37,713,000	-	(270,000)			37,443,000
Support Services	2,331,000					2,331,000
Income	(16,469,000)		270,000			(16,199,000)
Net Expenditure	49,279,000	-	-		-	49,279,000
2019/20 budget						
Objective Analysis	Revised 2019/20 Budget	(1)	(2)	(3)	(4)	Revised 2019/20 Budget
	£					£
Public Protection - Childrens & Families	8,662,000					8,662,000
Adult Health - Intensive Services	8,538,000		270,000			8,808,000
Adult Health - Localities Services Barrhead	11,622,000	100,000				11,722,000
Adult Health - Localities Services Eastwood	13,007,000	(100,000)	(270,000)			12,637,000
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

Notes:

1. Refinement of localities budget split
2. Re-align Bonnyton funding from previous cost centre

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

Appendix 8

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 & Community Alarm Income	200,000	200,000	Saving achieved
Fit for The Future - Phase 2	250,000	250,000	Full saving projected from reserves for 2019/20, work progressing and may be some part year offset
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 cost 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	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.