



Date: 20 January 2023
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

A meeting of the East Renfrewshire Integration Joint Board will be held on **Wednesday 1 February 2023 at 10.00 am.**

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

Anne-Marie Monaghan

Chair

For information on how to access the virtual meeting please email eamonn.daly@eastrenfrewshire.gov.uk

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY 1 FEBRUARY 2023 AT 10.00 am**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting held on 23 November 2022 (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 held on 23 November 2022 (copy attached, pages 23 - 30).**
- 7. Specialist Children’s Services Single Service Alignment (copy attached, pages 31 - 40). N.B. A presentation by Caroline Sinclair, Chief Officer East Dunbartonshire HSCP, will accompany this item.**
- 8. Care at Home Service Update (copy attached, pages 41 - 50).**
- 9. Budget Update (copy to follow).**
- 10. Revenue Budget Monitoring Report – position as at 30 November 2022 (copy attached, pages 51 - 70).**
- 11. Macmillan Improving Cancer Journey and East Renfrewshire HSCP (copy attached, pages 71 - 84).**
- 12. Date of next meeting – Wednesday 29 March at 10.30 am**

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.30 am on 23 November 2022**

PRESENT

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde (Chair)
Lynsey Allan	Scottish Care
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Paul Edlin	East Renfrewshire Council
Dr Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Dianne Foy	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Amina Khan	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side Representative (NHS)
Geoff Mohamed	Carers' representative
Julie Murray	Chief Officer – IJB
Councillor Owen O'Donnell	East Renfrewshire Council
Councillor Katie Pragnell	East Renfrewshire Council (Vice-Chair)
Raymond Prior	Head of Public Protection and Children's Services (Chief Social Work Officer)
Lynne Rankin	Staff Side Representative (ERC)

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Tracy Butler	Lead Planner (Recovery Services)
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Pamela Gomes	Governance and Compliance Officer
Dr Sarah Julyan	Medical Officer, NHSGGC
Michelle McGeever	Senior Manager, Mental Health and Recovery
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Eilidh Nelson	Audit Scotland
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Stephen Shaw	Audit Scotland
Tom Kelly	Head of Adult Services – Learning Disability and Recovery

ALSO IN ATTENDANCE

Suzanne Clark	Carers' Representative (observer)
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APOLOGIES FOR ABSENCE

Councillor Caroline Bamforth East Renfrewshire Council

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The Board considered and approved the Minute of the meeting held on 21 September 2022 subject to the following amendment:-

Page 6, Paragraph 2 – following “£9.266” there be added the word “million”.

MATTERS ARISING

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

ROLLING ACTION LOG

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

Having heard the Chief Financial Officer in response to a question from Councillor Pragnell, outline the ongoing work to identify a named establishment as a place of safety as required in terms of the Age of Criminal Responsibility (Scotland) Act 2019, the Board noted the report.

PERFORMANCE AND AUDIT COMMITTEE

5. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 21 September 2022.

AUDITED ANNUAL REPORT AND ACCOUNTS 2021-22

6. Under reference to the Minute of the meeting of the Performance and Audit Committee held prior to the meeting of the Board, the Board considered a report by the Chief Financial Officer seeking approval for the final annual report and accounts for the IJB for the period 1 April 2021 to 31 March 2022, following the external audit of the accounts. A copy of the annual report and accounts accompanied the report.

The report referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee.

Thereafter, the report explained that the annual report and accounts had been prepared in accordance with the relevant legislation and guidance, and set out the key messages from

Audit Scotland. In summary, the annual report and accounts were unqualified and unmodified; the IJB had appropriate and effective financial management arrangements in place; the level of general reserves held by the IJB was well below the policy level of 2%; the medium term financial outlook for the IJB was challenging and work should continue with partners to develop a sustainable strategy; there were appropriate governance arrangements in place; and appropriate arrangements were in place to demonstrate best value.

The report also referred to the 3 recommendations made by Audit Scotland and summarised the response and associated timescale for action in respect of each, with progress on these to be reported to the Performance and Audit Committee.

The report also highlighted that the main messages from the annual report and accounts remained unchanged from the unaudited position reported in June, with the operational underspend of £0.837 million remaining unchanged. This was marginally better than the position last reported to the IJB in March, when the projected outturn was an underspend of £0.554 million. Main budget variances were set out and it was noted that the reserves total had increased significantly during the year from £10.485 million to £20.572 million, with further allocations received in the final quarter of 2021/22 mainly for winter funding, the Primary Care Improvement Plan and COVID-19. This increase in reserves was in line with the national position the vast majority of which related to Scottish Government ring-fenced funding. The majority of the ring-fenced funding related to COVID-19 and would be used to support the ongoing response to the pandemic in 2022/23. The Scottish Government's intention to clawback unused COVID-19 reserve funding during 2022/23 was noted, with the mechanism still to be confirmed.

Councillor Pragnell, Chair of the Performance and Audit Committee, reported that the accounts, along with the external auditor's report, had been discussed at length at the committee, and that it had been agreed to remit the report and accounts to the Board with a recommendation that they be approved. She also expressed thanks to the Chief Financial Officer and her team for preparing the accounts as well as thanking both internal and external audit for their contributions.

The Chief Financial Officer was then heard further on the accounts, welcoming the results of the audit, particularly given this was another complex and challenging year.

Referring to the 3 recommendations made by Audit Scotland together with the responses provided, she highlighted that these were same issues that had been raised in previous years.

In relation to the key messages she confirmed that these remained unchanged since the unaudited position was reported to the Board in June.

In addition, she referred to confirmation in the report of the restatement to the prior year set aside expenditure for 2020/21 which had been included in the draft accounts. Audit Scotland had advised that they did not consider this material and it had therefore been removed. It was noted that this was the treatment requested across all NHSGGC IJBs. However an explanatory note had been left in the accounts at Note 14 to promote transparency.

It having been reported that as with prior years the opportunity had been taken between the unaudited and audited report to refine narrative, update performance information for the latest available and revise for any updates during the period, the Board's attention was drawn to the updated medium-term financial outlook which had been altered to reflect the current assumptions as discussed at the seminar the previous week.

The Chief Financial Officer also reported that the easy read summary document which was appended would be published on the website once the full annual report and accounts had been approved and submitted.

NOT YET ENDORSED AS A CORRECT RECORD

Having heard the Chief Financial Officer thank audit, performance and finance colleagues for their support, the Board:-

- (a) approved the audited annual report and accounts;
- (b) authorised the Chair, Chief Officer and Chief Financial Officer to accept and sign the annual report and accounts on behalf of the IJB for submission to Audit Scotland; and .
- (c) noted the summary overview of financial performance document for 2021-22.

REVENUE BUDGET MONITORING REPORT

7. The Board considered a report by the Chief Financial Officer advising of the projected outturn position of the 2022-23 revenue budget as at 30 September 2022.

It was reported that against a full year budget of £144.999 million there was a projected operational overspend of £0.465 million (0.32%) after assumed contributions from reserves.

It was noted that the use of reserves in the current year was significant and much of the funding would be used fully in the current year. This would impact on the ability to smooth costs in future years. Clarification on the mechanism the Scottish Government would use to clawback the balance of COVID funding was awaited.

As in previous updates, the report explained that HSCP costs related to COVID-19 activity were reported to the Scottish Government via NHS Greater Glasgow and Clyde, as health boards were the leads on this reporting. The latest return showed there had been minimal change in projected costs since last reported.

The report explained that current projected local mobilisation plan costs were £4.726 million. This was funded by £9.266 million COVID Reserve funding carried forward leaving a balance of £4.540 million. It was also noted that Scottish Government advice was now that there would be no further COVID-19 funding after this year and work was ongoing to make sure appropriate exit strategies were in place.

Details of the main projected operational variances as well as ongoing financial risks were set out.

The Chief Financial Officer was then heard further on the report. Having reported that the level of projected overspend had improved by £100k since last reported, she highlighted that this did not yet include the cost of the current year pay award which would be offset in part by the share of funding to be passed through from the Council or the gain that would be made from the reversal of the increase in National Insurance contributions that was implemented in April.

She clarified that whilst the change in projected costs since last reported was not in itself particularly material it had to be noted that it was after significant use of reserves in the current year, with it being likely that the full prescribing reserve would be used.

In conclusion the Chief Financial Officer referred to the moratorium on non-essential spend in the current year and that officers were working to deliver savings through the recovery and renewal programme as well as to identify further options given that if was likely they would be needed. Costs and demand would continue to be monitored and as much mitigating action as possible would be taken.

Ms Monaghan having referred to the extremely challenging financial times ahead, Ms Forbes enquired if the position regarding the allocation by the Scottish Government of the additional health and care funding from UK Government was yet known. In reply the Chief Financial Officer explained it had not been clarified but that Scottish Government officials were attending a forthcoming meeting of the national Chief Financial Officers' Group and further information may be available at that time. Notwithstanding Chief Financial Officers were preparing budgets on the basis of a flat cash settlement.

Ms Forbes having referred to a meeting of IJB Chairs and Vice Chairs at which concerns regarding the challenging financial position would be discussed, Councillor Edlin enquired about the method to be used for prioritising services to be protected, and whether there was any scope to approach partners for additional funding. In response, Ms Monaghan explained it was highly likely that the thresholds for accessing services would need to be increased and changes made to service eligibility criteria.

The Chief Officer explained that it would be necessary to prioritise service users most at risk, the Chief Financial Officer further explaining that prioritisation of service had always been in place. She also explained that whilst savings had been identified these did not deliver the level of savings required and the position would become clearer once the financial settlement was known.

In relation to seeking additional funds from partners, the Chief Financial Officer explained that both the NHS GGC and the Council were facing challenging financial positions, that the Scottish Government have given directions to both regarding funding to be provided to IJBs and that both bodies would determine the level of funding they could provide.

Responding to questions from Ms Khan, the Chief Financial Officer clarified the reasons why there were at this stage not considered to be any equalities implications and confirmed that equality impact assessments were carried out when required. In this regard she referred to the multiple workstreams being taken forward as part of the recovery and renewal programme. It was important to make sure that service users were not disproportionately adversely impacted by any changes that may be made.

The Board noted the:-

- (a) projected outturn for the 2023-23 revenue budget; and
- (b) projected reserves balances.

HSCP RECOVERY AND RENEWAL PROGRAMME

8. Under reference to the Minute of the previous meeting (Item 10 refers), the Board considered a report by the Chief Officer providing an update on the HSCP Recovery and Renewal Programme. A detailed overview of current projects accompanied the report.

It was explained that following the previous meeting the reporting format had been revised to better reflect project details and benefits. This included indicative financial savings.

The Chief Financial Officer clarified that there had been no significant updates or key project milestones since the previous meeting, but confirmed that the programme board meeting on 16 November had approved the proposals to start the Care at Home Review, Information Governance project and Review of Commissioned Services, and to close the Staff and Patient Access project. Increased savings targets for the Individual Budget Calculator Review and the Review of Commissioned Services were also noted.

Ms Khan and Mrs Kennedy having welcomed the proposals to bring updates to alternate Board meetings in future, the Board:-

- (a) noted progress on the HSCP Recovery and Renewal Programme; and
- (b) agreed that update reports be submitted to alternate Board meetings in future, subject to exception reports being submitted if required.

WINTER PLAN 2022-2023

9. The Board considered a presentation from Lee McLaughlin, Head of Adult Services – Communities and Wellbeing, providing an update on preparedness for winter across the NHSGGC area.

The shared approach to winter planning was highlighted and it was explained that in July and August, officers had attended national and NHSGGC events to reflect on winter planning for the previous winter, and to share ideas and opportunities for the coming winter.

It was noted that the Scottish Government Advice on winter planning had been issued at the start of October and that in terms of the Winter Resilience Overview 8 priority areas had been identified. Information on how each of the priorities was being addressed locally was set out.

The presentation also provided information on business continuity and contingency planning arrangements in place and summarised the current situation regarding Care at Home. This included numbers of people delayed in hospital, and capacity challenges within the service. It was noted that whilst positive work had taken place in reducing the number of people waiting for an assessment, this had resulted in an increase in the numbers of people now waiting for a care package.

In light of the above the Board's approval was being sought to write to service users to let them know about the pressures the service was under, to ask for the support of family members where possible, and to let them know that there may be some impact on service continuity at short notice.

In conclusion, the Head of Adult Services – Communities and Wellbeing paid tribute to the efforts of all staff who continued to deliver services in difficult circumstances.

The Chief Officer was then heard further on the pressures facing the service following which discussion took place.

Responding to a question from Councillor O'Donnell on how the pressure on the service compared to previous years, the Head of Adult Services – Communities and Wellbeing explained that she had joined the HSCP in July 2020 and this was the most pressure on the service that she had witnessed. The Chief Officer also commented on the pressures the service was operating under.

Ms Allan welcomed the presentation highlighting that partner providers were also experiencing recruitment challenges and questioned whether any discussions were taking place around this and the use of resilience funds. In reply, the Head of Adult Services – Communities and Wellbeing, acknowledged that recruitment was the main challenge facing all providers. She explained that external providers were now taking on 49% fewer services and referred to occasions when contracts were being handed back as external providers did not have sufficient staff. She also clarified the situation regarding the level of winter funding being provided.

In response to Ms Khan, the Head of Adult Services – Communities and Wellbeing reported on the work taking place to support older people impacted by the Cost of Living crisis, including support being provided through the third sector and the Council's Money Advice service.

Commenting on absence levels, she reported that these fluctuated but had been at around 20/30% in recent weeks, although she explained that planned leave was included in this figure as it had an impact on the ability to deliver service.

Having heard Ms Forbes clarify that many other IJBs write to service users regarding reduced service levels, and Mrs Kennedy indicate that service users preferred to know these things in advance, the Board:-

- (a) noted the presentation; and
- (b) agreed that officers write to service users to let them know about the pressures the service was under, to ask for the support of family members where possible, and to let them know that there may be some impact on service continuity at short notice.

HSCP WORKFORCE PLAN 2022-25

10. Under reference to the Minute of the meeting of 22 June 2022 (Item 11 refers), when the Board had considered and noted the draft Workforce Plan, the Board considered a report by the Chief Officer seeking agreement to the 2022-25 HSCP Workforce Plan and associated Action Plan, copies of which accompanied the report. It was noted that the plan was intended to set out a cohesive picture of health and care workforce need across the HSCP geographic area.

The report explained that following consideration in June, revision had been made to the draft plan prior to its submission to the Scottish Government Workforce Planning Unit in July.

Scottish Government feedback noted that the plan was well written but asked for additional commentary with regards to the older workforce, turnover within the HSCP and further detail in relation to specific recruitment actions within the action plan. Sections 4, 5 and 8 of the plan had been updated to take account of this feedback.

The report also referred to the accompanying Action Plan which set out a broad range of activities that would progress during the next 3 years and would be brought back to the IJB for further update. It was noted that the local actions were based on the Scottish Government's five pillars of workforce planning.

The Chief Officer having commented further on the plan the Head of Adult Services – Communities and Wellbeing, was heard in response to questions from Councillor Pragnell in relation to the Care at Home workforce. She acknowledged that the workforce was ageing, and that there were various reasons why it was difficult to attract younger people into the role. However the HSCP did work with further education establishments to try and attract a younger workforce.

Referring to Section 5 of the plan relating to the HSCP workforce, Ms Khan suggested that there seemed to be some information missing, particularly in relation to disability and sexual orientation. She explained that NHS GGC was working to address this lack of information and asked if similar work was taking place in the Council as a consistent approach would be helpful. She also enquired if it would be possible for a series of site visits to HSCP premises to be arranged for Board members.

In reply the Chief Officer confirmed that she would make enquiries regarding data gathering arrangements and that site visits could be arranged although following a suggestion by Ms Monaghan these could begin in the Spring. In addition, in response to Councillor O'Donnell the Chief Officer confirmed that steps could be taken to review arrangements for increasing recruitment from minority ethnic groups.

The Board approved the 2022-25 HSCP Workforce Plan and associated Action Plan.

EAST RENFREWSHIRE ALCOHOL AND DRUGS PARTNERSHIP UPDATE

11. The Board considered a report by the Chief Officer providing an overview of developments in the work of the Alcohol and Drugs Partnership (ADP), progress towards delivery of the national Drugs Mission to reduce and prevent drug-related deaths. This included an update on progress towards the Drugs Mission priorities, including implementation of the Medication Assisted Treatment Standards; increasing access to residential rehabilitation; establishing near fatal overdose pathways; enhancing assertive outreach; and how lived and living experience was shaping the approach.

The report detailed the recent guidance and expectations set out for Alcohol and Drug Partnerships on governance and transparency and the arrangements East Renfrewshire had in place to ensure requirements were met.

The report also sought approval for a revised reporting schedule for the submission of ADP reports to the Board, approval of the ADP Annual Report 2021-22 and approval of the Alcohol and Drugs Strategy mid-term report, copies of which accompanied the report.

By way of background the report referred to the approval by the Board in September 2020 of the East Renfrewshire Alcohol and Drugs Strategy and Delivery Plan, and work carried out thereafter to enhance the involvement of persons with lived experience in the work of the ADP.

Thereafter the report set out the current context in relation to drug related deaths prevention, provided information on the delivery of the Nation Drugs Mission in East Renfrewshire, and local work in relation to governance arrangements for the ADP.

The Head of Adult Services – Learning Disability and Recovery then introduced Dr Sarah Julyan who gave a presentation on the work of the ADP.

Dr Julyan provided information relating to drug related deaths between January and December 2021. It was noted that the national figure of 1295 deaths was a reduction on previous years and that locally the 6 confirmed drug related deaths mirrored the national trend.

Dr Julyan then referred to the 10 Medication Assisted Treatment Standards (MATS), providing further comment in relation to how the standards were being delivered locally, before concluding with information in relation to pathways to residential rehabilitation.

Welcoming the presentation, Councillor O'Donnell referred to the targets that had been set and questioned how these were monitored. He also questioned if ADP funding was subject to clawback.

In reply Dr Julyan explained that there were robust performance monitoring processes in place, that there were regular meetings with the Scottish Government to discuss targets and all performance reports were available online. In addition, the Head of Adult Services – Learning Disability and Recovery confirmed that it would be possible for a summary of targets to be provided.

NOT YET ENDORSED AS A CORRECT RECORD

In relation to funding, the Chief Officer supported by the Chief Financial Officer explained that the main concern of Scottish Government was to ensure that all local reserves were used before additional funding was provided. There were no changes to the recurring allocation going forward.

Responding to Ms Khan who enquired if in respect of case reviews that were carried out there were any issues the IJB needed to be aware of, Dr Julyan explained that overall case numbers were low, that there was a wide range of factors. Key issues were considered to be accessing care and appropriate treatment pathways for opiates.

The Board:-

- (a) noted progress to date on delivering the national Drugs Mission including the Medication Assisted Treatment Standards and access to residential rehabilitation;
- (b) noted the self-assessment of governance and accountability arrangements undertaken by the Alcohol and Drugs Partnership;
- (c) agreed the reporting schedule and focus of reports from the Alcohol and Drugs Partnership to the Integration Joint Board as outlined in the report;
- (d) approved the Alcohol and Drugs Partnership Annual Report 2021-22 submitted to the Scottish Government pending Integration Joint Board approval; and
- (e) approved the Alcohol and Drugs Strategy mid-term progress report.

DATE OF NEXT MEETING.

12. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 1 February 2023 at 10.00 am.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 February 2023
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 23 November 2022.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>Integration Joint Board members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

1 February 2023

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To provide the Integration Joint Board with an update on progress regarding matters arising from the discussion that took place at the last IJB meeting.

RECOMMENDATION

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

REPORT

Audited Annual Report and Accounts

3. The annual Report and Accounts were signed and submitted following approval by the Integration Joint Board at its meeting on 23 November 2022. Both the full report and easy read versions are online.

HSCP Workforce Plan

4. An update on the Workforce Action plan has been scheduled for the September meeting of the Integration Joint Board.
5. East Renfrewshire Council gathers data on protected characteristics at the point of recruitment, however disclosure remains optional. The Council intends to issue a health and wellbeing survey to all staff in the coming months which will include a section to capture equality information.

Board Member Visits

6. The visit from NHS GGC Finance Planning & Performance Committee took place in December as planned. A suggested programme of visits to HSCP services will be shared with IJB members for consideration. It is anticipated that visits will take place from April 2023 given current winter pressures.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

IJB Chief Officer: Julie Murray

10 January 2023

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 February 2023
Agenda Item	5
Title	Rolling Action Log
Summary	
<p>The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting on 23 November 2022</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note progress.</p>	

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ACTION LOG: Integration Joint Board (IJB)

February 2023

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
392	23-Nov-22	5	Rolling Action Log	Get a copy of the NHSGGC meetings calendar	DSM/GCO	CLOSED	Nov-22	Calendar obtained
391	23-Nov-22	7	Audited Annual Report and Accounts	The Chair, Chief Officer and Chief Financial Officer should now accept and sign the annual report and accounts on behalf of the Integration Joint Board.	Chiar, CO, CFO	CLOSED	Nov-22	Annual Report and Accounts were signed and submitted following meeting on 23rd November
390	23-Nov-22	7	Audited Annual Report and Accounts	Arrange for publication on the website	CFO	CLOSED	Nov-22	Available online
389	23-Nov-22	10	Winter Planning	The Board agreed that service users should be written to regarding pressures on services, asking them for support from family members if possible and letting them know there may be service disruptions, often at short notice, and the necessary arrangements should be made.	HAS-C&W	CLOSED	Nov-22	Letters were issued to individuals and families on 25th November
388	23-Nov-22	10	Winter Planning	Send additional information to Lynsey Allan as requested at the meeting	HAS-C&W	CLOSED	Dec-22	Information contained within presentation which has been shared
387	23-Nov-22	10	Winter Planning	Recirculate for information last year's presentation	HAS-C&W	CLOSED	Dec-22	As above
386	23-Nov-22	11	HSCP Workforce Plan	Arrange for publication of the Workforce Plan.	GCO	CLOSED	Dec-22	Available online
385	23-Nov-22	11	HSCP Workforce Plan	Arrange for the completion of the actions as set out in the associated Action Plan	CO	OPEN	Sep-23	Update on actions scheduled for IJB meeting September 2023
384	23-Nov-22	11	HSCP Workforce Plan	Make arrangements in Spring 2023 for site visits to HSCP premises for Board members	CO	OPEN	Mar-23	Suggested programme of visits to be shared with members for comment
383	23-Nov-22	11	HSCP Workforce Plan	Check the Council's processes for recording protected characteristics	CO	CLOSED	Mar-23	Recorded at the point of recruitment. Staff wellbeing survey due to be circulated will include capture of equalities data
382	23-Nov-22	12	East Renfrewshire Alcohol and Drugs Partnership Update	Confirm to Scottish Government that the ADP 2021-22 Annual report has now been approved by the Board	HAS-LD&R	CLOSED	Nov-22	
379	21-Sep-22	6	Annual Performance Report	Consider submitting a report on the use of The Promise funding for early intervention measures	CSWO	OPEN	Mar-23	Added to forward planner - provisionally scheduled for March 2023
376	21-Sep-22	8	Chief Social Work Officer Annual Report	Arrange for a report on all neurodivergent activity taking place to be added to the rolling action log for presentation at a future meeting.	CSWO	OPEN	Mar-23	Added to forward planner - provisionally scheduled for March 2023
375	21-Sep-22	9	Revenue Budget Monitoring Report as at 31 August	Prepare a report regarding the cost pressures associated with supporting Ukrainian families and unaccompanied children for submission to the Council's CMT prior to submission to a future IJB	CSWO	OPEN	Mar-23	The situation continues to be monitored. CSWO report planned for March 2023 IJB
355	16-Mar-22	11	Age of Criminal Responsibility (Scotland) Act 2019	Make arrangements to identify a named establishment as a place of safety.	CSWO	OPEN	Mar-23	Working with Council Corporate Landlord to explore options. Also in discussion with local housing association around multiple use premises. In the meantime we have access to a child friendly space adapted within Pollok Police Station should we require.
343	24-Nov-21	11	ER Peer Support Service - Mental Health and Addictions Final Evaluation Report	Consider the possibility of making a presentation on the evaluation report to a future meeting	HAS - LD&R	CLOSED	Feb-23	See ADP update presented to IJB - Nov-22
244	26-Jun-19	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	TBC	Added to forward planner - Timing of progress report will be dependent on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde

Abbreviations

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

CD Clinical Director
 CO Chief Officer
 CFO Chief Finance Officer
 CN Chief Nurse
 CSWO Chief Social Work Officer
 DSM Democratic Service Manager
 GCO Governance and Compliance Officer

HAHSCL Head of Adult Health and Social Care Localities
 HAS - C&W Head of Adult Services - Communities and Wellbeing
 HAS - LD&R Head of Adult Services - Learning Disability and Recovery
 HRBP HR Business Partner
 LP (RS) Lead Planner (Recovery Services)
 PPPM Policy, Planning & Performance Manager
 SSLO Strategic Services Lead Officer (ERC)

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 23 November 2022**

PRESENT

Councillor Katie Pragnell, East Renfrewshire Council (Chair)

Lynsey Allan	Scottish Care
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Non-voting IJB member
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer (East Renfrewshire Council)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor (East Renfrewshire Council)
John Boyd	Audit Scotland
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services – Learning Disability and Recovery
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Julie Murray	Chief Officer – IJB
Eilidh Nelson	Audit Scotland
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager

APOLOGIES

Councillor Caroline Bamforth East Renfrewshire Council

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 21 September 2022.

MATTERS ARISING

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

The committee noted the report.

ROLLING ACTION LOG

4. The committee considered a report by the Chief Officer providing details of all open actions and those that had been completed, or removed from the log, since the last meeting.

Commenting on the report the Chief Financial Officer provided an update on the work the Chief Auditor had undertaken regarding including NHS audit information into future audit reports.

The committee noted the report.

INTERNAL AUDIT ANNUAL REPORT

5. The committee considered a report by the Chief Auditor, East Renfrewshire Council, relative to the Chief Auditor's Annual Report for 2021-22 which contained an independent opinion on the adequacy and effectiveness of the governance, risk management and internal control systems operating within the IJB. A copy of the Chief Auditor's Annual Report accompanied the report as an appendix.

The report explained in summary that the Annual Report concluded that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in the year ended 31 March 2022. This was with the exception of a matter still under investigation by Police Scotland, and so no further information could be provided at this time, although it was highlighted that this matter had been referred to in the 2020-21 annual report and the periods under investigation were prior to 2021-22.

Commenting on the report, the Chief Auditor explained that her assurance statement was based on the information provided by the Council and NHS audit staff and that the amounts in relation to the ongoing police matter were not so material as to prevent the sign off of the annual accounts.

The committee:-

- (a) noted the contents of Internal Audit's annual report 2021-22; and
- (b) noted the annual assurance statement and the conclusion that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2021-22 except for a matter still under investigation by Police Scotland which was also referred to in the 2020-21 annual report;

AUDIT SCOTLAND ANNUAL AUDIT REPORT 2021-22

6. The committee took up consideration of the external audit annual report for 2021-22, which summarised the findings arising from the 2021-22 audit of the IJB.

The report provided a number of key messages.

In relation to financial management and sustainability, it was noted that the auditor's report was unmodified; that the IJB had appropriate and effective financial management arrangements in place to support financial monitoring, reporting and decision making, and that the IJB had returned an operational underspend of £0.837 million.

It was noted that the IJB's year-end reserve position was £20.752 million. However, the general reserve remained unchanged from the prior year at £0.272 million and was well below the IJB's reserve policy target for uncommitted general reserves to be 2% of the IJBs revenue budget (excluding significant fixed costs such as family health service). The general reserve was currently approximately 0.15% of the 2021/22 revenue budget.

It was also reported that the IJB's medium-term financial outlook (MTFO) covering the period 2022/23 to 2026/27 was refreshed in March 2022. This identified a funding shortfall of around £2.9 million for 2022/23, with cost pressures of around £5.5 million from 2023/24 onwards. As part of the budget strategy review, financial assumptions had been reviewed and updated. Total cost pressures were forecast to range from £17 million to £31 million over the next three-year period based on low, medium and high cost scenarios, and the Board was encouraged to continue to work with partners to develop a revised financial strategy which ensured the organisation remained financially sustainable.

In relation to governance, transparency and Best Value it was noted that in the auditor's opinion the IJB had appropriate governance arrangements in place that support effective scrutiny, challenge and informed decision-making, and that the IJB has put in place appropriate arrangements to demonstrate the achievement of Best Value. This included effective arrangements for managing performance and monitoring progress towards strategic objectives.

Included in the appendices accompanying the report was an action plan which set out the proposed management action in respect of areas where recommendations had been made.

Councillor Pragnell introduced John Boyd and Eilidh Nelson from Audit Scotland.

Mr Boyd was heard further on the key messages, that there had been no unadjusted audit differences, and that it was intended to issue an unqualified audit opinion.

In terms of financial sustainability he highlighted that COVID had led to the IJB having healthy reserves, due in part to the late receipt of additional funding from the Scottish Government. However a lot of the reserves were held in earmarked funds, and it was important not to lose sight of the underlying financial challenges which lay ahead and which may not seem apparent in light of the "healthy" financial position.

He highlighted that this was the last annual report to be prepared by Audit Scotland who were handing over to Ernst & Young, the new external auditors.

In conclusion Mr Boyd thanked the Head of Finance and Resources (Chief Financial Officer) and her staff for their assistance in delivering the audit.

Responding to a question from Ms Forbes, Mr Boyd confirmed that the concerns relating to financial sustainability were similar to the position not only across other HSCPs but across the wider public sector generally. He also confirmed that in relation to the key performance indicators referred to in the action plan, his view was that this would be an area of focus across the wider public sector, and that performance baselines may need to change.

Commenting on the need for the IJB to make savings in excess of £20 million between 2022 and 2027, Ms Monaghan suggested this would lead to an inevitable reduction in front line services. In addition referring to the recommendation in the report that the current reserves policy be reviewed, Ms Monaghan questioned whether the reserve levels should be changed or left unaltered in the knowledge that the level of reserves as set out in the policy was unlikely to be achieved.

In reply, Mr Boyd acknowledged the challenge to be faced in achieving the levels of savings required. In addition, he explained that the 2% reserve target was seen as good practise, but the key point was that whatever target was set it had to be appropriate for the circumstances. He also referred to the issue of unexpected costs and whether there should be a debate around whether these should be borne by the IJB or its partners.

Responding to a question from the Chief Officer on the financial challenges ahead and the consistent demands from the Scottish Government for services to be delivered, and whether these matters were being raised nationally by Audit Scotland, Mr Boyd confirmed that Audit Scotland had just recently published a report on financial challenges and risks that touched on these matters.

Further discussion took place on the establishment of a National Care Service and the potential financial impact on HSCPs. Ms Monaghan also sought an update on progress in reviewing Integration Schemes, in response to which the Chief Officer explained that there had been a lot of work across the 6 HSCPs in the Greater Glasgow and Clyde area, but that in light of the coming winter challenges the Scottish Government had been asked if work on the review could be postponed until the spring. A reply was awaited.

The committee noted the report.

ANNUAL REPORT AND ACCOUNTS 2021-22

7. Under reference to the Minute of the meeting of the IJB of 22 June 2022, the committee considered a report by the Chief Financial Officer seeking approval for the final audited annual report and accounts for the IJB for the period 1 April 2021 to 31 March 2022, following the external audit of the accounts. A copy of the annual report and accounts accompanied the report.

The report referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee.

Thereafter, the report explained that the annual report and accounts had been prepared in accordance with the relevant legislation and guidance, and set out the key messages from Audit Scotland. In summary, the annual report and accounts were unqualified and unmodified; the IJB had appropriate and effective financial management arrangements in place; the level of general reserves held by the IJB was well below the policy level of 2%; the medium term financial outlook for the IJB was challenging and work should continue with partners to develop a sustainable strategy; there were appropriate governance arrangements in place; and appropriate arrangements were in place to demonstrate best value.

The report also referred to the 3 recommendations made by Audit Scotland and summarised the response and associated timescale for action in respect of each, with progress on these to be reported to the Performance and Audit Committee.

The report also highlighted that the main messages from the annual report and accounts remained unchanged from the unaudited position reported in June, with the operational

underspend of £0.837 million remaining unchanged. This was marginally better than the position last reported to the IJB in March when the projected outturn was an underspend of £0.554 million. Main budget variances were set out and it was noted that the reserves total had increased significantly during the year from £10.485 million to £20.572 million, with further allocations received in the final quarter of 2021/22 mainly for winter funding, the Primary Care Improvement Plan and COVID. This increase in reserves was in line with the national position the vast majority of which related to Scottish Government ring-fenced funding. The majority of the ring-fenced funding related to COVID-19 and would be used to support the ongoing response to the pandemic in 2022/23. The Scottish Government's intention to clawback unused COVID-19 reserve funding during 2022/23 was noted, with the mechanism still to be confirmed.

The Chief Financial Officer was then heard further on the accounts. She noted that the annual report and accounts reflected the opinions already provided by Audit Scotland and the Chief Auditor and she was pleased with the outcome, particularly given the complex and challenging circumstances over the year.

It having been noted that Paragraphs 16 to 26 reiterated the key messages from the annual report and accounts, it was highlighted that Paragraph 27 confirmed the restatement to the prior year 2020/21 for set aside which was included was considered by Audit Scotland as not material and had therefore been removed. This was the treatment requested across all NHS GGC IJBs. However an explanatory note had been left in the accounts at Note 14 to promote transparency.

She reported that as in previous years the opportunity had been taken between the unaudited and audited report to refine narrative, update performance information for latest available and revise for any updates during the period. In this regard particular references was made to paragraph 28 of the report where the medium term financial outlook had been updated to reflect the current assumptions as discussed at the budget seminar the previous week.

It was noted that the easy read summary document was also appended for note and comment and would be published on the website once the full annual report and accounts had been approved and submitted by the IJB.

Finally the Chief Financial Officer thanked audit, performance and finance colleagues for their support.

Thereafter members having thanked the Chief Financial Officer and her team for their work, and welcomed the summary, the committee agreed that the audited annual report and accounts be remitted to the IJB for approval.

MID-YEAR PERFORMANCE UPDATE 2022-23

8. The committee considered a report by the Chief Officer providing an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where mid-year data was available for strategic performance indicators this was included.

It was explained that the mid-year report provided a smaller number of data updates compared with end-year, in addition to which it was noted that for many indicators recent performance trends against established targets had been impacted by the COVID-19 pandemic.

The report included data for mid-year and any updated end-year data for indicators from the Strategic Plan that had not previously been reported to the committee, and provided an explanation of the manner in which the information was presented.

The report also set out performance highlights together with listing areas that remained challenging.

The Policy, Planning and Performance Manager was then heard further on the report following which full discussion took place.

Welcoming the updated format of the report, Mrs Kennedy enquired if the Short-Life Working Group set up to review the way in which performance information was presented would continue. The Policy, Planning and Performance Manager having confirmed this was the case, Ms Forbes referred to a number of areas in the report where further refinement was required, particularly in relation to the display of trend information.

The Chief Officer reminded that committee that due to the relatively small numbers connected to some of the performance targets it had to be borne in mind that any changes to these could result in large change in the associated percentage figure.

The committee noted the report.

COMMISSIONED SERVICES

9. The committee considered a report by the Chief Officer providing an overview of the current arrangements in place to commission health and care services with external partners.

Having set out the legislative requirements in relation to reviewing the Strategic Commissioning Plan and its links to the Strategic Plan, the report provided information regarding the re-establishment of the Contracts and Commissioning Team in 2020/21. It was noted that in response to the pandemic, the team's priority was to provide liaison between the HSCP and external providers and to offer assurance through commissioning and contract monitoring arrangements. For some providers, particularly care homes, this support was provided on a daily basis offering liaison and support, identifying key pressures, ensuring national guidance including access to infection, prevention and control measures, and processing sustainability payments. This initial period laid strong foundations for the partnership approach that has been established with external providers.

It was also noted that in addition, the team supported care and support providers to transfer to the new Scotland Excel Care and Support framework effective from 1 April 2021. The team were leading on supporting services to ensure contract monitoring and commissioning arrangements with external partners were fit for purpose. A programme of review was underway with the introduction of new systems and processes to support the range of contract arrangements in place.

The report then set out the commissioning intentions identified in the 2018-21 Strategic Commissioning Plan and referred to the HSCP's change programme which had been put on hold due to the pandemic. This had resulted in the current Strategic Commissioning Plan being extended by default. However, the Strategic Commissioning Plan would be refreshed by March 2023 to reflect the renewed Strategic Plan 2022/25 and to reflect the work underway in respect of the HSCP, national and Greater Glasgow and Clyde transformation programmes. Work was already underway to develop a collaborative commissioning approach for East Renfrewshire bringing together partners, services and people who use services, and carers.

Details of the partnership working with external providers in the delivery of commissioned health and social care services were then set out. This included financial information on the spend for purchased care for the 12 months from April 2021 to March 2022

The report then set out the work currently underway to develop a collaborative commissioning framework for the HSCP including a series of events that had taken place to seek the views of partners and to help inform the framework. This had included the identification of a number of key themes which were set out.

Reference was also made to the number of ongoing service redesign initiatives that were bringing partners, services and people who used services together to consider future options for service delivery. In particular it was noted that at the Living Well in East Renfrewshire event held on 4 November 2022 care at home delivery partners had been brought together to explore options for commissioning and delivering services differently. All of this work would be underpinned by the collaborative and ethical approach to commissioning.

Progress to date and the next steps to be taken were summarised with it being noted that within the Recovery and Renewal Programme there were a number of projects that required significant input by the Commissioning Team to support service redesign and associated efficiencies. The Commissioning Team would lead the review on commissioned services with the aim to ensure all framework and contractual opportunities were maximised, with future progress being reported through the Recovery and Renewal Programme.

The Senior Manager Planning and Performance and Commissioning Manager was heard further on the report. In response to Ms Monaghan she confirmed that the HSCP had for some time been using many of the 8 care principles. She also confirmed that if appropriate, services were commissioned from outwith the commissioning framework. At this stage it was too early to determine the financial impact of different commissioning arrangements. The Chief Financial Officer explained care packages would be monitored on an individual basis.

Ms Monaghan welcomed this approach however she expressed concerns about the potential impact on service users of some difficult financial decisions that would be required.

In reply, the Chief Officer acknowledged that there were challenging times ahead. This was endorsed by Ms Monaghan who highlighted the number of current vacancies and services not being purchased at present

The committee noted the report.

AUDIT UPDATE

10. Under reference to the Minute of the previous meeting (Item 9 refers), the committee considered a report by the Chief Officer providing an update on new audit activity relating to the IJB and HSCP since last reported to the committee in September 2022, and summarising all open audit recommendations. Accompanying the report were a series of appendices. These contained information regarding audit activity relating to the IJB and HSCP; and information on recommendations from previous audits. Summary information in relation to the appendices was contained in the report

Commenting on the report the Chief Financial Officer confirmed that the open action relating to the follow up IJB audit had now been confirmed as closed by the Chief Auditor and that the action plan in relation to the Audit Scotland annual audit plan would be superseded by that included in the Audit Scotland report earlier at the meeting.

It was also noted that since last reported, there had been 3 new audits undertaken by the Council's internal audit team which impacted on the HSCP. Two related solely to the HSCP and one contained council-wide recommendations. Progress would be included in future update reports.

Ms Forbes having suggested a change to the report regarding the information contained in the summary table, the Chief Auditor explained that discussions had taken place regarding the level of NHS audit information that could be provided. Whilst NHSGGC auditors were content for full information to be provided NHSGGC only wanted summary information to be made available.

The committee noted the report.

IJB STRATEGIC RISK REGISTER UPDATE

11. Under reference to the Minute of the previous meeting (Item 11 refers), the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report.

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 21 September 2022 and explained that since then no new risks had been added; no existing risks had been removed, and no risk scores had changed. However risk control measures had been reviewed and updated to reflect any proposed mitigation which had been completed, or where the expected date for completion had been extended.

The Chief Financial Officer having highlighted that the potential impact on capacity from industrial action had been recognised as a risk, the committee noted the report.

DATE OF NEXT MEETING

12. It was reported that the next meeting of the committee would take place on Wednesday 29 March 2023 at 9.00am.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	1 February 2023	
Agenda Item	7	
Title	Specialist Children's Services Single Service Alignment	
Summary		
<p>This report provides the Integration Joint Board with an update on the progress towards planning for implementation of a single service structure for Specialist Children's Services Child (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services.</p> <p>This report will provide an opportunity to update on the planning, engagement and initial process for the creation of a single management for SCS, with a view to a fuller report being submitted in March for approval of the details of transition.</p>		
Presented by	Caroline Sinclair, Chief Officer, East Dunbartonshire	
Action required		
<p>It is recommended that the Integration Joint Board</p> <ul style="list-style-type: none"> • Note the content of the Report; and • Note that a further report will be submitted in March including the details of the transition of staff and budget, for approval. 		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**1 February 2023****Report by Chief Officer – East Dunbartonshire HSCP****SPECIALIST CHILDREN'S SERVICES SINGLE SERVICE ALIGNMENT****PURPOSE OF REPORT**

1. The purpose of this report is to provide an update to the Integration Joint Board on the progress towards planning for implementation of a single service structure for Specialist Children's Services Child (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services. This report will provide an opportunity to update on the planning, engagement and initial process for the creation of a single management for SCS, with a view to a fuller report being submitted in March for approval of the details of transition.

RECOMMENDATION

2. It is recommended that the Integration Joint Board
 - Note the content of the Report; and
 - Note that a further report will be submitted in March including the details of the transition of staff and budget, for approval.

REPORT

3. Within the Greater Glasgow and Clyde Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Hosted Tier 4 services.
4. The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCPs, are intended to be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.
5. A single system management arrangement is a development that Scottish Government are keen to see progressed and it has been raised within the CAMHS performance support meetings that are currently in place. It is seen as critical to the improvement of the co-ordination and management of services across Greater Glasgow and Clyde and the performance of CAMHS and community paediatrics across the health board area.

6. The main principles that will guide the transition are as follows:
 - Services will continue to be delivered locally, and by existing teams
 - Services will remain located within their current HSCPs
 - Services will continue to work closely in partnership with HSCP colleagues
7. Change will be guided by a project plan which will be developed and will include a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group will be put in place to support the work, with representation from all HSCPs within the Greater Glasgow and Clyde area.
8. Further and fuller details are available in **Appendix 1** - SCS Realignment Briefing- which sets out the background, current structures, proposed process for implementation, current financial framework and associated staffing complement, current management arrangements and clinical, care governance and performance arrangements.
9. A further report will be submitted to the next meeting of each affected Integration Joint Board including the details of the transition of staff and budget, for approval.

IMPLICATIONS OF THE PROPOSALS

Finance

Realignment of SCS budgets, Tier 3 and 4 into a single budget hosted by East Dunbartonshire HSCP. A process of due diligence is underway, as part of the project plan, to provide assurance that the budgets to be re- aligned will be sufficient to support the new consolidated service delivery model with any financial risks to be highlighted. There are financial implications in the movement of the relevant budgets which will be set out in more detail in the next report.

Risk

An Oversight Group will ensure the effective and efficient transition to a single model and will capture any risks for mitigation within the project plan.

Policy

None. This is classified as being an operational report and not a new policy or change to an existing policy document.

Legal

None

Workforce

Realignment of line management for a small number of existing Specialist Children's Services Managers.

Infrastructure

None

Equalities

None

DIRECTIONS

No Direction required.

RECOMMENDATIONS

10. It is recommended that the Integration Joint Board
- Note the content of the Report; and
 - Note that a further report will be submitted in March including the details of the transition of staff and budget, for approval.

REPORT AUTHOR AND PERSON TO CONTACT

Caroline Sinclair, Chief Officer, East Dunbartonshire
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Chief Officer, IJB: Julie Murray

December 2022

BACKGROUND PAPERS

None

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Appendix 1 Realignment Briefing

Briefing setting out the pre-established rationale for realignment of Child and Adolescent Mental Health Services and Specialist Children's Services

Implementation plan to support transition to a whole system management arrangement for Specialist Children's Services and the delivery of the Mental Health Recovery and Renewal plan.

Draft 0.1 27-11-22

1. Situation

Within the Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board hosted Tier 4 services.

The single system management arrangement aims to offer the following advantages:

- Flexibility, cross system and read across for budgets and workforce (for medical staffing this currently exists)
- Ability to better plan and implement improvement programmes on a GGC basis taking cognisance of local arrangements and variances
- Meeting increasing demand for CAMHS through creation of a single workforce plan to minimise waiting times for children and young people
- Improved standardisation of service delivery and reduced variation across the Board area
- Improved resilience and contingency arrangements
- Cohesion between Tier 3 and Tier 4 services
- Continued positive interface with acute Women and Children's Directorate and strengthens links with secondary care
- A structure to take forward the development of regional services including FCAMHS and Secure Care to include reviewing the increasing pressures from the private Secure Care estate on local teams where these units are situated across HSCP's.

Consideration has been given to where this single management arrangement will be held and it has been agreed that this will be held in a single HSCP, with strategic, financial and management responsibility for the full service. This will require revised management arrangements to ensure the capacity and capability to deliver on a single structure and some changes to the current governance arrangements.

2. Background

Specialist Children's Services (SCS) provides CAMHS and Specialist Community Paediatrics Teams (SCPT) services for Children and Young People, both in and out of hours, at Tier 3 (community HSCP level), and Tier 4 (GGC wide, Regional and National Services).

In 2015 Tier 3 CAMHS and Tier 3 Community Paediatric services were delegated to Renfrewshire, Inverclyde and East Renfrewshire HSCP's (excluding medical staff). In 2019, and in line with other HSCPs, Tier 3 SCS services were delegated to Glasgow City HSCP.

Table 1 below details the team breakdown of the current delegated **Tier 3** Specialist Children's Service, including CAMHS and SCPT, by HSCP. Services for East Dunbartonshire, with the exception of Speech and Language Therapy, were provided by Glasgow.

HSCP	Number of CAMHS Teams	Number of SCPT Teams
Glasgow City	4xCAMHS (North/South/East/West)	4xSCPT (North/South/East/West)
Renfrewshire	1xCAMHS	1xSCPT
East Renfrewshire	1xCAMHS	SCPT provided from Glasgow HSCP
Inverclyde	1xCAMHS	1xSCPT
West Dunbartonshire	1xCAMHS	1xSCPT
East Dunbartonshire	CAMHS and SCPT services provided by Glasgow City HSCP, other than SLT	

Table 1

The Tier 4 and Board wide professional functions and services have remained retained by the Health Board, rather than delegated to HSCPs, and they are managed by a single HSCP Chief Officer, currently East Dunbartonshire, on behalf of the Board, rather than on behalf of the HSCP.

Tier 4 services are delivered Board wide, regionally and nationally and include:

- Child and Adolescent inpatient units
- Unscheduled and intensive CAMHS
- Eating Disorder, FCAMHS, Learning Disability CAMHS and Trauma services
- Infant Mental Health Team

Tier 4 SCS also deliver services into Women and Children's Directorate and includes:

- Paediatric OT, SLT and the Community Children's Nursing team
- Liaison Psychiatry, Paediatric Psychology and Maternal and Neonatal psychology

3. Implementation

Change will not be immediate, rather it will be guided by a project plan which will be developed and will include a communication and engagement plan. Work will be inclusive of all key stakeholders and our staff partnership colleagues. An oversight group will also be put in place to support the work.

The single system management arrangement will require a robust governance, management and financial structure to enable and drive improvement, and provide a GGC focus to strategic planning.

The roadmap for change will be underpinned by a set of principles which aim to minimise disruption of services and support staff with the transition

Principles

- Services will continue to be delivered locally, and by existing teams
- Services will remain located within their current HSCPs
- Services will continue to work closely in partnership with HSCP colleagues

Maintenance of local service delivery, links, and co-dependencies with preventative services and community based services will continue to be essential, and so there is a commitment to ensuring ongoing joint planning and collaboration. The services that are moving into the single service will commit to continuing to work closely with services being delivered and commissioned by HSCPs as part of their integrated local plans for services for children and families, including Tier 1 and Tier 2 services.

An Implementation Oversight Group will be established to oversee the development and implementation of the single service model. A range of sub groups will be required in order to ensure attention to all required areas.

3.1 Communication and Engagement plan

A communication and engagement plan will be required to ensure that we have a consistent and clear message that ensures that everyone is well informed and therefore minimising any cause for concerns. There are four key groups:

- Staff in both Tier 3 and Tier 4 of Specialist Children Services
- Staff in services in HSCPs and staff involved in transition areas
- Patients / Carers: All Patients and carers currently known to the service to receive an update on the service changes, the rationale for why we are making the service changes and our commitment to retain service delivery in the local areas.
- Referrers: Local Service managers to continue to communicate with referrers in local area about the changes and that local connections will be retained

3.2 Finance realignment

Tier 3 delegated CAMHS services has a total annual budget of £9.1m with circa 153.5wte. The Mental Health Recovery and Renewal workforce plan will see a significant increase in the workforce by a further 127.8wte, £7.2m. Tier 3 delegated SCPT services has a total budget of £12.5m with a circa 265 wte.

Tier 4 hosted services has a total annual budget of £24.2m with circa 340 wte. The Tier 4 Mental Health Recovery and Renewal funding will see an increase in budget of £2.8m. A workforce plan is in development for the new regional Intensive Psychiatric Care Unit and the regional services development for FCAMHS, SECURE and Learning Disabilities. These will see an overall increase in the service estate and reach.

Implementation of the single management model requires drawing together the funding currently held across a range of HSCP and SCS budgets, under a range of different codes, into one structure. This will include costing of the new model of service delivery to ensure this is viable within the budgets that are transferring. This will be overseen by a Chief Finance Officer.

3.3 Management Structure

The delegated Tier 3 services are currently operationally managed in HSCP's by 6.0 service managers whose remit is predominately SCS. The service managers are line managed by HSCP Heads of Children's Services who also manage a range of other services in their remit ie Health visiting/School nursing and social work and social care children's services

The hosted Tier 4 services are currently operationally managed by 2.5 wte service managers. The service managers are line managed by the Head of Specialist Children's Services (HoSCS) who also has line management responsibility for the Clinical Directors, Professional Leads and Quality Improvement team. The HoSCS also has responsibility for strategic planning and governance for SCS as a whole alongside the Clinical Directors.

Bringing the services together in to a single management and financial arrangement would see a combined annual budget of approximately £55.8 million with a staff of circa 926wte (including additional MHRR funding and posts). This would create a combined operational and strategic team of 19.5 wte (Table 2).

	Service Managers tier 3 & 4	Professional Leads	Clinical Directors	Total
Total	9 wte	8.5 wte	2 wte	19.5

A Workforce Change Group will be established to oversee, advise, and implement the processes for staff directly and indirectly impacted by the proposed changes reporting through the Oversight Group. A nomination will be sought from the Employee Director for a staff side representative to join the group given its Board wide remit.

In order to manage the realigned Tier 3 services it is assessed that there would be a need for a new permanent Head of Specialists Children's Service replacing the functions currently delivered by the HSCP's Heads of Children's Services. This would sit alongside the current post of (HoSCS) managing the Tier 4 services.

In order to manage the transition and the existing service developments associated with the Mental Health Recovery and Renewal plan it is proposed to create a temporary Project Manager Post to support the implementation of the new arrangements. Slippage from the Mental Health Recovery and Renewal funding will be used to fund this temporary role.

3.4 Clinical Governance

The current clinical governance arrangements are complex. With Tier 3 services reporting through individual HSCPs while also reporting into the existing Board wide Clinical Governance executive committee chaired jointly by the CAMHS and SCPT Clinical Directors. For the Tier 4 hosted services, governance is reported through the East Dunbartonshire HSCP clinical and care governance forum and through the Women and Children's Directorate governance group.

3.5 Performance

There exists a regular reporting framework for HSCPs and the Women and Children's Directorate which includes performance against national targets and service developments. There also exists quarterly interface meeting with all HSCP's where the respective Heads of Service, Service Managers and CDs consider challenges and achievements.



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	1 February 2023	
Agenda Item	8	
Title	Care at Home Service Update	
Summary		
<p>The report provides an update to the Integration Joint Board on the impact of the local and national social care crisis on East Renfrewshire Care at Home Service. This report also sets out crisis management and contingency plans for the service to mitigate and further address the risks and make improvements within the service.</p>		
Presented by	Lee McLaughlin Head of Adult Services: Communities and Wellbeing	
Action required		
It is recommended that the Integration Joint Board note the report.		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

1 February 2023

Report by Chief Officer

CARE AT HOME SERVICE UPDATE

PURPOSE OF REPORT

1. This report provides an update to the Integration Joint Board on the impact of the local and national social care crisis on East Renfrewshire Care at Home Service.
2. The report also sets out crisis management and contingency plans for the service to mitigate and further address the risks and make improvements within the service.

RECOMMENDATION

3. It is recommended that the Integration Joint Board note the report.

BACKGROUND

4. East Renfrewshire HSCP Care at Home Service provides Care at Home to circa 500 East Renfrewshire residents covering on average 10,500 visits and 3434 hours of care per month.
5. There have been significant capacity issues within Care at Home both locally and across Scotland with the situation locally reaching crisis point in early December 2022.
6. Briefings were shared with IJB members on 5th and 22nd December 2022.
7. Increasing complexity of people being supported against a backdrop of recruitment challenges has led to significant pressures. Locally there has been a 49% reduction in the amount of service that commissioned providers are able to deliver since 2020. This has led to significant pressure on the HSCP's in house care at home service
8. The service is has continued to experience significant absence rates with 35% currently where the frontline carer and organiser roles continue to be the most affected.

REPORT

Context

9. Using a range of measurements, all elements of care at home service provision has increased in both in relation to overall numbers of service users and complexity of need by around 30% by comparison.
10. In comparison from 2021 to 2022, there has been a 27% increase of 3474 double handed visits per month and 29.8% increase of 1423 planned hours of double handed supports.

11. When comparing the general 'per service user' package size requirement across the same period, this now sits at 8.14 hours per week per service user and this represents a 6.6% rise on the 2021 figure.
12. With respect to the service RAG risk assessment process, this means that a higher number of service users are categorised as RED due to the complexity of their needs.
13. The current breakdown of service users is rag rated as follows:

RAG Rating	Definition	Number of Service Users
Red	(Critical needs, Intensive Personal Care, double handed care, essential medication support, end of life care, limited/no family supports), hospital discharge	234
Amber	Substantial/Moderate needs, personal care, essential medication support, limited family supports)	182
Green	Weekly Bath Shower Supports, medication prompts, meal preparation/prompt, low level personal care /family supports available	89

WINTER PLANNING

14. East Renfrewshire HSCP continues to draw upon our detailed winter response plan in order to proactively mitigate the impact of winter pressures across the health and social care system and respond to local issues/risks. The local plan includes:
 - Ongoing Recruitment Campaign alongside requests to HSCP and Council staff for volunteers to work additional hours within Care at Home.
 - Manager re-deployed from children's services to manage absence using HR policies to maximise returns to work where appropriate. Head of Service role for Absence Panels and targeted HR and Trade Union supports
 - Dedicated manager to improve retention, training, nurturing new staff and co-ordinate staff working in care at home from other services.
 - Staff Wellbeing – £10,000 SG funding, patch wellbeing hubs with wellbeing support for frontline staff.
 - Increased Health Care Support Worker capacity in District Nursing
 - Targeted Service Provision over Festive Period (District Nursing, Rehab, Home from Hospital)
 - Proactive discussions have already taken place with Social Work Scotland, Scottish Government and the Care Inspectorate about impact of the national social care crisis on quality of care locally. This is being experienced by many HSCPs across Scotland.

Care at Home Crisis Management Plan

15. East Renfrewshire HSCP has a robust risk management and improvement plan in response to the current pressures. The plan acknowledges the complexity of the issues and is focused on 9 key priority areas:
 - Recruitment, Redeployment and Retention

- Absence Management
- Scheduling – Skills and Resources
- Communication and Complaints
- RAG – Prioritisation of Resources
- Discharge without Delay/Interim Care
- Staff Wellbeing Support
- Adult Support & Protection
- Care Inspectorate & National Care Standards

Recruitment, Redeployment and Retention

16. The care at home recruitment campaigns have been resource intensive with a limited success in terms of additional capacity to the service. Recruitment campaign was paused over festive break with adverts launched again week beginning 9th January 2023. ER Care at Home are also participating in the Work East Ren Jobs fair (social care) on 25th January 2023.
17. A small number of HSCP and bank staff (22) have agreed to work in care at home (across business support and care functions) on an additional hours basis to add some resilience to the service and cover gaps across the service. 7 staff from learning disabilities day services had been redeployed for four weeks to cover critical care at home work and they will return to day services week beginning 16th January 2023 due to needs within this service.
18. Two managers from children's services have been redeployed to care at home to manage absence and attendance at work and complaints. This has been agreed on a 4 week rolling basis and will be reviewed in line with the needs of both services.
19. A social work assistant has been redeployed from adult services to co-ordinate the use of all staff working in care at home on a redeployment/additional hour's basis and to ensure they have a single point of contact, induction, training and wellbeing supports.

Absence Management/Maximising Attendance

20. The current over level of absence within care at home is 35% with the frontline carer and organiser roles most affected. 51% is short term absence with 49% recorded as long term absence. The main reasons for absence are:

• Colds/Influenza	30%
• Stress (non-work related)	25%
• Stress (work related)	16%
21. Significant absence (100% in November, December) (80% currently) in our Organiser workforce has impacted on our performance in terms of timescales in line with our Managing Absence policy.
22. An absence task force has been established and a robust action plan is in place to maximise attendance and support a return to work for staff where this is possible. There will be a specific focus on supporting return to work for those absent on a short term basis and addressing both work related/non work related stress and using our stress risk assessment and support plan tools.
23. Initial calls and absence meetings have been arranged throughout January with a rolling programme of absence 'clinics' diarised in throughout 2023.

Scheduling – Total Mobile Solution

24. Total Mobile scheduling system has been successfully implemented within the agreed timeframe despite the challenges within the service.
25. The 100% absence in the organiser workforce has impacted on our local capacity to schedule and to support frontline staff to develop their confidence in using the new system. Feedback from some staff/service users/families has suggested challenges with the new system although upon investigation the challenges are in relation to the impact of our capacity and staffing issues and not the system itself. South Lanarkshire and Renfrewshire have excellent feedback about the system and a number of other HSCPs are in the process of procuring this solution.
26. The service has benefited from mutual aid and support from both Renfrewshire and South Lanarkshire HSCPs both of whom use Total Mobile to schedule home care. Throughout December/January the following support has been provided:
 - 2 day online training in scheduling/monitoring
 - 2 days on-site (in East Renfrewshire) trouble shooting/bespoke mentoring
 - 1 week on-site (in South Lanarkshire) training and shadowing for 4 staff in scheduling and configuration of the back functions to increase productivity locally.
27. This mutual aid support has been invaluable in strengthening our skill base and confidence levels in relation to live scheduling and launching the 'capacity checker' element of the system.

Communication and Complaints

28. The service has received has received 96 complaints from individuals and families.
29. 72 of them have been resolved at stage 1 with many families understanding the impact of the pressures across health and care system and absence levels locally. Family members have generally been understanding and have acknowledged the great work the carers are doing under the most challenging circumstances.
30. The key themes have been noted below and are reflected in the overall crisis management plan in terms of actions to mitigate and address:
 - Missed/ late visits- this can impact 4 hourly medication times.
 - Lack of continuity with the carers supporting visits
 - Service users experiencing difficulty contacting the office directly with phones regularly engaged/ringing out.
31. In terms of communication with service users, families and staff, the service has now written to families on three occasions and staff on two occasions to thank them for their understanding and to provide regular updates from the service.
32. The service has noted a key and immediate priority in terms of improvement is to strengthen the phone system at Kirkton as the service moved to this base during the pandemic and it is clear that the system is not fit for purpose in terms of fielding, handling and monitoring the volume of calls to and from the service. The HSCP has progressing this action as a matter of urgency.

RAG – Prioritisation of Resources

33. Since Saturday 3rd December, the care at home service required to instigate RAG protocol on a daily basis, cancelling the lowest risk services (green and amber rated).

34. On 22nd December 2022, due to the increased capacity challenges over the festive period, the service made the difficult decision to step down care at home services for service users where family could help and where it was considered safe to do so.
35. A full MDT approach was used to screen all green/amber users with expertise from Older Adults Mental Health Team, Social Work and District Nursing to assess needs/risks prior to telephone calls to families to step down services.
36. Services were stepped down from 22nd December until 6th January for 149 service users. As of 11 January 2023, all services with the exception of 25 (green RAG rated) have been re-instated. This will be subject to daily review and change depending on service capacity and risk.
37. We have written regularly to staff, service users and families to keep them updated with respect to service pressures and to thank them for their continued patience and support. The most recent correspondence to service users has also included service and contact details for Voluntary Action East Renfrewshire should service users/families wish to access volunteer supports for socialisation and non-care related supports.

Discharge without Delay

38. Whilst the pressures in care at home are significant, the HSCP is working hard to support people home (or to a homely setting) from hospital as soon as they are medically fit to do so. The impact of our care at home capacity issues has been reflected in our recent performance in discharge without delay. There are currently 11 East Renfrewshire residents delayed in hospital. The HSCP is working hard to progress discharge home drawing upon a range of solutions including interim care (in a care home), Self-Directed Support alongside asking families to provide care and support for their loved ones.
39. East Renfrewshire HSCP has developed a strong practice model in Interim Care (funded by SG Winter Planning) mainly based in Bonnyton Care Home or some of our local care homes on a spot purchase basis. Our Interim Care Team which includes nursing, physio, OT and social work provide intensive re-ablement supports for individuals during the interim care period to maximise their independence and support a successful transition back home. Since January 2022, 44 East Renfrewshire residents have accessed interim care (38 people as part of a discharge from hospital and 6 people to avoid hospital admission). 36 individuals have been supported home within the 6 week interim care period with only 8 requiring long term residential care.

Staff Wellbeing Support

40. There continues to be significant focus on wellbeing support for staff and managers across the care at home service.
41. The HSCP Wellbeing Lead has been working with staff throughout 2022 to seek views from staff through questionnaires and wellbeing focussed meetings as to what they would find useful in terms of practical and emotional wellbeing support. This has informed the wellbeing offer for care at home staff as detailed below:
 - Re-introduced staff patch meetings (paused during Covid-19) with local organisations in the patch areas where staff operate to host the patch meetings. This includes VAER Barrhead, Jewish Care Giffnock and Neilston Development Trust.
 - All home care staff are also able to access massage therapy, reflexology, reiki and hair appointments at Jewish Care and NDT on a weekly basis.

- 6 week Menopause support and awareness workshop planned for beginning of February at VAER Barrhead for all homecare staff.
- The Care at Home base in Kirkton has had a massage therapist in attendance, supporting office based and management wellbeing needs on a bi weekly basis.
- New tea/coffee and break facilities/sundries provided for staff in various locations alongside meal provision for staff working Christmas Day, Boxing Day, New Years Day.
- 19 staff also received personal thank you cards/gift from HSCP for their additional efforts in supporting the service over what has been a challenging period.
- Whatsapp page for all homecare staff so that the dispersed care at home workforce can access information about local wellbeing supports on offer, book sessions and feedback wellbeing needs/ideas moving forward.

Adult Support and Protection

42. There have been 35 ASP referrals with respect to care at home service users during December 2022 with the current status reflected below:
- 25 were closed at Inquiry stage as no risk of harm noted or reduced with any ongoing issues resolved through case management.
 - 5 have progressed to Investigation with investigation ongoing. Investigation reports for these individuals will establish whether significant harm has been experienced as result of missed visits and determine whether an ASP case conference is required.
 - 2 were closed as individuals were more appropriately supported under Mental Health (Care and Treatment) Scotland Act.
 - 1 case closed following Investigation as risk of harm reduced through ongoing case management.
 - 1 did not meet 3 point test for ASP Inquiry and initial referral was closed and support provided via ongoing case management
 - 1 Inquiry (referral received in January 2023) is ongoing.
43. The themes noted include emotional distress for individuals, missed medication, and poor care experience for service users. The Council Officers noted for many of the ASP referrals the risk/harm was not significant as many individuals experienced late and not entirely missed visits

CONSULTATION AND PARTNERSHIP WORKING

Care Inspectorate / National Care Standards

44. The Care Inspectorate have been notified of all notifiable incidents via electronic system as required for all registered services.
45. Regular meetings with Care Inspectorate, chaired by Head of Service, Communities and Wellbeing have ensured regular communication regarding service pressures, impact on quality/consistency of care and our crisis action plan to address issues and make improvements.
46. Weekly operational discussions have been set up with the Care Inspectorate in addition to ensure that our allocated Inspector is updated on a regular basis.
47. The Care Inspectorate have noted that other HSCP's are experiencing the same system pressures across the health and social care sector and that they are satisfied with our open and proactive approach to communication with them and our robust crisis management plan.

IMPLICATIONS OF THE PROPOSALS

Finance

48. As detailed in the revenue monitoring report, we recognise the service is under significant pressure with a projected overspend of £646k (care at home) and £233k (telecare responders). These pressures are part of the overall revenue monitoring projected overspend which is being met from reserves in the current year. Work is ongoing to reduce costs in line with the activity set out above.

Workforce

49. Workforce implications are set out in the report

Risk

50. Risk implications, including RAG prioritisation are set out in the report

DIRECTIONS

51. There are no directions arising as a result of this report.

CONCLUSIONS

52. East Renfrewshire Care at Home services continues to experience significant pressures in terms of capacity to meet demand and consistency of care. This position is reflected across Scotland.

53. The HSCP has a robust crisis management plan in place alongside our winter response plan to mitigate risk and prioritise resource.

RECOMMENDATIONS

54. The Integration Joint Board is asked to note the report

REPORT AUTHOR AND PERSON TO CONTACT

Lee McLaughlin, Head of Adult Services: Communities and Wellbeing
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19 January 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 February 2023
Agenda Item	10
Title	Revenue Budget Monitoring Report 2022/23; position as at 30 th November 2022
Summary	
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.	
Presented by	Lesley Bairden, Chief Financial Officer
Action Required	
The Integration Joint Board is asked to: <ul style="list-style-type: none"> • note the projected outturn for the 2022/23 revenue budget • approve the budget virement as requested 	
Directions	Implications
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input checked="" type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

1 February 2023

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 2022/23 revenue budget. This projection is based on ledger information as at 30th November 2022 and allowing for latest intelligence.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - note the projected outturn for the 2022/23 revenue budget
 - approve the budget virement as requested

BACKGROUND

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the third report for the financial year 2022/23 and provides the projected outturn for the year based on our latest information recognising we remain in uncertain times.
4. The latest projected outturn shows an overspend for the year of £0.592 million after the application of the Covid-19 reserve and winter funding planned activity agreed as part of the 2022/23 budget settlement. This position includes the shortfall in funding for social care staff of c£0.330 million after pass through of funding from our partner East Renfrewshire Council. The pay award within much of our NHS staff cohort is yet to be settled and associated funding is assumed.
5. The projected costs against budget continue to be reviewed as the year progresses and remedial action taken where possible to contain the projected overspend.

REPORT

6. The consolidated budget for 2022/23 and projected outturn position, inclusive of Covid-19 costs at nil impact, shows a projected overspend of £0.592 million against a full year budget of £146.008 million (0.41%) after assumed contributions from reserves.
7. The HSCP costs related to Covid-19 activity continue into 2022/23 and are reported to the Scottish Government via NHS Greater Glasgow and Clyde as health boards remain the leads on this reporting. Our projected Covid-19 related costs have increased by £0.040 million since last reported.

8. The funding we received late in 2021/22 will meet the costs of our expected activity as summarised in the table below. The IJB will note this no longer includes support for unachieved savings.

	£ million
Projected Costs:	
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	3.309
Infrastructure, equipment, PPE*	0.155
Sustainability	1.302
Current Projected Local Mobilisation Plan Costs	4.776
Funded By:	
Covid-19 reserve (Carried forward from 2020/21)	9.266
Balance remaining (to be returned to the Scottish Government)	4.500

*This now excludes the costs of LFT testing with costs allocated nationally

9. Work remains ongoing to ensure we have appropriate exit strategies in place as no further Covid-19 funding is expected in 2023/24. The mechanism for the return of funding to the Scottish Government is expected imminently.
10. The consolidated revenue budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in year revisions to our funding contributions and associated directions.
11. The main projected operational variances are set out below. The projected costs are based on known care commitments, vacant posts and other supporting information from our financial systems as at 30th November 2022 and do allow for the latest known information. The projected costs include modest provision for further activity during the year.
12. The public sector pay award negotiations continue for NHS employees but have been settled for Local Government staff, with a funding shortfall of c£0.3 million. The impact on Health should be mitigated to some degree as the Scottish Government had previously committed to fund NHS agenda for change and medical pay awards.
13. We also expect to see further contractual variation requests from care providers and we will aim to contain this within the provision we have made for further activity during the year.
14. Given the continued demand and capacity pressures we are seeing the Senior Management Team continue to minimise all non-essential costs.
15. **Children & Families and Public Protection £179k overspend;** results from a number of factors detailed below and is a reduction in projected costs of £5k since last reported:
- The CAMHS service core budget is projected to overspend by £63k mainly from payroll pressures. Work is ongoing to assess the impact of new funding and the associated establishment and any mitigation on current costs and reserve funds held.
 - The HSCP continues to look after a number of unaccompanied asylum seeker children and currently the cost of care is within expected funding levels. This could change as the year progresses with more children expected and the type of care required will determine if there is any resulting gap in funding

- Care costs including transport are also cost pressures in the service of around £116k. As we previously reported the service continue to monitor the pressures within purchased care with the working assumption that current placements will remain to March 2023 and beyond.
16. **Older Peoples Services £476k underspend;** the projected underspend remains a result of current care commitments and staff turnover within teams:
 - Within residential and nursing care we are still underspent by £1.6m, despite an emerging trend of increased nursing home placements.
 - This is offset by an overspend in localities directly purchased care at home and direct payment commitments of £1.1m.
 17. This is a reduction in projected costs of £171k since November mainly in care package costs.
 18. **Physical & Sensory Disability £190k underspend;** the projected underspend is due three factors:
 - Care package commitments £114k underspent
 - Staffing turnover £71k underspent
 - Equipment costs are £8k overspent, but this includes £200k non-recurring funding. This will continue to be reviewed to understand if there is a post Covid spike that will diminish.
 19. This is an increase in projected costs of £75k since November mainly care package costs, offset by further turnover.
 20. **Learning Disability Community Services £29k underspend;** Care commitments are projected to overspend (£382k), including the full year impact from the increased number of people supported year on year. This is offset in part by staffing vacancies within day services (£218k) and within the Community Autism Team (£87k) and the Transitions Team (£134k). This is a reduction in costs of £66k from the last reported position mainly due to further staff turnover in day centres and delayed recruitment in the transitions team.
 21. When we look at the collective position across the three adult care groups above (in paragraphs 17 to 19 this gives a total underspend across Barrhead and Eastwood localities of £0.695 million and the locality split is shown as an extract in Appendices 1 to 3 as an alternative presentation of these budgets and projected costs.
 22. **Intensive Services £764k overspend;** the most significant cost pressure remains within Care at Home (both purchased and the in-house service) of £646k, along with overspends in Telecare Responders £233k and Bonnyton House £196k all predominately around staffing and agency costs as we continue to respond to demand. These pressures are offset in part by staff turnover and vacancies within Day Services (£317k).
 23. Since the last report our in-house costs have increased by £60k as the use of agency has not decreased at the rate we assumed whilst recruitment is ongoing. There remains significant pressure in the service around recruitment, retention and staff absence. The Winter Planning reserve has been utilised to offset the severe operational and cost pressures the service is facing at the current time. There are further staffing costs included across a number of other services as a range of staff continue to support care at Home during this period of pressure.

24. **Learning Disability Inpatients £100k overspend;** an overspend remains projected as the position after the uncommitted reserve of £394k has been used, reflecting the continuing pressure in the service around increased observation costs. There is a significant risk that if observations and the appropriate ratio of staffing to support complex needs continues this will be an unfunded pressure moving into 2023/24. The ongoing redesign work should mitigate this to some degree.
25. **Augmentative and Alternative Communication £nil variance;** there is a pressure within equipment costs and this is met from the reserve held to smooth such pressures. This reserve will be used in full.
26. **Recovery Services Mental Health & Addictions £53k overspend;** current care commitments are causing some pressure within Mental Health (£345k) although this is offset by turnover within Mental Health Adult Community Services (£330k). Care package costs within our Addictions services is currently £37k overspent based on latest care cost commitments. This is a minor reduction in costs since last reported.
27. The committed costs for Mental Health are an increase on the previous year and we expect continued service demand and pressures in this area. We will continue to monitor activity and associated costs.
28. **Prescribing £nil variance;** this position assumes full use of the reserve held to smooth prescribing pressures (£456k). Despite this there is still a risk as the latest intelligence shows significant pressure increasing across all of Greater Glasgow and Clyde.
29. The analysis of costs and volumes to date show we have a number of pressures based on the activity to November, with volumes at pre-pandemic levels with the trend increasing, and some rapidly increasing drugs prices. Other factors remain:
 - Limitations in manufacturing capacity due to Covid, Ukraine, lockdowns in Asia, staffing shortages
 - Ongoing issues with availability and cost of card and cardboard packaging
 - Ongoing issues with raw materials and manufacturing processes
 - Increased shipping costs (fuel and containers along with delays and strikes at ports in England)
 - Price tariffs and short supply pricing remains a concern;
30. We continue to work closely with colleagues at the Health Board analysing and modelling various scenarios, informed by national working groups. For information a 2% increase is in the base budget and for every further 1% increase in either volume or cost we will see a pressure of c£170k.
31. **Finance & Resources £220k overspend;** this budget meets a number of HSCP wide costs, including charges for prior year NHS pension costs that will diminish over time. This includes increased utility costs and a new £80k for software charges with NHS systems not previously projected. Previously reported underspends have been allocated as savings of c£50k. Overall this is an increase of £180k since last reported.
32. **Primary Care Improvement Plan, Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15;** we still await confirmation from the Scottish Government of our current year allocation for Mental Health Action 15.
33. The Scottish Government recently confirmed our PCIP allocation for the year at £2.685 million however have indicated that we must use local reserves to offset this allocation in 2022/23. We have provided, as part of a national response, identification of commitments we have against that balance as our recurring commitments in 2023/24 and 2024/25 exceed the allocation should every post be filled. We are now looking at actions needed to rebalance future years.

34. Appendices 8 to 10 give a summarised position against each funding stream, showing the planned activity against each initiative. The reserves position for Mental Health Action 15 and for Alcohol & Drugs Partnership should become clearer once the Scottish Government confirm final allocation and / or agree use committed reserves.

Other

35. The current projected revenue budget overspend of £0.592 million will need to be met from reserves, subject to the final outturn at the end of the financial year.
36. We will take corrective action where possible to minimise cost pressures in year and are working to refine the financial framework to support our Recovery and Renewal programme to help deliver savings. This remains incredibly challenging in the current environment given the capacity constraints and focus on service delivery, particularly Care at Home.
37. The reserves position is reported in full at Appendix 5. Spending plans against reserves highlight recovery activity as we continue to emerge from pandemic and allow for full utilisation of Covid-19, including the return of balances to the Scottish Government along with utilisation of a number of reserves balances as part of the funding mechanism for the current year.
38. The changes to funding throughout the year and associated directions are an integral element of our revenue monitoring and as funding is revised this is reflected in Appendix 4 (Directions) in this report.
39. The projected costs allow for additional activity through the rest of the year and we are working with colleagues to identify any impact to the support cost charge from the council so we can better estimate this prior to year-end.
40. The IJB is requested to approve the budget virement as detailed at Appendix 7.
41. The HSCP Accountancy Team will continue to work through all funding receipts and allocations to ensure the transparency and integrity of budget monitoring is maintained in this dynamic environment.

IMPLICATIONS OF THE PROPOSALS

Finance

42. The savings agreed by the IJB as part of the budget set in March 2022 are set out at Appendix 6. Our capacity to deliver these savings in year continues to be significantly impacted by capacity as we work through Covid-19 towards recovery. We no longer have support for unachieved savings in the Scottish Government funding for Covid-19 and this is therefore a pressure on the HSCP that we plan to meet from reserves.
43. A revised Medium-Term Financial Plan (MTFP) was brought to the IJB in March 2022. This will be refreshed for March alongside the budget for 2023/24.
44. As reported above we still have a number of unknown factors such as pay, continued inflation, demand trends, prescribing pressures and recruitment and retention impacts in the sector to name a few and will continue to work through these try to better understand the post Covid-19 landscape.
45. Per our Covid-19 funding returns we have included projected costs and income.

46. We continue to make sustainability payments to our partner providers, in line with nationally agreed principles and we continue to review requests for additional costs incurred.

Risk

47. The previously reported significant risk to the IJB that all Covid-19 related costs would not be fully funded is mitigated in 2022/23. The ongoing implications continue to be assessed with particular concerns in relation to any unfunded pay pressure costs.
48. There are several further risks which could impact on the current and future budget position; including:
 - Maintaining capacity to deliver our services
 - Achieving all existing savings on a recurring basis
 - The impact of Covid-19 on our partner providers and the care service market
 - Prescribing costs exceeding budget and reserve
 - Observation and Out of Area costs within Specialist Learning Disability Services

DIRECTIONS

49. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
50. The report reflects a projected breakeven position after the use of £0.592 million reserves for the year to 31 March 2023.

CONSULTATION AND PARTNERSHIP WORKING

51. The Chief Financial Officer has consulted with our partners.
52. 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 and reviewed March 2020; the latest review of the financial regulations and reserves policy were agreed by the Performance and Audit Committee on 22nd September 2022.

CONCLUSIONS

53. Appendix 1 reports a potential projected overspend of £0.592 million for the year to 31 March 2022, allowing for Covid-19 support and other reserves use.

RECOMMENDATIONS

54. The Integration Joint Board is asked to note:
 - note the projected outturn for the 2022/23 revenue budget
 - approve the budget virement as requested

REPORT AUTHOR

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

0141 451 0749

13 January 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 23.11.2022 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/8434/IJB-Item-08-23-November-2022/pdf/IJB_Item_08_-_23_November_2022.pdf?m=638036934516600000

IJB 10.08.2022 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/7979/IJB-Item-08-10-August-2022/pdf/IJB_Item_08_-_10_August_2022.pdf?m=637946965278870000

IJB 16.03.2022 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/7442/IJB-item-10-16-March-2022/pdf/IJB_item_10_-_16_March_2022.pdf?m=637822661469700000

IJB 26.01.2022 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/7317/IJB-item-06-26-January-2022/pdf/IJB_item_06_-_26_January_2022.pdf?m=637783618121870000

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Consolidated Monitoring Report

Projected Outturn Position to 30th November 2022

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	13,893	14,072	(179)	(1.29%)
Public Protection - Criminal Justice	29	-	29	100.00%
Adult Localities Services				
Older People	25,428	24,952	476	1.87%
Physical & Sensory Disability	6,052	5,862	190	3.14%
Learning Disability - Community	17,685	17,656	29	0.16%
Learning Disability - Inpatients	8,923	9,023	(100)	(1.12%)
Augmentative and Alternative Communication	259	259	-	0.00%
Intensive Services	15,721	16,485	(764)	(4.86%)
Recovery Services - Mental Health	5,120	5,151	(31)	(0.61%)
Recovery Services - Addictions	1,011	1,033	(22)	(2.18%)
Family Health Services	28,227	28,227	-	0.00%
Prescribing	16,656	16,656	-	0.00%
Finance & Resources	7,004	7,224	(220)	(3.14%)
Net Expenditure	146,008	146,600	(592)	(0.41%)
Contribution to / (from) Reserve	-	(592)	592	-
Net Expenditure	146,008	146,008	-	

Figures as at 30th November 2022

	£'000
Net Contribution To / (From) Reserves	(592)
Analysed by Partner contribution:	
Health	(33)
Social Care (provisional)	(559)
Net Contribution To / (From) Reserves	(592)

Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	24,489	24,175	314	1.28%
Localities Services - Eastwood	24,676	24,295	381	1.54%
Net Expenditure	49,165	48,470	695	1.41%

Council Monitoring Report

Projected Outturn Position to 30th November 2022

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %	COVID £'000	Unachieved Savings £'000	Operational Variance £'000
Employee Costs	28,607	29,885	(1,278)	(4.47%)	(433)		(845)
Property Costs	826	897	(71)	(8.60%)	(13)		(58)
Supplies & Services	2,523	3,693	(1,170)	(46.37%)	(100)		(1,070)
Transport Costs	277	354	(77)	(27.80%)	-		(77)
Third Party Payments	47,179	51,111	(3,932)	(8.33%)	(2,389)		(1,543)
Support Services	2,475	2,475	-	0.00%	(138)		138
Income	(17,428)	(23,397)	5,969	(34.25%)	3,073		2,896
Net Expenditure	64,459	65,018	(559)	(0.87%)	-	-	(559)

Contribution to / (from) Reserve	-	(559)	559	-
Net Expenditure	64,459	64,459	-	-

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	10,682	10,798	(116)	(1.09%)
Public Protection - Criminal Justice	29	-	29	100.00%
Adult Localities Services				
Older People	16,292	15,815	477	2.93%
Physical & Sensory Disability	5,415	5,225	190	3.51%
Learning Disability	11,588	11,636	(48)	(0.41%)
Intensive Services	14,301	15,065	(764)	(5.34%)
Recovery Services - Mental Health	1,745	2,106	(361)	(20.69%)
Recovery Services - Addictions	322	357	(35)	(10.87%)
Finance & Resources	4,085	4,016	69	1.69%
Net Expenditure	64,459	65,018	(559)	(0.87%)

Contribution to / (from) Reserve	-	(559)	559	-
Net Expenditure	64,459	64,459	-	-

Notes

- Figures as at 30th November 2022
- The projected underspend / (overspend) will be taken to/(from) reserves at year end.
- Contribution To Reserves is made up of the following transfer:

	£'000
Net Contribution to / (from) Reserves	(559)
- In addition to the above addition spending from reserves is detailed at Appendix 5
- Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	17,979	17,729	250	1.39%
Localities Services - Eastwood	15,316	14,947	369	2.41%
Net Expenditure	33,295	32,676	619	1.86%

NHS Monitoring Report

Projected Outturn Position to 30th November 2022

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %	COVID £'000	Unachieved Savings £'000	Operational Variance £'000
Employee Costs	24,023	24,458	(435)	(1.81%)	(1,385)		(1,820)
Non-pay Expenditure	52,395	53,668	(1,273)	(2.43%)	(290)		(1,563)
Resource Transfer/Social Care Fund	12,172	12,172	-	0.00%	-		-
Income	(7,041)	(8,716)	1,675	23.79%	1,675		3,350
Net Expenditure	81,549	81,582	(33)	(0.04%)	-	-	(33)

Contribution to / (from) Reserve	-	(33)	33	-
Net Expenditure	81,549	81,549	-	-

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Childrens Services	3,106	3,169	(63)	(2.03%)
Adult Community Services	5,780	5,781	(1)	(0.02%)
Learning Disability - Community	1,101	1,024	77	6.99%
Learning Disability - Inpatient	8,923	9,023	(100)	(1.12%)
Augmentative and Alternative Communication	259	259	-	0.00%
Family Health Services	28,227	28,227	-	0.00%
Prescribing	16,656	16,656	-	0.00%
Recovery Services - Mental Health	2,584	2,254	330	12.77%
Recovery Services - Addictions	132	119	13	9.85%
Finance & Resources	2,609	2,898	(289)	(11.08%)
Resource Transfer	12,172	12,172	-	0.00%
Net Expenditure	81,549	81,582	(33)	(0.04%)

Contribution to / (from) Reserve	-	(33)	33	0.00%
Net Expenditure	81,549	81,549	-	0.00%

Notes

1 Figures as at 30th November 2022

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

	£'000
Public Protection - Children & Families	105
Adult Localities Services	
Older People	3,356
Physical & Sensory Disability	637
Learning Disability	4,996
Intensive Services	1,420
Recovery Services - Mental Health	791
Recovery Services - Addictions	557
Finance & Resources	310
	12,172

Localities Resource Transfer - alternative presentation

Localities Services - Barrhead	5,102
Localities Services - Eastwood	3,887

3 Net Contribution to / (from) Reserves (33)

In addition to the above addition spending from reserves is detailed at Appendix 5

4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	1,408	1,344	64	4.55%
Localities Services - Eastwood	5,473	5,461	12	0.22%
Net Expenditure	6,881	6,805	76	1.10%

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23
Budget Reconciliation & Directions

Appendix 4

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Expected Revenue Budget Contributions per March 2022 Budget	78,245	60,141		138,386
Funding confirmed in opening budget but not yet received	(1,227)			(1,227)
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
FHS Centralised Allocations	1,622			1,622
PCIP - Pharmacy	144			144
School Nursing Central Allocation and Student Funding	83			83
Additional Social Work Capacity in Adult Services		386		386
Adult Social Care Pay Uplift in Commissioned Services		3,315		3,315
FHS Allocation	886			886
Prescribing	(159)			(159)
Childrens Central Allocation	(62)			(62)
LD Team Scottish Enhanced Services Programme	60			60
Diabetes Funding	39			39
PCIP - Tranche 1	526			526
ADP Tranche 1	32			32
Mental Health Assessment Unit	(31)			(31)
Smoking Cessation Funding	43			43
Nursing and Midwifery - Open University Students	15			15
Winter Pressure Funding	998			998
SCTCI Funding	188			188
District Nursing	147			147
Whole Family Wellbeing Funding		492		492
Central Support Re-alignment		125		125
	81,549	64,459	-	146,008
Funding Outwith Revenue Contribution				
* Housing Aids & Adaptations		400		400
Set Aside Hospital Services Opening Budget	37,653			37,653
Total IJB Resources	119,202	64,859	-	184,061
Directions to Partners				
Revenue Budget	81,549	64,459	-	146,008
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
1 Resource Transfer & Recharges	(11,934)	11,934		0
Carers Information	58	(58)		0
	69,673	76,335	-	146,008
* Housing Aids & Adaptations		400		400
Set Aside Hospital Services Budget	37,653			37,653
	107,326	76,735	-	184,061

* includes capital spend

1. Includes Social Care Fund, Cross Charges, COVID funding adjustments as well as historic resource transfer etc.

Earmarked Reserves	Reserve Brought Fwd from 2021/22 £'000	2022/23 Projected spend £'000	Projected balance 31/03/23 £'000	comment
Scottish Government Funding				
Mental Health - Action 15	215	215	0	Reserve balance to be utilised as part of funding allocation
Alcohol & Drugs Partnership	527	527	0	Reserve balance to be utilised as part of funding allocation and commitment for property spend (may slip to 2023/24)
Drugs Death Task Force	142	50	92	Reserve balance to be utilised as part of funding allocation
Primary Care Improvement Fund	1,899	1,899	0	Reserve balance to be utilised as part of funding allocation
Primary Care - Winter Pressure	47	0	47	Work ongoing to utilise in full, timing tbc
Primary Care Transformation Fund	37	37	0	Expect to use in full this year
GP Premises Fund	181	50	131	£50k committed to date and programme being reviewed
Winter Planning	1,012	808	204	Recruitment slippage HCA will determine final balance
COVID-19	9,266	9,266	0	Projected costs £4.766m, balance of £4.5m to be clawed back by SG
Scottish Government Funding	13,326	12,852	474	
Bridging Finance				
Budget Savings Reserve	2,717	2,132	585	Projected balance of unachieved savings in year
In Year Pressures Reserve	165	0	165	Will be applied as required
Current Year Projected Overspend	0	592	(592)	Projected reserves draw required to fund overspend in year
Prescribing	456	456	0	To smooth prescribing pressures, assumed required in full
Bridging Finance	3,338	3,180	158	
Children & Families				
Residential Accommodation	460	460	0	Current complex care costs assume full use of this reserve
Health Visitors	35	35	0	To support capacity including maternity and absence cover
Home & Belonging	58	58	0	Cost committed as part of 2 year programme, use reserve in year 1
School Counselling	687	355	332	IJB confirmed use of reserve to support Family Wellbeing Service from 2022/23 for 2 years
Children and Adolescent Mental Health Services	888	0	888	Work ongoing to utilise in full, timing tbc
Trauma Informed Practice	50	0	50	Cost committed in 2023/24 as part of 2 year programme
Whole Family Wellbeing	29	29	0	Expect to use in full this year
Unaccompanied Asylum Seekers Children	24	24	0	Expect to use in full this year
Continuing Care / Child Healthy Weight	15	15	0	Expect to use in full this year
Children & Families	2,246	976	1,270	
Transitional Funding				
Learning Disability Specialist Services	434	394	40	Contributing to Challenging Behaviour Manager post for 20 months from April and additional costs of observations
Community Living Change Fund	295	147	148	New funding to support learning disability change local and system wide proposals being finalised.
Total Transitional Funding	729	541	188	
Adult Services				
Mental Health Officer/Community Psychology/Capacity	61	0	61	Work ongoing to utilise in full, timing tbc dependant on recruitment
Care Home Oversight Support and Lead Nurse	177	72	105	To support recovery through to 2023/24
Augmentative & Alternative Communication	85	85	0	To smooth demand for specialist service and equipment
Addictions - Residential Rehabilitation	37	37	0	To smooth the impact of residential placements
Armed Forces Covenant	60	60	0	Expect to use in full this year
Wellbeing	88	88	0	Expect to use in full this year
Dementia Support	68	68	0	Expect to use in full this year
Telecare Fire Safety	18	18	0	Expect to use in full this year
Total Adult Services	594	428	166	
Repairs & Renewals				
Repairs, Furniture and Specialist Equipment	124	54	70	Full use of NHS capital repairs b/f and supplementing programme of work for 2022/23
Repairs & Renewals	124	54	70	
Capacity				
Partnership Strategic Framework	31	31	0	To support engagement work
Organisational Learning & Development	92	0	92	Being reviewed alongside recovery and renewal
Capacity	123	31	92	
Total All Earmarked Reserves	20,480	18,062	2,418	
General Reserves				
East Renfrewshire Council	109	0	109	May need to utilise in full depending on in year pressure
NHSGCC	163	0	163	May need to utilise in full depending on in year pressure
Total General Reserves	272	0	272	
Grand Total All Reserves	20,752	18,062	2,690	

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23
Analysis of Savings Delivery

Appendix 6

Saving	2022/23 Funding Gap £'000	Projected Saving £'000	Saving still to be achieved £'000	Comments
Recovery and Renewal supported by non recurring application of budget phasing reserve	2,875	743	2,132	Saving from within budget allocation £243k and £500k recovery and renewal projection for part year (£170k achieved so far). Balance needs to be met from reserve in year.
Sub Total	2,875	743	2,132	
Learning Disability Bed Model Framework	200	200	-	Saving applied to budget and achieved
Turnover and Associated Running Costs	72	72	-	Saving applied to budget and achieved
Sub Total	272	272	-	
Total HSCP Saving Challenge	3,147	1,015	2,132	

Notes:

1. Capacity to deliver savings impacted by ongoing COVID implications
2. There are part year savings from posts to be transferred from operational budgets to savings so the £170k identified to date will increase.

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23
Budget Virement - ERC Contribution Only

Appendix 7

Subjective Analysis	2022/23 Budget Virement				
	Current Ledger	(1)	(2)	2022/23 Budget	Total Virement
	£'000	£'000	£'000	£'000	£'000
Employee Costs	28,607	-		28,607	0
Property Costs	826	-		826	0
Supplies & Services	2,344	54		2,398	54
Transport Costs	277	-		277	0
Third Party Payments	46,741	(54)		46,687	(54)
Support Services	2,475	-		2,475	0
Income	(17,428)	-		(17,428)	0
Net Expenditure	63,842	0	0	63,842	0

Objective Analysis	2022/23 Budget Virement				
	Current Ledger	(1)	(2)	2022/23 Budget	Total Virement
	£'000	£'000	£'000	£'000	£'000
Public Protection - Children & Families	10,190	-		10,190	0
Public Protection - Criminal Justice	29	-		29	0
Adult Health - Localities Services		-			0
Older People	15,492	800		16,292	800
Physical & Sensory Disability	5,632	(218)		5,414	(218)
Learning Disability	11,588	-		11,588	0
Adult Health - Intensive Services	14,831	(529)		14,302	(529)
Recovery Services - Mental Health	1,745	-		1,745	0
Recovery Services - Addictions	322	-		322	0
Finance & Resources	4,013	(53)		3,960	(53)
Net Expenditure	63,842	0	0	63,842	0

Note:

1. Realignment of Resource Transfer allocations to reflect mainlining of old Integrated Care Fund

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23
Primary Care Improvement Plan

Appendix 8

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Pharmacy Support	1,035	907	128
Advanced Nurse Practitioners	175	149	26
Advanced Practice Physiotherapists	190	173	17
Community Mental Health Link Workers	75	83	(8)
Community Healthcare Assistants / Treatment Room *	463	391	72
Vaccine Transformation Programme	804	610	194
Programme Support / CQL / Pharmacy First	215	150	65
Total Cost	2,957	2,463	494
Funded by:			
In Year Funding - Tranche 1		526	
In Year Funding - Tranche 2 Maximum expected		38	
Reserve Balance		1,899	
Total Funding		2,463	
Potential reserve at year end based on full allocation less existing reserve		0	

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23
Mental Health Action 15

Appendix 9

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Staff costs - Board wide including Nursing, Psychology and Occupational Therapy	245	169	76
Programme Support	32	32	0
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	251	193	58
Other - Peer Support Delivery Service	47	47	0
Total Cost	575	441	134
Funded by:			
In Year Funding - still tbc		226	
Reserve Balance		215	
Total Funding		441	
Potential reserve at year end based on current projection		0	

NB Plans to utilise existing reserve being developed - subject to any SG conditions, most prudent assumption until confirmed

East Renfrewshire HSCP - Revenue Budget Monitoring 2022/23
Alcohol & Drugs Partnership & Local Improvement Funding only

Appendix 10

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Reducing waiting times for treatment and support services	46	46	0
Addictions Officer	56	39	17
Development of Recovery Communities	130	130	0
Peer Support	32	32	0
Total Cost	264	247	17
Funded by:			
In Year Funding		39	
Reserve Balance		208	
Total Funding		247	
Potential reserve at year end based on current projection		0	

NB Plans to utilise existing reserve being developed
Future monitoring will be expanded to include all funding streams



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	1 February 2023	
Agenda Item	11	
Title	Macmillan Improving Cancer Journey & East Renfrewshire Health and Social Care Partnership	
Summary		
This report provides an overview the Macmillan Improving the Cancer Journey (MICJ). The programme will be delivered in partnership with Macmillan and the HSCP.		
Presented by	Craig Menzies, Locality Manager	
Action required		
The Integration Joint Board is asked to note the report.		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required	<input type="checkbox"/> Finance	<input type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

1 February 2023

Report by Chief Officer

MACMILLAN IMPROVING CANCER JOURNEY & EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PURPOSE OF REPORT

1. This report provides an overview the Macmillan Improving the Cancer Journey (MICJ). The programme will be delivered in partnership with Macmillan and the HSCP.

RECOMMENDATION

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

BACKGROUND

3. Macmillan Improving the Cancer Journey (MICJ) is funded and supported by Macmillan Cancer Support (Scotland) and the Scottish Government, designed to deliver key objectives of the Scottish Cancer Plan and other Scottish Government strategies. The proposed partnership will offer support to anyone affected by cancer across East Renfrewshire, by offering a Holistic Needs Assessment (HNA) to help identify and address all physical, psychological, social, financial and practical needs.

REPORT

4. Together in partnership, Macmillan and East Renfrewshire Health and Social Care Partnership will work with local health providers, the local authority, third sector, communities and people affected by cancer (including family members and carers), with the aim of ensuring everyone affected by cancer can easily access the support they need as soon as they need it to enable them to live as well and as independently as possible.
5. The Glasgow model (initially launched in 2015), which is being scaled up and implemented across Scotland, demonstrated significant impact on, and reach to those people affected by cancer from the most deprived areas. This includes increasing financial gains, improvement in quality of life, providing a dynamic response to housing issues and a focus on preventative health.
6. The evaluation report (Executive Summary) is attached at Appendix 1 for information.

Cancer in East Renfrewshire

7. East Renfrewshire has a cancer incidence rate of approximately 590 per 100,000, equating to approximately 540 people being diagnosed with cancer annually. The incidence of

cancer is also anticipated to increase by 33% over the next 5-10 years. There were 2,888 cancers (excluding non-melanoma skin cancer) diagnosed in East Renfrewshire in the five years from 2016 to 2020. These were evenly split across genders. Across the two localities, Eastwood has the most diagnoses of cancer with 74.4% of cases compared to Barrhead with 25.6%.

8. At the end of 2019, 3,853 people in East Renfrewshire were living with a diagnosis of cancer and had been diagnosed within the previous 20 years. This equates to 4.01% of the population. This is higher than the national figure of 3.74%. It would be safe to assume that people living with cancer is expected to rise to circa 5900 by 2030. This number is increased significantly when you begin to consider the support needs of loved ones associated with a cancer diagnosis. Cancer mortality is consistently considerably lower in East Renfrewshire than it is in Scotland, with 46 fewer deaths per 100,000 occurring in 2018-20. The most common types of cancer in East Renfrewshire for both sexes combined (in order) were, female breast cancer, prostate cancer, lung cancer, colorectal cancer, malignant melanoma of the skin and kidney. These 6 cancers account for two thirds of all cancer diagnoses in the East Renfrewshire area.

CONSULTATION AND PARTNERSHIP WORKING

9. Corporate governance will come from senior representation within East Renfrewshire HSCP and Macmillan Cancer Support. A programme Lead has been identified within the partnership and initial scoping and partner inductions underway.
10. Membership of an East Renfrewshire MICJ board and Project Group meeting cohorts have been agreed and met twice to date. A user involvement group will also be established. The MICJ programme aligns with the East Renfrewshire HSCP Strategy 2022-2025. Existing HSCP governance structures will be utilised to further disseminate, review and challenge strategic development and delivery of the programme and will include regular visibility across IJB and Primary Care Forums.

IMPLICATIONS OF THE PROPOSALS

Finance

11. Macmillan will fund the development for a minimum of three years to the value of £320,000. The HSCP will host the service, and provide strategic leadership and governance of the development and implementation of the service.

Item	Description	Budget
Salary Costs	0.2 WTE Programme Lead 1.5 WTE Macmillan Wellbeing Advisors 0.4 WTE Business Support	£272,544
Non Salary Costs	IT Equipment User Engagement Evaluation Travel Expenses	47,456
	Total Investment	£320,000
	Investment Period	36 months

12. There are no implications in relation to policy, workforce, risk, legal, infrastructure or equalities.

DIRECTIONS

13. There are no directions arising from this report.

CONCLUSIONS

14. Building on learning from MICJ in the other partnerships within NHS Greater Glasgow and Clyde, MICJ provides a framework and evidence base to support improving patient outcomes and experience.
15. Macmillan ICJ in East Renfrewshire sets out to:
 - Invite all with a cancer diagnosis in East Renfrewshire to complete a Holistic Needs Assessment (HNA) and develop an individual care plan that includes carers and family members.
 - Provide the dedicated support of a named 'Link Worker' to everyone in East Renfrewshire with a cancer diagnosis, and to his or her carer or family.
 - Facilitate the delivery of effective and integrated Health and Social Care support solutions, based on their needs.
 - Demonstrate through outcomes the case for longer term sustainability of the service and the potential model for personalised care for other long term conditions.

RECOMMENDATIONS

16. The Integration Joint Board is asked to note the report.

REPORT AUTHOR AND PERSON TO CONTACT

Gillian Phillips, Health Improvement Lead
Gillian.Phillips@eastrenfrewshire.gov.uk

12 January 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Evaluation of Macmillan Improving the Cancer Journey – September 2020 Final Report
<https://www.napier.ac.uk/~media/worktribe/output-2710068/evaluation-of-improving-the-cancer-journey-final-report.pdf>

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EVALUATION OF IMPROVING THE CANCER JOURNEY

September 2020 - Final Report
Executive Summary

**WE ARE
MACMILLAN.**
CANCER SUPPORT

Edinburgh Napier
UNIVERSITY



EXECUTIVE SUMMARY

Improving the Cancer Journey (ICJ) is the first supportive cancer service of its kind in the UK. It offers support to everyone eligible in the Glasgow city area by offering a Holistic Needs Assessment (HNA) to help identify and address all physical, psychological, social, financial and practical needs.

ICJ is led by Glasgow City Council and its main partner in both funding and support is the UK charity Macmillan Cancer Support. The service also has partners across health, social care and the third sector including NHS Greater Glasgow & Clyde, Glasgow Life, Cordia, Wheatley Housing Group and The Beatson Charity.

The service is unique because:

1. It is **proactive** – due to a novel data sharing agreement between Public Health Scotland and ICJ, everyone eligible in the Glasgow city area with a confirmed cancer diagnosis receives a letter of invitation for ICJ support.
2. It is **multidisciplinary** – ICJ has partners across a range of sectors and is governed by the Integrated Joint Board, reflecting the service's commitment to improving outcomes through integrated care.
3. It is **non-clinical** – the key intervention (Holistic Needs Assessment) is facilitated by a 'link officer'; a trained council employee, not a health service professional as is usually the case in cancer support services.

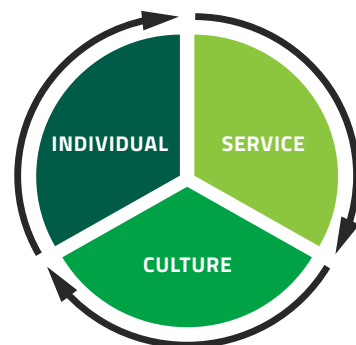
Since its inception in February 2014 to June 2020 the service has supported 7587 individuals and families.

Evaluation

In 2015, Edinburgh Napier University was commissioned to undertake a five-year independent evaluation of ICJ. The aim was to understand if ICJ improved outcomes for people affected by cancer. Key objectives were to understand how, why, when and where ICJ contributed to individual, service and system-wide cultural change.

This final report¹ begins by summarising the support needs of people who were helped by ICJ. We then analyse the field work conducted over the last year, including interviews with ICJ clients, health professionals and wider stakeholders, surveys involving ICJ clients, and health professionals, and analysis of link officer diary entries.

The report concludes by demonstrating how ICJ has transformed cancer care in Glasgow and how the model is now being replicated and rolled out nationally.



5 YEARS OF ICJ

¹ Previous reports: <https://www.macmillan.org.uk/about-us/what-we-do/evidence/research-publications/research-and-evaluation-reports.html>

Key Findings

The findings are presented under six headings – Improved Outcomes and Experiences, System Efficiency and Effectiveness, Support Based on Need, Skilled Workforce, Transformational Change, and Replication and Roll-out. These headings follow the aim and objectives, considering if, how, where and why ICJ has been a success at individual, service and cultural levels.

In summary, ICJ successfully reached those needing help in a timely manner. To do this, partners across health, social care and the third sector developed a shared understanding of what could be achieved by putting the person affected by cancer at the centre. ICJ is a working example of the type of service aspired to by policy makers worldwide – holistic, person-centred, needs-driven, and delivered through collaboration. Showing which elements of the service can be transferred is therefore key and concludes this summary.

The latest key findings are:

Improved Outcomes and Experiences

Across the 28 interviews conducted with ICJ clients (including patients and family members/carers), we heard that people affected by cancer need social, emotional and practical support. Providing this support is central for wellbeing and quality of life.

Individuals benefited from having an outlet to discuss their concerns, particularly those related to financial burdens and emotional worries, as they did not feel it was appropriate, or did not always have the opportunity to discuss them in a clinical setting.

ICJ clients valued proactive, one-to-one support and the reassurance that, should they require any further support, they could access the service again. Link officers were praised for their ability to efficiently navigate different organisations to make helpful and sometimes unexpected referrals on their behalf.

We also measured self-reported health status (using EQ-5D) in a sample of ICJ clients between their first HNA and review. The results show that it is possible to make a meaningful improvement to an individual's health by reducing their concerns.

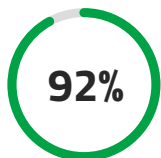


Perceived benefits of ICJ

System Efficiency and Effectiveness

Access to ICJ has widened since 2015. By 2019, ICJ supported people affected by cancer in Glasgow at a wide range of inpatient and outpatient hospital and hospice settings across the city. In practical terms this meant that health professionals worked physically alongside link officers for the first time.

What was unknown was how this development would affect the way in which clinicians worked and how the individual would experience it. Ten clinicians (nurses and doctors) were interviewed and another 55 completed a survey on what they thought of ICJ. After an initial short period of uncertainty, most of them understood the positive impact that ICJ had made on their practice and their patients and valued it highly. Highlights included:



92% who agreed that referral to ICJ improves the patient experience.



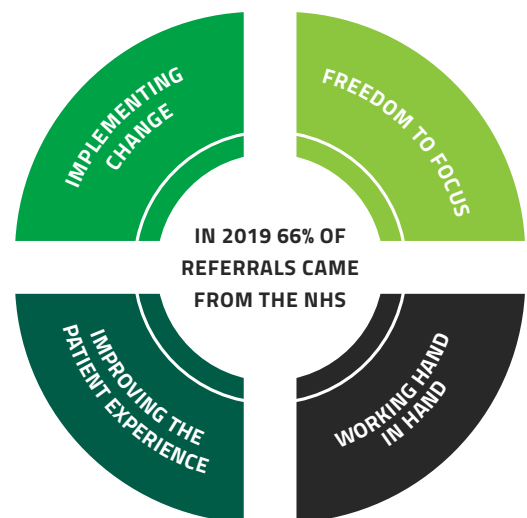
70% who agreed that referral to ICJ saves them time.



93% who agreed that losing ICJ would have a negative impact on cancer care in Glasgow.

'When we had to deal with the social issues, it was very time-consuming and took us away from clinical work. We didn't have the knowledge, so patients were getting a really raw, a really bad deal'
(Cancer Nurse Specialist, CNS).

'ICJ has allowed me to refer patients for advice and support during a very anxious and stressful time for them. ICJ has allowed patients to access help that they may not otherwise have had'
(CNS).



Process of change – the impact of co-locating ICJ link officers into clinical practice

Referrals to ICJ from the NHS have increased each year. In 2019, 66% of referrals came from the NHS, up from 37% in 2015.

Support Based on Need

The main areas of concern identified by ICJ clients remained constant: finances/housing, physical effects (mobility and fatigue) and emotional effects (worry/anxiety). These were common for individuals across different cancer types, stages, ages and socioeconomic backgrounds. Of note was that finance/housing was a priority concern, not just for individuals from the most deprived areas in Glasgow, but also the least. Almost every ICJ client interviewed did not know that they were entitled to financial support, or how to go about making a claim.

No matter a client's background, out-of-pocket expenses and more money spent on things like fuel and transport, when it was combined with a reduced income, imposed a financial burden on them and their families. Yet, through state benefits, grants, support with council tax and housing, assistance with fuel poverty, carer support and debt management, ICJ obtained £18.5 million for 4,138 clients. The average gain for each individual was £5,300. ICJ therefore played a part in reducing cancer poverty in the city.

'We thought, we don't know what we can get or if we can get anything. So having that [income], taking that stress away at a time that was stressful was so helpful.'

(ICJ Client).

As far as we know, ICJ is the only cancer service in the UK with a seconded housing professional, and demand is high. The housing officer had, as of June 2020, supported 730 families with housing issues. People were rehoused, moved to sheltered accommodation, had adaptations fitted to allow them to live for longer in their own home, and received support with rent arrears to prevent homelessness. Having dedicated expertise at hand was instrumental in improving outcomes. This is highly likely to be transferable to other needs.

'Without them [ICJ] there I don't know what I would've done. I honestly don't know. Gone to what, George Square to sleep?'

(ICJ Client).

Skilled Workforce

One of the unique attributes of ICJ is that the HNA is carried out by non-clinical link officers. Therefore, understanding their skills and approach was an essential part of the evaluation. Link officers kept diaries in 2016 and again in 2019.

The diary entries showed how varied, and at times unpredictable, their role can be. The diaries also revealed an emotionally intelligent and professional workforce. By flexibly adapting to a range of situations, they tailored support to needs and individual circumstances.

Induction training and ongoing learning from partner agencies plays an essential part in their delivery and approach. Supported by ICJ management, link officers take on ownership and responsibility for their cases guided by the ethos of 'conscious competence' – that if they don't know the answer to a particular issue, they will seek the information from another source, and always act within their sphere of competence.





Transformational Change

ICJ has succeeded in delivering a ‘seamless service’², an aspiration of policy makers for 50 years at least. This required unprecedented collaboration across different organisations and processes. Achieving this required a change in attitudes and behaviours from all health and social care professionals with responsibility for treatment, support, information and help for people affected by cancer. However, it is fair to say that the contribution from clinical partners was particularly important.

Considering the impact ICJ had on clinical practice, the commitment and collaboration across hospitals, outpatient clinics and from individual clinicians was notable. Senior clinicians who were supportive of hosting ICJ at their clinics should be recognised as playing a major part in integrating the service into clinical practice.

Also, continuous measurement and interpretation of how individuals experience the service, something which was embedded in ICJ’s development, is crucial to show its effectiveness and impact.

In 2016, the Scottish Government cited ICJ as an example of excellent practice and a model to follow in its 2016 Cancer Strategy³. Conditions for new programmes to flourish have been created by demonstrating that ICJ (and related programmes such as Transforming Care after Treatment) are a viable and beneficial way to care for and support people.

Building on this success, in 2019 it was announced that a new £18 million partnership will make Scotland the first country in the UK to offer cancer patients guaranteed emotional, practical and financial advice. The Scottish Government and Macmillan Cancer Support will invest £9 million each to ensure that everyone diagnosed with cancer has a dedicated support worker through the Transforming Cancer Care programme.

Replication and Roll-out

The ICJ model of care has now been launched in five areas across Scotland – Edinburgh and the Lothians is aiming to be the sixth in 2020. However, the coronavirus pandemic has had an impact on current and future plans. We summarise some of the challenges in Section 6 but also consider how the pandemic has created opportunities for new ways of working to support people affected by cancer.

² For example; <https://www.nhsconfed.org/-/media/Confederation/Files/Wales-Confed/WNHSC-Briefing-Seamless-services-to-improve-outcomes-for-people.pdf>

³ <https://www.gov.scot/publications/beating-cancer-ambition-action/pages/8/>

As new areas launch their services it is vital that previous learning is incorporated into their development and delivery.

We suggested in 2016 that for new services to succeed, the key elements to focus on should be leadership, buy-in, process (HNA) and a skilled workforce. We argue that these factors are still essential to any future rollout, but there should also be one additional element.

During the evolution of ICJ there has been continuous evaluation of progress against a set of clearly defined aims and objectives. We would add 'evaluation' as the fifth and final essential element of success for any future venture. The final section of this report goes into detail on this essential element.



Key elements of success

Extending the Model

We have shown that holistic needs assessment and care planning supports people who require help due to illnesses such as cancer, but this approach can and should be extended to other health conditions. In Scotland, 42% of the population have at least one long-term health condition and 23% have two or more⁴.

To that end, Glasgow City Council has put forward a business case to extend the ICJ model of care to people with other long-term conditions. As discussed above, research and evaluation should be embedded from the start to better understand what elements of the ICJ model can be transferred to other health conditions and which cannot, what works for whom, and under what conditions.

Conclusion

This is the final report from a five-year evaluation that aims to identify how ICJ has improved outcomes for people affected by cancer and the services designed to support them. By gathering evidence from people who have used ICJ, from those who deliver or work alongside ICJ, and from a wider cultural/policy perspective, we have identified that the service has had a demonstrable impact on the people of Glasgow and cancer services across Scotland and beyond.

It can be difficult to understand the impact of an individual project, idea or programme without the benefit of considerable hindsight. However, it is not unreasonable to consider that ICJ should be remembered as the first working example of a principle recognised 50 years ago – to give someone the best care you should listen to them in a careful and proactive way, create a plan together to deal with the most pressing problems, then help them to deal with these individual needs by working in partnership across the whole health and social care system.

Looking towards the future of personalised care – irrespective of health condition – health and social care professionals, patients and their families, should come together to identify what support is needed, make goals and take action, while monitoring every aspect of the process. This is no longer an aspiration. ICJ has provided the framework to follow.

⁴ <https://www.gov.scot/policies/illnesses-and-long-term-conditions/>

EVALUATION OF IMPROVING THE CANCER JOURNEY

September 2020 - Final Report

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