

Date: 8 March 2019  
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**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

A meeting of the East Renfrewshire Integration Joint Board will be held within the **Council Offices, Main Street, Barrhead** on **Wednesday 20 March 2019 at 10.30 am, or if later at the conclusion of the meeting of the Performance and Audit Committee.**

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

The agenda of business is attached.

Yours faithfully

**Morag Brown**

Chair

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

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
WEDNESDAY, 20 MARCH AT 10.30am  
COUNCIL OFFICES, BARRHEAD**

**AGENDA**

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting of IJB of 30 January 2019 (copy attached, pages 5 - 12).**
- 4. Matters Arising (copy attached, pages 13 - 16).**
- 5. Rolling Action Log (copy attached, pages 17 - 20).**
- 6. East Renfrewshire's Family Wellbeing Service (copy attached, pages 21 - 26).**
- 7. Budget 2019/20 (copy to follow).**
- 8. Care at Home Improvement Activity (copy to follow).**
- 9. Medium Term Financial Plan (copy to follow).**
- 10. Clinical and Care Governance Proposals (copy attached, pages 27 - 38).**
- 11. Ministerial Strategic Group for Health & Social Care Integration (MSG) – Draft Trajectories 2019/20 (copy to follow).**
- 12. Review of Progress with Integration of Health and Social Care (copy attached, pages 39 - 52).**
- 13. Revenue Budget Monitoring Report (copy attached, pages 53 - 68).**
- 13. Date of Next Meeting: Wednesday 1 May 2019 at 10.00 am, Eastwood Health and Care Centre, Drumby Crescent, Clarkston.**

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**Minute of Meeting of the  
East Renfrewshire  
Integration Joint Board  
held at 10.00 am on 30 January 2019 in  
the Eastwood Health and Care Centre, Drumby Crescent,  
Clarkston**

**PRESENT**

Morag Brown	NHS Greater Glasgow and Clyde Board (Chair)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Councillor Caroline Bamforth	East Renfrewshire Council (Vice-Chair)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector representative
Dr Craig Masson	Clinical Director
John Matthews	NHS Greater Glasgow and Clyde Board
Dr Deirdre McCormick	Chief Nurse
Andrew McCready	Staff Side representative (NHS)
Geoff Mohamed	Carers' representative
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board
Julie Murray	Chief Officer – HSCP
Councillor Paul O'Kane	East Renfrewshire Council
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Councillor Jim Swift	East Renfrewshire Council

**IN ATTENDANCE**

Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Candy Millard	Head of Health and Social Care Localities

**APOLOGIES FOR ABSENCE**

Councillor Tony Buchanan	East Renfrewshire Council
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
Ian Smith	Staff Side Representative (East Renfrewshire Council)

**ANNE MARIE KENNEDY OBE**

Prior to the start of the meeting, on behalf of the Board, Ms Brown offered congratulations to Mrs Kennedy on her award of an OBE for services to the community in East Renfrewshire in the recent New Year Honours list.

**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 28 November 2018 subject to an amendment to record apologies for absence having been intimated by John Matthews.

**MATTERS ARISING**

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

The Chief Financial Officer provided an update on the discussions in relation to hosted services that took place at the meeting of the Chief Financial Officers' Group in the course of which she explained that any changes to hosted service arrangements would need to be reflected in changes to IJBs' Integration Schemes. The review of schemes would be taking place in the medium-term.

Referring to unscheduled care discussions at the previous meeting (Minutes Item 6 refers), the Chief Officer explained that sessional funding had been made available to 2 local practice managers to enable them to work with the Primary Care Development Manager to review current processes and to investigate possible opportunities to improve access to primary care practitioners locally. Whether this had any impact on the number of patients attending A&E services would be monitored.

In response to Mrs Brimelow who sought an update on progress on work in advance of the closure of Mearns Kirk Hospital, the Chief Officer explained that whilst some beds had been reopened over the winter, arrangements to move patients out of the hospital were ongoing and further details in relation to actual numbers would be circulated to members of the Board for information.

The Board noted the report.

**ROLLING ACTION LOG**

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

Having heard the Chief Officer in relation to a number of actions that had now been closed off, the Board noted the report.

**MINUTES OF MEETINGS OF COMMITTEES**

5. The Board considered the undernoted Minute of meetings:-
  - (i) Clinical and Care Governance Committee – 31 October 2018; and
  - (ii) Performance and Audit Committee - 28 November 2018.

Mr Mohamed having referred to the discussions at the meeting of the Performance and Audit Committee in respect of CAMHS waiting times (Minutes Item 10 refers), the Chief Officer was heard in further explanation of the pressures facing the service, with the Chief Social Work Officer also explaining that recent statistical information showed that the target time from referral to choice appointment was improving.

Mr Mohamed expressed concern at the implications for young children with serious mental health problems having to wait for appointments and queried whether a triage system could be introduced. In reply the Chief Social Work Officer explained that very few children presented with acute psychoses and that the challenge, which was being addressed, was for inappropriate referral to the service in the first instance. In support, the Clinical Director explained that in his experience those children who did have severe mental health issues were seen very quickly.

The Board noted the Minutes and the additional information.

### **CARE AT HOME UPDATE**

6. The Board considered a report by the Chief Officer providing an update on Care at Home including the move to reablement, and action being taken to address capacity issues.

Having summarised the information contained in the previous report to the Board in March 2017 on the move from the traditional methods of care at home provision to the reablement approach, the report explained some of the challenges in rolling out the new service. In particular, the report highlighted the increased volume of referrals from hospital which, when coupled with the capacity of in-house and external care at home service providers, had reduced the time available for reablement. Available time had also more recently been adversely affected by higher than average levels of absence which had impacted on the service's ability to guarantee continuity of care staff and timing of service delivery resulting in some client dissatisfaction, although performance on delayed discharge had been maintained.

The report then provided details of some of the work that was ongoing to address the capacity issues in the service. This included regrading of care at home staff to allow staff across all care at home patches in East Renfrewshire to undertake the duties and tasks to support the reablement approach; an increase in night-time responders to allow a service to be provided in each locality rather than authority-wide; and additional resources being provided to support care at home organisers including timely client review, absence management support and more effective use of the CM2000 homecare scheduling system.

The report also outlined details of further work scheduled to take place during 2019. Amongst other things, this included the alignment of in-house reablement home care with Adult Localities teams to make better use of both health and care staff skills. It was further noted that partnership work with external providers would continue to ensure service capacity and a market place enabling service users to exercise choice should they wish under their preferred option of Self-Directed Support.

Commenting further, the Head of Adult Health and Social Care (Localities) explained having written to Board members during the festive season regarding the issues facing the service at the time and how they were being dealt with in the short-term, it was felt that that some further information for Board members on how challenges were being addressed would be helpful.

Welcoming the report and acknowledging the pressures faced by the service, Mrs Monaghan cautioned that these should not be used as an opportunity to raise service

access thresholds. Further information on the outcome of the consultation and partnership working that was taking place in relation to the development of reablement would also be welcomed. In reply, the Head of Adult Health and Social Care (Localities) explained that the work was still ongoing but that a report could be brought back to a future meeting once it was complete.

Councillor O’Kane having welcomed the mitigation measures that had been put in place and highlighted that the issues facing the service, particularly in relation to staffing, were being experienced nationwide, Mrs Brimelow expressed disappointment at performance, reminding the Board that a Care Inspectorate review of the service had already identified areas of relatively poor performance. She suggested that there was no explanation in the report of the impact on the quality of care being provided as a result of recruitment issues, and referring to comments about performance on delayed discharge being maintained, suggested that the aim should be for performance to improve. Further information on these matters would be of interest.

Acknowledging Mrs Brimelow’s comments, the Chief Officer explained that taking other issues into account, maintaining delayed discharge performance over the period in question was considered to be acceptable. However another inspection of the service was expected in the near future and the results of that, along with further information in relation to the ongoing activity within the service could be brought back to a future meeting.

Responding to questions on recruitment challenges, the Head of Adult Health and Social Care (Localities) explained that there had been limited success in attracting staff at the recent Employment Fayre that had been held, that in any case this had been a short-term measure, and that it was clear that moving forward a new approach needed to be taken. It was also highlighted that staff recruitment was an issue across the whole care at home sector and that being able to employ additional staff may have implications for other service providers.

Following further discussion the Board:-

- (a) noted the report; and
- (b) agreed that a further report with further details of the impact on quality of care; service vacancy information; an analysis and update of the position in relation to delayed discharge; and further details of the consultation and joint working in relation to the rollout of reablement be submitted to a future meeting.

## **REVENUE BUDGET 2019/20 - UPDATE**

7. The Board considered a report by the Chief Financial Officer, providing an update on the latest information relating to the 2019/20 revenue budget and associated implications following the Scottish Government’s draft budget announcement on 12 December 2018.

Having referred to the further detail in relation to the proposed local government and health board settlements contained in appendices 1 and 2 accompanying the report, the report summarised the key messages in respect of health and social care.

Thereafter details were provided of the 2 areas where there was a difference in interpretation between the IJB Chief Finance Officer, and East Renfrewshire Council and NHS GGC on the financial information that had been provided, and where further clarity was being sought nationally.



Notwithstanding, based on the IJB Chief Financial Officers' Section analysis of the draft budget, the report outlined that the proposed total revenue contribution from the partners was expected to be £117.742M, £50.543M from East Renfrewshire Council and £67.199M from NHSGGC. Whilst this gave a potential increase of £3.84M on the 2018/19 revenue budget, likely pressures were estimated at £4.8M leaving a funding gap of approximately £1M. This was some £3.1M less than the originally estimated funding gap and allowed some flexibility to review and reprioritise savings proposals and ways in which to meet the funding gap.

The report then outlined a number of issues that may impact on this outlined financial position. These included amongst others Learning Disability Specialist Services and the potential cost implications for complex care packages, and Brexit implications particularly on staffing and prescribing.

Furthermore, the report explained that the set aside budget was yet to be confirmed and that further work was required to ensure the budget worked in accordance with legislative requirements.

The Chief Financial Officer then gave a full presentation to the Board providing further details in relation to the information contained in the report following which full discussion took place. In the course of discussion Councillor Swift highlighted the low levels of social care funding provided to the IJB by the Council in response to which Ms Brown acknowledged that the issues around funding were well known and that both partner bodies needed to reflect on these when determining their financial contributions to the IJB.

Referring to Councillor Swift's comments the Chief Officer also highlighted that the Council received one of the lowest GAE financial settlements from the government, and explained that financial challenges were not unique to East Renfrewshire IJB although the specific issues facing other IJBs may be different. Commenting further she emphasised the importance of working collaboratively with partners to achieve the best possible outcomes for local people.

Councillor O'Kane explained that the Council's administration group was very aware of the issues facing the Board and were taking them into account in budget deliberations. He referred to discussions the following day in the Scottish Parliament on the Government's budget proposals, how it would be difficult for partner bodies to finalise their contributions to the Board until their own funds had been agreed, but that notwithstanding, views expressed by Board members would be relayed back.

Mr Mohamed having welcomed the proposed additional funding for carers, and Mr Matthews having commented on the challenges of delivering preventative services in difficult financial times the Board noted the report.

## **AUDIT SCOTLAND REPORT: HEALTH AND SOCIAL CARE INTEGRATION – UPDATE ON PROGRESS**

8. The Board considered a report by the Chief Officer providing an overview of the recent Audit Scotland report examining progress in the integration of the delivery of health and social care services.

Having referred to the Audit Scotland report on Changing Models of Health and Social Care that set out some of the risk and challenges associated with transformational change in health and social care, and which had been considered by the Performance and Audit Committee in June 2016, the report explained that Audit Scotland had in November 2018 published its report reviewing progress on health and social care integration.

**10**  
**NOT YET ENDORSED AS A CORRECT RECORD**

Whilst overall the key messages from the report were positive to date, concern was expressed that financial planning was not integrated, long-term, or focussed on providing the best outcomes for people needing support, with financial pressures across health and care services making it difficult for Integration Authorities to achieve meaningful change.

Concern was also expressed that strategic planning needed to improve, and details were provided of several barriers that needed to be overcome to speed up change including a lack of collaborative leadership and strategic capacity; and disagreements over governance arrangements amongst others.

The report again emphasised that significant changes were required in the way health and care services were delivered and the arrangements that needed to be in place for these changes to be delivered, including a stronger commitment to collaborative working by Integration Authorities, councils, and health boards to achieve the real long-term benefits of collaborative working.

Thereafter, the report explained that the Audit Scotland report identified six key areas that if addressed would lead to improvements, and provided a summary of each. In addition, appended to the report was a summary of those Audit Scotland recommendations relevant to the operation of the IJB together with details of how the recommendations were being addressed locally.

The Chief Officer was heard further on the six key areas identified by Audit Scotland and how the IJB was placed in respect of each, it being noted that whilst work was required in respect of a number of matters, overall East Renfrewshire was well placed. Comment was also made on the local actions being taken in response to the specific recommendations made by Audit Scotland, particular reference being made regarding the complexities around financial planning and reporting. By way of example, in response to Mr Matthews, the Chief Officer highlighted how East Renfrewshire Council had moved to 3 year budgeting, whilst the NHSGGC budget was still set annually.

It was further noted that the Ministerial Steering Group for Health and Social Care would be reporting in the near future and it was planned to combine the action plan arising from their recommendations with the plan in relation to the Audit Scotland recommendations.

The Board noted the report.

## **INTEGRATION JOINT BOARD RECORDS MANAGEMENT PLAN**

9. Under reference to the Minute of the meeting of the Performance and Audit Committee of 28 November 2018 (Item 5 refers), the Board considered a report by the Chief Officer seeking approval of the Integration Joint Board Records Management Plan (RMP) and associated Memorandum of Understanding (MoU), copies of which accompanied the report.

The report explained that as a public authority as defined by the Public Records (Scotland) Act 2011, the IJB was required to prepare an RMP which would set out how the Board's public records would be created and managed in line with national policy. Once approved, a copy of the Plan had to be submitted to the Keeper of the Records of Scotland for agreement.

The report further explained that in addition to setting out how records would be stored, the Plan also had to identify the person responsible for the records, the person responsible for ensuring compliance with the Plan, and include provision about records management, archival and destruction and disposal.

It was noted that both East Renfrewshire Council and NHS Greater Glasgow and Clyde already had RMPs in place, both of which supported the management of records relating to staff, patients, and other non-IJB matters. As a result, the Board's RMP related to the IJB and its committees, and plans and policies such as the Annual Performance Report and the Strategic Plan. The MoU that had been prepared set out the relationship between the RMPs of the IJB, the Council and NHSGGC.

Furthermore it was explained that as all the Board's records were currently stored by the Council, the Council's Business Classification Scheme was being used to organise all IJB records.

Referring to ongoing discussions around the future status of the current Clinical and Care Governance Committee and to the implications in terms of the RMP for any meeting papers and associated meeting minutes going forward, the Democratic Services Manager explained that the availability of such papers in future would be dependent on the decisions taken by the Board on the future status of the committee. It was noted that a development day to discuss the format and remit of any group set up to monitor clinical and care governance issues in future was being arranged.

The Board approved the Records Management Plan and associated Memorandum of Understanding and agreed that they be submitted to the Keeper for the Records of Scotland for agreement.

#### **GENERAL DATA PROTECTION REGULATIONS (GDPR)**

**10.** The Board considered a report by the Chief Officer providing an overview of the changes and implications arising from new data protection legislation, seeking agreement to the terms of the Privacy Notice to be used by the IJB, and seeking agreement that the Council's Data Protection Officer be appointed as the Data Protection Officer for the IJB.

Having referred to the introduction in 2018 of the General Data Protection Regulations and Data Protection Act, both of which replaced the 1998 Data Protection Act, the report explained that the recent legislation introduced new rules on how personal data was collected and processed. It was explained that in the main the information collected and processed by the IJB was statistical and anonymised data but that it did process Board members' personal information in relation to the business of the IJB. As such the IJB was a Data Controller in terms of the new legislation and was therefore subject to the new legislative requirements.

One of the requirements was the need for the IJB to prepare a notice that set out the nature of, reasons for and parties involved in the processing and sharing of personal data, and a copy of the draft notice accompanied the report. In addition it was explained that the IJB was required to appoint a Data Protection Officer whose role was to monitor internal compliance, inform and advise on data protection obligations, and act as a point of contact for data subjects and the office of the Information Commissioner. Given the small amount of personal data held by the IJB and that any data would be held on Council systems, it was proposed that the Council's Data Protection officer be appointed as the Data Protection Officer for the IJB.

The Board:-

- (a) noted the report;
- (b) approved the Privacy Notice; and

- (c) agreed that East Renfrewshire Council's Data Protection Officer be appointed as Data Protection Officer for the IJB.

**REVENUE BUDGET MONITORING REPORT**

**11.** The Board took up consideration of a report by the Chief Financial Officer providing details of the projected outturn position of the 2018/19 revenue budget as at 30 November 2018 and seeking approval of a number of budget virements.

It was reported that against a full year budget of £115.393M there was a projected overspend of £0.425M (0.4%). It was noted that of the projected overspend, £0.398M related to the planned use of reserves and £0.027M was a projected operational overspend that would be met from the in-year contingency reserve at the year end, although every effort would be made to eliminate the operational overspend by the year-end.

Commenting further on the report, the Chief Financial Officer explained that winter activity and new activity to the end of March had been accounted for in the report. She also explained that whilst due to the cost sharing arrangements in place would result in the prescribing budget having a nil balance, actual prescribing costs had increased recently. It was also reported that some development work had been ongoing, the purpose of which was to bring more detailed prescribing information to the Board in future.

In response to a question from Mrs Monaghan on whether the concerns over the continued availability of pharmaceuticals post-Brexit was leading to a front loading of prescribing, the Clinical Director explained that a circular had been issued to GPs advising not to do this.

The Board:-

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

**DATE OF NEXT MEETING**

**12.** It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 20 March 2019 at 10.30 am in the Council Offices, Main Street, Barrhead.

CHAIR



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	20 March 2019
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<p><b>Summary</b></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 30 January 2019.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<p><b>Action Required</b></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**

**20 March 2019**

**Report by Chief Officer**

**MATTERS ARISING**

**PURPOSE OF REPORT**

1. To update the Integration Joint Board on progress regarding matters arising from the discussion that took place at the meeting of 30 January 2019.

**RECOMMENDATION**

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

**REPORT**

**Mearnskirk Patients**

3. An update on discharge progress was shared with members of the Integration Joint Board following the last meeting.

4. The remaining East Renfrewshire long stay patients have now all moved on to new care settings.

**RECOMMENDATIONS**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

Chief Officer, IJB: Julie Murray  
March 2019

**BACKGROUND PAPERS**

None

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	20 March 2019
<b>Agenda Item</b>	5
<b>Title</b>	Rolling Action Log
<p><b>Summary</b></p> <p>The attached rolling action log details all open actions, and those which have been completed since the last meeting on 30 January 2019.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<p><b>Action Required</b></p> <p>Integration Joint Board members are asked to note progress.</p>	

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Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Progress Update /Outcome
211	30/01/2019	4	Matters Arising	Circulate information to IJB members on progress in moving patients out of Mearnskirk Hospital	HAHSCL	CLOSED	<a href="#">Update shared with IJB Members</a>
210	30/01/2019	5	Rolling Action Log.	Arrange to remove those actions now closed off prior to submission of the report to the next meeting.	CO	CLOSED	Actions updated
209	30/01/2019	7	Care at Home Update	Submit a more detailed agreed to a future meeting with further details of the impact on quality of care; service vacancy information; an analysis and update of the position in relation to delayed discharge; and further details of the consultation and joint working in relation to the rollout of reablement.	HAHSCL	OPEN	
208	30/01/2019	9	Audit Scotland Report: Health and Social Care Integration – Update on Progress	Following the issue of the MSG report consider the amalgamation of the action plan that will be prepared in response to the MSG recommendations and the actions in the current plan in relation to the Audit Scotland recommendations.	HAHSCL	OPEN	Paper on MSG on agenda. Further work and self evaluation with partners required to populate action plan.
207	30/01/2019	10	IJB Records Management Plan	Make arrangements for a copy of the Records Management Plan and Memorandum of Understanding to be sent to the Keeper of the Records of Scotland for agreement and implementation thereafter.	BSM	OPEN	The RMP has been sent to the Keeper of Records Scotland. The MOU is awaiting sign off by NHGGC Chief Executive.
206	30/01/2019	11	GDPR Regulation	The Privacy Notice as outlined in appendix 1 and the appointment of the ERC Data Protection Officer as the Data Protection Officer for the IJB were approved and the appropriate arrangements should now be made.	BSM	CLOSED	Privacy notice on website
205	30/01/2019	12	Revenue Budget Monitoring Report 2018/19; position as at 30 November 2018.	Make the necessary arrangements to complete the virements	CFO	CLOSED	
204	28.11.2018	3	Minute of meeting of IJB 26 September 2018.	Raise the issue of prospective timelines on sharing arrangements for hosted services at a future meeting of the Chief Financial Officers group for NHSGGC	CFO	CLOSED	Discussed at CFO Group 17.01.2019. Lesley provided update at IJB 30.01.2019
203	28.11.2018	5	Rolling Action Log	Submit an update report on progress with Talking Points to the IJB in 6 months.	HAHSCL	OPEN	Will be included on May IJB agenda
202	28.11.2018	8	Charging for Services	The Board endorsed the proposed charges as set out and the proposal that delegated powers be granted to the Chief Officer/Chief Financial Officer to set the percentage deduction, on condition that this would be within the 5-10% range - Advise the Cabinet accordingly.	CFO	OPEN	Cabinet agreed up to 10% charging parameter on 29.11.2018. The implementation of new charges will commence with the implementation of the individual budget model and April 2019 for all other charges.
198	28.11.2018	11	Chief Social Work Officer's Annual Report	Consider the possibility of an event/seminar for the IJB to meet Care Experienced Young People	CSWO	OPEN	IJB members invited to CAREDAY afternoon tea 15.02.2019
194	26.09.2018	8	Talking Points (Community Led Support)	The full scale implementation of Talking Points as set out in the report as part of the wider Adult Health and Social Care Localities initial contact redesign was approved and arrangements should now be made for its implementation	HAHSCL	OPEN	Talking Points relaunch planned with partners for May 2019.
172	27.06.2018	10	Individual budgets – SDS update	The Board approved the approach to the calculation and implementation of individual budgets for adults and to a consultation exercise with key stakeholders, and the necessary arrangements should now be made to take this forward	CFO	OPEN	2 consultation events took place in February to demonstrate new approach including charging contribution

171	27.06.2018	10	Individual budgets – SDS update	Ensure that EIAs are carried out as part of the process	CFO	OPEN	Full EQIAs will be undertaken alongside the consultation event.
170	27.06.2018	11	Regional Planning	Note this item was deferred to the August meeting of the IJB	HAHSCL	OPEN	Awaiting updated regional report from the regional planning partnership and will share when available.
131	29.11.2017	14	Appointment of Standards Officer	Make a presentation on Code of Conduct to a future seminar	DSM	OPEN	Seminar programme being planned
59	17.08.2016	10	Participation & Engagement Strategy	Make the necessary arrangements for the implementation of the strategy and the publication of information on the web.	HSS	OPEN	To be updated in light of new strategic planning approach - we are currently drafting a participation & engagement statement for strategic plan and commissioning plan

Abbreviations

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

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



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	20 March 2019
<b>Agenda Item</b>	6
<b>Title</b>	East Renfrewshire's Family Wellbeing Service
<p><b>Summary</b></p> <p>This report is to inform the Integration Joint Board that the HSCP in partnership with Children 1<sup>st</sup>, has been successful in securing significant investment from The Robertson Trust to continue, and to expand the delivery of the Family Wellbeing Service. As a result of the successful bid for £1,044,355 from The Robertson Trust, the service will continue to be delivered until 2022, and importantly, will be extended to all East Renfrewshire GP practices from summer 2019. This new injection of funding for East Renfrewshire has been approved as a Social Bridging Finance partnership contract between the three partners – East Renfrewshire HSCP, Children 1<sup>st</sup>, and The Robertson Trust.</p>	
<b>Presented by</b>	Arlene Cassidy Children's Services Strategic Manager
<p><b>Action Required</b></p> <p>The Integration Joint Board are asked to:</p> <ul style="list-style-type: none"> <li>▪ Note The Robertson Trust investment of £1,044,355 to continue and expand the Family Wellbeing Service in East Renfrewshire to all GP practices</li> <li>▪ Note the new Social Bridging Finance partnership agreement between The Robertson Trust, Children 1<sup>st</sup>, and East Renfrewshire HSCP to develop, deliver and expand the Family Wellbeing Service is underpinned by an emphasis on research and development</li> <li>▪ Note the continual financial commitment of East Renfrewshire HSCP to invest in the Family Wellbeing Service as part of the SBF partnership agreement.</li> </ul>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></p> <p> <input type="checkbox"/> Finance                      <input type="checkbox"/> Policy                      <input type="checkbox"/> Legal                      <input type="checkbox"/> Equalities  <input type="checkbox"/> Risk                              <input type="checkbox"/> Staffing                      <input type="checkbox"/> Directions                      <input type="checkbox"/> Infrastructure </p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**20 March 2019**

**Report by Chief Social Work Officer**

**EAST RENFREWSHIRE'S FAMILY WELLBEING SERVICE**

**PURPOSE OF REPORT**

1. This report is to inform the Integration Joint Board that HSCP Children and Families in partnership with Children 1<sup>st</sup>, has been successful in securing significant investment from The Robertson Trust to continue, and to expand the delivery of the Family Wellbeing Service. As a result of the successful bid for £1,044,355 from The Robertson Trust, the service will continue to be delivered until 2022, and importantly, will be extended to all East Renfrewshire GP practices from summer 2019. This new injection of funding for East Renfrewshire has been approved as a Social Bridging Finance partnership contract between the three partners – East Renfrewshire HSCP, Children 1<sup>st</sup>, and The Robertson Trust.

**RECOMMENDATION**

2. The Integration Joint Board are asked to:-
  - Note The Robertson Trust investment of £1,044,355 to continue and expand the Family Wellbeing Service in East Renfrewshire to all GP practices
  - Note the new Social Bridging Finance partnership agreement between The Robertson Trust, Children 1<sup>st</sup>, and East Renfrewshire HSCP to develop, deliver and expand the Family Wellbeing Service is underpinned by an emphasis on research and development
  - Note the continual financial commitment of East Renfrewshire HSCP to invest in the Family Wellbeing Service as part of the SBF partnership agreement.

**BACKGROUND**

3. In September 2017, Children 1st and East Renfrewshire's Health & Social Care partnership (HSCP) developed a one year pilot service called the Family Wellbeing Service to offer early help for children and families who are experiencing emotional distress. The pilot was a success, exceeding service outcomes which resulted in improved emotional wellbeing in children, young people and families. The pilot phase ended in August 2018 although at this time HSCP agreed a further one year funding to partially extend the service to six GP practices.
4. The need to introduce the Family Wellbeing Service in 2017 and test the effectiveness of its family centred approach was based on the recognition that many East Renfrewshire children and young people have presented at universal services, particularly GP's, with requests for support around anxiety, emotional distress and trauma. For many of these children and young people, Child and Adolescent Mental Health Services (CAMHS) or Educational Psychology are often the only place they are referred which not only places a significant amount of pressure on those services, but also children and young people

are not receiving the appropriate restorative family support which is often more effective. There are lengthy waiting lists for these services and it is taking a long time for children and young people to receive support, often between 6–18 months. In East Renfrewshire there are currently 218 children and young people on the CAMHS waiting list and for the academic year 2017/18, there were 874 children and young people referred for Educational Psychology. Of the 874 referrals, 36% (308) of these were for social, emotional and behavioural issues.

5. The pressure on CAMHS and other clinical services is not unique to East Renfrewshire, it is a national issue. The national CAMHS rejected referral rate is high and many children and young people are waiting significant periods of time before they receive support, and between appointments. In 2017/18, East Renfrewshire CAMHS received 650 referrals with 33% of these were rejected. Clinical services are under pressure and alternative models of support, such as our Family Wellbeing Service, are required to ensure the mental health and wellbeing needs of our children, young people and families are being met.

## REPORT

6. In 2018 East Renfrewshire HSCP and Children 1<sup>st</sup> entered into discussions with The Robertson Trust to determine the suitability of their Social Bridging Finance (SBF) model for investing in the East Renfrewshire Family Wellbeing Service programme. Specifically to develop the expansion of the service to reach even more children and families in East Renfrewshire. For the second year of delivery the service has been extended to work with six GP practices however the new funding will increase this to up to all GP practices in East Renfrewshire over the next three years. This will take place through a phased scale-up with an initial six month development stage to ensure any learning and reflections are fully incorporated into the delivery of the service.
7. The Social Bridging Finance (SBF) model of grant funding that The Robertson Trust has developed supports third sector delivery of services whilst also ensuring the long-term sustainability of those which can evidence success through the development of a contract with the public sector. The model aims to bring in new funding from independent sources to support the move to preventative services at the scale and rate that the Christie Commission highlighted is needed. Furthermore the service delivery approach must incorporate a research and development element. The Robertson Trust plans to test the model with up to 3 partnerships to see if it works, and what aspects of its delivery support its successful implementation. One of the successful bid partnerships is with East Renfrewshire HSCP and Children 1<sup>st</sup> which was agreed in February 2019.

## Proposal

8. A detailed project plan, high level timeline and risk register to take the project forward have been prepared. All elements that need to be planned and considered in order for the service to become fully operational and start accepting referrals from all GP practices in East Renfrewshire are identified in the project plan. Children 1<sup>st</sup> will plan to use the time between the funding decision being made and the project start date of 1<sup>st</sup> June 2019 to:
  - Engage with new GP practices
  - Start to recruit staff
  - Agree and implement monitoring and evaluation plan
  - Start monitoring and management groups with the Project Board and Operational Meetings starting from March 2019



9. When the project formally commences on 1<sup>st</sup> June 2019 a 6 month development phase will commence to:
- Induct, train and develop the new staff
  - Continue engagement with GPs
  - Phase in the new GP practices with referrals from all practices being accepted by September 2019

## CONSULTATION AND PARTNERSHIP WORKING

10. There has been very strong wider interest in scaling up the Family Wellbeing Service from key partners such as GPs, schools and other children's services partners. The Improving Outcomes for Children Partnership has been regularly consulted on the operation of the service over the last eighteen months, its achievements and the proposal to expand has been welcomed.
11. A new partnership between East Renfrewshire HSCP, Children 1<sup>st</sup> and the Robertson Trust has been created to deliver the Family Wellbeing Service. The partnership will seek to continuing working with local GPs, schools, and other partner agencies to promote the service among children, young people and families.

## IMPLICATIONS OF THE PROPOSALS

### Finance

12. East Renfrewshire Family Wellbeing Service - Investment Budget 2019-2022

Expenditure	Year 1	Year 2	Year 3	
Investment from HSCP	£320,000	£320,000	£320,000	£960,000
Investment from The Robertson Trust	£350,677	£339,864	£353,815	£1,044,355
<b>Total</b>	<b>£670,677</b>	<b>£659,864</b>	<b>£673,815</b>	<b>£2,004,355</b>

### Staffing

13. The complement of staff to deliver the up scaled programme is outlined in the project plan.

### Infrastructure

14. Although the service is based in Eastwood Health and Care Centre it can be accessed from the Barrhead Health and Care Centre by pre-arranged appointment. The service is also delivered when appropriate at family home or other agreed locations. The expansion plans and increase in staffing will require the service to secure additional accessible premises as soon as possible.

### Risk

15. None

### Equalities

16. Service expansion will enable the service to be made available to more children and young people across East Renfrewshire Council area. The service will record and monitor referrals and take up in relation to gender, ethnicity, disability, and sexual orientation to ensure it has been fully accessible to eligible families.

Policy

17. None

Legal

18. The partnership agreement requires to be formalised by a legal contract which will also outline the research and development basis of the external investment. This will be considered by ERC Legal Services.

Directions

19. None

**CONCLUSIONS**

20. HSCP Children and Families in partnership with Children 1<sup>st</sup>, has been successful in securing significant investment from The Robertson Trust to continue, and to expand the delivery of the Family Wellbeing Service. This new funding has been approved as a Social Bridging Finance partnership contract between the three partners – East Renfrewshire HSCP, Children 1<sup>st</sup>, and The Robertson Trust. This will enable the service to continue to be delivered until 2022, and be extended to all East Renfrewshire GP practices from in a phased way starting from summer 2019.

**RECOMMENDATION**

21. The Integration Joint Board are asked to –

- Note The Robertson Trust investment of £1,044,355 to continue and expand the Family Wellbeing Service in East Renfrewshire to all GP practices
- Note the new Social Bridging Finance partnership agreement between The Robertson Trust, Children 1<sup>st</sup>, and East Renfrewshire HSCP to develop, deliver and expand the Family Wellbeing Service.
- Note the continual financial commitment of East Renfrewshire HSCP to invest in the Family Wellbeing Service as part of the SBF partnership agreement.

**REPORT AUTHOR AND PERSON TO CONTACT**

Arlene Cassidy, Children's Services Strategic Manager

[arlene.cassidy@eastrenfrewshire.gov.uk](mailto:arlene.cassidy@eastrenfrewshire.gov.uk)

0141 451 0755

1 March 2019

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

IJB 15.08.2018 - Item 7: Family Wellbeing Service

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22831&p=0>

IJB 16.08.2017 – Item 10: East Renfrewshire Family Wellbeing Service

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=20679&p=0>



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	20 March 2019
<b>Agenda Item</b>	10
<b>Title</b>	Clinical and Care Governance Proposals
<p><b>Summary</b></p> <p>The purpose of this paper is for the Integration Joint Board to consider updating the Terms of Reference for the Clinical and Care Governance Committee. The proposed changes have been discussed at the Clinical and Care Governance Committee and at a development workshop in February 2019. The main items for consideration are:</p> <ul style="list-style-type: none"> <li>▪ Change of formal status from Committee to Group</li> <li>▪ Frequency of meetings</li> <li>▪ Public attendance</li> <li>▪ Prioritisation of content</li> <li>▪ Membership &amp; Chair</li> </ul>	
<b>Presented by</b>	Dr Craig Masson, Clinical Director
<p><b>Action Required</b></p> <p>Integration Joint Board members are asked to:</p> <ul style="list-style-type: none"> <li>- note the report</li> <li>- approve the proposed changes to the Terms of Reference</li> <li>- revoke the formal status of the Clinical and Care Governance Committee.</li> </ul>	
<p>Implications checklist – check box if applicable and include detail in report</p>	
<p> <input type="checkbox"/> Finance                      <input checked="" type="checkbox"/> Policy                      <input type="checkbox"/> Legal                      <input type="checkbox"/> Equalities  <input type="checkbox"/> Risk                              <input type="checkbox"/> Staffing                      <input type="checkbox"/> Directions                      <input type="checkbox"/> Infrastructure </p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**20 March 2019**

**Report by Clinical Director**

**CLINICAL AND CARE GOVERNANCE PROPOSALS**

**PURPOSE OF REPORT**

1. To ask the Integration Joint Board to consider proposed updates to the Terms of Reference at appendix 1. Proposed changes include the timing and frequency of meetings, the issue of public presence at the meetings, the formal status of the Committee to be revoked in favour of the informal status of Group, the membership, the chairing arrangements and the mandatory reports to be included at each meeting.

**RECOMMENDATION**

2. Integration Joint Board members are asked to:
  - note the report
  - approve the proposed changes to the Terms of Reference
  - revoke the formal status of the Clinical and Care Governance Committee.

**BACKGROUND**

3. The current Terms of Reference for East Renfrewshire's Clinical and Care Governance Committee are at least three years old. There have been some significant changes in personnel over the past two years, including a new Clinical Director and a new Chief Nurse. They considered that it was time to review Clinical and Care Governance arrangements to ensure they were meeting legislative and partner body requirements.
4. A Development Workshop was held with members of the Clinical and Care Governance Committee on 6th February to discuss the current arrangements and potential changes.

**REPORT**

5. The Clinical Director, Chief Nurse and Chief Social Work Officer looked at the structure and content of the Committee and believed that some items should be simply for noting and others should be given more time to be discussed in greater depth.
6. East Renfrewshire are the only HSCP allowing public access to the Clinical and Care Governance Committee, which is felt to be a potential barrier to frank and open discussion about confidential individual and personal situations.
7. The issues of formal committee structure open public access and papers and content of the Clinical and Care Governance Agenda were discussed at the Development Workshop on 6th February 2019. The outcomes of this workshop have shaped the Terms of Reference as presented in appendix 1.

8. The main items for consideration are:
  - Change of formal status from Committee to Group
  - Frequency of meetings
  - Public attendance
  - Prioritisation of content
  - Membership & Chair
9. It should be noted that the Clinical and Care Governance Group will continue to report to the Integration Joint Board and Minutes, once approved by the Group will be shared with the IJB. In addition, inspection reports for HSCP services will be shared via the Performance and Audit Committee.

### **CONSULTATION AND PARTNERSHIP WORKING**

10. Representatives from both the Clinical and Care Governance Committee and the Senior Management Team of the HSCP attended the development event held 6 February 2019.

### **IMPLICATIONS OF THE PROPOSALS**

#### Policy

11. This report recommends a change to current Clinical and Care Governance arrangements but is in line with the Integration Scheme, national guidance and partner body expectations.
12. There are no implications in relation to finance, staffing, infrastructure, risk, equalities, legal or directions

### **CONCLUSIONS**

13. The Clinical and Care Governance Group should aim to operate in accordance with the purpose, role, responsibilities and terms of reference set out in appendix 1.
14. The Clinical and Care Governance Group should review its membership, role and remit on an annual basis to ensure that these remain fit for purpose, and any recommended changes should be submitted to the Integration Joint Board for approval.
15. Whilst we will seek approval from the Integration Joint Board to make the proposed changes, this will not impact on the Integration Scheme and no amendments will be required as it does not identify the Clinical and Care Governance Group as a formal committee of the Integration Joint Board.

### **RECOMMENDATION**

16. Integration Joint Board members are asked to
  - note the report
  - approve the proposed changes to the Terms of Reference
  - revoke the formal status of the Clinical and Care Governance Committee.

**REPORT AUTHOR AND PERSON TO CONTACT**

Craig Masson, Clinical Director  
[craig.masson@ggc.scot.nhs.uk](mailto:craig.masson@ggc.scot.nhs.uk)

February 2019

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

None

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**EAST RENFREWSHIRE HEALTH & SOCIAL CARE PARTNERSHIP  
CLINICAL AND CARE GOVERNANCE GROUP**

**TERMS OF REFERENCE**

**AIM**

The Clinical and Care Governance Group will work in accordance with the Clinical and Care Governance Framework as set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details the following 'Five Process Steps to Support Clinical and Care Governance':

1. Information on the safety and quality of care is received
2. Information is scrutinised to identify areas for action
3. Actions arising from scrutiny and review of information are documented
4. The impact of actions is monitored, measured and reported
5. Information on impact is reported against agreed priorities

**FUNCTION**

The Clinical and Care Governance Group (CCGG) will ensure that the requisite structures and processes are in place to assure the Integration Joint Board (IJB), NHS Greater Glasgow & Clyde Health Board (NHS GGC) and East Renfrewshire Council (ERC) that these structures and processes are providing services which are safe, effective, person centred and responsive to local need.

**OBJECTIVES**

- To oversee the development of the Clinical and Care Governance Strategy.
- To ensure that clear strategic objectives for Clinical Governance are supported by an Action Plan with identified action owners.
- To ensure that appropriate linkages are established across key partner agencies in relation to the provision of care for East Renfrewshire's residents.
- To ensure mechanisms are in place for monitoring the quality of care, patient/service user/informal carers' safety and patient/service user/informal carers' experience, including mechanisms for monitoring of third and independent sector providers.
- To provide regular reports to the Integration Joint Board, Strategic Development Group, Professional Advisory Group, Primary Care & Community Governance Group, NHS Board Clinical Governance Committee, East Renfrewshire Council scrutiny committees and others as appropriate.
- To review the Clinical and Care Governance Annual Report.
- To take account of the issues and recommendations from the Chief Social Work Officer Annual Report which is required under statute.
- To ensure that National Guidance is appropriately implemented.

- To establish robust arrangements for quality improvement, audit, incident investigation, review and organisational learning across the HSCP. This can be instigated from internal and external scrutiny.
- To ensure the HSCP implements systems to monitor registration and compliance of professional staff including Fitness to Practice.
- To consider any matters of clinical or professional practice or governance brought to the attention of the Integration Joint Board by the Council or the Health Board where these have implications beyond Social Care services for the Council or beyond the HSCP in respect of health.
- To ensure that clear strategic objectives for governance are agreed, delivered and reported through the development of an annual Clinical and Care Governance workplan.
- The CCGG should review its membership, role and remit on an annual basis to ensure that these remain fit for purpose, and any recommended changes should be submitted to the Integration Joint Board for approval

### REPORTING ARRANGEMENTS

The CCGG will report to the Integration Joint Board. An organisational structure chart is attached Appendix 1.

Approved Minutes from the CCGG will be available for the Integration Joint Board.

The CCGG will provide an exception report to the Primary Care & Community Governance Forum (PCCCG) at each meeting for the purposes of reporting at the next PCCCGF.

The CSWO will provide the CCGG with their Annual report.

The Clinical Director will provide the CCGG with their Clinical Governance Annual Report.

Both these reports will be made available to the Integration Joint Board each year and the Clinical Governance Annual report will also be submitted to the NHS GGC Board Clinical Governance Committee.

The CCGG will receive appropriate updates from the locality groups of any relevant issues, which require highlighting. Updates from the Adult Support and Protection Committee, the Infection Control group, and Child Protection Committee will be provided at each meeting.

Updates concerning new and Emerging Risks will also be considered by the CCGG.

The Group will also consider minutes / updates from the PCCCGF, and take cognisance of other Board Governance Forums, specifically Mental Health and Learning Disability Fora and appropriately consider the impact of any recommendations made for the HSCP, and take appropriate steps to instigate any actions.

Any additional minutes or matters of concern relevant to Clinical and Care Governance from other HSCP, Health Board or Council groups should be brought to the attention of the CCGG by the relevant senior team leads.

The CCGG will be empowered to form sub-groups as required to ensure completion of specific work streams.

The CCGG will also periodically review its own effectiveness to the satisfaction of the Chief Officer.

## MEMBERSHIP

IJB Voting Member - Council  
 IJB Voting Member - NHSCCG  
 Chief Officer  
 Chief Social Work Officer  
 Clinical Director  
 Chief Nurse  
 Allied Health Professional Lead  
 Local GP  
 Pharmacy Lead  
 Community Pharmacy Lead  
 Prescribing Lead  
 Optometry Lead  
 Service users' representative  
 Carers' representative  
 Senior management of the HSCP

The Group meetings will be chaired by [TO BE AGREED] with an appropriate delegated vice chair when required.

Other representatives of the HSCP, the Council and the Health Board may be invited to attend meetings as requested and appropriate. The Group may also wish to invite appropriate professional representatives from third sector or independent sector providers if considering an issue or an incident that involves external providers.

If a member is unable to attend there should be an approved deputy who should attend in their place.

Members should treat the agenda and papers for CCGG meetings as confidential and comply with data protection requirements in respect of identifiable personal information.

## PROCEDURES

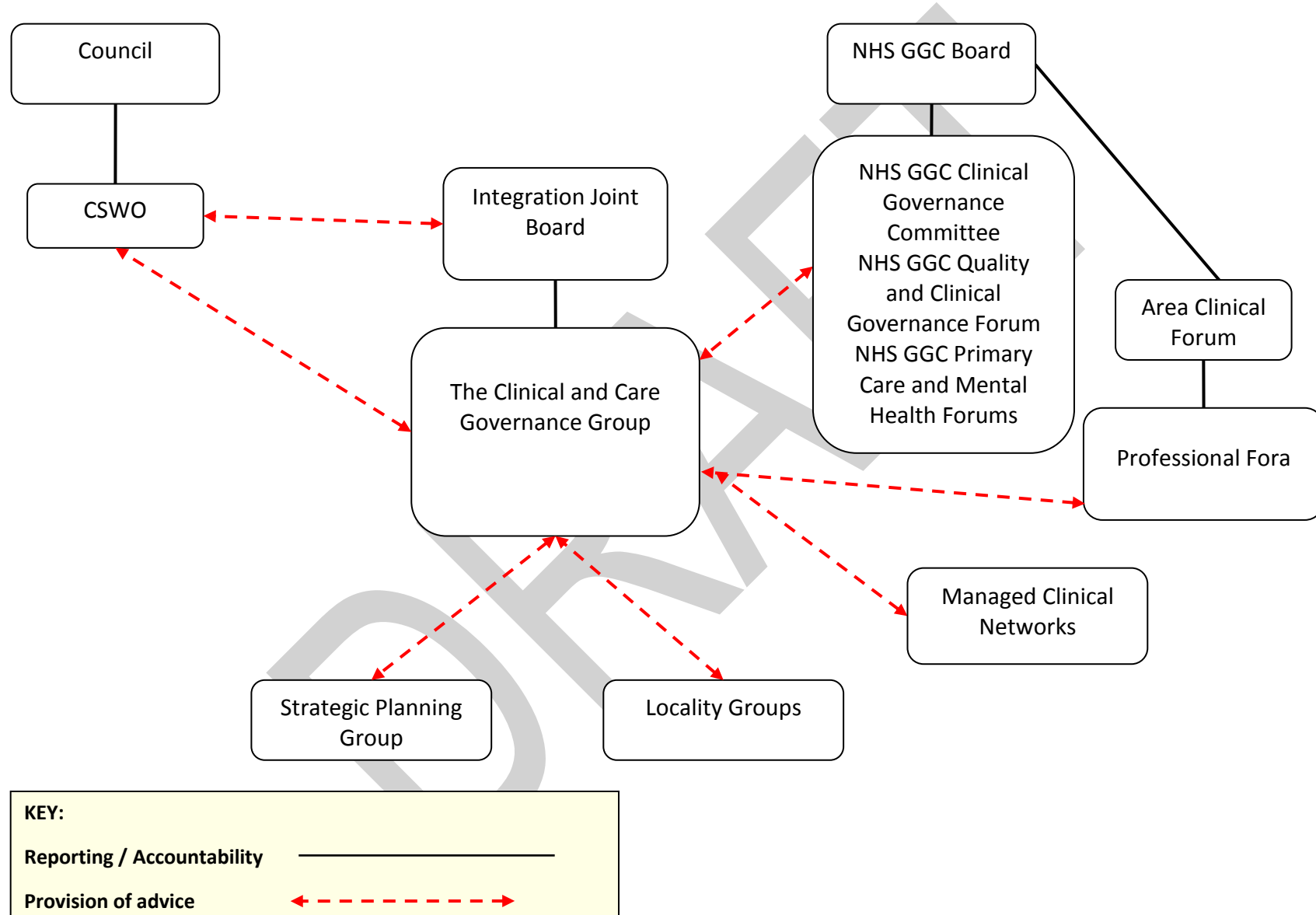
The CCGG will meet every quarter, ahead of the PCCCGF, with an agenda and papers being provided to members not less than one week prior to the meeting.

- All agenda items to be provided not less than ten days prior to the meeting, for inclusion on the agenda.
- Meetings will be held in an appropriate venue which will be notified to members in advance of each meeting.
- Meetings will be scheduled for 12 months in advance, and will not be rearranged unless necessity dictates.
- In order for meetings to be deemed quorate, at least half of all members must be present or represented (i.e. 1 voting member present).
- A formal minute of each meeting will be recorded and circulated to members within 4 weeks of the meeting taking place.

Minutes of the meetings will be provided to the Integration Joint Board once approved by the CCGG. The draft minutes will be ratified at the following meeting of the CCGG after any comments and amendments as appropriate have been received.

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Clinical and Care Governance Structure



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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	20 March 2019
<b>Agenda Item</b>	12
<b>Title</b>	Review of Progress with Integration of Health and Social Care
<p><b>Summary</b></p> <p>This report gives an overview of the Review of Progress with Integration of Health and Social Care undertaken by Scottish Government and COSLA. The report follows on from the Audit Scotland report on progress of health and social care integration published on 15 November 2018 and its 6 key features that support integration, that was discussed at the last IJB meeting.</p> <p>All parties agree that the pace and effectiveness of integration need to increase. The review of progress with integration of health and social care makes a number of helpful proposals about the actions that can be taken at national and local level to tackle the challenges and ensuring the success of integration.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to consider the Review of Progress with Integration of Health and Social Care and the report proposals.</p>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></p> <p> <input checked="" type="checkbox"/> Finance                      <input type="checkbox"/> Policy                      <input type="checkbox"/> Legal                      <input type="checkbox"/> Equalities  <input type="checkbox"/> Risk                              <input checked="" type="checkbox"/> Staffing                      <input type="checkbox"/> Directions                      <input type="checkbox"/> Infrastructure </p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****20 March 2019****Report by Chief Officer****REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE****PURPOSE OF REPORT**

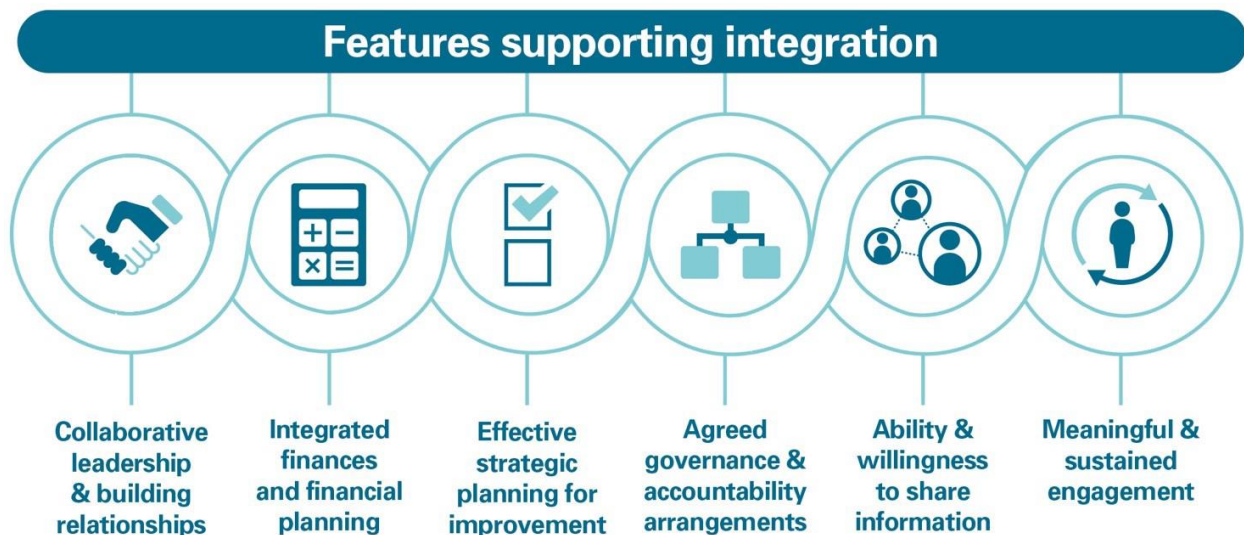
1. The purpose of this report is to give an overview of the Review of Progress with Integration of Health and Social Care undertaken by Scottish Government and COSLA.

**RECOMMENDATION**

2. The Integration Joint Board is asked to consider the Review of Progress with Integration of Health and Social Care and the report proposals.

**BACKGROUND**

3. The last meeting of the Integration Joint Board on 30 January 2019 discussed the Audit Scotland report on progress of health and social care integration published on 15 November 2018. The Audit Scotland report found that whilst some improvements have been made to the delivery of health and social care services, Integration Authorities, councils and NHS boards need to show a stronger commitment to collaborative working to achieve the real long term benefits of an integrated system. The IJB discussed the report recommendations, which were linked to 6 key features that support integration.



4. At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament.
5. The Ministerial Strategic Group agreed in June 2018 that a review would be taken forward via a small “leadership” group of senior officers chaired by Paul Gray, Director General Health and Social Care and Chief Executive of NHS Scotland and Sally Loudon, Chief Executive of COSLA. The group produced its report Review of Progress with Integration of Health and Social Care Final Report in February 2019.

## REPORT

6. The group focused on the key questions that matter most to people who use services and the systems put in place in order to better support those priorities. The group considered progress and where the barriers are that may prevent professionals and staff across health and social care from using their considerable skills and resources to best effect.
7. The purpose of the review is to help increase pace in delivering all of the objectives set for integration. When the Scottish Government first consulted upon plans for integration, it focused on four key objectives:
  - Health and social care services should be firmly integrated around the needs of individuals, their carers and other family members
  - Health and social care services should be characterised by strong and consistent clinical and care professional leadership
  - The providers of services should be held to account jointly and effectively for improved delivery
  - Services should be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve, rather than the organisations through which they are delivered
8. The group’s consideration of delivery of objectives also included reference to the legislative requirements of national health and wellbeing outcomes and integration planning and delivery principles.
9. The report’s proposals focus on Scottish Government and COSLA’s joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland. The proposals are detailed for reference in the Appendix.
10. In support of these proposals Scottish Government and COSLA will:
  - Provide support with implementation;
  - Prepare guidance and involve partners in the preparation of these;
  - Assist with the identification and implementation of good practice;
  - Monitor and evaluate progress in achieving proposals;
  - Make the necessary links to other parts of the system, such as workforce planning;
  - Continue to provide leadership to making progress with integration;
  - Report regularly on progress with implementation to the Ministerial Group for Health and Community care.

11. In support of these proposals Scottish Government and COSLA expect:
  - Every Health Board, Local Authority and IJB will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress using the support on offer.
  - Partnerships to initiate or continue the necessary “tough conversations” to make integration work and to be clear about the risks being taken, and ensure mitigation of these is in place.
  - Partnerships to be innovative in progressing integration
12. We understand that Scottish Government and COSLA are developing a self-evaluation tool to support IJBs and partners to assess their position in relation to the review proposals and Audit Scotland recommendations. We will work with our Council and NHS partners to explore how this can be taken forward and report back to a future IJB meeting.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

13. The report states that money must be used to maximum benefit across health and social care. The aim for integration has been to create a system of health and social care in Scotland in which the public pound is always used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service. The proposals (see appendix 1) for integrated finances and financial planning focus on the practicalities of ensuring the arrangements for which we have legislated are used fully to achieve that aim, and to support the Scottish Government’s Medium Term Framework for Health and Social Care

### Staffing

14. The review acknowledges fully the key importance of staff working across the entirety of health and social care. People working in health and social care services are driving forward many improvements in the experience of care, every day and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on our ambitions for integration. The review does not make recommendations about the health and social care workforce as that work is being undertaken through the National Workforce Plan for health and social care.
15. There are no implications in relation to Infrastructure, Risk, Equalities, Policy, Legal or Directions

## **CONSULTATION AND PARTNERSHIP WORKING**

16. Each partnership is asked to critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues within the next 12 months.
17. The report asks us to support carers and representatives of people using services better to enable their full involvement in integration. Carers and representatives of people using health and social care services should be supported by partnerships to

enable meaningful engagement with their constituencies. This should support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.

## CONCLUSIONS

18. All parties agree that the pace and effectiveness of integration need to increase. The review of progress with integration of health and social care makes a number of helpful proposals about the actions that can be taken at national and local level to tackle the challenges and ensuring the success of integration.

## RECOMMENDATIONS

19. The Integration Joint Board is asked to consider the Review of Progress with Integration of Health and Social Care and the report proposals.

## REPORT AUTHOR AND PERSON TO CONTACT

Candy Millard, Head of Adult Health and Social Care Localities  
[candy.millard@eastrenfrewshire.gov.uk](mailto:candy.millard@eastrenfrewshire.gov.uk)

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care  
[Final Report](#)

IJB Paper: 30.01.2019 – Item 9. Audit Scotland Report: Health and social care integration: update on progress  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23708&p=0>

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

Proposal	Timescale	IJB Role
<b>1. Collaborative leadership and building relationships</b>		
1.(i) <b>All leadership development will be focused on shared and collaborative practice.</b> An audit of existing national leadership programmes will be undertaken by the Scottish Government and COSLA to identify gaps and areas of synergy to support integration of health and social care. Further work will be delivered on cross-sectoral leadership development and support.	6 months	IJB local implementation
1. (ii) <b>Relationships and collaborative working between partners must improve.</b> Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration.	12 months	IJB support
1. (iii) <b>Relationships and partnership working with the third and independent sectors must improve.</b> Each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues.	12 months	IJB lead
<b>2. Integrated finances and financial planning</b>		
2. (i) <b>Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.</b> In each partnership area the Chief Executive of the Health Board and the Local Authority, and the Chief Officer of the IJB, while considering the service impact of decisions, should together request consolidated advice on the financial position as it applies to their shared interests under integration from, respectively, the NHS Director of Finance, the Local Authority S95 Officer and the IJB S95 Officer.	By 1 <sup>st</sup> April 2019 and thereafter each year by end March.	IJB partner

<p>2. (ii) <b>Delegated budgets for IJBs must be agreed timeously.</b> The recently published financial framework for health and social care sets out an expectation of moving away from annual budget planning processes towards more medium term arrangements. To support this requirement for planning ahead by Integration Authorities, a requirement should be placed upon statutory partners that all delegated budgets should be agreed by the Health Board, Local Authority and IJB by the end of March each year.</p>	<p>By end of March 2019 and thereafter each year by end March</p>	<p>IJB partner</p>
<p>2. (iii) <b>Delegated hospital budgets and set aside requirements must be fully implemented.</b> Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.</p>	<p>6 months</p>	<p>IJB partner</p>
<p>2. (iv) <b>Each IJB must develop a transparent and prudent reserves policy.</b> This policy will ensure that reserves are identified for a purpose and held against planned expenditure, with timescales identified for their use, or held as a general reserve as a contingency to cushion the impact of unexpected events or emergencies. Reserves must not be built up unnecessarily.</p>	<p>3 months</p>	<p>IJB lead</p>
<p>2. (v) <b>Statutory partners must ensure appropriate support is provided to IJB S95 Officers.</b> This will include Health Boards and Local Authorities providing staff and resources to provide such support. Measures must be in place to ensure conflicts of interest for IJB S95 Officers are avoided – their role is to provide high quality financial support to the IJB. To ensure a consistent approach across the country, the existing statutory guidance should be amended by removing the last line in paragraph 4.3 recommendation 2, leaving the requirement for such support as follows:  <i>It is recommended that the Health Board and Local Authority Directors of Finance and the</i></p>	<p>6 months</p>	

<p><i>Integration Joint Board financial officer establish a process of regular in-year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole. It is also recommended that each partnership area moves to a model where both the strategic and operational finance functions are undertaken by the IJB S95 officer: and that these functions are sufficiently resourced to provide effective financial support to the Chief Officer and the IJB.</i></p>		
<p>2. (vi) <b>IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.</b> Local audits of the Health Board and Local Authority must take account of the expectation that money will be spent differently. We should be focused on outcomes, not which public body put in which pound to the pot. It is key that the resources held by IJBs lose their original identity and become a single budget on an ongoing basis. This does not take away from the need for the IJB to be accountable for these resources and their use.</p>	<p>from 31st March 2019 onwards.</p>	<p>IJB implement</p>
<p><b>3. Effective strategic planning for improvement</b></p>		
<p>3. (i) <b>Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.</b> This will include Health Boards and Local Authorities providing staff and resources to provide such support. The dual role of the Chief Officer makes it both challenging and complex, with competing demands between statutory delivery partners and the business of the IJB. Chief Officers must be recognised as pivotal in providing the leadership needed to make a success of integration and should be recruited, valued and accorded due status by statutory partners in order that they are able to properly fulfil this “mission critical” role. Consideration must be made of the capacity and capability of Chief Officers and their senior teams to support the partnership’s range of responsibilities.</p>	<p>12 months</p>	
<p>3. (ii) <b>Improved strategic inspection of health and social care is developed to better reflect integration.</b> As part of this work, the Care Inspectorate and Healthcare Improvement Scotland will ensure that:</p> <ul style="list-style-type: none"> <li>▪ As well as scrutinising strategic planning and commissioning processes, strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.</li> <li>▪ Joint strategic inspections examine the performance of the whole partnership – the Health</li> </ul>	<p>6 months</p>	

<p>Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership.</p> <ul style="list-style-type: none"> <li>▪ There is a more balanced focus across health and social care ensured in strategic inspections.</li> </ul>		
<p>3. (iii) <b>National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.</b> These bodies include Healthcare Improvement Scotland, the Care Inspectorate, the Improvement Service and NHS National Services Scotland. Improvement support will be more streamlined, better targeted and focused on assisting partnerships to implement our proposals. This will include consideration of the models for delivery of improvement support at a national and local level and a requirement to better meet the needs of integration partners.</p>	3 - 6 months	
<p>3. (iv) <b>Improved strategic planning and commissioning arrangements must be put in place.</b> Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and capability for this. Local Authorities and Health Boards will ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this as a key responsibility of Integration Authorities.</p>	12 months	IJB lead
<p>3. (v) <b>Improved capacity for strategic commissioning of delegated hospital services must be in place.</b> As implementation of proposal 2 (iii) takes place, a necessary step in achieving full delegation of the delegated hospital budget and set aside arrangements will be the development of strategic commissioning for this purpose. This will focus on planning delegated hospital capacity requirements and will require close working with the acute sector and other partnership areas using the same hospitals. This should evolve from existing capacity and plans for those services.</p>	12 months	IJB implement
<p><b>4. Governance and accountability arrangements</b></p>		
<p>4. (i) <b>The understanding of accountabilities and responsibilities between statutory partners must improve.</b> The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the</p>	6 months	



<p>Health Board or the Local Authority, both of which are represented on the IJB. Statutory partners should ensure duplication is avoided and arrangements previously in place for making decisions are reviewed to ensure there is clarity about the decision making responsibilities of the IJB and that decisions are made where responsibility resides. Existing committees and groups should be refocused to share information and support the IJB.</p>		
<p>4. (ii) <b>Accountability processes across statutory partners will be streamlined.</b> Current arrangements for each statutory partner should be scoped and opportunities identified for better alignment, with a focus on better supporting integration and transparent public reporting. This will also ensure that different rules are not being applied to different parts of the system particularly in circumstances of shared accountability.</p>	12 months	
<p>4. (iii) <b>IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.</b> There are well-functioning IJBs that have adopted an open and inclusive approach to decision making and which have gone beyond statutory requirements in terms of memberships to include representatives of key partners in integration, including the independent and housing sectors. This will assist in improving the effectiveness and inclusivity of decision making and establish IJBs as discrete and distinctive statutory bodies acting decisively to improve outcomes for their populations.</p>	12 months	IJB support
<p>4. (iv) <b>Clear directions must be provided by IJBs to Health Boards and Local Authorities.</b> Revised statutory guidance will be developed on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners. Directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.</p>	6 months	IJB implement
<p>4. (v) <b>Effective, coherent and joined up clinical and care governance arrangements must be in place.</b> Revised statutory guidance will be developed based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors. The key role of clinical and professional leadership in supporting the IJB to make decisions that are safe and in accordance with required standards and law must be understood, coordinated and utilised fully.</p>	6 months	IJB implement

<b>5. Ability and willingness to share information</b>		
5. (i) <b>IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.</b> Chief Officers will work together to consider, individually and as a group, whether their IJBs' annual reports can be further developed to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure that, as a minimum, all statutorily required information is reported upon.	By publication of next round of annual reports in July 2019	IJB support
5. (ii) <b>Identifying and implementing good practice will be systematically undertaken by all partnerships.</b> Chief Officers will develop IJBs' annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked. Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice, based on implementation of the framework outlined below at 5 (iii) and the national health and social care standards.	6 - 12 months	IJB support
5. (iii) <b>A framework for community based health and social care integrated services will be developed.</b> The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.	6 months	IJB implement
<b>6. Meaningful and sustained engagement</b>		
6. (i) <b>Effective approaches for community engagement and participation must be put in place for integration.</b> This is critically important to our shared responsibility for ensuring services are fit for purpose, fit for the future, and support better outcomes for people using services, carers and local communities. Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies. Meaningful engagement is central to achieving the scale of change and reform required, and is an ongoing process that is not undertaken only when service change is proposed.	6 months	IJB implement
6. (ii) <b>Improved understanding of effective working relationships with carers, people using services and local communities is required.</b> Each partnership should critically	12 months	IJB lead

<p>evaluate the effectiveness of their working arrangements and relationships with people using services, carers and local communities. A focus on continuously improving and learning from best practice will be adopted in order to maximise meaningful and sustained engagement.</p>		
<p>6. (iii) <b>We will support carers and representatives of people using services better to enable their full involvement in integration.</b> Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.</p>	<p>6 -12 months</p>	<p>IJB implement</p>

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	20 March 2019
<b>Agenda Item</b>	13
<b>Title</b>	Revenue Budget Monitoring Report 2018/19; position as at 31 December 2018
<p><b>Summary</b></p> <p>To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to note the projected outturn for the 2018/19 revenue budget.</p>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></p> <p> <input checked="" type="checkbox"/> Financial      <input type="checkbox"/> Policy      <input type="checkbox"/> Legal      <input type="checkbox"/> Equalities  <input checked="" type="checkbox"/> Risk      <input type="checkbox"/> Staffing      <input type="checkbox"/> Infrastructure      <input type="checkbox"/> Directions </p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**20 March 2019**

**Report by Lesley Bairden, Chief Financial Officer**

**REVENUE BUDGET MONITORING REPORT**

**PURPOSE OF REPORT**

1. To advise the Integration Joint Board of the projected outturn position of the 2018/19 revenue budget.

**RECOMMENDATIONS**

2. The Integration Joint Board is asked to note the projected outturn for the 2018/19 revenue budget.

**BACKGROUND**

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

**REPORT**

4. The consolidated budget for 2018/19, and projected outturn position is reported in detail at Appendix 1. This shows a projected overspend of £0.257 million against a full year budget of £115.751 million (0.2%). Of the projected overspend £0.398 million relates to planned use of reserves and £0.141 million is a projected operational underspend, and we will continue working to maintain expenditure within existing resources. The projections allow for impact of winter and new activity to 31 March 2019. Appendices 2 and 3 set out the operational position for each partner.
5. The projected overspend of £0.257 million is a net result of:
  - £0.398 million savings from Fit for the Future still to be achieved in the current financial year
  - £0.141 million in year operational underspend
6. The main movements since last reported to the IJB are a decrease in the projected operational expenditure of £0.168 million principally due to a reduction in care package commitments
7. The consolidated budget, and associated direction to our partners is detailed at Appendix 5. This is reported to each IJB and reflects in year revisions to our funding.
8. The budget virements relating to the ERC ledgers for operational budgets are identified at Appendix 7, with no virements currently requiring approval. The NHS contribution adjustments are identified in Appendix 5 and do not require operational virement approval.

9. The Fit for the Future opening savings requirement was £0.954 million and the balance of savings in the current year is £0.398 million with the full year target expected to be achieved in full (£0.774 million full year realised with £0.180 million firmly modelled).
10. The main projected operational variances are set out below, and are subject to revision as the year continues.
11. **Children & Families £254k underspend** is a combination of staff turnover and supplies under budget offset by higher residential care and direct payment costs including an allowance for any increase in existing or new activity to 31 March 2019 of £100k. This is a further £13k underspend since last reported.
12. **Older Peoples Services £339k overspend** is a projected cost decrease of £151k since last reported and is principally due to a reduction in the projected cost of care package commitments. The projection reflects the current projected cost of care packages and assumes £360k for new activity including winter pressures to March 2019. The main reasons for the projected overspend are:
  - Nursing and residential care £302k inclusive of additional staffing and care package costs associated with care home closure and quality issues included within the older peoples overspend of £200k, of which £109k is recurring.
  - Direct Payments commitments based on current packages £78k
  - Care at Home commitments based on current packages £252k
  - District Nursing and other vacancy savings projected at £200k.
13. **Physical/Sensory Disability £84k underspend** and continues to reflect staff vacancies and is a reduction in costs of £1k since last reported.
14. **Learning Disability Community £192k underspend** which primarily reflects staff vacancies, and is an increase in projected costs of £2k from that last reported.
15. **Learning Disability Inpatients £2k underspend** from operational activity. As required the planned use of reserves will be applied during the redesign of the bed models for both long stay and assessment and treatment. As previously reported there remains a potential and significant cost pressure relating to a complex care package. The service will also likely gain this year from SLA income from other boards which operate on a 3 year average basis.
16. **Mental Health £116k underspend** reflects current staff turnover and vacancies in nursing, occupational therapy and social care. This is a decrease in projected costs of £3k since last reported.
17. **Addictions/Substance Misuse £48k overspend** remains a result of the current staff costs with no projected turnover, being a £3k reduction in projected costs.
18. **Prescribing £nil variance** as previously reported this budget is shown on target. The HSCP was £116k overspent at November and this could result in a possible year end variance of £100 to £200k, however discount and rebate income should also be received.
19. The prescribing budget reflects cost pressures of £659k (c5%) with £549k funded and an assumed £90k from reserves to allow us to manage fluctuation. The budget also includes a reduction of £212k for discounts and rebates, previously held centrally.



20. We are working with colleagues at NHSGGC to develop improved reporting and forecasting for prescribing to allow more analysis, projection and scenarios for this volatile cost area.
21. **Management & Admin £174k overspend** is a small reduction in projected costs of £4k. This budget includes some partnership wide costs such as the historic pension costs (which will diminish over time) and staff pressures from increments and turnover.
22. The currently projected operational underspend of £0.141 million will be added to our in year pressure reserve or general reserves if required once we reach the year end.
23. The year to date position is detailed at Appendix 4 and reflects an underspend of £808k and reflects timing differences between actual costs to budget and projected costs to full year budget.
24. This report reflects the use of bridging finance reserves, in line with our previously agreed strategy to deliver the 2017/18 Fit for the Future savings during 2018/19; to manage prescribing and residential childcare activity fluctuation and to facilitate the redesign of the Learning Disability long stay beds. The full reserves position is shown at Appendix 6.
25. The Fit for the Future financial position to date is summarised below:

	2018/19		2019/20		2020/21	
	£'000	FTE	£'000	FTE	£'000	FTE
Recurring Savings Achieved						
Deleted Posts	334	9	441	9	441	9
Deleted Staffing Budgets			93		93	
Non Staff budget lines	222		240		240	
Modelled Savings to Date	0		180	5	180	5
Potential Saving to Date		9	954	14	954	14
Savings Target as at 1 April 2018	954		954		954	
<b>Current Balance</b>	<b>398</b>		<b>0</b>		<b>0</b>	

26. Per the table above, the reserves requirement to meet the balance of the saving is currently projected at £0.398 million in 2018/19, with the full year effect savings expected to be achieved in 2019/20.
27. In addition to the savings bridging requirement above, the reserve will fund any non-recurring costs to date from release, protection and redeployment.
28. As last reported we submitted returns for specific funding for the Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drugs Partnership and each are discussed below. The spending plans comprise local and system wide activity and we are continuing to work with our fellow HSCPs to develop monitoring reports to ensure full transparency on all spend and activity.
29. Primary Care Improvement Fund: we have requested £581k reflecting the part year effect of our spending plans. The basis of allocation from the Scottish Government was to release 75% of the total allocation for the year (so for us £536k of £714k), so

we requested £45k in excess of the standard allocation. The remainder of our £714k will be carried forward by the Scottish Government. The treatment of any in year slippage is to be determined.

30. For the Mental Health Action 15 funding the Scottish Government approach is to allocate 70%. For us this equates to £120k of the £172k for the year, however we have requested the full £172k allocation as our spending plans total £186k, with the remaining £14k to be met from reserves.
31. Our Alcohol and Drugs Partnership new funding of £265k allows us to make some investment into new ways of working and also allows us to fund some activities currently met from non-recurring sources, as for the past 3 years the Health Board and HSCP have continued to fund ADP above the reduced level of Scottish Government funding on a non-recurring basis. The new money allows this to now be covered on a recurring basis.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

32. Savings and efficiencies included in the ERC contribution of £0.412 million have been applied in full to the 2018/19 budget as have the NHSGGC savings of £0.612 million.
33. The directions as detailed at Appendix 5 show the latest set aside budget as advised by NHSGGC of £16.624 million. This budget remains notional at this stage.

### Staffing

34. Fit for the future staffing issues covered above, as is pay award and health visiting.

### Infrastructure

35. None

### Risk

36. As previously reported there remain a number of risks which could impact on the current and future budget position; including:
  - Achieving all existing savings on a recurring basis
  - Full funding of pay award for 2018/19
  - Continued redesign of sleepovers and wider care package costs and demand
  - Achieving turnover targets
  - Prescribing remaining within budget and contingency
  - Winter pressures
  - Out of Area costs within Learning Disability Specialist Services
  - Future savings challenges
37. In addition there remains a potential cost pressure relating to the transfer of one patient from Forensic Services to the hosted Specialist Learning Disability Service.
38. The local government pay award has now been settled. The assumption included in this report covers the 3.5% increase.
39. The report does not include any provision for implications from a review of the grade for Health Visitors.

Equalities

40. None at present. All equalities issues will be addressed through future budget decisions.

Policy

41. None

Legal

42. None

Directions

43. The directions to our partners are detailed at Appendix 5.

44. The report reflects a projected breakeven position after the potential application of £0.257 million from reserves for the year to 31 March 2019.

**CONSULTATION AND PARTNERSHIP WORKING**

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

46. This revenue budget reflects the consolidation of funding from both East Renfrewshire Council and NHS Greater Glasgow and Clyde. The HSCP operates under the Financial Regulations as approved by the Performance and Audit Committee on 18 December 2015.

**CONCLUSIONS**

47. Appendix 1 reports a projected in year overspend of £0.257 million for the year to 31 March 2019 being funded from reserves in line with our agreed change programme, whilst recognising the requirement to achieve our savings target on a recurring basis during 2018/19.

**RECOMMENDATIONS**

48. The Integration Joint Board is asked to:

- Note the projected outturn position of the 2018/19 revenue budget

**REPORT AUTHOR**

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

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6 March 2019

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

IJB 30.01.2019 – Item 12: Revenue Budget Monitoring Report  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23711&p=0>

IJB 26.09.2018 - Item 10 Revenue Budget Monitoring Report  
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23089&p=0>

IJB 29.06.2018 – Item 15 Budget Update 2018/19  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22620&p=0>

IJB 04.04.2018 – Item 12: Revenue Budget Monitoring Report  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22103&p=0>

IJB 14.2.2018 – Item13: Revenue Budget Monitoring Report  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21805&p=0>

IJB 29.11.2017 – Item 13: Revenue Budget Monitoring Report  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=21470&p=0>

## Consolidated Monitoring Report

Projected Outturn Position to 31st March 2019

24/01/2019

Objective Analysis	Draft Outturn			
	Full Year Budget	Projected Outturn	Variance	Variance
	£	£	(Over) / Under £	(Over) / Under %
Children & Families	10,455,000	10,201,000	254,000	2.43%
Older Peoples Services	28,737,000	29,076,000	(339,000)	(1.18%)
Physical / Sensory Disability	4,648,000	4,564,000	84,000	1.81%
Learning Disability - Community	12,013,000	11,821,000	192,000	1.60%
Learning Disability - Inpatients	8,022,000	8,020,000	2,000	0.02%
Mental Health	4,361,000	4,245,000	116,000	2.66%
Addictions / Substance Misuse	1,542,000	1,590,000	(48,000)	(3.11%)
Family Health Services	22,138,000	22,138,000	-	-
Prescribing	15,766,000	15,766,000	-	(0.00%)
Criminal Justice	36,000	9,000	27,000	75.00%
Planning & Health Improvement	299,000	272,000	27,000	9.03%
Management & Admin	8,687,600	8,861,600	(174,000)	(2.00%)
Fit For the Future Programme	(953,600)	(556,000)	(397,600)	(41.69%)
<b>Net Expenditure</b>	<b>115,751,000</b>	<b>116,007,600</b>	<b>(256,600)</b>	<b>(0.22%)</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>(256,600)</b>	<b>256,600</b>	
<b>Net Expenditure</b>	<b>115,751,000</b>	<b>115,751,000</b>	<b>-</b>	

## Notes:

- NHS & ERC figures quoted as at December 2018
  - Resource Transfer and the Social Care Fund has been re allocated across client groups at the consolidated level.
  - The final contribution to / from reserves will be confirmed as part of the 2018/19 year end closure process
  - The balance of Fit for the Future savings will be met from reserves as required as the savings are phased in during 2018/19.
  - Contribution From Reserves is made up of the following transfers ;

	£
Budget Savings - Fit For the Future Bridging	(953,600)
Less - in year savings contribution	(556,000)
Net transfer from the Budget Phasing Reserve	<u>(397,600)</u>
2018/19 operational underspend	<u>141,000</u>
Transfer from Reserves	<u>(256,600)</u>
- Analysed by Partner ;
- |                                |                  |
|--------------------------------|------------------|
| NHS                            | 199,000          |
| Council                        | (455,600)        |
| Net Contribution From Reserves | <u>(256,600)</u> |

Subjective Analysis	Draft Outturn			
	Full Year Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Employee Costs	21,275,000	20,347,000	928,000	4.36%
Property Costs	1,009,000	928,000	81,000	8.03%
Supplies & Services	2,260,000	2,317,000	(57,000)	(2.52%)
Transport Costs	221,000	281,000	(60,000)	(27.15%)
Third Party Payments	38,311,600	39,358,600	(1,047,000)	(2.73%)
Support Services	2,138,000	2,138,000	-	(0.00%)
Income	(16,878,000)	(16,975,000)	97,000	0.57%
Fit For the Future Programme	(731,600)	(334,000)	(397,600)	(54.35%)
Net Expenditure	47,605,000	48,060,600	(455,600)	(0.96%)

Contribution to / (from) Reserve	-	(455,600)	455,600	
Net Expenditure	47,605,000	47,605,000	-	

Objective Analysis	Draft Outturn			
	Full Year Budget	Projected Outturn	Variance (Over) / Under	Variance (Over) / Under
	£	£	£	%
Children & Families	8,489,000	8,238,000	251,000	2.96%
Older People	19,833,000	20,375,000	(542,000)	(2.73%)
Physical / Sensory Disability	4,285,000	4,201,000	84,000	1.96%
Learning Disability	7,672,000	7,566,000	106,000	1.38%
Mental Health	1,407,000	1,437,000	(30,000)	(2.13%)
Addictions / Substance Misuse	261,000	307,000	(46,000)	(17.62%)
Criminal Justice	36,000	9,000	27,000	75.00%
Service Strategy	1,176,600	1,159,600	17,000	1.44%
Support Service & Management	5,177,000	5,102,000	75,000	1.45%
Fit For the Future Programme	(731,600)	(334,000)	(397,600)	(54.35%)
Net Expenditure	47,605,000	48,060,600	(455,600)	(0.96%)

Contribution to / (from) Reserve	-	(455,600)	455,600	
Net Expenditure	47,605,000	47,605,000	-	

## Notes

1 Figures quoted as at December 2018

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

3 The balance of Fit for the Future savings will be met from reserves as required as the savings are phased in during 2018/19.

4 Contribution From Reserves is made up of the following transfer;

	£
Budget Savings - Fit For the Future Bridging	731,600
Less - in year savings contribution	334,000
Contribution from Budget Phasing Reserve	<u>397,600</u>

2018/19 operational overspend	58,000
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Total Contribution from reserves	<u>455,600</u>
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Subjective Analysis	Draft Outturn			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	17,569,000	16,569,000	1,000,000	5.69%
Non-pay Expenditure	45,354,000	46,155,000	(801,000)	(1.77%)
Resource Transfer/Social Care Fund	9,550,000	9,550,000	-	-
Income	(4,327,000)	(4,327,000)	-	-
Net Expenditure	68,146,000	67,947,000	199,000	0.29%

Contribution to / (from) Reserve	-	199,000	(199,000)	
Net Expenditure	68,146,000	68,146,000	-	

Objective Analysis	Draft Outturn			
	Full Year Budget £	Projected Outturn Spend £	Variance (Over) / Under £	Variance (Over) / Under %
Childrens Services	1,883,000	1,880,000	3,000	0.16%
Adult Community Services	3,699,000	3,496,000	203,000	5.49%
Learning Disability - Community	912,000	826,000	86,000	9.43%
Learning Disability - Inpatients	8,022,000	8,020,000	2,000	0.02%
Mental Health - Community	1,627,000	1,542,000	85,000	5.22%
Mental Health - Older Adults	693,000	632,000	61,000	8.80%
Family Health Services	22,138,000	22,138,000	-	-
Prescribing	15,766,000	15,766,000	-	-
Addictions	860,000	862,000	(2,000)	(0.23%)
Planning & Health Improvement	299,000	272,000	27,000	9.03%
Integrated Care Fund	907,000	907,000	-	-
Management & Admin	2,012,000	2,278,000	(266,000)	(13.22%)
Resource Transfer/Social Care Fund	9,550,000	9,550,000	-	-
Fit For the Future Programme	(222,000)	(222,000)	-	-
Net Expenditure	68,146,000	67,947,000	199,000	0.29%

Contribution to / (from) Reserve	-	199,000	(199,000)	
Net Expenditure	68,146,000	68,146,000	-	

## Notes

1 Figures quoted as at December 2018

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

	£
Service Strategy	165,000
Children & Families	83,000
Older People	4,306,000
Physical Disability	364,000
Addictions	422,000
Learning Disability	3,435,000
Mental Health	635,000
Support Service & Mgt	157,000
	<u>9,567,000</u>

3 The balance of Fit for the Future savings will be met from reserves as required as the savings are phased in during 2018/19.

4 Contribution From Reserves is made up of the following transfers ;

	£
Budget Savings - Fit For the Future Bridging	222,000
Less - in year savings contribution	<u>222,000</u>
Transfer from Budget Phasing Reserve	<u>-</u>
2018/19 operational underspend	<u>199,000</u>
Total Contribution (from) / to Reserves	<u>199,000</u>

Year To Date Position as at December 2018

Council Monitoring Report

24/01/2019

Subjective Analysis	Year To Date			
	Budget £	Actual £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	14,822,000	13,495,000	1,327,000	8.95%
Property Costs	588,000	427,000	161,000	27.38%
Supplies & Services	1,135,000	1,039,000	96,000	8.46%
Transport Costs	170,000	204,000	(34,000)	(20.00%)
Third Party Payments	25,776,000	26,450,000	(674,000)	(2.61%)
Support Services	-	-	-	0.00%
Income	(12,291,000)	(12,223,000)	(68,000)	0.55%
Net Expenditure	30,200,000	29,392,000	808,000	2.68%

NHS Monitoring Report

Subjective Analysis	Year to Date			
	Budget £	Actual £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	12,775,000	12,349,000	426,000	3.33%
Non-pay Expenditure	30,764,000	31,190,000	(426,000)	(1.38%)
Resource Transfer	8,118,000	8,118,000	-	-
Income	(1,357,000)	(1,357,000)	-	-
Net Expenditure	50,300,000	50,300,000	-	(0.00%)
<b>Total</b>	<b>80,500,000</b>	<b>79,692,000</b>	<b>808,000</b>	<b>1.00%</b>

**Notes**

- 1 NHSGCC employee variances reflect vacant posts and non-pay reflects savings target
- 2 Budget profiling will be reviewed to eliminate any unnecessary variances, however it needs to be recognised that, given the nature of the spend, budget profiling is not exact.
- 3 Support Services is a year end charge.



	NHS £000	ERC £000	IJB £000	Total £000
<b>Funding Sources to the IJB</b>				
Original Revenue Budget Contributions	66,669	48,175		114,844
<b>Subsequent Contribution Revisions</b>				
NCHC Uplift	-	9	-	9
2018/19 AFC Pay Uplift	18	-	-	18
Legacy Savings	(212)	-	-	(212)
Realignment of Property Income to Facilities	333			333
FHS / GMS Cross Charge and Other Budget Revisions	724			724
School Nursing Redesign - CPT Duties	40	-	-	40
Health Visitors ongoing Redesign (and Fridges)	85	-	-	85
Primary Care Transition Fund	416	-	-	416
Mental Health Strategy	172	-	-	172
Criminal Justice Grant	-	(578)	-	(578)
Prescribing Pressure	(659)	-	-	(659)
ADP	265	-	-	265
SESP	239	-	-	239
Property Costs - Waterloo/Netherton	56	-	-	56
Social Care Fund	-	-	-	-
Central Support Cost Recharge	-	(57)	-	(57)
2018/19 Pay Award @ 3%	-	56	-	56
<b>Current Revenue Budgets</b>	<b>68,146</b>	<b>47,605</b>	<b>-</b>	<b>115,751</b>
<b>Funding Outwith Revenue Monitoring</b>				
Housing Aids & Adaptations *		550		550
Set Aside notional Budget	16,624			16,624
<b>Total IJB Resources</b>	<b>84,770</b>	<b>48,155</b>	<b>-</b>	<b>132,925</b>
<b>Directions to Partners</b>				
Revenue Budget	68,146	47,605	-	115,751
Social Care Fund	(5,161)	5,161	-	-
Carer's Information	58	(58)	-	-
Integrated Care Fund	(673)	673	-	-
Delayed Discharge	(264)	264	-	-
	<b>62,106</b>	<b>53,645</b>	<b>-</b>	<b>115,751</b>
Housing Aids & Adaptations *		550		550
Set Aside notional Budget	16,624			16,624
	<b>78,730</b>	<b>54,195</b>	<b>-</b>	<b>132,925</b>

\* includes capital spend

	Reserve Carry Forward to 2018/19	2018/19 Projected spend	Projected balance 31/3/19	comment
	£	£	£	
<b>Earmarked Reserves</b>				
<b>1. Specific Project Funding :</b>				
(Integrating L&D Function) / FFF Reserve	70,000	70,000	-	Funding of post
Community Capacity Building	55,000	55,000	-	Funding of post
C&F Childrens 1st	68,906	68,906	-	Year 1 pilot funding
District Nursing	58,500	58,500	-	Funding of post
Speech & Language Therapy	8,500	8,500	-	Funding of post
Prescribing	250,000	-	250,000	Estimated 2018/19 pressure based on 5%
SGOVT - LD Funding	48,800	48,800	-	Reserve committed- pending recruitment of post
Primary Care Transition Fund	248,769	248,769	-	Reserve committed - full spend 18/19 planned
LD Furniture & Equipment	100,000	-	100,000	Funding of refresh programme
NHS 2017/18 Projects	52,500	32,500	20,000	Reserve committed, other than Syrian Refugees monies - being reviewed
<b>Total Specific Projects</b>	<b>960,975</b>	<b>590,975</b>	<b>370,000</b>	
<b>2. Transitional Funding -Learning Disability Service Redesign :</b>				
Learning Disability Specialist Services	700,600	-	700,600	
<b>Total Transitional Funding</b>	<b>700,600</b>	<b>-</b>	<b>700,600</b>	
<b>3. Bridging Finance:</b>				
<u>Bonnyton Service Redesign</u>	450,000	450,000	-	Assume full spend in 2018/19
<u>Budget Savings Reserve to support Fit For the Future Change Programme</u>	1,464,963	397,600	1,067,363	Current projected balance required of £398k
In Year Pressures Reserve	500,000	(141,000)	641,000	In year operational underspend £141k; £40k committed for 2 temporary posts - will be drawn down if required
C&F - Residential Accommodation	460,000	-	460,000	
<b>Total Bridging Finance</b>	<b>2,874,963</b>	<b>706,600</b>	<b>2,168,363</b>	
<b>Total All Earmarked Reserves</b>	<b>4,536,538</b>	<b>1,297,575</b>	<b>3,238,963</b>	
<b>General Reserves</b>				
East Renfrewshire Council	109,200	-	109,200	
NHSGCC	163,000	-	163,000	
<b>Total General Reserves</b>	<b>272,200</b>	<b>-</b>	<b>272,200</b>	
<b>Grand Total All Reserves</b>	<b>4,808,738</b>	<b>1,297,575</b>	<b>3,511,163</b>	

Subjective Analysis	2018/19 Budget Virement					P10 2018/19 Budget £	Total Virement £
	2018/19 Budget £	(1) £	(2) £	(3) £			
Employee Costs	21,275,000	-	-	-	-	21,275,000	-
Property Costs	1,009,000	-	-	-	-	1,009,000	-
Supplies & Services	2,260,000	-	-	-	-	2,260,000	-
Transport Costs	221,000	-	-	-	-	221,000	-
Third Party Payments	38,311,600	-	-	-	-	38,311,600	-
Support Services	2,138,000	-	-	-	-	2,138,000	-
Income	(16,878,000)	-	-	-	-	(16,878,000)	-
Fit For the Future Programme	(731,600)	-	-	-	-	(731,600)	-
<b>Net Expenditure</b>	<b>47,605,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>47,605,000</b>	<b>-</b>

Objective Analysis	2018/19 Budget Virement					P10 2018/19 Budget £	Total Virement £
	2018/19 Budget £	(1) £	(2) £	(3) £			
Children & Families	8,489,000	-	-	-	-	8,489,000	-
Older People	19,833,000	-	-	-	-	19,833,000	-
Physical / Sensory Disability	4,285,000	-	-	-	-	4,285,000	-
Learning Disability	7,672,000	-	-	-	-	7,672,000	-
Mental Health	1,407,000	-	-	-	-	1,407,000	-
Addictions / Substance Misuse	261,000	-	-	-	-	261,000	-
Criminal Justice	36,000	-	-	-	-	36,000	-
Service Strategy	1,176,600	-	-	-	-	1,176,600	-
Support Service & Management	5,177,000	-	-	-	-	5,177,000	-
Contribution From Reserves	(731,600)	-	-	-	-	(731,600)	-
<b>Net Expenditure</b>	<b>47,605,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>47,605,000</b>	<b>-</b>

1 No virements are requested

East Renfrewshire HSCP - Revenue Budget Monitoring 2018/19  
Analysis of Savings Delivery

Appendix 8  
24/01/2019

Saving	2018/19 Savings Delivery		
	Approved Saving 2018/19 Budget £	Projected Saving 2018/19 £	Comments
<b>New savings agreed as part of 2018-21 budget - ERC</b>			
Respite Care	50,000	50,000	Saving posted to ledger projected to be achieved in full
Mental Health	61,000	61,000	Saving posted to ledger projected to be achieved in full
Learning Disability	150,000	150,000	Saving posted to ledger projected to be achieved in full
Addictions	1,000	1,000	Saving posted to ledger projected to be achieved in full
Adoption	20,000	20,000	Saving posted to ledger projected to be achieved in full
Interim Funding	62,000	62,000	Budget increased in line with prior year achievement of income
Property Costs	50,000	50,000	Budget reduced in line with full year costs of new building
Property Income	18,000	18,000	Reflects agreed café rental income from both sites
<b>Sub Total</b>	<b>412,000</b>	<b>412,000</b>	
<b>New savings to meet NHS Pressures</b>			
Non Pay Inflation	152,000	152,000	No inflation increases allocated
Community Equipment	150,000	150,000	Pressure will be met from realignment of ICF funding
LD Redesign - Waterloo Close	125,000	125,000	Full year effect releases funding
Prescribing	185,000	185,000	Pressure will be managed through reserve as required
<b>Sub Total</b>	<b>612,000</b>	<b>612,000</b>	
<b>Fit for the Future Programme</b>			
Balance to be Achieved as at December 2018	953,600	556,000	Projected savings balance required reflects current progress to date of achieved savings. Work in ongoing to meet the full saving on a recurring basis, with £774k achieved for full year effect and £180k formerly modelled.
<b>Total HSCP Saving Challenge</b>	<b>1,977,600</b>	<b>1,580,000</b>	