

Date: 18 January 2019
When calling please ask for: Eamonn Daly (0141-577-3023)
e-mail: eamonn.daly@eastrenfrewshire.gov.uk

TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

A meeting of the East Renfrewshire Integration Joint Board will be held within the **Eastwood Health and Care Centre, Drumby Crescent, Clarkston, on Wednesday 30 January 2019 at 10.00 am.**

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

BLANK PAGE

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY, 30 JANUARY AT 10.00am
EASTWOOD HEALTH AND CARE CENTRE
DRUMBY CRESCENT, CLARKSTON**

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minute of meeting of IJB of 28 November 2018 (copy attached, pages 5 - 12).**
- 4. Matters Arising (copy attached, pages 13 - 16).**
- 5. Rolling Action Log (copy attached, pages 17 - 20).**
- 6. Minutes of Meetings of committees:-**
 - (i) Clinical and Care Governance Committee – 31 October 2018 (copy attached, pages 21 - 26).**
 - (ii) Performance and Audit Committee – 28 November 2018 (copy attached, pages 27 - 32).**
- 7. Care at Home Update (copy attached, pages 33 - 38).**
- 8. Revenue Budget 2019-20 Update (copy attached, pages 39 - 56).**
- 9. Audit Scotland Report: Health and Social Care Integration (copy attached, pages 57 - 66).**
- 10. IJB Records Management Plan (copy attached, pages) 67 - 106.**
- 11. GDPR Regulations (copy attached, pages 107 - 116).**
- 12. Revenue Budget Monitoring Report: Position as at 30 November 2018 (copy attached, pages 117 - 132).**
- 13. Date of Next Meeting: Wednesday 20 March 2019 at 10.30 am, Council Offices, Main Street, Barrhead.**

BLANK PAGE

**Minute of Meeting of the
East Renfrewshire
Integration Joint Board
held at 10.30 am on 28 November 2018 in
the Council Offices, Main Street,
Barrhead**

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
Dr Angela Campbell	Clinical Director for Medicine for the Elderly
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
Rosaleen Reilly	Service users' representative
Kate Rocks	Head of Public Protection and Children's Services (Chief Social Work Officer)
Ian Smith	Staff Side Representative (East Renfrewshire Council)
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
--------------------------	---------------------------

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The Board considered the Minute of the meeting held on 28 September 2018.

Councillor Swift sought an update on whether any discussions had taken place between the IJBs in the health board area and the health board itself in relation to more equitable financial arrangements in respect of hosted services (Item 3 refers). In reply the Chief Financial Officer explained that as yet no discussions had taken place, but that these would be taken forward as part of the discussions on the review of IJB Integration Schemes. The current financial arrangements for hosted services had been jointly agreed and were reflected in the current Integration Schemes, and as such the schemes would need to be altered to enable any change to the current arrangements to take place.

Noting the information, the Board approved the Minute

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.

Having heard the Chief Officer confirm that of 37 people who had attended Talking Points, 36 had been diverted, 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.

Ms Brown having suggested that an update report on Talking Points be submitted to the Board in 6 months, the Chief Officer, in response to a question from Councillor Swift on smoking cessation programmes as part of the Early Years Strategy, explained that they were targeted at pregnant women. She further confirmed that a final report on NHSGGC proposals to integrate smoking cessation services was awaited at which point the action would be closed off.

The Board noted the report.

PERFORMANCE AND AUDIT COMMITTEE – MINUTE OF MEETING

5. The Board considered and noted the Minute of the meeting of the Performance and Audit Committee held on 26 September 2018.

WINTER PLANNING AND UNSCHEDULED CARE

6. The Board received a presentation from the Head of Health and Social Care Localities on winter planning and unscheduled care.

The presentation focussed on 4 areas; Accident & Emergency Department attendance rates; Unscheduled Admissions; Delayed Discharges; and performance in the previous 6 months.

The presentation gave examples of improvement activity in each of the 4 areas. Details of some of the work being carried out to reduce A&E attendance rates and unscheduled admissions, as well as efforts being made to ensure that delayed discharges were minimised were also outlined.

Responding to questions from Councillor Swift on the rise in A&E attendance, the Head of Health and Social Care Localities explained that this was a national trend with a range of reasons, one of the most significant being that the public were unaware of what other services were available and so used A&E services as they were considered to be readily available. In this regard the Chief Officer explained that HSCP officers were working with colleagues in acute services to develop a more robust approach to redirection of patients who attended A&E. This was supported by the Clinical Director who found the current practices frustrating and confirmed that GPs would support any efforts to redirect patients away from A&E.

Further comments having been made on the links between this issue and the need for adequate social care resourcing to prevent hospital admissions, Mrs Reilly expressed concerns about her recent personal experience of a hospital stay, referring in particular to the discharge process which she considered had room for significant improvement.

Dr Campbell reported on the health board investment in the "Consult and Connect" service whereby GPs were able to get direct access to consultants. The aim of this was to reduce unnecessary admissions. Furthermore she reported on new arrangements in place in respect of Elderly Care Assessment Nurses the purpose of which was to both assist in getting rapid discharges and also prevent admissions.

Councillor Swift acknowledged that in some cases clinical intervention was necessary, suggesting that it would be useful to see admissions data for admissions amenable to clinical intervention.

In reply, the Clinical Director explained that the raw data that was received suggested that approximately 3% of those attending A&E had been referred by their GP a further 3% had been referred by the out of hours service, with the remaining 94% just turning up, many for non-clinical reasons.

Concluding, Ms Brown highlighted that the challenge of winter planning and unscheduled care was an annual event, and that the issues and challenges to be faced had been around for some time. She questioned whether the number of people presenting at A&E could be attributable in part to the unavailability of GP appointments and highlighted the need for robust signposting and redirection to refer those who did not require clinical intervention away from A&E to a more appropriate treatment route.

The Board noted the presentation.

CHARGING FOR SERVICES 2019/20

7. The Board considered a report by the Chief Officer, to be considered by the East Renfrewshire Council Cabinet, seeking the Board's endorsement for proposed charges for services provided by the HSCP for 2019/20 and delegated authority for the Chief Officer and Chief Financial Officer to set the contribution level for the new approach to calculating individual budgets.

Having explained that authority for setting charges for social care had not been delegated to the Board and still lay with the Council, the report provided details of current charges, and outlined the proposed charges for 2019/20 along with an explanation for the proposed changes.

The report also explained that with regard to Self-Directed Support, the HSCP was currently testing and was about to consult on a new approach to calculating individual budgets. The aim was that every person who had an assessment that identified a need for formal support would be allocated an individual budget to allow them to better plan and be involved in how their needs were met.

The report explained that once the cost of a care plan was confirmed, a percentage would be deducted at source with the net amount being the HSCP contribution to the cost of care, it being noted that the ability of individuals to pay their contribution to the total cost of the care plan would be taken into account and supported by appropriate financial assessments and benefits maximisation.

In the first instance delegated authority was sought for the Chief Officer and Chief Financial Officer to set the percentage to be deducted whilst the new approach was being embedded, it being noted that this would thereafter be agreed annually as part of the annual setting of charges.

Councillor Swift having requested information on the overall budget impact and those budget lines being changed when the annual report was next presented, the Chief Social Work Officer, in response to Ms Monaghan, explained the history of the Inclusive Holiday Support Programme as well as the rationale behind the proposed increase in the charge for the service.

Having heard Ms Monaghan commend the approach taken to developing charges for services the Board endorsed the proposed level of charges for 2019/20 and the proposal that it be delegated to the Chief Officer and Chief Financial Officer to set the percentage to be deducted whilst the new approach was being embedded, subject to this being to a maximum of 10%.

INDIVIDUAL BUDGET PROCESS

8. The Board considered a report by the Chief Officer providing an overview and update on the process for calculating adult individual budgets under Self-Directed Support legislation, and associated systems and processes.

The report referred to the update provided at the meeting in June 2018, reminding members of the budget process as it was summarised at that time. This included the use of the Individual Budget Calculator where the need for social care support had been identified.

The report then provided further details on the Individual Budget Calculator process. The questionnaire that was used, which was based on a points system, asked about seven areas of a person's life

It was explained that an analysis of current non-residential care packages had identified that 90% of people who were supported by the HSCP had care packages of up to £50k once various factors had been stripped out. Bandings would therefore be scaled on that basis with additional support requirements identified on a case by case basis. Further refinement work on the system would continue.

The report explained that the model was based on both the HSCP and the individual in receipt of a care package making a contribution towards the cost, with work ongoing to determine the appropriate percentage split. The contribution from the individual would be subject to a financial assessment to ensure their contribution was linked to the ability to pay.

The report having provided further information in respect of the process it then outlined the timetable for the rollout of the Individual Budget Calculator.

The Board noted the report.

CHANGES TO FRAIL/ELDERLY NHS CONTINUING CARE AND THE DEVELOPMENT OF BONNYTON HOUSE

9. The Board considered a report by the Chief Officer providing an update on the changes to frail/elderly continuing care and the development of Bonnyton House.

The report referred to the meeting of the Board in November 2017 when the initial proposals to develop Bonnyton House had been agreed, and to the report to the Health Board's Finance and Planning Committee on 2 October 2018 that proposed a financial framework which released funds to IJBs on the basis of information from the NHS Scotland Resource Allocation Committee (NRAC).

Thereafter, the report referred to the Scottish Government guidance *Hospital Based Complex Clinical Care*. This guidance, which was based on a set of core principles and which aimed to achieve specific objectives details of which were outlined, was set in the context of integrating health and social care.

The report then provided historic information in relation to Mearnskirk House from its establishment in 1930 up to the present day, and in particular to the decision taken by the health board in November 2017 not to renew the current contract and to close the facility in March 2019.

Details of the work that had been ongoing in relation to patient discharge, admission and transfer were outlined, it being noted that as at 8 November 2018, 30 patients remained in Mearnskirk House, 8 of whom were East Renfrewshire residents.

It was noted that the planned and phased retraction from all beds would be concluded by March 2019, in line with the phased opening of the proposed community based support service.

The report then explained the work that had been ongoing in relation to residential care beds at Bonnyton House, the development of a 6-bed rehabilitation and recuperation unit, and the introduction of end of life care.

Full financial information in respect of the cost of the new service was set out, it being noted that the East Renfrewshire allocation of the funding released from the complex care beds redesign was £533k, although this would be released on a phased basis as premises were closed. Details of how the funding would be used were outlined.

The report concluded by explaining that the closure of Mearnskirk House and associated release of funds to the IJB had provided the opportunity to invest in Bonnyton House and to extend the range of community based supports in East Renfrewshire.

The Chief Officer was heard further on the proposals in the course of which she referred to the ongoing developments in relation to end of life care, explaining that Glasgow City Council had introduced a fast track service in conjunction with Marie Curie and this option was being considered locally. Furthermore, she highlighted that the financial position as outlined in paragraph 29 of the report was a "worst case" scenario. In response to a question

10
NOT YET ENDORSED AS A CORRECT RECORD

from Mrs Kennedy who welcomed the proposals in general, the Chief Officer provided clarification on the number of beds that would be available.

The Board:-

- (a) noted the proposed development of Bonnyton House to meet the needs of current Mearnskirk House patients and to provide a wider resource for East Renfrewshire residents;
- (b) agreed to issue directions to NHSGGC to continue with the decommissioning of Mearnskirk House as a provider for NHS continuing care and to redistribute the associated funding to IJB investment by finalising the financial framework as set out in the paper to the NHSGGC Board's Finance and Planning Committee on 2 October 2018; and
- (c) agreed to issue directions to East Renfrewshire Council to develop Bonnyton House as set out in the report.

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2017/18

10. The Board considered a report by the Chief Social Work Officer providing details of her Annual Report for 2017/18. A copy of the Annual Report was appended to the report.

The Annual Report, which had been approved by East Renfrewshire Council at its meeting on 31 October, provided an overview of the professional activity for social work within East Renfrewshire for 2017-18 through the delivery of statutory functions and responsibilities held by the Chief Social Work Officer. Details of challenges and risks facing social work and the Council were outlined which included the continuing challenging financial climate and the uncertainty for all public services, the increasing expectations and demands from the public and stakeholders, the increasing cost of supporting vulnerable people, and the impact of policy and legislation, amongst others.

The Chief Social Work Officer having been heard further on the terms of her report, in response to Mrs Kennedy she provided further information on the complaints process.

Councillor O'Kane was heard to commend the Chief Social Work Officer and her staff for what he considered to be an excellent report. He referred in particular to the excellent work in relation to Care Experienced Young People, suggesting that it may be helpful for a seminar to be arranged to give members of the Board the opportunity to meet with some of the young people and hear of their experiences.

Mrs Reilly and Ms Monaghan were both heard to commend the Family Wellbeing Service, Ms Monaghan suggesting that the report clearly demonstrated how the social work service made a difference in the lives of many people.

Also acknowledging the contribution made by the service Ms Brown paid tribute to the strong leadership provided by the Chief Social Work Officer and on behalf of the Board thanked her for her efforts

Thereafter the Board noted the Chief Social Work Officer's Annual Report.

BUDGET UPDATE

11. The Board took up consideration of a report by the Chief Financial Officer providing an update on the 2019/20 revenue budget potential funding gap.

The report having reminded the Board of the indicative contributions from East Renfrewshire Council and NHS Greater Glasgow and Clyde and cumulative funding shortfall over the 2 year period 2019 to 2021, it was explained that the UK Government budget announcement had been made on 29 October 2018. This included additional funding for the NHS and for councils for care for the elderly and those with disabilities. However it was noted that the impact for funding in Scotland was yet to be determined, with the Scottish Government budget settlement expected to be announced on 12 December 2018.

The report also referred to the Scottish Government's *Medium-Term Health and Social Care Financial Framework*, issued in October and the key messages of which were outlined. This included that if health and social care continued to be delivered as at present, there would be a funding gap of £5.9bn by 2023/24.

However the report explained that the framework set out a number of approaches and initiatives to address the challenge, and when all assumptions were taken into account the residual challenge for the period was estimated at £159 million.

It was noted that the latest NHS financial planning scenarios were broadly in line with the assumptions as outlined in the report with prescribing costs remaining a significant pressure. In addition, the Council's budget setting process was under way and officers had been involved in the process, it being noted that the pay offer for Council staff for 2018/19 had not yet been finalised but that the current position was higher than budgeted for with a likely similar impact on 2019/20. This meant the savings target was likely to increase.

Commenting on the report, Ms Monaghan suggested that it appeared that funding was always directed at those areas of greatest need. However it was important not to lose sight of the need for expenditure on early intervention and prevention work which although it would not deliver immediate benefits, would see improvements in the longer term. This was supported by the Chief Officer who also referred to the challenging times ahead.

Ms Brown was also heard on the need for serious consideration to be given to the savings requirements as part of the budget process. She referred in particular to the £6.8 million cumulative savings to be delivered on social care and the implications for the service, highlighting that the challenges in health were not of the same magnitude.

The Board noted the report.

REVENUE BUDGET MONITORING REPORT

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

It was reported that against a full year budget of £114.809 million there was a projected overspend of £0.639 million (0.6%). It was noted that of the projected overspend, £0.432 million related to savings from Fit for the Future still to be achieved and £0.207 million was a projected operational overspend that would be met from general reserves at the year end, although every effort would be made to eliminate the operational overspend during the year.

12
NOT YET ENDORSED AS A CORRECT RECORD

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

In response to questions from Councillor Swift on the continuing overspend in Older Person's Services and whether anything could be done to address this, the Head of Health and Social Care Localities explained that some suggestions had been made. However the service was under incredible pressure. She highlighted the particular workforce challenges in East Renfrewshire and whilst every effort was made to get people out of hospital as quickly as possible, this put pressure on homecare services and care homes.

Recognising the challenges, Ms Monaghan referred to relatively low levels of social care funding provided by East Renfrewshire Council and suggested and that it was vital that politicians made a strong case for social care services to be adequately funded.

In reply, the Chief Officer confirmed that in developing budget proposals officers would do their best to ensure the budgets reflected priorities. She clarified that some additional funding had been made available , but that this had been ring fenced for specific purposes.

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

13. It was reported that the next meeting of the Integration Joint Board would be held on Wednesday 30 January 2019 at 10.00 am in the Eastwood Health and Care Centre, Drumby Crescent, Clarkston.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	30 January 2019
Agenda Item	4
Title	Matters Arising
Summary	
<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 28 November 2018.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

30 January 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 28 November 2018.

RECOMMENDATION

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

REPORT

Hosted Services Sharing Arrangements

3. At the last meeting it was agreed the Chief Financial Officer would raise the issue of prospective timelines on sharing arrangements for hosted services. This will be discussed at the next Chief Financial Officers' meeting and an oral update will be provided at the meeting.

Charging for Services

4. At its meeting on 29 November 2018, Cabinet agreed to delegate the decision to set the level of charging within individual budgets of up to 10%. The implementation of new charges will commence with the implementation of the individual budget model. All other charges will be implemented from April 2019.

Changes to frail/elderly NHS Continuing Care and the Development of Bonnyton House

5. The Chief Officer issued directions to NHSGGC to continue the decommissioning of Mearns Kirk House as a provider for NHS continuing care and to redistribute the associated funding for IJB investment by finalising the financial framework as set out in the paper to the NHS Finance and Planning Committee

6. Directions were also issued to East Renfrewshire Council to develop Bonnyton House as set out in the report.

Chief Social Worker Annual Report

7. A seminar will be arranged later in the year where IJB members will have the opportunity to meet Care Experienced Young People.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, IJB: Julie Murray
January 2019

BACKGROUND PAPERS

None

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	30 January 2019
Agenda Item	5
Title	Rolling Action Log
Summary	
The attached rolling action log details all open actions, and those which have been completed since the last meeting on 28 November 2018.	
Presented by	Julie Murray, Chief Officer
Action Required	
Integration Joint Board members are asked to note progress.	

BLANK PAGE

ACTION LOG: Integration Joint Board (IJB)

30 January 2019

Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Progress Update /Outcome
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	OPEN	Added to CFO agenda - 17 Jan
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	To be included on May 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.
201	28.11.2018	8	Charging for Services	For the budget exercise for future years consider including details of the overall impact and the budget lines being changed	CFO	CLOSED	Will be reflected in the 2021 charging report
200	28.11.2018	10	Changes to frail/elderly NHS Continuing Care and the Development of Bonnyton House	Issue Directions to NHSGGC to continue the decommissioning of Mearns Kirk House as a provider for NHS continuing care and to redistribute the associated funding for IJB investment by finalising the financial framework as set out in the paper to the NHS Finance and Planning Committee	CO	CLOSED	Issued
199	28.11.2018	10	Changes to frail/elderly NHS Continuing Care and the Development of Bonnyton House	Issue Directions to the Council to develop Bonnyton House as set out in the report.	CO	CLOSED	Issued
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	
197	28.11.2018	13	Revenue Budget Monitoring Report 2018/19; position as at 30 September 2018.	Make the necessary arrangements to complete the virements	CFO	CLOSED	
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	
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	Consultation dates being arranged 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.
143	29.11.2017	4	Matters Arising	Make a presentation on unscheduled care plans and the link to the Renfrewshire Development Programme at a future seminar.	CO	OPEN	Seminar programme being planned
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

70	05.10.2016	7	Early Years Strategy	Take up with NHSGGC the issue of smoking cessation programmes not being directed locally and report back to a future meeting.	HSS	OPEN	NHSGGC considering proposals to integrate smoking cessation services - staff consultation underway (March 2018)
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.

Abbreviations

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

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

**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Clinical and Care Governance Committee
held at 10.00am on 31 October 2018 in the
Eastwood Health and Care Centre, Drumby Crescent, Clarkston**

PRESENT

Susan Brimelow	NHS Greater Glasgow and Clyde Board (Chair)
Councillor Caroline Bamforth	East Renfrewshire Council
Janice Cameron	Independent Sector Representative
Susan Galbraith	Prescribing and Clinical Pharmacy Lead
Dr Deirdre McCormick	Chief Nurse
Dr Craig Masson	Clinical Director
Julie Murray	Chief Officer – HSCP
Kate Rocks	Head of Children’s Service and Public Protection (Chief Social Work Officer)
Elizabeth Roddick	Community Pharmacist
Cindy Wallis	Senior Manager, Recovery Services

IN ATTENDANCE

Jennifer Graham	Committee Services Officer, East Renfrewshire Council
Stuart McMinigal	Business Support Manager
Candy Millard	Head of Adult Health and Social Care Localities
Joan Reade	Practice Assurance and Development Manager

APOLOGIES

Philip O’Hare	Clinical Risk Coordinator
Gerry O’Hear	Lead Optometrist

MINUTE OF PREVIOUS MEETING

1. The committee considered and approved the Minute of the meeting held on 20 June 2018.

MATTERS ARISING

2. The committee took up consideration of a report by the Chief Officer providing an update on matters arising from the meeting on 20 June 2018.

It was reported that the action plan on SCR Child 3 had been amended to include officer designations and additional response information, and a service action plan had been developed following the recent Homecare Inspection by the Care Inspectorate.

NOT YET ENDORSED AS A CORRECT RECORD

Following a request from Mrs Brimelow, the Chief Officer advised that a further update on the Bonnyton House action plan would be submitted to the next meeting.

The committee agreed:-

- (a) that an update on the Bonnyton House Action Plan would be submitted to the next meeting; and
- (b) otherwise, to note the report.

CLINICAL AND CARE GOVERNANCE TERMS OF REFERENCE AND FORMAL STATUS/CLINICAL AND CARE GOVERNANCE DEVELOPMENT EVENT

3. The committee took up consideration of a report by the Clinical Director seeking consideration of proposed updates to the Terms of Reference and a change to the status of the committee, and arrangements for a Care Governance Development Event.

It was reported that there had been significant changes in personnel over the last few years and, following discussion with newly appointed officers, it was felt that allowing public access to meetings where Clinical and care governance matters were discussed was a potential barrier to frank and open discussion. It was further reported that East Renfrewshire was the only HSCP in the NHS Great Glasgow & Clyde area to allow public access to meetings where Clinical and care governance matters were considered. The report went on to outline the role and remit of clinical and care governance within adult services, children's services and community justice services including the need to ensure statutory compliance; strategic effectiveness; and accountability.

The current reporting and advisory relationships between the committee and the Integration Joint Board, NHS Greater Glasgow & Clyde Health Board, and East Renfrewshire Council were highlighted together with the membership of the committee. In order to address the issues referred to previously, it was proposed that the formal status of the committee be removed. This would permit meetings to be held without the need to allow public access, although the same functions would be performed. The proposed new arrangements for the Clinical and Care Governance Monitoring Group, including amended Terms of Reference and procedures, were contained within the report.

The Clinical Director was heard further regarding the report advising that any changes would require to be submitted to the Integration Joint Board for approval.

In the course of discussion regarding the future status of the committee, it was reported that a development event was being held for appropriate officers/Members to consider a number of matters relating to the new group including, remit; partnership framework; Chair; attendees; and frequency of meetings, amongst other things.

Noting the report and the comments made, the committee agreed that:-

- (a) a Development Day be arranged for appropriate officers/Members to consider the format and remit for the proposed Clinical and Care Governance Monitoring Group; and
- (b) a report would be submitted to the IJB in January 2019 on the proposals that the formal status of the Clinical and Care Governance Committee be removed and the committee replaced with a new Clinical and Care Governance Monitoring Group.

PRIMARY CARE AND COMMUNITY CLINICAL GOVERNANCE WORK PLAN

4. The committee considered a report by the Clinical Director sharing the Primary Care and Community Clinical Governance workplan which would inform the workplan for the committee.

The Clinical Director reported that the attached workplan was an example of the type of workplan which could be used and further discussion on the content would take place at the Development Event referred to previously.

The committee noted the report.

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2017/18

5. The committee considered a report by the Chief Social Work Officer providing an overview of the professional activity for social work within East Renfrewshire for 2017/18. A copy of the Annual Report was appended to the report.

The report, which would be submitted to the East Renfrewshire Council meeting later that day, and was to be submitted to the Integration Joint Board on 28 November 2018, overviewed the professional activity for social work within East Renfrewshire for 2017-18 through the delivery of statutory functions and responsibilities held by the Chief Social Work Officer. Details of challenges and risks facing social work and the Council were outlined which included the continuing challenging financial climate and the uncertainty for all public services, the increasing expectations and demands from the public and stakeholders, the increasing cost of supporting vulnerable people, and the impact of policy and legislation, amongst others.

Commenting on her report, the Chief Social Work Officer explained that despite challenging circumstances there had been many significant improvements made over the year this delivery being helped by the shared belief and vision of staff in the service, and their efforts in delivering quality services. This included improved outcomes for Children and Families; high standards of service delivery within Criminal Justice; and consistent delivery of positive outcomes within Adult Services, amongst other things.

During discussion, the Chief Officer – HSCP, advised that the impact of continued savings within HSCP services would be raised at future Budget Strategy Group meetings, and encouraged members to raise any concerns with her or the Chief Social Work Officer. The Chief Social Work Officer advised that there had been a culture change in the way services dealt with errors, with staff now more likely to admit to errors and seek managerial support at an early stage.

Having heard the Chief Officer – HSCP advise that the leadership of the Chief Social Work Officer had played a large part in the culture change within the social work service, the committee noted the report.

PUBLIC PROTECTION QUALITY ASSURANCE PLAN

6. The committee considered a report by the Head of Public Protection and Children's Services (Chief Social Work Officer) providing the annual timetable for quality assurance activity for adult support and protection.

It was reported that the plan would also be submitted to the Chief Officers' Public Protection Group (COPP) with the purpose of the activities in the plan being to provide assurance to the

committee that the HSCP was fulfilling its statutory responsibilities and adhering to National Policies and Procedures for Adult Support and Protection; provide assurance to service users and their families that they were receiving high quality services; and identify individual, agency and system learning and good practice.

The committee noted the report.

ADULT PROTECTION UPDATE

7. The committee considered a report by the Head of Public Protection and Children's Services (Chief Social Work Officer) providing an update in respect of the Adult Support and Protection Committee's progress in relation to its duties and responsibilities.

The report referred to key areas of activity in the previous six months including the findings from an audit of the new ASP process; revisions to processes and forms; completion of the biennial report for 2016/18; establishment of a number of sub-committees to support the remit of the Adult Protection Committee; and planning and delivery of the first Public Protection Conference to be held in East Renfrewshire.

Further information was provided on quality assurance/training, national priorities/local implications, and it was reported that there had been no Serious/Significant Case Reviews in East Renfrewshire during this period.

The committee noted the report.

CHILD PROTECTION UPDATE

8. The committee considered a report by the Head of Public Protection and Children's Services (Chief Social Work Officer) updating members on key areas of activity for the East Renfrewshire Child Protection Committee relating to national agendas and local activity.

The report provided information on key areas of work within the child protection field during the previous 6 months including a shared dataset for Children and Young People in need of care and protection; the "Eyes Open" Campaign to raise awareness of child safety in the holiday period; a "Mystery Shopper" exercise to test the effectiveness of the pathways available for members of the public to share concerns about children; Serious/Significant Case Reviews; Quality Assurance/Audit Activity; and the local implications of national priorities.

Referring to the "Mystery Shopper" exercise, the Chief Social Work Officer advised that, although an immediate response had been provided through the contact centre, the information provided on the website had not been sufficient and this required improvement.

The committee noted the report.

MAPPA UPDATE

9. The committee took up consideration of a report by the Chief Officer providing an update on key areas of activity for Multi-Agency Public Protection Arrangements (MAPPA) within North Strathclyde and East Renfrewshire.

The report referred to key areas of activity in the last six months including the MAPPA extension process; VISOR; Initial/Significant Case Reviews; and Quality Assurance/Audit Activity, and the local implications of national priorities.

The committee agreed to note the report.

HSCP COMPLAINTS – QUARTER 4 – 2017/18

10. The committee took up consideration of a report by the Chief Officer providing information on and analysis of complaints, enquiries, suggestions comments and compliments received by the HSCP and IJB for the period January to March 2018.

It was noted that 22 complaints were received in relation to the HSCP with none in relation to the IJB. Summary details of the complaint type, category and conclusion were provided.

The report also explained that 1 case had been reviewed by the Ombudsman but they did not proceed with an investigation; that 13 contacts had been received from MP/MSP/Councillors; 1 suggestion/comment had been received; 6 compliments had been received; and there had been 5 late responses to complaints. Background information in respect of each of these matters accompanied the report.

The committee noted the report.

GP COMPLAINTS – QUARTER 1 – 2018/19

11. The committee took up consideration of a report by the Chief Officer - HSCP providing an overview of GP and Optometry complaints reported during quarter 1 of 2018/19.

The report explained that 14 out of the 15 GP practices had responded and a total of 29 GP complaints had been received, a reduction of 5 complaints compared to the same quarter in 2017/18. Of the complaints received, 19 were responded to within 5 working days; 7 within 20 working days; and one complaint received an extension. Only two complaints remained unresolved at the end of the reporting period.

It was further explained that 12 out of the 14 Optometry practices had submitted responses and 1 complaint had been received during the reporting period which was responded to within 5 days and partially upheld.

Having heard members propose that possible changes to the format of future reports would be discussed at the forthcoming Development Event, the committee noted the report.

DATE OF NEXT MEETING

12. The date of the next meeting would be intimated to attendees following the conclusion of discussions about changes to the committee, including frequency of meetings, as referred to at Item 3 above.

BLANK PAGE

The Chief Financial Officer having explained that some of the unallocated audit days in the audit plan would be used to consider the implications from the Audit Scotland Report *Health and Social Care Integration: Update on Progress*, with an overview report being submitted to a future meeting, the Chief Officer highlighted that one of the key areas for examination related to pooled budgets. She referred to the fact that budgets for the IJB were supposed to be pooled and that reporting mechanisms needed to be reviewed to reflect this.

The committee noted the report.

AUDIT ACTIONS UPDATE

4. Under reference to the Minute of the meeting of 26 June 2018, when the committee had requested a six-monthly update on the CareFirst Finance audit action plan and the action plan in relation to the audit report on IJB governance, the committee considered a report by the Chief Officer providing an update in respect of both matters.

The report summarised the recommendations made, the comments made in response to each; the officer responsible for implementing the agreed action; the timescale for implementation; and an update on progress in delivering the agreed actions.

Commenting on the report, the Chief Financial Officer clarified that the updates provided were both still subject to audit review.

The committee noted the report.

IJB RECORDS MANAGEMENT PLAN

5. The committee considered a report by the Chief Officer seeking the committee's endorsement of the proposed Records Management Plan (RMP) for the IJB and associated Memorandum of Understanding (MoU) between the IJB, East Renfrewshire Council and NHS Greater Glasgow and Clyde.

The report explained that as a public authority to which the Public Records Act 2011 applied, the IJB was, amongst other things, required to prepare a RMP which would set out proper arrangements for the management of its public records. A copy of the RMP was to be submitted to the Keeper of the Records of Scotland by January 2019. A copy of the proposed RMP and MoU accompanied the report.

The report explained that as the IJB did not hold any personal information about either patients/clients or staff, the RMP related to the IJB and associated committees and to plans and policies such as the Annual Performance Report and the Strategic Plan. In addition the report explained that the accompanying MoU set out the relationship between the IJB, the Council and the health board in relation to the IJB's RMP.

Having commented further on the plan, in response to questions the Business Support Manager explained the current status of the Plan and that it would remain in draft until considered and approved by the Integration Joint Board.

Commenting on the Plan, Ms Brown suggested that further emphasis be placed on the fact that the Plan referred only to IJB documents such as meeting papers and strategy documents and that all other records associated with the work of the HSCP, including those containing patient and client information were accounted for in the plans of both the Council and the Health Board.

The committee:-

- (a) noted the report;
- (b) endorsed the draft Records Management Plan and Memorandum of Understanding subject to an amendment to the Plan to highlight those documents covered by it; and
- (c) agreed that subject to the foregoing amendment the Records Management Plan and Memorandum of Understanding be remitted to the IJB for approval.

IJB STRATEGIC RISK REGISTER UPDATE

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

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

The report explained that no risks had changed or been removed since the last update on 26 September 2018.

Having heard the Chief Financial Officer further on the report, the Head of Adult Health and Social Care Localities, in response to questions from Councillor Grant in relation to Strategic Risk 5 – Failure of a Provider, outlined the range of arrangements in place to monitor the performance of third parties providing care.

Officers were then heard in response to suggested amendments by Ms Brown to the risk description and mitigation measures in relation to Strategic Risk 4 – Financial Sustainability, and Strategic Risk 9 – Children and Young People (Scotland) Act. In particular it was explained that the latter risk related in the main to the fact that councils had not been provided with the additional funding needed to implement the requirements of the Act.

The committee noted the report and agreed to recommend the amendments to the register as outlined.

MID-YEAR PERFORMANCE REPORT

7. The committee considered a report by the Chief Officer providing a mid-year overview of the available HSCP performance measures, providing further information about activity to improve performance in those areas where performance was off target.

The report explained that the performance report contained performance information and actions set out under the new strategic priorities. It further explained that the report included 2 annexes, the first of which contained an update on national indicator measures for IJBs, whilst the second contained a list of the performance measures that would be included in the end of year report but for which mid-year data was not available.

The Head of Adult Health and Social Care Localities having explained that some of the actions were over a 3 year period, the Chief Officer reported that she had met with the Chief Executives of both the Council and the Health Board the previous day. She acknowledged

that performance was less satisfactory in some areas but reassured the committee that robust action plans to improve performance were in place. In addition, in response to Councillor Bamforth, she explained why progress on some actions may appear slow.

Commenting on performance against the national indicators, Ms Brown, whilst recognising that local performance was better in general than national performance, noted that the trend in performance was downwards. She also highlighted the confusing nature of some of the indicators where in some cases a downward trend indicated positive performance whilst in other cases a downward trend indicated negative performance. Furthermore, referring to local targets in relation to permanence, she expressed concerns around rigid adherence to the 6 month target. In reply, the Chief Social Worker, having referred to the seminar on permanence that had been held, explained that the target in relation to permanence decisions was aspirational and used as a focus for decision making.

Responding to questions from Councillor Grant on absence levels, the Chief Officer explained in detail the challenges in dealing with this issue, not least of which was the staff demographic, and that due to the relatively small workforce a small number of absences could have a disproportionate effect.

Having heard the Chief Auditor on suggested amendments to the reporting format to reflect Ms Brown's earlier comments, the committee noted the report.

PRIMARY CARE MENTAL HEALTH IMPROVEMENT PLAN

8. The committee considered a report by the Chief Officer providing an update in respect of Primary Care Mental Health waiting times and actions taken to manage them.

Having referred to the historical issues that had affected the service, the report provided details of the steps that had been taken to improve waiting times. This included the recruitment of additional staff, the details of which were outlined.

Furthermore, the report provided an update on progress in the review of the Primary Care Mental Health Team (PCMHT) being taken forward as part of the Fit for the Future programme, and commented on the increasing referrals by GPs to computerised Cognitive Behavioural Therapy (cCBT). This had helped to reduce the number of referrals to the PCMHT in the preceding 3 month period, although the number of self-referrals had increased.

Welcoming the systemic look at services, Ms Brown referred to the need for an evaluation of cCBT in response to which the Chief Officer explained that a number of other health boards already used cCBT and had started to evaluate its effectiveness. A similar evaluation within Greater Glasgow and Clyde was planned.

The committee noted the report.

AUDIT SCOTLAND REPORT – NHS IN SCOTLAND 2018

9. The committee considered a report by the Chief Officer providing an overview of the recent Audit Scotland report *NHS in Scotland 2018* and the implications for the IJB.

It was explained that the report had made it clear that the NHS was not in a financially sustainable position, and that in order to meet people's health and care needs, it needed to move away from a short-term approach to long-term fundamental change. The key elements identified as critical to the success of this approach were outlined.

It was further explained that the Audit Scotland report contained a number of recommendations for the Scottish Government in terms of financial management, governance and reporting, with further recommendations for both the Scottish Government and NHS Boards associated with leadership.

Furthermore, it was explained that there were a series of recommendation relating to the Scottish Government, NHS Boards and integration authorities, these being summarised in the Chief Officer's report.

Local actions taken in response to the recommendations were outlined in the appendix to the Chief Officer's report.

The Chief Officer was heard further on the report in the course of which she highlighted that there had already been some action as a consequence of the report, referring in particular to the new requirement for Health Boards to plan to break even over a three year timescale and the write-off of Scottish Government loans to Health Boards..

Ms Brown having emphasised that there needed to be greater recognition by health boards on the pressures facing IJBs and that these pressures needed to be better reflected at health board level, the committee noted the report, the recommendations in relation to integration authorities, and the local response.

AUDIT SCOTLAND REPORT – CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

10. The committee considered a report by the Chief Officer providing information relative to the recent Audit Scotland report *Children and Young People's Mental Health*, considering the key findings and recommendations, and how service provision in East Renfrewshire was placed in this context.

The report explained that the national audit sought to determine the effectiveness of mental health services for children and young people in Scotland by examining the effectiveness of funding and delivery arrangements of services to children and young people as well as identifying factors which supported or limited effective delivery both locally or nationally. The effectiveness of the Scottish Government's strategic direction to improve children and young people's outcomes around their mental health and wellbeing was also considered.

Having outlined the methodology used, the report summarised the key findings of the audit as well as providing information in relation to current provision in partnership across East Renfrewshire, it being explained that key to this was the local CAMHS team. This was a hosted service with services being provided locally whilst financial arrangements and governance remained with NHS Greater Glasgow and Clyde and part of the Board-wide Specialist Children's Services arrangements.

The report then provided statistical information relative to waiting times since January 2015, it being noted that the number of children waiting over the 18 week target had been steadily increasing over the preceding 12 months. Possible reasons for this increase were outlined.

Information was also provided in relation to the successful operation to date of the pilot Family Wellbeing Service project as well as providing information on the presenting issues that had been identified.

The report went on to outline how these 2 services as well as the school nursing service were planning for future demand, concluding by highlighting that the findings of the Audit Scotland report were in part echoed by local findings; that the provisions of earlier intervention and non-clinical approaches were more limited; that the Family Wellbeing

Service approach attempted to tackle this; and that the review and redefinition of school nursing would be included in a more integrated approach to addressing vulnerability and interventions.

The Chief Social Work Officer having noted that children and young persons' mental health was now considered to be a significant public health issue, she explained that the report outlined the position in East Renfrewshire in relation to the Audit Scotland recommendations. In particular, it demonstrated that mental health issues did not always need a clinical response.

Commenting further she referred to the needs for CAMHS to be more targeted and also to the very positive outcomes being achieved through the Family Wellbeing Service, as well as explaining the ongoing work to try and extend the scale of this service.

Councillor Bamforth having welcomed the report and the very low rate of failure to attend appointments as part of the Family Wellbeing Service approach, Councillor Grant criticised the current government funding arrangements which were based on areas of deprivation rather than on actual need. This was supported by the Chief Social Work Officer who agreed that mental health problems was an issue that faced children and young people in all communities, not just those in areas of deprivation.

Ms Brown was also heard on the report in the course of which, having thanked the Head of Public Protection and Children's Services and her team for the excellent work carried out in this area, commented on the way in which the service had been disaggregated and the associated challenges for East Renfrewshire as a result. She also commented on the need for there to be parity in terms of waiting time targets between services for children and young people, and adults.

The committee noted the report.

DATE OF NEXT MEETING

12. It was reported that the next meeting of the committee would take place on Wednesday 20 March 2019 at 9am in the Council Offices, Main Street, Barrhead.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	30 January 2019
Agenda Item	7
Title	Care at Home Update
<p>Summary</p> <p>This report is to provide the Integration Joint Board with an update on Care at Home including the move to reablement, and action to address capacity issues.</p>	
Presented by	Candy Millard, Head of Adult Health and Social Care Localities
<p>Action Required</p> <p>Integration Joint Board members are asked to note and comment on the report.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Financial <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Efficient Government <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Property <input type="checkbox"/> IT </p>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

30 January 2019

Report by Julie Murray, Chief Officer

CARE AT HOME UPDATE

PURPOSE OF REPORT

1. The purpose of this report is to provide the Integration Joint Board with an update on Care at Home.

RECOMMENDATIONS

2. Integration Joint Board members are asked to note and comment on the report.

BACKGROUND

3. The last report on Care at Home which was presented to the IJB in March 2017. That report described the programme of work to extend the in house Reablement Service to every individual identified as needing support to enable them to remain safely in their own home.
4. The reablement approach in homecare offers support and encouragement to individuals to help themselves and so increase their independence. It supports individuals 'to do' rather than 'doing to' or 'doing for'.
5. Goal setting and review of outcomes achieved are central to the reablement ethos. This means that we work with individuals and their carers to establish what tasks they want to gain confidence in doing or relearn particular skills. By engaging with individuals around what they can do and what they would like to do we can develop short term interventions which support them to achieve these goals. These are often around basic daily living skills such as dressing, meal preparation and mobility. It is not uncommon for an individual to have lost confidence around their ability to carry out certain tasks after spending time in hospital.
6. Traditional home care approach has been to assess people around what they no longer can do and provide a service to meet these deficiencies. As a result services are embedded into people's lives, often for length periods of time. While this is perfectly acceptable for a number of people who suffer from severe and complex conditions it has the potential to create a dependency for people who may have had the potential to relearn or regain skills. Reablement focuses on this potential and research suggest that many people who would have received a traditional service leading to risks of dependency can eventually become more confident and lead fulfilling lives when they regain lost skills.
7. Many people have been able to manage without ongoing services following a period of reablement. The planned model was that following a period of reablement, if ongoing care and support was required it would be provided by either the remaining in-house homecare staff or externally commissioned services. For people for whom

offering reablement was not appropriate, for example, at end of life or people with advanced dementia, they would be offered a range of options depending on their individual circumstances.

8. The report also outlined the use of the CM2000, a fully hosted web-enabled homecare scheduling and monitoring solution providing accurate, real-time care visit data via the internet, 24 hours a day, 365 days a year. The CM200 system enables HSCP staff to log, analyse and report on external homecare delivery, and ensured that the HSCP only pays for the care that has actually been delivered.
9. The report set out plans to bring together the hospital discharge and reablement teams. This was intended to provide greater opportunities for reablement but in practice the increased volume of referrals from hospital coupled with the capacity of care at home, both the in house service and external providers, has reduced the time available for reablement. Locally and nationally there are ongoing issues with recruitment and retention of care at home staff that have impacted on this.
10. More recently the care at home service has experienced significant pressures due to higher than average levels of absence. A combination of external provider staff, agency staff and our own HSCP staff has been used to provide care at home services. This has impacted on our ability to guarantee continuity of care staff and timing of service delivery, which has caused some dissatisfaction about changes to services and times, however we have had to prioritise to minimise risk. The HSCP has however managed to maintain its performance on delayed discharge.

REPORT

11. Work East Ren is supporting employability initiatives, which will promote recruitment and retention within the care sector. A local employment fayre was held in December. Another potential initiative is to use the Modern Apprentice scheme in care services, targeting not only the 18 – 24 age groups, but additional initiatives for adult apprentices. This work will promote career pathways within health and social care, with links to the appropriate training and development opportunities. In addition the HSCP is working with East Renfrewshire Council to develop an internal bank of staff to assist at times of pressure.
12. To support the move away from a separate reablement team to a whole scale reablement service across East Renfrewshire, a further 141 of our care at home workers have been regraded to Grade 4. This will allow all staff across all our home care patches to undertake the duties and tasks to support a reablement approach to care. The move is being supported by a programme of workforce skills development.
13. We have increased the number of night time responders allowing us to provide a responder service in each locality rather than relying on a single cross area service. In order to support the increased number of staff working out of hours we are considering using the facilities and the skillset of senior staff within Bonnyton House.
14. Additional resources have been deployed to support our care at home organisers, this includes timely reviewing of clients, support for absence management and more effective use of the CM2000 system to schedule staff.
15. During 2019 we will align in house reablement home care with our Adult Localities teams and look to develop closer links with our rehabilitation teams making better use of both health and care staff skills. We recognise that not everyone can benefit

from rehabilitation and reablement. The Intensive Service Manger will work with the Senior Nurse to explore how care at home, Bonnyton House and community nursing services can work together to be responsive to people's changing health and end of life support requirements.

16. The HSCP will continue to work in partnership with the external market to ensure capacity to deliver care at home services and a market place which allows service users to exercise appropriate choices should they wish under their preferred option of SDS. In the longer term we will scope a new a model of contractual arrangement for care at home services that focus on outcomes.

FINANCE AND EFFICIENCY

17. The regrading of staff from grade 3 to grade 4 was profiled in the original care at home programme which included investment and savings. Given the changes in the provider market and demand on the service we continue to closely monitor this budget and associated redesign implications.

CONSULTATION AND PARTNERSHIP WORKING

18. In developing the proposals there was engagement with service users, staff and trade unions. This will continue over 2019.

IMPLICATIONS OF THE PROPOSALS

Staffing

19. Care at home staff have been regraded to 4.

Equalities

20. A full EQIA will be carried out as part of the next phase of the Care at Home at programme.

CONCLUSION

21. The HSCP retains its commitment to develop a reablement model of care at home. Learning from other areas we are moving from a limited service to a full scale reablement model embedded in our localities and aligned to rehabilitation services. The care at home programme includes work to redesign out of hours services and develop a more integrated and responsive approach to people's changing health and end of life support requirements. The HSCP continues to work in partnership with the external market to ensure capacity and choice.

RECOMMENDATIONS

22. Integration Joint Board members are asked to note and comment on the report.

REPORT AUTHOR

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

January 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

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



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	30 January 2019
Agenda Item	8
Title	Revenue Budget 2019/20 Update
Summary	
To provide the Integration Joint Board with an update on the 2019/20 Revenue Budget.	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
The Integration Joint Board is asked to note the 2019/20 revenue budget update	
Implications checklist – check box if applicable and include detail in report	
<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Policy
<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Staffing
<input type="checkbox"/> Legal	<input type="checkbox"/> Property/Capital
<input type="checkbox"/> Equalities	<input type="checkbox"/> IT

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

30 January 2019

Report by Lesley Bairden, Chief Financial Officer

REVENUE BUDGET 2019/20 UPDATE REPORT

PURPOSE OF REPORT

1. To advise the Integration Joint Board of the latest position for the 2019/20 revenue budget.

RECOMMENDATIONS

2. The Integration Joint Board is asked to note the 2019/20 budget update

BACKGROUND

3. This report is a continuation of regular budget reports to the IJB. This report will provide an update on the latest information relating to the 2019/20 revenue budget implications following the Scottish Government draft budget announcement on 12 December 2018.

REPORT

4. The Scottish Government draft spending and tax plans announcement was delivered on 12 December 2018 and set out the draft budget for financial year 2019/20. The letters appended to this report include some supporting detail:
 - Appendix 1: Letter from the Cabinet Secretary for Finance, Economy and Fair Work sets out the details of the local government finance settlement for 2019/20.
 - Appendix 2: Letter from the Director of Health Finance, Corporate Governance and Value Scottish Government details the funding settlement for Health Boards.
5. The final debate for the Scottish Government budget is scheduled for 21 February 2019.
6. The messages from the draft budget announcement that relate to Health and Social Care are:
 - £40 million to support the expansion of Free Personal and Nursing Care for under 65s and implementation of the Carers Act.
 - £120 million to support in-year investment in integration, including delivery of the Living Wage and uprating free personal care. This also includes £12 million for school counselling services.
 - Mental Health & CAMHS to support the mental health strategy funding to be at least 1.8% greater than 2018/19 recurrent budget allocations plus £14 million
 - NHSGGC uplift identified at 2.6% being 0.1% above the minimum of 2.5%
 - The Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice.

7. The £120 million has been transferred from the health portfolio to local authorities and at present £108 million is included in the local government circular, which details the settlement. The £12 million for school counselling is yet to be distributed.
8. The £40 million is split £30 million for the extension of free personal and nursing care (Frank's Law) (not yet distributed) and £10 million for the Carers act which is detailed in the circular.
9. The letter from the Cabinet Secretary for Finance, Economy and Fair Work states "The £160 million allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018/19 recurrent spending on health and social care and not substitutonal. It means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets."
10. The parameters set out above clearly have implications for our partners however the table below sets out the potential implication from the perspective of the national IJB Chief Finance Officer Section interpretation of the draft budget announcement.
11. The IJB CFO Section interpretation as is not shared by our partners with two areas of difference being:
12. ERC are of the view that the 2018/19 budget, as reflected in the directions issued, should not be regarded as recurrent due to the phasing of the savings included in the 3 year budget set for 2018/19 to 2020/21. The savings target for social care in the council's budget consultation exercise was originally £9.1 million (20%) subsequently reduced to £7.3 million (16%). This £1.8 million reduction was a result of new funding included in the 2018/19 settlement of £1.3 million and the application of ERC reserves of £0.5 million over 2019/20 and 2020/21.
13. A savings programme was profiled by the HSCP reflecting the complexity and time taken to redesign services and was weighted to the latter two years of the budget, this meant that the 2018/19 saving reduced from £1.7 million to £0.4 million with the balance of savings reprofiled over the next two years at £3.4 million in each year.
14. The ERC position is that the savings should be allocated equally over the 3 years and this would reduce the 2018/19 recurring budget by £2 million from the current level.
15. The savings above are net of £0.525 million reserves applied by ERC so in 2021/22 this sum would need to be met by further savings if nothing else changed.
16. NHSGGC has advised that the 2.6% uplift comprises two elements; 1.8% general uplift and 0.8% linked to NHSGGC pay bill. An initial calculation suggests the inflation uplift to the IJB would be £157k less than indicated in the table below.
17. Clarity on definition, interpretation and intention is being sought nationally.

18. Based on the IJB CFO Section interpretation of the draft budget our minimum revenue contributions should be:

Revenue Budget Contribution Only	ERC £'000	NHSGGC £'000	Total £'000
Recurring Base Budget (4)	47,868	66,034	113,902
Share of £120 million:			
£108 million in local authority settlement	1,807		1,807
£12 million school counselling (1) (2)	200		200
Share of £40 million:			
£30 million free personal and nursing care (1)	501		501
£10 million carers	167		167
Uplift at 2.6% (3)		1,165	1,165
Indicative Minimum Revenue Contribution	50,543	67,199	117,742

Notes:

- (1) The assumption is 1.67% is East Renfrewshire Council share of GAE.
 - (2) The delivery route for school counselling is to be confirmed
 - (3) On recurring budget excluding FHS
 - (4) 2018/19 as directions, adjusted for pay etc. and reflecting criminal justice grant income
19. This means the potential increase to the IJB recurring 2018/19 budget could be £3.84 million.
20. The likely pressure to the IJB resulting from pay, inflation, demographics, carers, free personal and nursing care, transition cases, prescribing, community equipment etc. is currently estimated at £4.8 million.
21. Therefore the potential funding gap would be c£1 million which we will manage through those proposals consulted on within the strategic commissioning plan. The IJB will recall that the 2019/20 saving target consulted on was based on a potential gap of £4.1 million.
22. The indicative settlement allows the IJB some flexibility to review and reprioritise savings proposals for 2019/20 and the funding gap can be met through the implementation of the individual budget approach for non-residential care, efficiencies and continued redesign of pathways and services.
23. There are a number of issues that may impact on the position as set out above, including:
- Learning Disability Specialist Services – potential cost implications for a complex care package
 - Health Visitor grading
 - Local authority pay award not yet settled for 2018/19
 - NHS possible increase in employers superannuation
 - Brexit implications particularly on staffing and prescribing
24. In addition to the indicative revenue budget contributions above we utilise year 2 (plus carry forward) of the Primary Care Improvement Fund (£1 million) and Mental Health Action 15 funding, per our submitted spending plans (£0.3 million)
25. The set aside budget for 2019/20 is to be confirmed and per the draft budget announcement we need to undertake significant work with our partners to make this budget work per the legislative requirements.
26. The draft budget settlement for 2019/20 follows on from the publication of the Scottish Government Medium Term Health and Social Care Financial Framework, published in October 2018. To recap the key messages:

27. The framework uses 2016/17 as the baseline and covers the period to 2023/24 based on Barnett resource consequentials and shows that if nothing changed a funding gap of £5.9 billion would exist if we continue as is.
28. The drivers for growth are recognised as price including pay and inflation, activity demand and growth and demographic impacts. The combined impact on each partner area is estimated at an annual growth rate of:
 - Health services 3.5%
 - Social care 4% which is slightly higher recognising the impact that the very elderly have on demographic pressures
29. The framework sets out a number of approaches and initiatives to address this challenge through investment, reform and efficiency. These include shifting the balance of care, regional working, public health and protection, once for Scotland and a continued efficiency agenda.
30. When all assumptions are taken into account the residual challenge for the period is estimated at £159 million (taken from Figure 8 on page 16). The residual challenge is clearly dependant on delivery of the initiatives as above.
31. The framework will be revised to reflect progress and future iterations will include assessment of local and regional delivery plans.
32. The medium term financial strategy for the IJB will be presented to the board in March, along with the proposed 2019/20 budget for consideration and approval.

FINANCE AND EFFICIENCY

33. The potential impact on the IJB budget for 2019/20 from the draft Scottish Government budget is set out in this report.

CONSULTATION AND PARTNERSHIP WORKING

34. As recognised above the draft budget announcement will have implications to our partners and we will continue to work closely to agree budget contributions, which satisfy the final budget settlement requirements, for 2019/20 for IJB approval in March 2019.
35. The Chief Financial Officer has consulted with our partners and will continue to work in partnership with colleagues.

IMPLICATIONS OF THE PROPOSALS

Risk

36. The risk to the IJB remains delivering a sustainable budget in 2019/20 and beyond.

Staffing

37. There are no specific staffing implications for this update, however a workforce plan will be developed to support the medium term financial strategy for the IJB

Equalities

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

Directions

39. The directions to our partners will be issued upon agreement of the 2019/20 budget.

CONCLUSIONS

40. The assumptions on the potential funding gap, as set out in our Strategic Commissioning Plan, will be reviewed and revised as the budget settlement for 2019/20 is finalised.

RECOMMENDATIONS

41. The Integration Joint Board is asked to note the 2019/20 revenue budget update

REPORT AUTHOR

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

lesley.bairden@eastrenfrewshire.gov.uk

0141 451 0746

17 January 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 28.11.2018 - Item 12: Revenue Budget 2019/20 Update

<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23460&p=0>

BLANK PAGE



T: 0300 244 4000

E: scottish.ministers@gov.scot

Councillor Alison Evison
COSLA President
Verity House
19 Haymarket Yards
Edinburgh
EH12 5BH

Copy to: The Leaders of all Scottish local
authorities

12 December 2018

Dear Alison,

Today I set out the Scottish Government's draft spending and tax plans for 2019-20. Further to my announcement I write now to confirm the details of the local government finance settlement for 2019-20.

As agreed with COSLA, details of the indicative allocations to individual local authorities for 2019-20 will be formally published on 17 December in a Local Government Finance Circular.

This settlement takes into account the fact that the finances I have at my disposal are constrained by continuing UK Government policies that do not meet Scotland's needs. Even after the additional Health consequential and other non-Barnett allocations in 2019-20 announced as part of the 2018 UK Budget, Scotland's fiscal resource block grant is still almost £2.0 billion (6.9%) lower in real terms than it was in 2010-11.

If the consequential for investment in the NHS are excluded, this year's block grant would be £340 million or 1.3% less in real terms than it was last year.

Nobody should understate the real financial challenges that has posed and the tough and difficult decisions that means for us, both collectively and individually. Despite that, I am absolutely clear that the Budget plans I have announced are ambitious for Scotland and continue to be targeted at providing value for tax payers and support our vital public services.

The total revenue funding to be provided through the settlement for 2019-20 will be £9,987 million, which includes distributable non-domestic rates incomes of £2,853 million.

The core Capital funding is set at £759 million but with the inclusion of the continuing expansion of Early Years provision, the addition of an extra £50 million Town Centre Fund and the repayment of the reprofiled capital this increases the Capital funding within the settlement to £1,084 million.



The total funding which the Scottish Government will provide to local government in 2019-20 through the settlement is therefore £11,071 million. This includes;

- Baselining from 2019-20 of the full £170 million additional revenue investment announced earlier this year at Stage 1 of the Budget Bill for 2018-19;
- An additional £210 million revenue and £25 million capital to support the expansion in funded Early Learning and Childcare (ELC) entitlement to 1,140 hours by 2020;
- In addition to the £66 million baselined provision from 2018-19, a further £40 million is included to support expansion of Free Personal and Nursing Care for under 65s, as set out in the Programme for Government, and implementation of the Carers Act;
- £120 million to be transferred from the health portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and includes £12 million for school counselling services;
- The ongoing additional £88 million to maintain the pupil teacher ratio nationally and secure places for all probationers who require one under the teacher induction scheme;
- An indicative allocation of £3.3 million for Barclay implementation costs;
- Repayment in full of the reprofiled £150 million capital funding; and
- A new £50 million Town Centre Fund to enable local authorities to stimulate and support place-based economic improvements and inclusive growth through a wide range of investments which contribute to the regeneration and sustainability of town centres.

Individual local authorities will, in return for this settlement, be expected to deliver certain specific commitments.

For 2019-20, local authorities will continue to have the flexibility to increase Council Tax by up to a maximum of 3%. This local discretion will preserve the financial accountability of local government, whilst also potentially generating around £80 million to support services.

The revenue allocation, including the additional resources to meet our commitments on the expansion of Early Years and support for social care and mental health, delivers a real terms increase for local government for 2019-20 compared to 2018-19. Taken together with the additional spending power that comes with the flexibility to increase Council Tax (worth around £80 million next year) the total funding (revenue and capital) delivers a real-terms increase in the overall resources to support local government services of £289 million or 2.7%.

The total additional funding of £160 million allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. It means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

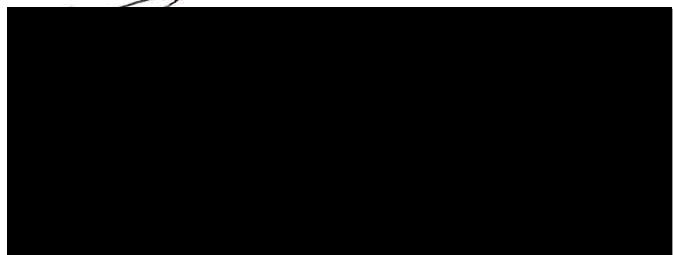
In addition to this, the Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice.

We will also continue to take forward our ambitious programme of educational reform that will deliver an education system led by communities, schools and teachers. The Scottish Government, in partnership with local authorities, will empower schools to make key decisions over areas such as the curriculum, budgets and staffing. In recognising that teachers are central to achieving our ambition of delivering excellence and equity in Scottish education we will continue to commit an overall funding package of £88 million in the local government finance settlement to support both maintaining the pupil teacher ratio at a national level and ensuring that places are provided for all probationers who require one under the teacher induction scheme. We recognise that discussions on teachers' pay are on-going through the tri-partite Scottish Negotiating Committee for Teachers and any additional allocation to fund a negotiated agreement will require to be agreed.

Each local authority area will continue to benefit from Pupil Equity Funding (PEF) which forms part of the overall commitment from the Scottish Government to allocate £750 million through the Attainment Scotland Fund, over the term of the Parliament to tackle the attainment gap. £120 million in Pupil Equity Funding is going directly to headteachers to provide additional support to help close the attainment gap and overcome barriers to learning linked to poverty. PEF is additional to the £62 million Attainment Scotland funding, which is outwith the local government finance settlement. Money from the Attainment Scotland Fund will continue to provide authorities and schools with additional means to provide targeted literacy, numeracy and health and wellbeing support for children and young people in greatest need.

The Scottish Government remains committed to a competitive non-domestic rates regime, underlined by the proposals outlined in this Scottish Budget. The poundage in Scotland has been capped below inflation at 49 pence, a 2.1 per cent increase, ensuring over 90 per cent of properties in Scotland pay a lower poundage than they would in other parts of the United Kingdom.

I believe that the outcome of the financial settlement for local government, presented in the measures set out in this letter, is the best that could be achieved in the circumstances and continues to provide a fair settlement to enable local authorities to meet our priorities of inclusive economic growth and investment in our vital health and social care and education services.



DEREK MACKAY

BLANK PAGE



T: 0131-244 3464
E: christine.mclaughlin@gov.scot

Chief Executives, NHS Scotland

Copy to: NHS Chairs
NHS Directors of Finance
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

Issued via email

Our Ref: A22950623

12 December 2018

Dear Chief Executives

Budget 2019-20 – Indicative Allocation

Following the announcement of the Scottish Government's Budget for 2019-20 by the Cabinet Secretary for Finance, Economy and Fair Work in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in the annex to this letter.

A central component of the Portfolio settlement and approach taken is that the Budget will support the delivery of the core priorities set out in the Programme for Government, which focus on; waiting times improvement, investment in mental health and delivering greater progress and pace in the integration of health and social care, as well as evidencing a further shift in the balance of spend to mental health and to primary, community and social care.

Baseline Funding

Territorial Boards will receive a minimum baseline uplift of 2.5%, which includes funding for the 2019-20 pay award. In addition to this, those Boards furthest from NRAC parity will receive a share of £23 million, which will continue to mean that no Board is further than 0.8% from NRAC parity in 2019-20.

The four patient facing National Boards, (Scottish Ambulance Service, NHS 24, Golden Jubilee Foundation and The State Hospital) will each receive a minimum uplift of 1.7%, including funding for the 2019-20 pay award. In addition, the Scottish Ambulance Service will receive a further £6 million to support the implementation of their strategy. NHS National Services Scotland, Healthcare Improvement Scotland, NHS Education for Scotland and NHS Health Scotland will receive funding for the 2019-20 pay award.

The National Board savings requirement of £15 million is reflected in opening budgets, with final amendments to be agreed before the start of the financial year.

Investment in Improving Patient Outcomes

In addition to the baseline funding uplift, a total of £392 million will be invested in reforming service delivery in 2019-20, as set out below:

Improving patient outcomes	2018-19 (£m)	2019-20 (£m)	Increase for 2019-20 (£m)
Primary Care	120	155	35
Waiting Times Improvement	56	146	90
Mental Health and CAMHS	47	61	14
Trauma Networks	10	18	8
Cancer	10	12	2
TOTAL	243	392	149

When combining the £149 million increase in investment in reform with an increase of £281 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £430 million (4.2 per cent) in 2019-20. Further detail is set out in the annex to this letter.

Full details of the method of allocation and evidence of delivering against agreed outcomes will be set out by individual policy areas in advance of the new financial year.

Core Areas of Investment

Primary Care

Investment in the Primary Care Fund will increase to £155 million in 2019-20. This will support the transformation of primary care by enabling the expansion of multidisciplinary teams for improved patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community.

Waiting Times Improvement Plan

Investment of £146 million will be provided to support delivery of the trajectories set out in the Waiting Times Improvement Plan. Up to £40 million will be accelerated into 2018-19 to allow Boards to support immediate priorities.

Mental Health and CAMHS

To support the mental health strategy, in 2019-20 a further £14 million will be invested which will go towards the commitment to increase the workforce by an extra 800 workers; for transformation of CAMHS; and to support the recent Programme for Government commitments on adult and children's mental health services. In order to maximise the contribution from this direct investment, this funding is provided on the basis that it is in addition to a real terms increase in existing 2018-19 spending levels by NHS Boards and Integration Authorities. This means that funding for 2019-20 must be at least 1.8% greater than the recurrent budgeted allocations in 2018-19 plus £14 million. Directions regarding the use of £14 million will be issued in year.

Trauma Networks

This funding will increase by £8 million to £18 million, taking forward the implementation of the major trauma networks.

Cancer

This reflects continued investment in the £100 million cancer strategy.

Health and Social Care Integration

In 2019-20, NHS payments to Integration Authorities for delegated health functions must deliver a real terms uplift in baseline funding, before provision of funding for pay awards, over 2018-19 cash levels.

In addition to this, and separate from the Board Funding uplift, will be two elements of funding for Social Care:

- £120 million will be transferred from the Health Portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services; and
- £40 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s, as set out in the Programme for Government.

This funding is to be additional to each Council's 2018-19 recurrent spending on social care and not substitutional. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160 million greater than 2018-19 recurrent budgets.

The system reform assumptions in the Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway will be key to delivering this objective and partnerships must ensure that by the start of 2019-20, the set aside arrangements are fit for purpose and enable this approach. The Scottish Government will work with Integration Authorities, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice. This does not change the balance of risk and opportunity for this objective, which remains shared between Integration Authorities and Health Boards and can only be delivered in partnership, but it recognises the lead role of the Integration Authority in planning for the unscheduled care pathway set out in the legislation.

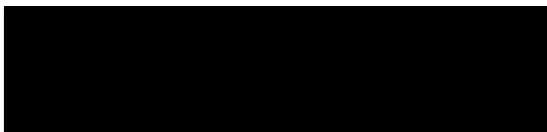
Capital Funding

We will continue to prioritise funding for existing commitments and Boards should assume an unchanged initial capital formula allocation.

3 Year Financial Plan

We will shortly set out the requirements for the three year planning and performance cycle. This will set out a number of principles to be delivered in relation to finance and wider performance.

Yours sincerely



CHRISTINE MCLAUGHLIN

Director of Health Finance, Corporate Governance and Value
Scottish Government

BLANK PAGE

Annex – Board Funding Uplifts

NHS Territorial Boards	Total 2018-19 Allocation £m	Baseline uplift £m	Uplift (exc 18-19 pay) £m	Uplift (exc 18-19 pay) %	NRAC & National Board adjs £m	2019-20 Total allocation £m	Total uplift (exc 18-19 pay) %
Ayrshire and Arran	695.3	24.1	17.8	2.6%	0.6	720.0	2.6%
Borders	200.7	7.0	5.1	2.6%	0.0	207.7	2.6%
Dumfries and Galloway	289.3	9.8	7.3	2.5%	0.0	299.1	2.5%
Fife	637.0	22.2	16.4	2.6%	2.2	661.4	2.9%
Forth Valley	507.1	17.7	13.1	2.6%	2.2	527.0	3.0%
Grampian	921.1	32.6	23.9	2.6%	4.2	957.9	3.1%
Greater Glasgow and Clyde	2,155.7	75.4	55.6	2.6%	0.0	2,231.2	2.6%
Highland	604.7	21.0	15.5	2.6%	1.8	627.5	2.9%
Lanarkshire	1,156.8	40.4	29.8	2.6%	2.2	1,199.3	2.8%
Lothian	1,385.1	48.7	35.8	2.6%	7.7	1,441.5	3.1%
Orkney	48.0	1.6	1.2	2.5%	0.0	49.6	2.5%
Shetland	49.0	1.6	1.2	2.5%	0.0	50.6	2.5%
Tayside	735.2	25.6	18.9	2.6%	2.1	762.9	2.8%
Western Isles	73.4	2.4	1.8	2.5%	0.0	75.7	2.5%
	9,458.4	330.2	243.4	2.6%	22.9	9,811.4	2.8%
NHS National Boards							
National Waiting Times Centre	54.0	2.3	1.3	2.5%	-2.1	54.2	-1.4%
Scottish Ambulance Service	241.0	9.2	4.4	1.8%	9.6	259.9	5.8%
The State Hospital	34.8	0.9	0.6	1.7%	-0.3	35.3	0.7%
NHS 24	66.4	2.4	1.5	2.2%	-0.2	68.6	1.8%
NHS Education for Scotland	423.4	6.5	0.5	0.1%	-4.0	425.9	-0.8%
NHS Health Scotland	18.3	0.4	0.2	1.1%	-0.4	18.3	-1.1%
NHS National Services Scotland	332.3	12.8	10.3	3.1%	-6.7	338.5	1.1%
Healthcare Improvement Scotland	24.7	0.4	0.2	0.8%	-0.3	24.9	-0.3%
	1,194.9	35.1	19.1	1.6%	-4.5	1,225.6	1.2%
Total NHS Boards	10,653.3	365.3	262.5	2.5%	18.4	11,037.0	2.6%
Improving Patient Outcomes	243.0	149.0	149.0	-	-	392.0	-
Total Frontline NHS Boards*	10,097.5	494.0	400.2	3.9%	29.9	10,621.4	4.2%

*Frontline NHS Boards comprise the 14 NHS Territorial Boards, National Waiting Times Centre, Scottish Ambulance Service, State Hospital, and NHS 24.

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	30 January 2019
Agenda Item	9
Title	Audit Scotland Report: Health and social care integration: update on progress
<p>Summary</p> <p>This report gives an overview of the recent Audit Scotland report on progress on health and social care integration. While some improvements have been made to the delivery of health and social care services, Audit Scotland found that 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. Their report contains a series of recommendations linked to 6 features that support integration.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to consider the findings and recommendations of the Audit Scotland report Health and social care integration: update on progress.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Finance / Efficiency <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Property/Capital <input type="checkbox"/> IT </p>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

30 January 2019

Report by Chief Officer

Audit Scotland Report: Health and social care integration: update on progress

PURPOSE OF REPORT

1. This report gives an overview of the recent Audit Scotland report on progress on health and social care integration. This report contains a number of important messages about integration and partnership arrangements that should be considered by the Integration Joint Board.

RECOMMENDATION

2. The Integration Joint Board is asked to consider the findings and recommendations of the Audit Scotland report Health and social care integration: update on progress.

BACKGROUND

3. In June 2016 Performance and Audit committee received a report on Audit Scotland's report on Changing Models of Health and Social Care, which set out some of the risks and challenges associated with transformational change in health and social care. Our local report commented that through the long standing partnership between East Renfrewshire Council and NHS GGC, East Renfrewshire is in the fortunate position of having a well-developed and integrated local health and care service. However pressures on public finance and the use of short term funding have similar implications for East Renfrewshire as elsewhere in Scotland.
4. In November 2018 Audit Scotland published its report Health and Social Care Integration: Update on Progress. This is the second of three national performance audits of health and social care integration following the introduction of the Act. The aim of this audit is to examine the impact public bodies are having as they integrate health and social care services. This report contains a number of important messages about integration and partnership arrangements that should be considered by the Integration Joint Board.

REPORT

5. Overall the key messages of the report are that there has been a positive start to integration across Scotland with the introduction of more collaborative ways of delivering services, reducing unplanned hospital activity and delays in discharging people from hospital. Audit Scotland considers that this shows that integration can work within the current legislative framework, but warns that Integration Authorities are operating in an extremely challenging environment and there is much more to be done.
6. One area of concern to Audit Scotland is that financial planning is not integrated, long term or focused on providing the best outcomes for people who need support. Financial pressures across health and care services make it difficult for Integration

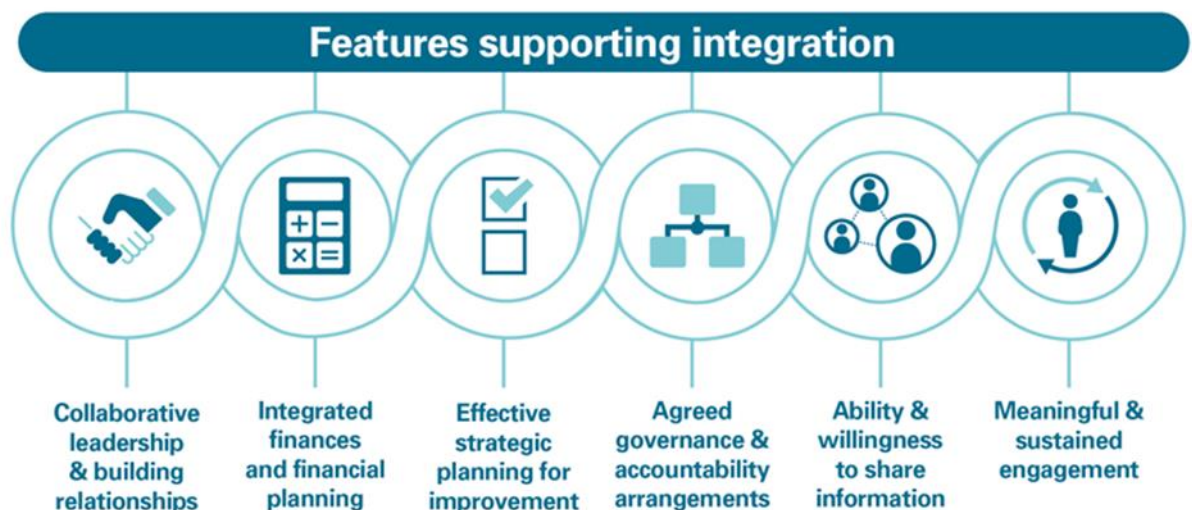
Authorities to achieve meaningful change. The report also points out that most areas have not enacted the legislation that gives Integration Authorities control over some services provided by acute hospitals and their related budgets.

7. There is concern that strategic planning needs to improve and several significant barriers must be overcome to speed up change. These include: a lack of collaborative leadership and strategic capacity; a high turnover in leadership teams; disagreement over governance arrangements; and an inability or unwillingness to safely share data with staff and the public. Audit Scotland found that local areas that are effectively tackling these issues are making better progress.
8. The report comments that significant changes are required in the way that health and care services are delivered. Appropriate leadership capacity must be in place and all partners need to be signed up to, and engaged with, the reforms. Partners also need to improve how they share learning from successful integration approaches across Scotland. Change cannot happen without meaningful engagement with staff, communities and politicians. At both a national and local level, all partners need to work together to be more honest and open about the changes that are needed to sustain health and care services in Scotland.
9. The Audit Scotland work identified six key areas that, if addressed, should lead to broader improvements and help Integration Authorities to take positive steps toward making a systematic impact on health and care outcomes across their communities (Exhibit 7 from the report included below).

Exhibit 7

Features central to the success of integration

Six areas must be addressed if integration is to make a meaningful difference to the people of Scotland.



Source: Audit Scotland

10. Audit Scotland makes a series of recommendations to Scottish Government, Integration Authorities, councils, NHS boards, and COSLA, based on these features supporting integration. They emphasise the need for these organisations to work together to address these six areas.

Commitment to collaborative leadership and building relationships

11. Scottish Government and COSLA should ensure that there is appropriate leadership capacity in place to support integration, and increase opportunities for joint leadership development across the health and care system to help leaders to work more collaboratively.

Effective strategic planning for improvement

12. Integration Authorities, councils and NHS boards should work together to ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA.
13. They should monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
14. Scottish Government should ensure that there is a consistent commitment to integration across government departments and in policy affecting health and social care integration.

Integrated finances and financial planning

15. Scottish Government should: commit to continued additional pump-priming funds to facilitate local priorities and new ways of working which progress integration.
16. Scottish Government and COSLA should: urgently resolve difficulties with the 'set-aside' aspect of the Act.
17. Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community-based care
18. Integration Authorities, councils and NHS boards should work together to view their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support.

Agreed governance and accountability arrangements

19. Scottish Government and COSLA should support councillors and NHS board members who are also Integration Joint Board members to understand, manage and reduce potential conflicts with other roles
20. Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to agree local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles. Scenarios or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen

Ability and willingness to share information

21. Scottish Government and COSLA should monitor how effectively resources provided are being used and share data and performance information widely to promote new ways of working across Scotland.

22. Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to share learning from successful integration approaches across Scotland; address data and information sharing issues, recognising that in some cases national solutions may be needed; review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future. They should also ensure mechanisms are in place to collect and report on this data publicly.

Meaningful and sustained engagement

23. Integration Authorities, councils and NHS boards should work together to continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered.

FINANCE AND EFFICIENCY

24. Audit Scotland comment that in the past, health and social care services have not linked the resources they have to their strategic priorities or longer-term plans. IJBs, with the support of council and NHS board partner bodies, should be clear about how and when they intend to achieve their priorities and outcomes, in line with their available resources. They recommend the use of scenario planning to help build a picture of what they will need in the future. This involves looking at current trends, using this analysis to anticipate potential changes in future demand for services and any related shortfalls in available finances.
25. The report found that while all Integration Authorities have short-term financial plans, only a third have medium-term plans and there were no longer-term plans in place at the time of our fieldwork. This is a critical gap as the changes under integration are only likely to be achieved in the longer term.
26. As IJBs are local authority bodies, the statutory duty of Best Value applies to them. This means that IJBs, from the outset, must clearly demonstrate their approaches to delivering continuous improvement. We found that some aspects of Best Value are widely covered within IJBs' annual performance reports and annual accounts, including financial planning, governance and use of resources. About half of all IJBs had a section in their annual performance reports setting out how they intended to demonstrate the delivery of Best Value. Overall the coverage varies between IJBs and is often not in enough detail to allow the public to judge the IJB's activity on continuous improvement.

CONSULTATION AND PARTNERSHIP WORKING

27. According to the report a lack of collaborative systems leadership and difficulties in overcoming cultural differences are proving to be significant barriers to change. Partner organisations work in very different ways and this can result in a lack of trust and lack of understanding of each other's working practices and business pressures. In better performing areas, partners can identify and manage differences and work constructively towards achieving the objectives of the Integration Authority.
28. Throughout the report Audit Scotland recognises the challenging context Integration Authorities are operating in. This is inevitably having an impact on the extent to which they can meaningfully engage communities in discussions about improvements to services. Integration Authorities need to have in place wide-ranging and comprehensive arrangements for participation and engagement, including with local

communities. Engagement does not have to be managed and directed solely by the Integration Authority. If a local service has established relationships and means of engaging with third and independent sector providers which have proved successful, these should continue as before.

IMPLICATIONS OF THE PROPOSALS

Policy

29. This report is an important comment on the progress of integration. It recommends a series of actions for Integration Authorities, along with Scottish Government, Cosla NHS Boards and councils.
30. There are no staffing, legal, property/capital, IT or equalities implications.

CONCLUSIONS

31. This report gives an overview of the recent Audit Scotland report on progress on health and social care integration. While some improvements have been made to the delivery of health and social care services, Audit Scotland found that 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. Their report contains a series of recommendations linked to 6 features that support integration.

RECOMMENDATIONS

32. The Integration Joint Board is asked to consider the findings and recommendations of the Audit Scotland report Health and social care integration: update on progress.

REPORT AUTHOR AND PERSON TO CONTACT

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

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

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>

BLANK PAGE

Audit Scotland Report: Health and social care integration: update on progress - IJB Actions

Recommendation	Owner	Local Response
<ul style="list-style-type: none"> ▪ Integration Authorities, councils and NHS boards should work together to ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA. 	IJB Chief Officer	<p>The HSCP links to workforce planning activity within East Renfrewshire Council feeding in strategic priorities with links to national workforce planning. An IT Business Partner links the HSCP to East Renfrewshire Council and NHSGGC provides a named person.</p> <p>HSCP officers will provide updated information to ERC and NHSGCC regarding the new Strategic Planning priorities and work together to ensure operational plans reflect these.</p>
<ul style="list-style-type: none"> ▪ They should monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. 	IJB Chief Finance Officer.	<p>We have tested a couple of ways of reporting on Best Value in the annual performance reports. LASAAC (The Local Authority (Scotland) Accounts Advisory Committee) guidance on accounting for the integration of health and social care. The content of this guidance has been adhered to in the production of the IJB annual report and accounts.</p> <p>HSCP staff will ensure Best Value monitoring and reporting is reflected in the annual performance report with supporting documents available.</p>
<ul style="list-style-type: none"> ▪ Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community-based care. 	IJB Chief Finance Officer.	<p>The IJB CFO is a member of the national IJB CFO Section which meets bi-monthly and the agenda includes a standing update session with both Scottish government and COSLA colleagues.</p> <p>The six CFOs for the IJBs which are coterminous with NHSGGC meet monthly as a group and also as a group meet monthly with NHSGGC Assistant Director of Finance.</p> <p>Utilise existing meeting arrangements to progress integrated financial management and planning agenda.</p> <p>We are not aware of any regular discussion between NHS Board and Council finance leads, although there have been some national meetings.</p>

Audit Scotland Report: Health and social care integration: update on progress - IJB Actions

<ul style="list-style-type: none"> Integration Authorities, councils and NHS boards should work together to view their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support. 	<p>IJB Chief Officer IJB Chief Financial Officer</p>	<p>There will need to be discussion and agreement as to the treatment of budgets and reporting to respective partner bodies in order to develop a more integrated approach. IJB Chief Officer will seek views on health board and council intentions in this regard. Auditors could also assist in this regard.</p>
<ul style="list-style-type: none"> Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to agree local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles. Scenarios or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen 	<p>IJB Chief Officer</p>	<p>There are no specific local issues to address at this point.</p>
<ul style="list-style-type: none"> Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to share learning from successful integration approaches across Scotland ; address data and information sharing issues, recognising that in some cases national solutions may be needed; review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future. They should also ensure mechanisms are in place to collect and report on this data publicly. 	<p>IJB Chief Officer</p>	<p>At a national level Health and Social Care Health and Social Care Scotland – a collaborative national identity through which those in a leadership role in the integrated arrangements for health and social care can work together through shared ownership to further progress this reform agenda- was launched at an inaugural on 7th December 2018. The conference was a celebration of integrated partnership working, which showcased exemplar projects from across the country, heard from senior figures in health and social care and deliberated on the future direction of travel for our services. This included a presentation from East Renfrewshire on the Family Wellbeing service.</p> <p>There have been further national discussions since then. Greater Glasgow & Clyde partnerships currently share good practice. We will continue to work together with other partnerships nationally and across Greater Glasgow & Clyde.</p>
<ul style="list-style-type: none"> Integration Authorities, councils and NHS boards should work together to continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered. 	<p>IJB Chief Officer</p>	<p>The IJB has received reports on the innovative work of the Care Collaborative and work to involve local people in the review of the strategic priorities and plan for 2018-2019. HSCP officers on behalf of the IJB participate in community planning, which includes a focus on health and wellbeing and tackling inequalities with local communities. The HSCP works with NHGCC colleagues to support local community Moving Forward Together engagement events.</p> <p>A report on new locality planning arrangements will be presented shortly.</p>



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	30 January 2019
Agenda Item	10
Title	Integration Joint Board Records Management Plan
<p>Summary</p> <p>Integration Joint Boards are required to submit a Records Management Plan (RMP) to the Keeper of the Records of Scotland. The Records Management Plan sets out how East Renfrewshire Integration Joint Board's records will be created and managed in line with national policy. This is a responsibility which all public bodies must fulfil.</p> <p>This report provides the Integration Joint Board with a Records Management Plan submission and Memorandum of Understanding to support the submission.</p> <p>The Records Management Plan and Memorandum of Understanding was considered by the Performance and Audit Committee on 28 November 2018 and was remitted to the IJB for approval.</p>	
Presented by	Stuart McMinigal, Business Support Manager
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> - Note and comment on the content of the report - Approve the IJB Records Management Plan and Memorandum of Understanding for submission to the Keep of the Records of Scotland 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Finance / Efficiency <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Property/Capital <input type="checkbox"/> IT </p>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

30 January 2019

Report by Julie Murray, Chief Officer

INTEGRATION JOINT BOARD RECORDS MANAGEMENT PLAN

PURPOSE OF REPORT

1. This report introduces the Integration Joint Board's Records Management Plan (Appendix 1) and Memorandum of Understanding (Appendix 2) which is required to be submitted to the Keeper of the Records of Scotland. The Records Management Plan sets out how East Renfrewshire Integration Joint Board's records will be created and managed in line with national policy. This is a responsibility which all public bodies must fulfil.

RECOMMENDATION

2. It is recommended that the Integration Joint Board:
 - Note and comment on the content of the report
 - Approve the IJB Records Management Plan and Memorandum of Understanding for submission to the Keep of the Records of Scotland

BACKGROUND

3. Integration Joint Boards are required to submit a Records Management Plan (RMP) to the Keeper of the Records of Scotland. The RMP sets out how East Renfrewshire Integration Joint Board's records will be created and managed in line with national policy. This is a responsibility which all public bodies must fulfil.
4. This report provides the Integration Joint Board with a submission and Memorandum of Understanding (MoU) to support the submission.
5. The RMP and MoU was considered by the Performance and Audit Committee on 28 November 2018 and was remitted to the IJB for approval subject to an amendment to the plan to highlight those documents covered by it. This amendment has been incorporated in the version attached.

REPORT

6. Every authority to which Part 1 of the Public Records (Scotland) Act 2011 applies must:
 - prepare a plan [a "records management plan"] setting out proper arrangements for the management of the authority's public records,
 - submit the plan to the Keeper for agreement, and
 - ensure that its public records are managed in accordance with the plan as agreed with the Keeper.
7. An authority's records management plan must:
 - identify the individual who is responsible for management of the authority's public records, and
 - (if different) identify the individual who is responsible for ensuring compliance with the plan

- Include provision about the procedures to be followed in managing public records, maintaining the security of information contained in the public records, and the archiving and destruction or other disposal of the public records.
8. Statutory Agencies are more accountable to the public than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that Integration Joint Boards are fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally. As such, Integration Joint Boards must comply with the Public Records (Scotland) Act 2011. Breach of this could incur penalties.

Content of the Records Management Plan (RMP) and Memorandum of Understanding (MoU)

9. NHS Greater Glasgow and Clyde and East Renfrewshire Council already have agreed Records Management Plans in place. These support the proper management of staff, patient and other non IJB records. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014.
10. As the Integration Joint Board does not hold any personal information about either patients/clients or staff, the RMP relates to the IJB and sub committees and plans and policies such as the Annual Performance Report and the Strategic Plan. All of this information is already in the public domain via the IJB's pages on East Renfrewshire Council's website.
11. Formal notification was received in October 2018 from National Records Scotland that the Keeper was inviting East Renfrewshire Integration Joint Board to submit its Records Management Plan by January 2019.
12. The attached RMP and MoU sets out the arrangements for the management of the Integration Joint Board's records and the relationship with NHS Greater Glasgow and Clyde's and East Renfrewshire Council's respective RMPs.
13. East Renfrewshire Council's Business Classification Scheme is used to organise the Integration Joint Board's records as all IJB records are currently managed and stored by East Renfrewshire Council. In terms of evidence that the IJB meets the requirements of each element of the RMP, links to East Renfrewshire Council's RMPs are used where appropriate. This follows the advice given by National Records of Scotland, who provided guidance and support throughout the drafting of the RMP and MoU.
14. As an organisation, East Renfrewshire Integration Joint Board is committed to being organised internally through the utilisation of East Renfrewshire Council's Business Classification Scheme, as well as ensuring its records are readily available externally via the IJB's pages on East Renfrewshire Council's website.
15. The RMP and MoU will be submitted for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011 and will be reviewed by the East Renfrewshire Integration Joint Board annually.

FINANCE AND EFFICIENCY

16. There are no financial implications.

CONSULTATION AND PARTNERSHIP WORKING

17. The RMP and MoU has been amended subject to comments received at the Performance and Audit Committee on 28 November 2018.

IMPLICATIONS OF THE PROPOSALS

Policy

18. Information underpins the Integration Joint Board's overarching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

19. Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the Integration Joint Board with:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

20. There are no staffing, legal, property, IT or equalities implications.

CONCLUSIONS

21. The approved RMP and MoU must be submitted to the Keeper of the Records of Scotland in order to comply with the Public Records (Scotland) Act 2011.

RECOMMENDATION

22. It is recommended that the Integration Joint Board:

- Note and comment on the content of the report
- Approve the IJB Records Management Plan and Memorandum of Understanding for submission to the Keep of the Records of Scotland

REPORT AUTHOR AND PERSON TO CONTACT

Stuart McMinigal, Business Support Manager
stuart.mcmignigal@eastrenfrewshire.gov.uk
07814 124 336

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Integration Joint Board webpage:

<https://www.eastrenfrewshire.gov.uk/article/6437/East-Renfrewshire-Integration-Joint-Board>

BLANK PAGE



East Renfrewshire Integration Joint Board Records Management Plan

Submitted in accordance with the Public Records (Scotland) Act 2011

This plan is fully endorsed by the Chief Officer of East Renfrewshire Integration Joint Board who will ensure compliance with the Public Records (Scotland) Act 2011 through the corporate implementation of this Records Management Plan.

Signed by:

Julie Murray, Chief Officer, East Renfrewshire Integration Joint Board

Document Control Information

Revision	Date	Revision Description
1.0	22/10/2018	Draft circulated for comment

BLANK PAGE

Table of Contents

Records Management Plan	1
Summary	1
About the Public Records (Scotland) Act 2011	2
About Integration Joint Boards.....	2
About East Renfrewshire Integration Joint Board.....	2
Review.....	3
RMP Principles	4
East Renfrewshire IJB Records Management Plan	5
Element 1: Senior management responsibility	6
Element 2: Records Manager Responsibility	7
Element 3: Records Management Policy Statement	8
Element 4: Business classification.....	9
Element 5: Retention schedules	10
Element 6: Destruction arrangements	11
Element 7: Archiving and transfer arrangements	12
Element 8: Information Security	13
Element 9: Data protection.....	14
Element 10: Business continuity and vital records	15
Element 11: Audit trail	16
Element 12: Competency framework for records management staff	17
Element 13: Assessment and review.....	18
Element 14: Shared information	19

BLANK PAGE

Records Management Plan

Summary

This Records Management Plan (RMP) conforms to the model Records Management Plan as set out by the Keeper of the Records of Scotland, in accordance with the provisions of the Public Records (Scotland) Act 2011. This RMP covers East Renfrewshire Integration Joint Board, referred to as 'the IJB' throughout.

The RMP outlines and evidences the IJB's policies and procedures regarding the creation, use, management and disposal of the public records it creates and uses in pursuance of its statutory functions.

In line with the model plan, the IJB's RMP addresses 14 elements:

Element 1: Senior management responsibility

Element 2: Records manager responsibility

Element 3: Records management policy statement

Element 4: Business classification

Element 5: Retention schedule

Element 6: Destruction arrangements

Element 7: Archiving and transfer arrangements

Element 8: Information security

Element 9: Data protection

Element 10: Business continuity and vital records

Element 11: Audit trail

Element 12: Competency framework for records management staff

Element 13: Assessment and review

Element 14: Shared Information

The IJB is fully committed to compliance with the requirements of the Public Records (Scotland) Act, 2014 which came into force on the 1st January 2016. The IJB will therefore follow procedures that aim to ensure that all of its officers employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the authority, or manage public records held by the authority, are fully aware of and abide by this plan's arrangements.

About the Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the act) came fully into force in January 2013. The Act requires names public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014. This document is the Records Management Plan of Midlothian Integration Joint Board.

This RMP sets out and evidences proper arrangements for the management of the IJB's public records and is submitted for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011. It will be reviewed by the IJB annually.

<http://www.nas.gov.uk/recordKeeping/publicRecordsActIntroduction.asp>

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/22476.aspx>

About Integration Joint Boards

The integration of health and social care is part of the Scottish Government's programme of reform to improve care and support for those who use health and social care services. It is one of the Scottish Government's top priorities.

The Public Bodies (Joint Working) (Scotland) Act provides the legislative framework for the integration of health and social care services in Scotland.

It will put in place:

Nationally agreed outcomes, which will apply across health and social care, in service planning by Integration Joint Boards and service delivery by NHS Boards and Local Authorities.

A requirement on NHS Boards and Local Authorities to integrate health and social care budgets.

A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

About East Renfrewshire Integration Joint Board

The East Renfrewshire Integration Joint Board was established under the Public Bodies (Joint Working) Scotland Act 2014.

The order to establish the IJB was laid in the Scottish Parliament on Friday 29 May and came in to force on Saturday 27th June 2015.

From 1st April 2016 East Renfrewshire IJB became responsible for the planning and oversight of delivery of health and social care functions delegated to it by NHS Greater Glasgow and Clyde and East Renfrewshire Council.

These include children and families, adult social care services and criminal justice services and adult health community. The area covered by East Renfrewshire IJB is coterminous with the East Renfrewshire Local Authority.

The IJB operates as a body corporate (a separate legal entity), acting independently of NHS Greater Glasgow and Clyde and East Renfrewshire Council. The IJB consists of eight voting members appointed in equal number by NHS Greater Glasgow and Clyde and East Renfrewshire Council, with a number of Non-voting representative members who are drawn from the third sector, independent sector, staff, carers and service users. The IJB is advised by a number of professionals including the Chief Officer, Clinical Director, Chief Nurse and Chief Social Work Officer.

The IJB's key functions are to:

- Prepare a Plan for integrated functions that is in accordance with national and local outcomes and integration principles
- Allocate the integrated budget in accordance with the Plan
- Oversee the delivery of services that are within the scope of the Partnership.

Information underpins the IJB's over-arching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.
- Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB make:
 - Better decisions based on complete information.
 - Smarter and smoother work practices.
 - Consistent and collaborative workgroup practices.
 - Better resource management.
 - Support for research and development.
 - Preservation of vital and historical records.

In addition we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.

Review

Section 5 (1) of the Act requires authorities to keep their plans under review to ensure its arrangements remain fit for purpose.

RMP Principles

What does the Records Management Plan cover?

Records management covers records of all formats and media. This includes paper and computer records. Records management is needed throughout the lifecycle of a record, and the process begins when the decision to create the record is taken.

Why is records management important?

Records are vital for the effective functioning of the IJB: they support the decision-making; document its aims, policies and activities; and ensure that legal, administrative and audit requirements are met.

For records to perform their various functions, some form of management is needed. Management includes control over what is created, development of effective and efficient filing systems to store records, and procedures for retention of records.

Records management principles

Security – Records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required.

Accountability – Adequate records are maintained to account fully and transparently for all actions and decisions in particular:

To protect legal and other rights of staff or those affected by those actions

To facilitate audit or examination

To provide credible and authoritative evidence

Quality – Records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed.

Accessibility – Records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation.

Retention and disposal – There are consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records.

Training – that all staff are informed of their record-keeping responsibilities through appropriate training and guidance and if required further support as necessary.

East Renfrewshire IJB Records Management Plan

The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed in the parent body organisations, i.e. East Renfrewshire Council and NHS Greater Glasgow and Clyde and as such will be covered by their respective record management plans.

As such, this RMP relates to the IJB committees (Integration Joint Board, Audit and Performance and Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the, Strategic Plan. All of this information is already in the public domain via the IJB's pages on East Renfrewshire Council's website

<https://www.eastrenfrewshire.gov.uk/health>

<https://www.eastrenfrewshire.gov.uk/article/8044/East-Renfrewshire-Integration-Joint-Board>

The IJB has agreed with East Renfrewshire Council that all of the IJB's records will be managed by East Renfrewshire Council. The plan will be continuously reviewed and updated.

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 1: Senior management responsibility</p> <p>Section 1(2)(a)(i) of the Act specifically requires a RMP to identify the individual responsible for the management of the authority's public records. An authority's RMP <u>must</u> name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.</p> <p>It is vital that the RMP submitted by an authority has the approval and support of that authority's senior management team. Where an authority has already appointed a Senior Information Risk Owner, or similar person, they should consider making that person responsible for the records management programme. It is essential that the authority identifies and seeks the agreement of a senior post-holder to take overall responsibility for records management. That person is unlikely to have a day-to-day role in implementing the RMP, although they are not prohibited from doing so.</p> <p>As evidence, the RMP could include, for example, a covering letter signed by the senior post-holder. In this letter the responsible person named should indicate that they endorse the authority's record management policy (See Element 3).</p> <p>Read further explanation and guidance about element 1.</p>	<p>The Chief Officer, Julie Murray has senior responsibility for all aspects of the IJB's Records Management, and is the corporate owner of this document.</p> <p>The Chief Officer chairs the Departmental Management Team, which has strategic responsibility for the Health and Social Care Partnership.</p>	<p>Job Description and IJB appointment paper of Chief Officer (Hard Copy)</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 2: Records Manager Responsibility</p> <p>Section 1(2) (a)(ii) of the Act specifically requires a RMP to identify the individual responsible for ensuring the authority complies with its plan. An authority's RMP must name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP. This person should be the Keeper's initial point of contact for records management issues.</p> <p>It is essential that an individual has overall day-to-day responsibility for the implementation of an authority's RMP. There may already be a designated person who carries out this role. If not, the authority will need to make an appointment. As with element 1 above, the RMP must name an individual rather than simply a job title. It should be noted that staff changes will not invalidate any submitted plan provided that the all records management responsibilities are transferred to the incoming post holder and relevant training is undertaken. This individual might not work directly for the scheduled authority.</p> <p>It is possible that an authority may contract out their records management service. If this is the case an authority may not be in a position to provide the name of those responsible for the day-to-day operation of this element.</p> <p>The authority must give details of the arrangements in place and name the body appointed to carry out the records management function on its behalf. It may be the case that an authority's records management programme has been developed by a third party. It is the person operating the programme on a day-to-day basis whose name should be submitted.</p> <p>Read further explanation and guidance about element 2</p>	<p>The Operational Officer responsible for records management is:</p> <p>East Renfrewshire Council: Craig Geddes Council Records Manager</p> <p>Responsibilities include oversight of:</p> <ul style="list-style-type: none"> ▪ Managing the IJB's records; ▪ Reviewing and implementing operational policies and procedures in line with the RMP; ▪ Ensuring relevant health and social care staff have records management training 	<p>The MoU accompanying this document nominates this roles within East Renfrewshire Council, as the lead with operational responsibility. (Hard Copy)</p> <p>Council Records Manager Job description included as evidence to demonstrate that the named individual has the skills required and can access all IJB records. (Hard Copy)</p> <p>The MoU sets out that the IJB's records are created and managed by the partner body, East Renfrewshire Council. It indicates that the CO is satisfied that the partner body has appropriate records management arrangements in place. (Hard Copy)</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 3: Records Management Policy Statement</p> <p>The Keeper expects each authority's plan to include a records management policy statement. The policy statement should describe how the authority creates and manages authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required. The policy statement should be made available to all staff, at all levels in the authority. The statement will properly reflect the business functions of the public authority. The Keeper will expect authorities with a wide range of functions operating in a complex legislative environment to develop a fuller statement than a smaller Authority.</p> <p>The records management statement should define the legislative, regulatory and best practice framework, within which the authority operates and give an overview of the records management processes and systems within the authority and describe how these support the authority in carrying out its business effectively. For electronic records the statement should describe how metadata is created and maintained.</p> <p>It should be clear that the authority understands what is required to operate an effective records management system which embraces records in all formats.</p> <p>The records management statement should include a description of the mechanism for records management issues being disseminated through the authority and confirmation that regular reporting on these issues is made to the main governance bodies. The statement should have senior management approval and evidence, such as a minute of the management board recording its approval, submitted to the Keeper.</p> <p>The other elements in the RMP, listed below, will help provide the Keeper with evidence that the authority is fulfilling its policy.</p> <p>Read further explanation and guidance about element 3.</p>	<p>East Renfrewshire Council and NHS Greater Glasgow and Clyde work in partnership, governed by the East Renfrewshire Integration Joint Board (IJB).</p> <p>East Renfrewshire IJB is responsible for planning health and care services for the East Renfrewshire population.</p> <p>The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed in the parent body organisations, i.e. East Renfrewshire Council and NHS Greater Glasgow and Clyde and as such will be covered by their respective record management plans.</p> <p>The records covered by this plan constitute IJB business in terms of:</p> <ul style="list-style-type: none"> • IJB Meetings- agendas and papers, including Directions • IJB Strategies and Policies, including the Annual Report, Strategic Plan and Delivery Plan <p>All of this information is already in the public domain via the IJB's pages on East Renfrewshire Council's website</p> <p>https://www.eastrenfrewshire.gov.uk/health</p> <p>https://www.eastrenfrewshire.gov.uk/article/8044/East-Renfrewshire-Integration-Joint-Board</p>	<p>East Renfrewshire Council</p> <p>Records Management Policy</p> <p>https://www.eastrenfrewshire.gov.uk/records-management-policy</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 4: Business classification</p> <p>The Keeper expects an authority to have properly considered business classification mechanisms and its RMP should therefore reflect the functions of the authority by means of a business classification scheme or similar.</p> <p>A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the informational assets the business creates and maintains, and in which function or service area they are held. As authorities change the scheme should be regularly reviewed and updated. A business classification scheme allows an authority to map its functions and provides a structure for operating a disposal schedule effectively.</p> <p>Some authorities will have completed this exercise already, but others may not. Creating the first business classification scheme can be a time-consuming process, particularly if an authority is complex, as it involves an information audit to be undertaken. It will necessarily involve the cooperation and collaboration of several colleagues and management within the authority, but without it the authority cannot show that it has a full understanding or effective control of the information it keeps.</p> <p>Although each authority is managed uniquely there is an opportunity for colleagues, particularly within the same sector, to share knowledge and experience to prevent duplication of effort.</p> <p>All of the records an authority creates should be managed within a single business classification scheme, even if it is using more than one record system to manage its records.</p> <p>An authority will need to demonstrate that its business classification scheme can be applied to the record systems which it operates.</p> <p>Read further explanation and guidance about element 4</p>	<p>As the IJB has only been in operation since 1st April 2016, the type and volume of record keeping specific to the IJB is evolving rapidly.</p> <p>The IJB will follow the corporate Business Classification Scheme (BCS) adopted by East Renfrewshire Council which identifies its high-level functions and activities. These functions cut across the divisional structures of the Council, enabling the BCS to remain relevant in the event of structural changes to the organisation. East Renfrewshire's BCS has been updated to include IJB records.</p> <p>This has been discussed and agreed as a sensible approach by NHS Greater Glasgow and Clyde and East Renfrewshire Council</p>	<p>The link to East Renfrewshire Council BCS is attached below</p> <p>https://www.eastrenfrewshire.gov.uk/business-classification</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 5: Retention schedules</p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP must demonstrate the existence of and adherence to corporate records retention procedures.</p> <p>The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism (see element 6) at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme (See element 7).</p> <p>The principal reasons for creating retention schedules are:</p> <ul style="list-style-type: none"> ▪ to ensure records are kept for as long as they are needed and then disposed of appropriately ▪ to ensure all legitimate considerations and future uses are considered in reaching the final decision. ▪ to provide clarity as to which records are still held by an authority and which have been deliberately destroyed. <p>"Disposal" in this context does not necessarily mean destruction. It includes any action taken at the agreed disposal or review date including migration to another format and transfer to a permanent archive.</p> <p>A retention schedule is an important tool for proper records management. Authorities who do not yet have a full retention schedule in place should show evidence that the importance of such a schedule is acknowledged by the senior person responsible for records management in an authority (see element 1). This might be done as part of the policy document (element 3). It should also be made clear that the authority has a retention schedule in development.</p> <p>An authority's RMP must demonstrate the principle that retention rules are consistently applied across all of an authority's record systems.</p> <p>Read further explanation and guidance about element 5.</p>	<p>A retention schedule is a list of records for which pre-determined disposal dates have been established</p> <p>The corporate records including formal IJB reports and minutes will be managed in accordance with the IJB Board Servicing Committee Protocol.</p> <p>The Business Records Retention Scheme used by East Renfrewshire Council determines how long documents should be retained. Some IJB papers are part of the Committee Management System and as such have permanent retention status</p>	<p>East Renfrewshire Council Retention Schedule Document</p> <p>https://www.eastrenfrewshire.gov.uk/retention-schedule</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 6: Destruction arrangements</p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP must demonstrate that proper destruction arrangements are in place.</p> <p>A retention schedule, on its own, will not be considered adequate proof of disposal for the Keeper to agree a RMP. It must be linked with details of an authority's destruction arrangements. These should demonstrate security precautions appropriate to the sensitivity of the records. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.</p> <p>Read further explanation and guidance about element 6.</p>	<p>The destruction of IJB records, in all formats, will be undertaken by East Renfrewshire Council.</p> <p>All IJB Records will be held electronically on East Renfrewshire Council's system therefore no hard copies will require destruction with the exception of signed copies of minutes which will be held as part of ERC destruction policy.</p> <p>Destruction of electronic media and digital hardware is carried out in accordance with ERC policies</p>	<p>East Renfrewshire Council Records Disposal Policy</p> <p>https://www.eastrenfrewshire.gov.uk/destruction-arrangements</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 7: Archiving and transfer arrangements</p> <p>Section 1(2)(b)(iii) of the Act specifically requires a RMP to make provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP must detail its archiving and transfer arrangements and ensure that records of enduring value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive,</p> <p>if that facility exists, or another suitable repository, which must be named. The person responsible for the archive should also be cited.</p> <p>Some records continue to have value beyond their active business use and may be selected for permanent preservation. The authority's RMP must show that it has a mechanism in place for dealing with records identified as being suitable for permanent preservation. This mechanism will be informed by the authority's retention schedule which should identify records of enduring corporate and legal value.</p> <p>An authority should also consider how records of historical, cultural and research value will be identified if this has not already been done in the retention schedule.</p> <p>The format/media in which they are to be permanently maintained should be noted as this will determine the appropriate management regime.</p> <p>Read further explanation and guidance about element 7.</p>	<p>All IJB Records will be held electronically on East Renfrewshire Council's system so no hard copies will be archived as per element 6</p> <p>Electronic archiving policies will be determined at a later date. At this stage there is only a limited volume of records specific to the IJB.</p> <p>In terms of a procedure, the IJB will follow the Council's plans whereby records are moved into a secure offsite</p> <p>IJB records will be managed with regard to ERC archiving policies</p>	<p>The agreed arrangement between the Board and East Renfrewshire Council for IJB records to be included in the archiving and transferring arrangements established by East Renfrewshire Council.</p> <p>https://www.eastrenfrewshire.gov.uk/archive-transfer</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 8: Information Security</p> <p>Section 1(2) (b)(ii) of the Act specifically requires a RMP to make provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> make provision for the proper level of security for its public records. All public authorities produce records that are sensitive. An authority's RMP <u>must</u> therefore include evidence that the authority has procedures in place to adequately protect its records. Information security procedures would normally acknowledge data protection and freedom of information obligations as well as any specific legislation or regulatory framework that may apply to the retention and security of records.</p> <p>The security procedures must put in place adequate controls to prevent unauthorised access, destruction, alteration or removal of records. The procedures will allocate information security responsibilities within the authority to ensure organisational accountability and will also outline the mechanism by which appropriate security classifications are linked to its business classification scheme.</p> <p>Read further explanation and guidance about element 8.</p>	<p>Information security is the process by which an authority protects its records and ensures they remain available. It is the means by which an authority guards against unauthorised access and provides for the integrity of the records. Robust information security measures are an acknowledgement that records represent a risk as well as an asset. A public authority should have procedures in place to assess and contain that risk.</p> <p>The IJB will rely on NHS Greater Glasgow and Clyde and East Renfrewshire Council arrangements in terms of systems, devices, information sharing platforms etc.</p> <p>All staff will remain employees of either NHS Greater Glasgow and Clyde or East Renfrewshire Council. As such they will be subject to the policies and procedures of their employer, i.e.</p> <p>NHS Greater Glasgow and Clyde Information Security Policy</p> <p>http://library.nhsggc.org.uk/mediaAssets/library/InformationGovernancePolicy09Jul02.pdf</p> <p>or East Renfrewshire Council Information Security Policy</p> <p>http://intranet.erc.insider/article/1288/Policy</p>	<p>East Renfrewshire Council Information Security Policy</p> <p>http://intranet.erc.insider/article/1288/Policy</p> <p>https://www.eastrenfrewshire.gov.uk/information-security</p> <p>East Renfrewshire Information Security Group Remit: (Hard Copy)</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 9: Data protection</p> <p>The Keeper will expect an authority's RMP to indicate compliance with its data protection obligations. This might be a high level statement of public responsibility and fair processing.</p> <p>If an authority holds and process information about stakeholders, clients, employees or suppliers, it is legally obliged to protect that information. Under the Data Protection Act, an authority must only collect information needed for a specific business purpose, it must keep it secure and ensure it remains relevant and up to date. The authority <u>must</u> also only hold as much information as is needed for business purposes and only for as long as it is needed. The person who is the subject of the information <u>must</u> be afforded access to it on request.</p> <p>Read further explanation and guidance about element 9.</p>	<p>All IJB Records will be held electronically on East Renfrewshire Council's system so no hard copies will be archived as per element 6</p> <p>Electronic archiving policies will be determined at a later date. At this stage there is only a limited volume of records specific to the IJB.</p> <p>In terms of a procedure, the IJB will follow the Council's plans whereby records are moved into a secure offsite</p> <p>IJB records will be managed with regard to ERC archiving policies</p>	<p>The agreed arrangement between the Board and East Renfrewshire Council for IJB records to be included in the archiving and transferring arrangements established by East Renfrewshire Council.</p> <p>https://www.eastrenfrewshire.gov.uk/archive-transfer</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 10: Business continuity and vital records</p> <p>The Keeper will expect an authority's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by authorities are vital to their function. These might include insurance details, current contract information, master personnel files, case files, etc. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems.</p> <p>Authorities should therefore have appropriate business continuity plans ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.</p> <p>Read further explanation and guidance about element 10.</p>	<p>A business continuity and vital records plan serves as the main resource for the preparation for, response to, and recovery from, an emergency that might affect any number of crucial functions in an authority.</p> <p>The IJB's records will be subject to the policies and procedures of the partner body in relation to business continuity.</p> <p>The MoU sets out that the IJB's records are managed in accordance with East Renfrewshire Council's Business Continuity and vital records arrangements.</p> <p>All services will continue to be provided or commissioned directly by NHS Greater Glasgow and Clyde or East Renfrewshire Council. As such there is no direct requirement for the IJB to have its own arrangements for business continuity of vital records.</p> <p>Both NHS Greater Glasgow and Clyde and East Renfrewshire Council have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has overall responsibility.</p>	<p>East Renfrewshire Council Business Continuity Plan</p> <p>https://www.eastrenfrewshire.gov.uk/business-continuity</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 11: Audit trail</p> <p>The Keeper will expect an authority's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. For the purpose of this plan 'changes' can be taken to include movement of a record even if the information content is unaffected. Audit trail information must be kept for at least as long as the record to which it relates.</p> <p>This audit trail can be held separately from or as an integral part of the record. It may be generated automatically, or it may be created manually.</p> <p>Read further explanation and guidance about element 11</p>	<p>The IJB's records are created by NHS Greater Glasgow and Clyde and East Renfrewshire Council and are managed via East Renfrewshire Council.</p>	<p>The MoU sets out the IJB's Audit Trail arrangements</p> <p>As per Element 2</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 12: Competency framework for records management staff</p> <p>The Keeper will expect an authority's RMP to detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills.</p> <p>A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system. If the authority appoints an existing non- records professional member of staff to undertake this task, the framework will provide the beginnings of a training programme for that person.</p> <p>The individual carrying out day-to-day records management for an authority might not work for that authority directly. It is possible that the records management function is undertaken by a separate legal entity set up to provide functions on behalf of the authority, for example an arm's length body or a contractor. Under these circumstances the authority must satisfy itself that the supplier supports and continues to provide a robust records management service to the authority.</p> <p>Read further explanation and guidance about element 12.</p>	<p>The IJB will rely upon the records manager of the partner body for compliance under this element.</p> <p>Training for records management staff will remain the responsibility of the employing body East Renfrewshire Council</p>	<p>East Renfrewshire Council Competency Framework</p> <p>https://www.eastrenfrewshire.gov.uk/competency-framework</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 13: Assessment and review</p> <p>Section 1(5) (i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>An authority's RMP <u>must</u> describe the procedures in place to regularly review it in the future.</p> <p>It is important that an authority's RMP is regularly reviewed to ensure that it remains fit for purpose. It is therefore vital that a mechanism exists for this to happen automatically as part of an authority's internal records management processes.</p> <p>A statement to support the authority's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.</p> <p>Read further explanation and guidance about element 13.</p>	<p>The IJB relies on East Renfrewshire Council to ensure that the systems, policies and procedures that govern its records are regularly assessed.</p> <p>The record management plan will be reviewed and updated through the Department Management Team. During the first year any gaps in this plan will be identified as issues arise and solutions agreed.</p> <p>East Renfrewshire Council have committed to periodic review of the RMP by ERC internal Audit and by participation in the Keeper of Scottish Records self-assessment program</p>	<p>East Renfrewshire Council Records Management Plan</p> <p>https://www.eastrenfrewshire.gov.uk/records-management-policy</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 14: Shared information</p> <p>The Keeper will expect an authority's RMP to reflect its procedures for sharing information. Authorities who share, or are planning to share, information must provide evidence that they have considered the implications of information sharing on good records management.</p> <p>Information sharing protocols act as high level statements of principles on sharing and associated issues, and provide general guidance to staff on sharing information or disclosing it to another party. It may therefore be necessary for an authority's RMP to include reference to information sharing protocols that govern how the authority will exchange information with others and make provision for appropriate governance procedures.</p> <p>Specifically the Keeper will expect assurances that an authority's information sharing procedures are clear about the purpose of record sharing which will normally be based on professional obligations. The Keeper will also expect to see a statement regarding the security of transfer of information, or records, between authorities whatever the format.</p> <p>Read further explanation and guidance about element 14.</p>	<p>The IJB relies on East Renfrewshire Council to ensure that the systems, policies and procedures that govern its records are regularly assessed.</p> <p>The record management plan will be reviewed and updated through the Department Management Team. During the first year any gaps in this plan will be identified as issues arise and solutions agreed.</p> <p>East Renfrewshire Council have committed to periodic review of the RMP by ERC internal Audit and by participation in the Keeper of Scottish Records self-assessment program</p>	<p>An information sharing protocol has been agreed between NHS Greater Glasgow and Clyde Council and East Renfrewshire Council to enable the safe and effective sharing of information.</p> <p>(Hard Copy)</p>	<p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p>

BLANK PAGE



Overarching Memorandum of Understanding (MoU)

Between

East Renfrewshire Integration Joint Board,

East Renfrewshire Council

and

Greater Glasgow Health Board

In relation to the IJB's Records Management Plan

DRAFT: 22nd October 2018

Ratification Date:

Review Date:

BLANK PAGE

CONTENTS

1. PARTIES, SCOPE AND PURPOSE.....	3
1.1 Name and details of the parties	3
1.2 Introduction.....	3
1.3 Context.....	3
1.4 Purpose.....	4
1.5 Records Management	4
1.6 Parties' Responsibilities.....	4
2. CORPORATE RESPONSIBILITY	5
2.1 Corporate Responsibility	5
3. SIGN-OFF AND RESPONSIBILITIES.....	5
3.1 Name of Accountable Officer, etc.	5
3.2 Leads for Records Management	5
3.3 Signatories	6
3.4 Sign off	7

BLANK PAGE

1. PARTIES, SCOPE AND PURPOSE

1.1 Name and details of the parties

Legal name of parties	Short name of the party	Head Office address
East Renfrewshire Integration Joint Board	" IJB "	East Renfrewshire Integration Joint Board, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN
East Renfrewshire Council	" Council "	East Renfrewshire Council, Eastwood Park, Rouken Glen Road, Giffnock, G46 6UG
Greater Glasgow Health Board	" Board "	NHS Greater Glasgow and Clyde Corporate HQ J B Russell House Gartnavel Royal Hospital Campus 1055 Great Western Road GLASGOW G12 0XH

1.2 Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament in February 2014 and came into force on 1st April 2016 and provides the framework for the integration of health and social care services in Scotland. Roles and responsibilities of IJBs, including the need for a Records Management Plan are set out here: <https://www.gov.scot/Publications/2015/09/8274/2>

East Renfrewshire IJB operates as a body corporate (a separate legal entity), acting independently of Greater Glasgow Health Board and East Renfrewshire Council.

Each of the Parties listed above are obliged to submit and maintain a Records Management Plan as defined in and in accordance with the Public Records (Scotland) Act 2011.

The Act requires named public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Greater Glasgow Health Board and East Renfrewshire Council already have agreed Record Management Plans in place. IJBs were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014 and this Memorandum of Understanding sets out how each of these RMPs relate to each other.

1.3 Context

The majority of records including employment, service user and internal policies and procedures will continue to be managed in the parent body organisations, i.e. East Renfrewshire Council (the Council) and Greater Glasgow Health Board (the Board) and as such will be covered by their respective record management plans.

The records covered by the IJB's records management plan constitute IJB business in terms of:

- IJB Meetings and related committees- agendas and papers, including Directions, Audit and Risk Committee and Strategic Planning
- IJB Strategies and Policies, including the Annual Report, Strategic Plan and Delivery Plan

1.4 Purpose

This Memorandum of Understanding sets out the agreement between the IJB and the Council and the Board on how the process of depositing, storing and accessing the IJB's records of enduring value will operate.

1.5 Records Management

The Parties acknowledge and agree that the responsibility for creating and maintaining the IJB's records will be delegated to the Council.

The IJB will follow the corporate Business Classification Scheme (BCS) adopted by the Council and the Council's BCS has been updated to include IJB records. This has been discussed and agreed as a sensible approach by the Board and the Council.

As such, the IJB's Records Management Plan evidences compliance via referencing the Council's Records Management Plan.

1.6 Parties' Responsibilities

All of the IJB's records will be subject to the policies and procedures of the Council. The nominated officers within the Council and the Board will have operational responsibility and are able to access these policies and procedures, as well as undergo appropriate training e.g. Data Protection, Information Security, etc.

IJB records are part of the Committee Management System and as such have permanent retention status, which comply with statutory obligations set out under the Public Records (Scotland) Act 2011 and all other relevant legislation. The IJB's records are managed in accordance with the Council's Business Continuity and vital records arrangements. The Council's Audit Trail arrangements will ensure that records are retrievable and offer certainty around version control. The IJB will rely on the Council to ensure that the systems, policies and procedures that govern its records are being regularly assessed. An annual review will be undertaken by a group nominated by the IJB to ensure this is being done effectively.

2. CORPORATE RESPONSIBILITY

2.1 Corporate Responsibility

The IJB's Chief Officer has senior responsibility for all aspects of the IJB's Records Management and is also the IJB's "Senior Information Risk Owner (SIRO)". The Chief Officer is content that all IJB Records will be managed by East Renfrewshire Council in line with Council policies and this is facilitated by this Memorandum of Understanding. In addition, the IJB's Chief Officer is satisfied that the Council and the Board has appropriate records management arrangements in place and that each has already been approved by the Keeper.

3. SIGN-OFF AND RESPONSIBILITIES

3.1 Name of Accountable Officer, etc.

The Accountable Officers for the Parties are:

Accountable Officer Name	Post title	Organisation
Mrs. Julie Murray	Chief Officer	East Renfrewshire Integration Joint Board
Mrs. Lorraine McMillan	Chief Executive	East Renfrewshire Council
Mrs Jean Grant	Chief Executive	NHS Greater Glasgow and Clyde

3.2 Leads for Records Management

The lead for Records Management at each of the Parties is:

Name	Post title	Organisation
Mr Stuart McMinigal	Business Support Manager	East Renfrewshire Health & Social Care Partnership
Mr Craig Geddes	Council Records Manager	East Renfrewshire Council
Mrs Isobel Brown	Information Governance Manager / Data Protection Officer	NHS Greater Glasgow and Clyde

3.3 Signatories

The following individuals (being authorised signatories) will sign this Memorandum of Understanding on behalf of the Parties:

Name of Party	East Renfrewshire Integration Joint Board	
Authorised signatories	Title /Name	Mrs Julie Murray
	Role	Chief Officer
Head Office address	Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN	

Name of Party	East Renfrewshire Council	
Authorised signatories	Title /Name	Mrs. Lorraine McMillan
	Role	Chief Executive
Head Office address	Eastwood Park, Rouken Glen Road, Giffnock, G46 6UG	

Name of Party	Greater Glasgow Health Board	
Authorised signatories	Title /Name	Mrs Jane Grant
	Role	Chief Executive
Head Office address	NHS Greater Glasgow and Clyde Corporate HQ JB Russell House, Gartnavel Royal Hospital Campus 1055 Great Western Road, Glasgow, G12 0XH	

3.4 Sign off

"We the undersigned agree to the details recorded in this Overarching Memorandum of Understanding; are satisfied that our representatives have carried out the necessary work to ensure that the IJB complies with the Public Records (Scotland) Act 2011. The IJB will submit and maintain a Records Management Plan to the Keeper. We agree to review this document on an annual basis.

Signature.....

Signature.....

For and on behalf of East Renfrewshire
Integration Joint Board

For and on behalf of East Renfrewshire
Council

Name Mrs Julie Murray

Name Mrs Lorraine McMillan

Date _____

Date _____

Signature.....

For and on behalf of Greater Glasgow Health
Board

Name Mrs Jane Grant

Date _____

Review Date: January 2020

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	30 January 2019
Agenda Item	11
Title	General Data Protection Regulations (GDPR)
<p>Summary</p> <p>To provide the Integration Joint Board (IJB) with an overview of the changes and implications arising from the new Data Protection laws and to present an IJB Privacy Notice which details how personal data belonging to IJB members is used.</p>	
Presented by	Stuart McMinigal, Business Support Manager
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> - Note and comment on the content of the report - Approve the Privacy Notice as attached at appendix 1 - Agree East Renfrewshire Council's Data Protection Officer is appointed as the Data Protection Officer for the IJB 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance / Efficiency <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Property/Capital <input type="checkbox"/> IT </p>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

30 January 2019

Report by Julie Murray, Chief Officer

GENERAL DATA PROTECTION REGULATIONS (GDPR)

PURPOSE OF REPORT

1. The aim of this report is to provide the Integration Joint Board (IJB) with an overview of the changes and implications arising from the new Data Protection laws and to present the Board with an IJB Privacy Notice which details how personal data belonging to the IJB is managed.

RECOMMENDATION

2. It is recommended that the Integration Joint Board:
 - Note and comment on the content of the report
 - Approve the Privacy Notice as attached at Appendix 1
 - Agree East Renfrewshire Council's Data Protection Officer is appointed as the Data Protection Officer for the IJB

BACKGROUND

3. IJB members will be aware that from 25 May 2018 the Data Protection Act 1998 was replaced by new legislation in the form of General Data Protection Regulation (GDPR) and the Data Protection Act 2018.
4. The IJB has information governance responsibilities (separate to those of the Council and NHS Greater Glasgow & Clyde). Predominately, the information collected and utilised by the IJB is statistical and anonymised data. The IJB does however process Joint Board members' personal information in relation to IJB business only, and as such is a Data Controller in terms of the new legislation.

REPORT

5. Data Protection Laws changed on 25 May 2018 when the EU General Data Protection Regulation (GDPR) and the Data Protection Act 2018 came into force.
6. The legislation introduced new rules on how personal data is collected and processed to ensure individuals have greater control and privacy rights over their information. It shortens timescales for certain processes and significantly increases penalties for failure to comply.
7. Formal notifications of the nature of, reasons for and parties involved in data processing and data sharing are mandatory. These are referred to as privacy notices. A copy of the proposed IJB privacy notice is attached (Appendix 1).
8. As the IJB is a data controller it is subject to these regulations, however in practice the IJB handles minimal personal information and therefore the impact on the IJB specifically is anticipated to be limited.

9. As the IJB is a public body, there is a requirement to appoint a Data Protection Officer to monitor internal compliance, inform and advise on data protection obligations and act as a contact point for data subjects and the supervisory authority, the Information Commissioner's Office (ICO). A single Data Protection Officer can be appointed across several organisations and should be an expert in the field and adequately resourced. Given the small amount of personal data processed by the IJB and the fact that any such data is likely to be held on East Renfrewshire Council systems, it is proposed that we utilise East Renfrewshire Council's Data Protection Officer for this purpose.

FINANCE AND EFFICIENCY

10. Failure to comply with GDPR requirements could lead to significant financial penalties.

CONSULTATION AND PARTNERSHIP WORKING

11. East Renfrewshire Council's Chief Legal Officer and NHS GGC Information Governance Manager / Data Protection Officer have both been consulted.

IMPLICATIONS OF THE PROPOSALS

Legal

12. Approval and adoption of the proposals will ensure compliance with the IJB's legislative obligations under the new Data Protection regime and will protect the IJB from financial penalties or claims for damages for breach of those obligations.

Risk

13. Failure to comply with GDPR requirements could lead to significant financial penalties.
14. There are no policy, staffing, property/capital, IT or equalities implications.

CONCLUSIONS

18. Implementation of the proposals set out in the report above will ensure compliance with GDPR requirements.

RECOMMENDATION

- 19 It is recommended that the Integration Joint Board:
- Note and comment on the content of the report
 - Approve the Privacy Notice as attached at appendix 1
 - Agree East Renfrewshire Council's Data Protection Officer is appointed as the Data Protection Officer for the IJB

REPORT AUTHOR AND PERSON TO CONTACT

Stuart McMinigal, Business Support Manager
stuart.mcminigal@eastrenfrewshire.gov.uk
07814 124 336

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Guide to the General Data Protection Regulation – UK Information Commissioner
<https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>

BLANK PAGE

PRIVACY NOTICE RELATED TO IJB MEMBERS – NON EMPLOYEES

The East Renfrewshire Integration Joint Board (IJB) is responsible for the planning and delivery of health and social care services within East Renfrewshire. The IJB works with its constituent bodies, NHS Greater Glasgow & Clyde and East Renfrewshire Council to improve outcomes for patients, services users, carers and their families.

The Integration Joint Board has information governance responsibilities (separate to those of the Council and NHSGGC) in relation to its delegated functions which, insofar as that information constitutes personal data, require consideration of, and compliance with, the Data Protection Act 2018 and GDPR.

Our purposes for using personal information

We process personal information to enable us to administer the Board.

Most of the information which the IJB collects and uses is statistical or anonymised data but we do hold personal contact details for board members to aid communication, call meetings and issue relevant board documentation.

The East Renfrewshire IJB uses Joint Board Member personal information for contact purposes related to the IJB business only. We will not use the personal information you provide us with for marketing or any other purpose.

Our legal basis for using personal information

In terms of the Public Bodies (Joint Working)(Scotland) Act 2014, East Renfrewshire Council and NHS Greater Glasgow and Clyde set out, by agreement, the integration of certain health and social care functions and delegated these functions to the Integration Joint Board.

East Renfrewshire IJB is a data controller in respect of any personal data it processes in fulfilling this role and is required to have a lawful basis on which to process such personal information. The lawful basis for using personal information is to perform the tasks of the IJB in the public interest and as set out in law.

Retention period of the information we hold

The Integration Joint Board will hold your information in accordance with East Renfrewshire Council file retention policy.

Your information will be destroyed under confidential conditions after its file retention date. For more information on file retentions please see

<https://www.eastrenfrewshire.gov.uk/retention-schedule>

Your rights

You have the right to:

Be informed of the use of your information by the IJB

This notice is intended to give you relevant information to meet this right.

Access your information and if necessary, have it corrected

Under the Data Protection Act 2018 and General Data Protection Regulation (GDPR), you can make a formal request (known as a [Subject Access Request](#)) for the following information:

- clarification that your personal data is being processed by the East Renfrewshire Integration Joint Board
- a description and copies of such personal data
- the reasons why such data is being processed
- details of to whom it is or may be disclosed

Request rectification of your personal data

You have the right to request that the IJB corrects any personal data held about you that is inaccurate.

Request that the IJB restricts processing of your personal data

You have the right to request that the IJB restricts the processing of your data if you think the personal data is inaccurate, the processing is unlawful, the IJB no longer need the personal data but you may need it for a legal purpose or you object to the IJB processing for the performance of a public interest task.

The right to have your personal data erased

You have the right to request your data is erased if the personal data is no longer necessary for the purpose which it was originally collected or processed for.

To object to the processing of your data

You have the right to object to the IJB using your personal data. The IJB will have to demonstrate why it is appropriate to continue to use your data.

Complaints

If you have an issue with the way the IJB handles your information or wish to exercise any of the above rights in respect of your information you can contact the East Renfrewshire Council Data Protection Officer by post at:

The Data Protection Officer

East Renfrewshire Council

Council Headquarters

Eastwood Park

Giffnock

G46 6UG

Or by email at DPO@eastrenfrewshire.gov.uk

You have the right to complain directly to the Information Commissioner's office (ICO). The address of their head office is:

Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5EF

Telephone : 0303 123 1113

Alternatively, you can report a concern via their website at www.ico.org.uk

The ICO also have a regional office at 45 Melville Street, Edinburgh EH3 7HI

Telephone: 0303 123 1115

e-mail: scotland@ico.org.uk

While you can go directly to the ICO, the IJB would welcome an opportunity to address any issues you have in the first instance.

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	30 January 2019
Agenda Item	12
Title	Revenue Budget Monitoring Report 2018/19; position as at 30 November 2018
<p>Summary</p> <p>To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> ▪ Note the projected outturn for the 2018/19 revenue budget ▪ Approve the budget virement as detailed at Appendix 7. 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Property/Capital <input type="checkbox"/> IT </p>	

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

30 January 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
 - Approve the budget virement as detailed at Appendix 7

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 over spend of £0.425 million against a full year budget of £115.393 million (0.4%). Of the projected overspend £0.398 million relates to planned use of reserves and £0.027 million is a projected operational overspend, which we continue working on to contain within existing resources. If required we will draw from our in year contingency reserve. Appendices 2 and 3 set out the operational position for each partner.
5. The projected overspend of £0.425 million is a net result of:
 - £0.398 million savings from Fit for the Future still to be achieved
 - £0.027 million in year operational overspend
6. The main movements since last reported to the IJB are a decrease in the projected operational overspend of £0.180 million and modest reduction of £0.034 million in the planned use of reserves.
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. 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 work ongoing to achieve this target. The full year effect of the work to date is £0.766 million.

10. The main projected variances are set out below, and are subject to revision as the year progresses.
11. **Children & Families £241k 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 £176k underspend since last reported as the previous report included optimistic assumption on the recruitment of vacant social worker posts.
12. **Older Peoples Services £490k overspend** is a projected cost increase of £22k since last reported and reflects the current projected cost of care packages and an assumed £400k for new activity including winter pressures to March 2019. The main reasons for the projected overspend are:
 - Nursing and residential care £241k 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 £153k
 - Care at Home commitments based on current packages £234k
 - District Nursing vacancy savings projected at £130k.
13. **Physical/Sensory Disability £85k underspend** and continues to reflect staff vacancies and is a further underspend of £7k since last reported.
14. **Learning Disability Community £190k underspend** which primarily reflects staff vacancies, and is an increase in projected costs of £19k from that last reported.
15. **Learning Disability Inpatients £nil variance** position reflects the planned use of reserves during the redesign of the bed models for both long stay and assessment and treatment. As previously reported there is 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. With the exclusion of these two factors the service is currently operating within recurring budget.
16. **Mental Health £119k underspend** reflects current staff turnover and vacancies in nursing, occupational therapy and social care. This is a decrease in projected costs of £9k since last reported.
17. **Addictions/Substance Misuse £45k overspend** remains a result of the current staff costs with no projected turnover.
18. **Prescribing £nil variance** as previously reported this budget is shown on target The HSCP is £52k overspent at September 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 £178k overspend** is a small increase in projected costs of £5k. 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 overspend of £0.027 million will be met from our in year pressure reserve or drawn from general reserves if required once we reach the year end.
23. The year to date position is detailed at Appendix 4 and reflects an under spend of £878k 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 and shows a modest improvement of £34k since last reported:

	2018/19		2019/20		2020/21	
	£'000	FTE	£'000	FTE	£'000	FTE
Recurring Savings Achieved						
Staff	185	2	114	2	114	2
Non Staff review of all budget lines	222		222		222	
Modelled Savings to Date	149	10	446	10	446	10
Potential Saving to Date	556	12	782	12	782	12
Savings Target as at 1 April 2018	954		954		954	
Current Balance	398		172		172	

26. Per the table above, the maximum reserves requirement to meet the balance of the saving is currently projected at £0.398 million in 2018/19, reducing to £0.172 million full year effect thereafter. Work remains ongoing to deliver the balance through a revised staffing structure and continued review of all budget lines. The bridging finance will meet the funding required until recurring savings are fully achieved.
27. In addition to the savings bridging requirement above, the reserve may be required to fund any non-recurring costs to date from release, protection and redeployment.
28. Appendix 8 has been restated to show the opening balance of savings at £0.954 million. We had started to show the adjustments allocated across services as realised and modelled; we have reconsidered this position as adjusting for part year / full year and implications of adjusting for modelled as well as approved savings make this complex. The most transparent approach is to show the opening target and progress against this. All full year savings will be fully allocated in the 2019/20 opening budget which will also reflect the new service structure.
29. 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 of local and system wide activity and we are developing monitoring reports to ensure full transparency on all spend and activity.
30. 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.

31. For the Mental Health Action 15 funding the Scottish Government approach is to allocated 70% so 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.
32. Our Alcohol and Drugs Partnership new funding of £265k allows 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.

FINANCE AND EFFICIENCY

33. 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.
34. 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.

CONSULTATION AND PARTNERSHIP WORKING

35. The Chief Financial Officer has consulted with our partners.
36. 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.

IMPLICATIONS OF THE PROPOSALS

Risk

37. 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
38. 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.
39. The local government pay award has not yet been settled. The assumption included in this report allow a budget provision for 3%, with the current offer at 3.5%.
40. The report does not include any provision for implications from a review of the grade for Health Visitors.

Staffing

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

Equalities

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

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 £0.425 million from reserves for the year to 31 March 2019.

Policy

45. None

Legal

46. None

Property/capital

47. None

CONCLUSIONS

48. Appendix 1 reports a projected in year overspend of £0.425 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

49. The Integration Joint Board is asked to:
- Note the projected outturn position of the 2018/19 revenue budget
 - Approve the budget virement as detailed at Appendix 7

REPORT AUTHOR

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

lesley.bairden@eastrenfrewshire.gov.uk

0141 451 0746

Ian Arnott, Accountancy and Contracts Manager

ian.arnott@eastrenfrewshire.gov.uk

30 January 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 28.11.2018 – Item 13 Revenue Budget Monitoring Report

<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23426&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>

East Renfrewshire HSCP - Revenue Budget Monitoring 2018/19

Consolidated Monitoring Report

Projected Outturn Position to 31st March 2019

Objective Analysis	Draft Outturn			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Children & Families	10,447,000	10,206,000	241,000	2.31%
Older Peoples Services	28,733,000	29,223,000	(490,000)	(1.71%)
Physical / Sensory Disability	4,649,000	4,564,000	85,000	1.83%
Learning Disability - Community	12,019,000	11,829,000	190,000	1.58%
Learning Disability - Inpatients	8,033,000	8,033,000	-	(0.00%)
Mental Health	4,362,000	4,243,000	119,000	2.73%
Addictions / Substance Misuse	1,546,000	1,591,000	(45,000)	(2.91%)
Family Health Services	21,769,000	21,769,000	-	-
Prescribing	15,766,000	15,766,000	-	(0.00%)
Criminal Justice	36,000	13,000	23,000	63.89%
Planning & Health Improvement	299,000	271,000	28,000	9.36%
Management & Admin	8,687,600	8,865,600	(178,000)	(2.05%)
Fit For the Future Programme	(953,600)	(556,000)	(397,600)	(41.69%)
Net Expenditure	115,393,000	115,817,600	(424,600)	(0.37%)
Contribution to / (from) Reserve	-	(424,600)	424,600	
Net Expenditure	115,393,000	115,393,000	-	

Notes:

- 1 NHS & ERC figures quoted as at November 2018
- 2 Resource Transfer and the Social Care Fund has been re allocated across client groups at the consolidated level.
- 3 The final contribution to / from reserves will be confirmed as part of the 2018/19 year end closure process
- 4 The balance of Fit for the Future savings will be met from reserves as required as the savings are phased in during 2018/19.

5 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 overspend	 <u>(27,000)</u>
 Transfer from Reserves	 <u>(424,600)</u>
 Analysed by Partner ;	
NHS	158,000
Council	(582,600)
Net Contribution From Reserves	<u>(424,600)</u>

East Renfrewshire HSCP - Revenue Budget Monitoring 2018/19

Council Monitoring Report

Projected Outturn Position to 31st March 2019

Subjective Analysis	Draft Outturn			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	21,275,000	20,523,000	752,000	3.53%
Property Costs	1,009,000	924,000	85,000	8.42%
Supplies & Services	2,260,000	2,290,000	(30,000)	(1.33%)
Transport Costs	221,000	276,000	(55,000)	(24.89%)
Third Party Payments	38,311,600	39,382,600	(1,071,000)	(2.80%)
Support Services	2,138,000	2,138,000	-	(0.00%)
Income	(16,878,000)	(17,012,000)	134,000	0.79%
Fit For the Future Programme	(731,600)	(334,000)	(397,600)	(54.35%)
Net Expenditure	47,605,000	48,187,600	(582,600)	(1.22%)
Contribution to / (from) Reserve	-	(582,600)	582,600	
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	8,239,000	250,000	2.94%
Older People	19,833,000	20,514,000	(681,000)	(3.43%)
Physical / Sensory Disability	4,285,000	4,200,000	85,000	1.98%
Learning Disability	7,672,000	7,563,000	109,000	1.42%
Mental Health	1,407,000	1,431,000	(24,000)	(1.71%)
Addictions / Substance Misuse	261,000	305,000	(44,000)	(16.86%)
Criminal Justice	36,000	13,000	23,000	63.89%
Service Strategy	1,176,600	1,163,600	13,000	1.10%
Support Service & Management	5,177,000	5,093,000	84,000	1.62%
Fit For the Future Programme	(731,600)	(334,000)	(397,600)	(54.35%)
Net Expenditure	47,605,000	48,187,600	(582,600)	(1.22%)
Contribution to / (from) Reserve	-	(582,600)	582,600	
Net Expenditure	47,605,000	47,605,000	-	

Notes

- Figures quoted as at 7 December 2018
- The projected underspend / (overspend) will be taken to/(from) reserves at year end.
- 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 transfer;

	£
Budget Savings - Fit For the Future Bridging	731,600
Less - in year savings contribution	<u>334,000</u>
Contribution from Budget Phasing Reserve	<u>397,600</u>
2018/19 operational overspend	185,000
Total Contribution from reserves	<u>582,600</u>

NHS Monitoring Report

Projected Outturn Position to 31st March 2019

Subjective Analysis	Draft Outturn			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	17,501,000	16,708,000	793,000	4.53%
Non-pay Expenditure	45,011,000	45,646,000	(635,000)	(1.41%)
Resource Transfer/Social Care Fund	9,567,000	9,567,000	-	-
Income	(4,291,000)	(4,291,000)	-	-
Net Expenditure	67,788,000	67,630,000	158,000	0.23%

Contribution to / (from) Reserve	-	158,000	(158,000)	
Net Expenditure	67,788,000	67,788,000	-	

Objective Analysis	Draft Outturn			
	Full Year Budget £	Projected Outturn Spend £	Variance (Over) / Under £	Variance (Over) / Under %
Childrens Services	1,875,000	1,884,000	(9,000)	(0.48%)
Adult Community Services	3,687,000	3,496,000	191,000	5.18%
Learning Disability - Community	912,000	831,000	81,000	8.88%
Learning Disability - Inpatients	8,033,000	8,033,000	-	(0.00%)
Mental Health - Community	1,627,000	1,543,000	84,000	5.16%
Mental Health - Older Adults	693,000	634,000	59,000	8.51%
Family Health Services	21,769,000	21,769,000	-	-
Prescribing	15,766,000	15,766,000	-	-
Addictions	863,000	864,000	(1,000)	(0.12%)
Planning & Health Improvement	299,000	271,000	28,000	-(9.36%)
Integrated Care Fund	907,000	907,000	-	-
Management & Admin	2,012,000	2,287,000	(275,000)	(13.67%)
Resource Transfer/Social Care Fund	9,567,000	9,567,000	-	-
Fit For the Future Programme	(222,000)	(222,000)	-	-
Net Expenditure	67,788,000	67,630,000	158,000	0.23%

Contribution to / (from) Reserve	-	158,000	(158,000)	
Net Expenditure	67,788,000	67,788,000	-	

Notes

1 Figures quoted as at 31 November 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>
	<u>158,000</u>
Total Contribution (from) / to Reserves	<u>158,000</u>

East Renfrewshire HSCP - Revenue Budget Monitoring 2018/19

Year To Date Position as at November 2018

Council Monitoring Report

Subjective Analysis	Year To Date			
	Budget £	Actual £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	13,197,000	12,092,000	1,105,000	8.37%
Property Costs	532,000	405,000	127,000	23.87%
Supplies & Services	1,006,000	894,000	112,000	11.13%
Transport Costs	153,000	179,000	(26,000)	(16.99%)
Third Party Payments	23,208,000	23,509,000	(301,000)	(1.30%)
Support Services	-	-	-	0.00%
Income	(11,245,000)	(11,106,000)	(139,000)	1.24%
Net Expenditure	26,851,000	25,973,000	878,000	3.27%

NHS Monitoring Report

Subjective Analysis	Year to Date			
	Budget £	Actual £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	11,376,000	10,961,000	415,000	3.65%
Non-pay Expenditure	28,694,000	29,109,000	(415,000)	(1.45%)
Resource Transfer	7,217,000	7,217,000	-	-
Income	(2,454,000)	(2,454,000)	-	-
Net Expenditure	44,833,000	44,833,000	-	(0.00%)
Total	71,684,000	70,806,000	878,000	1.22%

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.

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
Original Revenue Budget Contributions	66,669	48,175		114,844
Subsequent Contribution Revisions				
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	366			366
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
Current Revenue Budgets	67,788	47,605	-	115,393
Funding Outwith Revenue Monitoring				
Housing Aids & Adaptations *		550		550
Set Aside notional Budget	16,338			16,338
Total IJB Resources	84,126	48,155	-	132,281
Directions to Partners				
Revenue Budget	67,788	47,605	-	115,393
Social Care Fund	(5,161)	5,161	-	-
Carer's Information	58	(58)	-	-
Integrated Care Fund	(673)	673	-	-
Delayed Discharge	(264)	264	-	-
	61,748	53,645	-	115,393
Housing Aids & Adaptations *		550		550
Set Aside notional Budget	16,338			16,338
	78,086	54,195	-	132,281

* includes capital spend

East Renfrewshire HSCP - Revenue Monitoring 2018/19

Projected Reserves as at 31 March 2019

Earmarked Reserves	Reserve Carry Forward to 2018/19	2018/19 Projected spend	Projected balance 31/3/19	comment
	£	£	£	
1. Specific Project Funding :				
(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	65,546	3,360	Pyear 1 pilot funded
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	30,000	70,000	£30k committed 18/19
NHS 2017/18 Projects	52,500	32,500	20,000	Reserve committed, other than Syrian Refugees monies - being reviewed
Total Specific Projects	960,975	617,615	343,360	
2. Transitional Funding -Learning Disability Service Redesign :				
Learning Disability Specialist Services	700,600	-	700,600	
Total Transitional Funding	700,600	-	700,600	
3. Bridging Finance:				
Bonnyton Service Redesign	450,000	450,000	-	Assume fully spend in 2018/19
Budget Savings Reserve to support Fit For the Future Change Programme	1,464,963	397,600	1,067,363	Current projected balance required of £398k
In Year Pressures Reserve	500,000	27,000	473,000	In year operational overspend £27k; £40k committed for 2 temporary posts - will be drawn down if required
C&F - Residential Accommodation	460,000	-	460,000	
Total Bridging Finance	2,874,963	874,600	2,000,363	
Total All Earmarked Reserves	4,536,538	1,492,215	3,044,323	
General Reserves				
East Renfrewshire Council	109,200		109,200	
NHSGCC	163,000		163,000	
Total General Reserves	272,200	-	272,200	
Grand Total All Reserves	4,808,738	1,492,215	3,316,523	

East Renfrewshire HSCP - Revenue Budget Monitoring 2018/19
Budget Virement

2018/19 Budget Virement						
Subjective Analysis	2018/19 Budget £	(1) £	(2) £	(3) £	P9 2018/19 Budget £	Total Virement £
Employee Costs	21,070,000	56,000	-	150,000	21,276,000	206,000
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	38,459,600	-	-	(150,000)	38,309,600	(150,000)
Support Services	2,196,000	-	(57,000)	-	2,139,000	(57,000)
Income	(16,878,000)	-	-	-	(16,878,000)	-
Fit For the Future Programme	(731,600)	-	-	-	(731,600)	-
Net Expenditure	47,606,000	56,000	(57,000)	-	47,605,000	(1,000)

2018/19 Budget Virement						
Objective Analysis	2018/19 Budget £	(1) £	(2) £	(3) £	P9 2018/19 Budget £	Total Virement £
Children & Families	8,483,000	6,000	-	-	8,489,000	6,000
Older People	19,805,000	28,000	-	-	19,833,000	28,000
Physical / Sensory Disability	4,281,000	4,000	-	-	4,285,000	4,000
Learning Disability	7,666,000	6,000	-	-	7,672,000	6,000
Mental Health	1,405,000	2,000	-	-	1,407,000	2,000
Addictions / Substance Misuse	258,000	3,000	-	-	261,000	3,000
Criminal Justice	35,000	1,000	-	-	36,000	1,000
Service Strategy	1,175,600	1,000	-	-	1,176,600	1,000
Support Service & Management	5,229,000	5,000	(57,000)	-	5,177,000	(52,000)
Contribution From Reserves	(731,600)	-	-	-	(731,600)	-
Net Expenditure	47,606,000	56,000	(57,000)	-	47,605,000	(1,000)

1 Funding of 2018/19 Pay Award at from 2.8% 3%

2 Central Support Costs Recharges budget adjustment for revised IT cost of service

3 Realign Care at Home pressure funding

Saving	2018/19 Savings Delivery		Comments
	Approved Saving 2018/19 Budget £	Projected Saving 2018/19 £	
New savings agreed as part of 2018-21 budget - ERC			
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
Sub Total	412,000	412,000	
New savings to meet NHS Pressures			
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
Sub Total	612,000	612,000	
Fit for the Future Programme			
Balance to be Achieved as at July 2018	953,600	556,000	Projected savings balance required reflects current progress to date both achieved (£291k) and modelled (£265k). Work in ongoing to meet the full saving on a recurring basis
Total HSCP Saving Challenge	1,977,600	1,580,000	