

Date: 21 January 2022  
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**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

Dear Board Member

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD – 26 JANUARY 2022**

Please find attached the undernoted items marked “to follow” on the agenda for the meeting of the Integration Joint Board on Wednesday 26 January 2022.

Yours faithfully

**Councillor Caroline Bamforth**

Chair

**Undernote referred to:-**

Item 5 - HSCP COVID Response

Item 6 - Revenue Budget Monitoring Report

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board									
<b>Held on</b>	26 January 2022									
<b>Agenda Item</b>	5									
<b>Title</b>	East Renfrewshire HSCP Response to Covid-19									
<p><b>Summary</b></p> <p>This report provides the Integration Joint Board with an update on developments in response to the ongoing Covid-19 pandemic and the continued pressure the HSCP is facing, in common with health and social care services across Scotland. A combination of increased demand across all services and staff absence is creating significant issues with capacity. This is particularly acute in care at home, but is evident in all services. We continue to experience higher rates of referrals and more complex presentations as a result of the pandemic.</p>										
<b>Presented by</b>	Julie Murray, Chief Officer									
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to note and comment on the report.</p>										
<p><b>Directions</b></p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p><b>Implications</b></p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input checked="" type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Workforce</td> <td><input type="checkbox"/> Infrastructure</td> </tr> <tr> <td><input type="checkbox"/> Equalities</td> <td><input type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>		<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
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## **EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**26 January 2022**

**Report by Chief Officer**

### **EAST RENFREWSHIRE HSCP RESPONSE TO COVID-19**

#### **PURPOSE OF REPORT**

1. This report provides the Integration Joint Board with an update on any changes in relation to HSCP services.

#### **RECOMMENDATION**

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

#### **BACKGROUND**

3. The Integration Joint Board have received regular updates in relation to the HSCP response to Covid-19 and the associated recovery programme.
4. The last response update was in May 2021 as more recent reporting has focussed on the Recovery and Renewal Programme however, given the current pressures as a result of the Omicron variant we are firmly back in response mode.
5. In December 2021, emergency planning meetings were reinstated as a result of the increasing number of omicron cases and potential impact on our services. The HSCP increased monitoring of our critical functions to ensure continued service delivery and allow for contingency arrangements particularly over the festive period. Our Local Response Management Team (LRMT) was also increased and continues to meet 3 times per week, in addition to daily huddle meetings with the Senior Team to review the status of critical functions and take necessary decisions to ensure continued service delivery.
6. At the time of writing 5 service areas were rated red 'monitor carefully/prepare to take action' on the critical functions list. These are Care at Home, Learning Disability Inpatients, Adult Protection and Older Adults Mental Health.
7. As a result, major projects within the Recovery and Renewal Programme, including the Replacement Case Recording System and Care at Home Projects, have been paused to allow the HSCP to respond to the ongoing pandemic. The Programme Manager has also been realigned to support our response.
8. This report therefore provides an update on any significant developments and areas of pressure.

## REPORT

### Adult Services

#### Supporting people at home

9. Our Care at Home service is operating a full service in some areas and in others we have prioritised service to those with the greatest risk / need. We have increased Telecare Responder service for people to contact us when they require unscheduled support. A significant proportion of our Winter Planning money allowed us to accrue additional Home Care Workers. At the time of writing, the current absence rate in Care at Home is approximately 30% (this includes Covid and non Covid related absence) which relates to 41 employees currently absent from work. The impact of this absence significantly reduces Care at Home capacity within the community and reduced capacity to respond to hospital discharge referrals.
10. There are currently 11 people in East Renfrewshire waiting for Care at Home to support discharge from hospital and 31 people awaiting support for them at home within the community. Locally our current pressure points in Care at Home are for evening and weekend support. We have ran a local redeployment and volunteering initiative across the HSCP and Council which has seen a movement of staff from some services to others whilst continuing to provide essential provision (for example learning disability day services). To date we have welcomed 19 people volunteering with 9 people for frontline care and 10 people for back office. This is in addition to 12 day centre staff from learning disability day services redeployed across our care at home and telecare responder service. All individuals who volunteer to work in care at home receive two day training and induction with training scheduled every week until the end of February to facilitate this. People who volunteer to work in care at home are matched with an experienced carer on our 2 person runs to ensure they are properly supported. In addition we have introduced an Annual Leave Buy Back Policy to mitigate these pressures.
11. It is worth noting the dedication, commitment and hard work of our care at home, telecare and care home teams who have continued to work throughout the festive period often going that extra mile for local residents sacrificing spending time with their own families and friends in order to do this.
12. Being a smaller Health and Social Care Partnership, we could be approaching a critical situation in relation to Social Workers soon. Our key areas of risk were within our Home from Hospital service due to absence over the festive period and increasing demand and in relation to assessment of need for community referrals at our front door with 108 people currently awaiting assessment.
13. We could also be approaching a challenging situation in relation to Social Worker capacity and manage this at our daily HSCP huddle. Our key areas of risk have been within our Home from Hospital service due to absence (although most staff returned to work) and increasing demand and in relation to assessment of need for community referrals at our front door with 108 people currently awaiting assessment.
14. We have recruited 4 Social Workers to our Review Team as part of our Winter Planning agenda and we hope that they will be in post by the end of February. They will of course be deployed to support critical services completing assessments at the front door to

reduce the waiting list although there is a gap until the posts are filled within this challenging and ever changing context.

15. We have also recruited to our Team Manager, Review Team and Team Manager Intensive Support Service as part of our winter planning agenda. Alongside this we have also prioritised recruitment to our Team Manager, Home from Hospital post quickly to minimise a gap in this role as the current manager is moving to a new role in Ayrshire.
16. We are also recruiting a range of multi-disciplinary roles to support our interim care arrangements (step up /step down and proactive support in the community) and again hope to have these posts filled by March. In the meantime we are continuing to offer interim care beds in our local Care Homes (depending on outbreak status). Our Social Work staff continue to proactively encourage families to consider interim care options where Care at Home is not available although this continues to be a challenge. We currently have a small number of individuals delayed discharge due to AWI processes with the main factor being delays in awaiting court sessions to formalise decision making powers. In terms of the additional Health Care Support Workers posts via Greater Glasgow and Clyde, East Renfrewshire HSCP has recruited 6 of a potential 16 posts following two intensive rounds of recruitment. We plan to reconsider focus of these post and open recruitment again in early February.
17. In terms of our administrative functions which support all of our services, there is an ongoing challenge in relation to capacity and coordination. Our business continuity has used these resources in the areas of greatest need but is experiencing pressure across the system. Our Contracts and Commissioning service until recently had a number of vacancies and although these have now been filled, the team is mainly focusing on support to Care at Home and critical issues to service providers.
18. Across all mental health and recovery services, work is continuing to provide person-centred care throughout the challenges that Covid-19 has presented. The Older Adult Mental Health Team is currently going through some staff turnover within the nursing discipline and we are currently recruiting for a new Nursing Team Lead and two Band 5 posts. Our adult mental health team and PCMHT and addictions services have remained operational with limited impact from Covid-19, however at the time of writing we are seeing pockets of increased infection rates in these staff groups and are monitoring this closely. We have also implemented a RAG approach consistent with our Greater Glasgow and Clyde mental health colleagues to ensure that at any given time we can quickly identify and respond to individuals based on risk should staffing become depleted.
19. The Mental Health Officer (MHO) team have filled some vacant positions recently, increasing the capacity to support the most vulnerable individuals who require statutory measures for their care and treatment. However, as is the case nationally there is a national shortage of MHOs. Challenges in relation to covering the MHO duty rota have been alleviated with support from the hospital to home team who have offered to collaborate to fill some slots.
20. In terms of our hosted services, Scottish Centre of Technology for the Communication Impaired (STCTI) has continued to support individuals across 12 health boards in Scotland making full use of remote and virtual mechanisms. The Adult Autism Team had a number of vacancies and following proactive recruitment the team should be full established by February 2022.

### Supporting Care Homes

21. Support to our care homes continues using our existing support and governance mechanisms including the newly established Care Home Collaborative Hub model.
22. The Collaborative is made up of three multidisciplinary teams (Hubs) of health professionals to support care homes: one to cover Glasgow City HSCP, the other hosted by Inverclyde HSCP on behalf of the remaining 5 partnerships and one central 'specialist' team with shared resources spanning both local Hubs. Additionally, the MDT Hubs are supported via a Corporate Hub in order to strengthen professional oversight and robust governance. The overarching purpose is to enable care home residents to live their best life aligned to what matters to them. The Hubs provide professional and practical support, oversight and leadership offering a range of additional support in key areas including, but not limited to, infection prevention and control, person centeredness, food fluid and nutrition, tissue viability, quality improvement, leadership and education.
23. Our care homes are currently experiencing a greater number of outbreaks due to the new variant and this is reflected across Greater Glasgow and Clyde, and nationally. Residents are experiencing milder symptoms with the majority reported as being asymptomatic .
24. Our Care Homes have managed to stay above minimum staffing levels by implementing contingency plans and recruiting using agency staff. Care Homes have also been creative in terms of extending current staff hours and redeploying staff from non-front facing roles.
25. At present we have one care home RAG rated as 'red' due to the improvement notice issued by the Care Inspectorate following inspection on 23 November 2021. The care home have until 31 January to meet all required improvements and are making progress towards achieving this. The HSCP and colleagues from the Care Home Collaborative Hub 5 are supporting implementation of the improvement action plan. This particular care home is also experiencing a Covid-19 outbreak as of 6<sup>th</sup> January which is also being actively managed.

### Care Home Assurance Tool (CHAT) Visits

26. Care Home Assurance Tool (CHAT) visits are now established within East Renfrewshire and will be supported by the Care Home Collaborative. Due to the current position in relation to the pandemic and significant impact of the Omicron variant CHAT visits to the care homes are currently paused however a schedule for the next round of visits is being developed.

### Winter Vaccination Programme

27. The HSCP have continued the delivery of vaccinations to care home residents and staff, as well as housebound patients within East Renfrewshire.
28. The initial Care Home vaccination programme was completed on 12 October, however this was subsequently followed up by a number of 'mop-up' clinics between 1 November and 3 December for those who had been unable to receive the vaccination earlier and in response to updated guidance from Scottish Government in relation to the reduced time



interval between the primary Covid-19 vaccine and booster vaccine and the subsequent pause of the flu vaccination.

29. Based on population figures ascertained at the start of the programme, 93% of care home residents received their Covid-19 booster, and 90% also received their flu vaccine.
30. Care home staff were also offered vaccination alongside residents during vaccination visits in addition to accessing the mass vaccination clinics to support optimal uptake of the Covid-19 vaccination. Additionally, several sessions were also arranged within the Partnership week beginning 20 December for our care home and care at home staff. In total the partnership provided 27% of care home staff with Covid-19 vaccines and 43% with flu vaccines. We continue to encourage uptake of booster vaccinations for all staff.

### Housebound Patients

31. The housebound patients' vaccination programme commenced on 13 October and consisted of an 8-week period during which all patients fitting the eligibility criteria were vaccinated.
32. Due to the nature of the service and changing caseload the programme remains ongoing. At the time of writing the housebound caseloads is currently 989 with 97% of patients having received a Covid vaccination and 93% also receiving their flu vaccine.
33. Between 13 October and 31 December 2021, a total of 955 Covid vaccinations were delivered, 98% of which were boosters.
34. We will continue to deliver Covid-19 vaccines as appropriate to new admissions to care homes and our remaining housebound patients over the coming months.

### Supporting In-patient Services

35. In patient services have faced a particular challenging time since the onset of the Omicron variant. This has resulted in two outbreaks in two of our three units. The first outbreak in early December and the second in the new year combined with seasonal absence, increased demand and significant clinical complexity has resulted in a need for very close support and in the service activating contingency plans and accessing staff from our community learning disability teams across Greater Glasgow and Clyde.

## **Cross System Support**

### Mass Vaccination Clinics

36. The HSCP continues to support mass vaccination clinics run by Greater Glasgow and Clyde in partnership with East Renfrewshire Council. The continued operation of the weekend clinic at Barrhead Health and Care Centre represents a significant commitment to ensure the centre works efficiently and safely, with staff supporting the non-clinical operation through facilities management of the buildings, queue management and liaison with clinical staff.

37. Vaccination of the population remains the most important line of defence to slowing down the spread and severity of the virus. Therefore, work continues with our NHS partners to maximise the opportunities for our residents to be vaccinated with additional clinics scheduled and it is likely that the vaccination centres will remain operational until end February 2022.

#### Mental Health and Learning Disability

38. We are working with our mental health colleagues within Greater Glasgow and Clyde to ensure good cross system support across services when and if this is required.
39. In respect of our clinical governance role for learning disability we stepped up our LD Covid-19 Planning meeting to support risk management and staff deployment across Greater Glasgow and Clyde partnerships.

#### Community Assessment Centres (CACs)

40. We have continued to provide staffing to support Community Assessment Centres, however the demand on staffing is reducing as centres are seeing around 50% lower attendances, and we are no longer being asked to provide staff on a daily basis.
41. It is anticipated that there will be plans to work towards a phased closure of centres by the end of March, with the understanding that CACs will be reinstated if required should the situation change.

#### Public Protection and Children's Services

42. Within our Children and Public Protection service, there is additional demand for services for children with additional support needs (vulnerable children), fostering services and residential services and alternative provision to prevent this. Increased accommodation of children out with the family home has increased by approximately 65%. The service is also recovering from a high number of Covid related absence over the Christmas and New Year period across the Social Work, health visiting and management functions.

#### Supporting Children and Young People

43. Supporting children and young people's mental health continues to be a high priority, particularly as we seek to provide support to those impacted by the pandemic, and at the same time address the significant needs that existed prior to it. Whilst there are clinical solutions for a small proportion of these children the majority will not benefit from existing specialist mental health services as their difficulties are routed in the social and familial environment. The Family Wellbeing Service and the Healthier Minds Hub - the local tier 2 services - have received 678 referrals over the last year from GPs, school and other services and practitioners. If these services had not been in existence many of the children and young people would not have received any service to support them in managing their significant mental distress. Indeed a significant proportion would have been referred to CAMHS often inappropriately and it is very likely school attendance would have reduced sharply. Many more families would have sought targeted services such as social work, and GP attendance would have increased. The capacity of the tier 2

providers to respond to the significant needs of the children and young people referred will require continual monitoring to ensure risks are assessed and managed.

44. An emerging area of increasing need is from children and young people with a neuro developmental diagnosis or suspected diagnosis. Clinical pathway initiatives are being developed for neurodevelopmental cases which have been as high as 40% of the non-urgent caseloads in CAMHS and will require a multi-agency response. Across the HSCP and Council services are working together to quantify the level of need in order to be clearer on how to ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way.
45. As a result of the pandemic there has been a significant increase in the number of children with complex and additional support needs who have become looked after. This year alone the number of children and young people accommodated in residential care settings has increased by 85.7%; and 67% of children and young people looked after in a residential setting have a neurological diagnosis. This has significantly impacted on residential care budgets as costs are extremely high for each placement due to complexity of individual. Across the looked after children's population 17% have a significantly complex disability. The number of families eligible for an SDS budget has increased by 17% and overall referrals to the HSCP Children and Families Community Team have increased by 29%.

#### Criminal Justice pathways

46. The provision of unpaid work has been significantly impacted by the pandemic with Community Payback Orders suspended on 23rd March 2020. Legislation was introduced in March 2021 to reduce the number of hours originally imposed on Community Payback Orders (CPOs) by 35%. This excluded Community Payback Orders imposed for domestic abuse, sexual offending or stalking. This legislation reduced the backlog of hours by 2329 hours. The current outstanding backlog of hours for completion total 6,248.
47. In line with the increased throughput through the courts the justice service has seen a 44% increase in Diversion from Prosecution requests received from the Crown Office and Procurator Fiscal Service (COPFS) during April to September 2021. Requests for Criminal Justice Social Work Reports have also increased by 151% over this period compared to the same period last year.

#### Supporting people affected by domestic abuse

48. We have continued to provide support for women and families affected by domestic abuse throughout the pandemic. During the six month period 1<sup>st</sup> April to 30<sup>th</sup> September 2021 East Renfrewshire Women's Aid service reported a significant increase in referrals across their services compared to the same period last year. In total 645 women and children were supported compared to 447 during the same period last year with 33% of new referrals from partner agencies, the majority from social work (30%). This is a significant increase of 44% across the whole service and significant increase 63% in duty/helpline contacts.
49. Domestic Abuse continues to be the predominant reason for referral/concern reported to HSCP Children and Families Request for Assistance (RFA) Team. In the six month period April 2021 to September 2021 there were a total of 477 referrals received with

domestic abuse listed as the primary concern in 99 referrals. This is 21% of the total RFA referrals received.

50. In line with trends across Scotland the East Renfrewshire Multi-Agency Risk Assessment Conference (MARAC) has witnessed an increase in referrals for high risk victims and children as the Covid-19 restrictions have eased. In the period April 2021 to September 2021, 66 victims (63 female, 3 male) were discussed compared to 55 (53 female, 2 male) in the same period last year - an increase of 20%. 114 children were discussed at MARAC – 78 in the same period last year representing an increase of 46%.
51. It is expected that domestic abuse referrals will continue to increase longer-term and that there are significant challenges in ensuring our services have sufficient capacity to respond.

## **CONSULTATION AND PARTNERSHIP WORKING**

52. The HSCP continues to link to the Council's Resilience Management Team (CRMT) and Greater Glasgow and Clyde Tactical Group in addition to regular Greater Glasgow and Clyde and National Chief Officer meetings. Both Chief Social Work Officer and Chief Financial Officer meetings continue to take place.
53. The Local Resilience Management Team (LRMT) includes staff side representatives and meetings have been increased to 3 times per week as of January 2022. Our senior team continue to meet daily to review our critical service list and respond to any changing pressures.
54. In December, services reviewed and updated existing business impact assessments however we will be undertaking a full review of business continuity and emergency plans to build on learning from the pandemic, ensuring plans are dynamic and outline a range of practical solutions to deal with challenges which could occur simultaneously.
55. East Renfrewshire Council and HSCP welcome the focus of the pressures on social care by the First Minister recently. We hope this will help raise the profile of this within the public and will allow individuals and families we support to understand the complexity of these current pressure which may be affecting their current support services.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

56. The HSCP finance team continue to monitor all costs associated with the HSCP Covid-19 response.

### Risk

57. The HSCP continues to monitor the risk implications from the Covid-19 response.

### Workforce

58. The HSCP continues to monitor workforce issues through the daily huddle.

### Infrastructure

59. IT issues affecting access to Outlook for users on the Council network have been ongoing since Christmas which resulted in Business Continuity Plans being initiated. The Council have put in place alternative solutions to improve access and continue to work on this to find a permanent solution. We will include learning from this recent event in our refreshed Business Continuity Plans.

## **DIRECTIONS**

60. There are no directions arising from this report.

## **RECOMMENDATIONS**

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

## **REPORT AUTHOR**

HSCP Heads of Service  
0141 451 0749

Chief Officer, IJB: Julie Murray

17 January 2022

## **BACKGROUND PAPERS**

IJB Paper – 12 May 2021: HSCP Response to Covid-19  
[https://www.eastrenfrewshire.gov.uk/media/4943/IJB-Item-07-12-May-2021/pdf/IJB\\_Item\\_07\\_-\\_12\\_May\\_2021.pdf?m=637553296810270000](https://www.eastrenfrewshire.gov.uk/media/4943/IJB-Item-07-12-May-2021/pdf/IJB_Item_07_-_12_May_2021.pdf?m=637553296810270000)

IJB Paper – 17 March 2021: HSCP Response to Covid-19  
[https://www.eastrenfrewshire.gov.uk/media/4790/IJB-Item-12-17-March-2021/pdf/IJB\\_Item\\_12\\_-\\_17\\_March\\_2021.pdf?m=637511548494570000](https://www.eastrenfrewshire.gov.uk/media/4790/IJB-Item-12-17-March-2021/pdf/IJB_Item_12_-_17_March_2021.pdf?m=637511548494570000)

IJB Paper – 3 February 2021: HSCP Response to Covid-19  
<https://www.eastrenfrewshire.gov.uk/integration-joint-board-030221>

IJB Paper - 24 June 2020: East Renfrewshire HSCP Response to Covid-19  
[https://www.eastrenfrewshire.gov.uk/media/1398/Integration-Joint-Board-Item-04-24-June-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_04\\_-\\_24\\_June\\_2020.pdf?m=637284227714400000](https://www.eastrenfrewshire.gov.uk/media/1398/Integration-Joint-Board-Item-04-24-June-2020/pdf/Integration_Joint_Board_Item_04_-_24_June_2020.pdf?m=637284227714400000)

IJB Paper – March 2020: Delegated Authority for Chief Officer  
[https://www.eastrenfrewshire.gov.uk/media/1423/Integration-Joint-Board-supplementary-papers-2-18-March-2020/pdf/Integration\\_Joint\\_Board\\_Supplementary\\_Papers\\_2\\_-\\_18\\_March\\_2020.pdf?m=637347399888670000](https://www.eastrenfrewshire.gov.uk/media/1423/Integration-Joint-Board-supplementary-papers-2-18-March-2020/pdf/Integration_Joint_Board_Supplementary_Papers_2_-_18_March_2020.pdf?m=637347399888670000)

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	26 January 2022
<b>Agenda Item</b>	6
<b>Title</b>	Revenue Budget Monitoring Report 2021/22; position as at 31 <sup>st</sup> December 2021
<p><b>Summary</b></p> <p>To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.</p>	
<b>Presented by</b>	Lesley Bairden (Chief Financial Officer)
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>• note the projected outturn for the 2021/22 revenue budget</li> <li>• note the projected reserves balances and approve the establishment of 3 new reserves</li> <li>• Agree the proposal to transfer £500k budget from Nursing and Residential care to Care at Home.</li> </ul>	
<p><b>Directions</b></p> <p><input type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input checked="" type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p><b>Implications</b></p> <p><input checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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# **EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**26 JANUARY 2022**

**Report by Chief Financial Officer**

## **REVENUE BUDGET MONITORING REPORT**

### **PURPOSE OF REPORT**

1. To advise the Integration Joint Board of the projected outturn position of the 2021/22 revenue budget. This projection is based on ledger information as at 31<sup>st</sup> December 2021 and allowing for latest intelligence.
2. The report now includes the application of the recently announced Winter funding for 2021/22.

### **RECOMMENDATIONS**

3. The Integration Joint Board is asked to:
  - note the projected outturn for the 2021/22 revenue budget
  - note the projected reserves balances and approve the establishment of 3 new reserves
  - Agree the proposal to transfer £500k budget from Nursing and Residential care to Care at Home.

### **BACKGROUND**

4. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the third report for the financial year 2021/22 and provides the projected outturn for the year based on our latest information recognising we are still in a particularly difficult time. The projected costs against budget are continuously reviewed and refined throughout the year.
5. The current projected outturn shows an underspend for the year of £0.165 million after the application of winter funding of £2.143 million and assumed Covid-19 funding of £9.769 million. The allocation of winter monies means we have reduced some areas of Covid-19 spend, however some existing costs have increased, including children's residential care, in patient staffing and unachieved savings.

#### **Winter Funding 2021/22**

6. As previously reported, we have received additional funding for Winter 2021/22 and the confirmed allocations and our application are:

Initiative	£ million	Comments / Purpose
Interim Care	0.703	To support delayed discharge pathways with more appropriate care and support. This funding is non-recurring for a six month period so we expect a further £0.35 million in 2022/23

Care at Home Capacity	1.089	To expand capacity to address increased need and acuity. This funding is recurring and the current working assumption is the full year effect will at least double this allocation in 2022/23.
Multi-Disciplinary Teams	0.351	To support cross system working including focus on delayed discharge. This funding is recurring and the current working assumption is the full year effect will at least double this allocation in 2022/23.
Social Care Pay Uplifts	0.741	Up to £48 million nationally for social care staff hourly rate increases. We are paying increased rates effective from 1 <sup>st</sup> December to implement the policy.
Additional Health Care Assistants	Part of NHSGGC wide recruitment	

7. This funding has been allocated to the respective budget areas and at present we are assuming full spend against these allocations as, in line with the national position, we are assuming all unspent balances will be taken to an earmarked reserve. Work is ongoing to refine the expected costs for the current year and recruitment is underway.
8. Whilst we have indicative allocations for 2022/23, the distribution of the £554 million announced as part of the 2022/23 budget is not yet finalised. This will be included in the budget report to the IJB in March.

### **Covid-19 Funding 2021/22**

9. The HSCP costs related to Covid-19 activity continue into 2021/22 and are reported to the Scottish Government via NHS Greater Glasgow and Clyde as the health boards are the leads on this reporting. The HSCP provides detailed estimated and actual costs across a number of categories and our current assumptions, which total just under £9.769 million. This is reviewed on a monthly basis and our projections are continually revised as we continue to respond to the pandemic. The projections included in this report assume full Covid-19 funding including support for unachieved savings. There is a significant risk to delivering a balanced budget without this support.
10. Although some costs have reduced as we apply Winter funding we have identified increases that relate to Covid-19 in increased children's residential care, additional inpatients staffing within specialist learning disability services. We have also revised our assumption that we could achieve £200k savings through Recovery and Renewal in the current year, the move back to response has eliminated any capacity to deliver this.
11. In line with previous reports the estimated costs are included in our overall financial position and the bottom line is a nil impact as we are projecting full funding, inclusive of the balance of the Covid-19 reserve we hold. Discussions remain ongoing at a national level over funding, we continue to operate our PPE hub and we are working with our partner providers around sustainability support in line with the latest guidance.

12. To date the HSCP projected costs for 2021/22 and balance of funding required after reserves is summarised below:

	£ million
<b>Projected Costs:</b>	
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	3.708
Infrastructure, equipment, PPE	0.095
Sustainability	2.400
Unachieved savings	3.566
<b>Current Projected Local Mobilisation Plan Costs</b>	<b>9.769</b>
<b>Funded By:</b>	
COVID reserve (Carried forward from 2020/21)	3.145
2021/22 Allocations to date	0.220
<b>Total Mobilisation Funding/reserves confirmed and received to date</b>	<b>3.365</b>
<b>Further Funding Required</b>	<b>6.404</b>

13. The projected costs for the year reflect the third quarter return due to be made to Scottish Government at the end of January. This shows that based on funds received and reserves use we require a further £6.404 million.
14. Since last reported our projected Covid-19 costs have increased slightly due to:
- £200k increase in unachieved savings as no capacity to work on recovery and renewal
  - £137k increase in staffing, vaccination and increased cleaning costs
  - £56k increase in children's residential care  
Offset by:
  - £201k reduction in staffing costs now met from Winter funding

## REPORT

15. The consolidated budget for 2021/22 and projected outturn position, with Covid-19 costs at nil impact and the provisional application of Winter funding is reported in detail at Appendix 1. This shows a potential projected underspend of £0.165 million against a full year budget of £136.193 million (0.12%) after assumed contributions to and from reserves.
16. Full Covid-19 funding for our unachieved savings has not yet been confirmed although this has been included in our returns to Scottish Government, clearly this remains a risk to the IJB.
17. The consolidated budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in year revisions to our funding contributions and associated directions. The allocation of Winter funding is now in place although there may be some re-alignment once the distribution route is confirmed.
18. The main projected operational variances are set out below. The projected costs are based on known care commitments, vacant posts and other supporting information

from our financial systems as at 31<sup>st</sup> December 2021 and do allow for the latest known information.

19. **Children & Families and Public Protection £350k overspend;** this remains primarily due to care package costs and is an increase in projected costs of £286k since last reported, mainly due to:
- £73k increase residential and fostering care, after Covid-19 related costs are excluded
  - £369k revised payroll costs as the previous projection was understated in error
  - £119k previously reported overspend in CAMHS now reduced based on latest payroll and recruitment projections

The service are monitoring the pressures within purchased care and the projected costs will be revised as required, we are assuming current placements will remain to March 2022

20. **Older Peoples Services £1,466k underspend;** the projected underspend remains a result of current care commitments and staff turnover within teams. Continuing the current year trend, this underspend is mainly within residential and nursing care at £2.6 million (a further reduction in projected costs of £0.4m). This is offset by an overspend in localities care at home commitments of £0.9m and is also partly offsetting the increased activity in Care at Home within Intensive Services.
21. This is a reduction in projected costs of £628k mainly within residential and nursing and almost offsets the increase in Care at Home. It should be noted that £147k of this relates to a projection included for additional Winter activity which was allowed for within Nursing and Residential care but has impacted instead in Care at Home.#
22. Work remains ongoing to better understand the post Covid-19 impact on demand and the associated financial implications in the longer term. As previously reported we don't yet know what the new baseline will look like, however, we are asking the IJB to agree to a budget virement of £500k from Nursing and Residential to Care at Home reflecting current trends. If agreed this will be reflected in the March report.
23. **Physical & Sensory Disability £42k overspend;** the projected overspend is due to care package commitment trends and turnover not achieved; this is a reduction in projected costs of £136k based on current care package cost commitments.
24. **Learning Disability Community Services £1,093k underspend;** the projected underspend remains due to staffing across the Learning Disability community teams (£382k) and projected care commitments (£605k). This is a further underspend of £321k based on latest care package commitments.
25. Some of our Learning Disability Day Services staff are currently supporting Care at Home and the Responder service so some costs will be transferred to winter funding so the underspend may increase in the next report.
26. When we look at the collective position across the three adult care groups above (in paragraphs 20 to 22 this gives a total underspend across Barrhead and Eastwood localities of £2.517 million and the locality split is shown as an extract in Appendices 1 to 3 as an alternative presentation of these budgets and projected costs.

27. **Learning Disability Inpatients £nil variance;** it should be noted that whilst the projected costs are show to budget this is after applying £393k from the transitional funding reserve set up to support the long stay beds redesign. This cost pressure is a result of staffing required to support increased observation and ensure the ratio required to support complex needs is maintained.
28. **Augmentative and Alternative Communication £nil variance;** whilst there is no projected variance shown the service has a reserve of £70k that may be utilised in part as the year progresses. The current projection shows that costs are broadly in line with budget.
29. **Intensive Services £1,945k overspend;** the main cost pressure remains within Care at Home (both purchased and the in-house service) of £1,487k and this is after the application of £826k Winter funding for existing commitments as agreed at the last IJB. There have been significant cost increases within Care at Home since last reported predominately around staffing and agency as we continue to respond to the pandemic. The proposed budget re-alignment from Nursing and Residential care will mitigate this to some degree.
30. Bonnyton House remains overspent (£96k) and Telecare overspent (£620k). These pressures are offset in part by staff turnover and vacancies within day services (£327k).
31. This is a net reduction in Intensive Services projected overspend of £49k since last reported.
32. **Recovery Services Mental Health & Addictions £21k underspend;** current care commitments are causing some pressure within Mental Health (£394k) although this is offset by turnover and care costs within the addictions service (£85k) and within Mental Health Adult Community Services (£227k). The projected variance has reduced by £78k since last reported from both care costs and turnover.
33. The committed costs for Mental Health are an increase on the previous year and we expect continued service demand and pressures in this area. We will need to consider longer term funding once we are clear on the new baseline.
34. **Prescribing Nil Variance;** although the data for the year is showing an increase in demand from last year, with the trend starting to reflect pre pandemic demand, costs to date are broadly in line with budget. We continue to work closely with colleagues at the Health Board analysing and modelling various scenarios.
35. **Finance & Resources £78k overspend;** this budget meets the cost of a number of HSCP wide costs, including recharges for prior year pension costs for which a prudent projection is included. This is an increase in projected costs of £14k.
36. **Primary Care Improvement Plan, Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15;** we have had confirmation from the Scottish Government of our current year allocations and that reserves balances are expected to be used as part of the cash flow supporting the allocation process.
37. Appendices 8 to 10 give a summarised position against each funding initiative, assuming the full allocation will be received. We have recently been notified of a further Winter Funding allocation for PCIP of £43k and we are progressing with recruitment and equipment to support these plans.

## **Other**

38. The current projected revenue budget underspend of £0.165 million will be added to our budget savings reserve, subject to final outturn and agreed reserves position at the end of the financial year.
39. The reserves position is reported in full at Appendix 5. Spending plans against reserves highlight recovery activity as we emerge from pandemic and as mentioned above a full utilisation of the Covid-19 reserve. The IJB is asked to approve the establishment of new reserves for:
  - Winter Funding
  - Trauma Informed Practice
  - Mental Health – Mental Health Officer Capacity Building.
40. The IJB is requested to approve the budget virements detailed at Appendix 7. Please note the proposal to transfer £500k from Nursing and Residential to Care at Home is not included and subject to approval will be reflected in the next report.
41. The changes to funding throughout the year and associated directions are an integral element of our revenue monitoring and as funding is confirmed this will be reflected in future reports and in Appendix 4 (Directions) in this report.
42. The HSCP Accountancy Team will continue to work through all funding receipts and allocations to ensure the transparency and integrity of budget monitoring is maintained in an ever changing environment.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

43. The savings agreed by the IJB as part of the budget set in March 2021 are set out at Appendix 6. Our capacity to deliver these savings in year is significantly impacted as we work through Covid-19. The impact on savings delivery along with any implications from our recovery programme will continue to be reported to the IJB during 2021/22.
44. A revised Medium-Term Financial Plan (MTFP) was brought to the IJB in June 2021. Whilst the Winter Funding allocations clearly impact we do not yet have notification of the full allocation for 2022/23. This will be reflected in the budget report to the IJB in March and in the MTFP thereafter.
45. We continue to work through the Agenda for Change and other pay awards to ensure we do not have any underlying cost pressures; we also continue to try to better understand the post Covid-19 landscape.
46. Per our Covid-19 funding returns we are anticipating full support and this is reflected in our projected costs and income.
47. We continue to make sustainability payments to our partner providers, in line with nationally agreed principles and we continue to review requests for additional costs incurred.

## Risk

48. The previously reported significant risk to the IJB that all Covid-19 related costs would not be fully funded remains, although this was fully mitigated in 2020/21. The ongoing implications for 2021/22 continue to be assessed.
49. There are several further risks which could impact on the current and future budget position; including:
  - Maintaining capacity to deliver our services
  - Achieving all existing savings on a recurring basis
  - The impact of Covid-19 on our partner providers and the care service market
  - Prescribing costs exceeding budget and reserve over the longer term
  - Observation and Out of Area costs within Specialist Learning Disability Services

## **DIRECTIONS**

50. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
51. The report reflects a projected breakeven position after the potential net contribution of £0.165 million to reserves for the year to 31 March 2022.

## **CONSULTATION AND PARTNERSHIP WORKING**

52. The Chief Financial Officer has consulted with our partners.
53. This revenue budget reflects the consolidation of funding from both East Renfrewshire Council and NHS Greater Glasgow and Clyde. The HSCP operates under the Financial Regulations as approved by the Performance and Audit Committee on 18 December 2015 and reviewed March 2020; the latest review of the financial regulations and reserves policy were agreed by the Performance and Audit Committee on the 22<sup>nd</sup> September 2021.

## **CONCLUSIONS**

54. Appendix 1 reports a potential projected underspend of £0.165 million for the year to 31 March 2022, assuming full Covid-19 support.

## **RECOMMENDATIONS**

55. The Integration Joint Board is asked to note:
  - note the projected outturn for the 2021/22 revenue budget
  - note the projected reserves balances and approve the establishment of 3 new reserves
  - Agree the proposal to transfer £500k budget from Nursing and Residential care to Care at Home.

## **REPORT AUTHOR**

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0141 451 0749

18<sup>th</sup> January 2022

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

IJB 24.11.2021 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/7173/IJB-Item-09-24-November-2021/pdf/IJB\\_Item\\_09\\_-\\_24\\_November\\_2021.pdf?m=637731757242470000](https://www.eastrenfrewshire.gov.uk/media/7173/IJB-Item-09-24-November-2021/pdf/IJB_Item_09_-_24_November_2021.pdf?m=637731757242470000)

IJB 22.09.2021 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/5992/IJB-Item-11-22-September-2021/pdf/IJB\\_Item\\_11\\_-\\_22\\_September\\_2021.pdf?m=637668671034530000](https://www.eastrenfrewshire.gov.uk/media/5992/IJB-Item-11-22-September-2021/pdf/IJB_Item_11_-_22_September_2021.pdf?m=637668671034530000)

IJB 12.05.2021 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/4979/IJB-Item-08-12-May-2021/pdf/IJB\\_Item\\_08\\_-\\_12\\_May\\_2021.pdf?m=637558874874170000](https://www.eastrenfrewshire.gov.uk/media/4979/IJB-Item-08-12-May-2021/pdf/IJB_Item_08_-_12_May_2021.pdf?m=637558874874170000)

IJB 17.03.2021 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/4789/IJB-Item-06-17-March-2021/pdf/IJB\\_Item\\_06\\_-\\_17\\_March\\_2021.pdf?m=637511548490270000](https://www.eastrenfrewshire.gov.uk/media/4789/IJB-Item-06-17-March-2021/pdf/IJB_Item_06_-_17_March_2021.pdf?m=637511548490270000)

IJB 03.02.2021 – Revenue Budget Monitoring Report

[https://www.eastrenfrewshire.gov.uk/media/4560/Integration-Joint-Board-item-8-3-February-2021/pdf/Integration\\_Joint\\_Board\\_item\\_8\\_-\\_3\\_February\\_2021.pdf?m=637472533272900000](https://www.eastrenfrewshire.gov.uk/media/4560/Integration-Joint-Board-item-8-3-February-2021/pdf/Integration_Joint_Board_item_8_-_3_February_2021.pdf?m=637472533272900000)



## Consolidated Monitoring Report

## Projected Outturn Position to 31st March 2022

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection - Children & Families	13,808,000	14,158,000	(350,000)	(2.53%)
Public Protection - Criminal Justice	14,000	14,000	-	0.00%
Adult Localities Services				
Older People	23,262,000	21,796,000	1,466,000	6.30%
Physical & Sensory Disability	5,772,000	5,814,000	(42,000)	(0.73%)
Learning Disability - Community	15,812,000	14,719,000	1,093,000	6.91%
Learning Disability - Inpatients	8,825,000	8,825,000	-	0.00%
Augmentative and Alternative Communication	246,000	246,000	-	0.00%
Intensive Services	12,799,000	14,744,000	(1,945,000)	(15.20%)
Recovery Services - Mental Health	5,102,000	5,167,000	(65,000)	(1.27%)
Recovery Services - Addictions	1,996,000	1,910,000	86,000	4.31%
Family Health Services	25,718,000	25,718,000	-	0.00%
Prescribing	16,454,000	16,454,000	-	0.00%
Finance & Resources	6,385,000	6,463,000	(78,000)	(1.22%)
<b>Net Expenditure</b>	<b>136,193,000</b>	<b>136,028,000</b>	<b>165,000</b>	<b>0.12%</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>165,000</b>	<b>(165,000)</b>	<b>-</b>
<b>Net Expenditure</b>	<b>136,193,000</b>	<b>136,193,000</b>	<b>-</b>	

Figures as at 31 December 2021

<b>Net Contribution To / (From) Reserves</b>	<b>£ 165,000</b>
Analysed by Partner contribution;	
Health	160,000
Social Care (provisional)	5,000
<b>Net Contribution To / (From) Reserves</b>	<b><u>165,000</u></b>

## Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	20,104,000	18,361,000	1,743,000	8.67%
Localities Services - Eastwood	24,742,000	23,968,000	774,000	3.13%
<b>Net Expenditure</b>	<b>44,846,000</b>	<b>42,329,000</b>	<b>2,517,000</b>	<b>5.61%</b>

## Council Monitoring Report

## Projected Outturn Position to 31st March 2022

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %	COVID	Unachieved Savings	Operational Variance
Employee Costs	25,214,000	28,077,000	(2,863,000)	(11.35%)	(1,062,000)	(700,000)	(1,101,000)
Property Costs	813,000	838,000	(25,000)	(3.08%)	(10,000)		(15,000)
Supplies & Services	2,077,000	2,665,000	(588,000)	(28.31%)	(91,000)	(233,000)	(264,000)
Transport Costs	258,000	330,000	(72,000)	(27.91%)			(72,000)
Third Party Payments	42,676,000	48,496,000	(5,820,000)	(13.64%)	(3,490,000)	(2,633,000)	303,000
Support Services	2,420,000	2,420,000	-	0.00%			-
Income	(16,774,000)	(26,147,000)	9,373,000	(55.88%)	8,219,000		1,154,000
<b>Net Expenditure</b>	<b>56,684,000</b>	<b>56,679,000</b>	<b>5,000</b>	<b>0.01%</b>	<b>3,566,000</b>	<b>(3,566,000)</b>	<b>5,000</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>5,000</b>	<b>(5,000)</b>	<b>-</b>			
<b>Net Expenditure</b>	<b>56,684,000</b>	<b>56,684,000</b>	<b>-</b>	<b>-</b>			

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
3.i Public Protection - Children & Families	9,846,000	10,196,000	(350,000)	(3.55%)
Public Protection - Criminal Justice	14,000	14,000	-	0.00%
Adult Localities Services				
Older People	15,171,000	13,661,000	1,510,000	9.95%
Physical & Sensory Disability	5,164,000	5,206,000	(42,000)	(0.81%)
Learning Disability	9,919,000	9,024,000	895,000	9.02%
Intensive Services	11,792,000	13,737,000	(1,945,000)	(16.49%)
Recovery Services - Mental Health	1,467,000	1,759,000	(292,000)	(19.90%)
Recovery Services - Addictions	273,000	201,000	72,000	26.37%
Finance & Resources	3,038,000	2,881,000	157,000	5.17%
<b>Net Expenditure</b>	<b>56,684,000</b>	<b>56,679,000</b>	<b>5,000</b>	<b>0.01%</b>
<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>5,000</b>	<b>(5,000)</b>	
<b>Net Expenditure</b>	<b>56,684,000</b>	<b>56,684,000</b>	<b>-</b>	

## Notes

1 Figures as at 31 December 2021

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

3 Contribution To Reserves is made up of the following transfer;

	£
Net Contribution to / (from) Reserves	<u>5,000</u>

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

## 4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	13,760,000	12,079,000	1,681,000	12.22%
Localities Services - Eastwood	16,494,000	15,812,000	682,000	4.13%
<b>Net Expenditure</b>	<b>30,254,000</b>	<b>27,891,000</b>	<b>2,363,000</b>	<b>(7.81%)</b>

NHS Monitoring Report

Projected Outturn Position to 31st March 2022

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %	COVID	Unachieved Savings	Operational Variance
Employee Costs	23,635,000	24,274,000	(639,000)	(2.70%)	1,331,000		692,000
Non-pay Expenditure	48,663,000	49,406,000	(743,000)	(1.53%)	211,000		(532,000)
Resource Transfer/Social Care Fund	12,617,000	12,617,000	-	0.00%			-
Income	(5,406,000)	(6,948,000)	1,542,000	28.52%	(1,542,000)		-
<b>Net Expenditure</b>	<b>79,509,000</b>	<b>79,349,000</b>	<b>160,000</b>	<b>0.20%</b>	<b>-</b>	<b>-</b>	<b>160,000</b>

<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>160,000</b>	<b>(160,000)</b>	<b>-</b>
<b>Net Expenditure</b>	<b>79,509,000</b>	<b>79,509,000</b>	<b>-</b>	<b>-</b>

Objective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Childrens Services	3,862,000	3,862,000	-	0.00%
Adult Community Services	4,784,000	4,828,000	(44,000)	(0.92%)
Learning Disability - Community	1,089,000	891,000	198,000	18.18%
Learning Disability - Inpatient	8,825,000	8,825,000	-	0.00%
Augmentative and Alternative Communication	246,000	246,000	-	0.00%
Family Health Services	25,718,000	25,718,000	-	0.00%
Prescribing	16,454,000	16,454,000	-	0.00%
Recovery Services - Mental Health	2,872,000	2,645,000	227,000	7.90%
Recovery Services - Addictions	1,217,000	1,203,000	14,000	1.15%
Finance & Resources	2,960,000	3,195,000	(235,000)	(7.94%)
Resource Transfer	11,482,000	11,482,000	-	0.00%
<b>Net Expenditure</b>	<b>79,509,000</b>	<b>79,349,000</b>	<b>160,000</b>	<b>0.20%</b>

<b>Contribution to / (from) Reserve</b>	<b>-</b>	<b>160,000</b>	<b>(160,000)</b>	<b>0.00%</b>
<b>Net Expenditure</b>	<b>79,509,000</b>	<b>79,509,000</b>	<b>-</b>	<b>0.00%</b>

Notes

1 Figures as at 31 December 2021

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

	£
Public Protection - Children & Families	100,000
Adult Localities Services	
Older People	3,307,000
Physical & Sensory Disability	608,000
Learning Disability	4,804,000
Intensive Services	1,007,000
Recovery Services - Mental Health	763,000
Recovery Services - Addictions	506,000
Finance & Resources	387,000
	<u>11,482,000</u>

Localities Resource Transfer - alternative presentation

Localities Services - Barrhead	4,949,000
Localities Services - Eastwood	3,770,000

3 Net Contribution to / (from) Reserves £ 160,000

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

4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	1,395,000	1,333,000	62,000	4.44%
Localities Services - Eastwood	4,478,000	4,386,000	92,000	2.05%
<b>Net Expenditure</b>	<b>5,873,000</b>	<b>5,719,000</b>	<b>154,000</b>	<b>2.62%</b>

**East Renfrewshire HSCP - Revenue Budget Monitoring 2021/22**  
**Budget Reconciliation & Directions**

**Appendix 4**

	<b>NHS £000</b>	<b>ERC £000</b>	<b>IJB £000</b>	<b>Total £000</b>
Funding Sources to the IJB				
1 Original Revenue Budget Contributions	73,504	53,705		127,209
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
FHS / GMS / GP Premises budget adjustments	1,130			1,130
Primary Care Improvement Fund Tranche 1	1,256			1,256
Mental Health Action 15 Tranche 1 & 2 & Outcomes	278			278
ADP Funding Tranche 1 & 2 & LIF	587			587
Prescribing Transfer of Central Budgets and Other	487			487
Pay Award - Agenda for Change	443			443
Adjustments to recurring budget	363			363
Additional District Nursing Funding	109			109
Additional CAMHS Funding	779			779
Diabetes funding	40			40
Wellbeing	63			63
LD Inpatients SESP and transfer to ED HSCP	(24)			(24)
Tobacco Prevention	43			43
Augmentative and Alternative Communication SLA uplift	175			175
Covid-19 Funding Allocation	220			220
Dementia	56			56
Winter Planning		2,884		2,884
Trauma Informed Practice		95		95
	79,509	56,684	-	136,193
Funding Outwith Revenue Contribution				
Housing Aids & Adaptations *		400		400
Set Aside Hospital Services Opening Budget	32,642			32,642
<b>Total IJB Resources</b>	<b>112,151</b>	<b>57,084</b>	<b>-</b>	<b>169,235</b>
Directions to Partners				
Revenue Budget	79,509	56,684	-	136,193
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
1 Resource Transfer & Recharges	(12,514)	12,514		0
Carers Information	58	(58)		0
	67,053	69,140	-	136,193
Housing Aids & Adaptations *		400		400
Set Aside Hospital Services Budget	32,642			32,642
	<b>99,695</b>	<b>69,540</b>	<b>-</b>	<b>169,235</b>

\* includes capital spend

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

Earmarked Reserves	Reserve Carry Forward to 2021/22 £'000	2021/22 Projected spend £'000	Projected balance 31/03/22 £'000	comment
<b>Scottish Government Funding</b>				
Mental Health - Action 15	156	(45)	201	Plans being worked on including projected in year underspend
Alcohol & Drugs Partnership	191	(30)	221	Plans being worked on including projected in year underspend
Drugs Death Task Force	39		39	Being reviewed alongside recovery and renewal
Primary Care Improvement Fund	877	(362)	1,239	Plans being worked on including projected in year underspend
Primary Care Transformation Fund	37		37	Will be drawn as required
GP Premises Fund	101		101	Plans being worked on alongside PCIF
COVID and Winter Planning	3,145	3,145	0	Expect to spend in full
<b>Scottish Government Funding</b>	<b>4,546</b>	<b>2,708</b>	<b>1,838</b>	
<b>Bridging Finance</b>				
Budget Savings Reserve	1,880	(165)	2,045	Assumed based on current projected overspend and application of winter funding; subject to change
Winter Funding		tbv	tbv	Balance will be earmarked once confirmed and subject to IJB agreement
In Year Pressures Reserve	165		165	Will be applied as required
Prescribing	510		510	To smooth prescribing pressures
<b>Bridging Finance</b>	<b>2,555</b>	<b>(165)</b>	<b>2,720</b>	
<b>Children &amp; Families</b>				
Residential Accommodation	460	0	460	To smooth the impact of high cost residential placements over time, currently assumed no draw and will continue to be monitored
Health Visitors	183	118	65	To support capacity and training
Home & Belonging	58	58	0	Expect to fully utilise
School Counselling	687		687	Proposal to IJB to support Family Wellbeing Service from 2022/23 for 2 years
Children & Young Peoples Mental Health Framework	127	127	0	Expect to fully utilise
Recovery Activity - Partners	101	101	0	Expect to fully utilise
Continuing Care / Child Healthy Weight	15	15	0	Expect to fully utilise
Trauma Informed Practice		(50)	50	Funding received in year but no capacity, will carry forward subject to IJB agreement
<b>Children &amp; Families</b>	<b>1,631</b>	<b>369</b>	<b>1,262</b>	
<b>Transitional Funding</b>				
Learning Disability Specialist Services	654	393	261	Funding Challenging Behaviour Manager post for 20 months from April and additional costs of observations
Community Living Change Fund	295		295	New funding to support learning disability change local and system wide - proposals being finalised
<b>Total Transitional Funding</b>	<b>949</b>	<b>393</b>	<b>556</b>	
<b>Adult Services</b>				
District Nursing	74	74	0	To support capacity and training - aligned with planned activity
Mental Health - Community Psychology	16		16	To support additional sessions for recovery
Mental Health - MHO Capacity Building		(45)	45	Funding received in year but no capacity, will carry forward subject to IJB agreement
Care Home Oversight Support	51	51	0	To support recovery
Augmentative & Alternative Communication	70		70	To smooth demand
Addictions - Residential Rehabilitation	37		37	To smooth the impact of residential placements
<b>Adult Services</b>	<b>248</b>	<b>80</b>	<b>168</b>	
<b>Repairs &amp; Renewals</b>				
Repairs, Furniture and Specialist Equipment	100		100	Environmental works approved by IJB in 2019/20, delayed due to COVID now required. May supplement capital works if required
<b>Repairs &amp; Renewals</b>	<b>100</b>	<b>0</b>	<b>100</b>	
<b>Capacity</b>				
Partnership Strategic Framework	92	58	34	To fund post in current year. Following year funding committed to support procurement activity
Organisational Learning & Development	92		92	Being reviewed alongside recovery and renewal
<b>Capacity</b>	<b>184</b>	<b>58</b>	<b>126</b>	
<b>Total All Earmarked Reserves</b>	<b>10,213</b>	<b>3,443</b>	<b>6,770</b>	
<b>General Reserves</b>				
East Renfrewshire Council	109	0	109	
NHSGCC	163	0	163	
<b>Total General Reserves</b>	<b>272</b>	<b>0</b>	<b>272</b>	
<b>Grand Total All Reserves</b>	<b>10,485</b>	<b>3,443</b>	<b>7,042</b>	

NB: Subject to audited annual report and accounts 2020/21

East Renfrewshire HSCP - Revenue Budget Monitoring 2021/22

Analysis of Savings Delivery

Saving	2021/22 Funding Gap £	Projected Saving £	Saving still to be achieved	Comments
Adult Care packages	265,000	265,000	-	Saving applied to budget and achieved
Discretionary spend moratorium	120,000	120,000	-	Saving applied to budget and achieved
Increased Charges	20,000	20,000	-	Saving applied to budget and achieved
Freeze Uplift on non-pay - manage through efficiency	150,000	57,000	93,000	Saving applied to budget and partly achieved, balance treated as Covid related pressure
Property Savings - lease and other	100,000	100,000	-	Saving applied to budget and achieved
Travel and Other running costs	60,000	60,000	-	Saving applied to budget and achieved
Early Identified savings - Recovery and Renewal	432,000		432,000	Work started to achieve these savings in year, £200k previously projected but unlikely to be achieved, now treated as Covid pressure
Unachieved savings being reviewed as part of Recovery and Renewal	3,041,000		3,041,000	Included as part of Covid related cost pressures to Scottish Government, remains subject to confirmation
<b>Sub Total</b>	<b>4,188,000</b>	<b>622,000</b>	<b>3,566,000</b>	
Freeze Uplift on non-pay - manage through efficiency	61,000	61,000	-	Saving applied to budget and achieved
Travel and Other running costs	31,000	31,000	-	Saving applied to budget and achieved
Learning Disability Services local saving from redesign	100,000	100,000	-	Saving applied to budget and achieved
<b>Sub Total</b>	<b>192,000</b>	<b>192,000</b>	<b>-</b>	
<b>Total HSCP Saving Challenge</b>	<b>4,380,000</b>	<b>814,000</b>	<b>3,566,000</b>	

Note; capacity to deliver savings impacted by COVID response.

Subjective Analysis	2021/22 Budget Virement								
	2021/22 Opening Budget £	(1) £	(2) £	(3) £	(4) £	(5) £	(6) £	2021/22 Budget £	Total Virement £
Employee Costs	23,594,000	100,000	1,127,000	269,000		95,000	29,000	25,214,000	1,620,000
Property Costs	903,000						(90,000)	813,000	(90,000)
Supplies & Services	1,891,000						186,000	2,077,000	186,000
Transport Costs	258,000							258,000	0
Third Party Payments	41,324,000	637,000	10,000		741,000		(36,000)	42,676,000	1,352,000
Support Services	2,419,000							2,419,000	0
Income	(16,684,000)						(89,000)	(16,773,000)	(89,000)
<b>Net Expenditure</b>	<b>53,705,000</b>	<b>737,000</b>	<b>1,137,000</b>	<b>269,000</b>	<b>741,000</b>	<b>95,000</b>	<b>0</b>	<b>56,684,000</b>	<b>2,979,000</b>

Objective Analysis	2021/22 Budget Virement								
	2021/22 Opening Budget £	(1) £	(2) £	(3) £	(4) £	(5) £	(6) £	2021/22 Budget £	Total Virement £
Public Protection - Children & Families	9,810,000				15,000	50,000	(29,000)	9,846,000	36,000
Public Protection - Criminal Justice	19,000						(5,000)	14,000	(5,000)
Adult Health - Localities Services									0
Older People	14,126,000	623,000			210,000		211,000	15,170,000	1,044,000
Physical & Sensory Disability	4,877,000	16,000		216,000	53,000		2,000	5,164,000	287,000
Learning Disability	9,589,000				363,000		(33,000)	9,919,000	330,000
Adult Health - Intensive Services	10,859,000	98,000	1,087,000		65,000		(317,000)	11,792,000	933,000
Recovery Services - Mental Health	1,386,000				33,000	45,000	3,000	1,467,000	81,000
Recovery Services - Addictions	273,000				2,000		(2,000)	273,000	0
Finance & Resources	2,766,000		50,000	53,000			170,000	3,039,000	273,000
<b>Net Expenditure</b>	<b>53,705,000</b>	<b>737,000</b>	<b>1,137,000</b>	<b>269,000</b>	<b>741,000</b>	<b>95,000</b>	<b>0</b>	<b>56,684,000</b>	<b>2,979,000</b>

Note:

- 1 Winter Planning Funding - Interim beds (non recurring)
- 2 Winter Planning Funding - Care at Home
- 3 Winter Planning Funding - Multi Disciplinary Teams
- 4 Winter Funding - Additional Pay Award Adult Social Care (£10.02)
- 5 Trauma Informed Practice and Mental Health Officer Capacity Funding
- 6 Allocation of achieved savings and resource transfer adjustments to correctly allocate budgets (previously centralised)

Primary Care Improvement Plan

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£	£	£
Pharmacy Support	839,000	654,000	185,000
Advanced Nurse Practitioners	167,000	81,000	86,000
Advanced Practice Physiotherapists	177,000	153,000	24,000
Community Mental Health Link Workers	73,000	73,000	0
Community Healthcare Assistants / Treatment Room *	370,000	335,000	35,000
Vaccine Transformation Programme	714,000	715,000	(1,000)
Programme Support / CQL / Pharmacy First	208,000	94,000	114,000
<b>Total Cost</b>	<b>2,548,000</b>	<b>2,105,000</b>	<b>443,000</b>
<b>Funded by:</b>			
In Year Funding		2,467,000	
Reserve Balance		877,000	
<b>Total Funding</b>		<b>3,344,000</b>	
Potential reserve at year end based on current projection		1,239,000	

NB Plans to utilise existing reserve being developed



Service	Planned Programme Costs	Actual Programme Costs	Projected Variance
	£	£	£
Staff costs - Board wide including Nursing, Psychology and Occupational Therapy	175,000	177,000	(2,000)
Programme Support	30,000	30,000	0
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	263,000	197,000	66,000
Other - Peer Support Delivery Service	60,000	60,000	0
<b>Total Cost</b>	<b>528,000</b>	<b>464,000</b>	<b>64,000</b>
<b>Funded by:</b>			
In Year Funding		509,000	
Reserve Balance		156,000	
<b>Total Funding</b>		<b>665,000</b>	
Potential reserve at year end based on current projection		201,000	

NB Plans to utilise existing reserve being developed

**East Renfrewshire HSCP - Revenue Budget Monitoring 2021/22**  
**Alcohol & Drugs Partnership Local Improvement Funding**

**Appendix 10**

<b>Service</b>	<b>Planned Programme Costs</b>	<b>Actual Programme Costs</b>	<b>Projected Variance</b>
	£	£	£
Reducing waiting times for treatment and support services	42,000	27,000	15,000
Addictions Officer	49,000	49,000	0
Development of Recovery Communities	130,000	130,000	0
Peer Support	30,000	30,000	0
<b>Total Cost</b>	<b>251,000</b>	<b>236,000</b>	<b>15,000</b>
<b>Funded by:</b>			
In Year Funding		266,000	
Reserve Balance		191,000	
<b>Total Funding</b>		<b>457,000</b>	
Potential reserve at year end based on current projection		221,000	

NB Plans to utilise existing reserve being developed