

Date: 29 July 2022
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

A meeting of the East Renfrewshire Integration Joint Board will be held on **Wednesday 10 August 2022 at 10.00 am.**

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

Anne-Marie Monaghan

Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
WEDNESDAY 10 AUGUST 2022 AT 10.00 am**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Membership – Oral Update by Democratic Services Manager.**
- 4. Minute of meeting held on 22 June 2022 (copy attached, pages 5 - 14).**
- 5. Matters Arising (copy attached, pages 15 - 18).**
- 6. Rolling Action Log (copy attached, pages 19 - 22).**
- 7. Minute of meeting of Performance and Audit Committee held on 22 June 2022 (copy attached, pages 23 - 32).**
- 8. Revenue Budget Monitoring Report as at 30 June 2022 (copy attached, pages 33 -50).**
- 9. HSCP Recovery and Renewal Programme Update (copy to follow).**
- 10. Primary Care Improvement Plan Impact Report (copy attached, pages 51 - 62).**
- 11. IJB Records Management Plan Annual Review (copy attached, pages 63 - 92).**
- 12. IJB Complaints – Annual Report (copy attached, pages 93 - 98).**
- 13. Annual Update: Integration Joint Boards Category 1 Responders under Civil Contingencies Act 2004 (copy attached, pages 99 - 104).**
- 14. National Care Service Update – Presentation by Chief Officer.**
- 15. Calendar of Meetings 2023 (copy attached, pages 105 -108).**
- 16. Date of Next Meeting – 21 September 2022 at 10.30am.**

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
held at 10.30 am on 22 June 2022**

PRESENT

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

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer, East Renfrewshire Council
Claire Coburn	Strategic Services Lead Officer, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Pamela Gomes	Governance and Compliance Officer
Lisa Gregson	HR Business Partner, East Renfrewshire Council
Tom Kelly	Head of Adult Services – Learning Disability and Recovery
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Ian McLean	Finance Business Manager
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager

APOLOGIES FOR ABSENCE

Dr Angela Campbell	Consultant Physician in Medicine for the Elderly
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DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

INTEGRATION JOINT BOARD AND PERFORMANCE & AUDIT COMMITTEE MEMBERSHIPS

2. The Board considered a report by the Chief Officer providing an update in relation to membership of the Board following the recent local government elections.

The report explained that Councillors Bamforth, Edlin, Macdonald and Pragnell had been appointed by the Council to serve on the Board, with Councillor Macdonald appointed as the Council's lead representative. However, Councillor Macdonald had subsequently tendered his resignation, and the resulting vacancy would be considered by the Council on 29 June.

The report also sought homologation of the appointment of Councillor Bamforth as a member of the Performance and Audit Committee, and reported that Lynsey Allan had replaced Heather Molloy as the Scottish Care representative on the Board and the Performance & Audit Committee.

The Board:-

- (a) noted the position regarding the Council appointments to the Board;
- (b) homologated the appointment of Councillor Bamforth to the Performance and Audit Committee; and
- (c) noted that Lynsey Allan had replaced Heather Molloy as the Scottish Care representative on the Board and the Performance & Audit Committee.

MINUTE OF PREVIOUS MEETING

3. The Board considered and approved the Minute of the meeting held on 16 March 2022.

MATTERS ARISING

4. 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.

In response to Councillor Bamforth, the Head of Public Protection and Children's Services made further comment on the work being carried out in an effort to establish a named place of safety in East Renfrewshire, highlighting that unless circumstances dictated otherwise, the default position in East Renfrewshire would be that children stayed at home.

Ms Monaghan having welcomed the production of an easy read version of the Strategic Plan, the Board noted the report.

ROLLING ACTION LOG

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

PERFORMANCE AND AUDIT COMMITTEE

6. The Board considered and noted the Minute of the meeting of the Performance & Audit Committee held on 16 March 2022.

LOCAL CHILD POVERTY ACTION REPORT – YEAR 4

7. The Board took up consideration of a report by the Chief Officer seeking approval and publication of the fourth annual Local Child Poverty Action Report (LCPAR). A copy of the LCPAR accompanied the report.

The report referred to the targets for the Scottish Government to reduce significantly child poverty in Scotland by 2030, as set out in the Child Poverty (Scotland) Act 2017. It explained that the Act also placed a duty on health boards and local authorities to work together to develop, produce and deliver LCPARs. The reports were expected to represent a step change in action to address child poverty at a local level, describing both work already under way as well as outlining future plans for new and innovative efforts to tackle child poverty.

Having referred to the work of the Council and its community planning partners to address child poverty locally which was seen as being integral to the visions for young people set out in the Community Plan, and to the various plans and strategies of which tackling child poverty was a key element, the report explained that the LCPAR highlighted key areas of progress over the period from April 2021 to March 2022.

The report also highlighted a number of key findings of note from the LCPAR. In relation to employment, these included an increase in the number of Living Wage accredited employers in the area; reducing unemployment rates; and continuing high participation rates in learning, training or employment for 16-19 year olds.

In relation to social security, it was reported that there had been a slight decrease in the number of families accessing financial wellbeing advice and support from the Money Advice and Rights Team (MART) during 2021-22 compared to the previous year. However, this was still around a third higher than the pre-pandemic numbers so there was still high demand. It was anticipated that this demand would continue to increase due to the current cost of living crisis, and the intention was to respond to this by providing debt and benefit advice, increased referral pathways and producing digital self-service guides. It was also noted that Scottish Welfare Fund applications had increased by around a third during 2021-22, which reflected the changing circumstances of families as a result of the pandemic. It was anticipated that demand on SWF would continue to remain higher than pre-pandemic level for some years to come. This was likely to entail additional budgetary demand, which at this stage had not been quantified.

In addition, in relation to the cost of living crisis, it was reported that all eligible 3 and 4-year-olds were registered for their funded early learning and childcare place in 2021. This was a great achievement which should provide parents with affordable childcare options to enhance their employment opportunities. From 2022 onwards, work would be ongoing to provide a hot meal to all eligible children attending any East Renfrewshire Early Learning and Childcare setting, irrespective of their attendance pattern. It was reported that 12 schools across the authority area had worked in partnership with the Education Department since May 2021 to audit the cost of the school day. The revised policy placed increased emphasis on the importance of reducing the cost of school uniforms to families and stipulated that all school uniforms must be able to be purchased within the total amount of the school clothing grant.

Finally it was highlighted that at the time of producing the report, the longer-term of the impact of COVID-19 and the impact this would have on child poverty could not be measured.

Notably, there had been delays with the publication of national child poverty data, therefore there was not an up-to-date measure of child poverty in East Renfrewshire. Local and national data would be monitored as it became available. Therefore, action planning for 2022-2023 was subject to change and development.

The Strategic Services Lead Officer (SSLO) was heard further on the report in the course of which it was highlighted that East Renfrewshire had the highest proportion of children of any Scottish local authority, with the proportion of children living in poverty being the lowest in the country.

Having summarised some of the key successes and outlined some key actions going forward, the SSLO was heard in response to questions from Board Members. In relation to payment of the Living Wage by East Renfrewshire based employers, she explained that the East Renfrewshire employer profile showed that businesses in East Renfrewshire tended to be service based and in the lower pay ranges.

She also responded to questions regarding the Scottish Welfare Fund, explaining that an additional 30K in grant payments in the current year had been estimated. This did not include costs of processing the additional grant request. A bid had been submitted to the Scottish Government for additional funding but this was a short-term solution. In addition, the Chief Financial Officer explained that the HSCP worked with partners to maximise any available funding streams.

The Head of Public Protection and Children's Services highlighted the impact both the pandemic and the Cost of Living crisis was having on children's services with some budgets already being overspent as more people were in need of support with already vulnerable families in danger of becoming more vulnerable.

Responding to Councillor Bamforth, the SSLO explained how the data in relation to the numbers of children in poverty was obtained, that there had been a delay in the publication of the most up to date figures, and that these could be updated at a future meeting.

In addition, responding to questions from Ms Wailes, she clarified the status of the Fuel Poverty Officer post and that the post had been extended for a further 12 months. In relation to food costs, she explained that one-off funding received had been used to set up food larders. These were self-sustaining. Work also took place with the Food Poverty Partnership Group

The SSLO having confirmed that she would send information on the Scottish Welfare Fund to Councillor Edlin, and that the total number of employers in East Renfrewshire could be added to the table showing the total number of Real Living Wage employers in the area, the Board agreed to approve and publish the Local Child Poverty Action Report.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2021-22

8. Under reference to the Minute of the meeting of the Performance & Audit Committee held prior to the meeting of the Board, the Board considered a report by the Chief Financial Officer providing an overview of the unaudited report and accounts for the IJB covering the period 1 April 2021 to 31 March 2022. The report also outlined legislative requirements and key stages associated with the approval of the annual report and accounts.

Having referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United

Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee, the report set out an overview of the process for the preparation and approval of the IJB's annual report and accounts.

The report highlighted the main key messages. There was a year-end underspend of £0.837 million which was 0.54% of the annual revenue budget and which was marginally better than the position last reported in March when the projected outturn was an underspend of £0.554 million; COVID-19 spend had been £8.945 million with funding of £15.066 million being received and the balance taken to reserves.

The main variances to the budget were set out in the report. In addition, it was reported that reserves had increased significantly during the year to £20.752 million as at 31 March 2022. This increase was in line with the national position, the vast majority of which related to Scottish Government ring-fenced funding. £11,933 million had been received during the year for ring-fenced activity with £3.153 million being used. It was clarified that this funding could only be spent on specified initiatives, that the majority of the increase related to COVID-19 and would support the ongoing response to the pandemic in 2022/23.

The year on year movement in reserves was summarised. It was noted that during the year £0.785 million of earmarked reserves had been used with a further £2.272 million added. Approval for the reserves position as set out in the annual report and accounts was sought.

It was noted that the general reserve remained unchanged at £0.272 million, just under 0.15% of the 2021/22 revenue budget and well below the optimum level at a value of 2% of budget.

Ms Monaghan confirmed that a full discussion on and scrutiny of the accounts had taken place at the meeting of the committee and that the committee had agreed that they be remitted to the Board for consideration.

The Chief Financial Officer was heard further on the annual report and account. In particular she thanked her colleagues for their support in the production of the accounts.

The Board:-

- (a) agreed the unaudited annual report and accounts for submission to Audit Scotland;
- (b) agreed the proposed reserves allocations;
- (c) note the annual report and accounts was subject to audit review;
- (d) agree to receive the audited annual report and accounts in November, subject to any recommendations made by the external auditors and/or the Performance and Audit Committee and Integration Joint Board; and
- (e) noted the summary overview of financial performance document would be presented with the audited accounts in November.

HSCP RECOVERY AND RENEWAL PROGRAMME

9. Under reference to the Minute of the meeting of 24 November 2021 (Item 9 refers), the Board considered a report by the Chief Officer providing an update on the HSCP Recovery and Renewal Programme. A detailed overview of current projects accompanied the report.

Having referred to previous reports which provided the full background and context to the programme, and to the decision that regular update reports would be submitted to the Board, the report explained that given the size, scale and timeframe of the programme progress reports may at times show small incremental changes, whilst on other occasions provide significant updates.

The report explained that in December 2021 the HSCP once again moved into response mode as the latest COVID variant emerged. As a result, the recovery and renewal programme was again paused as the HSCP worked to ensure frontline services were delivered to those most in need.

Whilst preparatory work continued throughout this period, the programme restarted in April 2022. As referred to in previous reports, the replacement of the HSCP case recording system was a key project spanning three financial years. Funding to undertake this project was in place and the first project board meeting took place in April 2022. Recruitment to the project team to support delivery of the project was underway. In addition to recruitment, soft market testing would be undertaken in the coming weeks, to allow the project team to gain a broad overview of the products on the market within framework, prior to framing detailed requirements.

It was further reported that to support delivery of the wider recovery and renewal programme, additional project resource had also been agreed. Recruitment to these posts was progressing. Although the posts had still to be filled, progress has been made for example, within the Care at Home Scheduling System Replacement project, in which the procurement exercise was now well underway.

Reference was also made to the three projects due for completion in June 2022. This included the migration of external Care at Home contracts to the new Scotland Excel Framework and the successful completion of the COVID Spring Booster programme to care homes and housebound patients. A review of business support processes and skillsets had also been undertaken in light of the pandemic response. This had enabled different ways of working both remotely and in buildings to be identified, which in turn would help inform the future approach to hybrid working both in terms of people and infrastructure. It was noted that one of the required areas for improvement to support hybrid working was the telephony system.

Work would continue to build and capitalise on areas of improvement over the pandemic including upskilling the workforce in areas such as statutory minute taking and developing new systems and processes to support new initiatives such as care home testing and administrative support to vaccination programmes. These were transferable skills that would give greater flexibility moving forward.

The report explained that a financial framework had been drafted as part of the overall programme governance. This needed to be refreshed as the programme had recommenced and work was still required to quantify the expected benefits from a range of projects.

In addition the report then gave a brief summary of the 3 current projects that should support delivery of savings as a combination of cash and efficiencies, which in turn should allow demand to be better managed and budget released.

The Chief Financial Officer was then heard further on the report and in response to questions from Board members. Ms Khan referred to the recent rise in cases of COVID-19, the implications for the programme, and whether any contingency had been built in and staff had capacity to cope.

In reply, the Chief Financial Officer confirmed that no contingency had been built into the programme. However the timescales for projects were considered to be realistic and staff

would be pragmatic in deciding how quickly to proceed. Notwithstanding, she did clarify that some projects were time driven and if the programme did need to pause for any reason, some thoughtful decisions on what projects to pause would be necessary.

Councillor Bamforth welcomed the Wellbeing Workforce plan, highlighting that as staff were required to deliver the programme it was essential they were supported.

The Board noted the report.

FUTURE OF EAST RENFREWSHIRE LEARNING DISABILITY DAY OPPORTUNITIES REDESIGN AND TRANSPORT

10. The Board considered a report by the Chief Officer providing an update on the work that had been carried out to ensure day services continued to provide essential support, and in particular, the transport arrangements and plans for the future, in respect of which approval was sought for an updated transport plan and policy.

By way of background, the report set out the pre-pandemic arrangements for Day Opportunities provision. It explained that pre-pandemic, reshaping of the service was already underway. However, there was a consistent level of apprehension and concern about changes from the families/carers of those who had a permanent placement. Any movement on this was when an individual decided to leave the service or their needs changed to the extent that they were no longer able to access the service. It was highlighted that the experience of the last two years had, by exploring different approaches, illustrated to all those with an interest in the service either as service users, carers/families, or staff, that services could be provided differently, and that accessing a building was not the central pillar of achieving good outcomes. Rather, buildings had more of a hub and resource to enable wider opportunity in local communities.

Thereafter the report explained the transport policies in place to support pre-pandemic arrangements highlighting the amount of time service users could spend travelling to and from a location and the detrimental impacts on service users.

It explained that moving forward, it was intended to retain the blended model introduced during the pandemic and to engage more with young people, aged 14.5 upwards. This aligned the evolving approach to transitions for those leaving school, with an emphasis on support to explore and find meaningful further education, employment, activity and development of independent living skills. As such, the configuration of staffing and the skills required needed to adapt. Should transport be required to facilitate wider engagement of young people as part of transitions the service would be looking to implement the approach set out in the report in order to ensure a focus on individual outcomes.

Having explained that engagement had taken place with carers and supported people, outlined the impact of the future model on workforce development, and set out historical transport provision arrangements, the report set out the proposed changes to the transport policy, setting out those circumstances where transport would or would not be provided as part of the service. It was noted that the service would continue to be flexible in terms of support with transport requirements, for example, where a carer was unavailable due to health care issues or other circumstances. Equally worth noting was that the new model of service delivery provided greater flexibility in terms of responding to changing needs, exceptional circumstances or crisis situations.

The Head of Adult Services – Learning Disability and Recovery was heard further on the background to the proposed changes to the service and the plans for change moving forward.

A number of Board members welcomed the proposals whilst in response to questions the Head of Adult Services - Learning Disability and Recovery explained that consultation had taken place on an individual level with bespoke solutions being developed, and responding to Councillor Pragnell confirmed that PIP would be taken into account as part of the redesign exercise. Ideally a broad range of solutions would be developed but if specific issues did arise individual impact assessments would be undertaken. He also confirmed that nobody would be excluded from accessing services as a result of the changes. In relation to client engagement he explained why 14.5 years was being used as the age for starting engagement.

Mr Mohamed welcomed the report. He referred to the use of vehicles in the past that did not have suitable wheelchair restraints and asked if this was being considered. In reply the Head of Adult Services - Learning Disability and Recovery explained that the type of vehicles being used now were more suitable than some that had been used in the past.

He also confirmed that due to the iterative nature of the changes to date an Equality Impact Assessment had not been undertaken but that this would be carried out.

The Board:-

- (a) noted the report; and
- (b) approved the transport plan and policy.

HSCP WORKFORCE PLANNING UPDATE

11. The Board considered a report by the Chief Officer submitting for comment a draft copy of the HSCP's three year workforce plan.

The report explained that the purpose of the workforce plan was to develop a cohesive picture of health and care workforce need across the HSCP geographic areas. It was not intended to be a workforce plan for the workforce of the wider partnership, however representatives from the Third Sector, private providers and Primary Care Improvement had been part of the group developing the plan to ensure they were aware of the HSCP's workforce plan and any wider implications it may hold for the wider workforce across the partnership.

Thereafter the report explained that the plan followed the guidance provided by the Scottish Government in April 2022, where HSCP's were asked to detail health and wellbeing training and incorporate the 'Five Pillars of Workforce Planning' set out within the National Health and Social Care Workforce Strategy. In order to ensure a consistency with the NHS Greater Glasgow and Clyde workforce plan East Renfrewshire HSCP had adopted the same headings. The plan had eight sections, a brief description of each being set out.

The Chief Officer was heard further on the report and the draft plan and in response to a question from Ms Monaghan it was confirmed that broadly the same methodology had been used by all HSCPs in the NHSGGC area.

In addition, in response to Ms Wailes it was confirmed that timescales would be added to the action plan before submission of the plan to the Scottish Government.

Councillor Bamforth queried if there were any plans to increase the staff complement in the Healthier Minds Service and if there was any update on the use of community treatment rooms.

In reply the Head of Public Protection and Children's Services provided an update on the additional resource going into the Healthier Minds Service whilst the Head of Adult Services – Communities and Wellbeing and the Clinical Director provided an update on community treatment rooms.

The Board noted the draft Workforce Plan.

NATIONAL CARE SERVICE UPDATE

12. The Chief Officer provided the Board with an update on the Scottish Government's plans for the introduction of a National Care Service. She explained that the National Care Service (Scotland) Bill was introduced to the Scottish Parliament on Monday 20 June and published yesterday on 21 June. The Bill set out a framework for community health, social care and social work from 2026 onwards with services continuing to be designed and delivered locally in response to need.

She explained that the aim of the Bill was to ensure that everyone could consistently access community health, social care and social work services, regardless of where they live in Scotland. It set out principles for the National Care Service (NCS) and allowed for the required transfer of powers to Scottish Ministers to enable its establishment. It also provided for Scottish Ministers to become accountable for the delivery of adult social care and social work, in addition to their existing accountability for the NHS. Locally employed staff will continue to have an important role to play in commissioning and delivery for services going forward through local care boards.

To enable the Scottish Government's commitment to 'co-design' of the NCS, the Bill itself only established a framework for future delivery. Much of the detail would be developed over the next few years through a programme of co-design, with further supporting regulations brought forward as necessary.

The co-design programme would involve partners and stakeholders, and there was a commitment to put lived experience at the heart of the process. The process would have resource implications and the Scottish Government had stated that work to build the necessary capacity for the work would begin over the summer months - across government and with partner organisations (including HSCPs).

The Chief Officer further explained that the Bill gave Scottish Ministers powers to: establish (and dissolve) local and special care boards and make provision about the membership of care boards and what groups they were required to represent.

These boards would plan and commission services for their local area. Health services would continue to be delivered by the NHS in partnership, as commissioned by the care board.

The Scottish Government had stated that while national and local NCS structures would have the ability to employ staff, they did not anticipate that people who worked in the services commissioned by the NCS would change employer. For those involved in healthcare provision the Scottish Government did not expect the responsibility for clinical governance in the NHS to change or to be duplicated in the new arrangements.

It was explained that social care services currently provided in-house by local authorities, may continue under a commissioning arrangement with the care board. Alternatively, the care board may take over direct delivery, with staff transferring employment from the council to the NCS. These would be decisions to be taken locally as the care boards were established and local authorities made choices about participation in new arrangements.

There was a commitment to close working between the Scottish Government, local authorities, the workforce and trade unions to ensure that the impact on staff of any changes was considered fully.

In relation to Children and Families and Justice Social Work Services, it was explained that the Bill did not stipulate on the transfer of children's and justice social work services to the NCS. Recognising that these areas were not specifically examined by the Independent Review of Adult Social Care, the Bill required a further public consultation to be held involving partners, stakeholders and those with lived experience. The results of the consultation would be laid before Parliament alongside any regulations at a later date.

Further information in relation to Information sharing and standards, the introduction of a National Care Service Charter of Rights, and further additional reforms in relation to issues such as a right to breaks from unpaid caring were also set out.

Further updates would continue to be provided to the Board.

The Board noted the position.

VALEDICTORY – KATE ROCKS, HEAD OF PUBLIC PROTECTION AND CHILDREN'S SERVICES (CHIEF SOCIAL WORK OFFICER)

13. The Chief Officer advised the Board that this would be the last meeting attended by Kate Rocks who was leaving to take over as the Chief Officer of the Inverclyde Health and Social Care Partnership, offering congratulations on behalf of the Board. In addition, Ms Monaghan highlighted the significant contribution made by Ms Rocks and her staff during her time in East Renfrewshire, in particular the development of Children's Services, and on behalf of the Board wished her well for the future. These sentiments were echoed by Mr McCready.

Ms Rocks responded in suitable terms.

DATE OF NEXT MEETING.

14. It was noted that the next meeting of the Integration Joint Board would be held on Wednesday 10 August 2022 at 10.00 am.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	10 August 2022
Agenda Item	5
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 22 June 2022.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

10 August 2022

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

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

RECOMMENDATION

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

REPORT

Inspection of Children's Services

3. Verbal feedback from the Care Inspectorate was very positive and we are awaiting the final report which is due to be published week beginning 15 August 2022.

Local Child Poverty Action Report

4. The amendments discussed at the June Performance and Audit Committee along with the new national data have been incorporated into the Local Child Poverty Action Report.

5. The new national child poverty data was released on 12th July and shows levels of child poverty have remained stubbornly high across Scotland despite families benefiting from the temporary Covid-19-related increase to universal credit. Over one in five children across Scotland are still living in poverty. Campaigners say urgent action is needed at every level of government and are calling for Councillors to use local powers to maximise family incomes and reduce costs as cost of living crisis deepens. In East Renfrewshire, we have seen a slight reduction in our child poverty rate, to 12.8%¹ compared with the previous figure of 16%. We remain as one of the lowest rates in Scotland however this is still around 2,500 children and young people experiencing poverty – which is the same as the combined population of Williamwood and Woodfarm High Schools.

6. With the ongoing cost of living crisis, we know it's more important than ever to continue to tackle the drivers of poverty using all the tools and budgets at our disposal. The child poverty oversight group will continue to take action and monitor progress as identified in the report.

7. The revised report is currently with the design team who will produce a publication version which will be available by September on the Council website:

<https://www.eastrenfrewshire.gov.uk/fairer-east-ren>

¹ There is a caveat around the data due to sampling issues related to the pandemic

HSCP Workforce Plan

Amendments discussed at the June meeting have been incorporated into the plan. The plan was submitted to the Scottish Government at the end of July.

Head of Public Protection and Children's Services (Chief Social Work Officer)

8. Our June meeting was Kate Rocks' last IJB meeting where we wished her farewell. Although recruitment for the post is underway and interviews scheduled for 12th October 2022, Raymond Prior will be taking on the role as Head of Children's Services and Criminal Justice (Chief Social Work Officer) in the interim until we recruit to the post on a substantive basis.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Chief Financial Officer
Lesley.Bairden@eastrenfrewshire.gov.uk
July 2022

IJB Chief Officer: Julie Murray



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	10 August 2022
Agenda Item	6
Title	Rolling Action Log
Summary	
The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting on 22 June 2022.	
Presented by	Julie Murray, Chief Officer
Action Required	
Integration Joint Board members are asked to note progress.	

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Action No	Date	Item No	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
365	22-Jun-22	8	Local Child Poverty Action Report – Year 4	The Board approved the publication of the report subject to the suggested amendments made at the meeting and the appropriate arrangements should be made.	CO/SSLO	CLOSED	Jul-22	The amendments have been made and the report is currently with the design team who will produce a publication version. This will be published by September and made available on the Council website: https://www.eastrenfrewshire.gov.uk/fairer-east-ren
364	22-Jun-22	8	Local Child Poverty Action Report – Year 4	Submit an update to a future meeting once the updated figures on children living in poverty is available	CO/SSLO	CLOSED	Jul-22	The updated figures have been published and included in the revised report as above. An update on the data in included in the Aug Matters Arising report.
363	22-Jun-22	8	Local Child Poverty Action Report – Year 4	Send information regarding Scottish Welfare Fund to Councillor Edlin	SSLO	CLOSED	Jun-22	Information shared with Cllr Edlin 22/6
362	22-Jun-22	9	Unaudited Annual Report and Accounts	The Board approved the unaudited accounts and the proposed reserves allocations. Submit the audited accounts to the Performance & Audit Committee and the IJB in November	CFO	OPEN	Nov-22	Scheduled for Nov-22
361	22-Jun-22	11	Future of East Renfrewshire Learning Disability Day Opportunities Redesign and Transport	The Board noted the report and approved the proposed transport plan and policy. Issue the relevant Directions to ERC and arrange for the proposed plan and policy to be introduced	CO/HAS-LD&R	CLOSED	Jul-22	Direction letter issued to ERC
360	22-Jun-22	12	HSCP Workforce Planning Update	Make arrangements for the comments made to be incorporated into the plan and for it to be submitted in draft to the Scottish Government at the end of July	CO/HRBP	CLOSED	Jul-22	Changes discussed have been incorporated prior to admission to Scottish Government
359	16-Mar-22	6	East Renfrewshire HSCP Strategic Plan 2022-2025	The Board approved the Plan subject to the inclusion of a list of the protected characteristics, and noted the development of user-friendly formats of the plan and proposals for wider communication - Make the necessary arrangements.	PPPM	OPEN	Sep-22	The Interactive version was shared at Strategic Planning Group on 9th June and further amendments are being made prior to publication.
355	16-Mar-22	11	Age of Criminal Responsibility (Scotland) Act 2019	Make arrangements to identify a named establishment as a place of safety.	CSWO	OPEN	tbc	Working with Council Corporate Landlord to explore options
343	24-Nov-21	11	ER Peer Support Service - Mental Health and Addictions Final Evaluation Report	Consider the possibility of making a presentation on the evaluation report to a future meeting	HAS - LD&R	OPEN	Dec-22	Added to forward planner - scheduled for Dec-22
279	29-Jan-20	5	Rolling Action Log - Individual Budget Update	In the paper to be submitted to a future meeting in respect of Individual Budget Update (242) take account of the technical developments being introduced such as new technical substitutes for sleepovers, which will impact on individual budgets.	HAHSL	OPEN	TBA	March IJB paper on Implementation of Budget Calculator and SDS available online - Report on Overnight Support scheduled for April'20 has been deferred to due to Covid-19
263	25/09/2019	8	Chief Social Work Officer's Annual Report	Submit a report to a future meeting on how the use of data in Children's Services has led to service improvements.	CSWO	OPEN	TBA	Deferred to due to Covid-19.
244	26/06/2019	10	Financial Framework for the 5-Year Adult Mental Health Services Strategy in GGC	Submit a progress report in due course.	CFO	OPEN	TBA	Added to forward planer - Timing of progress report will be dependent on system wide programme and agreement of all six HSCPs within Greater Glasgow and Clyde

Abbreviations

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

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

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

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 22 June 2022**

PRESENT

Anne-Marie Monaghan, NHS Greater Glasgow and Clyde Board (Chair)

Lynsey Allan	Scottish Care
Councillor Caroline Bamforth	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Non-voting IJB member

IN ATTENDANCE

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

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The committee considered and approved the Minute of the meeting of 16 March 2022.

MATTERS ARISING

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

ROLLING ACTION LOG

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

Having heard the Chief Financial Officer explain that action 32 had now been superseded by action 35 on the log, the committee noted the report.

AUDIT SCOTLAND ANNUAL AUDIT PLAN

5. The committee took up consideration of the Audit Scotland Annual Audit Plan for 2021-22.

The Plan summarised the work plan for Audit Scotland's 2021/22 external audit of the Integration Joint Board highlighting that the main elements of work included an evaluation of the key controls within the main accounting systems; an audit of, and provision of an Independent Auditor's Report; an audit opinion on regularity and other statutory information published within the annual report and accounts including the Performance Report, the Governance Statement and the Remuneration Report; consideration of arrangements in relation to the audit dimensions: financial management, financial sustainability, governance and transparency and value for money that frame the wider scope of public sector audit; and consideration of Best Value arrangements.

Ms Monaghan introduced Louisa Yule from Audit Scotland who was heard further on the plan. In particular she referred to planning materiality levels which had been set at 1.5% of gross budgeted expenditure for 2021/22 with this being reviewed on receipt of the financial statements.

Reference was also made to one significant risk of material misstatement to the financial statements. However it was clarified that this was a risk that was included in all Audit Scotland's audit plans.

She explained that due to the nature of the risk, management were not able to provide any assurances against it. Audit Scotland gained their assurance through testing of the parts of the accounts that were viewed by them as being susceptible to management override, for example areas where management may have to exercise judgement. Audit Scotland's work in this area would focus on assessing any changes to the assumptions and estimates used to prepare the financial statements and also through written assurances from partner bodies' auditors.

In relation to reporting arrangements, Ms Yule explained that the COVID pandemic had impacted on the delivery and timing of audit work and that the Audit Scotland management team had decided to use this year as a transitional year with the aim of returning to pre-pandemic audit timescales in 2022-23. To support this a prioritisation programme based on the statutory deadlines had been out in place.

As outlined in the report the target date for completing the audit was 31 October 2022. However, since the preparation of the annual audit plan the Local Government Finance Circular had been issued in May. This extended the statutory deadline for audited accounts to November 2022.

Since agreeing the plan Audit Scotland had continued to refine their resourcing position and looked to complete the audit work for the Integration Joint Board by the target date of 31 October albeit with final sign off of the accounts likely to be in November.

In addition Ms Yule explained that John Cornett, the appointed auditor for the IJB, had been appointed to the role of Executive Director of Audit Services. As a consequence he was stepping away from his audit delivery role. His successor would join Audit Scotland in mid-August. Given this change Audit Scotland would not be in a position to meet the September committee meeting date with the accounts as there were a number of auditing standard requirements that the incoming Audit Director would have to fulfil prior to certifying the accounts.

Discussions on timings and arrangements would continue with the Chief Financial Officer over the summer and work to achieve the completion of the audit within October with the accounts and audit report being taken to the November committee meeting would be ongoing.

Ms Forbes expressed concerns regarding the timescales for the completion of the audit in response to which both Ms Yule and the Chief Financial Officer confirmed that the timetable for East Renfrewshire IJB was not changing and that it had always been planned for the accounts to be signed off in November. Furthermore, in response to further questions from Ms Forbes, it was confirmed that the change in external auditor would have no impact on the audit of the accounts.

Commenting on Exhibit 4 of the plan in relation to audit dimension risks, Ms Monaghan emphasised that financial sustainability was not a new risk; that whilst the IJB appeared to be well-resourced most of the funding was earmarked, and therefore the financial challenges ahead should not be underestimated.

The committee noted the audit plan.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2021-22

6. The committee considered a report by the Chief Financial Officer providing an overview of the unaudited report and accounts for the IJB covering the period 1 April 2021 to 31 March 2022. The report also outlined legislative requirements and key stages associated with the approval of the annual report and accounts.

Having referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee, the report set out an overview of the process for the preparation and approval of the IJB's annual report and accounts.

The report highlighted the main key messages. There was a year-end underspend of £0.837 million which was 0.54% of the annual revenue budget and which was marginally better than the position last reported in March when the projected outturn was an underspend of £0.554 million; COVID-19 spend had been £8.945 million with funding of £15.066 million being received and the balance taken to reserves.

The main variances to the budget were set out in the report. In addition, it was reported that reserves had increased significantly during the year to £20.752 million as at 31 March 2022. This increase was in line with the national position the vast majority of which related to Scottish Government ring-fenced funding. £11,933 million had been received during the year for ring-fenced activity with £3.153 million being used. It was clarified that this funding could only be spent on specified initiatives, that the majority of the increase related to COVID-19 and would support the ongoing response to the pandemic in 2022/23.

The year on year movement in reserves was summarised. It being noted that during the year £0.785 million of earmarked reserves had been used with a further £2.272 million added. Approval for the reserves position as set out in the annual report and accounts was sought.

It was noted that the general reserve remained unchanged at £0.272 million, just under 0.15% of the 2021/22 revenue budget and well below the optimum level at a value of 2% of budget.

The Chief Financial Officer was heard further on the annual report and account. She highlighted that it had been another complex year with continued Covid-19 cost returns as well as new funding streams which led to a significant increase in cash flow of over £15 million in the final quarter of the year.

The main variances were set out in the report and were in line with previous reporting, an underspend in older peoples nursing, residential and day services offsetting the overspend in care at home. There was also a continuing underspend within Learning Disability community services.

In relation to the reserves, she reminded members that an increase in reserves had been reported during the year. The opening reserves balance had been £10.485 million of which £3.937million was spent. A further £14.204 million was added so subject to audit the reserves balance was £20.752 million. Whilst this was significant over £13 million was ringfenced for Scottish Government initiatives and could only be used for those purposes. She clarified that the increase in reserves very much mirrors the national position and the vast majority of this relates to Scottish Government ring-fenced funding as summarised the report. The main increase in East Renfrewshire was COVID-19 funding to be used for costs in 22/23 in the continued pandemic response.

Whilst some new reserves had been requested and approved agreed during the year further approval was being sought for new reserves to be reflected in the annual report and accounts.

Reference was also made to the unchanged general reserve which at under 0.2% of budget remained well below the policy level of 2%. This had previously been recognised and discussed at length in prior years and given continuing financial challenges there was no resource to invest in general reserves.

The Chief Financial Officer clarified that the set aside budget for the previous year 2020/21 had been restated based on information provided by colleagues at NHSGGC as costs relating to The Royal Hospital for Children had been included. This restatement showed a reduction of £0.148 million and against the restated figure of just over £28 million and was not material. This had nil impact on IJB balances as is it remains notional.

Additional cross reference and triangulation checks in the annual accounts working papers for 2021/22 had been included. This had identified a cost decrease in some of the hosted services, shown at note 4 to the accounts. For some of these services COVID-19 related expenditure was included in 2020/21 but not included for 2021/22.

So whilst this note is for information only and has no impact on the bottom line it does mean the comparison year on year is not like for like. Discussion was ongoing with CFO peers and if required the note will be revised for the final report.

The opinion of both Audit Scotland and the IJB Chief Auditor would be included in the final report, scheduled to come to committee and the Board in November, subject to any changes in meeting cycle dates.

Finally the Chief Financial Officer thanked her staff for the work undertaken by them in preparing the accounts.

Thereafter the Chief Financial Officer responded to questions from Councillor Bamforth and Ms Monaghan in the course of which she clarified the position regarding the use of ring-fenced reserves, confirmed that there would be no further COVID funding from the Scottish Government, and that at this stage it was not clear whether or not the Scottish Government would look to reclaim any unspent COVID funding.

The Chief Financial Officer then commented further on some of the reserves available and explained in response to Ms Forbes that it was possible for the IJB to reallocate non-ringfenced funds that had already been earmarked.

Having heard the Chief Financial Officer confirm that additional winter funding would be provided this year the committee agreed to recommend that the Board:-

- (a) approve the unaudited annual report and accounts;
- (b) approve the proposed reserves allocations;
- (c) note that the annual report and accounts was subject to review;
- (d) agree to receive the annual report and accounts in November, subject to any recommendations made by the external auditor and/or the committee.

2021-2022 END-YEAR PERFORMANCE UPDATE AND POSTPONEMENT OF ANNUAL PERFORMANCE REPORT - QUARTER 3

7. The committee considered a report by the Chief Officer advising of the postponement of the publication of the 2021-22 Annual Performance Report and providing a summary update of key performance for 2021-22.

Having referred to the legislative requirement for Integration Joint Boards to publish Annual Performance Reports, and to temporary legislative changes in relation to the timescales for the publication of such reports, the report explained that given the volume of work required for a full review of performance and activity during 2021-22, and specifically the requirement for input to the review from partners and services, publication of the Annual Performance Report had been postponed until 31 August 2022 with a draft report being submitted to the next meeting of the IJB on 10 August for approval.

In the interim, summary information was provided relating to performance measures set out under the strategic priorities in the HSCP Interim Strategic Plan 2021-22.

The report made particular reference to the unprecedented challenge faced by the HSCP in responding to the COVID-19 pandemic highlighting that during the pandemic period staff across the HSCP had responded with incredible commitment and had adapted to new ways of working; continuing to maintain and deliver safe and effective services to residents. As the pandemic had continued the workforce was becoming increasingly fatigued and a significant focus was being placed on supporting staff health and wellbeing.

Despite progressing recovery during the year, the emergence of the Omicron variant during the winter months had a significant impact on progress. The HSCP and partner organisations experienced increased staff absence with resulting pressures within the health and social care system. There had also been significant recruitment and retention challenges in the sector impacting on performance. Notwithstanding, the data showed that despite the continuing pressures of the pandemic there had been strong performance across service areas. Throughout the period there had been excellent collaboration across the HSCP and with independent, third and community sector partners, with many positive signs of recovery across many performance indicators.

The Policy, Planning and Performance Manager was heard in further explanation of the report drawing to the committee's attention a number of performance highlights as well as areas where steps to seek improvement would continue, following which full discussion took place.

Councillor Bamforth referred to the reduction in The Child and Adolescent Mental Health Service (CAMHS) referrals and the increase in referrals to Family Wellbeing Service, welcoming that children were now more likely to be referred to appropriate services. However she commented on anecdotal information suggesting that delays to accessing the Family Wellbeing Service were increasing and if it was not just a case now of delays being spread across more services.

In reply the Chief Officer indicated that she would look into the matter. She also suggested that it might be helpful to bring to the committee information that had been presented to the Chief Executives of East Renfrewshire Council and NHSGGC as part of the HSCP end of year performance review.

Ms Monaghan suggested it was no surprise to see increased service demand. In relation to the way in which the information was presented, she suggested it would be helpful to see plotting of targets as this would make the information presented easier to understand.

The committee noted:-

- (a) that the publication date for the 2021-22 Annual Performance Report had been postponed to 31 August 2022; and
- (b) the End-Year Performance Update for 2021-22.

SPECIALIST LEARNING DISABILITY IN PATIENTS SERVICE PERFORMANCE REPORT

8. The committee considered a report by the Chief Officer providing performance data on Specialist Learning Disability Inpatient Services, with a particular focus on admission and discharge activity from 1 January 2021 to 31 December 2021. This service was hosted by East Renfrewshire HSCP on behalf of NHS Greater Glasgow and Clyde.

It was explained that the report focussed on activity relating to the Assessment and Treatment Services (Blythswood House and Claythorn House) which had 27 beds across the two sites. The service was available to people with a learning disability residing in 9 Health and Social Care Partnerships, 6 of which lay within the NHS Greater Glasgow and Clyde boundary and a further 3 outwith NHS Greater Glasgow and Clyde area which were provided via service level agreements.

It was further explained that the data in the report had been collected from the bed management and patient management systems; EMIS and TrakCare. There were some limitations in the data provided due to patients admitted in the previous years but not yet discharged being included in the report. There was also missing data for the number of individuals appropriately admitted to mental health care, who had not needed specialist learning disability inpatient care.

The report highlighted some key performance related messages following which it provided an overview of activity in 2021.

The Head of Adult Services – Learning Disability and Recovery was then heard further on the report.

Ms Monaghan highlighted that the report covered a calendar rather than financial year, that this was at odds with most other performance plans and asked it steps could be taken to make sure that the reporting period be adjusted accordingly. In addition, Thereafter she expressed disappointment at the number of in patients without a placement. This was echoed by Councillor Bamforth. She further noted that Glasgow HSCP had the largest number of in

patients in this category and enquired what East Renfrewshire HSCP as service host could do to support them.

In reply the Head of Adult Services – Learning Disability and Recovery explained some of the work that East Renfrewshire as host undertook to support other HSCPs using the service. This included widely sharing examples of good practice amongst HSCPs. Also commenting, the Chief Officer reported that conversations regarding this issue had taken place with the Chief Executive of NHS Greater Glasgow and Clyde. She further clarified that whilst East Renfrewshire HSCP could influence the activities of other HSCPs, it could not control them.

It was suggested that it would be useful for the report to be updated and thereafter shared with other HSCPs.

The Head of Adult Services – Learning Disability and Recovery having explained in response to Mrs Kennedy that Netherton was still scheduled to close, leaving Claythorn and Blythwood House, Ms Forbes referred to the increase in admissions due to challenging behaviour alone and questioned the reasons for this and what was being done to address it. In reply the Head of Adult Services – Learning Disability and Recovery acknowledged that there was no doubt the pandemic had been a contributory factor in the increase. In addition, responding to Ms Monaghan, he explained the staff infrastructure in place to help prevent hospital admission.

Thereafter Ms Monaghan proposed that an updated version of the report, with the reporting timescales adjusted, be prepared and submitted to the Integration Joint Board for consideration and thereafter sent to the Performance and Audit Committees of other HSCPs that used the service.

The committee:-

- (a) noted the report; and
- (b) agreed that an updated report be submitted to the Integration Joint Board and thereafter sent to the Performance and Audit Committees of other HSCPs that used the service.

AUDIT UPDATE

9. Under reference to the Minute of the previous meeting (Item 8 refers), the committee considered a report by the Chief Officer providing an update on new audit activity relating to the IJB and HSCP since last reported to the committee in March 2022, and summarising all open audit recommendations. Accompanying the report were a series of appendices. These contained information regarding audit activity relating to the IJB and HSCP; and information on recommendations from previous audits. Summary information in relation to the appendices was contained in the report

Commenting on the report, the Head of Finance and Resources (Chief Financial Officer) explained that since March a lot of follow up work had been carried out, that it had not yet been finalised, but it was anticipated that this work would be complete prior to the next meeting in September.

Having commented on some of the new reports, the Head of Finance and Resources (Chief Financial Officer) referred to the constraints on the Chief Auditor's service but they were working collaboratively to progress matters. It was noted that the Chief Auditor would bring the audit plan to the committee in September.

Ms Forbes acknowledged the progress that had been made. She highlighted the number of audit recommendations where the associated comments suggested that reminders would be issued to managers and questioned what steps were taken to ensure managers did comply with the advice issued in reminders.

In reply the Head of Finance and Resources (Chief Financial Officer) acknowledged the comments and that steps would be taken for this to become a standing item on management team meeting agendas. In addition, the Chief Auditor explained that her staff did conduct follow ups and whether or not recommendations were complied with was examined as part of that. Ms Forbes suggested that some further comment be added to reports to confirm whether managers had complied with recommendations.

The committee noted the report.

POLICY UPDATE

10. The committee considered and noted a report by the Chief Officer providing details of a number of policy documents relating specifically to the governance of the IJB. The report contained a table showing each of the policy documents, when they had been approved by the IJB, when last considered by the committee if at all, and any review cycle. The report advised that of the documents listed, 6 would be submitted to the September meeting of the committee for review.

IJB STRATEGIC RISK REGISTER UPDATE

11. Under reference to the Minute of the previous meeting (Item 9 refers), the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report.

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 16 March 2022 and explained that since then no new risks had been added; no existing risks had been removed, one risk score relating to *Workforce Planning and Change* had been increased, and 1 risk score relating to *In-House Care at Home Service* had been reduced.

Ms Monaghan suggested that in light of the earlier discussions around hosted services, this should appear as a risk on the register, specifically in relation to reputational risk associated with service failure and also risk to individual service users. The Head of Adult Services – Learning Disability and Recovery explained that the service did have an operational risk register and the Chief officer confirmed this would be reviewed to establish the best place for the risk to be recorded.

Ms Monaghan recognised that the service would have an operational register but it was important for the committee to have sight of the risk. As such the strategic register would be best placed to deliver this.

The Head of Finance and Resources (Chief Financial Officer) highlighted that financial sustainability remained a high risk post-mitigation and that financial risks were reported to the Board through the regular revenue budget monitoring reports.

Ms Forbes commented on the 3 whole time equivalent consultant vacancies referred to in the report. She suggested this was a major risk and that it did not appear to be reflected in the risk register. She also suggested a review of the likelihood and impact scores of two of the risks listed.

Responding to Ms Forbes the Head of Finance and Resources (Chief Financial Officer) explained that the consultant vacancies was reflected in the workforce planning risk and that she would review the scoring as suggested by Ms Forbes.

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 21 September 2022 at 9.00am.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	10 August 2022
Agenda Item	8
Title	Revenue Budget Monitoring Report 2022/23; position as at 30 th June 2022
Summary	
To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.	
Presented by	Lesley Bairden (Chief Financial Officer)
Action Required	
The Integration Joint Board is asked to: <ul style="list-style-type: none"> • note the projected outturn for the 2022/23 revenue budget • note the projected reserves balances 	
Directions	Implications
<input type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input checked="" type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

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

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - note the projected outturn for the 2022/23 revenue budget
 - note the projected reserves balances

BACKGROUND

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the first report for the financial year 2022/23 and provides the projected outturn for the year based on our latest information recognising we are still in uncertain times.
4. The current projected outturn shows an overspend for the year of £0.553 million after the application of the Covid-19 reserve and winter funding planned activity agreed as part of the 2022/23 budget settlement.
5. The projected costs against budget will be continuously reviewed and refined throughout the year and remedial action taken where possible to contain the projected overspend

REPORT

6. The consolidated budget for 2022/23 and projected outturn position, with Covid-19 costs at nil impact. This shows a projected overspend of £0.553 million against a full year budget of £139.002 million (0.39%) after assumed contributions to and from reserves.
7. The HSCP costs related to Covid-19 activity continue into 2022/23 and are reported to the Scottish Government via NHS Greater Glasgow and Clyde as health boards remain the leads on this reporting.
8. The funding we received late in 2021/22 will meet the costs of our expected activity as summarised in the table below. The IJB will note this no longer includes support for unachieved savings.

	£ million
Projected Costs:	
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	3.865
Infrastructure, equipment, PPE*	3.089
Sustainability	1.260
Current Projected Local Mobilisation Plan Costs	8.214
Funded By:	
Covid-19 reserve (Carried forward from 2020/21)	9.266
Balance remaining	1.052

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

9. The Scottish Government have advised it is unlikely that there will be further Covid-19 funding this year and work is ongoing to ensure we have appropriate exit strategies in place. Work is ongoing with Scottish Government nationally to determine the use of any balances of Covid-19 funding during 2022/23.
10. The consolidated revenue budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in year revisions to our funding contributions and associated directions.
11. The main projected operational variances are set out below. The projected costs are based on known care commitments, vacant posts and other supporting information from our financial systems as at 30th June 2022 and do allow for the latest known information. The projected costs include provision for further activity during the year.
12. **Children & Families and Public Protection £311k overspend;** results from a number of factors:
 - The CAMHS service core budget is projected to overspend by £170k mainly from payroll pressures. Work is ongoing to assess the impact of new funding and the associated establishment and any mitigation on current costs and reserve funds held.
 - The HSCP is looking after several unaccompanied asylum seeker children with a funding deficit projected of £66k for current costs. This situation will change with more children expected and the type of care required will determine if further pressures will be incurred. We will have a clearer understanding of any funding gap towards the end of the year and options to contain these costs including the use of reserves.
 - Care costs including transport are also pressure in the service of around £75k. The service continue to monitor the pressures within purchased care with the working assumption that current placements will remain to March 2023 and beyond.
13. **Older Peoples Services £439k underspend;** the projected underspend is result of current care commitments and staff turnover within teams. Within residential and nursing care we are underspent by £1.4m, despite an emerging trend of increased nursing home placements. This is offset by an overspend in localities directly purchased care at home and direct payment commitments of £0.9m.
14. **Physical & Sensory Disability £86k underspend;** the projected underspend is due to care package commitments.

15. **Learning Disability Community Services £269k overspend;** the projected overspend is due to care commitments (£461k), including the full year impact from the increased number of people supported year on year. This is offset in part by staffing vacancies within day services (£156k) and within the Community Autism Team (£54k).
16. When we look at the collective position across the three adult care groups above (in paragraphs 17 to 19 this gives a total underspend across Barrhead and Eastwood localities of £0.256 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.
17. Intensive Services £401k overspend; the most significant cost pressure remains within Care at Home (both purchased and the in-house service) of £183k, with the telecare responders service projected overspend at £442k; all predominately around staffing and agency as we continue to respond to demand. These pressures are offset in part by staff turnover and vacancies within day services (£271k).
18. The budgets above in Older People, Adults and Intensive Services include winter funding and associated spend of £3.758m as detailed below. At present we expect to utilise this in full during the year, any slippage will be taken to reserve.

Initiative	£ million	Application of Funding
Interim Care	0.352	To support delayed discharge pathways with more appropriate care and support. Non-recurring for a six month period.
Care at Home Capacity	2.178	To expand capacity to address increased need and acuity. Recurring.
Multi-Disciplinary Teams	0.702	To support cross system working including focus on delayed discharge. Recurring.
Additional Health Care Assistants	0.526	Part of NHSGGC wide recruitment. Recurring.

We also brought forward £1.012m from 2021/22 funding, and so far have used £0.540m to support interim care during the year.

19. **Learning Disability Inpatients £26k overspend;** a small overspend is now projected as the position after the full reserve of £434k has been used, reflecting the pressure in the service around increased observation costs. There is a significant risk that if observations and the appropriate ratio of staffing to support complex needs continues this will be an unfunded pressure moving into 2023/24. The ongoing redesign work should mitigate to some degree.
20. **Augmentative and Alternative Communication £nil variance;** although there is a slight pressure within equipment costs if this should continue it will be met from the reserve held to smooth such pressures. Budget adjustments will be made later in the year to reflect the impact of the national Service Level Agreement work, this will not impact on the bottom line.
21. **Recovery Services Mental Health & Addictions £26k underspend;** current care commitments are causing some pressure within Mental Health (£304k) although this is offset by turnover within Mental Health Adult Community Services (£327k).

The committed costs for Mental Health show an increase on the previous year and we expect continued service demand and pressures in this area. The need to consider longer term funding once we are clear on the new baseline remains.

22. **Prescribing £nil variance;** the analysis of costs and volumes to dates show we could have a pressure of c£140k on current cost and volume assumptions. At this early stage and given the lag in data we are assuming nil variance as we would call on the smoothing reserve if needed. We continue to work closely with colleagues at the Health Board analysing and modelling various scenarios. We included a 2% increase on the budget and for every further 1% increase in either volume or cost we will see a pressure of c£170k
23. **Finance & Resources £126k overspend;** this budget meets a number of HSCP wide costs, including charges for prior year NHS pension costs for which a prudent projection is included; this will diminish over time. We have made allowance for continued utilities inflation (£27k here and a further £30k across services above).
24. **Primary Care Improvement Plan, Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15;** we await confirmation from the Scottish Government of our current year allocations to be distributed in full, with slippage taken to earmarked reserves balances to support committed costs for future years. Appendices 8 to 10 give a summarised position against each funding initiative, showing the planned activity against each initiative. The reserves position should become clearer once 2022/23 funding is confirmed.

Other

25. The current projected revenue budget overspend of £0.553 million will need to be met from our reserves, subject to the final outturn and agreed reserves position at the end of the financial year. It is difficult to provide an accurate projection so early in the year, particularly when the impact of Covid-19 remains unclear. We are seeing increased demand and complexity across all services and will continue to monitor activity and costs to try to establish trends and our new baseline.
26. We will take corrective action where possible to minimise cost pressures in year and are working to refine the financial framework to support our Recovery and Renewal programme to help deliver savings. This is incredibly challenging in the current environment.
27. The reserves position is reported in full at Appendix 5. Spending plans against reserves highlight recovery activity as we continue to emerge from pandemic and allow for full utilisation of Covid-19 and winter funding during 2022/23.
28. The changes to funding throughout the year and associated directions are an integral element of our revenue monitoring and as funding is revised this is reflected in Appendix 4 (Directions) in this report.
29. The projected costs allow for additional activity through the year and we are working with colleagues to identify any impact to the support cost charge from the council so we can better estimate this as the year progresses.
30. 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 a constantly changing environment.

IMPLICATIONS OF THE PROPOSALS

Finance

31. The savings agreed by the IJB as part of the budget set in March 2022 are set out at Appendix 6. Our capacity to deliver these savings in year continues to be significantly impacted by capacity as we work through Covid-19 towards recovery. We no longer have support for unachieved savings in the Scottish Government funding for Covid-19 and this is therefore a pressure on the HSCP that we plan to meet from reserves.
32. A revised Medium-Term Financial Plan (MTFP) was brought to the IJB in March 2022. This will be refreshed during the year.
33. We have a number of unknown factors such as pay, continued inflation, demand trends and recruitment and retention impacts in the sector to name a few and will continue to work through these try to better understand the post Covid-19 landscape.
34. Per our Covid-19 funding returns we have included projected costs and income.
35. 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

36. The previously reported significant risk to the IJB that all Covid-19 related costs would not be fully funded is mitigated in 2022/23. The ongoing implications continue to be assessed.
37. 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

38. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
39. The report reflects a projected breakeven position after the potential net contribution of £0.553 million to reserves for the year to 31 March 2023.

CONSULTATION AND PARTNERSHIP WORKING

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

CONCLUSIONS

42. Appendix 1 reports a potential projected underspend of £0.553 million for the year to 31 March 2022, allowing for Covid-19 support and recognising that slippage from winter funding will be earmarked as part of the year end outturn.

RECOMMENDATIONS

43. The Integration Joint Board is asked to note:
- note the projected outturn for the 2022/23 revenue budget
 - note the projected reserves balances.

REPORT AUTHOR

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23 July 2022

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 16.03.2022 – Revenue Budget Monitoring Report

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

IJB 26.01.2022 – Revenue Budget Monitoring Report

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

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

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

Consolidated Monitoring Report

Projected Outturn Position to 30 June 2022

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	13,427	13,738	(311)	(2.32%)
Public Protection - Criminal Justice	29	-	29	100.00%
Adult Localities Services				
Older People	23,377	22,938	439	1.88%
Physical & Sensory Disability	6,195	6,109	86	1.39%
Learning Disability - Community	17,455	17,724	(269)	(1.54%)
Learning Disability - Inpatients	8,632	8,658	(26)	(0.30%)
Augmentative and Alternative Communication	71	71	-	0.00%
Intensive Services	16,013	16,414	(401)	(2.50%)
Recovery Services - Mental Health	5,103	5,095	8	0.16%
Recovery Services - Addictions	1,099	1,081	18	1.64%
Family Health Services	27,340	27,340	-	0.00%
Prescribing	16,846	16,846	-	0.00%
Finance & Resources	3,415	3,541	(126)	(3.69%)
Net Expenditure	139,002	139,555	(553)	(0.40%)
Contribution to / (from) Reserve	-	(553)	553	-
Net Expenditure	139,002	139,002	-	

Figures as at 30 June 2022

	£
Net Contribution To / (From) Reserves	(553)
Analysed by Partner contribution;	
Health	65
Social Care (provisional)	(618)
Net Contribution To / (From) Reserves	(553)

Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	23,567	23,291	276	1.17%
Localities Services - Eastwood	23,461	23,481	(20)	(0.09%)
Net Expenditure	47,028	46,772	256	0.54%

Council Monitoring Report

Projected Outturn Position to 30 June 2022

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %	COVID £'000	Unachieved Savings £'000	Operational Variance £'000
Employee Costs	28,211	28,950	(739)	(2.62%)	(711)		(28)
Property Costs	826	855	(29)	(3.51%)	(12)		(17)
Supplies & Services	2,344	4,990	(2,646)	(112.88%)	(1,727)		(919)
Transport Costs	277	395	(118)	(42.60%)			(118)
Third Party Payments	46,747	50,275	(3,528)	(7.55%)	(2,437)		(1,091)
Support Services	2,475	2,475	-	0.00%	(138)		138
Income	(20,739)	(27,181)	6,442	(31.06%)	5,043		1,399
Net Expenditure	60,141	60,759	(618)	(1.03%)	18	-	(636)
Contribution to / (from) Reserve	-	(618)	618	-			
Net Expenditure	60,141	60,141	-	-			

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
3.i Public Protection - Children & Families	10,190	10,317	(127)	(1.25%)
Public Protection - Criminal Justice	29	-	29	100.00%
Adult Localities Services				
Older People	15,432	15,011	421	2.73%
Physical & Sensory Disability	5,558	5,472	86	1.55%
Learning Disability	11,372	11,731	(359)	(3.16%)
Intensive Services	14,831	15,232	(401)	(2.70%)
Recovery Services - Mental Health	1,745	2,064	(319)	(18.28%)
Recovery Services - Addictions	322	322	-	0.00%
Finance & Resources	662	610	52	7.85%
Net Expenditure	60,141	60,759	(618)	(1.03%)
Contribution to / (from) Reserve	-	(618)	618	-
Net Expenditure	60,141	60,141	-	-

Notes

1 Figures as at 30 June 2022

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>(618)</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 £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	17,177	16,980	197	1.15%
Localities Services - Eastwood	15,185	15,234	(49)	(0.32%)
Net Expenditure	32,362	32,214	148	(0.46%)

NHS Monitoring Report

Projected Outturn Position to 30 June 2022

Subjective Analysis	Full Year				Variance showing Covid-19 impact		
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %	COVID £'000	Unachieved Savings £'000	Operational Variance £'000
Employee Costs	20,929	21,805	(876)	(4.19%)	(1,687)		(2,563)
Non-pay Expenditure	49,845	52,064	(2,219)	(4.45%)	(1,484)		(3,703)
Resource Transfer/Social Care Fund	11,934	11,934	-	0.00%			-
Income	(3,847)	(7,018)	3,171	82.43%	3,171		6,342
Net Expenditure	78,861	78,785	76	0.10%	-	-	76

Contribution to / (from) Reserve	-	76	(76)	-
Net Expenditure	78,861	78,861	-	-

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Childrens Services	3,132	3,316	(184)	(5.87%)
Adult Community Services	4,589	4,571	18	0.39%
Learning Disability - Community	1,087	997	90	8.28%
Learning Disability - Inpatient	8,632	8,658	(26)	(0.30%)
Augmentative and Alternative Communication	71	71	-	0.00%
Family Health Services	27,340	27,340	-	0.00%
Prescribing	16,846	16,846	-	0.00%
Recovery Services - Mental Health	2,567	2,240	327	12.74%
Recovery Services - Addictions	220	202	18	8.18%
Finance & Resources	2,443	2,621	(178)	(7.29%)
Resource Transfer	11,934	11,934	-	0.00%
Net Expenditure	78,861	78,796	65	0.08%

Contribution to / (from) Reserve	-	65	(65)	0.00%
Net Expenditure	78,861	78,861	-	0.00%

Notes

1 Figures as at 30 June 2022

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

	£'000
Public Protection - Children & Families	105
Adult Localities Services	
Older People	3,356
Physical & Sensory Disability	637
Learning Disability	4,996
Intensive Services	1,182
Recovery Services - Mental Health	791
Recovery Services - Addictions	557
Finance & Resources	310
	<u>11,934</u>

Localities Resource Transfer - alternative presentation	
Localities Services - Barrhead	5,103
Localities Services - Eastwood	3,887

£

3 Net Contribution to / (from) Reserves 65

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 £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	1,287	1,208	79	6.14%
Localities Services - Eastwood	4,389	4,360	29	0.66%
Net Expenditure	5,676	5,568	108	1.90%

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

Appendix 4

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Expected Revenue Budget Contributions per March 2022 Budget	78,245	60,141		138,386
Funding confirmed in opening budget but not yet received	(1,227)			(1,227)
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
FHS Centralised Allocations	1,622			1,622
PCIP - Pharmacy	144			144
School Nursing Central Allocation	46			46
Prescribing	31			31
				0
	78,861	60,141	-	139,002
Funding Outwith Revenue Contribution				
Housing Aids & Adaptations *		400		400
Set Aside Hospital Services Opening Budget	37,653			37,653
Total IJB Resources	116,514	60,541	-	177,055
Directions to Partners				
Revenue Budget	78,861	60,141	-	139,002
Criminal Justice Grant Funded Expenditure		614		614
Criminal Justice Grant		(614)		(614)
1 Resource Transfer & Recharges	(11,934)	11,934		0
Carers Information	58	(58)		0
	66,985	72,017	-	139,002
Housing Aids & Adaptations *				
Set Aside Hospital Services Budget	37,653	400		400
	104,638	72,417	-	177,055

* includes capital spend

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

Earmarked Reserves	Reserve Brought Fwd from 2021/22 £'000	2022/23 Projected spend £'000	Projected balance 31/03/23 £'000	comment
Scottish Government Funding				
Mental Health - Action 15	215	16	199	Work ongoing to utilise in full, timing tbc
Alcohol & Drugs Partnership	527	(4)	531	Work ongoing to utilise in full, timing tbc
Drugs Death Task Force	142		142	Work ongoing to utilise in full, timing tbc
Primary Care Improvement Fund	1,946	(35)	1,981	Work ongoing to utilise in full, timing tbc
Primary Care Transformation Fund	37		37	Work ongoing to utilise in full, timing tbc
GP Premises Fund	181	50	131	£50k committed to date and programme being reviewed
Winter Planning	1,012	540	472	Recruitment and other activity will determine final balance. Any unspent funding in year would be added
COVID-19	9,266	8,214	1,052	Projected costs committed, work ongoing nationally on use of balance
Scottish Government Funding	13,326	8,781	4,545	
Bridging Finance				
Budget Savings Reserve	2,717	2,232	485	Projected balance of unachieved savings in year
In Year Pressures Reserve	165		165	Will be applied as required
Current Year Projected Overspend		553	(553)	Projected reserves draw required to fund overspend in year
Prescribing	456		456	To smooth prescribing pressures
Bridging Finance	3,338	2,785	553	
Children & Families				
Residential Accommodation	460		460	To smooth the impact of high cost residential placements over time, currently assumed no draw and will continue to be monitored
Health Visitors	35	35	0	To support capacity including maternity and absence cover
Home & Belonging	58		58	Work ongoing to utilise in full, timing tbc
School Counselling	687	355	332	Proposal to IJB to support Family Wellbeing Service from 2022/23 for 2 years
Children and Adolescent Mental Health Services	888		888	Work ongoing to utilise in full, timing tbc
Trauma Informed Practice	50		50	Work ongoing to utilise in full, timing tbc
Whole Family Wellbeing	29	29	0	Expect to use in full this year
Unaccompanied Asylum Seekers Children	24	24	0	Expect to use in full this year
Continuing Care / Child Healthy Weight	15	15	0	Expect to use in full this year
Children & Families	2,246	458	1,788	
Transitional Funding				
Learning Disability Specialist Services	434	434	0	Funding Challenging Behaviour Manager post for 20 months from April and additional costs of observations
Community Living Change Fund	295	147	148	New funding to support learning disability change local and system wide - proposals being finalised.
Total Transitional Funding	729	581	148	
Adult Services				
Mental Health Officer / Community Psychology / Capacity	61		61	Work ongoing to utilise in full, timing tbc
Care Home Oversight Support and Lead Nurse	177	52	125	To support recovery and plans to use in full being finalised
Augmentative & Alternative Communication	85		85	To smooth demand for specialist service and equipment
Addictions - Residential Rehabilitation	37	37	0	To smooth the impact of residential placements
Armed Forces Covenant	60	60	0	Expect to use in full this year
Wellbeing	88	88	0	Expect to use in full this year
Dementia Support	68	68	0	Expect to use in full this year
Telecare Fire Safety	18	18	0	Expect to use in full this year
Total Adult Services	594	323	271	
Repairs & Renewals				
Repairs, Furniture and Specialist Equipment	124	54	70	Full use of NHS capital repairs b/f and supplementing programme of work for 2022/23
Repairs & Renewals	124	54	70	
Capacity				
Partnership Strategic Framework	31	31	0	To support engagement work
Organisational Learning & Development	92		92	Being reviewed alongside recovery and renewal
Capacity	123	31	92	
Total All Earmarked Reserves	20,480	13,013	7,467	
General Reserves				
East Renfrewshire Council	109	0	109	
NHSGCC	163	0	163	
Total General Reserves	272	0	272	
Grand Total All Reserves	20,752	13,013	7,739	

NB: brought forward balances are subject to the audit of the annual report and accounts for 2021/22

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

Appendix 6

Saving	2022/23 Funding Gap £	Projected Saving £	Saving still to be achieved	Comments
Recovery and Renewal supported by non recurring application of budget phasing reserve	2,875	643	2,232	Saving from within budget allocation £243k and £400k provisional recovery and renewal projection for part year. Balance needs to be met from reserve in year.
Sub Total	2,875	643	2,232	
Learning Disability Bed Model Framework	200	200	-	Saving applied to budget and achieved
Turnover and Associated Running Costs	72	72	-	Saving applied to budget and achieved
Sub Total	272	272	-	
Total HSCP Saving Challenge	3,147	915	2,232	

Note; capacity to deliver savings impacted by ongoing COVID implications.
 Financial framework being refined for Recovery and Renewal Programme.

Subjective Analysis	2022/23 Budget Virement						2021/22 Budget £'000	Total Virement £'000
	Current Ledger £'000	(1) £'000	(2) £'000	(3) £'000	(4) £'000	(5) £'000		
Employee Costs	28,211						28,211	0
Property Costs	826						826	0
Supplies & Services	2,344						2,344	0
Transport Costs	277						277	0
Third Party Payments	46,747						46,747	0
Support Services	2,475						2,475	0
Income	(20,125)	(614)					(20,739)	(614)
Net Expenditure	60,755	(614)	0	0	0	0	60,141	(614)

Objective Analysis	2022/23 Budget Virement						2021/22 Budget £'000	Total Virement £'000
	Current Ledger £'000	(1) £'000	(2) £'000	(3) £'000	(4) £'000	(5) £'000		
Public Protection - Children & Families	10,190						10,190	0
Public Protection - Criminal Justice	643	(614)					29	(614)
Adult Health - Localities Services								0
Older People	15,432						15,432	0
Physical & Sensory Disability	5,558						5,558	0
Learning Disability	11,372						11,372	0
Adult Health - Intensive Services	14,831						14,831	0
Recovery Services - Mental Health	1,745						1,745	0
Recovery Services - Addictions	322						322	0
Finance & Resources	662						662	0
Net Expenditure	60,755	(614)	0	0	0	0	60,141	(614)

Note:

- 1 Criminal Justice grant funding now confirmed

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

Appendix 8

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Pharmacy Support	1,035	852	183
Advanced Nurse Practitioners	175	113	62
Advanced Practice Physiotherapists	190	155	35
Community Mental Health Link Workers	75	73	2
Community Healthcare Assistants / Treatment Room *	463	380	83
Vaccine Transformation Programme	804	711	93
Programme Support / CQL / Pharmacy First	215	148	67
Total Cost	2,957	2,432	525
Funded by:			
In Year Funding (per 2021/22 until confirmed)		2,467	
Reserve Balance		1,946	
Total Funding		4,413	
Potential reserve at year end based on current projection		1,981	

NB Plans to utilise existing reserve being developed

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£	£	£
Staff costs - Board wide including Nursing, Psychology and Occupational Therapy	174	233	(59)
Programme Support	30	30	0
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	280	182	98
Other - Peer Support Delivery Service	80	80	0
Total Cost	564	525	39
Funded by:			
In Year Funding (per 2021/22 until confirmed)		509	
Reserve Balance		215	
Total Funding		724	
Potential reserve at year end based on current projection		199	

NB Plans to utilise existing reserve being developed

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

Appendix 10

Service	Planned Programme Costs	Projected Programme Costs	Projected Variance
	£	£	£
Reducing waiting times for treatment and support services	43	43	0
Addictions Officer	54	54	0
Development of Recovery Communities	130	130	0
Peer Support	35	35	0
Total Cost	262	262	0
Funded by:			
In Year Funding (per 2021/22 until confirmed)		266	
Reserve Balance		208	
Total Funding		474	
Potential reserve at year end based on current projection		212	

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



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	10 August 2022	
Agenda Item	10	
Title	Primary Care Improvement Plan (PCIP) Impact Report	
Summary		
<p>This paper showcases the impact that our Primary Care Improvement Plan and new multi-disciplinary team workforce has had on patient care in East Renfrewshire now that we have almost fully implemented our original PCIP plan and employed additional staff to support GP Practices.</p>		
Presented by	Claire Fisher, Clinical Director	
Action Required		
<p>The Integration Joint Board is asked to note and comment on the report.</p>		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

10 August 2022

Report by Chief Officer

PRIMARY CARE IMPROVEMENT PLAN (PCIP) – IMPACT REPORT

PURPOSE OF REPORT

1. The purpose of this report is to showcase the impact that our Primary Care Improvement Plan (PCIP) and new Multi-Disciplinary Team (MDT) workforce has had on patient care in East Renfrewshire.

RECOMMENDATION

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

BACKGROUND

3. The new contract for provision of General Medical Services in Scotland commenced in April 2018; an ambitious and innovative contract which envisioned the development of a multi-disciplinary team of health professionals employed by local HSCPs to support Practices. The aim was to free up clinical time to enable GPs to take on a role as Expert Medical Generalists, and allow them more time to care for patients with the most complex needs.
4. In 2018 East Renfrewshire HSCP worked collaboratively with local GP Practices to design our local Primary Care Improvement Plan. A PCIP Steering Group was established to discuss and agree strategic decisions to progress the creation of our MDT Team. *The IJB received regular updates on the implementation of the plan over the years.*
5. As at June 2022, we have almost fully implemented our original PCIP plan and have employed an additional 52.5 wte staff to support Practices. Following our successful bid for additional winter funding in November 2021 we are currently recruiting to expand our workforce in our priority service areas.
6. Given our original plan is at full implementation, we have recently changed our Steering Group meeting with Practices to an oversight group. We are using a format of a series of “Deep Dives” into individual service areas. These meetings allow focused feedback and reflection on what has worked well, and help modify existing service arrangements to ensure best use of our valued workforce and improve staff retention.
7. We await clarification from Scottish Government on any proposed further funding to enable further expansion of our MDT workforce.

REPORT

8. East Renfrewshire has 15 GP practices with a total registered patient population of 98,268 ranging from 2,477 patients in our smallest practice to 13,819 patients in our largest practice. The average list size is 6,551 (January 2022), which is higher than the

Scottish average of 6,000 patients. Our registered practice population has increased by 3,394 (3.6%) since 2018 reflecting a 22% increase in our smallest practice and a 9% increase in our largest practice over the four years. We have had established GP clusters since 2014 which have been beneficial in strengthening relationships between the HSCP, GP peer groups and practice managers. We currently have three GP clusters and Cluster Leads across our two localities of Eastwood and Barrhead, hosting population percentages of 74% and 26% respectively. East Renfrewshire's growing population has had a significant impact on GP practice lists. However our PCIP implementation has enabled practices to support a significantly higher number of patients.

9. The national priority was to reduce GP and practice workload with HSCPs delivering services through a range of multi-disciplinary teams (MDTs) including pharmacists, physiotherapists and advance nurse practitioners and other health professionals. The development of this new Primary Care service redesign should not only reduce GP workload but deliver a safe, person-centred, equitable, outcome focused, effective, sustainable, affordability and value for money service according to the seven key principles of the new General Medical Services (GMS) Contract 2018 by increasing access and reducing inequalities for our patients.
10. We began implementing the new GMS Contract in 2018 through our East Renfrewshire Primary Care Improvement Plan (PCIP) 2018 – 2021. We recruited a PCIP Implementation and Development Officer to deliver the plan objectives and since 2018 we have worked steadily to recruit and train staff to deliver services across the six Memorandum of Understanding (MOU) areas.
11. During this time we modified our original plan, reflecting on lessons learned and recruitment challenges. We made efficiencies by utilising the various skill mix of staff members, and building greater resilience into some services. Recruitment was paused for 12 months due to the pandemic. However, despite workforce challenges we are now approaching full implementation of our PCIP in 2022. New service models and recruitment of clinical staff has allowed the transfer of work from GP practices to HSCP staff within the context of Primary Care redesign.
12. Although existing systems and the ongoing impact of the pandemic have made it difficult to clearly assess impact and evidence time saved, we have developed new ways of working and promptly developed new systems and processes which have accelerated our progress to successful implementation. Overall, during the pandemic General Practice has remained relatively stable in East Renfrewshire with all practices delivering at escalation level one and there was only one temporary branch closure in 2020. Since October 2021, East Renfrewshire practices have participated in the NHS GGC local practice data collection providing an estimate of total appointments, workforce availability and balance of appointment type. While this does not provide a baseline for pre contract, it shows current activity levels, with the picture in East Renfrewshire mirroring the rest of Greater Glasgow and Clyde.
13. As stated, the overall aim of the MOU priority areas was to reduce GP workload to free up time to focus on complexity and the role of the Expert Medical Generalist. Unfortunately, the expected development of the national Scottish Primary Care Information Resource (SPIRE) to enable activity and outcomes to be measured has not yet progressed. This remains a significant challenge, as there is very limited objective evidence on demand, activity changes and impact as a result of PCIP implementation and more recently as a result of the Covid-19 pandemic. Although the impact on GP workload has been difficult to measure, the access to a range of services is clearer and the new GMS contract has enabled patients to access the right professional, at the right place, at the right time.

14. This report provides a snapshot of our current PCIP service provision. It showcases the work transferred from General Practice and the impact on primary care using locally collected data from each of the services to evidence time saved. We have detailed our progress across the six main priority areas of the MOU.

Progress on MOU priority areas

(1) Vaccination Transformation Programme (VTP)

15. All vaccinations within the VTP have been in place since April 2022 having moved from a GP based delivery model to an NHSGGC board delivery model, through various vaccination teams reducing GP practice workload.
16. Significant early developments in years 2018-20 resulted in all **childhood vaccinations** (pre-school and school based) being transferred from GP practices and being delivered in HSCP community clinics and schools. We have 3.5 wte NHS GGC/ER HSCP hosted staff employed to deliver children's vaccinations across ER.
- i. The midwifery model for pertussis delivery across GGC has also been developed for **pregnant women**.
 - ii. **Travel vaccinations** have been provided by City Doc and Emcare since April 2022.
 - iii. Although the current **adult influenza immunisation programme** accelerated the transfer of flu immunisation from GP practices to HSCPs, the arrangements for this year and last year were established in the context of Covid19 physical distancing, PPE constraints, additional Covid vaccinations and additional eligible cohorts. Subsequent years will not necessarily be replicated. However there will be learning from the current delivery which will influence the future establishment of a robust, efficient and sustainable long term vaccination programme and team within GGC which meets the needs of patients and the terms of the GMS 2018 contract. GGC were responsible for vaccination of all mobile patients by a central vaccination team and HSCPs were responsible for the vaccination of all housebound patients and care home residents by local vaccination teams.
 - iv. **At risk and age group programmes (shingles and pneumococcal)** Practices have not been required to deliver Pneumococcal, Shingles and adhoc vaccinations since April 2022. Eligible patients are invited to central clinics for vaccinations or vaccinated at home.
 - We planned to have 10wte of staff and are working with GGC to agree a sustainable vaccination workforce across NHS Greater Glasgow and Clyde and deliver the adult VTP.
 - In 2021/2022 we saw a 64% increase in demand for housebound vaccinations since 2019 from 545 to 895.
 - Since April 2022 all GP Practices in East Renfrewshire have had access to all VTP services.
17. Due to the complexity of the changes to perimeters of the VTP programme during the pandemic it has been difficult to evidence the impact for the various elements of VTP, but we have seen an increased uptake across all programmes with the exception of travel and shingles & pneumococcal.

(2) Pharmacotherapy Services

18. Early in 2018 we agreed to expand existing pharmacy teams to introduce the pharmacotherapy service for the new GMS Contract in a phased approach across the HSCP. By increasing pharmacists and pharmacy technicians working within GP

19. practices we were able to provide a new medicines management service, referred to as the Pharmacotherapy Service delivering both core (level 1 activity) and additional (level 2 & 3 activities) services. However, after recruiting approximately 50% of our planned workforce, we received the joint letter in December 2020 and reviewed our planned workforce modelling to prioritise level 1 activity as we were level 2 and 3 activity top heavy. We revised the skill mix by introducing Pharmacy Technicians and Pharmacy Support Workers which allowed for financial savings and the development of a hub model and pharmacist provision for a minimum of 0.5wte/5,000 patients.
- We have 16wte of staff employed to deliver the pharmacotherapy service across ER.
 - In December 2021, we were providing 100% of GP practices with polypharmacy initiative and 40% with specialist clinics provided for levels 2 and 3 activity.
 - In December 2021, we had 53% of GP practices serviced by the hub following the test of change providing core level 1 activity of meds reconciliation, queries and prescribing quality improvement.
 - All GP practices in East Renfrewshire will be serviced by the pharmacotherapy hub, have polypharmacy reviews and specialist clinics.
20. NHSGGC Pharmacotherapy summary analysis of activity data for East Renfrewshire HSCP over the 11 month period from April 2021 to February 2022 shows:
- Total patient count activity of 32,339 (averaging 2,940 patients per month).
 - Resulting in 109,542 actions required (averaging 9,958 per month), of these:
 - Acute prescribing requests – 7,774 (averaging 707 per month);
 - Repeat prescribing requests – 8,452 (averaging 768 per month);
 - Immediate Discharge Letters – 6,485 (averaging 590 per month);
 - Hospital outpatient Letters – 6,446 (averaging 586 per month).
21. The development of the new pharmacotherapy service has allowed GPs to: focus on their role as expert medical generalists; improve clinical outcomes; more appropriately distribute workload; enhance practice sustainability; and support prescribing improvement work. There have also been positive impacts in terms of effective and efficient prescribing and polypharmacy all of which have real outcomes for patients.

(3) Community Treatment and Care Services (CTAC)

22. The creation and implementation of CTAC services providing support to General Practice for minor injuries, chronic disease monitoring and other services suitable for delivery within the community began in October 2018 by recruiting 3wte Community Health Care Assistants (CHCAs). These were shared across all 15 GP practices offering not only clinic and domiciliary phlebotomy but additional CHCA tasks including: B12s; biometric data collection including BP; and suture removal. We have subsequently increased provision by an additional 0.8 wte CHCA within GP Practices.
23. In year three, following a delay due to the pandemic, we were able to develop the CTAC services further by implementing our new treatment room provision across both localities of Eastwood and Barrhead to all GP practices, offering leg ulcer management, Doppler assessment, wound dressings and suture/staple removal.
- We have 11wte of staff employed to deliver the CTAC services across ER.
 - The CHCA appointment time within GP practices is 10 minutes per task (15 minutes during the pandemic due to social distancing and infection control measures) allowing for 48 appointments per day (32 during the pandemic).
 - CHCA wte provision varies across practices from one session to five sessions per week based on allocation of 1wte/5,000 patients.
 - We have three Treatment Rooms in total across both localities. Eastwood Health and Care Centre has two rooms and Barrhead Health and Care Centre has one room, offering 10 days and 3 days provision respectively each week.

- The Treatment Room appointment times vary from 10 to 45 minutes (15 and 60 minutes during the pandemic) averaging nine appointments per day for mainly leg ulcers and wound management.
 - All GP practices in East Renfrewshire now have access to all CTAC services
24. CTAC services have the further potential of streamlining and improving pathways for chronic disease management and linking to the move of acute phlebotomy to community settings.

(4) Urgent Care (Advanced Practitioners)

25. The creation and implementation of 3wte Advanced Nurse Practitioners (ANP) to work across 3 GP clusters within Eastwood and Barrhead localities proved challenging due to workforce availability. Recruitment was slow therefore we were unable to establish this service until years 2 and 4.
26. Two practices, Mearns and Carolside Medical Centres in EW2 Cluster, were chosen to participate in the first test of change for 1wte ANP provision from October 2019 to June 2020 and further scale up progressed to the three other GP Practices within the cluster following this. We have data collected until May 2021. Overall, the test was positive and was able to show that GP time was released across all practices by the ANP. In EW2 Cluster data from October 2019 to May 2021 showed:
- The ANP carried out a total of 1,030 appointments, averaging 57 appointments per month.
 - The majority of these appointments were home visits (86%) which would have been carried out by the GP (75%) or practice ANP (18%) or other practice health professional (7%).
 - The ANP spent approximately 45 minutes with each patient and 15 minutes recording clinical notes and admin tasks.
 - 31% of patients seen by the ANP required a prescription.
 - 18% of patients seen by the ANP required an onward referral to another service.
 - The ANP reported that 90% of patients seen could possibly have avoided a hospital admission.
 - 5% of the patients seen by the ANP were admitted to hospital which were reported as appropriate.
27. We will reflect on the cluster test as we continue to develop and train a further 2wte newly recruited ANPs to EW1 and Lavern Clusters, spreading the Urgent Care provision across all of our GP practices.
- We have 3wte of staff employed to deliver the Urgent Care (ANP) services across ER.
 - All GP Practices in East Renfrewshire now have access to Urgent Care (ANP) services.

(5) Additional Professional Roles

28. We originally agreed provision of 3wte NHS GGC APP/MSK Physiotherapists to work across 6 of our 15 GP practices (40%) based on modelling from Inverclyde New Ways of Working. However, following successful implementation of our first 1wte in two GP practices in year 1 we remodelled our planned 3wte to work at cluster level which helped to expand provision to 9 of our 15 GP practices (60%) in year 3, covering a total of 72% of our population. The service has allowed patients to benefit from quicker access to a physiotherapist and treatment therefore reducing unnecessary referrals to GPs. A quarterly summary report from NHS GGC Advanced Practice Physiotherapy in Primary Care for East Renfrewshire HSCP Oct – Dec 2021 showed:

- 1,447 of appointments were booked from 1,683 available (86%), averaging 482 appointments per month.
 - The APP (Advanced Practice Physiotherapist) appointment time is 20 minute with each patient allowing for an average of 14 per day.
 - The majority of patients were signposted directly to the APP releasing GP capacity.
 - Only 19% of patients required an onward referral.
 - 78% of patients were supported to self-manage their condition by the APP.
 - 60% of GP Practices in East Renfrewshire have access to APP services.
29. Although this service is very highly rated by both GPs and patients, we were unfortunately unable to secure any additional APP resource from NHS GGC MSK Physiotherapy. This meant we were unable to spread APP provision equitably across all of our GP practices, resulting in 40% of practices without the benefit of this service, accounting for 28% of our population. NHSGGC have recognised the board-wide impact this has had, and are scoping alternative models to ensure greater equity across practices.

(6) Community Link Workers (CLW)

30. Prior to the GMS Contract we had piloted a CLW programme in December 2016, an output following our Safe and Supported Programme. The development was a partnership between Recovery Across Mental Health (RAMH) and East Renfrewshire HSCP. It reflected shared awareness of the impact of a significant cohort of patients who sought recurring and regular support from GPs, for what were often issues associated with loneliness, social isolation, and lack of community connectedness and associated 'social' issues.
31. Following the success of this programme in nine of our GP practices with 2wte practitioners, we agreed to increase the total number of CLWs to 4wte in 2018. A summary report from ER HSCP and RAMH Dec 2016 – Aug 2020 showed:
- We have 4wte of staff employed to deliver the Community Link Worker (CLW) service across ER.
 - 2,866 individuals were referred to the CLW by GP Practices averaging 63 patients per month.
 - The CLW saw each patient for approximately 45 minutes for a maximum of four face to face appointments each.
 - Anxiety, depression, family issues and bereavement were the four most common reasons for referral.
 - All GPs in East Renfrewshire have access to all CLW services.
32. Whilst we have been able to showcase the work we have transferred from General Practice through the limited data available, it has been extremely challenging to evidence the time saved across all the professions within the GP practices. Although the funding enabled us to introduce a range of MDTs, which has both directly and indirectly freed up GP workload, the GPs may not have been able to focus on the complexity of the EMG role due to the significant impact the pandemic had on the new demands.
33. However, as stated previously, prior to the pandemic we had made significant progress in many of the key MOU areas and some GP practices had advised that they were able to offer extended appointments times for more complex patients. Following a four week audit of GP practice activity in 2019, we were able to identify their priorities through current activity and allow practice staff to shift workload as the various MOU services developed. Although we are not able to evidence with data, we are aware that practice ANPs have been able to focus on minor illness within the practice allowing GPs to perform more complex care, whilst GPNs have been able to focus on annual reviews and cervical smear tests as the CTAC services were developed.

34. We also regularly collect qualitative GP practice feedback across the MOU services and these have told us:
- *“The ANP has played a very valuable role in the practice which has facilitated a reduction in GP workload”.*
 - *“Consistently positive feedback from patients about the CLWs”.*
 - *“They (CLWs) are an extremely valuable resource”.*
 - *“The APP has very effectively complemented our clinical skill-mix and feedback from patients continues to be extremely positive”.*
 - *“We have seen a sustained increase in the receptionist’s use of the APP appointments”.*

CONSULTATION AND PARTNERSHIP WORKING

35. In late 2020, the Scottish Government recognised that before the Covid19 pandemic, we were over halfway through our ambitious PCIPs and remained committed to the aims and principles that underpinned the 2018 GP Contract Offer such as reducing workload, developing the EMG role and the development of the MDTs so that patients see the right person at the right time. They believed that the principles remained the right ones and were actively considering how these may be further enhanced and progressed in light of the changes and lessons learned from the Covid19 response. We thought it timely to seek some feedback from GPs about our progress to date on the PCIP implementation based on end-user satisfaction of the services and we developed a local survey. We received 20 responses in total from GPs (15), GP Practice Collective (2) and other practice staff (3). Some of the results are shared below:

Q4. Which resource/s do you believe your practice benefits from the most?

- MSK, CLWs, Pharmacotherapy were seen as the top three most beneficial to practices
 - *“MSK Physio takes a significant patient burden away from GPs”.*
 - *“Pharmacotherapy input has helped reduce pressure on GP time”.*
“Pharmacotherapy within the practice, our pharmacist is now very much part of our team and if she were taken away, this would negatively impact on our practice”.
 - *“CLW has been a great resource for our patients particularly important now as we see many more mental health issues associated with Covid19 pandemic”.*
“CLWs have made a significant impact in helping workload”.

Q7. Are you able to share an example/s of positive multi-disciplinary working within your practice?

- *“The APP works really well and is accepted easily by the patients”.*
- *“Pharmacy support really helpful in reducing workload and allowing most appropriate person to do the work”.*
- *“Team working and shared decision making is vital, having the PCIP staff in house has significantly improved this”.*
- *“Excellent signposting straight to physio has reduced GP workload”.*
- *“Pharmacist embedded in the team and attends regular team meetings and has mentor within the practice team”.*
- *“Our ANP has worked well as part of the MDT, liaising with GP, district nursing and other CHCP staff such as the Res Team”.*
- *“Pharmacy - involved in IDL, acute prescribing and clinical encounters, alongside GPs, practice nurses & trainees, all learning from each other”.*
- *“Pharmacotherapy - the reduction of prescribing for GPs has made a big difference to workflow”.*

36. The need to have patients seen by the most appropriate healthcare professional (which may not be the GP) is critical as most practices continue to keep up with demand. The development of the PCIP MDTs so that patients see the 'right person at the right time' remains one of the key principles of the new GMS Contract. An audit conducted with GP practices in ER prior to PCIP Implementation demonstrated that 40-65% of GP appointments did not need a GP and would have been best served by other allied health professionals. Although we have been unable to replicate this audit to date we know that active signposting within the GP practice has been crucial to directing patients to the appropriate professional and/or information resource.

IMPLICATIONS OF THE PROPOSALS

Finance

37. There are no financial implications in this report as the focus is on qualitative impact. The PCIP financial position is included in the revenue budget monitoring to the IJB and regularly to the PCIP Oversight Group.

Workforce

38. As outlined there have been ongoing challenges to recruitment and staff retention.

Infrastructure

39. As workforce and service delivery increased, heightened by the pandemic and associated restrictions there are capacity issues developing within Health and Care Centres and GP premises.

Risk

40. Workforce and accommodation implications remain a risk to the programme.
41. There are no implications relating to equalities, policy, legal or the Fairer Scotland Duty

DIRECTIONS

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

CONCLUSIONS

43. The headline message on East Renfrewshire's PCIP implementation at endpoint March 2022, is that an additional 52.5 wte staff have been recruited to the MDT roles (see table 1 below). The implementation of the new service models and extended multi-disciplinary teams are now an established part of core general practice provision which has allowed a significant transfer of work from GP practices to the HSCP across all of the MOUs as demonstrated above in each of the priority areas.

Priority area	WTE March 2018	WTE March 2022
Vaccination Transformation Programme	0.0 wte	13.5 wte
Pharmacotherapy	0.0 wte	16.0wte
Community Treatment and Care	0.0 wte	11.0wte
Urgent Care (ANP)	0.0 wte	3.0wte
APP (MSK)	0.0 wte	3.0wte
Community Link Worker	2.0 wte	2.0wte
Project support	0.0 wte	2.0 wte
TOTAL	2.0 wte	52.5 wte

44. ER PCIP was developed within the available funding, with a focus on those areas most closely linked to contractual commitments. We have welcomed opportunities to utilise innovative skill mix to create efficiencies and maximise impact. Although the MOU for 2021/22 confirmed that investment should be focused on the three priority areas linked to transfer of service responsibility, East Renfrewshire has also progressed further on the other areas.
45. A national Primary Care Reform survey, with additional local NHS board questions, has been developed and was issued to GPs in March 2022 which aims to capture the transfer of workload from GPs to PCIP staff and to explore whether these additional staff are making a positive difference to GPs across Scotland. We have fed back at Scottish Government MOU deep dives that evidencing demand and measuring impact as a direct result of PCIP Implementation has been extremely challenging due to the lack of data sources and have been assured that they are looking at solutions.
46. The impact of the pandemic on General Practice has been really significant and the current pressures and sustainability challenges which practices are reporting are very much linked to the pandemic rather than a failure of impact of the PCIP. One of the original aims of the contract was to support practice sustainability. It is worth noting that East Renfrewshire has had no directly managed practices or sought to give notice on their contract, and only had a very small number of temporary list closures, in contrast to other Board areas. Practices in East Renfrewshire have absorbed a significant increase in list size due to new housing developments, and are now providing services to a larger number of people. The additional MDT capacity has supported that increase as well as the management of existing workload in a sustainable way.

RECOMMENDATIONS

47. The IJB is asked to note the report.

REPORT AUTHOR AND PERSON TO CONTACT

Ann McMillan, PCIP Implementation and Development Officer
Ann.McMillan@ggc.scot.nhs.uk

Dr Claire Fisher, Clinical Director
 July 2022

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper 20 Jan 2020: Item 13. Report on Progress of the Primary Care Implementation Plan

https://www.eastrenfrewshire.gov.uk/media/1435/Integration-Joint-Board-Item-13-29-January-2020/pdf/Integration_Joint_Board_Item_13_-_29_January_2020.pdf?m=637284294602930000

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	10 August 2022	
Agenda Item	11	
Title	IJB Records Management Plan Annual Review	
Summary		
This report provides the Integration Joint Board with an update on the review of the IJB Records Management Plan		
Presented by	Margaret Phelps, Strategic Planning , Performance and Commissioning Manager	
Action Required		
The Integration Joint Board is asked to note the report and agree the retention and disposal arrangements set out at paragraph 16.		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required	<input type="checkbox"/> Finance	<input type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

10 August 2022

Report by Chief Officer

IJB RECORDS MANAGEMENT PLAN: ANNUAL REVIEW 2022

PURPOSE OF REPORT

1. The purpose of this report is to provide an update to the Integration Joint Board on the review of the IJB Records Management Plan.

RECOMMENDATION

2. The Integration Joint Board is asked to note the report and agree the retention and disposal arrangements set out at paragraph 16.

BACKGROUND

3. The Public Records (Scotland) Act 2011 came into force on 1 January 2013 and is the first new public records legislation in Scotland since 1937. The primary aim of the legislation is to promote efficient and accountable record keeping by Scottish public authorities.
4. The Act requires public authorities to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. Plans must describe the way the authority care for the records that it creates, in any format, whilst carrying out its business activities. Plans must be agreed with the Keeper and regularly reviewed.
5. The IJB Records Management Plan (RMP) and supporting Memorandum of Understanding was shared with Performance and Audit Committee in November 2018 and the IJB in January 2019 before submission to the Keeper of the Records of Scotland.
6. In October 2019 the Keeper agreed that the IJB RMP set out proper arrangements for the management of East Renfrewshire Integration Joint Board's public records in that responsibility for creating and managing IJB records would be delegated to East Renfrewshire Council and managed under the Council's Records Management Plan and Business Classification Scheme. A copy of the Keeper's [assessment](#) is available to view on their website.
7. The Keeper may only review an agreed plan after 5 years has elapsed unless they believe the plan is not being properly implemented.

REPORT

8. East Renfrewshire Council's Records Management Plan underwent a significant review last year when the Council were invited to submit a self-assessment progress update review to the Keeper.
9. In recognition of the Keeper's emerging guidance on best practice, the Council have added '*Element 15: Third Party Records*' and '*Element 16: Guidance*' to their RMP. They have also included their new Records Management Policy which was adopted in March 2021 and is supported by general records management procedures.
10. The Council's Records Retention Schedule and the Business Classification Scheme have been rewritten and are now aligned with each other.
11. An extensive range of guidance on various aspects of records management has also been incorporated into the Council RMP.
12. Appendix 1 provides details of the self-assessment updates submitted by East Renfrewshire Council to the Keeper of Records last year. The Council's amended plan was approved by the Keeper in June 2021 with all elements assessed as 'Green'; agreed.
13. We have incorporated the additional 2 elements outlined in paragraph 9 above into our IJB RMP compliance statement to reflect the changes to the Council's Plan as per the delegated arrangements. We have also updated links to various pieces of evidence in compliance statement in addition to some minor changes to wording.
14. The Keeper has agreed both Records Management Plans for the IJB (October 2019) and Council (June 2021), therefore no further development is required as all elements have been assessed as fully compliant. However, the Council's revised Business Classification Scheme and Records Retention Schedule included a new section relating specifically to the IJB for which retention periods and disposal arrangements have still to be agreed.
15. The table below sets out our proposed retention and disposal arrangements for records which are specific to the Integration Joint Board. This is not an exhaustive list as other types of business activities will be contained elsewhere in the Business Classification Scheme and Retention schedule, this may include, email, communications, policies etc.

Business Classification & Record Series	Trigger	Retention Period	Disposal Action
Decision Making			
IJB and Sub-Committee agenda, minutes and reports	None	Permanent	Retain
Minutes – records of minute taking	Date minute agreed	None	Destroy
Annual Report and Accounts	Date superseded	Permanent	Retain
Governance			
Integration Scheme	Date superseded	Permanent	Retain
Member Support			

Register of Interests	Date member leaves office	7 years	Retain
Planning			
Strategic Plan	Superseded	Permanent	Retain
Annual Performance Report	Superseded	Permanent	Retain
Representation			
List of IJB Members	Date member leaves office	5 years	Review for archival value

CONSULTATION AND PARTNERSHIP WORKING

16. The IJB Record's Management Plan attached at Appendix 2 has been updated in partnership with the Council's Senior Information and Improvement Officer who has operational responsibility for the plan.
17. Both the IJB and Council plans have been agreed by the Keeper of Records Scotland.
18. The Council's Records Management Plan, with the exception of any sensitive documentation such as some security documentation, is hosted on the Council's internet. This ensures that it is available to all staff but also demonstrates our commitment to openness and accountability by facilitating public access.

IMPLICATIONS OF THE PROPOSALS

19. There are no implications arising as a result of this report.

DIRECTIONS

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

CONCLUSIONS

21. We will publish the revised IJB Records Management Plan on the IJB webpages following the Integration Joint Board meeting, subject to any comments from members.
22. We will continue to review the IJB Record's Management Plan annually in conjunction with the Council's Senior Information and Improvement Officer.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, IJB: Julie Murray

July 2022

BACKGROUND PAPERS

30 Jan 2019: IJB Paper: IJB Records Management Plan

https://www.eastrenfrewshire.gov.uk/media/2286/Integration-Joint-Board-Item-10-30-January-2019/pdf/Integration_Joint_Board_Item_10_-_30_January_2019.pdf?m=637351747528500000

National Records of Scotland Assessment

<https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/keepers-assessment-report-east-renfrewshire-integration-joint-board.pdf>

Element	Self-assessment Update as submitted by the Authority
1. Senior Officer	No change, but re-committed to Lorraine McMillan, Chief Executive, through a report approved by the Corporate Management Team, March 2021
2. Records Manager	Same officer, but job title of responsible officer changed in April 2019. Re-committed through a report approved by the Corporate Management Team, March 2021
3. Policy	<p>New Records Management Policy approved by the Corporate Management Team in March 2021.</p> <p>This is now supported by general “Records Management Procedures”.</p> <p>Previously, there was a range of guidance notes under this element. These have now been moved to a new section – see 16 below</p>
4. Business Classification	Complete overhaul, with the development of an updated combined BCS and RRS. The previous “guide” has been incorporated in the published doc. file and a formal procedure for amending and updating the BCS RRS has also been included here.
5. Retention Schedule	See above
6. Destruction Arrangements	All documentation updated, including copies of a (paper) destruction certificate, a data removal certificate, a process note describing back-up destruction, and a screen grab showing the recording of disposals in the Records Store management database
7. Archiving and Transfer	<p>All documentation reviewed and updated</p> <p>Now includes improvement actions to reconsider physical archival provision, to formalise “Archives Service Standards” and policies for e-archiving.</p>
8. Information Security	<p>All policies and procedures have been reviewed and updated.</p> <p>New documentation on “Handling Information” and “Passphrase Guidance” have been included.</p>
9. Data Protection	<p>All policies and procedures have been reviewed and updated.</p> <p>New documentation on “Redaction Guidance” has been included.</p>
10. Business Continuity and Vital Records	No change
11. Audit Trail	<p>New evidence of audit and information governance practice included in redacted screen shots from our HR, Social Work, finance and Customer Relationship line-of-business systems.</p> <p>Other documentation revised and updated.</p> <p>Improvement actions include the implementation of the new Information Asset Register and the completion of the extensive “Taking Control of our Digital Records” guidance.</p>
12. Competency Framework	<p>Section renamed “Records Management Training”.</p> <p>Now includes “Learning and Development Policy”, “RM competencies” and extracts from the online training module and p/point slides.</p>
13. Assessment and Review	This element now includes “Compliance, Risk and Performance Framework”, a “Business Systems Recordkeeping Tool” and an “M365 adopters’ baseline survey”

14. Shared Information	Updated DP Policy
15: Third Party Records	<p>In recognition of the Keeper's emerging guidance on best practice, ERC have included an "Element 15" in our updated RMP.</p> <p>This new element contains the updated 3rd party contract conditions, the new Records Management Policy, and the new Corporate Records Management Procedures.</p>
16. Guidance	<p>As with previous iterations of the RMP, ERC was keen to include as much of our RM guidance as possible in the Plan. Previously, this had been held under Element 3 but with the Policy having been revamped (see Element 3 above) and considerable work having been done developing the guidance, it was decided to set up a new area within the RMP for all the guidance.</p> <p>This new area comprises:</p> <ul style="list-style-type: none"> • Managing your files • Email Guidance • Version Control • Using the Records Store • Records Store Procedures • Scanning Guidelines • Meta-data guidance • Taking care of our digital records • Redaction Guidance <p>All of these guidance notes are either new or have been substantially refreshed and revised from previous versions.</p>



**EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP**



East Renfrewshire Integration Joint Board

Records Management Plan

Version 2 – July 2021

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.

Document Control Information

Revision	Date	Revision Description
1.0	22/10/2018	Draft circulated for comment
1.1	20/1/2019	No changes, approved by IJB Jan 2019
2	2022	Review – Elements 15 and 16 added in line with changes to Council's Records Management Plan. Links updated

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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

Element 15: Third party information

Element 16: Guidance

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, 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 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 HSCP Management Team, which has strategic responsibility for the Health and Social Care Partnership.</p>	<p>Job Description and IJB appointment paper of Chief Officer</p>	<p>No further development required. The Keeper agrees that the IJB has identified an appropriate individual to this role.</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 , Senior Information and Improvement Officer</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 role within East Renfrewshire Council, as the lead with operational responsibility.</p> <p>Job description of Senior Information and Improvement Officer demonstrates that the named individual has the skills required and can access all IJB records.</p> <div style="text-align: center;">  <p>Senior Information and Improvement Off</p> </div> <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.</p> <div style="text-align: center;">  <p>RMP MoU_.pdf</p> </div>	<p>No further development required. The Keeper has agreed an appropriate individual has been appointed. A signed copy of the MoU was shared with the Keeper</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 Performance 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/integration-joint-board</p>	<p>East Renfrewshire Council Records Management Policy</p> <p>https://www.eastrenfrewshire.gov.uk/records-management-policy</p>	<p>The Keeper agrees that the IJB has adopted a suitable management policy</p> <p>The Council's Records Management policy will be reviewed every two years (next due 2023)</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-scheme</p>	<p>Ongoing reassessment involving department information asset owners will ensure that it's kept accurate and up-to-date.</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.</p> <p>Schedule 18 of the retention scheme relates specifically to the Integration Joint Board</p>	<p>East Renfrewshire Council Retention Schedule Document</p> <p>https://www.eastrenfrewshire.gov.uk/retention-schedule</p>	<p>As above</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>Continue to monitor destruction arrangements as new records systems are developed</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, 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 location</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/archiving-and-transfer-arrangements</p>	<p>The provision for physical archives continues to be under review, and policies and provision for electronic archiving will need to be developed. An Archives Service Standards document is being drafted.</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>https://www.eastrenfrewshire.gov.uk/information-security</p>	<p>East Renfrewshire Council Information Security Policy</p> <p>https://www.eastrenfrewshire.gov.uk/information-security</p> <p>East Renfrewshire Information Security Group Remit:</p>	<p>A new Information Asset Register system, which will enable the linking of security classifications with its business classification scheme is being introduced. Information securities policies and related assessments are instigated by the ERC Information Security and Digital Risk Officer</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>The Information Commissioner has confirmed that the IJB can be a data controller albeit that it will not hold any personal records of service users/patients.</p> <p>Any personal data held by the IJB is therefore limited and would be handled in line with East Renfrewshire Council's data protection policy.</p> <p>The IJB is registered as a body which will be subject to Freedom of Information applies to the IJB and a local policy has been established albeit that most requests will be addressed directly by the parent bodies.</p> <p>Legislation changed on 25/05/18 which increased the rights of individuals and increase fines for data breaches.</p> <p>The IJB has its own complaints policy.</p> <p>IJB records are properly managed for the purposes of Data Protection</p>	<p>East Renfrewshire IJB is not registered as a Data Controller on the ICO website</p> <p>ERC Data Protection Policy</p> <p>Privacy Policy</p> <p>IJB Complaints Policy</p> <p>ERC Complaints Policy</p> <p>IJB FOI Policy and Publication scheme</p> <p>Ongoing training is provided via NHS learnpro and ERC online training modules.</p>	<p>The Council's Data Protection policy will be reviewed every 2 years or to reflect changes in staffing as appropriate</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-and-vital-records</p>	<p>The Business Continuity Policy is due to be refreshed once the Covid-19 outbreak and associated lockdown measures have passed.</p> <p>Vital records within the archives and records store will be defined as part of a records store disaster plan</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>No further development required.</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>Our Senior Information and Improvement Officer can offer advice on records issues, and guidance on data protection and information security is available from the Business Operations & Partnerships Department.</p> <p>A new records management competencies and training framework has been developed</p>	<p>East Renfrewshire Council Competency Framework</p> <p>https://www.eastrenfrewshire.gov.uk/records-management-training</p>	<p>Online training module will be refreshed and further role-based corporate and departmental records management training will be developed as part of the implementation of the Council's records management competencies and training framework</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 HSCP 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 Policy</p> <p>https://www.eastrenfrewshire.gov.uk/records-management-policy</p>	<p>The Council's Records Management Plan has defined review dates and policy and guidance will continue to be assessed and reviewed going forward</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>As part of its function the IJB must utilise the records of other partners and therefore information sharing is a key part of its business therefore an information sharing protocol has been agreed between NHS Greater Glasgow and Clyde Council and East Renfrewshire Council</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>Arrangements are place to ensure sharing agreements are reviewed. The Council are implementing an Information Asset Register which will allow for greater clarity and control in relation to the responsibility for records and how they can be shared.</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 15: Third Party Records</p> <p>Section 3 of the Act describes the meaning of ‘public records’ for the purposes of the Act. It says that public records in relation to a named authority means records created by or on behalf of the authority in carrying out its functions. This is extended to records created by or on behalf of a contractor carrying out the authority’s functions and includes records that have come into the possession of the authority or contractor in carrying out the authority’s functions. Records created or held by a third party contractor that are not done so in relation to that contractor carrying out the function of the public authority are not public records under the Act.</p> <p>An authority’s plan must include reference as to what public records are being created and held by a third party carrying out a function of the authority and how these are being managed to the satisfaction of the authority. This does not mean the authority must impose its own arrangements on the third party.</p> <p>Authorities should take a risk-based approach to the arrangements it puts in place with third parties to ensure that these are relevant and proportionate to the public records that fall within the scope of each contract type. Records management requirements, and evidence of assurance that prospective contractors will be able to meet these, should be included in the procurement exercise.</p> <p>An authority will wish to ensure the scope of its proposed arrangements include sub-contractors. It will further wish to ensure that arrangements are in place to allow it to meet statutory obligations under other information legislation, for example, to FOI(S)A and data protection legislation (see Element 9). There may be other regulatory obligations that an authority will wish to consider in relation to the function being carried out by the third party.</p>	<p>Public records created by third parties are covered within the scope of all relevant components of our Records Management Plan including the Records Management Policy, Corporate Records Management Procedures and the integrated Business Classification Scheme and Record Retention Schedule.</p> <p>As contracted services are procured and commissioned directly by NHS Greater Glasgow and Clyde or East Renfrewshire Council there are no IJB records which have been created or held by third parties.</p>	<p>As statutory functions carried out by third parties are commissioned by either ERC or NHSGCC</p> <p>https://www.eastrenfrewshire.gov.uk/public-records-and-third-parties</p>	<p>No further development identified</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 16: Guidance</p> <p>This is an additional element which has been added to ER IJB RMP</p> <p><i>This is not a statutory element</i></p>	<p>This new area comprises the following guidance notes which are either new or have been substantially refreshed and revised from previous versions (as at 2021)</p> <ul style="list-style-type: none"> ▪ Managing your files ▪ Email Guidance ▪ Version Control ▪ Using the Records Store ▪ Records Store Procedures ▪ Scanning Guidelines ▪ Meta-data guidance ▪ Taking care of our digital records ▪ Redaction Guidance 	<p>https://www.eastrenfrewshire.gov.uk/records-management-guidance</p>	<p>Policy and guidance will continue to be assessed and reviewed in line with review dates identified as part of the Council's RMP</p>



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	10 August 2022	
Agenda Item	12	
Title	IJB Complaints Annual Report 2021/22	
Summary		
<p>This is the Integration Joint Board's Annual Complaints Report for 2021/22. This is a mandatory reporting requirement set out by the Scottish Public Services Ombudsman.</p> <p>This only relates to IJB complaints as all operational complaints are handled through the HSCP partners' procedures.</p>		
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)	
Action Required		
The Integration Joint Board is asked to note the report.		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

10 August 2022

Report by Chief Officer

IJB COMPLAINTS – ANNUAL REPORT

PURPOSE OF REPORT

1. This report forms the Integration Joint Board's Annual Complaints Report for 2021/22. This is a mandatory reporting requirement set out by the Scottish Public Services Ombudsman.

RECOMMENDATION

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

BACKGROUND

3. The Scottish Public Services Ombudsman Act 2002 (as amended) provides the legislative basis for the Scottish Public Services Ombudsman (SPSO) to publish the Model Complaints Handling Procedures (MCHP) for bodies under the SPSO's jurisdiction
4. The IJB Complaints handling policy was revised in April 2021 in line with the SPSOs MCHP.
5. Part 4 of the revised procedure sets out the SPSO's requirements for reporting complaints and publicising complaints information. This includes mandatory reporting and publishing of complaints performance statistics, trends, outcomes, and actions taken to improve services.
6. The MCHP says all organisations (even in the case of low complaint numbers or nil return) must
 - report at least quarterly to their Senior Management on the KPIs and analysis of the trends and outcomes of complaints
 - publish on a quarterly basis information on complaints outcomes and actions taken to improve services, and
 - publish an annual complaints performance report on their website in line with Part 4 of the MCHP. There is no requirement for organisations to report their data to SPSO.
7. In May 2021, we made a commitment that should the Integration Joint Board receive any complaints, these would be reported to the Board at the next scheduled meeting. To date we have not received any IJB complaints.
8. We also noted at that time the SPSO was developing a set of key performance indicators (KPIs) for each sector in consultation with the complaint handling networks to produce a core set of performance indicators, consistent across all public services. These were published by the SPSO in March 2022 and consist of four mandatory quantitative KPIs.

9. The new KPIs are applicable for data collected from 1st April 2022 and it will be a minimum requirement for all organisations to report against these mandatory KPIs in their annual complaints performance reports. The annual report publication deadline is the end of October each year, therefore, the first annual report using these KPIs will be in October 2023.

REPORT

10. During 1 April 2021 – 31 March 2022 no complaints were made in relation to the Integration Joint Board.

CONSULTATION AND PARTNERSHIP WORKING

11. The SPSO's Improvement, Standards and Engagement team is available to work with public service providers to improve standards of complaints handling.

IMPLICATIONS OF THE PROPOSALS

12. There are no implications as a result of this report

DIRECTIONS

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

CONCLUSIONS

14. East Renfrewshire Integration Joint Board will continue to publish quarterly reports on the website and present an annual report to the integration Joint Board in line with the mandatory reporting requirements set out by the SPSO.
15. The annual report for 2022/23 will include the refreshed Key Performance Indicators as set out by the SPSO in March 2022.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources
Lesley.Bairden@eastrenfrewshire.gov.uk

Pamela Gomes, Governance and Compliance Officer
pamela.gomes@eastrenfrewshire.gov.uk

July 2022

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper – May 2021

https://www.eastrenfrewshire.gov.uk/media/4980/IJB-Item-12-12-May-2021/pdf/IJB_Item_12_-_12_May_2021.pdf?m=637558874880700000

SPSO Model Complaints Handling Procedures

<https://www.spsa.org.uk/the-model-complaints-handling-procedures>

LINKS TO QUARTERLY REPORTS TO BE ADDED

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	10 August 2022
Agenda Item	13
Title	Annual Update: Integration Joint Boards Category 1 Responders under Civil Contingencies Act 2004
<p>Summary</p> <p>To provide the Integration Joint Board (IJB) with information about the inclusion of IJB's as Category 1 Responders in terms of the Civil Contingencies Act 2004 and an outline of the requirements that this involves.</p>	
Presented by	Lesley Bairden, Chief Financial Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to note the report.</p>	
<p>Directions</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>Implications</p> <p><input 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 checked="" 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

10 August 2022

Report by Chief Officer

ANNUAL UPDATE: INTEGRATION JOINT BOARD CATEGORY 1 RESPONDERS UNDER CIVIL CONTINGENCIES ACT 2004

PURPOSE OF REPORT

1. The purpose of the report is to provide the Integration Joint Board (IJB) with assurance on the resilience arrangements in place to discharge the duties on the IJB as Category 1 Responders.

RECOMMENDATION

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

BACKGROUND

3. In September 2020, the Cabinet Secretary for Health and Sport wrote to confirm the intention of the Scottish Government to pass legislation to include Integration Joint Boards as Category 1 Responders under Schedule 2 of the Civil Contingencies Act, 2004. The Act was amended to include IJBs as Category 1 responders with effect from 18 March 2021.
4. The Civil Contingencies Act 2004 (CCA), is supplemented by the Contingency Planning (Scotland) Regulations 2005 and "Preparing Scotland" Guidance. Taken together the law and guidance provides a consistent and resilient approach to emergency planning, response and recovery which responders have used to develop good practice.
5. The Act placed new duties and responsibilities on organisations. It defines an emergency as:
 - an event or situation which threatens serious damage to human welfare;
 - an event or situation which threatens serious damage to the environment;
 - war, or terrorism, which threatens serious damage to the security of the UK.
6. The Act divides responders to an emergency into two categories, depending on the extent of their involvement in civil protection work.
7. IJBs are now Category 1 Responders. These are the organisations at the core of an emergency response:
 - Local authorities
 - Police (including British Transport Police)
 - Fire and Rescue Services
 - The Scottish Ambulance Service
 - National Health Boards
 - The Scottish Environmental Protection Agency (SEPA)
 - Maritime and Coastguard Agency

REPORT

8. Prior to the change in legislation the Health and Social Care Partnerships had been contributing to local emergency and resilience planning with NHS Greater Glasgow and Clyde and East Renfrewshire Council. Both partners have established governance arrangements in place to enable them to meet the duties under the Act. East Renfrewshire HSCP continues to actively to contribute to both partners emergency planning and response activity.
9. There are 3 Regional Resilience Partnerships in Scotland (West, East and North). East Renfrewshire is part of the West of Scotland Regional Resilience Partnership (WoSRRP). RPs bring together the organisations involved in dealing with emergencies to plan for and respond to all kinds of emergencies. These multi-agency groups have plans in place to respond to all kinds of events and are regularly tested in joint exercises and during real emergencies. As IJBs are now category 1 responders, Senior HSCP officers are also now attendees at these meetings.
10. There is also a Local Resilience Partnership (LRP) which covers all partners and sits under the WoSRRP. This is where the majority of our training and exercises are carried out. The LRP covers East Renfrewshire, Renfrewshire, West Dunbartonshire and Inverclyde, which is the same geographical area covered by the Civil Contingencies Service.
11. The HSCP has a Business Continuity plan in place which is supplemented by service specific business impact assessments. During times of emergency response the HSCP establishes the Local Resilience Management Team which is comprised of officers from across the partnership. Over the coming months the HSCP Business Continuity plan and business impact assessments are due to be reviewed and updated, this will enable learning from the pandemic to be incorporated into the revised plans.
12. In the last year there has been no requirement for the IJB to respond as a category 1 responder to an emergency.

CONSULTATION AND PARTNERSHIP WORKING

13. Integration Joint Boards were offered the opportunity to participate in a consultation in relation to legislative changes to include Integration Joint Boards as Category 1 Responders under Schedule 2 of the Civil Contingencies Act, 2004.

IMPLICATIONS OF THE PROPOSALS

Risk

14. The inclusion of IJB's as Category 1 responders under the Civil Contingencies Act 2004 means that East Renfrewshire IJB has identified duties. There is a risk that these duties are not met. The HSCP will monitor progress towards meeting the requirement of the Act and therefore mitigating the areas of risk and will continue to provide further detail to the IJB through an Annual Report.

DIRECTIONS

15. There are no directions arising from this report.

CONCLUSIONS

16. The purpose of the report is to provide the Integration Joint Board (IJB) with assurance on the resilience arrangements in place to discharge the duties on the IJB as Category 1 Responders.
17. As activity is likely to be by exception, we propose to include the annual assurance within our Annual Governance Statement which is part of the Annual Report and Accounts. In the event we are required to respond, the Integration Joint Board would be briefed at the time of any incident.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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

Lesley.Bairden@eastrenfrewshire.gov.uk

0141 451 0749

Chief Officer, IJB: Julie Murray

August 2022

BACKGROUND PAPERS

23 Jun 2021: Item 11. Inclusion of IJBs as Category 1 Responders under the Civil Contingencies Act 2004

https://www.eastrenfrewshire.gov.uk/media/5722/IJB-Item-11-23-June-2021/pdf/IJB_Item_11_-_23_June_2021.pdf?m=637590085623570000

The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005

<https://www.legislation.gov.uk/ssi/2005/494/made/data.pdf>

[Government Response to the Consultation to include Integration Joint Boards and Category 1 Responders under the Civil Contingencies Act 2004](#)

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	10 August 2022	
Agenda Item	15	
Title	CALENDAR OF MEETINGS 2023	
<p>Summary:</p> <p>Proposed meetings dates for the Board for 2023.</p>		
Presented by	Eamonn Daly, Democratic Services Manager, East Renfrewshire Council	
<p>Action required:</p> <p>That the Integration Joint Board approves the proposed meeting dates for 2023</p>		
<p>Directions</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>Implications</p> <p><input type="checkbox"/> Finance <input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Policy <input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Equalities <input type="checkbox"/> Fairer Scotland Duty</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

10 August 2022

Report by Chief Officer

CALENDAR OF MEETINGS 2023

PURPOSE OF REPORT

1. To seek approval of proposed meetings dates for the Board for 2023.

RECOMMENDATION

2. That the Integration Joint Board approves the proposed meeting dates.

REPORT

3. At the meeting of the IJB in June 2021 meeting dates for 2022 were approved. In order to assist Board members in programming their diaries the proposed meeting dates for 2023 are now submitted for consideration.

4. It is proposed that meetings of the IJB be held on the following dates.

Wednesday 1 February

Wednesday 29 March

Wednesday 28 June (draft accounts)

Wednesday 16 August

Wednesday 27 September (including annual accounts)

Wednesday 22 November

Meetings will be held at 10 am with the exception of the Meetings in June and September which will take place at 1pm. This is to accommodate those members of the IJB who also serve on Glasgow IJB which has already scheduled meetings for 10am on those two days.

5. It is proposed that for the foreseeable future, meetings continue to take place virtually using the Teams platform. To enable real time public access to meetings, agendas will include details of how members of the public can obtain the meeting link.

6. Members of the Performance and Audit Committee will be surveyed regarding the timing of meetings of that committee. Depending on the outcome of that consultation the timing of meetings of the Board may require further change.

FINANCE AND EFFICIENCY

7. There are no financial implications arising from this report.

CONSULTATION AND PARTNERSHIP WORKING

8. The dates suggested have been drawn up taking into account the meetings calendar for East Renfrewshire Council. As a number of the NHS non-Executive members of the IJB also sit on the Glasgow IJB a copy of the proposed dates were sent to the Clerk to the Glasgow IJB to minimise meeting clashes. This has resulted in the amendment to the times of the meetings in June and September.

IMPLICATIONS OF THE REPORT

9. There are no implications in respect of staffing, property, legal IT, equalities or sustainability arising from this report.

CONCLUSIONS

10. Confirmed meeting dates will help Board members to more efficiently manage their diaries and ensure that they are able to maximise attendance at Board meetings.

RECOMMENDATION

11. That the Integration Joint Board approves the proposed meeting dates.

REPORT AUTHOR AND PERSON TO CONTACT

Name: Eamonn Daly, Democratic Services Manager, East Renfrewshire Council:
Tel: 0141 577 3023
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BACKGROUND PAPERS - NONE