



Date: 20 March 2024
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Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD - PERFORMANCE AND AUDIT COMMITTEE

A meeting of the East Renfrewshire Integration Joint Board Performance and Audit Committee will be held on **Wednesday 25 September 2024 at 1.00 p.m.**

Please note this is a virtual meeting via Microsoft Teams.

The agenda of business is attached.

Yours faithfully

Mehvish Ashraf

**Mehvish Ashraf
Chair, IJB Performance and Audit Committee**

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For information on how to access the virtual meeting please email barry.tudhope@eastrenfrewshire.gov.uk or lesleyann.burns@eastrenfrewshire.gov.uk

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE**

**WEDNESDAY 25 SEPTEMBER 2024 AT 1.00 P.M.
VIRTUAL MEETING VIA MICROSOFT TEAMS**

AGENDA

- 1. Apologies for absence**
- 2. Declarations of interest**
- 3. Minute of previous meeting: 26 June 2024 (copy attached, pages 5 – 12)**
- 4. Matters Arising (copy attached, pages 13 – 14)**
- 5. Rolling Action Log (copy attached, pages 15 – 16)**
- 6. Ernst and Young: East Renfrewshire IJB Annual Audit Report Year Ended 2023/24 (copy attached, pages 17 – 66)**
- 7. Internal Audit Annual Report and Opinion 2023/24 (copy attached, pages 67 – 70)**
- 8. Audited Annual Report and Accounts 2023/24 (copy attached, pages 71 – 168)**
- 9. Performance Update – Quarter 1, 2024-25 (copy attached, pages 169 – 192)**
- 10. Commissioned Services (copy attached, pages 193 – 200)**

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11. **Audit Update (copy attached, pages 201 – 240)**
12. **Annual Policy Update (copy attached, pages 241 – 246)**
13. **IJB Strategic Risk Register (copy attached, pages 247 – 260)**

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NOT YET ENDORSED AS A CORRECT RECORD**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee****held on Wednesday 26 June 2024 at 1.00pm****PRESENT**

Councillor Katie Pragnell	East Renfrewshire Council (Chair)
Councillor Caroline Bamforth	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Non-voting IJB Member
Anne Marie Monaghan	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE

Mehvish Ashraf	NHS Greater Glasgow and Clyde Board
Lesley Bairden	Chief Financial Officer, IJB
Michelle Blair	Chief Auditor (ERC)
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Julie Murray	Chief Officer, IJB
Steven Reid	Policy, Planning and Performance Manager
Rob Jones	Ernst & Young

APOLOGIES FOR ABSENCE (agenda item 1)

Councillor David Macdonald	East Renfrewshire Council co-opted member
Barry Tudhope	Democratic Services Manager

DECLARATIONS OF INTERESTS (agenda item 2)

1. There were no declarations of interest.

MINUTE OF PREVIOUS MEETING: 27 MARCH 2024 (agenda item 3)

2. The Committee considered and approved the minute of the meeting of the Performance and Audit Committee held on 27 March 2024 as an accurate record.

MATTERS ARISING (Agenda Item 4)

3. The Committee considered a short report by the Chief Financial Officer on matters arising from discussions that had taken place at the March meeting. She noted that the new care home data is included in the Annual Performance report and there would be further detail within the next quarterly performance report. As requested at the March meeting, an update on the Scottish Child Abuse Inquiry was also included.
4. In relation to the Child Abuse Inquiry, Anne Marie Monaghan recognised how challenging it may be for the Chief Officer and Head of Service should they be called to give evidence.
5. The Committee agreed to note the report.

ROLLING ACTION LOG (Agenda Item 5)

6. The Committee considered a report providing details of all open actions and those that had been completed since the last meeting. The Chief Financial Officer confirmed that 4 actions had been closed since the last meeting, and 3 remain open.
7. Anne Marie Monaghan queried whether there was a timeline or progress in respect of action 31. The Chief Internal Auditor confirmed that whilst there is no timescale, she was last in contact with Police Scotland a few weeks ago and they are actively progressing this matter.
8. The Committee agreed to note the report.

ERNST & YOUNG: UNDERSTANDING OF MANAGEMENT PROCESS AND ARRANGEMENTS (Agenda Item 6)

9. The Committee considered the draft response to the Ernst & Young letter submitted to the Chair of the Performance and Audit Committee as part of their audit arrangements. The letter poses a series of questions and the Committee were asked to review and comment on the responses prior to submission to Ernst & Young.
10. The Chief Financial Officer drew particular attention to question 12 in relation to the preparation of the accounts for the IJB on the basis of a going concern. She reminded the Committee that Ernst & Young had previously clarified that as a public body we will continue to provide services despite being in a difficult financial situation, recognising we are in breach of our own reserves policy. Whilst the financial recovery process for 2023/24 and the challenges ahead for 2024/25 may seem counter intuitive to the principle of a going concern, it remains appropriate that we adopt this principle.
11. Anne Marie Monaghan noted that we are in the same position as other IJBs who are also not meeting their 2% reserves policy.
12. The Committee agreed one wording change to the proposed response in relation to question 12 to be clearer that the HSCP delivers the services and the response which will be submitted to Ernst & Young by 28th June 2024.

UNAUDITED ANNUAL REPORT AND ACCOUNTS (Agenda Item 7)

13. The Chair thanked Ernst & Young for their ongoing support and welcomed Rob Jones to the meeting.
14. The Chief Financial Officer confirmed that the report being presented is the unaudited position for 2023/24 and that immediately following this meeting, it will also be discussed by the IJB. Subject to any revisions, the report will be submitted to our auditors by 30th June as it will form the basis of the audit by Ernst & Young.
15. The Chief Financial Officer also confirmed that the audited report and accounts will be brought to the September Committee and an easy read version would also be produced at that point. She went on to provide an overview of the report recognising it will come as no surprise that financial recovery is the lead message for the year, both in the management commentary and in the governance statement. The challenges ahead

recognise the scale of savings needed in 2024/25 and that the unachieved savings and operational pressures taken forward from 2023/24 must be resolved in 2024/25.

16. The IJB received detailed reporting throughout the year on financial performance and the recovery process itself, including the use of all possible reserves to mitigate costs.
17. We ended the year with an overspend of £4.7 million and this was funded through non-recurring support from both partners £2.6 million from East Renfrewshire Council and £2.1 million from NHS Greater Glasgow Clyde and I would like to formally acknowledge thanks from the Chief Officer and myself on behalf of the IJB.
18. In terms of reserves, the most important point to note is that we are in breach of our own reserves policy which states we should hold a general reserve at 2% of our budget. We know that we have been in breach of this in prior years too- however we do not have the level of earmarked reserves we held before. The ring-fenced and earmarked reserves held are for specific purposes.
19. We know there is a tension between building and holding reserves whilst protecting front line services and delivering savings, however in the medium to longer term reserves need to be built back as part of long term sustainability.
20. The Chief Financial Officer ended by recognising our financial recovery position is the main element of the report and accounts but this also reflects the diverse range of services we provide, along with a balanced overview of the year's activities and the challenges ahead.
21. The Chair noted that the report was as expected and thanked the Chief Financial Officer and her team for their commitment particularly given the reduced capacity within the team. Anne Marie Monaghan reflected The Chair's comments and welcomed the inclusion of the strategic plan on a page, however requested that in the final version this be scaled up to a full page.
22. Jacqueline Forbes also noted her thanks for a very comprehensive report but was keen to understand how realistic the plan to over recover on savings would be and whether it was realistically deliverable given the current difficulties. She also asked if any major barriers were anticipated. In response, the Chief Financial Officer acknowledged that in 2023/24 the HSCP underestimated how long it would take to realise savings from the Supporting People Framework, thus adding further pressure to this year. She confirmed the HSCP believe it is achievable but recognises not everything will go to plan therefore in order to ensure we don't end up with a shortfall in savings, this allows a buffer and ideally will allow some savings in advance of next year. The Chief Financial Officer reminded the Committee that we are also planning ahead for when the pension benefit that we have this year and next will drop off in 2026/27.
23. The Chief Officer also acknowledged that the pace and culture wasn't right in terms of the Supporting People Framework, and we have learned some lessons. She noted that the Council have invested some of its own pension fund gain to help provide more capacity for reviews; with £700k being invested to help achieve the savings, which is very welcome. She further noted that there are still elements of our service that are overspending and at some point we will need investment in order to keep people safe.
24. The Committee:
 - a) Agreed to remit the unaudited annual report and accounts to the Integration Joint Board for approval
 - b) Agreed to endorse the proposed reserves allocations

- c) Noted the annual report and accounts is subject to audit review
- d) Agreed to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board
- e) Noted the summary overview of financial performance document will be presented with the audited accounts in September.

REVIEW OF ACTION PLAN – SELF ASSESSMENT OF THE CIPFA FINANCIAL MANAGEMENT CODE (agenda item)

- 25. In June 2023 this Committee agreed an action plan based on our self-assessment of the CIPFA Management Code and today's report is intended to provide an update to this meeting to support transparent and robust governance. The Chief Financial Officer has reviewed the full plan rather than only those areas where we had previously agreed an action.
- 26. Updates at June 2024 are noted in bold and given our financial recovery process in 2023/24 and ongoing savings challenge, combined with our lack of reserves the Chief Finance Officer drew particular attention Sections E and F and also Supporting People in section N.
- 27. The Committee noted the action plan and were in agreement that an annual update be brought to June meetings of this Committee.

ANNUAL PERFORMANCE REPORT (agenda item 9)

- 28. The Policy, Planning and Performance Manager presented the 8th Annual Performance Report which will be finalised for publication by 31st July 2024.
- 29. He noted the report is retrospective and sets out how we delivered on our vision and commitments set out in the Strategic Plan, whilst recognising the challenges we continue to face both locally and nationally. The report set out the current strategic approach, financial performance and detailed performance information illustrating data trends against key performance indicators.
- 30. The PPPO noted that the report includes case studies and examples of innovative and collaborative approaches that have been taken throughout the year, drawing in experience of the 3rd and independent sectors.
- 31. He noted that despite the continued pressures we have been facing there has been positive performance and provided an overview of the areas included in the report, recognising that Discharge without Delay continues to be an area of focus.
- 32. Members commented on how much there was to celebrate and were pleased to see the inclusion of case studies within the report which help bring it to life and show how partners can come together to support our community. Anne Marie Kennedy was pleased that the third sector were able to help and will keep this up. The Chief Officer noted that she was concerned about how positively it read, given the significant changes we have had to make to our services and expects next year's report may be different due to the impact from Supporting People and other savings.

33. In response to The Chair's query around whether the breastfeeding was a local or national target, the Policy, Planning and Performance Manager advised he would check and confirm.
34. The Chair thanked everyone for their contribution and the report was noted by the Committee.

LEARNING DISABILITY INPATIENT SERVICE PERFORMANCE UPDATE

35. The Head of Adult Services: Learning Disability and Recovery presented the performance report which is largely about performance across the wider system as the service receives people and supports discharge across all GGC areas as well as 3 others outwith GGC boundaries.
36. The report sets out the activity on discharge performance around the inpatient service which is hosted by East Renfrewshire on behalf of GGC. The main message was that performance has deteriorated across 23/24 with high number of people delayed, and for longer periods. This impacts our ability to admit new patients into the service and disrupts patient flow.
37. We are also seeing a higher number of people with no, or underdeveloped, discharge plans. The respective HSCPs have explained that this is largely due to difficulties in identifying appropriate housing and/or recruitment challenges with support providers.
38. Discharge tends to be quicker where mental health is the main reason for admission and where people have a home to return to, however the LD service is more likely to admit individuals where behavioural issues are the primary reason for admission and often where there has been a breakdown in support, meaning new care packages are required to be commissioned.
39. During the year, all HSCPs experienced some degree of delays, but the majority of delays are people from Glasgow and Renfrewshire areas and this continues to be the case.
40. We have escalated the issues to all Chief Officers and there is a planned session with Chief Officers in the coming weeks. This report will also be shared via formal routes after this meeting as the current situation is unacceptable. We continue work collaboratively with colleagues and offer support and guidance and are working hard to help teams avoid admissions in the first place and find individual solutions for people with underdeveloped plans.
41. The Chair noted that the performance is very disappointing and was interested to know what the response has been from other COs particularly Glasgow and Renfrewshire. The Head of Adult Services: Learning Disability and Recovery confirmed that we have taken a very personal approach so that Chief Officers have the full details of where individuals are in terms of their discharge plans. We have also set out how we can help and all the chief officers have responded so there is engagement but detailed plans still need to be developed.
42. The Chief Officer advised that the Cabinet Secretary has established a new group around delayed discharge with two sub groups; acute delays and improvement, and the other with a focus on AWI (adults with incapacity), Learning Disability and Mental Health. This will provide further opportunity to reengage with other Chief Officers.

43. Anne Marie Monaghan confirmed that there had been discussion at Glasgow IJB earlier today where they were advised that of the 23 Glasgow people, all but 9 have plans. It was agreed that Glasgow will provide quarterly progress reports to their IJB detailing activity and progress.
44. The Chair thanked Anne Marie Monaghan and Jacqueline Forbes for pushing Glasgow IJB on this important issue.
45. The Board noted the report.

COMMUNITY PATHWAYS INSPECTION REPORT (agenda item 11)

46. The Head of Adult Services: Learning Disability and Mental Health provided an overview of the inspection report of the Community Pathways services. He noted that the service has been evolving since covid in terms of the service models people want. This has seen a move from a building based approach to more community based support which the Care Inspectorate found difficult to register. They have therefore registered it as a dispersed service with subgroup of care at home as this is the category that best meets their registration types. We were therefore slightly anxious in terms of the new inspection but it can be seen from the report that it was a good inspection with lots of positive highlights, in terms of service delivery as well as staff and leadership.
47. The Committee acknowledged how stressful unannounced inspections can be and send their regards to all those involved for such a good outcome.
48. The Committee noted the report.

AUDIT UPDATE (agenda item 12)

49. The Chief Financial Officer advised that follow up work has been undertaken on 3 audits which has 8 recommendations now included in the report. This supersedes 34 previous recommendations.
50. This means we now have 49 current recommendations, compared to 75 when we reported in March. Of these we consider 37 closed pending verification. Of the 12 that are open, 8 are from the new follow up audit.
51. The Chief Internal Auditor advised that the follow up of payroll and debtors is currently ongoing therefore it is expected that some of these will be removed by the next update. She has also received a further update from NHS which was too late for inclusion in this paper but indicated that only minor improvements were identified across 5 new reports.
52. The Chief Officer advised we need to develop a better process in relation to NHS audits as these aren't being shared with Chief Officers and asked the Chief Internal Auditor to assist in progressing this.
53. The Chief Financial Officer will also raise through the CFO network to see if there are any improvements that can be made in terms of process.

STRATEGIC RISK REGISTER (agenda item 13)

54. The Chief Financial Officer presented the standing strategic risk register report, noting that one risk has been removed since last reported as this related to a specific IT issue, which has been resolved and remained stable for period of time. We are no longer encountering the issues when sending / receiving information.
55. As referred to in the matters arising the workforce score has been reviewed and corrected.
56. The scoring for Care at Home has also been revised based on the service challenges and pressures, this remains amber.
57. As has been the case for some time and will remain so for the foreseeable future Financial Sustainability remains red.
58. Jacqueline Forbes noted that there were a few risks where the score after proposed mitigation was being reduced based on impact rather than likelihood and was keen to understand the rationale.
59. There was some discussion recognising that the assessment of risk is based on the lead professionals knowledge at the point of review and this will always be subjective
60. It was suggested that for the next report that any key assumptions could be included to support the context and or change.
61. The Committee noted the report.

VALEDICTORY

62. The Chair thanked both Anne Marie Monaghan and Jacqueline Forbes for their commitment to the Committee recognising their significant contribution.
63. Anne Marie Monaghan and Jacqueline Forbes noted that collaborative, professional and friendly manner of the Committee was refreshing.
64. Mehvish Ashraf will become the nominated Health Board lead for the IJB and will be taking on role of PAC Chair.

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	25 September 2024
Agenda Item	4
Title	Matters Arising
<p>Summary</p> <p>The purpose of this paper is to update members of the Performance and Audit Committee on progress regarding matters arising from the discussion which took place at the meeting of 26 June 2024.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee members are asked to note the contents of the report.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

25 September 2024

Report by Chief Financial Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To update the Performance and Audit Committee on progress regarding matters arising from the discussion that took place at the meeting of 26 June 2024.

RECOMMENDATION

2. Performance and Audit Committee members are asked to note the contents of the report.

REPORT

Unaudited Annual Report and Accounts

3. The Unaudited Annual Report and Accounts was approved by the Integration Joint Board on 26 June 2024 and subsequently submitted to Ernst & Young to comply with the statutory deadline.

Annual Performance Report

4. The Annual Performance Report was approved by the Integration Joint Board on 26 June 2024 and is available on the website.

RECOMMENDATIONS

5. Members of the Performance and Audit Committee are asked to note the contents of the report.

REPORT AUTHOR AND PERSON TO CONTACT

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

10 September 2024

IJB Chief Officer: Julie Murray



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	25 September 2024
Agenda Item	5
Title	Rolling Action Log
Summary	
The attached rolling action log details all actions, including those which have been completed since the meeting on 26 June 2024.	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
Performance and Audit Committee members are asked to note progress.	

ACTION LOG: Performance and Audit Committee (PAC)

September 2024

No	Meeting Date	Agenda Item	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
85	26-Jun-24	Ernst & Young: Understanding of Management Process and Arrangements	One wording change to be made to proposed response at question 12 prior to submission to Ernst & Young by 28th June 2024.	Chief Financial Officer	CLOSED	Jun-24	Amended and submitted to E&Y 26 June 2024
84	26-Jun-24	Unaudited Annual Report and Accounts	The unaudited annual report and accounts were agreed by the Committee and should be remitted to IJB	Chief Financial Officer	CLOSED	Jun-24	Presented to IJB 26 June 2024
83	26-Jun-24	Annual Performance Report	Check and confirm to Councillor Pragnell whether the breastfeeding rate is a local or national target.	Policy, Planning and Performance Manager	CLOSED	Sep-24	It has been confirmed that this is a local target
82	26-Jun-24	Audit Update	Better process to be developed in relation to NHS audits	Chief Financial Officer / Chief Internal Auditor	OPEN	Nov-24	Raised at CFO network group and in discussion with internal auditors group.
81	26-Jun-24	Strategic Risk Register	Consider narrative around key assumptions for inclusion in Strategic Risk Register	Heads of Service	OPEN	Nov-24	This will be considered as part of a wider review of scoring.
76	22-Nov-23	Mid Year Performance	The Chair suggested the Committee look at admissions and attendances from care homes at the next meeting and if required an exception report be requested thereafter.	Policy, Planning and Performance Manager	CLOSED	Sep-24	Exception report included in Q1 Performance Report to PAC (25.09.24)
64	26-Jun-23	CIPFA Financial Management Code	Ensure the areas for development identified as part of our self assessment action plan are implemented.	Chief Financial Officer	CLOSED	Mar-24	Update provided to PAC (26.06.24) and will be reviewed annually
31	24-Nov-21	Internal Audit Annual Report 2020-21 and Internal Audit Plan 2021-22	Bring details of the matter under investigation by Police Scotland to the committee at an appropriate time.	Chief Financial Officer	OPEN	Jun-22	No further update as at September 2024

East Renfrewshire Integration Joint Board

**Annual Audit Report
Year Ended 2023/24**

[27 September 2024]



Building a better
working world

This report has been prepared in accordance with Terms of Appointment Letter, through which Audit Scotland and the Accounts Commission have appointed us as external auditor East Renfrewshire Integration Joint Board for financial years 2023/24 to 2026/27.

This report is for the benefit of the Board and is made available to Audit Scotland and the Accounts Commission (together the Recipients). This report has not been designed to be of benefit to anyone except the Recipients. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Recipients, even though we may have been aware that others might read this report.

Any party other than the Recipients that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Recipient's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, Ernst & Young LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Recipients.

Accessibility

Our report will be available on Audit Scotland's website and we have therefore taken steps to comply with the Public Sector Bodies Accessibility Regulations 2018. Compliance is the responsibility of the individual body publishing the document.

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1. Key messages	Summarise the key messages for the 2023/24 audit	03
2. Introduction	Summarises our audit approach and application of materiality	05
3. Financial Statements	Provide an opinion on audited bodies' financial statements Review and report on, as appropriate, other information such as the annual governance statement and remuneration report	08
4. Best Value and Wider Scope Audit	Demonstrate compliance with the wider public audit scope by reviewing and providing judgements and conclusions on the Board's: <ul style="list-style-type: none"> ▶ Arrangements to secure sound financial management; ▶ The regard shown to financial sustainability; ▶ Clarity of plans to implement the vision, strategy and priorities of the Board, and the effectiveness of governance arrangements for delivery; and ▶ The use of resources to improve outcomes. Best Value audit work is integrated with wider scope annual audit work.	16
Appendices	Undertake statutory duties, and comply with professional engagement and ethical standards: <ul style="list-style-type: none"> Appendix A: Code of Audit Practice: responsibilities Appendix B: Auditor Independence Appendix C: Required communications with the Performance and Audit Committee Appendix D: Timing of communications and deliverables Appendix E: Action Plan Appendix F: Adjusted audit differences Appendix G: Audit fees Appendix H: Additional audit information 	29

1. Key messages

Financial statements



Financial statements

Our assessment: **Green**

[We have concluded our audit of the financial statements of East Renfrewshire Integration Joint Board for the year ended 31 March 2024.]

The draft financial statements and supporting working papers were of a good quality. During the course of the audit, we identified no audit differences. Minor presentational amendments were made to the financial statements during the course of the audit.

Overall, we were satisfied that the Annual Governance Statement, reflects the requirements of CIPFA's updated *Delivering Good Governance Framework*.



Going concern

Our assessment: **Green**

In accordance with the CIPFA Code of Practice on Local Government Accounting, the IJB prepares its financial statements on a going concern basis unless informed by the Scottish Government of the intention for dissolution without transfer of services or function to another entity.

Under auditing standard ISA 570, we are required to undertake greater challenge of management's assessment of going concern, including testing of the adequacy of the supporting evidence we obtained. The IJB has concluded that there are no material uncertainties around its going concern status, however it has disclosed the nature of significant financial risks within the going concern period. The Integration Scheme sets out the responsibilities of the IJB's partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde, in the event that the IJB has insufficient general reserves to respond to additional financial pressures. During 2023/24 both provided additional resources to the IJB to respond to financial recovery measures. [We have no matters to report in respect of our work around going concern or the conclusions reached by the Board.]

- Our auditor judgements are RAG rated based on our assessment of the adequacy of the
- IJB's arrangements throughout the year, as well as the overall pace of improvement and
- future risk associated with each area. This takes account of both external risks not within the IJB's control and internal risks which can be managed by the Board, as well as control and process observations made through our audit work.

Wider scope



Financial management

Financial management means having sound budgetary processes. Audited bodies require the ability to understand the financial environment and whether internal controls are operating effectively.

Our assessment: Amber

The IJB recognised that the 2023/24 budget presented its most significant challenge to date. As a result of significant cost pressures, the IJB was required to identify savings of over £7 million to set a balanced budget in March 2023 and planned to use £1.9 million of reserve balances.

The IJB delivered £2.7 million (39%) of the targeted savings and as a result entered financial recovery planning during the year. Additional contributions were received from both of the IJBs partners. Management and members of the IJB recognise that it underestimated the impact and timeframe of the changes required to implement the Supporting People Framework.



Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Our assessment: Red

In line with the IJB's financial planning expectations, the Board's reserve balances continued to fall significantly in 2023/24 to an unsustainable level. The IJB's General Reserve at 31 March 2024 has now been depleted in full.

The IJB estimates that the cumulative budget pressure in the period 2025/26 to 2028/29 may in the range £16.5 -£29.2 million. A savings requirement of £11.9 million has been set in the 2024/25 budget but delivery is currently off target, which would result in an additional recurring pressure in future years.



Vision, leadership & governance

The effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

Our assessment: Green

Governance arrangements are established and worked well throughout 2023/24. The Annual Governance Statement was consistent with both the governance framework, key findings from relevant audit activity and management's assessment of its own compliance with the CIPFA Good Governance framework.

The IJB's partners made progress to update the Integration Scheme, including a consultation with key stakeholders. The Integration Scheme is expected to be approved by Scottish Ministers later in 2024.



Use of resources

The IJB's approach to demonstrating economy, efficiency, and effectiveness through the use of resources and reporting outcomes.

Our assessment: Green

The IJB has a well-developed approach in place to monitor and report on key areas of performance and was able to demonstrate key areas of improvement in 2023/24.

Overall performance remains mixed, and the IJB continues to highlight significant and ongoing financial risks within its risk registers that may undermine the delivery of the Strategic Plan.

Best value



Best Value

All local government bodies have a duty to make arrangements to secure best value.

The IJB's performance management and financial reporting arrangements allow the Board to demonstrate the delivery of Best Value. The Annual Performance Report describes the key achievements and areas for improvement against the priorities within the Strategic Plan 2022-25.

The financial outlook for the IJB has continued to weaken. General reserves have been exhausted and remaining earmarked reserves have fallen to unsustainable levels. As a result of being unable to deliver planned savings in year, the IJB commenced a financial recovery exercise to bridge in-year budget gaps with its partners.

In our view, the IJB's performance management and financial reporting arrangements allow the Board to demonstrate the achievement of Best Value. There is, however, an imminent risk that the savings required in 2025/26 will not be delivered, placing additional pressure on partners for financial support.

2. Introduction

Purpose of our report

The Accounts Commission for Scotland appointed EY as the external auditor of East Renfrewshire Integration Joint Board ('IJB' or 'the Board') for the five year period to 2026/27.

We undertake our audit in accordance with the Code of Audit Practice (June 2021); Auditing Standards and guidance issued by the Financial Reporting Council; relevant legislation; and other relevant guidance issued by Audit Scotland.

This Annual Audit Report is designed to summarise the key findings and conclusions from our audit work. It is addressed to both members of the IJB and the Accounts Commission and presented to those charged with governance. This report is provided to Audit Scotland and is published on their website.

A key objective of audit reporting is to add value by supporting the improvement of the use of public money. We aim to achieve this through sharing our insights from our audit work, our observations around where the Board employs best practice and where practices can be improved, and how risks facing the IJB can be mitigated. We use these insights to form audit recommendations to support the Board.

Such areas we have identified are highlighted throughout this report together with our judgements and conclusions regarding arrangements, and where relevant recommendations and actions agreed with management. We also report on the progress made by management in implementing previously agreed recommendations.

We draw your attention to the fact that our audit was not designed to identify all matters that may be relevant to the IJB. Our views on internal control and governance arrangements have been based solely on the audit procedures performed in respect of the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

Our independence

We confirm that we have undertaken client and engagement continuance procedures, which include our assessment of our continuing independence to act as external auditor. Further information is available in Appendix B.

Scope and responsibilities

The Code sets out the responsibilities of both the Board and the auditor (summarised in Appendix A). We outlined these in our Annual Audit Plan which was presented to the Board's Performance and Audit Committee on 27 March 2024. There have been no material changes to the plan.

Our review and assessment of materiality

In our Annual Audit Plan, we communicated that our audit procedures would be performed using an overall materiality of £2.2 million. Exhibit 1 confirms that we have assessed that this level of materiality remains appropriate for the actual outturn for the 2023/24 financial year.

Performance materiality remains at 50% of overall materiality at £1.6 million.

Financial Statements audit

We are responsible for conducting an audit of the Board's financial statements. We provide an opinion as to:

- ▶ Whether they give a true and fair view of the state of the affairs of the IJB as at 31 March 2024 and of its income and expenditure for the year then ended
- ▶ Have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2023/24 Code.
- ▶ Whether they have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

We also review and report on the consistency of the other information prepared and published along with the financial statements.

We outlined the significant risks and other focus areas for the 2023/24 audit in our Annual Audit Plan, which was presented to the Performance and Audit Committee on 29 March 2023. There have been no changes to our planned audit approach.

One significant risk was identified in relation to the risk of fraud in expenditure recognition, which includes the risk of management override of controls. We consider this risk to manifest itself through the manipulation of expenditure recognition. In addition, we continued to place increased focus on management's assertion regarding the going concern basis of preparation in the financial statements. Our findings are summarised in Section 3 of this report.

Exhibit 1: Updated materiality assessment in 2023/24 assessment

Our Annual Audit Plan explained that our audit procedures would be performed using a materiality of £2 million. We have considered whether any change to our materiality was required in light of the income and expenditure in 2023/24 and concluded that no changes were required.



Based on our understanding of the expectations of financial statement users, we apply a lower materiality level to the audited section of the Remuneration Report. We also apply professional judgement to consider the materiality of Related Party Transactions to both parties.

| Wider scope and best value

Under the Code of Audit Practice, our responsibilities extend beyond the audit of the financial statements. Due to the nature of the IJB, our wider scope work requires significant allocation of resources in the audit. The Code requires auditors to provide judgements and conclusions on the four dimensions of wider scope public audit:

- ▶ The Board's arrangements to secure sound financial management.
- ▶ The regard shown to financial sustainability.
- ▶ Clarity of plans to implement the vision, strategy and priorities of the Board, and the effectiveness of governance arrangements for delivery.
- ▶ The use of resources to improve outcomes.

Our Annual Audit Plan identified one area of significant risk in relation to the wider scope dimensions, regarding the development of a robust Medium Term Financial Plan. Our findings are summarised in Section 4 of this report.

Our annual assessment of the IJB's arrangements to secure best value is integrated within our wider scope annual audit work.

3. Financial Statements

Introduction

The annual financial statements allow the IJB to demonstrate accountability for the resources that it has the power to direct, and report on its overall performance in the application of those resources during the year.

This section of our report summarises the audit work undertaken to support our audit opinion, including our conclusions in response to the significant and other risks identified in our Annual Audit Plan.

The plan highlighted one area that we identified as a fraud risk relating to the presumed risk of fraud in revenue and expenditure recognition, including through management override of controls. For the IJB, we consider this risk to manifest itself as an expenditure recognition risk.

Compliance with regulations

As part of our oversight of the IJB's financial reporting process we report on our consideration of the quality of working papers and supporting documentation prepared, predominantly by the finance team, to support the audit.

The financial statements were prepared in accordance with the CIPFA Code of Practice on Local Authority Accounting 2023/24.

The draft financial statements and supporting working papers were submitted for audit by 30th June 2023, in line with requirements. The financial statements and working papers were of a good quality.

We were satisfied that the IJB made the financial statements available for public inspection in accordance with Regulation 9 of The Local Authority Accounts (Scotland) Regulations 2014.

As part of the audit process, we worked with the finance team to make enhancements to the presentation of the financial statements, including going concern disclosures.

Audit outcomes

We identified no differences arising from the audit which have been reflected within the financial statements. Our overall audit opinion is summarised on the following page.

As part of the audit, we reviewed the financial statements and made a few comments aimed at improving the compliance with the Code of Accounting Practice, or to enhance the understanding of the financial statements. We worked with management to make amendments as appropriate and will continue to discuss good practice going forward.

Audit status

Our audit is substantially complete, subject to the following outstanding areas:

- ▶ Receipt of the confirmation of balances from the IJB's partner, NHS Greater Glasgow and Clyde; and
- ▶ Updated confirmation that there have been no subsequent events in the period to date of signing.]

| Audit approach

We adopted a substantive approach to the audit as we have concluded this is the most efficient way to obtain the level of audit assurance required to conclude that the financial statements are not materially misstated.

During our planning procedures, we determine which accounts, disclosures and relevant assertions could contain risks of material misstatement.

Our audit involves:

- ▶ Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud, error or design and perform audit procedures responsive to those risks and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the IJB's internal control.
- ▶ Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- ▶ Concluding on the appropriateness of management's use of the going concern basis of accounting. Evaluating the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- ▶ Obtaining sufficient appropriate audit evidence to express an opinion on the financial statements.
- ▶ Reading other information contained in the financial statements to form assessment, including that the annual report is fair, balanced and understandable.
- ▶ Ensuring that reporting to the Performance and Audit Committee appropriately addresses matters communicated by us and whether it is materially inconsistent with our understanding and the financial statements.
- ▶ We rigorously maintain auditor independence (refer to Appendix B).

Exhibit 2: Our audit opinion

Element of our opinion	Basis of our opinion	Conclusions
<p>Financial statements</p> <ul style="list-style-type: none"> ▶ Truth and fairness of the state of affairs of the IJB at 31 March 2024 and its expenditure and income for the year then ended. ▶ Financial statements in accordance with the relevant financial reporting framework and relevant legislation. 	<ul style="list-style-type: none"> ▶ We report on the outcomes of our audit procedures to respond to the most significant assessed risks of material misstatement that we have identified, including our judgements within this section of our report. We did not identify any areas of material misstatement. ▶ We are satisfied that accounting policies are appropriate and estimates are reasonable. ▶ We have considered the financial statements against Code requirements, and additional guidance issued by CIPFA and Audit Scotland. 	<p>[We have issued an unqualified audit opinion on the 2023/24 financial statements for the IJB.]</p>
<p>Going concern</p> <ul style="list-style-type: none"> ▶ We are required to conclude on the appropriateness of the use of the going concern basis of accounting. 	<ul style="list-style-type: none"> ▶ We conduct core financial statements audit work, including review and challenge of management's assessment of the appropriateness of the going concern basis. ▶ Wider scope procedures including the forecasts are considered as part of our work on financial sustainability. 	<p>In accordance with the work reported on page 15, we have not identified any material uncertainties.</p>
<p>Other information</p> <ul style="list-style-type: none"> ▶ We are required to consider whether the other information in the financial statements is materially inconsistent with other knowledge obtained during the audit. 	<ul style="list-style-type: none"> ▶ The Chief Financial Officer is responsible for other information included in the financial statements. ▶ We conduct a range of substantive procedures on the financial statements and our conclusion draws upon review of committee and board minutes and papers, regular discussions with management, our understanding of the IJB and the wider sector. 	<p>We are satisfied that the Annual Report meets the core requirements set out in the Code of Practice on Local Authority Accounting.</p>

Exhibit 2: Our audit opinion (continued)

Element of our opinion	Basis of our opinion	Conclusions
<p>Matters prescribed by the Accounts Commission</p> <ul style="list-style-type: none"> ▶ Audited part of remuneration report has been properly prepared. ▶ Management commentary / annual governance statement are consistent with the financial statements and have been properly prepared. 	<p>Our procedures include:</p> <ul style="list-style-type: none"> ▶ Reviewing the content of narrative disclosures to information known to us. ▶ Our assessment of the Annual Governance Statement against the requirements of the CIPFA Delivering Good Governance Code. 	<p>[We issued an unqualified opinion.]</p>
<p>Matters on which we are required to report by exception</p>	<p>We are required to report on whether:</p> <ul style="list-style-type: none"> ▶ Adequate accounting records have been kept. ▶ Financial statements and the audited part of the remuneration report are not in agreement with the accounting records. ▶ We have not received the information or explanations we require. 	<p>We have no matters to report.</p>

Our response to significant and fraud audit risks

We identified one significant risk within our 2023/24 Annual Audit Plan:

- ▶ Risk of fraud in expenditure recognition, including through management override of control (key audit matter).

What is the risk?

As we outlined in our Annual Audit Plan, ISA (UK) 240 requires us to assume that fraud risk from income recognition is a significant risk. In the public sector, we extend our consideration to the risk of material misstatement by manipulation of expenditure.

As there is no material judgement associated with the recognition of the IJB's funding from East Renfrewshire Council and NHS Greater Glasgow and Clyde, we have determined that the risk of revenue recognition does not materialise. We therefore consider this risk to be most prevalent in the following expenditure balances:

- ▶ Cost of services: £224.7 million;
- ▶ Cost of services prior year comparator: £218.7 million;
- ▶ Short-term creditors: £0.3 million; and
- ▶ Short-term creditors prior year comparator: £3.9 million.

Refer to accounting policies 1.2, 1.5, 1.8 and 1.9 (pages [58-60]) and notes 2, 4, 5 and 7 of the Financial Statements.

What judgements are we focused on?

For expenditure we focus on the risk in relation to the existence and occurrence of expenditure incurred by the IJB in commissioning services from the partners.

There may be judgement in the timing of the recognition of expenditure.

What did we do?

We undertake specific, additional procedures for income and expenditure streams where we identified a fraud risk. For 2023/24 our work included:

- ▶ We challenged management on how the IJB gains assurance over the expenditure it incurs and the basis of payments it makes to its partner bodies to deliver commissioned services.
- ▶ We reviewed the financial information that management present to the IJB that clarifies the source of information provided by each of the IJB partners. Reports to the IJB at the yearend also made clear that the yearend outturn represented the approval by the IJB of the final expenditure incurred in commissioning services from East Renfrewshire Council and NHS Greater Glasgow and Clyde.
- ▶ Review of additional revenue streams and cut-off testing for additional income received.
- ▶ As part of the year end process, we obtained written confirmation statements from the Director of Finance at NHS Greater Glasgow and Clyde and the Section 95 Officer at East Renfrewshire Council of the spend by the respective bodies on delivering services, and therefore their request for payment from the IJB to cover those costs. We obtained a copy of those confirmations and agreed figures within the financial statement to source documentation.
- ▶ We obtained independent confirmation from the appointed auditor at both the Council and NHS Greater Glasgow and Clyde of the income and expenditure transactions recorded at their respective audited bodies. The confirmations agreed the income and expenditure amounts transacted in the year.

| Risk of management override

Our Annual Audit Plan recognises that under ISA (UK) 240, management is considered to be in a unique position to perpetrate fraud in financial reporting because of its ability to manipulate accounting records directly or indirectly by overriding controls that otherwise appear to be operating effectively. We respond to this risk on every engagement.

| Risk of fraud

We considered the risk of fraud, enquired with management about their assessment of the risks of fraud and the controls to address those risks. We also developed our understanding of the oversight of those charged with governance over management's processes over fraud.

| Testing on journal entries

We tested the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements. We obtained all journals posted by management to record the transactions of the IJB, which are hosted on the East Renfrewshire Council financial ledger. All of the journals for the IJB's transactions were posted at the year end and we reviewed all transactions in the course of our work.

| Judgements and estimates

Following our prior year audit recommendation to formally implement agreed arrangements to address operational responsibilities for hosted services, the IJB worked with its partners and other IJBs within the NHS Greater Glasgow and Clyde area to update the documentation of arrangements for hosted services within the draft Integration Schemes.

We reviewed supporting documentation on the basis for the assessment of consumption of hosted services, agreed hosting arrangements for each service back to the integration scheme and reperformed calculations as appropriate. As a result of this work, we have not identified any audit adjustments.

We confirmed the process for ensuring that there were no claims applicable to the IJB that required provision to be made in relation to the CNORIS (Clinical Negligence & Other Risks Indemnity Scheme).

| Accounting policies

We considered the consistency and application of accounting policies, and the overall presentation of financial information. We consider the accounting policies adopted by the IJB to be appropriate and there were no significant accounting practices which materially depart from the Code.



Our conclusions

- ▶ [Our testing has not identified any material misstatements relating to revenue and expenditure recognition.
- ▶ We have not identified any material weaknesses in the design and implementation of controls around journal processing. We did not identify any instances of evidence of management override of controls.
- ▶ There was no disagreement during the course of the audit over any accounting treatment or disclosure and we encountered no significant difficulties in the audit.]

Going concern

Audit requirements

International Auditing Standard 570 Going Concern, as applied by Practice Note 10: Audit of financial statements of public sector bodies in the United Kingdom, requires auditors to undertake sufficient and appropriate audit procedures to consider whether there is a material uncertainty on going concern that requires reporting by management within the financial statements, and within the auditor's report.

Under ISA (UK) 570, we are required to undertake challenge of management's assessment of going concern, including testing of the adequacy of the supporting evidence we obtained. In light of the unprecedented nature of the ongoing impact of Covid-19, the cost of living crisis and inflationary pressures, we place increased focus on management's assertion regarding the going concern basis of preparation in the financial statements, and particularly the need to report on the impact of financial pressures on the Board and its financial sustainability.

Management's going concern assessment and associated disclosures cover the period following approval of the financial statements, to 31 March 2026.

After completing its going concern assessment in line with the information and support provided through earlier discussions in the audit process, the IJB has concluded that there are no material uncertainties around its going concern status. We have outlined our consideration of the Board's financial position going forward in the financial sustainability section of this report. We considered this in conjunction with management's assessment on going concern, focusing on:

- ▶ The completeness of factors considered in management's going concern assessment.
- ▶ The completeness of disclosures in the financial statements in relation to going concern and future financial pressures and how savings challenges in the short and medium term will be addressed.



Our conclusions

- ▶ We reviewed and challenged the going concern assessment provided by management. We verified the assessment to supporting information, including key reports to the IJB and financial plans.
- ▶ While we concur with management's assessment that there are no material uncertainties in relation to the going concern of the IJB, we note the increasingly challenging financial position facing both the IJB and the wider sector. The Accounts Commission reported that 5 of the 31 IJBs across Scotland have no general reserves available to meet future unexpected cost pressures. There remains significant risk around the IJB's intention to increase general reserves during the period. Areas of overspend would result in recovery planning and possibly the necessity for additional contributions from the IJB's partners, Glasgow City Council and NHS Greater Glasgow and Clyde.

ISA (UK) 315: Identifying and assessing the risks of material misstatement

Audit requirements

As set out within our Annual Audit Plan, there has been a significant change to the auditing standard, ISA (UK) 315 and this impacted our 2023/24 audit approach and the procedures we needed to perform.

The standard drives our approach to:

- ▶ Risk assessment.
- ▶ Understanding the Board's internal control arrangements.
- ▶ The identification of significant risks.
- ▶ How we address significant risks.

Key changes to our audit approach as a result of the implementation of ISA 315 were:

- ▶ A significant increase in audit work on the IJB's use of IT in the systems of internal control across partner organisations.
- ▶ Increased importance of our understanding of the entity and environment, the applicable financial reporting framework, and system of internal control.

- ▶ A greater focus on professional scepticism including ensuring that audit approaches do not show bias to look for corroborative evidence or excluding contradictory evidence.
- ▶ We made enhanced inquiries of management and others within the IJB who deal with fraud allegations, to determine whether they have knowledge of any actual, suspected or alleged fraud, including cases of fraud raised by employees or other parties.
- ▶ We held discussions with key members of the IJB including in respect of the risks of fraud and considered the implications for the audit.



Our conclusions

- ▶ We identified 5 relevant IT systems and applications which contribute to the production of the Board's financial statements, with the majority of these systems and applications being hosted by the IJB's partners in East Renfrewshire Council and NHS Greater Glasgow and Clyde.
- ▶ Our work did not identify any significant weaknesses in the Board's systems of internal control.

4. Best Value and Wider Scope

Introduction

In June 2021, Audit Scotland and the Accounts Commission published a revised Code of Audit Practice. This establishes the expectations for public sector auditors in Scotland for the term of the current appointment.

Risk assessment and approach

The Code sets out the four dimensions that comprise the wider scope audit for public sector in Scotland:

- ▶ Financial management.
- ▶ Financial sustainability.
- ▶ Vision, Leadership and Governance.
- ▶ The use of resources to improve outcomes.

We apply our professional judgement to risk assess and focus our work on each of the wider scope areas. In doing so, we draw upon conclusions expressed by other bodies including the IJB's internal auditors and the Care Inspectorate, along with national reports and guidance from regulators and Audit Scotland.




For each of the dimensions, we have applied a RAG rating, which represents our assessment on the adequacy of the IJB's arrangements throughout the year, as well as the overall pace of improvement and future risk associated with each dimension.

Best Value

The Code explains the arrangements for the audit of Best Value in Integration Joint Boards. The changes to IJBs anticipated from the Scottish Parliament's National Care Service Reports mean that the Accounts Commission will no longer require the Controller of Audit to report to the Commission on each IJB's performance on its Best Value duty.

As a result, the findings from our wider scope work have informed our assessment on Best Value themes in 2023/24.

Exhibit 4: Our RAG ratings

	Red	Our auditor judgements are RAG rated based on our assessment of the adequacy of the IJB's arrangements throughout the year, as well as the overall pace of improvement and future risk associated with each area.
	Amber	
	Green	This takes account of both external risks not within the IJB's control and internal risks which can be managed by the Board, as well as control and process observations made through our audit work.

Financial Management



Our overall assessment: Amber

The IJB recognised that the 2023/24 budget presented its most significant challenge to date. As a result of significant cost pressures, the IJB was required to identify savings of over £7 million to set a balanced budget in March 2023, and planned to use £1.9 million of reserve balances.

The IJB delivered £2.7 million (39%) of the targeted savings and as a result entered financial recovery planning during the year. Additional contributions were received from both of the IJBs partners. Management and members of the IJB recognise that it underestimated the impact and timeframe of the changes required to implement the Supporting People Framework.

2023/24 budget

The 2023/24 budget was set in March 2023 and relied upon the delivery of £7.06 million of savings to meet the IJB's statutory responsibility to set a balanced budget.

The budget recognised that 2023/24 represented a further step change in the level of financial pressure facing the IJB. Pressures identified within the budget totalled £10.34 million and included:

- ▶ Pay inflation and increments (£1.85 million).
- ▶ The estimated impact of the Scottish Living Wage and National Care Home Contract costs (£3.05 million).
- ▶ Demographic pressures leading to increase in demand for services (£2.3 million); and
- ▶ The recurring impact of legacy savings that were not delivered as planned (£2.44 million).

Additional funding, including commitments from the Scottish Government, offset £3.28 million of the cost pressures, leaving a remaining gap of £7.06 million. The critical nature of the IJB's reserves meant that all of this gap was required to be bridged by savings proposals. However, the budget also acknowledged that it was likely that all remaining useable reserves were likely to be used to support the financial position in 2023/24.

Financial Outturn

The 2023/24 reported outturn reflects the scale of the challenge set out within the budget. The operational overspend, prior to additional funding from partners, was £4.75 million, and was primarily as a result of:

- ▶ An overspend within Intensive Services where demand continues to exceed expectations, and saving planned were not delivered (£2.5 million); and
- ▶ An ongoing overspend in prescribing as a result of cost and volume increases that are difficult to control (£2.46 million).

As a result of the overspends, under the requirements of the Integration Scheme, the IJB moved to a financial recovery position. Each of the Board's partners provided additional, non-recurring funding in 2023/24 to fund the deficit as follows:

- ▶ East Renfrewshire Council provided £2.6 million; and
- ▶ NHS Greater Glasgow and Clyde provided £2.1 million.

In addition, the IJB drew significantly on reserves to mitigate cost pressures. This included a planned use of £1.9 million to smooth budget pressures, and a further net use of £2.28 million, including all remaining general reserves. As a result, the IJB now has just £1.86 million of earmarked reserves as at 31 March 2024.

| Savings achieved were significantly less than planned

The 2023/24 budget anticipated that savings would be delivered across a number of areas, including £2.04 million from service savings proposals and £3.2 million from the Supporting People Framework. As Exhibit 4 highlights, the IJB was able to deliver only £2.7 million, primarily as a result of the difficulty in implementing planned reductions in service provision.

The Supporting People Framework was developed to apply updated criteria to ensure that social care resources are prioritised and targeted on those with the greatest need, and in particular immediate and current risks.

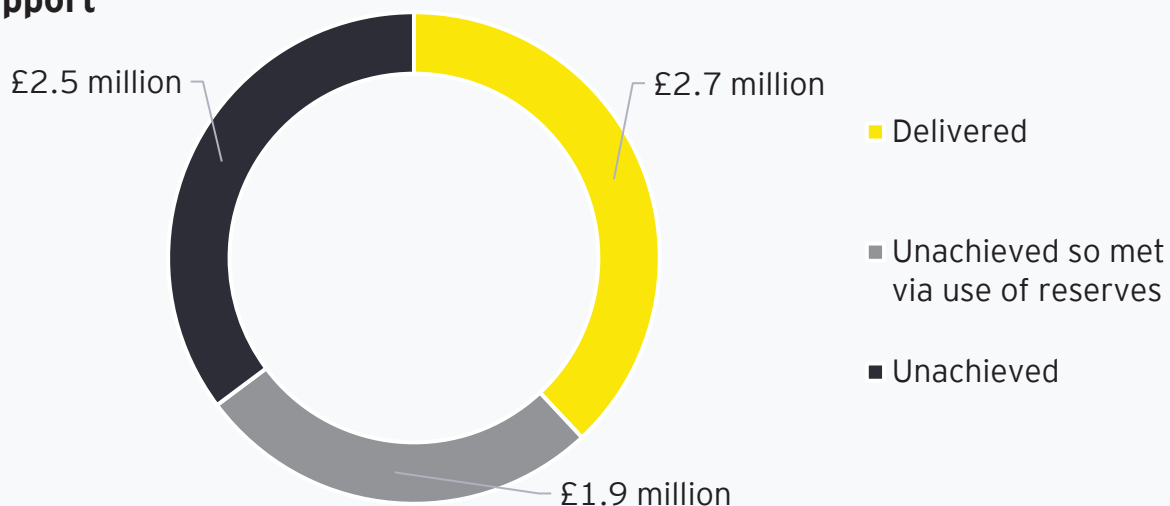
The Framework was implemented by initiating reviews of the level of packages provided to existing and future service recipients. Throughout the year, the IJB reported the difficulty in implementing service changes following the reviews at

the level expected. When it became clear that savings expected would not be delivered as planned, the financial recovery process was initiated.

As a result, in November 2023, the IJB instigated a move to apply further threshold restrictions to the packages of care available, to substantial and critical criteria. The IJB commenced a voluntary severance plan for staff employed by East Renfrewshire Council to be effective from April 2024. In addition, the IJB un-hypothecated reserves to offset areas where savings were not likely to be delivered.

The remaining pressures were offset by the additional funding from the IJB's partners, including £0.7 million of Covid-19 funding from East Renfrewshire Council. We noted in 2022/23 that the IJB was required to return all unspent Covid-19 funding to the Scottish Government, and future costs relating to the pandemic will remain a cost pressure for the IJB.

Exhibit 4: The IJB delivered £2.7 million (39%) of planned savings of £7.06 million in 2023/24. Unachieved savings were met using partner support



Any undelivered savings will continue to represent an added financial pressure for the IJB to be achieved in future years.

Budget monitoring reports were transparent and addressed key areas of risk

The IJB received regular budget monitoring reports throughout the financial year which were transparent and reflected the scale of the challenge facing the organisation. The reports included the forecasted outturn for the financial year, and therefore the projected impact on the Board's reserve balances.

Reporting acknowledged that the IJB underestimated the impact and timeframe for the culture and practice changes required to implement the Supporting People Framework changes, including how to manage the expectations of the individuals and families provided with support.

Exhibit 5 highlights that throughout the financial year, the IJB understood that service expenditure would be overspent against budget based on the risk rating of saving achievement.

A small improvement in the outturn against forecast was achieved as a result of:

- ▶ Reduced costs relating to the community learning disability service of £0.45 million, partly due to provider capacity limitations; and
- ▶ £0.2 million additional income to support unaccompanied asylum seekers.

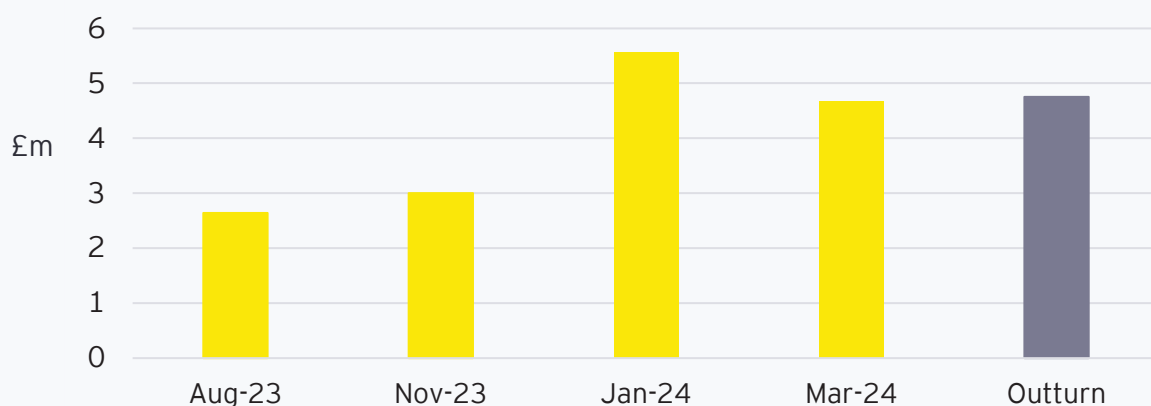
This was offset by previously unknown prescribing costs, following an error in new national system reports omitting cost information. This led to late additional costs of £0.25 million in 2023/24.

The Finance Team was impacted by vacancies late in the financial year

During 2022/23, we reported that the IJB had an experienced finance team and there was sufficient capacity to support the preparation and audit of the financial statements alongside financial planning and monitoring responsibilities.

Late in 2023/24, the IJB held a vacancy for the Accountancy Manager, following the resignation of the previous incumbent. As a result, the finance team had less capacity

Exhibit 5: Budget monitoring to the Board during the financial year



overall than in previous years.

A permanent Accountancy Manager was appointed in August 2024.

| Arrangements for hosted services were clarified during 2023/24

In 2022/23, we noted that East Renfrewshire Council hosts a number of services on behalf of the other IJBs within the NHS Greater Glasgow and Clyde area host. As part of our initial audit year, we noted that in practice there were no arrangements in place to document and review operational responsibilities for the hosted services.

Throughout 2023/24, the IJB worked with its partners and other IJBs within the NHS Greater Glasgow and Clyde area to update the Integration Scheme. Arrangements for hosted services were considered as part of the overall review, and changes have been agreed to describe the requirement to account for the activity and associated costs for all hosted services across their population using an appropriate methodology agreed by all partner Integration Joint Boards. As the approval of the Integration Scheme is beyond the control of the IJB, a paper was taken to the Chief Officers group of the six IJBs to confirm the revised operational and strategic arrangements in place.

Financial Sustainability



Our overall assessment: Red

In line with the IJB's financial planning expectations, the Board's reserve balances continued to fall significantly in 2023/24 to an unsustainable level. The IJB's General Reserve at 31 March 2024 has now been depleted in full.

The IJB estimates that the cumulative budget pressure in the period 2025/26 to 2028/29 may in the range £16.5 -£29.2 million. A savings requirement of £11.9 million has been set in the 2024/25 budget but delivery is currently off target, which would result in an additional recurring pressure in future years.

The Accounts Commission recently highlighted that the current delivery and funding of IJB services is unsustainable

The Accounts Commission published its annual report on [Integration Joint Boards: Finance and Performance](#) in July 2024. They found that IJBs across Scotland face a complex landscape of unprecedented pressures, challenges and uncertainties.

The health inequality gap is widening, there is an increased demand for services and a growing level of unmet and more complex needs.

The financial outlook for IJBs continues to weaken. Pressures arising from inflation, pay uplifts and Covid-19 legacy costs are making it increasingly difficult to sustain services at their current level. Real terms funding to IJBs decreased in 2022/23 and IJBs have had to achieve savings as part of their partner funding allocations for several years.

The projected funding gap for 2023/24 almost tripled from reported figures in 2022/23 and IJBs are increasingly having to make unsustainable savings through, for example, not filling staff vacancies and using financial reserves. This is not a sustainable approach to balancing budgets.

The Commission highlight that a whole system approach is needed to meet the scale of the challenges facing IJBs. They note that uncertainty in the direction of plans for a National Care Service has contributed to the difficult context for planning and delivering effective services. A revised timescale has indicated that local reform will now start in 2028/29.

The IJB's reserves have fallen to an unsustainable level

Across the sector, IJB reserves almost halved in 2022/23, decreasing by £560 million (including a reduction of £14.7 million in East Renfrewshire IJB). The decrease in the overall reserves balance was largely the result of a reduction in the reserves of funding that the Scottish Government specifically provided for the response to the Covid-19 pandemic.

The Commission note the importance of contingency reserves to mitigate the financial impact of unforeseen circumstances. In 2022/23, they reported that two-thirds of IJBs had contingency reserve levels of over two per cent of the net cost of services. East Renfrewshire IJB's uncommitted reserve was £0.272 million, representing around 0.19% of expenditure, although we note that five IJBs had no contingency reserves remaining at the same date.

Overall, East Renfrewshire IJB reserve balances fell by 71% in 2023/24

After excluding the Covid-19 reserves (see Exhibit 5), the IJB's reserves have fallen by £9.62 million since 2021/22. The reserves comprise of two elements. The first relates to earmarked and ringfenced funding that the IJB carries forward to meet expenditure where, for example, funding for specific purposes has not yet been used.

Each year the IJB plans to meet expenditure from earmarked reserves where, for example, funding for specific purposes has not yet been used. During 2023/24, the IJB drew down £4.52 million balances held in these reserves. As a result of new earmarked reserves totalling £0.34 million, the IJB's reserves reduced overall by £4.17 million in 2023/24.

The IJB project that £1.4 million of the remaining reserves will be used in 2024/25.

The IJB's General Reserve balance was exhausted in full

Like most public sector bodies, the IJB has set a target for its uncommitted General Reserve of 2% of net expenditure. At 31 March 2024, the IJB's uncommitted reserve was £0.272 million, representing around 0.19% of expenditure.

During 2023/24, this reserve was fully used to offset the non-delivery of planned savings, ahead of financial recovery actions. The Board therefore continues to breach its reserve policy.

The 2024/25 budget has outlined plans to support the rebuilding of general reserves in the future

The IJB set its 2024/25 budget in March 2025. The Board identified unfunded cost pressures of £9.8 million, including legacy savings to be met as a result of under-recovery in prior years of £3.8 million.

Exhibit 5: Reserves balances fell from £11.48 million in 2021/22 to £1.86 million (84%) in 2023/24



Note: For comparability purposes, this chart excludes the Covid reserves held by the IJB in 2021/22, which totalled £9.26 million

Savings identified within the budget totalled £9.8 million, but the Board noted that work was underway to develop proposals for a further £2.1 million of savings. This over-recovery would provide a degree of risk cover for the under-delivery of savings, and if achieved, would support the IJB's longer-term aspiration to rebuild reserves.

Exhibit 7 highlights that the most recent budget monitoring report, considered by the IJB in August 2024 assesses that £4.4 million (37%) of the savings target has been achieved to date. The IJB expects that £9.1 million will be delivered, leaving a shortfall of £0.7 million against the minimum budget gap requirement, and £2.7 million lower than planned.

At this stage, there is therefore no scope to rebuild reserves and additional financial recovery actions will be required in 2024/25.

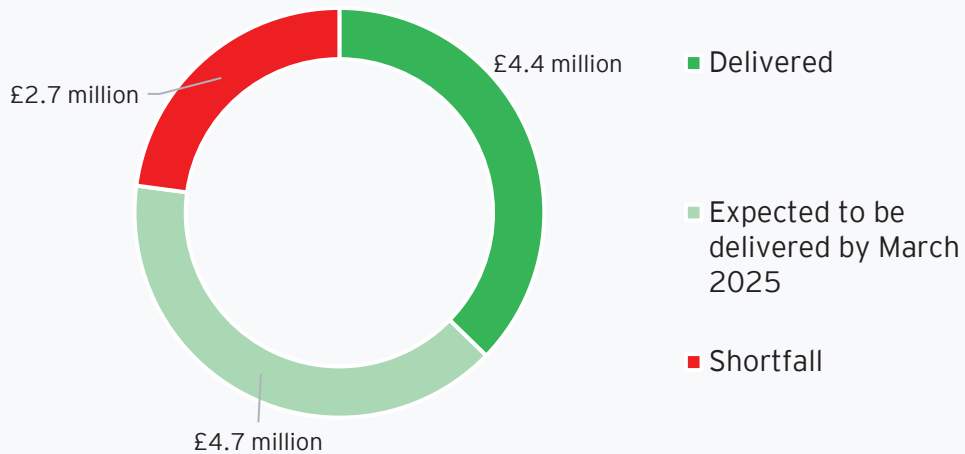
The IJB has updated its medium term financial outlook for the next five years

The IJB considered an update to the medium term financial plan in June 2024. The plan is intended to be a “living document” and budget monitoring reports provide regular updates.

As a result of ongoing risks and uncertainties within Scottish public finances, the plan draws upon scenarios and assumption modelling to plan for budget gaps. The Scottish Government is expected to publish a financial plan for health and social care in 2024.

The key assumption that the Board has adopted for future Scottish Government funding is flat cash. Scenarios are based on the level of cost pressures, and result in a cumulative budget pressure in the period 2025/26 to 2028.29 ranging from £16.5 million to £29.2 million.

Exhibit 7: Around 77% of savings are on track to be delivered in 2024/25



The Medium Term Financial Plan notes that the delivery of the required savings in 2024/25 is fundamental to ensuring that service delivery remains sustainable.

The IJB has adopted dashboard reporting for the Supporting People framework to allow real time monitoring of progress. The dashboard is reported both within the IJB, and to the IJB's partners, including to East Renfrewshire Council's Budget Strategy Group.

Recommendation 1: The IJB must develop a realistic and sustainable financial plan that balances the risk associated with savings and supports the rebuilding of reserves in the medium term.

Vision, Leadership and Governance

Our overall assessment: Green



Governance arrangements are established and worked well throughout 2023/24. The Annual Governance Statement was consistent with both the governance framework, key findings from relevant audit activity and management's assessment of its own compliance with the CIPFA Good Governance framework.

The IJB's partners made progress to update the Integration Scheme, including a consultation with key stakeholders. The Integration Scheme is expected to be approved by Scottish Ministers later in 2024.

The Annual Governance Statement demonstrates that it has the key requirements for good governance in place

The key aspects of the IJB's governance arrangements are required to be disclosed in the Annual Governance Statement within the financial statements. The Board concluded that they have obtained assurance that the system of internal control was operating effectively during the year.

We reviewed the governance statement against the requirements outlined in the CIPFA framework for *Delivering Good Governance in Local Government*, and against our understanding of the Board's arrangements in the period to 31 March 2024.

We were satisfied that it was consistent with both the governance framework, key findings from relevant audit activity and management's assessment of its own compliance with the CIPFA framework.

Through our audit of the financial statements, we consider the design and implementation of key controls related to areas of significant risk to the financial statements. This work has included documenting the key internal financial controls and performing walkthroughs to ensure controls are implemented as designed.

We undertook an assessment of the financial control environment as part of our planning work, and updated our understanding as part of the year end audit. For the IJB, this required us to assess the systems across partner organisations.

Our work did not identify any significant weaknesses in the systems of internal control relevant to the preparation of the IJB's financial statements.

We have attended each of the Performance and Audit Committees ("PAC") during the year and we were satisfied that there was an appropriate level of challenge and scrutiny at meetings, and that management's assessment of compliance is consistent with matters arising at the committee.

The IJB has consulted on a revised Integration Scheme

We reported in 2022/23 that under the legislation that created IJBs, the Integration Scheme requires to be reviewed at least every five years. The review was delayed significantly by the COVID-19 pandemic.

During 2023/24, significant progress was made by East Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC) to update the current Integration Scheme.

The changes proposed include:

- ▶ Sections that referred to actions that have been completed since they were committed to in the original Scheme, or outdated terminology, such as the name of specific groups or structures
- ▶ Changes in legislation since the original Scheme, including the Carers Act and General Data Protection Regulation (GDPR); and
- ▶ Revised arrangements for services that are hosted by one IJB on behalf of one or more of the six within the Greater Glasgow and Clyde area.

A consultation exercise for the public and key stakeholders ended in January 2024 and is now subject to finalisation by the partners, ahead of approval by the Scottish Ministers.

| The IJB's Chief Internal Auditor concluded that reasonable assurance can be placed on the framework of governance, risk management and internal controls

The Internal Audit Annual Plan for 2023/24 was presented to the Performance and Audit Committee in September 2023. No specific audits were planned for the IJB or Health and Social Care Partnership (HSCP), and the plan therefore identified 11 of the 15 internal audit days available as contingency days for any emerging reviews.

The Chief Internal Auditor noted that there were planned audits with an impact on the IJB within the Council audit plan, for example, planned audits on HSCP

Emergency Payments, Thornliebank Resource Centre, Payroll, Payment to Care Providers, Creditors and Debtors Control.

The IJB's Internal Audit Annual Report [was considered] by the Performance and Audit Committee in September 2024.

The report summarises the opinions for the two partner bodies as the IJB uses the systems of East Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC) to manage its financial records.

The Council's internal audit's annual report and assurance statement concludes that reasonable assurance can be placed upon the adequacy and effectiveness of the Council's framework of governance, risk management and internal control for the year ended 31 March 2024.

A total of eleven audits were conducted and reports issued by NHSGGC's internal auditors. None of the reports were classified as requiring immediate major improvement.

The Chief Internal Auditor provides summary details of all relevant internal auditors to the Performance and Audit Committee as they became available. In addition, follow up work is conducted on Council related actions to ensure that recommendations are implemented as agreed. The Internal Audit Annual Report notes that there are no outstanding IJB specific recommendations in 2023/24.

| The IJB's Performance and Audit Committee considered an update of progress against the CIPFA Financial Management Code in June 2024

In June 2023, the IJB's Performance and Audit Committee considered an assessment of the Board's arrangements against the requirements of CIPFA's Financial Management Code. The review concluded that the IJB is compliant, but outlined areas for development including:

- ▶ The continuing discussions with partners to ensure that demographic, demand and cost pressures the IJB face are fully evidenced and communicated;
- ▶ The delivery of £7 million savings in 2023/24; and
- ▶ The need to progress existing open audit recommendations.

An action plan was developed in 2023, and an updated assessment was reported to the Committee in June 2024. The assessment notes the impact of financial recovery planning discussions with partners throughout 2023/24, and the challenging savings programme required under the 2024/25 budget.

Within the assessment, the IJB has recognised the ongoing need for:

- ▶ strategic financial discussions with both partners to ensure that the demographic, demand and cost pressures that the IJB faces are fully evidenced and transparent;
- ▶ Effectively balancing the tension between delivering services and rebuilding the reserves position; and
- ▶ Increased focus on monitoring the impact of the Supporting People Framework to deliver savings as planned.

Use of resources



Our overall assessment: Green

The IJB has a well-developed approach in place to monitor and report on key areas of performance and was able to demonstrate key areas of improvement in 2023/24.

Overall performance remains mixed, and the IJB continues to highlight significant and ongoing financial risks within its risk registers that may undermine the delivery of the Strategic Plan.

The IJB regularly reports on its performance

A comprehensive Performance Framework is in place to support the Strategic Plan both operationally within the HSCP, and for scrutiny by the Performance and Audit Committee.

The Board has agreed a range of performance indicators to report on progress in the delivery of the Board's strategic priorities. Arrangements are also in place to demonstrate how the HSCP contribution to the priorities of their partners. For example, HSCP performance is reported against East Renfrewshire Council's Outcome Delivery Plan.

Twice a year, the HSCP holds a Performance Review meeting which is jointly chaired by the Chief Executives of NHS Greater Glasgow and Clyde and East Renfrewshire Council.

Quarterly Performance Reports are produced for scrutiny at the Performance and Audit Committee. The reports include charts to demonstrate outcomes against targets and management worked with the Chair to continue to improve forward looking and exception reporting for indicators that are off target.

We also note that the IJB considers presentations from individual service areas at each of their meetings to allow a deeper understanding of the performance and challenges.

Areas where presentations were considered by the Board included:

- ▶ Updates on the Delayed Discharge position at each meeting of the IJB;
- ▶ Adults Services; and
- ▶ The National Care Service position.

The Annual Performance Report highlights key achievements and challenges across each Strategic Priority area

The IJB published its Annual Performance Report in July 2024, in line with statutory requirements. The Report sets out how the IJB delivered on the vision and commitments within the Strategic Plan over 2023/24 and is structured around:

- ▶ The progress towards key priorities within the Strategic Plan;
- ▶ How the IJB has met the challenges of the pandemic;
- ▶ Financial performance and Best Value; and
- ▶ A summary of detailed performance indicators against target.

The IJB report on performance against target, but also highlight the direction of travel for each indicator, and plans for improvement where performance is lower than expected.

The IJB continued to experience challenge in the delivery of some services

Areas where performance has shown the greatest improvement in 2023/24 include:

- ▶ Percentage of children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (99% against a target of 90%, up from 86% in 2022/23);
- ▶ Percentage of those whose care need has reduced following re-ablement (63.9% against a target of 60%, up from 48% in 2022/23);
- ▶ People reporting quality of life for carers needs fully met (84.5% against a target and prior year outcome of 80%); and
- ▶ For Community Payback Orders - the percentage of unpaid work placement completions within Court timescales (89% against a target of 80%, up from 83% in 2022/23).

Exhibit 8 highlights that the IJB delivered most of the targets that it set for 2023/24.

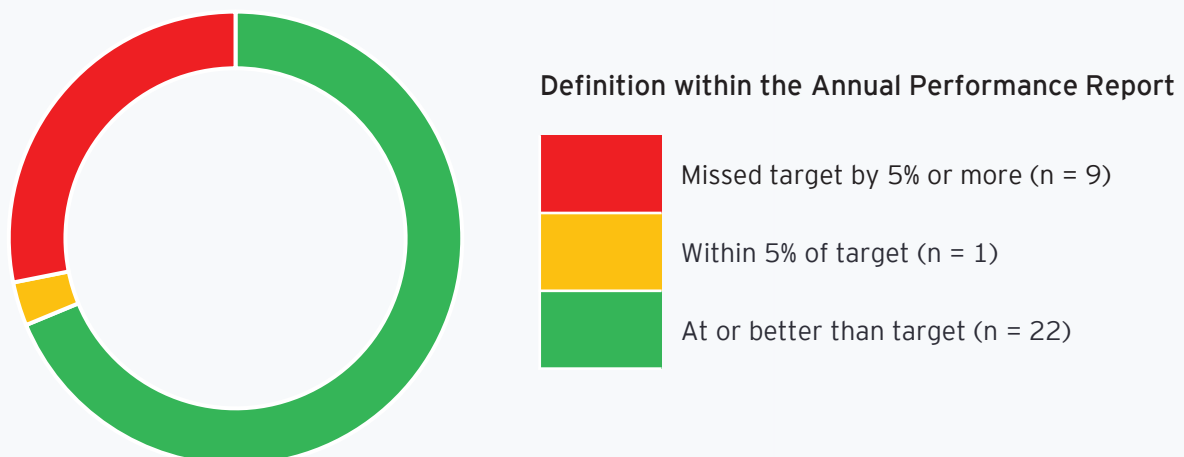
Areas of continuing challenge include:

- ▶ The percentage of children and young people subject to child protection who have been offered advocacy (65% against a target of 100%);
- ▶ Number of people self-directing their care through receiving direct payments and other forms of self-directed support;
- ▶ The percentage of people waiting no longer than 18 weeks for access to psychological therapies (84% against a target of 90%); and
- ▶ Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) (4,821 against a target of 1,893).

The Annual Report also reports on Organisational Measures. This highlights that sickness absence rates are persistently higher than target:

- ▶ Sickness absence rates for social work staff are 19.5 days against a target of 17.5 days; and
- ▶ Rates for NHS staff are 8.3% against a target of 4%.

Exhibit 8: The IJB achieved 69% of its targets in 2023/24



| The Accounts Commission highlight that data quality and availability is insufficient to assess the overall performance of IJBs

The Accounts Commission's July 2024 report (Integration Joint Boards: Finance and Performance) notes that there are gaps in the completeness of national performance information, including the national integration indicators that the IJB report within its Annual Performance Report.

The report notes that there are a range of challenges around the data that is currently collected, including:

- ▶ The current data does not provide good evidence on how the performance of one part of the system impacts on either other parts of the social care system or the system as a whole. This means the current performance data is of limited use in helping to inform system changes which might improve performance and deliver better long-term outcomes.
- ▶ There is too much emphasis on data that is used by individual organisations for

their governance and operational purposes rather than the collective partnership focus on its priorities; and

- ▶ Current arrangements do not reflect a 'whole-systems' approach to performance management and reporting.

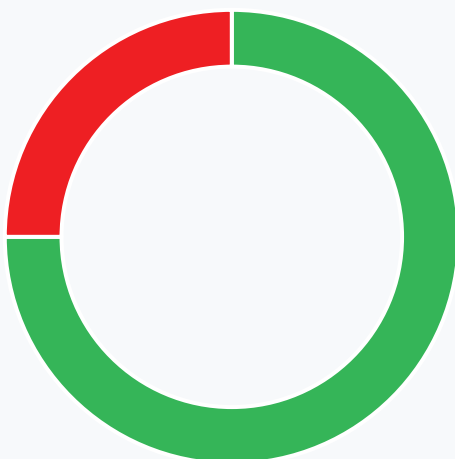
Exhibit 9 highlights that East Renfrewshire IJB reported performance against 16 of the 23 national integration indicators. Of the indicators reported, 75% were above the national average, and therefore assessed as "green" within the Annual Performance Report.

| The IJB continues to highlight significant and ongoing financial risks within its risk registers

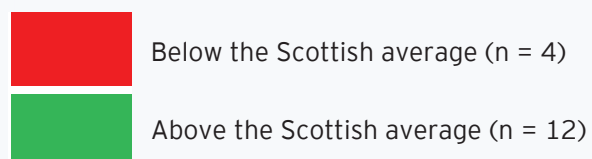
The Performance and Audit Committee receives an update on strategic risk management twice per year.

One risk remained "red" post-mitigating actions, relating to the Board's financial sustainability.

Exhibit 9: The IJB performed above the Scottish average for 75% of national integration indicators for which data was reported.



Definition within the Annual Performance Report



Best Value

The IJB's performance management and financial reporting arrangements allow the Board to demonstrate the delivery of Best Value. The Annual Performance Report describes the key achievements and areas for improvement against the priorities within the Strategic 2022-25.

The financial outlook for the IJB has continued to weaken. General reserves have been exhausted and remaining earmarked reserves have fallen to unsustainable levels. As a result of being unable to deliver planned savings in year, the IJB commenced a financial recovery exercise to bridge in-year budget gaps with its partners.

In our view, the IJB's performance management and financial reporting arrangements allow the Board to demonstrate the achievement of Best Value. There is, however, an imminent risk that the savings required in 2025/26 will not be delivered, placing additional pressure on partners for financial support.

Basis for our assessment

As auditor to the IJB, we are required to comment on how effectively, in our view, the IJB demonstrates that it meets its Best Value responsibilities.

As we noted in our Annual Audit Plan, the conclusions that we reach on the wider scope areas contribute to this consideration. We expect to develop our understanding of how the IJB meets its Best Value responsibilities over the course of our appointment.

Our assessment in 2023/24 therefore reflects the work conducted to support our wider scope responsibilities, and specifically:

- ▶ Documentation review and discussions with senior officers;
- ▶ Updating our understanding of key sector developments and reporting;
- ▶ Our consideration of the IJB's financial planning processes including the most recent Medium Term Financial Plan refresh (June 2024);
- ▶ Governance arrangements, including monitoring and scrutiny reports to the Performance and Audit Committee;
- ▶ Partnership arrangement with East Renfrewshire Council and NHS Greater Glasgow and Clyde;
- ▶ Our assessment of performance reporting to the Board; and

- ▶ The IJB's reporting against its Strategic Priorities within the Annual Performance Report 2023/24.

The IJB can demonstrate that it has the key elements needed to deliver Best Value in place

The IJB reported on progress against its Strategic Plan 2022-25 within the Annual Performance Report. The Accounts Commission noted in July 2024 that there has been a general decline in performance across IJBs. East Renfrewshire IJB's performance against key indicators is mixed, with downward trends across a range of indicators reflecting the increased complexity and demand pressures for services provided by the IJB.

In 2023/24 the IJB exhausted its remaining general reserves and entered financial recovery processes, requiring additional contributions from partners. The IJB has acknowledged that it underestimated the difficulty associated with saving plans that reduce the levels of services for individuals who and their families who receive existing care packages.

The IJB has been transparent about financial and performance management throughout the year and the relationship with partners remains strong. The IJB's financial position is now critical and savings must be delivered to support sustainability.

Appendices

A

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Code of audit practice: Responsibilities

Audited body responsibilities

Audited bodies have the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to successfully deliver their objectives. The features of proper financial stewardship include the following:

Corporate governance

Each body, through its chief executive or accountable officer, is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Audited bodies should involve those charged with governance (including audit committees or equivalent) in monitoring these arrangements.

Financial statements and related reports

Audited bodies must prepare annual accounts comprising financial statements and other related reports. They have responsibility for:

- ▶ Preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation.
- ▶ Maintaining accounting records and working papers that have been prepared to an acceptable professional standard and that support their accounts and related reports disclosures.
- ▶ Ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with the appropriate authority.
- ▶ Preparing and publishing, along with their financial statements, related reports such as an annual governance statement, management commentary (or equivalent) and a remuneration report in accordance with prescribed requirements.
- ▶ Ensuring that the management commentary (or equivalent) is fair, balanced and understandable.

It is the responsibility of management of an audited body, with the oversight of those charged with governance, to communicate relevant information to users about the entity and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely.

Audited bodies are responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the achievement of their objectives and safeguard and secure value for money from the public funds at their disposal. They are also responsible for establishing effective and appropriate internal audit and risk-management functions.

Standards of conduct for prevention and detection of fraud and error

Audited bodies are responsible for establishing arrangements for the prevention and detection of fraud, error and irregularities, bribery and corruption and to ensure that their affairs are managed in accordance with proper standards of conduct by putting proper arrangements in place.

A Code of audit practice: Responsibilities (cont.)

Maintaining a sound financial position

Audited bodies are responsible for putting in place proper arrangements to ensure that their financial position is soundly based having regard to:

- ▶ Such financial monitoring and reporting arrangements as may be specified.
- ▶ Compliance with any statutory financial requirements and achievement of financial targets.
- ▶ Balances and reserves, including strategies about levels and their future use.
- ▶ How they Report to deal with uncertainty in the medium and longer term.
- ▶ The impact of reporting future policies and foreseeable developments on their financial position.

Responsibilities for best value, community reporting and performance

Local government bodies have a duty to make arrangements to secure best value. best value is defined as continuous improvement in the performance of the body's functions. In securing best value, the local government body is required to maintain an appropriate balance among:

- ▶ The quality of its performance of its functions.
- ▶ The cost to the body of that performance.
- ▶ The cost to persons of any service provided by it for them on a wholly or partly rechargeable basis.

In maintaining that balance, the local government body shall have regard to:

- ▶ Efficiency.
- ▶ Effectiveness.
- ▶ Economy.
- ▶ The need to meet the equal opportunity requirements.

The local government body shall discharge its duties under this section in a way which contributes to the achievement of sustainable development.

In measuring the improvement of the performance of a local government body's functions for the purposes of this section, regard shall be had to the extent to which the outcomes of that performance have improved.

The Scottish Government's Statutory Guidance on best value (2020) requires bodies to demonstrate that they are delivering best value in respect of seven themes:

1. Vision and leadership
2. Governance and accountability
3. Effective use of resources
4. Partnerships and collaborative working
5. Working with communities
6. Sustainability
7. Fairness and equality

The Community Empowerment (Scotland) Act 2015 is designed to help empower community bodies through the ownership or control of land and buildings, and by strengthening their voices in decisions about public services.

Specified audited bodies are required to prepare and publish performance information in accordance with Directions issued by the Accounts Commission.

A Code of audit practice: Responsibilities (cont.)

Internal audit

Public sector bodies are required to establish an internal audit function as a support to management in maintaining effective systems of control and performance. With the exception of less complex public bodies the internal audit programme of work is expected to comply with the Public Sector Internal Audit Standards.

Internal audit and external audit have differing roles and responsibilities. External auditors may seek to rely on the work of internal audit as appropriate.

Appointed auditors' responsibilities

Appointed auditors' statutory duties for local government bodies are contained within Part VII of the Local Government (Scotland) Act 1973, as amended.

These are to:

- ▶ Audit the accounts and place a certificate (i.e., an independent auditor's report) on the accounts stating that the audit has been conducted in accordance with Part VII of the Act.
- ▶ Satisfy themselves, by examination of the accounts and otherwise, that:
 - ▶ The accounts have been prepared in accordance with all applicable statutory requirements.
 - ▶ Proper accounting practices have been observed in the preparation of the accounts.
- ▶ The body has made proper arrangements for securing best value and is complying with its community reporting duties.
- ▶ Hear any objection to the financial statements lodged by an interested person.

Appointed auditors should also be familiar with the statutory reporting responsibilities in section 102 of the Local Government (Scotland) Act 1973, including those relating to the audit of the accounts of a local government body.

B Independence report

Introduction

The FRC Ethical Standard and ISA (UK) 260 'Communication of audit matters with those charged with governance', requires us to communicate with you on a timely basis on all significant facts and matters that bear upon our integrity, objectivity and independence. The Ethical Standard, as revised in December 2019, requires that we communicate formally both at the reporting stage and at the conclusion of the audit, as well as during the course of the audit if appropriate. The aim is to ensure full and fair disclosure by us to those charged with your governance on matters in which you have an interest.

During the course of the audit, we are required to communicate with you whenever any significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place, for example, when accepting an engagement to provide non-audit services.

We ensure that the total amount of fees that EY charged to you for the provision of services during the period, analysed in appropriate categories, are disclosed.

Required Communications

Planning Stage

- ▶ The principal threats, if any, to objectivity and independence identified by EY including consideration of all relationships between you, your directors and us.
- ▶ The safeguards adopted and the reasons why they are considered to be effective, including any Engagement Quality review.
- ▶ The overall assessment of threats and safeguards.
- ▶ Information about the general policies and process within EY to maintain objectivity and independence.

Final Stage

- ▶ To allow you to assess the integrity, objectivity and independence of the firm and each covered person, we are required to provide a written disclosure of relationships (including the provision of non-audit services) that may bear on our integrity, objectivity and independence. This is required to have regard to relationships with the entity, its directors and senior management, and its connected parties and the threats to integrity or objectivity, including those that could compromise independence that these create. We are also required to disclose any safeguards that we have put in place and why they address such threats, together with any other information necessary to enable our objectivity and independence to be assessed.
- ▶ Details of non-audit/additional services provided and the fees charged in relation thereto.
- ▶ Written confirmation that the firm and each covered person is independent and, if applicable, that any non-EY firms used in the group audit or external experts used have confirmed their independence to us.
- ▶ Details of all breaches of the IESBA Code of Ethics, the FRC Ethical Standard and professional standards, and of any safeguards applied and actions taken by EY to address any threats to independence.
- ▶ Details of any inconsistencies between FRC Ethical Standard and your policy for the supply of non-audit services by EY and any apparent breach of that policy.
- ▶ An opportunity to discuss auditor independence issues.

We confirm that we have undertaken client and engagement continuance procedures, including our assessment of our independence to act as your external auditor. We have identified no relationships that impact the audit of East Renfrewshire Integration Joint Board.

C Required communications

We have detailed below the communications that we must provide to the Board.

		Our reporting to you
Required communications	What is reported?	When and where
Terms of engagement	Confirmation by the Performance and Audit Committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	Audit Scotland Terms of Appointment letter (December 2022) - audit to be undertaken in accordance with the Code of Audit Practice.
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter.	Annual Audit Plan - March 2024
Reporting and audit approach	Communication of the reporting scope and timing of the audit, any limitations and the significant risks identified. When communicating key audit matters this includes the most significant risks of material misstatement (whether or not due to fraud) including those that have the greatest effect on the overall audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team.	Annual Audit Plan - March 2024
Significant findings from the audit	<ul style="list-style-type: none"> ▶ Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures. ▶ Significant difficulties, if any, encountered during the audit. ▶ Significant matters, if any, arising from the audit that were discussed with management. ▶ Written representations that we are seeking. ▶ Expected modifications to the audit report. ▶ Other matters if any, significant to the oversight of the financial reporting process. ▶ Findings and issues regarding the opening balance on initial audits. 	This Annual Audit Report - September 2024.

C Required communications (cont.)

		Our reporting to you
Required communications	What is reported?	When and where
Going concern	<p>Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> ▶ Whether the events or conditions constitute a material uncertainty ▶ Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements ▶ The adequacy of related disclosures in the financial statements 	This Annual Audit Report - September 2024.
Misstatements	<ul style="list-style-type: none"> ▶ Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation. ▶ The effect of uncorrected misstatements related to prior periods. ▶ A request that any uncorrected misstatement be corrected. ▶ Corrected misstatements that are significant. ▶ Material misstatements corrected by management. 	This Annual Audit Report - September 2024.
Fraud	<ul style="list-style-type: none"> ▶ Enquiries of the audit committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity. ▶ Any fraud that we have identified or information we have obtained that indicates that a fraud may exist. ▶ A discussion of any other matters related to fraud. 	This Annual Audit Report - September 2024.
Internal controls	Significant deficiencies in internal controls identified during the audit.	This Annual Audit Report - September 2024.

C

Required communications (cont.)

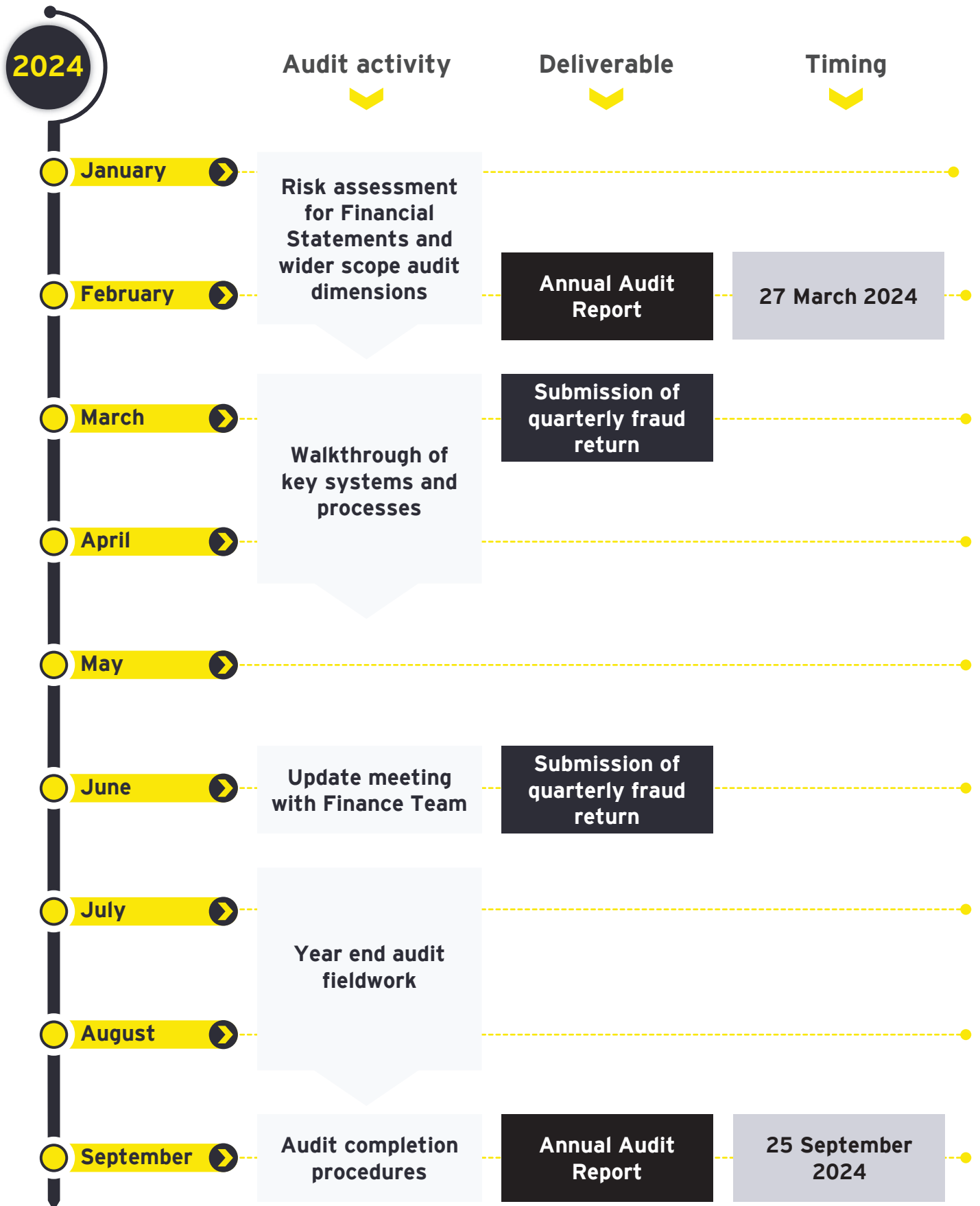
Our reporting to you

Required communications	What is reported?	When and where
Related parties	<p>Significant matters arising during the audit in connection with the entity's related parties including, when applicable:</p> <ul style="list-style-type: none"> ▶ Non-disclosure by management ▶ Inappropriate authorisation and approval of transactions ▶ Disagreement over disclosures ▶ Non-compliance with laws and regulations ▶ Difficulty in identifying the party that ultimately controls the entity 	This Annual Audit Report - September 2024.
Independence	<p>Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence.</p> <p>Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as:</p> <ul style="list-style-type: none"> ▶ The principal threats ▶ Safeguards adopted and their effectiveness ▶ An overall assessment of threats and safeguards ▶ Information about the general policies and process within the firm to maintain objectivity and independence 	Annual Audit Plan and this Annual Audit Report.
External confirmations	<ul style="list-style-type: none"> ▶ Management's refusal for us to request confirmations. ▶ Inability to obtain relevant and reliable audit evidence from other procedures. 	This Annual Audit Report - September 2024.
Representations	Written representations we are requesting from management and/or those charged with governance.	This Annual Audit Report - September 2024.

C Required communications (cont.)

		Our reporting to you
Required communications	What is reported?	When and where
Consideration of laws and regulations	<ul style="list-style-type: none"> ▶ Audit findings regarding non-compliance where the non-compliance is material and believed to be intentional. This communication is subject to compliance with legislation on tipping off. ▶ Enquiry of the Performance and Audit Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Performance and Audit Committee may be aware of. 	This Annual Audit Report - September 2024.
Material inconsistencies and misstatements	Material inconsistencies or misstatements of fact identified in other information which management has refused to revise.	This Annual Audit Report - September 2024.
Auditors report	Any circumstances identified that affect the form and content of our auditor's report.	This Annual Audit Report - September 2024.
Best value and wider scope judgements and conclusions	Our reporting will include a clear narrative that explains what we found and the auditor's judgement in respect of the effectiveness and appropriateness of the arrangements that audited bodies have in place regarding the wider-scope audit.	This Annual Audit Report - September 2024.
Key audit matters	The requirement for auditors to communicate key audit matters, which apply to listed companies and entities which have adopted the UK Corporate Governance Code in the private sector, applies to annual audit reports prepared under the Code.	This Annual Audit Report - September 2024.

D Timeline of communication and deliverables



E Action Plan

We include an action plan to summarise specific recommendations included elsewhere within this Annual Audit Report. We grade these findings according to our consideration of their priority for the Board or management to action.

Classification of recommendations

Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

Grade 3: Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

No.	Findings and / or risk	Recommendation / grading	Management response / Implementation timeframe
1.	<p>Financially sustainable planning</p> <p>The IJB's General Reserves were exhausted during 2023/24 and earmarked reserves have fallen to an unsustainable position. The scale of the financial volatility facing the IJB, including, prescribing and pay inflation, and the difficulty of delivering savings due to the complexity of service user requirements mean that adequate general reserves are essential to manage the level of risk.</p> <p>There is a risk that financial recovery measures will be necessary in 2024/25 to deliver financial balance.</p>	<p>The IJB must develop a realistic and sustainable financial plan that balances the risk associated with savings and supports the rebuilding of reserves in the medium term.</p> <p style="text-align: right;"><i>Grade 1</i></p>	<p>Response: The budget agreed for 2024/25 included an over-recovery target for savings to allow for forward planning including rebuilding of reserves. The tension between delivering savings and building reserves, particularly in the current climate is recognised.</p> <p>Responsible officer: Chief Financial Officer</p> <p>Implementation date: 31 March 2025</p>

F Audit Fees

2023/24 Fees

The Board's audit fee is determined in line with Audit Scotland's fee setting arrangements. Audit Scotland will notify auditors about the expected fees each year following submission of Audit Scotland's budget to the Scottish Commission for Public Audit, normally in December. The remuneration rate used to calculate fees is increased annually based on Audit Scotland's scale uplift.

	2023/24	2022/23
Component of fee:		
▶ Auditor remuneration - expected fee	£35,420	£33,960
Audit Scotland fixed charges:		
▶ Performance audit and best value	£7,560	£6,460
▶ Audit support costs	£1,290	£1,290
Sectoral price cap	(£10,910)	(£10,240)
Total fee	£33,360	£31,470

As we outlined in our audit planning report, the expected fee for auditor remuneration, set by Audit Scotland, is based on a risk assessment of publicly available information from the 2021 tender exercise. It assumes that the IJB has well-functioning controls, an effective internal audit service, and an average risk profile for its sector across a range of areas for consideration, including financial, operational and governance risks. This is the basis for the estimated level of time and skill mix involvement by auditors.

Throughout the course of their work, auditors may identify new, developing or otherwise enhanced areas of risk that are required to be addressed to deliver an audit to the quality standards expected, and in line with the requirements of the Audit Scotland Code of Practice.

G Follow up of prior year recommendations

This appendix sets out the recommendations that were made in 2022/23, along with our assessment of progress.

Prior year recommendations

No.	Recommendation	Management response	Our assessment of progress
1.	<p>Hosted Services</p> <p>East Renfrewshire IJB hosts two services on behalf of other IJBs within the NHS Greater Glasgow and Clyde area. We noted that in practice there are no arrangements in place to document and maintain review of operational responsibilities.</p> <p>The IJB should ensure that operational arrangements are documented and maintained for hosted services.</p> <p style="text-align: right;">Grade 2</p>	<p>Response:</p> <p>Along with the other IJBs within NHSGGC we will review the arrangements and processes to support reporting on Hosted Services</p> <p>Responsible officer:</p> <p>Chief Financial Officer</p> <p>Implementation date:</p> <p>31 March 2024</p>	<p>Complete: As we note on page [20], the IJB worked with its partners and other IJBs within the NHS Greater Glasgow and Clyde area to update the documentation of arrangements for hosted services within the draft Integration Scheme. Changes have been agreed to describe the requirement to account for the activity and associated costs for all hosted services across their population using an appropriate methodology agreed by all partner Integration Joint Boards.</p> <p>A paper was taken to the Chief Officers group of the six IJBs to confirm the revised operational and strategic arrangements in place.</p>

Follow up of prior year recommendations continued

Prior year recommendations

No.	Recommendation	Management response	Our assessment of progress
2	<p>Medium Term Financial Plan</p> <p>We note that under the level of current financial pressures, there is a risk that the IJB's General Reserves will be exhausted during 2023/24. There is therefore a need to work with partners to develop a sustainable funding position.</p> <p style="text-align: right;">Grade 1</p>	<p>Response:</p> <p>The current reporting to the IJB recognises the unprecedented financial challenges we are facing and that we are likely to deplete earmarked and general reserves during 2023/24.</p> <p>The IJB recognises the importance of the ongoing funding discussions with our partners that the Chief Officer and Chief Financial Officer are engaged in.</p> <p>Responsible officer: Chief Financial Officer</p> <p>Implementation date: 31 March 2024</p>	<p>Ongoing: Each of the IJB's partners provided additional, non-recurring funding in 2023/24, but overall funding is not expected to keep pace with cost and demand pressures over the period of the medium term financial plan.</p> <p>Recommendation 1 highlights the urgent need to replenish General Reserves to support financial sustainability.</p>

H Additional audit information

Introduction

In addition to the key areas of audit focus outlined within the Report, we have to perform other procedures as required by auditing, ethical and independence standards and other regulations. We outline the procedures below that we will undertake during the course of our audit.

Our responsibilities under auditing standards

- ▶ Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- ▶ Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.
- ▶ Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- ▶ Conclude on the appropriateness of the going concern basis of accounting.
- ▶ Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- ▶ Read other information contained in the financial statements, the Performance and Audit Committee reporting appropriately addresses matters

communicated by us to the Committee and reporting whether it is materially inconsistent with our understanding and the financial statements.

- ▶ Maintaining auditor independence.

Purpose and evaluation of materiality

- ▶ For the purposes of determining whether the accounts are free from material error, we define materiality as the magnitude of an omission or misstatement that, individually or in the aggregate, in light of the surrounding circumstances, could reasonably be expected to influence the economic decisions of the users of the financial statements. Our evaluation of it requires professional judgement and necessarily takes into account qualitative as well as quantitative considerations implicit in the definition. We would be happy to discuss with you your expectations regarding our detection of misstatements in the financial statements.
- ▶ Materiality determines the locations at which we conduct audit procedures and the level of work performed on individual account balances and financial statement disclosures.
- ▶ The amount we consider material at the end of the audit may differ from our initial determination. At this stage it is not feasible to anticipate all of the circumstances that may ultimately influence our judgement about materiality. At the end of the audit we will form our final opinion by reference to all matters that could be significant to users of the accounts, including the total effect of the audit misstatements we identify, and our evaluation of materiality at that date.

H Additional audit information (cont.)

Audit Quality Framework/Annual Audit Quality Report

- ▶ Audit Scotland are responsible for applying the Audit Quality Framework across all audits. This covers the quality of audit work undertaken by Audit Scotland staff and appointed firms. The team responsible are independent of audit delivery and provide assurance on audit quality to the Auditor General and the Accounts Commission.
- ▶ We support reporting on audit quality by providing additional information including the results of internal quality reviews undertaken on our public sector audits. The most recent audit quality report can be found at: <https://www.audit-scotland.gov.uk/publications/quality-of-public-audit-in-scotland-annual-report-202223>
- ▶ EY has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained. Details can be found in our annual Transparency Report: https://www.ey.com/en_uk/about-us/transparency-report

This report

This report has been prepared in accordance with Terms of Appointment Letter from Audit Scotland through which the Accounts Commission has appointed us as external auditor of East Renfrewshire Integration Joint Board for financial years 2023/24 to 2026/27.

This report is for the benefit of the Board and is made available to the Accounts Commission and Audit Scotland (together the Recipients).

This report has not been designed to be of benefit to anyone except the Recipients. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Recipients, even though we may have been aware that others might read this report.

Any party other than the Recipients that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Recipient's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, Ernst & Young LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Recipients.

Complaints

If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with Stephen Reid who is our partner responsible for services under appointment by Audit Scotland, telephone 0131 777 2839, email sreid2@uk.ey.com. If you prefer an alternative route, please contact Hywel Ball, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you.

Should you remain dissatisfied with any aspect of our service, or with how your complaint has been handled, you can refer the matter to Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN. Alternatively you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.

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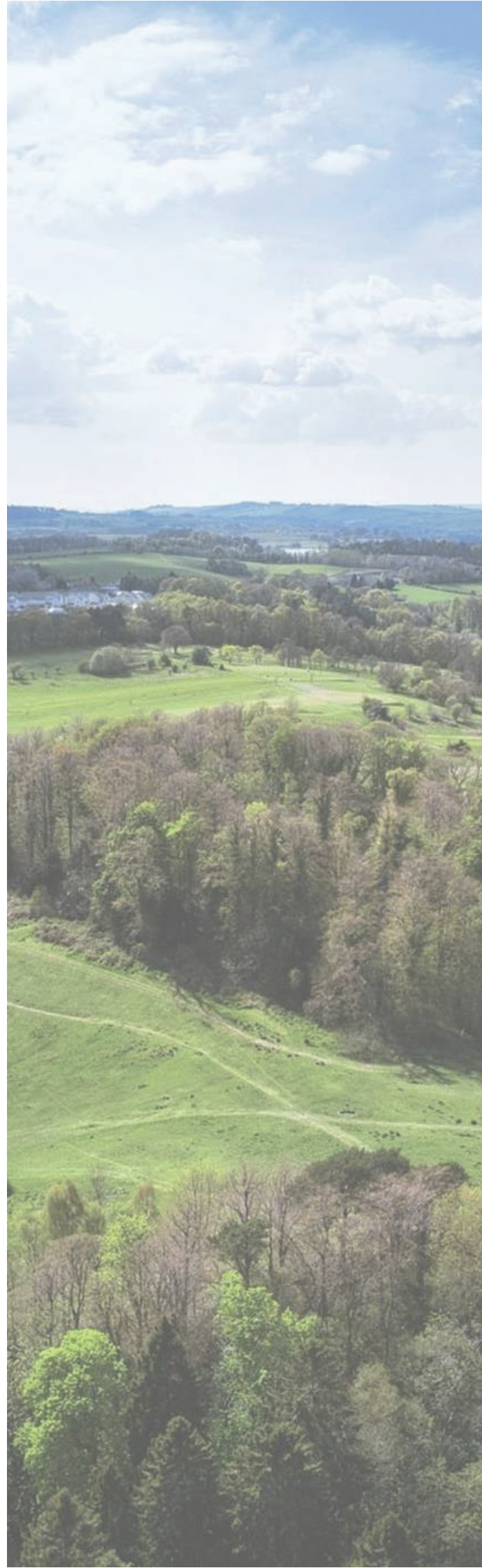
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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****25 September 2024****Report by Chief Auditor****INTERNAL AUDIT ANNUAL REPORT AND OPINION 2023/24****PURPOSE OF REPORT**

1. The Public Sector Internal Audit Standards (PSIAS) require that Internal Audit prepares an annual internal audit opinion and report that can be used by the Integration Joint Board (IJB) to inform its governance statement.
2. The purpose of this report is to provide the IJB Performance and Audit Committee with an independent opinion on the adequacy and effectiveness of the governance, risk management and internal control systems operating within the integration joint board (IJB) during 2023/24.

BACKGROUND

3. Internal Audit is an autonomous unit within the Chief Executive's Office of East Renfrewshire Council. Independence is achieved through the organisational status of internal audit and the objectivity of internal auditors. For the purposes of providing an annual opinion, reliance will be placed on the work of the NHS Greater Glasgow and Clyde (NHSGGC) internal auditors, East Renfrewshire Council internal auditors and any work carried out by other external assessors, for example external auditors, Audit Scotland and Care Inspectorate.
4. In order to ensure proper coverage and avoid duplication of effort, the internal auditors of the NHSGGC and all the local authorities operating within this Health Board area are in regular communication when necessary.

ANNUAL REPORT 2023/24

5. The attached annual report (Appendix 1) contains the annual internal audit opinion assurance which concludes that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in the year ended 31 March 2024.

RECOMMENDATION

6. The Committee is asked to:
 - (a) note that the contents of internal audit's annual report and opinion 2023/24 is a formal confirmation of Internal Audit's opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and internal controls that operated in the year to 31 March 2024.

M Blair FCA,
Chief Auditor
30 August 2024

INTERNAL AUDIT ANNUAL REPORT AND OPINION 2023/24**INTRODUCTION**

1. East Renfrewshire Council (ERC) and NHS Greater Glasgow and Clyde (NHSGGC) agreed that East Renfrewshire Council's internal audit service would undertake the internal audit role for the IJB and the Chief Auditor of East Renfrewshire Council was formally appointed to that role by the Integration Joint Board on 7 October 2015.
2. The IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control.
3. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, internal audit is required to provide an opinion on the overall adequacy and effectiveness of the framework for governance, risk management and control. This annual report contains the opinion on the IJB's internal control framework for the financial year 2023/24.
4. There is a requirement that the IJB internal audit service operates in accordance with the Public Sector Internal Audit Standards (PSIAS) which came into effect on 1 April 2013 and were revised in 2017. East Renfrewshire IJB commissions East Renfrewshire Council and NHS Greater Glasgow and Clyde to provide services on its behalf. The East Renfrewshire Council Internal Audit service operates in accordance with the PSIAS and undertakes an annual programme of work which is approved and monitored by the Council's Audit and Scrutiny Committee. The internal audit service for NHSGGC is provided by Azets whose audit methodology also conforms to PSIAS.

INTERNAL CONTROL FRAMEWORK

5. It is the responsibility of the Board and IJB senior management to establish appropriate and sound systems of governance, risk management and internal control and to monitor the continuing effectiveness of these systems. It is the responsibility of the Chief Auditor to provide an annual overall assessment of the robustness of governance, risk management and internal control.
6. The presence of an effective internal audit function contributes towards, but is not a substitute for, effective controls and it remains primarily the responsibility of line management to ensure that internal controls are in place and are operating effectively. Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, ERC and NHSGGC continually seek to improve the effectiveness of their systems of internal control.
7. The Integration Joint Board uses the systems of East Renfrewshire Council (ERC) and NHS Greater Glasgow and Clyde (NHSGGC) to manage its financial records.
8. The main objectives of the internal control systems are:
 - To ensure adherence to management policies and directives in order to achieve the Integration Joint Board's objectives;
 - To safeguard assets;
 - To ensure the relevance, reliability and integrity of information, so ensuring as far as possible the completeness and accuracy of records; and
 - To ensure compliance with statutory requirements.
9. A good working relationship exists between internal audit and the IJB's appointed external auditors. Information on audit planning and the progress of audit work is regularly exchanged on an informal basis.

ACHIEVEMENT OF 2023/24 ANNUAL AUDIT PLAN

10. The 2023/24 internal audit plan provided by the Council's internal audit team included 15 days for work specifically for the IJB and was approved by the Performance and Audit Committee in March 2023. In agreement with the Head of Finance and Resources, no audit work specific to the IJB was identified or included in the plan and the days were to be reserved to address any emerging issues during the year, carrying out follow up, preparing reports, attending committee and liaising with partner organisations and peers. No specific IJB audits or emerging issues were reviewed during the year.

11. There are currently no outstanding IJB specific audit recommendations. Follow up work is carried out on implementation of Council recommendations specific to HSCP and these are reported to each Performance and Audit Committee throughout the year.

DELIVERY OF THE INTERNAL AUDIT SERVICE

12. Internal Audit is an independent appraisal function established for the review of the internal control system as a service to the organisation. It objectively examines, evaluates and reports on the adequacy of internal control as a contribution to the proper, economic, efficient and effective use of the organisation's resources.

13. Internal audits which are of relevance and interest to the IJB will be carried out in both the Council and the Health Board by their respective internal audit teams and these will be detailed within the relevant organisation's audit plans.

14. The internal audit plan for the Council was approved by the Audit and Scrutiny Committee in March 2023 and included an allocation of 15 days for IJB audit commitments. These days are audit allocations for IJB specific audits and are in addition to HSCP related audits included within the Council audit plan.

15. HSCP related audits carried out by the council's internal audit team have been submitted to the Performance and Audit Committee periodically with details of the full reports and levels of implementation of recommendations made.

16. ERC's internal audit's annual report and assurance statement for 2023/24 will be submitted to the Council's Audit and Scrutiny Committee on 26 September 2024 for approval. The audit opinion will conclude that reasonable assurance can be placed upon the adequacy and effectiveness of the Council's framework of governance, risk management and internal control for the year ended 31 March 2024.

17. Azets currently provide an internal audit service on behalf of NHSGGC. In 2023/24 a total of eleven audits were conducted and reports issued. Summary details have been separately provided to the Performance and Audit Committee as they became available. None of the reports were classified as requiring immediate major improvement. Overall, there were no grade 4 recommendations in any audit report.

18. No significant governance issues were raised by NHSGGC's internal auditor Azets in their annual report presented to the NHSGGC Audit Committee in June 2024 which were of relevance to the East Renfrewshire IJB.

CONFLICTS OF INTEREST

19. There have been no instances during the year which have impacted on our independence and/or lead us to declare any interest.

ASSESSMENT OF CONTROLS AND GOVERNANCE

20. The evaluation of the IJB's control environment is informed by a number of sources, primarily the work carried out by the internal audit services of the Council and the NHSGGC.

21. As such, any significant governance issues reported in either the Council's or NHS Greater Glasgow and Clyde's 2023/24 Annual Governance Statements are considered for relevance to the East Renfrewshire IJB. No significant relevant issues were noted within the NHS statement or the Councils Annual Governance Statement.

22. The internal auditors for NHSGGC have presented their annual report and assurance statement for 2023/24 to the NHS Audit and risk committee. They concluded that NHSGGC has a framework of governance and internal control that provides reasonable assurance regarding the effective and efficient achievement of objectives.

OPINION

23. It is my opinion based on the information available and assurances provided, that reasonable assurance can be placed on the framework of governance, risk management and internal controls which operated in the East Renfrewshire Integration Joint Board in the year to 31 March 2024. The IJB has produced a Governance Statement which concurs with this conclusion.



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	25 September 2024
Agenda Item	8
Title	Audited Annual Report and Accounts 2023/24
<p>Summary</p> <p>This report provides an overview of the audited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2023 to 31 March 2024.</p> <p>The Chair of Performance and Audit Committee will advise the Integration Joint Board of:-</p> <ul style="list-style-type: none"> • any matters arising from the Performance and Audit Committee in relation to the unaudited annual report and accounts, • the Performance and Audit Committee's decision taken 25 September 2024 on the remittance of the unaudited Annual Report and Accounts to the Integration Joint Board. 	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Performance and Audit Committee is requested to:</p> <ol style="list-style-type: none"> a) agree the audited annual report and accounts and remit to the Integration Joint Board for approval, b) note and comment on the summary overview of financial performance document for 2023/24 prior to publication on the IJB website. 	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

25 SEPTEMBER 2024

Report by Chief Financial Officer

AUDITED ANNUAL ACCOUNTS 2023/24

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the audited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2023 to 31 March 2024 and outline the legislative requirements and key stages.
2. The Chair of the Performance and Audit Committee will advise the IJB of any matters arising from this committee.

RECOMMENDATION

3. The Performance and Audit Committee is requested to:
 - a) agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval,
 - b) note and comment on the summary overview of financial performance document for 2023/24 prior to publication on the IJB website.

BACKGROUND

4. The Public Bodies (Joint Working)(Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of Health and Social Care in Scotland.
5. The IJB is a legal entity in its own right, created by Parliamentary Order following Ministerial approval of the Integration Scheme. NHS Greater Glasgow and Clyde (NHSGGC) and East Renfrewshire Council (ERC) have delegated functions to the IJB which has the responsibility for strategic planning, resourcing and ensuring delivery of all integrated services.
6. The IJB is specified in legislation as a 'section 106' body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

REPORT

7. The audited annual report and accounts for the IJB has been prepared in accordance with appropriate legislation and guidance.
8. The annual report and accounts of the IJB is included at Appendix 1 and, subject to Performance and Audit Committee and Integration Joint Board approval, will be signed via the Ernst & Young agreed electronic process. The signing requirements are:

Management Commentary	Chair of the IJB, Chief Officer, Chief Financial Officer
Statement of Responsibilities	Chair of the IJB, Chief Financial Officer
Annual Governance Statement	Chair of the IJB, Chief Officer
Remuneration Report	Chair of the IJB, Chief Officer
Balance Sheet	Chief Financial Officer
Acknowledgements	Chair of the IJB, Chief Officer, Chief Financial Officer

9. It is a statutory requirement that the Chief Financial Officer (being the proper officer) provide Ernst & Young with a letter of representation (ISA580) along with the annual report and accounts. This is included at Appendix 2.
10. The Chief Internal Auditor's Annual Report and the Draft Ernst & Young Annual Report confirm the Annual Report and Accounts for 2023/24 are unqualified, unmodified, meet legislative requirements, address best value and appropriate governance is in place.
11. The Chair of the Performance and Audit Committee will advise the IJB on the key points from this committee and associated presentation of audit findings.
12. The key messages from Ernst & Young are rated as Red, Amber or Green and are summarised:

Key Messages		RAG
Financial Statements	The draft financial statements and supporting working papers were of a good quality. During the course of the audit, we identified no audit differences. Minor presentational amendments were made to the financial statements during the course of the audit. Overall, we were satisfied that the Annual Governance Statement, reflects the requirements of CIPFA's updated Delivering Good Governance Framework.	Green
Going Concern	In accordance with the CIPFA Code of Practice on Local Government Accounting, the IJB prepares its financial statements on a going concern basis unless informed by the Scottish Government of the intention for dissolution without transfer of services or function to another entity. Under auditing standard ISA 570, we are required to undertake greater challenge of management's assessment of going concern, including testing of	Green

	<p>the adequacy of the supporting evidence we obtained. The IJB has concluded that there are no material uncertainties around its going concern status, however it has disclosed the nature of significant financial risks within the going concern period. The Integration Scheme sets out the responsibilities of the IJB's partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde, in the event that the IJB has insufficient general reserves to respond to additional financial pressures. During 2023/24 both provided additional resources to the IJB to respond to financial recovery measures. [We have no matters to report in respect of our work around going concern or the conclusions reached by the Board.]</p>	
Financial Management	<p>The IJB recognised that the 2023/24 budget presented its most significant challenge to date. As a result of significant cost pressures, the IJB was required to identify savings of over £7 million to set a balanced budget in March 2023 and planned to use £1.9 million of reserve balances.</p> <p>The IJB delivered £2.7 million (39%) of the targeted savings and as a result entered financial recovery planning during the year. Additional contributions were received from both of the IJBs partners. Management and members of the IJB recognise that it underestimated the impact and timeframe of the changes required to implement the Supporting People Framework.</p>	Amber
Financial Sustainability	<p>In line with the IJB's financial planning expectations, the Board's reserve balances continued to fall significantly in 2023/24 to an unsustainable level. The IJB's General Reserve at 31 March 2024 has now been depleted in full.</p> <p>The IJB estimates that the cumulative budget pressure in the period 2025/26 to 2028/29 may in the range £16.5 -£29.2 million. A savings requirement of £11.9 million has been set in the 2024/25 budget but delivery is currently off target, which would result in an additional recurring pressure in future years</p>	Red
Vision, Leadership and Governance	<p>Governance arrangements are established and worked well throughout 2023/24. The Annual Governance Statement was consistent with both the governance framework, key findings from relevant audit activity and management's assessment of its own compliance with the CIPFA Good Governance framework. The IJB's partners made progress to update the Integration Scheme, including a consultation with key stakeholders. The Integration Scheme is expected to be approved by Scottish Ministers later in 2024.</p>	Green

Use of Resources	The IJB has a well-developed approach in place to monitor and report on key areas of performance and was able to demonstrate key areas of improvement in 2023/24. Overall performance remains mixed, and the IJB continues to highlight significant and ongoing financial risks within its risk registers that may undermine the delivery of the Strategic Plan.	Green
Best Value	<p>The IJB's performance management and financial reporting arrangements allow the Board to demonstrate the delivery of Best Value. The Annual Performance Report describes the key achievements and areas for improvement against the priorities within the Strategic Plan 2022-25.</p> <p>The financial outlook for the IJB has continued to weaken. General reserves have been exhausted and remaining earmarked reserves have fallen to unsustainable levels. As a result of being unable to deliver planned savings in year, the IJB commenced a financial recovery exercise to bridge in-year budget gaps with its partners.</p> <p>In our view, the IJB's performance management and financial reporting arrangements allow the Board to demonstrate the achievement of Best Value. There is, however, an imminent risk that the savings required in 2025/26 will not be delivered, placing additional pressure on partners for financial support.</p>	N/A

13. Within the Financial Statements there are no changes or adjustments. Ernst & Young identified one presentational change that has been made within the remuneration report, following technical audit advice; this is classed as a presentational change.
14. The red RAG status of Financial Sustainability is no surprise and mirrors our own Strategic Risk Register. This was also red in the previous financial year, recognising the ongoing financial challenge to the IJB. The national report on IJBs finance and performance taken to the IJB in August reflects our local position is in line with the rest of the country.
15. The amber RAG status for Financial Management is new to 2023/24 (previously green) and is a result of the non-delivery of our Supporting People Framework savings during 2023/24 and subsequent move to financial recovery.
16. The wording of the going concern note under accounting policy 1.3 has been expanded to reflect the extent of our current challenges.

17. The action plan included at Appendix E of the Ernst & Young Annual report (extract below) details the one recommendation resulting from the audit along with our response.

No.	Findings and / or risk	Recommendation / grading	Management response / Implementation timeframe
1.	<p>Financially sustainable planning</p> <p>The IJB’s General Reserves were exhausted during 2023/24 and earmarked reserves have fallen to an unsustainable position. The scale of the financial volatility facing the IJB, including, prescribing and pay inflation, and the difficulty of delivering savings due to the complexity of service user requirements mean that adequate general reserves are essential to manage the level of risk.</p> <p>There is a risk that financial recovery measures will be necessary in 2024/25 to deliver financial balance.</p>	<p>The IJB must develop a realistic and sustainable financial plan that balances the risk associated with savings and supports the rebuilding of reserves in the medium term.</p> <p style="text-align: right;"><i>Grade 1</i></p>	<p>Response: The budget agreed for 2024/25 included an over-recovery target for savings to allow for forward planning including rebuilding of reserves. The tension between delivering savings and building reserves, particularly in the current climate is recognised.</p> <p>Responsible officer: Chief Financial Officer</p> <p>Implementation date: 31 March 2025</p>

18. As with usual custom and practice there have been some minor wording changes within the report to enhance clarity and / or ease of reading, none of which are significant.
19. The main messages from the annual report and accounts remain:
20. This was a very challenging year for the HSCP as we worked to balance meeting the demand for services within the allocated budget. We needed to deliver just over £7 million of savings as part of our plans to balance our budget and we were not able to do this. We used £1.9 million reserves as planned to support us to redesign how we deliver services and we achieved £2.7 million of savings during the year. This meant we had a £2.5 million shortfall against planned savings and when this shortfall is combined with the additional cost pressures from delivering services we ended the year with a deficit of £4.7 million.
21. This meant during the financial year 2023/24 we moved to a financial recovery position and had a number of discussions with both of our partners; East Renfrewshire Council and NHS Greater Glasgow and Clyde. Both partners have provided additional funding, on a non-recurring basis, for 2023/24 to eliminate this deficit:
- East Renfrewshire Council provided an additional £2.6 million
 - NHS Greater Glasgow and Clyde provided an additional £2.1 million

22. The main operational challenges that led to the increased cost pressures were meeting demand for Care at Home, the cost of special observations within the Learning Disabilities In-Patients service which we host on behalf of all six HSCPs within Greater Glasgow and Clyde and the costs of prescribing through our GP practices.
23. The main area we fell short on delivering planned savings was from our Supporting People Framework. This framework is based on eligibility criteria and was put in place early in the financial year to support reviews of the level of care we provide as we knew we would have to stop providing lower levels of need. We underestimated the impact and timeframe for the culture and practice changes required to implement such significant change alongside managing the expectations of the individuals and families we support.
24. The operational overspend, before the additional funding from both partners is applied, is £4.752 million (2.99% of budget) and is marginally better than the last reported position taken to the IJB which showed £5.361 million of an overspend. The main variances to the budget were:
- £2.499 million overspend within Intensive Services from Care at Home cost pressures combined with unachieved savings
 - £2.462 million overspend in prescribing resulting from both increased volume and costs
 - £1.371 million overspend in the Learning Disability In-Patients service resulted from the level of additional staffing for special observations and managing the patient dynamics
 - £0.788 million underspend in Children and Families was mainly from vacancy management and maximising available reserves
 - The remaining overspends were primarily not achieving savings and the underspends were from vacancy management and release of reserves
25. The financial reporting throughout the year provided detailed reporting. The main reasons for the reduction in projected costs of £0.609 million since last reported to the IJB in March were:
- £0.451 million reduced care costs in community learning disability, partly due to provider capacity limitations
 - £0.196 million additional income to support unaccompanied asylum seekers
 - £0.324 million increase in prescribing costs, partly as costs had been omitted from the national system so £0.254 million “new costs” at month 12
26. Our reserves decreased significantly during the year, in line with reporting and the use of all available reserves to mitigate costs as part of the financial recovery process.

	£ Million	£ Million
Reserves at 31 March 2023		6.046
Planned use of existing reserves during the year	(4.526)	
Funds added to reserves during the year	0.344	
Net decrease in reserves during the year		(4.182)
Reserves at 31 March 2024		1.864

27. Within ring-fenced reserves we used £1.113 million per the Scottish Government funding mechanisms for PCIP, Mental Health Acton 15 and Alcohol and Drugs where we needed to use our uncommitted balance prior to drawing any in year funding. We also added £0.100 million received for Distress Intervention Seed funding.
28. Our Alcohol and Drugs Partnership reserve balance reflects the finding agreed with the Scottish Government to support the development of a Recovery Hub. Our earmarked reserves are put in place to support specific activity such as; phase in of savings, support projects, provide transitional or bridging funding for service redesign etc. and to smooth impact of demand and timing of spend across multiple years. As part of the financial recovery process we released and used available funds to support cost pressures. We used £3.141 million in total, the vast majority of which was on a planned basis.
29. We also used the £0.272 million general reserve as part of cost mitigation during 2023/24. The IJB recognises that this means it is not compliant with its Reserves Policy which advocates a 2% of budget should be the level of reserves held. There is a tension between making additional savings to start to build reserves whilst maintaining service delivery. The IJB recognises the need to start to build reserves in the medium to longer-term as part of building back from financial recovery.
30. The full detail of our reserves is included in Note 8 of the unaudited annual report and accounts.

CONCLUSIONS

31. The preparation of the unaudited annual report and accounts for the IJB meets all legislative requirements. There has been no material movement to the projected outturn last reported to the IJB. There are no significant governance issues.
32. Following the audit of the annual report and accounts, the summary overview is now included at Appendix 3.

RECOMMENDATIONS

33. The Performance and Audit Committee is requested to:
 - a) agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval,
 - b) note and comment on the summary overview of financial performance document for 2023/24 prior to publication on the IJB website.

REPORT AUTHOR AND PERSON TO CONTACT

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12 September 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC 26.06.2024 - Unaudited Annual Report and Accounts 2023/24

https://www.eastrenfrewshire.gov.uk/media/10453/PAC-Item-07-26-June-2024/pdf/PAC_Item_07_-_26_June_2024.pdf?m=1718814923077

Annual Report and Accounts 2022/23

https://www.eastrenfrewshire.gov.uk/media/9535/IJB-Item-06-27-September-2023/pdf/IJB_Item_06_-_27_September_2023.pdf?m=1695053243790

PAC Paper: 18.03.2020 - Review of Integration Joint Board Financial Regulations and Reserves Policy

The relevant legislation is The Public Bodies (Joint Working)(Scotland) Act 2014, Local Government Scotland Act 1973



East Renfrewshire Integration Joint Board for the Health and Social Care Partnership

Audited Annual Report And Accounts 2023/24

Covering the period 1st April 2023 to 31st March 2024



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Management Commentary

Introduction

East Renfrewshire Integration Joint Board (IJB), was legally established on 27th June 2015 and has the strategic responsibility for planning and delivery of health and social care services for the residents of East Renfrewshire. The vision, values, priorities and outcomes we aim to achieve through working together with the people of East Renfrewshire to improve lives are set out in our HSCP 3 Year Strategic Plan for 2022/25. Our strategic vision is:



The IJB is responsible for planning, commissioning and delivery of services for children and adults from both of our partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde, and also have the planning responsibility for our population's use of large hospital based services along with housing aids and adaptations. The [Integration Scheme](#) provides a detailed breakdown of all the services the IJB is responsible for. The delivery of services is through the Health and Social Care Partnership (HSCP).

This annual report gives the key messages for the IJB for the financial year ended 31st March 2024 and includes performance highlights and challenges along with the financial statements for 2023/24. The report also looks forward at the challenges the IJB is facing for 2024/25 and beyond as we endeavour to meet the needs and demands of our population.

The management commentary in this report discusses our;

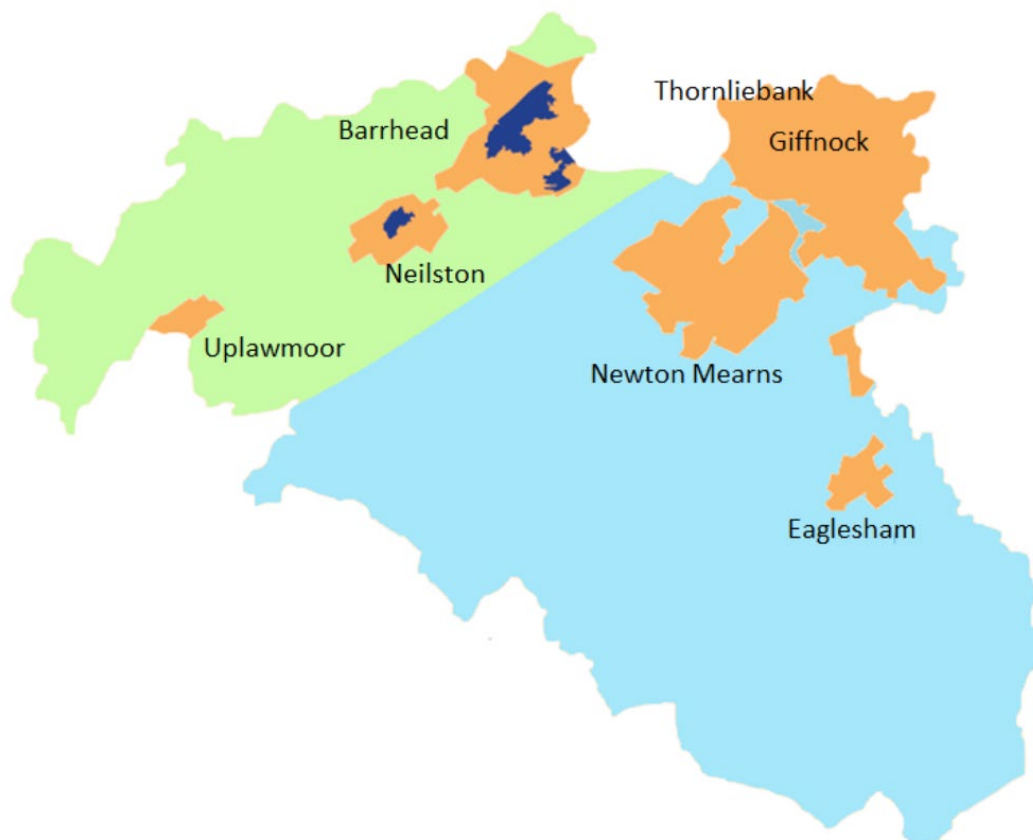
- Strategic Planning
- Key Messages and Operational Highlights and Challenges
- Performance Achievement and Challenges
- Financial Performance
- Future Challenges
- Conclusion

Strategic Planning

The East Renfrewshire HSCP Strategic Planning Group (SPG) has responsibility for the development of our Strategic Plan and supports ongoing review of the plan and provides oversight of the delivery of our strategic priorities. The SPG is a local forum for discussion on emerging themes and key initiatives in health and social care. The SPG is a multi-agency group made up of HSCP officers, IJB voting members, statutory stakeholders (e.g. housing colleagues), third and independent sector representatives, GPs, people who use our services and unpaid carers.

East Renfrewshire covers an area of 174 square kilometres and borders the City of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

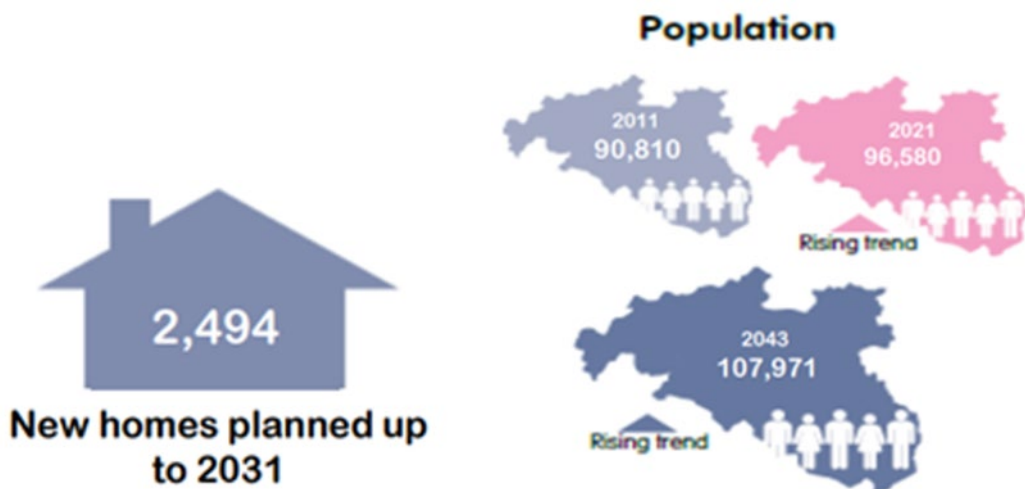
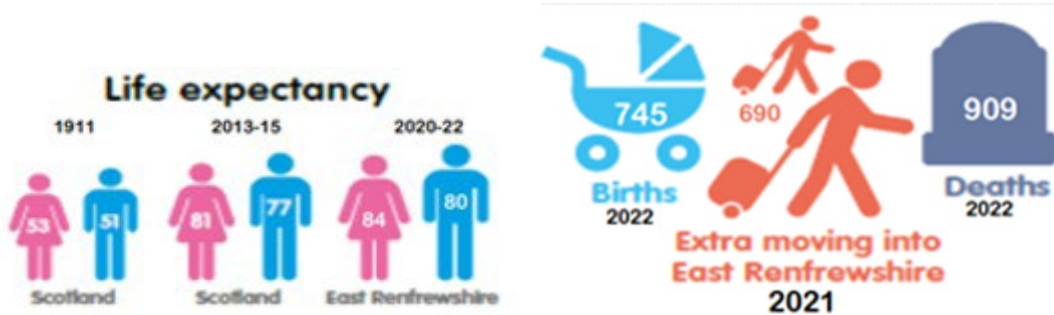
We have two localities; Eastwood and Barrhead. This best reflects hospital flows with the Eastwood Locality linking to the South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. Our management and service structure is designed around our localities and we continue to develop planning and reporting at a locality level.



Our population continues to grow and reached 97,160 in 2022¹. Geographically 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

¹ *Source 2022 Mid-Year Estimates, National Records of Scotland

East Renfrewshire has an ageing population and by 2043 almost one quarter will be aged 65 or over. In the last decade we have seen a 26% increase in the number of residents aged 85 years and over.



All of these changes will add pressures to the services that we provide.

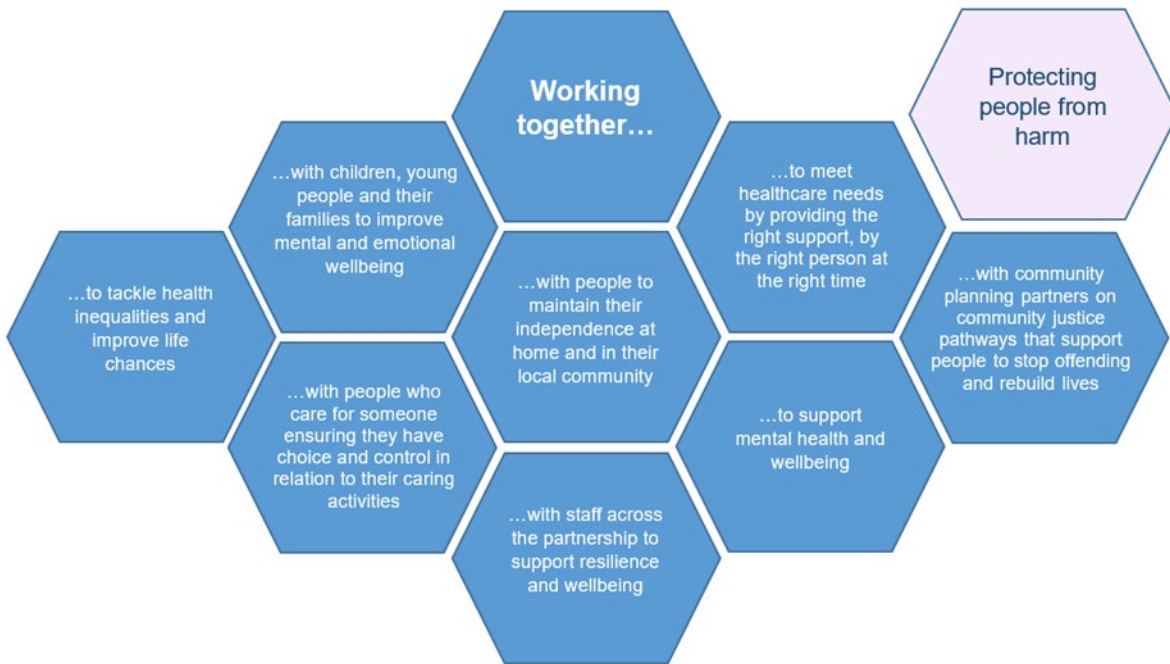
Strategic Plan 2022/25

Our current Strategic Plan covers the 3 year period 2022-2025 and sets out the shared ambitions and strategic priorities of our partnership; and how we will focus our activity to deliver high quality health and social care to the people of East Renfrewshire. This document and our Annual Performance Report demonstrate how we have supported delivery of our strategic priorities.

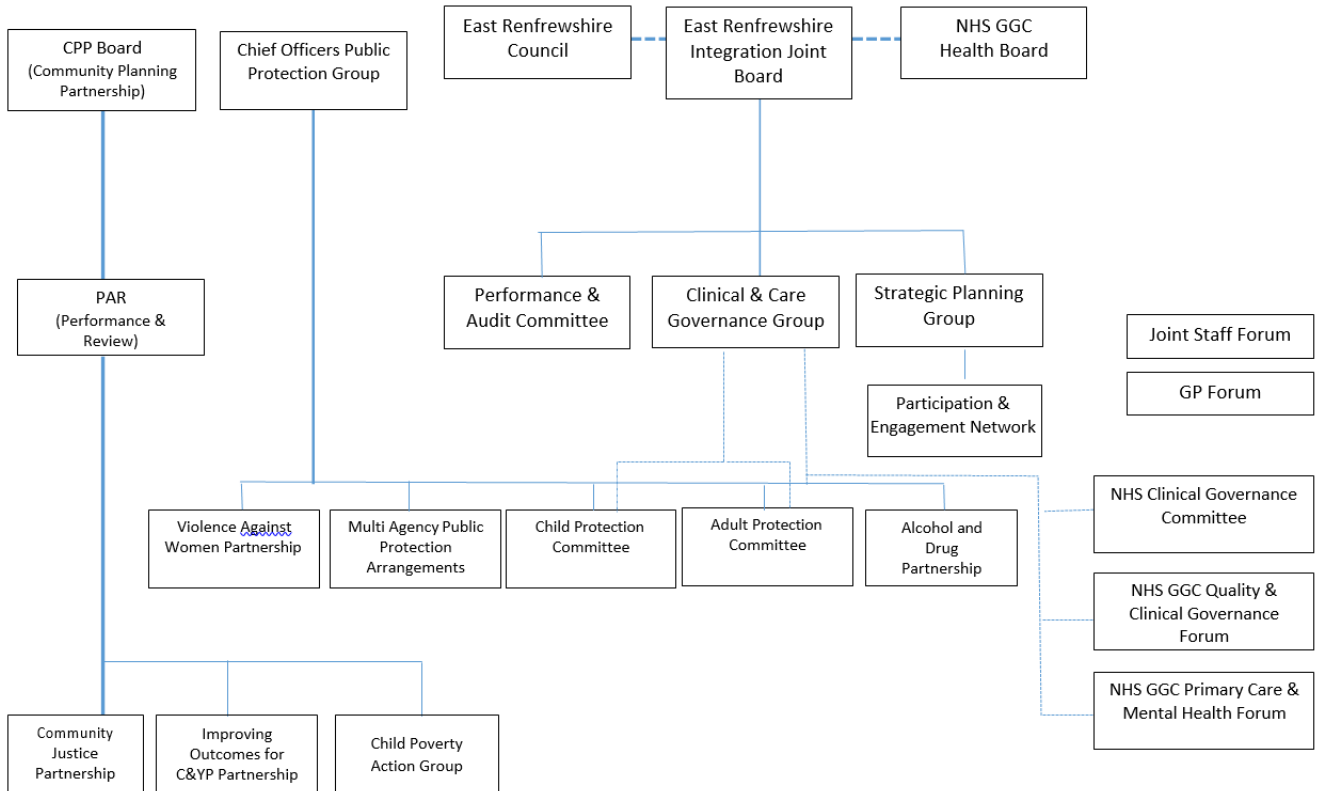
Our Strategic Plan “on a page”:

<i>The context for our Strategic Plan includes...</i>								
East Renfrewshire's population, demographics and patterns of needs	Our recovery from the Covid-19 pandemic	The Independent Review of Adult Social Care and National Care Service	National Health and Wellbeing Outcomes					
			National legislation, policies and strategies					
			Local plans, strategies and improvement/change programmes					
<i>Our vision is...</i>				<i>Our touchstones are...</i>				
Working together with the people of East Renfrewshire to improve lives				<ul style="list-style-type: none"> Valuing what matters to people Building capacity with individuals and communities Focusing on outcomes, not services 				
<i>Our strategic priorities are... Working together...</i>								
...with children, young people and their families to improve mental and emotional wellbeing	...with people to maintain their independence at home and in their local community	...to support mental health and wellbeing	...to meet people's healthcare needs by providing support in the right way, by the right person at the right time	...with people who care for someone ensuring they are able to exercise choice and control	...on effective community justice pathways that support people to stop offending and rebuild lives	...with individuals and communities to tackle health inequalities and improve life chances	...with staff across the partnership to support resilience and wellbeing	
<i>and... Protecting people from harm</i>								
<i>Our strategic enablers are...</i>								
Workforce and organisational development	Medium-term Financial and Strategic Planning	Collaborative, ethical commissioning	Communication and Engagement			Data and intelligence	Digital technology and Infrastructure	
<i>We will deliver this strategy through supporting plans and programmes, including...</i>								
HSCP Delivery and Improvement Plans	Commissioning and Market-shaping Plan	Medium-term Financial Plan	ER HSCP Workforce Plan	NHS Greater Glasgow and Clyde and ERC Improvement Plans	East Renfrewshire Children and Young People's Services Plan	East Renfrewshire Carers Strategy	Public Protection Improvement Plans	ER HSCP Participation & Engagement Strategy

We continue to strengthen our supportive relationships with independent and third sector partners, recognising the increased levels of participation in our communities and informal support within our localities. In our Commissioning Strategy, revised during the year, we also recognise that we need to extend beyond traditional health and social care services to a long term wider partnership with our local people, carers, volunteers, community organisations, providers and community planners. Our collaborative commissioning model supports how we will work.



The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership (HSCP). The chart below shows the governance, relationships and links with partners which form the IJB business environment.



Key Messages, Operational Highlights and Challenges

This was a very challenging year for the HSCP as we worked to balance meeting the demand for services within the allocated budget. We needed to deliver £7.1 million savings as part of our plans to balance our budget and we were not able to do this and ended the year with a shortfall of £2.5 million against this target.

We used £1.9 million reserves on a planned basis to support us to redesign how we deliver services and achieved £2.7 million of savings during the year.

In addition to this savings shortfall we also had cost pressures from delivering services of £2.2 million. This was after all actions were taken to reduce costs and all available reserve funding applied.

This meant we ended the year with an operational deficit of £4.7 million.

This meant during the financial year 2023/24 we moved to a financial recovery position and had a number of discussions with both of our partners; East Renfrewshire Council and NHS Greater Glasgow and Clyde. Both partners have provided additional funding, on a non-recurring basis, for 2023/24 to eliminate this deficit:

- East Renfrewshire Council provided an additional £2.6 million
- NHS Greater Glasgow and Clyde provided an additional £2.1 million

The main operational challenges that led to the increased cost pressures were meeting demand for Care at Home, the cost of special observations within the Learning Disabilities In-Patients service which we host on behalf of all six HSCPs within Greater Glasgow and Clyde and the costs of prescribing through our GP practices.

The main area we fell short on delivering planned savings was from our Supporting People Framework. This framework is based on eligibility criteria and was put in place early in the financial year to support reviews of the level of care we provide; we knew we would have to stop providing lower levels of need. We underestimated the impact and timeframe for the culture and practice changes required to implement such significant change alongside managing the expectations of the individuals and families we support.

Critical Risk
<ul style="list-style-type: none"> • Indicates that there are <u>significant</u> risks to an individual's independent living or health and wellbeing likely to call for the <i>immediate</i> or <i>imminent</i> provision of social care services (high priority).
Substantial Risk
<ul style="list-style-type: none"> • Indicates that there are <u>major</u> risks to an individual's independent living or health and well-being likely to call for the <i>immediate</i> or <i>imminent</i> provision of social care services (high priority).
Moderate Risk
<ul style="list-style-type: none"> • Indicates that there are <u>some</u> risks to an individual's independent living or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an ongoing basis or they may simply be manageable over the <i>foreseeable future</i> without service provision, with appropriate arrangements for review.
Low Risk
<ul style="list-style-type: none"> • Indicates that there may be some quality-of-life issues, but low risks to an individual's independent living or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the <i>foreseeable future</i> or <i>longer term</i>.

As the year progressed it became clear that our approach was not delivering the level of cost reductions and savings needed and a formal financial recovery process was invoked at the November 2023 meeting of the Integration Joint Board.

Part of this process was to ensure that all possible earmarked and general reserves were released towards reducing the deficit, however this alone was insufficient and the difficult decision was taken by the IJB to move to delivering only substantial and critical levels of care. This means the IJB is in breach of its reserves policy, however the actions to mitigate cost pressures and the savings shortfall outweigh this, in the short-term.

Detailed discussions took place with both partners and culminated in additional funding, on a one-off basis, for 2023/24 to fund the deficit of £4.7 million. The IJB received an additional £2.1m from NHS Greater Glasgow and Clyde and £2.6 million from East Renfrewshire Council.

The savings shortfall and service pressure have been addressed by the IJB in the budget set for 2024/25, with more detail in the Future Challenges section of this report. Whilst our financial challenges have been at the forefront for the majority of the year it is important to recognise the invaluable work that continues across the HSCP to ensure we continue to support the people of East Renfrewshire.

Our Annual Performance Report for 2023/24 provides a detailed overview and demonstrates how the HSCP delivered our key priorities during the year. The commentary included in this

report provides an overview of some of the highlights and challenges we faced across the range of services we provide. All of our services support delivery of one or more of our strategic priorities.

Children and Families

Our children's services have continued to see increasing demand and increasing levels of complexity including children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis. Despite an increase in the number of child protection referrals we continue to ensure the multi-agency safeguarding process and plans are in place.

Our Healthier Minds team saw 385 children and young people referred, with 21% diagnosed with autistic spectrum condition / attention deficit hyperactivity disorder at point of referral. We are seeing an increased level of distress reflected in the main reasons for referral with the top 4 reasons: anxiety/stress, suicidal ideation, emotional regulation & trauma. 97% of the children and young people supported report improved mental and emotional wellbeing, up from 93% in the previous year.

The number of unaccompanied asylum seeking children continues to rise and make up almost a fifth of our looked after population. This rise is also being mirrored in our aftercare population too. The majority of young people have yet to have their asylum claim resolved so the statutory duties remain with the local authority.

We continue to support young people with complex needs as they transition from one life stage to another. We have seen an increase in the numbers of young people being referred for transitions assessment, planning and support, with numbers forecast to continue increasing in future years. A new HSCP Transitions Team has been created to support improvement in this activity. This team works between ERC Education, HSCP Children and Families Services, and HSCP Adult Services. The focus is to provide an improved transition from children's services to adult services for young people with very complex needs.

During 2023/24, East Renfrewshire Women's Aid service reported significant change and improvement in safety and wellbeing outcomes for women who have experienced domestic abuse, 100 reviews were completed with 93% of women assessed reporting overall improvement in their outcomes (up from 90% in 2022/23, and above our target of 85%) indicating the positive impact of support. Women's Aid continue to provide emotional and practical support to women, children and young people with 1,059 women and children supported across the three core services. This compared to 1,086 during the same period last year, so a 2.5% reduction.

Supporting People at Home

We continued to support people to live independently and well at home, despite additional demand pressures due to more people seeking support at home. We are also seeing increased levels of frailty and complexity; 80.4% of adults supported at home agreed that they are supported to live as independently as possible with 89% reporting 'living where you/as you want to live'. 91% of adults supported at home reported that their 'living where

you/as you want to live' needs were being met (up from 89% in 2022/23, and ahead of our 90% target). In East Renfrewshire, 96.8% of local people aged 65+ live in housing rather than a care home or hospital – meeting our target and better than the Scottish average. The demand for supporting people at home is a significant factor in the financial challenges faced by the HSCP.

During the year our Initial Contact Team supported 86% of people with advice, resources, signposting and / or referral to our third sector and community groups. This meant that only 14% of people joined the waiting list for assessment. This is an improvement from 16% for the same period in 2022/23.

The Talking Points partnership continues to provide an excellent resource sharing referrals across the East Renfrewshire. There were 552 contacts throughout 2023/24, with the main areas of support including befriending, isolation and loneliness, carer support and requests for local groups and activities.

To further strengthen the development of the model, additional funding was received from East Renfrewshire Council to employ a post for a fixed time period; this will help to build resilience within this service model and respond to the changing needs associated with the Supporting People Framework.

In partnership with Voluntary Action East Ren (VAER) the HSCP has supported the delivery of the Home Safely project which links with the HSCP Home from Hospital and Intermediate Care Teams. Home Safely provides short term support (6-8 weeks) for isolated residents to re-connect with their communities after a stay in hospital. This project aims to support vulnerable residents to feel more supported and to settle home following discharge from a hospital or care setting. The intention is that residents are more connected to social activities. It is also an intention that support services, with HSCP staff are more connected to community activities. During 2023/24 we saw:

- 37 Referrals
- 22 Residents matched with volunteers. Participants now attending activities within their local area

Supporting People with Learning Disabilities

During 2023/24 our Learning Disability Team underwent an unannounced inspection by the Care Inspectorate. The Inspection recognised the service as being 'Very Good' for both Leadership and Health and Wellbeing indicators.

During the year we also saw the transformation of the former Learning Disability Day Services buildings into Community Hubs in partnership with VAER. This approach supports developing resources and activities available to all. In order to enable a shift from Day Services to Day Opportunities to provide person-centred and outcome-focussed support in a variety of forms, the service was successfully registered as a dispersed service, a sub-category of Care at Home.

Specialist Learning Disability Services

The service hosts three in-patient wards on behalf of all 6 HSCPs within Greater Glasgow and Clyde. This was a particularly challenging year managing an unplanned decant from one ward for a short period due to repairs, combined with a very high level of staffing across all three wards required given the particular patient mix and dynamics throughout the year.

The pilot year for health checks for people with a Learning Disability (a Scottish Government policy) was successfully completed with 76% of referrals coming via GPs. Of the 262 people referred 212 took up the offer of a health check and 81% resulted in onward referrals for a range of conditions and treatment.

The Community Living Change Fund continues and is aligned to NHSGGC ambitions to redesign services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. East Renfrewshire continues to lead and support fellow HSCPs with the priorities aligned to this fund. Whilst this non-recurring funding is time limited our local programme of work to redesign both inpatient and community services will continue.

Protecting and Supporting Adults at Risk of Harm

Adult Support and Protection activity has continued to rise with a 10% increase in inquiries from the previous year and the associated number of investigations increased by 25% (having increased by 33% in the previous year). During the year a Large Scale Investigation (LSI) was conducted in relation to a privately operated care home.

Whilst this was challenging on many fronts the overall feedback was that the HSCP process was supportive and promoted collaborative working. This helped to ensure all recommendations made were fully completed. The Care Home Management team advised that they found the LSI to be a very beneficial and supportive process. They said that they had never experienced this from any other authority, and felt previous experiences of LSI were punitive rather than supportive.

Care at Home

We have continued to experience demand pressure on our Care at Home service with increased referrals and demand outstripping supply at points during the year. This has meant that we had to buy services at a higher rate than that we would normally pay adding to our cost pressures. There was an unannounced inspection by the Care Inspectorate in January 2024, where the service was evaluated as adequate.

Performance for our reablement service improved in 2023/24 with 64% of people having their care need reduced following a period of reablement (up from 48% in 2022/23). However, although performance has improved, service user numbers reduced during the period due to staff absence in the service and also greater complexity of people being referred.

We continue to work to maintain a positive balance of care. We have managed to support 63% of people aged 65+ with intensive care needs (> 10 hours) to receive care at home, this is down slightly from 64% in 2022/23 but remains ahead of target.

We are not seeing a reduction in the complexity of people being supported, leading to an increase in the number of people requiring 2 to 1 levels of support, against a backdrop of recruitment challenges, both within the HSCP and by our partners. We continue to work hard to get people out of hospital as soon as possible, without delay.

Reducing Unplanned Hospital Care

During the year we have continued to implement, review and further develop the unscheduled care pathways aligned to the NHS Greater Glasgow and Clyde Falls and Frailty Programme.

This work focusses on identification, assessment and management of frailty in the community, and facilitation of early discharge from hospital, and is supported by the Home First Response Frailty service alongside the Community Rehabilitation Team. The Integrated Community Falls pathway in partnership with Scottish Ambulance Service (SAS) has seen steady monthly referral numbers for individuals who have fallen at home, but following assessment do not need to be taken, by the Scottish Ambulance Service to hospital.

There have been excellent patient outcomes for those reviewed by HSCP and supported in their home environment. Additional pathways for all care homes within the HSCP have been implemented through the Care Homes Falls pathway and Call Before You Convey model, increasing care home access to advanced clinical decision making and minimising conveyance to hospital where appropriate. Future care planning through the extension of anticipatory care plans both for individuals in their own homes and in care homes has been an ongoing focus for the partnership to ensure individuals and their carers have recorded and shared what matters most if there are changes in their life, health or care.

The partnership has continued to perform well, both within the health board area and in comparison across Scotland, in supporting people fit for discharge from hospital to return home or to a homely setting without delay.

Discharges with delay averaged seven delays for 2023/24, down from eight for 2022/23 but this is still high for East Renfrewshire as historically this averaged three or four before the pandemic. Adult bed days lost to delayed discharge increased slightly to 4,821, up slightly from 4,652 for 2022/23.

This is being driven in part by some people staying in hospital longer than they may need to because of complex needs where it may take time to source the right level of community based care and accommodation and sometimes by the legislative timescales required for adults with incapacity. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. Our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be put in place straight away.

Unplanned hospital attendances and admissions are stable (having increased slightly and remaining within target) and have not returned to pre-pandemic levels. We continue to perform ahead of target for the rate of emergency readmissions.

Supporting People Experiencing Mental Ill-Health and Supporting Recovery from Addiction

We continue to experience a high level of demand within our recovery services (Alcohol and Drug Recovery Service (ADRS), Adult Mental Health Team, Primary Care Mental Health Team, and Older Adult Team).

Within Psychological Therapies we are still seeing high referral rates, with 78.3% of people seen within the 18 week target, so short by 12%. This service has had very significant recruitment challenges. Our Primary Care Mental Health Team are seeing all people starting any required treatment within the 18 week target time. Despite the demand and capacity challenges we saw that our rate of hospital admissions for mental health remained low at 1.2 admissions per 1,000 population.

For those accessing recovery-focused alcohol and drug treatment, 93% of people started treatment within 3 weeks of their referral date during 2023/24. We have seen a 122% increase in blood borne virus testing in patients who are receiving Medication Assisted Treatment and 99% of whom have now been tested, with the other 1% declining to participate. Specific training has been provided to both health and social work staff on how to reduce transmission through safer practices and provide support.

We take a holistic approach to promoting mental health and wellbeing including promoting physical activity linked to mental wellbeing and work in partnership with Voluntary Action East Ren, funded by Paths 4 All and NHSGGC. This includes community health walks, strength and balance classes, healthier minds sessions and alcohol brief interventions and counselling sessions.

Through our Alcohol and Drugs Partnership (ADP) we continue to deliver the priorities in the East Renfrewshire Alcohol and Drugs Strategy. During 2023/24, significant progress was made in a range of areas including:

- Developing a business case for investing ADP reserves in the design and implementation of a Community Recovery Hub
- Work is now progressing on the recovery hub initiative. Draft building plans developed and discussed with members of the recovery community and local partners
- Community steering group in the process of being established, with three engagement meetings held and a site visit to the potential hub premises
- A range of activities to ensure that service user experiences shape services including interviews and focus groups to gather feedback on implementation of the Medication Assisted Treatment Standards conversation cafes to inform the development of occupational therapy within the Alcohol and Drug Recovery Service (ADRS)
- ADRS and children and families social work collaborated on a whole family support programme for family members of all ages affected by alcohol/drug harms. Aspects of the programme include group work with young people, family inclusive events,

development of a play therapy programme and an outdoor learning programme for children and young people

- 22 staff from across the alcohol and drugs partnership participated in Community Reinforcement and Family Training (CRAFT) which will build capacity and enhance professional practice in supporting families affected by alcohol and drugs

Glasgow Council on Alcohol (GCA) have been commissioned to deliver Alcohol Brief Interventions (ABIs), alcohol counselling sessions and training on the delivery of ABIs to staff across the HSCP and partners. 568 ABIs have been delivered to date (target 419) along with 379 alcohol counselling sessions. These interventions have taken place in leisure centres, libraries, Voluntary Action market places, community centres and food banks. Staff training on ABIs was delivered during the year.

Unpaid Carers

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. We refreshed our Carers Strategy for the period 2024 to 2026 and will continue to work with our Carers Collective to progress and monitor progress of the key activities that will deliver positive outcomes for carers.

We know that carers have been adversely impacted by cost of living challenges and the partnership between the Centre and East Renfrewshire Citizens Advice Bureau ensured that carers were supported with grant funding as well as wider support covering practical and emotional needs.

Community Justice

The provision of Community Payback Orders (CPOs) was significantly impacted by the pandemic. However, the proportion of CPOs completed within court timescales has continued to improve steadily and was 89% for 2023/24, up from 83% in 2022/23 and ahead of target (80%).

We continue to support people with convictions into employment and volunteering. A new justice employability programme, Moving Forward 2 Change (MF2C), began in June 2023, resulting in a 181% increase in participants. 57% of participants achieved positive employability and volunteering outcomes, down from 64% in 2022/23. Although missing our target of 60% all other participants on the programme demonstrated a positive training or educational outcome.

The HSCP delivers accredited programmes aimed at reducing reoffending. The criminal justice service uses appropriate risk assessment tools to identify need and reduce the risk of further offending and all staff access accredited risk assessment tool training. Justice Social Workers have undertaken training in the Throughcare Assessment Release Licence (TARL) process which will strengthen collaborative risk assessments between community-based and prison-based Social Work. All Justice staff are now trained in this approach.

New staff have accessed Trauma Informed Practice training as it has become available. All Justice Social Work Staff have now completed their Level 3 Trauma training. This has been

complemented by all staff undertaking a range of training including cognitive behavioural therapy work.

The HSCP works to deliver a whole systems approach to diverting both young people and women from custody. The Justice Social Work Service continue to provide assessments and interventions within the Diversion from Prosecution scheme. Staff continue to utilise Justice Social Work Reports to explore all available community-based options where appropriate.

Staff Resilience and Wellbeing

Our staff across the HSCP continue to deliver services with incredible resilience, commitment and creativity. This ongoing dedication has allowed us to work through a difficult year including the impact on a reducing workforce as we try to manage our financial pressures.

Covid-19 and Flu Vaccination Programme

The HSCP continued to deliver vaccinations to care home residents and staff, as well as housebound patients within East Renfrewshire as part of the winter and booster vaccination programmes. The HSCP again supported the vaccination clinics run by Greater Glasgow and Clyde with weekend clinics were held at Barrhead and Eastwood Health and Care Centres.

Climate Change

Whilst the IJB completed the required Public Sector Compliance Report with Climate Change Duties 2022, the information was minimal as the IJB itself does not hold assets or directly deliver services. These are delegated to either the health board or the local authority. Therefore the accountability and responsibility for climate change governance and delivery sits with our partner organisations, with the HSCP supporting such delivery.

Other Support and Service Impacts

Our nationally hosted service, the Scottish Centre of Technology for the Communication Impaired (STCTI) has continued to support individuals across 12 health boards in Scotland making full use of remote and virtual communication.

Our hosted Autism service is still seeing very high demand for assessment and diagnosis with a 200% increase since 2020. This has meant significant capacity challenges and as the service was required to focus on diagnosis this diminishes capacity to support people after a diagnosis.




Our partner East Renfrewshire Council provided £0.853 million non-recurring support in 2023/24 for the HSCP to deliver a number of initiatives related to Covid-19 recovery:













- Increasing our Talking points capacity to support the development of more community groups
- Extend the warm spaces and community cafe initiatives in our Health & Care centres
- Additional staffing cover to help meet pressures over the winter months
- Wellbeing and recovery support along with "go bags" to support domestic abuse survivors
- Financial support for foster carers, recognising the cost of living challenges

- Support to extend the staff and our partners wellbeing programme within the HSCP
- Provide additional materials to support community justice work
- Provide additional wellbeing support for vulnerable individuals, particularly those with additional support needs
- Housing and mental health support for our young people
- Funding to work with older children as they transition into adult services
- Support work for young people affected by drugs and alcohol

Key Risks and Uncertainties

The IJB regularly reviews its Strategic Risk Register over the course of each year; there are currently 12 risks rated red, amber or green (RAG) depending on the likelihood and severity of the impact. This is one less risk than in 2022/23 as Failures within an IT System is no longer considered a strategic risk.

The trend shows whether the risk has increased , decreased  or is unchanged , from the previous year. The table below summarises those risks and shows the RAG rating of each after mitigating actions to minimise impact.

Area of Risk	RAG	Trend
Death or significant harm to a vulnerable individual	Amber	
Scottish Child Abuse Inquiry	Amber	
Child, Adult and Multi-Agency Public Protection Arrangements	Green	
Financial Sustainability	Red	
Failure of a provider	Amber	
Access to Primary Care	Amber	
Increase in Older Population	Amber	
Workforce Planning and Change	Amber	
Increase in children & adults with additional support needs	Amber	
In-House Care at Home Service	Amber	
Business Continuity, Covid-19 & Recovery	Amber	
Analogue to Digital Switchover	Amber	

The link to our strategic risk register is included at the end of this document. The full risk register provides details of all the risks above and shows the risk rating pre and post mitigating actions.

The one red risk post mitigating actions is Financial Sustainability. This has been a red risk for a number of years for the HSCP given the pre and post pandemic savings required to deliver a balanced budget, managing demographic and demand pressures, managing the complexity and volatility of prescribing costs, the continued impact of Covid-19 and the ongoing economic factors including cost of living pressures. This culminated in a financial recovery process in 2023/24. The IJB members are fully aware of the challenges and risks we are facing and this is regularly discussed at meetings and seminars.

In addition to our Strategic Risk Register, each service area holds an operational risk register and business continuity plan. In addition to the risks shown above there are also a number of




uncertainties facing the IJB and these are identified in the future challenges section within this report.

2023/24 Strategic Performance - Achievements and Challenges

Our Annual Performance Report demonstrates how we review our performance for 2023/24 against local and national performance indicators and against the commitments within our Strategic Plan. We take a quarterly update report to the Performance and Audit Committee of the IJB throughout the year. The information below provides an overview of the areas where we have performed particularly well and those areas where we need to focus improvement. The data shows that despite the severe pressures the partnership is facing we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators.




The extract below shows the headline indicators we look at each year to assess our performance. The RAG status and trend arrows are explained below. Intended performance direction is given in the description of each indicator.

Key to performance status	
Green	Performance is at or better than the target
Amber	Performance is close (approximately 5% variance) to target
Red	Performance is far from the target (over 5%)
Grey	No current performance information or target to measure against




Direction of travel*	
	Performance is IMPROVING
	Performance is MAINTAINED
	Performance is WORSENING

*For consistency, trend arrows always point upwards where there is improved performance or downwards where there is worsening performance including where our aim is to decrease the value (e.g. if we successfully reduce a value the arrow will point upwards).



Where We Have Performed Well

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods. <i>(Aim to increase)</i>	100%	100%	100%	84%	87.5%	n/a	n/a	
% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF) <i>(Aim to decrease)</i>	n/a	Data only	14.4%	20.8%	20%	18.8%	24.5%	
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) <i>(Aim to increase)</i>	n/a	Data only	92.2%	92.7%	91.1%	94.9%	98.0%	

We have seen continuing strong performance on supporting our care experienced children (no children experiencing three or more placements); and positive outcomes for child protection cases (100% with increased levels of safety). We saw a slight decline in the proportion of children looked after in the community. However, at 92% our balance of care is very positive, comparing with a national average of 89% of children being looked after in the community.

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Percentage of people aged 65+ who live in housing rather than a care home or hospital (MSG) (Aim to increase)	n/a	97%	97%	97%	97%	97%	95.9%	
People reporting 'living where you/as you want to live' needs met (%) (Aim to increase)	91%	90%	89%	89%	91%	88%	92%	
Percentage of those whose care need has reduced following re-ablement (Aim to increase)	63.9%	60%	48%	60%	31%	67	68	

We continue to support people to maintain their independence at home. 97% of people aged 65+ live in housing rather than a care home or hospital. 63% of people aged 65+ with intensive care needs (i.e. requiring 10 hours or more of support per week) are receiving care at home (ahead of our target). Our outcome measure shows that 91% of people are living where and as they want to live, reflecting our commitment to supporting independence. The percentage of people with reduced care needs following re-ablement / rehabilitation increased significantly during the year to 64% (from 48% in 2022/23).

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Mental health hospital admissions (age standardised rate per 1,000 population) (Aim to decrease)	n/a	2.3	1.2	1.2	1.4	1.6	1.5	
Achieve agreed number of screenings using the setting-	568	419	173	0	5	33	93	

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. <i>(Aim to increase)</i>								
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. <i>(Aim to increase)</i>	93%	90%	96%	95%	95%	89%	95%	↓


The latest data shows that the rate of mental health hospital admissions remains low in East Renfrewshire. During 2023/24 we saw continuing positive performance for drug and alcohol service waiting times with 93% accessing treatment within 3 weeks. We have been delivering increasing numbers of alcohol brief interventions (ABIs) – 568 up from 173 the previous year.

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
No. of A & E Attendances (adults) <i>(Aim to decrease)</i> (MSG data)	17,824*	18,335	17,356	16,877	13,677	20,159	20,234	↓
Number of Emergency Admissions: Adults <i>(Aim to decrease)</i> (MSG data)	6,973*	7,130	6,692	7,894	7,281	7,538	7,264	↓
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) <i>(Aim to decrease)</i>	73*	100	69	77	98	78	79	↓


Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
to decrease) NI-14								

*Full year data not available for 2023/24. Figure relates to 12 months Jan-Dec 2023.


In East Renfrewshire, unplanned hospital attendances and admissions are stable (having increased slightly and remaining within target) and have not returned to pre-pandemic levels. We continue to perform ahead of target for the rate of emergency readmissions.

Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (Aim to increase)	84.5%	80%	80%	92%	91%	92%	78%	


We continue to support our unpaid carers in partnership with local support organisations. Our satisfaction measure on 'quality of life' for carers declined in 2022/23 reflecting the pressures of the pandemic period. In 2023/24, performance improved to 85% (up from 80%). Through our new Carers Strategy we are focused on ensuring that carers have access to the guidance and support they need.

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2023/24	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (Aim to increase)	89%	80%	83%	81%	75%	71%	84%	

The provision of Community Payback Orders (CPOs) was significantly impacted by the pandemic. However, the proportion of CPOs completed within court timescales has continued to improve steadily; now at 89% (up from 83%) and ahead of our target.


Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) (Aim to decrease) NI-11	n/a	Data Only	264	333	334	295	308	


As a partnership we are focused on tackling health inequalities and improving life chances for our residents. The premature mortality rate has dropped significantly and East Renfrewshire now has the lowest rate in Scotland.

Strategic Priority 9 - Protecting people from harm								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
% Change in women's domestic abuse outcomes (Aim to increase)	93%	85%	90%	87%	84%	79%	64%	

During 2023/24, we continued to improve personal outcomes for women and families affected by domestic abuse. Improved outcomes were at 93%, up from 90% in 2022/23.


Where Our Performance Needs to Improve

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Percentage of children and young people subject to child protection who have been offered	65%	100%	61%	62%	63%	n/a	n/a	



Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
advocacy. (Aim to increase)								
% Child Protection Re-Registrations within 18 months (LGBF) (Aim to decrease)	n/a	Data only	12.5%	0	0	15.8%	7.7%	

In line with our Signs of Safety approach and ongoing commitment to the UN Convention on the Rights of the Child, we expect all children involved with a statutory assessment to be offered advocacy support. Our reporting mechanism for this measure has recently been improved to ensure our figures highlight accurately the offer of advocacy or reasons why declined. We expect performance to improve for this measure next year.

The figure for re-registrations has increased from 0% for the previous reporting year (21/22). This is due to a very small number of children (2 (siblings) out of 16 CP cases = 12.5%) being re-registered within an 18 month period. Performance on this measure tends to fluctuate for East Renfrewshire due to the impact of a small number of cases.


Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (Aim to increase)	548	600	488	458	551	575	514	

We continue to work to maximise choice and control for the people we support and saw an increase in update of SDS in the 2023/24 but continued to miss our target. Due to the pressures facing the HSCP we are focusing our resources on people with higher levels of need and expect to see reduced number of people able to access SDS Options 1 and 2.

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (<i>Aim to increase</i>)	84%	90%	75%	76%	74%	65%	54%	
% of service users moving from drug treatment to recovery service (<i>Aim to increase</i>)	4%	10%	5%	9%	6%	16%	22%	

Performance on waiting times for psychological therapies improved during the year and we are moving towards the national target of 90%. Over the course of 2023/24, 416 individuals started Psychological Therapy within mental health services. The longest wait over the course of this year was 30 weeks. All services have had unforeseen staffing absences and vacancies, contributing to limited appointments being available and leading to waiting times increasing. Nevertheless, our teams have been working to minimise any decline in performance.

The proportion of people moving through treatment to recovery services decreased to 4% during the year (from 5%). Supporting people to progress through treatment into recovery continues to be a key priority however this can be influenced by a number of factors such as individuals experiencing crisis or ill health.

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) (<i>Aim to decrease</i>) (MSG data)	4,821*	1,893	4,625	4,546	2,342	1,788	2,284	

*Full year data not available for 2023/24. Figure relates to 12 months Jan-Dec 2023.

As a result of the continuing pressures on the social care sector and particularly our care at home service during the year, we saw a higher than usual average number of delayed discharges and the number of hospital bed days lost to delayed discharge as a result of the

continuing pressures on the social care sector and particularly our care at home service. Increased pressures on care at home services through higher demand and staff capacity issues, and higher levels of frailty and complexity among people returning to the community from hospital impacted performance on delays. However, we continue to be one of the best performing partnerships for minimising delays in Scotland.

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2023/24	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
% Positive employability and volunteering outcomes for people with convictions. (Aim to increase)	57%	60%	67%	56.5%	66%	65%	55%	↓

We continue to support people with convictions into employment and volunteering. A new justice employability programme began in June 2023, resulting in a 181% increase in participants. Although employment/volunteering outcomes dropped from 64% to 57% all other participants took up training/education opportunities.

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Breastfeeding at 6-8 weeks most deprived SIMD data zones (Aim to increase)	n/a	25%	19.2%	17.9%	7.5%	15.4%	22.9	↑

Although we remain below our target, breastfeeding rates in our most disadvantaged neighbourhoods have increased to 19.2% (22/23); up from 17.9% in 21/22 and 7.5% in 20/21. The drop-off rate between first visit and 6-8 weeks is very low. The gap in breastfeeding rates between the most affluent (SIMD 5) and the most deprived (SIMD 1) areas, has decreased for the third year in a row from 36.6% in 2019/20 to 25.7% in 2022/23.

Organisational measures								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Percentage of days lost to sickness absence for HSCP NHS staff (<i>Aim to decrease</i>)	8.3%	4.0%	7.5%	6.9%	5.5%	7.3%	6.8%	↓
Sickness absence days per employee - HSCP (LA staff) (<i>Aim to decrease</i>)	19.5	17.5	20.3	14.7	13.6	19.1	16.4	↑

Sickness absence remains an area of focus for the partnership. Although absence has increased amongst NHS staff, we have seen an improvement in absence for Council staff groups during 2023/24. This can be attributed to the increased support measures implemented within Care at Home including Absence Panels and increasing the level of resource to support.

Financial Performance

Funding 2023/24

The net total health and social care funding from our partners during the financial year 2023/24 was £189.470 million to meet the cost of the services we provided. In addition to this, as part of the financial recovery process we received additional non-recurring funding; £2.657 million from East Renfrewshire Council and £2.095 million from NHS Greater Glasgow and Clyde to fund the deficit for the year.

	£ Million
NHS Greater Glasgow and Clyde Primary Care	90.484
NHS Greater Glasgow and Clyde Large Hospital Services	30.194
East Renfrewshire Council Social Care	68.343
East Renfrewshire Council Housing Aids and Adaptations	0.449
Net Funding per agreed budgets	189.470
Additional Funding from NHSGGC (budget)	2.095
Additional Funding from East Renfrewshire Council (income)	2.657
Total All Funding from Partners	194.222

The Comprehensive Income and Expenditure Statement (CIES) (page 57) shows the IJB gross income as £220.555 million, as that statement shows service income, grant funding and resource transfer which are included within the net funding from our partners in the table above. The purpose of the CIES presentation is to show the gross cost of the services we provide.

The legislation requires the IJB and Health Board to put in place arrangements to support the set aside budget requirements for unscheduled care (for large hospital services). The Greater Glasgow and Clyde wide Unscheduled Care Commissioning Plan continues to evolve and the latest plan and financial framework was last presented to the IJB in November 2022.

Resource Transfer shows NHS Greater Glasgow and Clyde specific funding for historic bed closures and is used to purchase care packages and community-based services. The historic Social Care Fund which was allocated by the Scottish Government to IJBs, via the NHS funding stream, to meet specific costs such as living wage and other fair work practices and adult demographic pressures is included within resource transfer.

Financial Performance 2023/24

The annual report and accounts for the IJB covers the period 1st April 2023 to 31st March 2024. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

Service	Unaudited Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	13.777	12.989	0.788	5.72%
Older Peoples Services	27.544	27.764	(0.220)	(0.80%)
Physical / Sensory Disability	6.234	6.348	(0.114)	(1.83%)
Learning Disability – Community	19.248	19.687	(0.439)	(2.28%)
Learning Disability – Inpatients	9.959	11.330	(1.371)	(13.77%)
Augmentative and Alternative Communication	0.295	0.219	0.076	25.76%
Intensive Services	15.788	18.287	(2.499)	(15.83%)
Mental Health	6.274	5.733	0.541	8.62%
Addictions / Substance Misuse	2.417	2.155	0.262	10.84%
Family Health Services	30.411	30.475	(0.064)	(0.21%)
Prescribing	17.318	19.780	(2.462)	(14.22%)
Criminal Justice	0.074	0.086	(0.012)	(16.22%)
Finance and Resources	9.488	8.726	0.762	8.03%
Net Expenditure Health and Social Care	158.827	163.579	(4.752)	(2.99%)
Housing	0.449	0.449	-	-
Set Aside for Large Hospital Services	30.194	30.194	-	-
Total Integration Joint Board	189.470	194.222	(4.752)	(2.99%)
Additional Funding from NHSGGC	2.095	-	2.095	-
Additional Funding from ERC	-	(2.657)	2.657	-
Total Integration Joint Board	191.565	191.565	-	-

The operational overspend, before the additional funding from both partners is applied, is £4.752 million (2.99%) and is marginally better than the last reported position taken to the IJB which was £5.361 million of an overspend. The main variances to the budget were:

- £2.499 million overspend within Intensive Services from Care at Home cost pressures combined with unachieved savings
- £2.462 million overspend in prescribing resulting from both increased volume and costs
- £1.371 million overspend in the Learning Disability In-Patients service resulted from the level of additional staffing for special observations and managing the patient dynamics
- £0.788 million underspend in Children and Families was mainly from vacancy management and maximising available reserves
- The remaining overspends were primarily from savings shortfalls and the underspends were from vacancy management and release of reserves

Detailed reporting is taken to each meeting of the IJB throughout the year and in the latter months of 2023/24 frequent discussions took place with both partners as part of the financial recovery process.

The set aside budget is shown as nil variance as this currently is not a cash budget to the HSCP and the annual amount reported is agreed each year with NHS Greater Glasgow and Clyde. The actual expenditure share for 2023/24 was identified as £30.194 million and is £1.590 million less than our notional budget, however there is nil cash impact. This notional underspend is net of increased costs in relation to older people, offset by less than our notional share of acute, emergency and respiratory medical services. As outlined earlier, work is ongoing to agree the mechanism for bringing the set aside budget into an operational stage and this includes ensuring a balanced budget will be achieved.

A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 67). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 75).

The information above reflects our management accounts reporting throughout 2023/24 whilst the CIES (Page 57) presents the financial information in the required statutory reporting format; the movement between these of £0.570 million is a result of the management accounting treatment of reserves:

Reconciliation of CIES to Operational Underspend	£ Million	£ Million
IJB operational underspend on service delivery *		0.000
Reserves planned use during the year	(4.526)	
Reserves added during the year	0.344	
Net movement between management accounts and CIES		(4.182)
IJB CIES overspend		(4.182)

* Inclusive of financial recovery funding from partners

Reserves

We used £4.526 million of reserves in year and we also added £0.344 million into earmarked reserves. The year on year movement in reserves is set out in detail at Note 8 (Page 73) and is summarised:

	£ Million	£ Million
Reserves at 31 March 2023		6.046
Planned use of existing reserves during the year	(4.526)	
Funds added to reserves during the year	0.344	
Net decrease in reserves during the year		(4.182)
Reserves at 31 March 2024		1.864

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2023.

The reserves of the IJB fall into three types:

- Ring-fenced: the funding is earmarked and can only be used for that specific purpose
- Earmarked: the funding has been allocated for a specific purpose
- General: this can be used for any purpose

As part of the financial recovery process for 2023/24 The IJB used all possible reserves available to mitigate cost pressures. This means the only reserves being taken into 2024/25 are for specific funding initiatives set by the Scottish Government or where funding is committed within an existing project.

Ring-Fenced Reserves

The spend in year was £1.113 million on existing initiatives and £0.1 million was added towards the end of the year for new Drug Intervention funding. The funding to support the development of a Recovery Hub at £0.489 million is the material element of the £0.8 million balance taken to 2024/25.

Earmarked Reserves

Our earmarked reserves are in place to support a number of projects and included bridging finance to support the delivery of savings. We used £3.141 million during the year and will take £1.064 million into 2024/25. This balance supports commitments already in place and the three main areas are supporting the whole family wellbeing project, trauma informed practice and the learning disability community living change fund. There are no bridging finance reserves remaining for 2024/25.

General Reserves

Our general reserve is now nil as we used the £0.272 million we held as part of the financial recovery process. The IJB recognises that this means it is not compliant with its Reserves Policy which advocates a 2% of budget should be the level of reserves held.

The use of reserves was reported to the IJB within our routine revenue reporting and during 2023/24 and this included the decision to un-hypothecate every reserve possible to mitigate cost pressures.

Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2024/25 to 2028/29 and our Strategic Plan for 2022/23 to 2024/25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and

reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how we use our funding over time.

The most significant challenges for 2024/25 and beyond include:

- delivering savings to ensure financial sustainability, ensuring sufficient flexibility to allow for slippage, shortfalls or changes
- recognising the tension between delivering a level of savings that will allow the IJB to start to rebuild reserves and protecting service delivery
- managing reduced service capacity as a result of savings and maintaining discharge without delay from hospital and other key indicators
- delivering on our Recovery & Renewal programme for areas of change, including the implementation of a new case recording system
- understanding the longer term impacts of Covid-19 on mental and physical health
- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening within the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

The IJB agreed its budget for the financial year 2024/25 on 27th March 2024 recognising the significant challenges brought forward from 2023/24 as well as new demand and cost pressures for 2024/25.

Those cost pressures are £17.023 million and are offset in part by available funding of £7.206 million; leaving a funding gap of £9.817 million. A savings programme is in place, with a target of £11.796 million; this is to ensure we deliver a minimum level of savings to close the funding gap and ideally achieve more savings than required in year. We know that £2.316 million of the funding that offsets the cost pressures in 2024/25 is non-recurring for the next two years so we are planning ahead to ensure we have sufficient recurring savings come 2026/27. We do not have reserves to offset any shortfall in 2024/25.

Revenue Budget	ERC	NHS	Total
	£m	£m	£m
1. Cost Pressures			
Pay	1.043		1.043
Inflation & Living Wage	4.736		4.736
Demographic & Demand	1.997		1.997
Legacy Savings	3.843		3.843
Service Pressures	1.500	0.600	2.100
Prescribing		3.304	3.304
	13.119	3.904	17.023
2. Funding available towards pressures			
Recurring	4.894		4.894
Non-Recurring	2.312		2.312
	7.206	0	7.206
3. Unfunded Cost Pressures	5.913	3.904	9.817
4. Proposals to Close the Funding Gap			
Savings complete	0.871	0	0.871
Savings prioritised 1 to 4	7.021	1.889	8.91
Redesign proposals in development		2.015	2.015
	7.892	3.904	11.796

Pay award funding to be confirmed; every 1% equates to c£0.2m

Savings progress will continue to be reported to the IJB within the routine financial reporting and the Supporting People Framework is the most significant saving at c£4 million.

The budget report sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met. The full detail of all savings is included in this report

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook.

The 2023/24 budget overspend was mitigated by additional non-recurring funding from both our partners; this will not be an option in 2024/25.

Looking forward to 2025/26 and beyond in any one year the modelled cost pressure could range from £3.5 million to £8.6 million depending on the combination of factors.

It also needs to be recognised that these scenarios show the potential level of cost pressure and do not make any allowance for any funding that may offset any future cost. For example in prior years the Scottish Government has provided funding for some pay and non-pay cost pressures.

Given the current levels of uncertainty it is not possible to assume anything beyond a flat cash approach at this time.

The assumptions are also predicated on full and recurring delivery of the 2024/25 savings.

Demographic pressures remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in the number of children with complex needs resulting in an increase in demand for services.

Economic challenges are significant as we are seeing little recovery in the global economy and although inflation is on a downward trend, particularly with utilities, although this is a slow decline. The biggest risk remains to the IJB remains the cost volatility in prescribed drugs with inflation remaining a significant factor (around 8% in 2023/24).

The cost of pay inflation is still comparatively high and although inflation across a range of goods and services (CPI) is falling, this dropped to 4% in December 2023, this is still well above the UK target of 2%.

Our population and households are not impacted equally by the cost of living crisis and we know those with lower income are disproportionately affected.

We have successfully operated integrated services for around 20 years so we have faced a number of challenges and opportunities over the years, including delivering significant levels of savings; this means that we need to take very difficult decisions and look at radical options for change.

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict however system wide work is in place across NHS Greater Glasgow and Clyde to support the delivery of a range of actions to mitigate some of the cost pressures we are seeing

Maintaining Discharge without Delay performance is a key issue for us. In order to achieve the target we continue to require more community based provision and this is dependent on availability of care. The medium-term aspiration remains that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.

The longer term impact on the on the sustainability of our partner care provider market in the post Covid-19 pandemic and current economic climate remains a significant issue. Our Strategic Commissioning plan sets out the detail on how we will work with our partners in the third and independent sectors in the coming years. The way we commission services may be impacted by the creation of a national care service. There is an increasing tension between cost expectations from care providers including those on national procurement frameworks and contracts and the funding, or more specifically the lack of that IJBs have to meet any additional increases

We plan to deal with these challenges in the following ways:

- Delivery of the required savings for 2024/25 with a deliberate intention to work to over-recover where possible to allow us to build back from financial recovery. Delivery of the Supporting People Framework savings programme is the most significant element of the programme
- Further develop full savings options for 2025/26 and beyond; this will include development of charging options for non-residential care and support
- Our Recovery and Renewal Programme continues and will focus on key projects to support the HSCP with major areas of change as well as short life projects to support delivery of benefits; this includes implementation of a new case recording IT system
- We will update our Medium-Term Financial Plan on a regular basis reflecting assumptions and projections as issues become clearer; this will also inform planning for our 2025/26 budget
- We will continue to monitor the impacts of Covid-19, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning
- We will review our Strategic Improvement Plan that was agreed by the IJB in January 2020 which set out the combined actions / areas for improvement from the Joint Strategic Inspection of the IJB in 2019 and from the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: Health and Social Care Integration, also 2019. This work was paused during the pandemic and will be incorporated if and where required to current plans
- We will complete the review of our Integration Scheme; work has progressed during 2023/24 and this should be finalised in 2024/25 with partners
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group, including follow up from any inspections. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. This partnership working is a key element to mitigating the impacts of the Supporting People Framework
- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. We are refreshing our 3-year workforce plan. This will also include any implications from the Health and Care Staffing (Scotland) Act 2019
- We will continue with the redesign of the Learning Disability Inpatient bed model and progress the programme of health checks for people with a learning disability, following a successful pilot year

- Governance Code; we have robust governance arrangements supported by a Governance Code
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the current economic climate, the longer term impact of Covid-19 on our population, the capacity for the HSCP and its partners to meet continued demand and complexity whilst delivering such challenging savings remain significant risks.

Conclusion

East Renfrewshire Integration Joint Board is well placed in terms of its maturity to address the coming challenges, building on many years of delivering integrated health and social care services and continuing to lead on developing new and innovative models of service delivery. However maintaining financial sustainability whilst meeting the needs of our population is increasingly challenging.

The level of uncertainty over the medium to long term on funding, the long term pandemic impact on our population and the associated demand for services, with very difficult shorter-term financial challenges give a difficult outlook however we continue to plan ahead and prepare for a range of scenarios.

Katie Pragnell
Chair
Integration Joint Board **25th September 2024**

Julie Murray
Chief Officer
Integration Joint Board **25th September 2024**

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board **25th September 2024**

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to ensure that one of its officers has the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In East Renfrewshire IJB, the proper officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the annual accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003) and (Coronavirus (Scotland) Act 2020).
- Approve the annual accounts for signature.

I confirm that the audited Annual Accounts will be presented on 25th September 2024 for approval.

Katie Pragnell

Chair

Integration Joint Board 25th September 2024

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the IJB's annual accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing these annual accounts, the Chief Financial Officer has:

- Selected appropriate accounting policies and applied them consistently.
- Made judgements and estimates that are reasonable.
- Complied with the legislation.
- Complied with the Local Authority Accounting Code (in so far as it is compatible with the legislation).

The Chief Financial Officer has also:

- Kept proper accounting records that were up-to-date.
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board as at 31st March 2024 and the transactions for the IJB for the period covering 1st April 2023 to 31st March 2024.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 25th September 2024

Remuneration Report

Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) requires local authorities and IJBs in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

The IJB does not directly employ any staff in its own right. All staff are employed through either East Renfrewshire Council or NHS Greater Glasgow and Clyde. The report contains information on the IJB's Chief Officer's remuneration together with any taxable expenses relating to voting members claimed in the year. The remuneration of senior officers is determined by the contractual arrangements of East Renfrewshire Council and NHS Greater Glasgow and Clyde.

For 2023/24 no taxable expenses were claimed by members of the IJB.

The board members are entitled to payment for travel and subsistence expenses relating to approved duties. Payment of voting board members' allowances is the responsibility of the member's individual partnership body. Non-voting members of the IJB are entitled to the payment of travel expenses.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by external auditors to ensure that it is consistent with the financial statements:

Integration Joint Board

The voting members of the IJB were appointed through nomination by East Renfrewshire Council and NHS Greater Glasgow and Clyde.

Senior Officers

The Chief Officer is appointed by the IJB in consultation with East Renfrewshire Council and NHS Greater Glasgow and Clyde. The Chief Officer is employed by East Renfrewshire Council and is funded equally between East Renfrewshire Council and NHS Greater Glasgow and Clyde.

The total remuneration received by the Chief Officer in 2023/24 amounted to £128,143 in respect of all duties undertaken during the financial year. The Chief Financial Officer total remuneration for the same financial year was £98,089.

Total 2022/23 £	Senior Officer	Salary, Fees and Allowances £	Taxable Expenses £	Total 2023/24 £
120,811	Julie Murray, Chief Officer	128,143	-	128,143
92,805	Lesley Bairden, Chief Financial Officer	98,089	-	98,089
213,616		226,232	-	226,232

Voting Board Members 2023/24		Total Taxable IJB Related Expenses £
Anne-Marie Monaghan (Chair)	NHS Greater Glasgow & Clyde	-
Councillor Katie Pragnell (Vice Chair)	East Renfrewshire Council	-
Mehvish Ashraf	NHS Greater Glasgow & Clyde	-
Councillor Caroline Bamforth	East Renfrewshire Council	-
Councillor Paul Edlin	East Renfrewshire Council	-
Jacqueline Forbes	NHS Greater Glasgow & Clyde	-
Diane Foy	NHS Greater Glasgow & Clyde	-
Councillor Owen O'Donnell	East Renfrewshire Council	-

The equivalent cost in 2022/23 was nil for all IJB members.

The current Chair of the IJB, Anne-Marie Monaghan, will reach the end of her term in office at the end of June 2024 and the current Vice Chair, Katie Pragnell will take on the Chair. Mehvish Ashraf will take on the role of Vice Chair. Jacqueline Forbes will also reach the end of her term in office at the end of June 2024.

The Pension entitlement for the Chief Officer for the year to 31st March 2024 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

Senior Officer	In Year Pension Contribution		Accrued Pension Benefits	
	For Year to 31 March 2023 £	For Year to 31 March 2024 £	As at 31 March 2024 £'000	Difference From 31 March 2023 £'000
Julie Murray, Chief Officer	23,316	24,721	Pension	65
			Lump Sum	72
Lesley Bairden, Chief Financial Officer	17,848	18,923	Pension	16
			Lump Sum	-
Total	41,164	43,644	Pension	81
			Lump Sum	72

The Chief Financial Officer joined the pension scheme on appointment in August 2015 and under the terms of the scheme no lump sum benefit has been identified.

For the senior officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pension liability reflected on the IJB balance sheet for the Chief Officer, Chief Financial Officer, or any other officers.

However, the IJB has responsibility for funding the employer's contributions for the current year for the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2023/24 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers' own contributions.

General Disclosure by Pay Bands

The regulations require the Remuneration Report to provide information on the number of persons whose remuneration was £50,000 or above. This information is provided in bands of £5,000.

Number of Employees 31 March 2023	Remuneration Band	Number of Employees 31 March 2024
-	£80,000 - £84,999	-
-	£85,000 - £89,999	-
1	£90,000 - £94,999	-
-	£95,000 - £104,999	1
-	£105,000 - £109,999	-
-	£110,000 - £114,999	-
-	£115,000 - £119,999	-
1	£120,000 - £124,999	-
-	£125,000 - £129,999	1

Katie Pragnell
Chair
Integration Joint Board 25th September 2024

Julie Murray
Chief Officer
Integration Joint Board 25th September 2024

Annual Governance Statement

Introduction

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control. This is in line with the Code of Corporate Governance and meets the requirements of the 'Code of Practice for Local Authority Accounting in the UK: A Statement of Recommended Practice', in relation to the Statement on the System of Internal Financial Control. This should ensure:

- A focus on the assessment of how well the governance framework is working and what actions are being taken.
- The importance of the role and responsibilities of partners in supporting IJB good governance is adequately reflected.

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively. To ensure best value the IJB commits to continuous quality improvement in performance across all areas of activity.

To meet this responsibility the IJB continues to operate the governance arrangements first put in place during 2015/16, including the system of internal control. This is intended to manage risk to a reasonable level but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable, but not absolute assurance of effectiveness.

In discharging these responsibilities, the Chief Officer has a reliance on East Renfrewshire Council and NHS Greater Glasgow and Clyde systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisations' aims and objectives, as well as those of the IJB.

The Purpose of the Governance Framework

The governance framework comprises the systems and processes and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with, and leads the community. It enables the IJB to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing

process designed to identify and prioritise the risks to the achievement of the IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

We have robust governance arrangements in place and have consolidated these into a Governance Code.

The Governance Framework

The main features of the governance framework in place during 2023/24 are summarised below:

- The IJB, comprising all IJB Board members, is the key decision-making body
- The scope, authority, governance and remit of the IJB is set out in constitutional documents including the Integration Scheme, Board terms of reference, scheme of administration and financial regulations and as reflected in our Code of Governance
- The Performance and Audit Committee and Clinical and Care Governance Group provide further levels of scrutiny for the IJB
- The IJB's purpose and vision is outlined in the IJB Strategic Plan which sets out how we will deliver the national health and wellbeing outcomes. This is underpinned by an annual implementation plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan are provided to the Performance and Audit Committee and the IJB
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees. A register of interests is in place for all Board members and senior officers
- The Performance and Audit Committee routinely review the Strategic Risk Register.
- The IJB has in place a continuous development programme with an ongoing series of seminars covering a wide range of topics and issues
- The IJB has two localities Eastwood and Barrhead, aligned with hospital use and includes three clusters of GP practices. Each Locality has a dedicated Locality Manager

We continued to hold our IJB meetings on a video conferencing platform and agreed with our chair and vice chair a prioritised agenda for each meeting. We held all meetings as planned during 2023/24. We held four IJB seminars during the year focussing on prescribing, carers and planning for the budget for 2024/25.

We used our daily and weekly huddle during the year as needed to allow our senior managers to meet in the morning to assess the situation, prioritise workloads and support service delivery, in periods of capacity challenge and any events such as bad weather. This continues to provide an informal support network which has been invaluable.

Weekly huddles are also in place to support the delivery of the Supporting People Framework saving.

The action plan from the self-assessment of the CIPFA Financial Management Code, reported to the Performance & Audit Committee in June 2023 has been reviewed with no additional actions.

Best Value

The IJB has a duty of Best Value and this includes ensuring continuous improvement in performance, while maintaining an appropriate balance between the quality of those services provided by the HSCP and the cost of doing so. We need to consider factors such as the economy, efficiency, effectiveness and equal opportunities. The IJB ensures this happens through its vision and leadership and this is supported and delivered by:



The System of Internal Financial Control

The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by East Renfrewshire Council and NHS Greater Glasgow and Clyde as part of the operational delivery of the HSCP. In particular, these systems include:

- Financial regulations and codes of financial practice
- Comprehensive budgeting systems
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts
- Setting targets to measure financial and other performance
- Clearly defined capital expenditure guidelines
- Formal project management disciplines
- The IJB's financial management arrangements complies with the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2016)' and the CIPFA Financial Management Code

With regard to the entries taken from East Renfrewshire Council and NHS Greater Glasgow and Clyde accounts, the IJB is not aware of any weaknesses within their internal control systems and has placed reliance on the individual Statements of Internal Financial Control where appropriate.

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2023/24. A member of East Renfrewshire Council's Audit and Scrutiny Committee is co-opted to the IJB Performance and Audit Committee to promote transparency.

The IJB's Performance & Audit Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Internal Audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. The IJB's internal audit arrangements comply with the governance requirements of the CIPFA statement: 'The Role of the Head of Internal Audit in Public Organisations (2019).

During 2023/24 the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditor's opinion as reported to the Audit Committee, confirmed: It is my opinion based on the information available and assurances provided, that reasonable assurance can be placed on the framework of governance, risk management and internal controls which operated in the East Renfrewshire Integration Joint Board in the year to 31 March 2024. The IJB has produced a Governance Statement which concurs with this conclusion.

We have a formal Code of Governance and the sections in the code and our level of compliance can be summarised as detailed below:

Code Section	Level of Compliance
Integration Scheme	Full
Local Governance Arrangements & Delegation of Functions	Full
Local Operational Delivery Arrangements	Full
Performance and Audit	Full
Clinical and Care Governance	Full
Chief Officer	Full
Workforce	Full
Finance	Full
Participation and Engagement	Full
Information Sharing and Data Handling	Full
Complaints/ Dispute Resolution Mechanism	Full
Claims Handling, Liability & Indemnity	Full
Risk Management	Full

Governance Issues during 2023/24

Whilst all operational and transactional governance issues are considered within our partner's governance frameworks, the IJB Performance and Audit Committee also take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31st March 2024.

Regular reports on audit recommendations and associated actions are presented to and considered by the Performance and Audit Committee of the IJB. The IJB will also receive direct reports where appropriate.

Significant Governance Issues

The move to financial recovery during 2023/24 was a significant issue and the IJB took the decision in November 2023 to increase the eligibility threshold for care to substantial and critical only as part of measures to reduce costs and mitigate the shortfall in the Supporting People Framework saving. The recovery process included a series of discussions with both partners and the Chief Officer and Chief Financial Officer. This culminated in additional non-recurring funding; East Renfrewshire Council provided an additional £2.6 million and NHS Greater Glasgow and Clyde provided an additional £2.1 million.

We will continue to work closely with both partners during 2024/25, recognising that further additional funding is not a viable option.

Operational Governance

The Performance and Audit Committee received an update report to each committee that identified progress on open recommendations as well as any new audit activity and associated response (for both IJB specific and for HSCP operational). The table below summarises the number of recommendations and the status for each audit.

Audit Report	Recommendations		
	Total for HSCP	Considered implemented by HSCP (awaiting verification)	Total open
Follow-up of HSCP Audits	8	0	8
Emergency Payments	10	10	0
Thornliebank Resource Centre	13	13	0
Debtors	1	1	0
Self Directed Support – Direct Payments	3	0	3
Ordering and Certification	4	4	0
Follow up of Business Operations and Partnerships	2	1	1
Payroll	8	8	0
TOTAL	49	37	12

In March 2023 we reported to the IJB on Equality and Human Rights Mainstreaming Report along with an Interim Review of outcomes for the year. This outlined: the ways in which equalities considerations are part of the structures, behaviours and culture of our partnership; how we carry out our duties and promote equality; and how this is helping us improve as a partnership. The report also set out an interim update on progress towards the partnership's six equalities outcomes for the following two years until 2025.

The Civil Contingencies Act 2004 (CCA), is supplemented by the Contingency Planning (Scotland) Regulations 2005 and “Preparing Scotland” Guidance identifies IJBs as Category 1 responders to an emergency:

- 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

During 2023/24 the IJB did not need to act in this capacity.

Action Plan

The table below shows the progress made during 2023/24 against the actions that we identified in our 2022/23 annual report and accounts.

Action	Progress
1. Deliver the Savings, Recovery and Renewal programme with progress reported to every meeting of the IJB.	The programme was reported to every IJB throughout the year. The significant shortfall on savings achieved, particularly supporting people contributed to the move to financial recovery. All cost pressures and legacy savings from 2023/24 are included in the budget agreed for 2024/25. Status: Ongoing as this is a multi-year programme
2. Maintain the Medium Term Financial Plan and use this to inform the 2024/25 budget planning and beyond.	The latest refresh of the Medium Term Financial Plan will be presented to the IJB in June 2024. Status: Closed
3. Ensuring financial sustainability is a key priority in 2023/24 through IJB reporting, discussion with board members, our funding partners and other stakeholders.	Financial sustainability remains a risk and financial reporting will be taken to the IJB throughout 2024/25. We will also remain engaged in detailed financial discussions with both partners during the year. Status: Ongoing as this is a multi-year issue
4. Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde.	This is part of an NHSGGC wide programme and will continue to be implemented, The last update to the IJB was in November 2022. Status: Ongoing as this is a multi-year issue
5. Our Integration Scheme will be refreshed in line with appropriate guidance and the current timetable across NHSGGC is to complete for submission to the Scottish Government by the current financial year.	Our integration scheme consultation period ended in January 2024 and is expected to go to our partner bodies during 2024. Status: Ongoing expect to close during 2024/25
6. We will continue to monitor the financial impact of Covid where we can to inform local reporting and decision making. We will also report on the £0.750 million provided by ERC to support Covid recovery in 2023/24.	This was reported to the IJB through our regular financial reporting and with ERC. Status: Ongoing as this is a multi-year issue

<p>7. Take our latest Commissioning Plan to 2025 to the IJB in August 2023 along with an implementation timeline.</p>	<p>The Strategic Commissioning Plan was agreed by the Integration Joint Board on 16th August 2023.</p> <p>Status: Closed</p>
<p>8. We will recommence review of our Strategic Action Plan, paused during the response to the pandemic and continue to develop of performance reporting.</p>	<p>We need to review this plan to ensure all relevant actions have been progressed / incorporated into other plans / superseded.</p> <p>Status: Ongoing expect to close 2024/25</p>
<p>9. We will continue to place equality and fairness at the heart of our planning processes and over the next two years we will work to further progress our agreed equalities outcomes and will review these ahead of our next scheduled report in 2025.</p>	<p>We established Equalities Outcomes for the HSCP in 2023. We will report on progress against these in 2025. We have developed our process for undertaking Equality, Fairness and Rights Impact Assessment (EFRIA) with support to staff completing assessments through the Planning and Performance Team and Planning Leads within service areas. We continue to participate ERC Equalities forums and in the national HSCP Equality Peer Support Network.</p> <p>Status: Ongoing expect to close 2024/25</p>
<p>10. We will implement the recommendations resulting from the Adult Joint Inspection report, published in June 2023 including: improving the quality of chronologies; greater involvement of adults at risk of harm and their unpaid carers at a strategic level; enhanced multi-agency quality assurance practices; and, building on existing practice to ensure the full involvement of all key partners in relevant aspects of ASP practice going forward.</p>	<p>An Improvement plan was developed through the Adult Protection Committee (APC) and submitted to the care inspectorate. This improvement plan includes the area of improvement identified by the inspection and the multiagency improvements and aspirations of the APC. This plan includes short and long term improvements which will be delivered through the work of the sub-committees and will run until March 2025.</p> <p>Work on the plan has progressed well with many action completed or in progress at this time. Some areas have been delayed to keep step with national developments.</p> <p>There has been ongoing support from the Lead Officer and the Practice Policy and Improvement manager to support the chairs of sub-committees in progressing actions within the Improvement Plan to meet the required scrutiny of the Adult Protection Committee.</p> <p>Status: Ongoing expect to close 2024/25</p>

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB system of governance.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principle objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Katie Pragnell

Chair

Integration Joint Board

25th September 2024

Julie Murray

Chief Officer

Integration Joint Board

25th September 2024

Independent auditor's report to the members of East Renfrewshire Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of East Renfrewshire Integration Joint Board (the 'Integration Joint Board') for the year ended 31 March 2024 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (the 2023/24 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the Integration Joint Board as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2023/24 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 14 December 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Integration Joint Board's ability to continue to adopt the going concern basis of accounting for the period to 31 March 2026.

These conclusions are not intended to, nor do they, provide assurance on the Integration Joint Board's current or future financial sustainability. However, we report on the Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Financial Officer and Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the Integration Joint Board's operations.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined

above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the Integration Joint Board;
- inquiring of the Chief Financial Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the Integration Joint Board;
- inquiring of the Chief Financial Officer concerning the Integration Joint Board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

[Signature]

Rob Jones (for and on behalf of Ernst & Young LLP)
5 George Square
Glasgow
G2 1DY
25 September 2024

The Financial Statements

The (Surplus) or Deficit on the Income and Expenditure Statement shows the income received from and expenditure directed back to East Renfrewshire Council and NHS Greater Glasgow and Clyde for the delivery of services.

Comprehensive Income and Expenditure Statement for the year ended 31st March 2024

Gross Expenditure £000	2022/23		Objective Analysis	Note	2023/24		
	Gross Income £000	Net Expenditure £000			Gross Expenditure £000	Gross Income £000	Net Expenditure £000
18,264	3,850	14,414	Children and Families		16,309	3,183	13,126
28,325	943	27,382	Older People's Services		34,000	2,250	31,750
7,576	774	6,802	Physical/Sensory Disability		8,163	1,078	7,085
24,325	915	23,410	Learning Disability – Community		26,239	1,573	24,666
10,770	1,179	9,591	Learning Disability – Inpatients		12,216	886	11,330
460	195	265	Augmentative & Alternative Communication		384	165	219
21,328	3,443	17,885	Intensive Services		22,677	3,070	19,607
6,499	349	6,150	Mental Health		7,100	576	6,524
3,295	533	2,762	Addictions / Substance Misuse		3,647	948	2,699
29,862	941	28,921	Family Health Services		31,588	1,114	30,474
17,873	1	17,872	Prescribing		19,780	1	19,779
913	915	(2)	Criminal Justice		989	903	86
19,417	17,678	1,739	Management and Admin		10,743	5,035	5,708
243	-	243	Corporate Services		259	-	259
189,150	31,716	157,434	Cost of Services Managed by ER IJB		194,094	20,782	173,312
			Set Aside for delegated services provided in large hospitals		30,194		30,194
29,075	-	29,075	Aids and Adaptations		449		449
486	-	486	Total Cost of Services to ER IJB		224,737	20,782	203,955
218,711	31,716	186,995					
			Taxation and Non Specific Grant Income	3	-	199,773	199,773
-	172,289	172,289					
218,711	204,005	14,706	(Surplus) or Deficit on Provision of Services		224,737	220,555	4,182

Movement in Reserves Statement

This statement shows the movement in the financial year on the reserve held by the IJB, analysed into 'usable reserves' (i.e. those that can be applied to fund expenditure) and 'non usable reserves'. The (Surplus) or Deficit on the Provision of Services reflects the true cost of providing services, more details of which are shown in the Comprehensive Income and Expenditure Statement.

2022/23 £000	Movement in Reserves	2023/24 £000
(20,752)	Balance brought forward	(6,046)
14,706	Total Comprehensive Income & Expenditure	4,182
14,706	(Surplus) or Deficit on the Provision of Services	4,182
(6,046)	Balance as at 31st March Carried Forward	(1,864)

The reserves above are all useable.

Balance Sheet

As at 31st March 2024

The Balance Sheet as at 31st March 2024 is a snapshot of the value at that reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31st March 2023	Balance Sheet	Notes	31st March 2024
£000			£000
9,901	Current Assets		2,145
9,901	Short Term Debtors	7	2,145
3,855	Current Liabilities		281
3,855	Short Term Creditors	7	281
6,046	Net Assets - Reserves	8	1,864

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31st March 2024 and its income and expenditure for the year then ended.

The audited annual report and accounts will be submitted for approval and issue by the IJB on 25th September 2024.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

25th September 2024

Notes to the Financial Statements

1. Accounting Policies

1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2023/24 reporting period and its position as at 31st March 2024.

The East Renfrewshire IJB is formed under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between East Renfrewshire Council and NHS Greater Glasgow and Clyde.

IJBs are specified as Section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 supported by International Finance Reporting Standards (IFRS).

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year it takes place not simply when cash payments are made or received. In particular:

All known specific and material sums payable to the IJB have been brought into account.

Where revenue and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.

1.3 Going Concern

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future.

The IJB Financial Statements for 2023/24 have been prepared on a going concern basis. The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. In accordance with the CIPFA Code of Practice on Local Authority Accounting in the United Kingdom 2023/24, the IJB is required to prepare its Financial Statements on a going concern basis unless informed by the relevant national body of the intention of dissolution without transfer of services or function to another entity. The Annual Accounts are prepared on the assumption that the IJB will continue in operational existence for the foreseeable future and specifically to the end of the going concern period, 31 March 2026.

We outline within our commentary that 2023/24 was a very challenging year for the IJB. In the Financial Performance section of the commentary (page 28) this shows at 1 April 2023, we started the year with reserves of £6.046 million. As a result of planned and unplanned

movements, £4.526 million of reserves were used in year, with £0.344 million added into earmarked reserves for specific purposes. Our General Reserves balances were fully used during the year.

However, the IJB's budget contribution from and direction to partners has been confirmed for 2024/25, and a Medium-Term Financial Plan has been prepared covering the period 2024/25 to 2028/29. The cumulative pressure identified in the Medium-Term Financial Plan ranges from £16.5 to £29.2 million depending on scenarios and not allowing for any additional funding that may offset this. The Integration Scheme outlines the actions required in the event of an overspend which includes the implementation of a recovery plan to recover the overspend and allows for additional contributions from partners. The IJB considers there are no material uncertainties around its going concern status.

1.4 Accounting Convention

The accounting convention adopted in the Statement of Accounts is an historic cost basis.

1.5 Funding

East Renfrewshire IJB receives contributions from its funding partners, namely East Renfrewshire Council and NHS Greater Glasgow and Clyde to fund its services. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of the population of East Renfrewshire and across the Greater Glasgow and Clyde area for those services delivered under hosting arrangements. The Augmentative and Alternative Communication service also provides a specialist national service, funded by service level agreement.

1.6 Reserves

Reserves are created by appropriate amounts from the Statement of Income and Expenditure in the Movement in Reserves Statement.

Reserves have been created in order to finance expenditure in relation to specific projects. When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service in that year and will be funded by an appropriation back to the Comprehensive Income and Expenditure Statement in the Movement in Reserves Statement.

A general reserve has also been established as part of the financial strategy of the East Renfrewshire IJB in order to better manage the risk of any future unanticipated events that may materially impact on the financial position of the IJB.

1.7 Events after the Balance Sheet Date

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised.

Where events take place before the date of authorisation and provide information about conditions existing as at 31st March 2024 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

Events taking place after the date when the Accounts were authorised are not reflected in the financial statement or notes.

1.8 Related Party Transactions

As partners of East Renfrewshire IJB both East Renfrewshire Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 5 (Page 69) in accordance with the requirements of International Accounting Standard 24.

Related parties also include organisations that we may have no transactions with, but who can still exert significant influence over our financial and operating policy decisions. The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's partner bodies, and therefore can indirectly influence the financial and operating policy decisions of the IJB.

1.9 Provisions, Contingent Assets and Liabilities

Provisions are made where an event has taken place that gives the IJB a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential and a reliable estimate can be made of the amount of the obligation.

Provisions are charged as an expense to the appropriate service line in the Statement of Income and Expenditure in the year that the IJB becomes aware of the obligation and measured at the best estimate at the Balance Sheet date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made they are charged to the provision held in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year. Where it becomes less probable that a transfer of economic benefits will be required (or a lower settlement than anticipated is made) the provision is reversed and credited back to the relevant service.

A contingent asset or liability arises where an event has taken place that gives the IJB a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the IJB. Contingent assets or liabilities also arise in circumstances where a provision would otherwise be made but, either it is not probable

that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but are disclosed in a note to the Accounts where they are deemed material.

1.10 Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Greater Glasgow and Clyde and East Renfrewshire Council have responsibility for claims in respect of the services they are statutorily responsible for and that they provide.

Unlike NHS Boards the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore similar to normal insurance arrangements.

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims, taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31st March 2024.

Similarly, the likelihood of receipt of an insurance settlement to cover any claims would be separately assessed, and where material, they would be presented as either a debtor or disclosed as a contingent asset. No such receipts were identified as at 31st March 2024.

1.11 Corresponding Amounts

These Financial Statements cover the period 1st April 2023 to 31st March 2024, with corresponding full year amounts for 2022/23.

1.12 VAT

The IJB is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure and income within the Accounts depends upon which of the partners is providing the service as these bodies are treated differently for VAT purposes.

The services provided by the Chief Officer to the IJB are outside the scope of VAT as they are undertaken under a specific legal regime.

1.13 Post - Employment Benefits – Pension Costs

The accounting requirements for pension costs in respect of Post - Employment Benefits under IAS19 and FRS17 are reflected in the accounts of East Renfrewshire Council and NHS Greater Glasgow and Clyde as the respective employers of current and former staff members. The IJB does not directly employ any members of staff in its own right and accordingly has accrued no liability in regards to post employment pension benefits.

1.14 Prior Period Restatement

When items of income and expenditure are material, their nature and amount is disclosed separately, either on the face of the CIES or in the notes to the Accounts, depending on how significant the items are to the understanding of the IJB's financial performance.

Prior period adjustments may arise as a result of a change in accounting policy, a change in accounting treatment or to correct a material error. Changes are made by adjusting the opening balances and comparative amounts for the prior period which then allows for a consistent year on year comparison.

2. Expenditure and Income Analysis by Nature

There are no statutory or presentational adjustments which affect the IJB's application of funding received from partner organisations. The movement in the IJB balance sheet is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these accounts.

2022/23 £000	Expenditure and Income Analysis by Nature	2023/24 £000
(172,289)	Partners funding contribution and non-specific grant income	(199,773)
(31,716)	Fees and charges and other service income	(20,782)
(204,005)	Total Funding	(220,555)
56,809	Employee Costs	58,578
985	Premises Costs	1,031
401	Transport Costs	391
9,890	Supplies & Services	9,958
71,347	Third Party Payments	70,701
2,304	Support Costs	2,257
17,717	Prescribing	19,780
29,940	Family Health Service	31,588
29,075	Acute Hospital Services	30,194
213	Corporate Costs	226
30	External Audit Fee	33
218,711	Cost of Services	224,737

3. Taxation and Non Specific Grant Income

2022/23 £000	Taxation and Non Specific Grant Income	2023/24 £000
50,593	East Renfrewshire Council	64,612
109,533	NHS Greater Glasgow and Clyde	122,772
12,163	Resource Transfer	12,389
172,289	Partners Funding Contribution & Non Specific Grant Income	199,773

The funding contribution from NHS Greater Glasgow and Clyde includes East Renfrewshire's use of set aside for delegated services provided in large hospitals (£30.194 million in 2023/24 and £29.075 million in 2022/23). These services are provided by the NHS, which retains responsibility for managing the costs of providing the service; the IJB however, has responsibility for the consumption of and level of demand placed on these services.

4. Hosted Services - Learning Disability Inpatients & Augmentative and Alternative Communication

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2023/24 accounts for Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services hosted by the East Renfrewshire IJB for other IJBs within the NHS Greater Glasgow & Clyde Area.

The IJB is considered to be acting as a 'principal' and the 2023/24 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2023/24 financial statements. The cost of the hosted service provided to other IJBs as well as that consumed by East Renfrewshire for the Learning Disability Inpatients and Augmentative and Alternative Communication is detailed in the following tables.

2022/23 £000	Learning Disability In-Patient Services Hosted by East Renfrewshire IJB	2023/24 £000
6,872	Glasgow	9,010
1,834	Renfrewshire	1,370
521	Inverclyde	97
291	West Dunbartonshire	658
-	East Dunbartonshire	-
9,518	Learning Disability In-Patients Services Provided to other IJBs	11,135
73	East Renfrewshire	195
9,591	Total Learning Disability In-Patient Services	11,330

2022/23 £000	Augmentative and Alternative Communication (AAC) Hosted by East Renfrewshire IJB	2023/24 £000
124	Glasgow	93
27	Renfrewshire	55
32	Inverclyde	10
5	West Dunbartonshire	6
27	East Dunbartonshire	23
215	AAC Services Provided to other IJBs	187
50	East Renfrewshire	32
265	Total AAC Services	219

Likewise, other IJBs act as the principal for a number of other hosted services on behalf of the East Renfrewshire IJB, as detailed below; such costs are reflected in the financial statements of the host IJB.

2022/23 £000	Services Provided to East Renfrewshire IJB by Other IJBs within NHSGGC	2023/24 £000
476	Physiotherapy	556
50	Retinal Screening	68
788	Podiatry	520
306	Primary Care Support	318
419	Continence	457
631	Sexual Health	603
1,183	Mental Health	1,597
978	Oral Health	899
374	Addictions	479
232	Prison Health Care	223
156	Health Care in Police Custody	185
4,032	Psychiatry	5,197
n/a	Specialist Childrens Services*	3,344
9,625	Net Expenditure on Services Provided	14,446

*Hosted by East Dunbartonshire IJB from 1 April 2023

5. Related Party Transactions

The following financial transactions were made with East Renfrewshire Council and NHS Greater Glasgow and Clyde relating to integrated health and social care functions during 2023/24. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

2022/23 £000	Income – Payments for Integrated Functions	2023/24 £000
121,759	NHS Greater Glasgow and Clyde	128,119
82,246	East Renfrewshire Council	92,436
204,005	Total	220,555

2022/23 £000	Expenditure – Payments for Delivery of Integrated Functions	2023/24 £000
121,759	NHS Greater Glasgow and Clyde	128,119
96,952	East Renfrewshire Council	96,618
218,711	Total	224,737

2022/23 £000	Closing Reserve Balance (held within ERC on behalf of IJB)	2023/24 £000
-	NHS Greater Glasgow and Clyde	-
6,046	East Renfrewshire Council	1,864
6,046	Total	1,864

Within the closing balance of £1.864 million the debtors balance relating to NHS Greater Glasgow and Clyde is £0.258 million and the creditors balance is £0.281 million.

Related parties also include organisations that we may have no transactions with, but who can still exert significant influence over our financial and operating policy decisions.

The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's partner bodies, and therefore can indirectly influence the financial and operating policy decisions of the IJB.

The value of transactions directly with the Scottish Government in 2022/23 and 2023/24 was nil.

6. Corporate Expenditure

2022/23 £000	Corporate Expenditure	2023/24 £000
213	Staff Costs	226
30	Audit Fee	33
243	Total	259

The cost associated with running the IJB has been met in full by East Renfrewshire Council and NHS Greater Glasgow and Clyde reflecting the continuation of the arrangement for the previous Community Health and Care Partnership.

The costs charged to the IJB in respect of non-voting members include the Chief Officer and Chief Financial Officer. Details of the remuneration for post holders are provided in the Remuneration Report.

The costs of other key management staff who advise the IJB, such as the Chief Social Work Officer and the Chief Nurse are reflected within operational budgets. Those costs above reflect only the IJB statutory posts.

NHS Greater Glasgow and Clyde did not charge for any support services provided in the year ended 31st March 2024.

The support services provided through East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and the charge is included for 2023/24.

Fees payable to Ernst & Young in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice for 2023/24 amounted to £33,360 (this was £29,867 in 2022/23). Ernst & Young did not provide any non-audit services during 2023/24.

VAT is not included in the costs identified.

7. Short Term Debtors and Creditors

2022/23 £000	Short Term Debtors	2023/24 £000
- 9,901	NHS Greater Glasgow and Clyde East Renfrewshire Council	- 2,145
9,901	Total	2,145

2022/23 £000	Short Term Creditors	2023/24 £000
3,855 -	NHS Greater Glasgow and Clyde East Renfrewshire Council	281 -
3,855	Total	281

8. Reserves

As at 31st March 2024 the IJB holds earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve is normally held to allow us to meet any unforeseen or unanticipated events that may impact on the IJB, however this was fully depleted as part of the financial recovery process.

Reserves are a normal part of the financial strategy of the IJB in order to better manage the costs and risks across financial years and work is required to rebuild reserves in the longer term.

The reserves of the IJB fall into three types:

- Ring-fenced: the funding is earmarked and can only be used for that specific purpose
- Earmarked: the funding has been allocated for a specific purpose
- General: this can be used for any purpose

The year on year movement in reserves is summarised:

Summary	£ Million	£ Million
Reserves as at 31 March 2023		6.046
Planned use of existing reserves during the year	(4.526)	
Funds added to reserves during the year	0.344	
Net increase in reserves during the year		(4.182)
Reserves as at 31 March 2024		1.864

For the £1.864 million balance of reserves we are taking forward into 2024/25 we expect to use or fully commit c£1.4 million earmarked reserves during 2024/25:

- £0.3m is ring-fenced SG funding for Primary Care, ADP, MH Action 15
- £1.1m is committed in year for earmarked activity, mainly within Childrens and Learning Disability services

We will also use some of the £0.5m ring-fenced SG funding for the Recovery Hub building, the timing of the spend is to be confirmed, however all funding will be fully committed.

The table on the following page provides the detailed movement across all reserves between 2022/23 and 2023/24.

2022/23 £000	Reserves	Used £000	Added £000	Transfers In / (Out) £000	2023/24 £000
118	Mental Health Action 15				118
851	Alcohol & Drugs Partnership	362			489
661	Primary Care Improvement	570			91
181	GP Premises Fund	181			0
2	COVID Allocations (Carers PPE)				2
-	- Distress Brief Intervention Seed Funding		100		100
1,813	Total Ring-Fenced Reserves	1,113	100	0	800
1,434	Budget Savings Phasing	1,434			0
165	In Year Pressures	165			0
1,599	Total Bridging Finance	1,599	0	0	0
82	Health Visitors	82			0
382	Counselling in Schools	382			0
473	Children and Adolescent Mental Health Services	473			0
100	Trauma Informed Practice				100
466	Whole Family Wellbeing		195		661
9	Unaccompanied Asylum Seekers Children	9			0
1,512	Children & Families	946	195	0	761
254	Learning Disability Community Living Change	100			154
37	Addictions Residential Rehabilitation	37			0
61	Mental Health Officer/Community Psychology/Capacity	61			0
77	Care Home Oversight Support	77			0
104	Augmentative & Alternative Communication	104			0
32	Learning Disability Health Checks		21		53
13	Armed Forces Covenant	13			0
45	Wellbeing	45			0
109	Dementia Funding	109			0
18	Telecare Fire Safety				18
-	- Cancer Screening Inequalities		28		28
750	Adult Services	546	49	0	253
100	Renewals & Repairs Fund	50		0	50
3,961	Total Earmarked Reserves	3,141	244	0	1,064
272	Total General Reserves	272	0	0	0
6,046	Total All Reserves	4,526	344	0	1,864

9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31st March 2024.

10. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. This applies to the adoption of the following new or amended standards within the 2024/25 Code:

- Amendments to IAS1 Classification of Liabilities as Current or Non-Current Assets
- Amendments to IAS1 Non-Current Liabilities with Covenants

The Code requires implementation of these new standards from 1 April 2024 therefore there is no impact on the 2023/24 annual accounts.

These new or amended standards are not expected to have a significant impact on the Annual Accounts.

11. Critical Judgements

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of Learning Disability Inpatients Services and Augmentative & Alternative Communication services hosted within the East Renfrewshire IJB for other IJB's within the NHS Greater Glasgow & Clyde area.

Within NHS Greater Glasgow & Clyde each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal' and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which the 2023/24 accounts have been prepared.

There were no judgements required which involved uncertainty about future events.

12. Estimation Uncertainty

There are no estimations included within the 2023/24 accounts.

13. Post Balance Sheet Events

The final annual report and accounts will be presented for approval on 25th September 2024.

There have been no adjusting events (events which provide evidence of conditions that existed at the balance sheet date) and no such adjusting events have been reflected in the financial statements or notes. Likewise there have been no non – adjusting events, which are indicative of conditions after the balance sheet date, and accordingly the financial statements have not been adjusted for any such post balance sheet events.

14. Prior Period Restatement

There are no restatements included in the unaudited accounts.

Where to find more information

In This Document

The requirements governing the format and content of the IJB annual accounts follows guidance issued by the Integrated Resources Advisory Group and by The Local Authority (Scotland) Accounts Advisory Committee (LASAAC). The linked documents on this page do not fall within the remit of the audited accounts which ends at Note 14.

On Our Website

Further information on the Accounts can be obtained on the [website](#) or from East Renfrewshire HSCP, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN.

Useful Links

[Strategic Plan – full plan and summary](#)

[Medium Term Financial Plan](#)

[Integration Scheme](#)

[Annual Performance Report](#)

[Strategic Risk Register](#)

It should be noted that the links above relate to the latest published versions of each document at the point of completion of this report and there may be later versions available on our website.

Acknowledgement

I wish to record my thanks to staff within the HSCP for their co-operation in producing the audited Annual Report and Accounts in accordance with the prescribed timescale. In particular the support of the Accountancy and Policy & Performance staff within the partnership are gratefully acknowledged.

Katie Pragnell

Chair

Integration Joint Board

25th September 2024

Julie Murray

Chief Officer

Integration Joint Board

25th September 2024

Lesley Bairden ACMA CGMA

Chief Financial Officer

Integration Joint Board

25th September 2024



East Renfrewshire Health and Social Care Partnership
 Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN
 Phone: 0141 451 0749
 Date: 25 September 2024

Rob Jones
 Partner
 Ernst & Young
 5 George Square
 Glasgow
 G2 1DY

Dear Rob

This letter of representations is provided in connection with your audit of the financial statements of East Renfrewshire Integration Joint Board (“the IJB”) for the year ended 31 March 2024. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the financial statements give a true and fair view of the state of affairs of the IJB as at 31 March 2024 and the income and expenditure of the IJB for the year then ended in accordance with UK adopted international accounts standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 and the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

We understand that the purpose of your audit of our financial statements is to express an opinion thereon and that your audit was conducted in accordance with International Standards on Auditing (UK), which involves an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, and is not designed to identify - nor necessarily be expected to disclose - all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

A. Financial Statements and Financial Records

1. We have fulfilled our responsibilities, under the relevant statutory authorities, for the preparation of the financial statements in accordance with UK adopted international accounting standards as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 and the requirements of the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.¹

¹ ISA (UK) 580.10

2. We acknowledge, as members of management of the IJB, our responsibility for the fair presentation of the financial statements. We believe the financial statements referred to above give a true and fair view of the financial position, financial performance (or results of operations) and cash flows of the IJB in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24, and are free of material misstatements, including omissions. We have approved the financial statements.
3. The significant accounting policies adopted in the preparation of the financial statements are appropriately described in the financial statements.
4. As members of management of the IJB, we believe that the IJB has a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24, that are free from material misstatement, whether due to fraud or error.²

There are no unadjusted audit differences identified during the current audit and pertaining to the latest period presented.

5. We confirm the IJB does not have securities (debt or equity) listed on a recognised exchange.

B. Non-compliance with law and regulations, including fraud

1. We acknowledge that we are responsible to determine that the IJB's activities are conducted in accordance with laws and regulations and that we are responsible to identify and address any non-compliance with applicable laws and regulations, including fraud.
2. We acknowledge that we are responsible for the design, implementation and maintenance of a system of internal control to prevent and detect fraud and that we believe we have appropriately fulfilled those responsibilities.³
3. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.⁴
4. We have no knowledge of any identified or suspected non-compliance with laws or regulations, including fraud that may have affected the IJB (regardless of the source or form and including without limitation, any allegations by "whistleblowers"), including non-compliance matters:
 - involving financial improprieties;
 - related to laws and regulations that have a direct effect on the determination of material amounts and disclosures in the IJB's financial statements;
 - related to laws and regulations that have an indirect effect on amounts and disclosures in the financial statements, but compliance with which may be fundamental to the operations of the IJB's activities, its ability to continue to operate, or to avoid material penalties;

² ISA (UK) 210.6(b)(ii)

³ ISA (UK) 240.40(a) (Revised May 2021)

⁴ ISA (UK) 240.39(b)

- involving management, or employees who have significant roles in internal controls, or others; or
- in relation to any allegations of fraud, suspected fraud or other non-compliance with laws and regulations communicated by employees, former employees, analysts, regulators or others.⁵

C. Information Provided and Completeness of Information and Transactions

1. We have provided you with:
 - Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
 - Additional information that you have requested from us for the purpose of the audit; and
 - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.⁶
2. All material transactions have been recorded in the accounting records and are reflected in the financial statements.⁷
3. We have made available to you all minutes of the meetings of the IJB and Performance and Audit Committee (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the 1 April 2023 to the most recent meeting on the following date: 25 September 2024.
4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the IJB's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the year end. These transactions have been appropriately accounted for and disclosed in the financial statements.⁸
5. We believe that the methods, significant assumptions and the data we used in making accounting estimates and related disclosures are appropriate and consistently applied to achieve recognition, measurement and disclosure that is in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24.⁹
6. We have disclosed to you, and the IJB has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.
7. From 27 September 2023 through the date of this letter we have disclosed to you, to the extent that we are aware, any (1) unauthorized access to our information

⁵ ISA (UK) 240.39(c),(d), and ISA (UK) 250A.16

⁶ ISA (UK) 580.11(a), ISA (UK) 210.6(b)(iii)

⁷ ISA (UK) 580.11(b)

⁸ ISA (UK) 550.26

⁹ ISA (UK) 540.37 (Revised)

technology systems that either occurred or to the best of our knowledge is reasonably likely to have occurred based on our investigation, including of reports submitted to us by third parties (including regulatory agencies, law enforcement agencies and security consultants) , to the extent that such unauthorised access to our information technology systems is reasonably likely to have a material impact to the financial statements, in each case or in the aggregate, and (2) ransomware attacks when we paid or are contemplating paying a ransom, regardless of the amount

D. Liabilities and Contingencies

1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.
2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal counsel.¹⁰
3. We have recorded and/or disclosed, as appropriate, all liabilities related to litigation and claims, both actual and contingent, and have disclosed in Note 9 to the financial statements all guarantees that we have given to third parties.¹¹

E. Going Concern

1. Note 1 to the financial statements discloses all the matters of which we are aware that are relevant to the IJB's ability to continue as a going concern, including significant conditions and events, our plans for future action, and the feasibility of those plans.

F. Subsequent Events

1. There have been no events subsequent to period end which require adjustment of or disclosure in the financial statements or notes thereto.¹²

G. Other information¹³

1. We acknowledge our responsibility for the preparation of the other information. The other information comprises Management Commentary, Statement of Responsibilities, Remuneration Report and Annual Governance Statement.
2. We confirm that the content contained within the other information is consistent with the financial statements.

H. Climate-related matters

1. We confirm that to the best of our knowledge all information that is relevant to the recognition, measurement, presentation and disclosure of climate-related matters has been considered, including the impact resulting from the commitments made by the IJB, and reflected in the financial statements.

¹⁰ ISA (UK) 501.12

¹¹ ISA (UK) 501.12

¹² ISA (UK) 560.9

¹³ Other information is financial and non-financial information (other than the financial statements and the auditor's report thereon) included in an entity's annual report.

2. The key assumptions used in preparing the financial statements are, to the extent allowable under the requirements of the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24, aligned with the statements we have made in the other information or other public communications made by us.

I. Reserves

1. We have properly recorded or disclosed in the financial statements the useable and unusable reserves.

Yours faithfully,

Lesley Bairden
(Chief Financial Officer)

Mehvish Ashraf
(Chair of the Performance and Audit Committee)



East Renfrewshire Health and Social Care Partnership Integration Joint Board

Summary Financial Overview 2023/24

Covering the period 1st April 2022 to 31st March 2023

Introduction

This report provides a summary of the financial position for East Renfrewshire Integration Joint Board (IJB) for the financial year 1 April 2023 to 31 March 2024.

The Annual Report and Accounts for 2023/24 provides a detailed report and full version of the accounts and can be found on our website at [web address will be added following approval of IJB accounts].

This was a very challenging year for the HSCP as we worked to balance meeting the demand for services within the allocated budget. We needed to deliver £7.1 million savings as part of our plans to balance our budget and we were not able to do this and ended the year with a shortfall of £2.5 million against this target.

We used £1.9 million reserves on a planned basis to support us to redesign how we deliver services and achieved £2.7 million of savings during the year.

In addition to this savings shortfall we also had cost pressures from delivering services of £2.2 million. This was after all actions were taken to reduce costs and all available reserve funding applied.

This meant we ended the year with an operational deficit of £4.7 million.

This meant during the financial year 2023/24 we moved to a financial recovery position and had a number of discussions with both of our partners; East Renfrewshire Council and NHS Greater Glasgow and Clyde. Both partners have provided additional funding, on a non-recurring basis, for 2023/24 to eliminate this deficit:

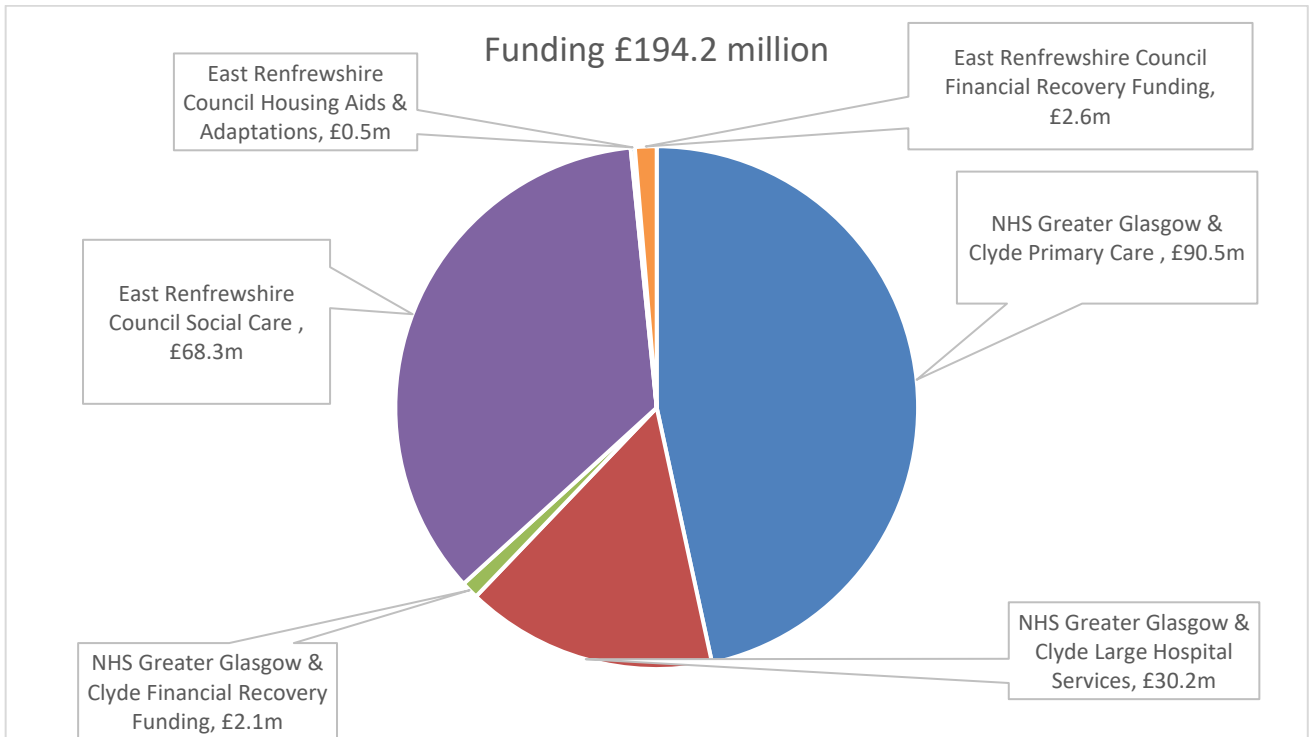
- East Renfrewshire Council provided an additional £2.6 million
- NHS Greater Glasgow and Clyde provided an additional £2.1 million

The main operational challenges that led to the increased cost pressures were meeting demand for Care at Home, the cost of special observations within the Learning Disabilities In-Patients service which we host on behalf of all six HSCPs within Greater Glasgow and Clyde and the costs of prescribing through our GP practices.

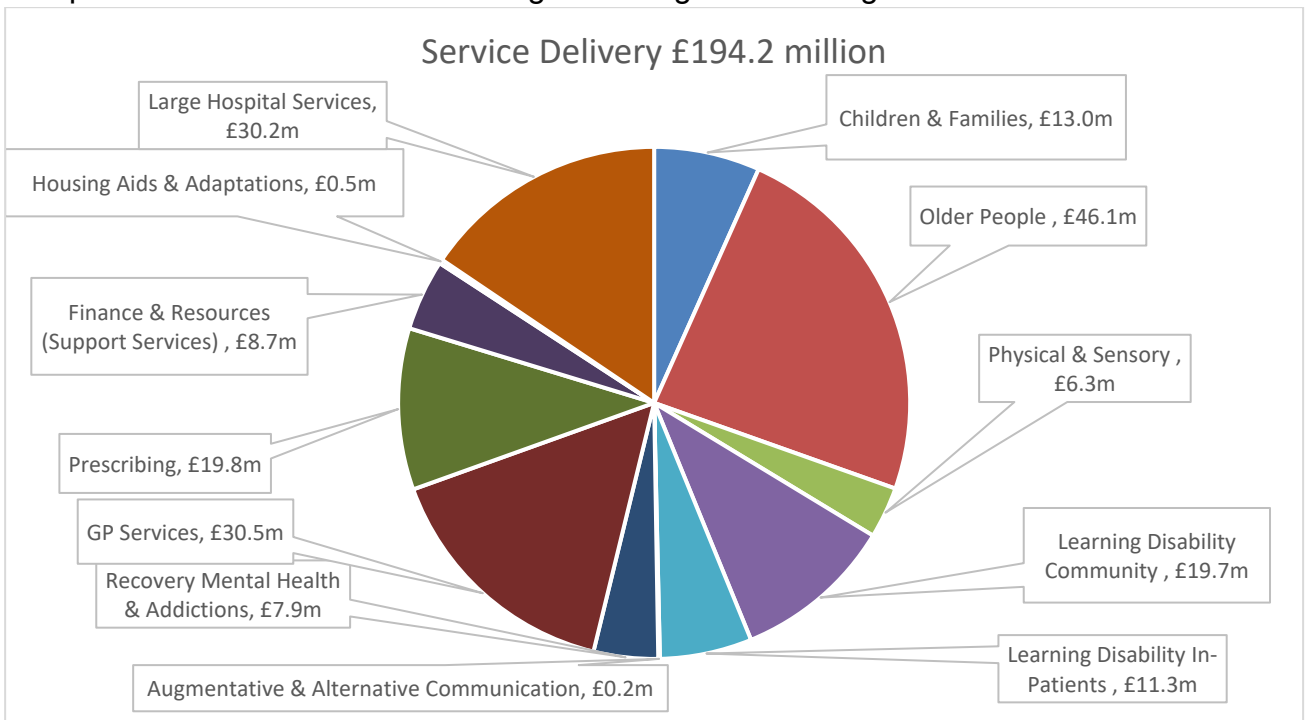
The main area we fell short on delivering planned savings was from our Supporting People Framework. This framework is based on eligibility criteria and was put in place early in the financial year to support reviews of the level of care we provide; we knew we would have to stop providing lower levels of need. We underestimated the impact and timeframe for the culture and practice changes required to implement such significant change alongside managing the expectations of the individuals and families we support.

Financial Performance

The IJB receives the vast majority of its funding from our two key partners East Renfrewshire Council and NHS Greater Glasgow and Clyde and this was £189.5 million from agreed funding as part of the budget for the year and a further £4.7 million additional funding during the year as part of financial recovery funding. This gave a total of £194.2 million for the year.



We spent £194.2 million of this funding delivering the following services:



As part of our financial recovery process we had to use all reserves available to us to reduce our costs during the year. This means we have very limited reserves for 2024/25 and these are for specific activities only.

Despite the financial challenges the partnership performed well during the year and continued to meet the statutory demand for services and provide support to residents of East Renfrewshire.

Planning Ahead for 2024/25 and Beyond

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan for 2024/25 to 2028/29 and our Strategic Plan for 2022/23 to 2024/25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how we use our funding over time.

The most significant challenges for 2024/25 and beyond include:

- delivering savings to ensure financial sustainability, ensuring sufficient flexibility to allow for slippage, shortfalls or changes
- recognising the tension between delivering a level of savings that will allow the IJB to start to rebuild reserves and protecting service delivery
- managing reduced service capacity as a result of savings and maintaining discharge without delay from hospital and other key indicators
- delivering on our Recovery & Renewal programme for areas of change, including the implementation of a new case recording system
- understanding the longer term impacts of Covid-19 on mental and physical health
- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening within the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

The IJB agreed its budget for the financial year 2024/25 on 27th March 2024 recognising the significant challenges brought forward from 2023/24 as well as new demand and cost pressures for 2024/25.

The funding gap in the budget the IJB agreed for 2024/25 is £9.8 million. A savings programme is in place, with a target of £11.8 million; this is to ensure we deliver a minimum level of savings to close the funding gap and ideally achieve more savings than required in year.

The biggest savings target for the year is the Supporting People Framework at £4 million.

East Renfrewshire IJB is not alone in facing unprecedented cost pressures. The national position across all public sector services shows a challenging financial outlook.



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	25 September 2024
Agenda Item	9
Title	Performance Update – Quarter 1, 2024-25
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where Quarter 1 (April - June) 2024-25 data is available for strategic performance indicators (PIs) this is included. The report also includes two exception reports (covering four PIs), providing more detailed discussion of performance for these measures. Exception reports delve further into the performance of specific measures and mitigation or reasoning for current performance.</p>	
Presented by	Steven Reid Policy, Planning and Performance Manager
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2024-25.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

25 September 2024

Report by Chief Officer

QUARTER 1 PERFORMANCE UPDATE 2024-25

PURPOSE OF REPORT

1. This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the Health and Social Care Partnership (HSCP) Strategic Plan 2022-2025. Where Quarter 1 data is available for strategic performance indicators this is included. The report also includes two more detailed exception reports looking at four key performance indicators.

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2024-25.

BACKGROUND

3. The Performance and Audit Committee (PAC) regularly reviews performance reports in order to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan. These reports provide data on the agreed performance indicators in our performance framework and are presented quarterly and at mid and end-year. Data availability is significantly more limited at Quarters 1 and 3 with many performance indicators being reported on a 6-monthly cycle.
4. As with previous performance updates, in addition to our full report on progress against our key performance indicators (Appendix 1), we have included two exception reports (Appendix 2) giving more detailed discussion on performance trends for the following areas:
 - Unplanned hospital use from care homes:
 - A&E attendances from care homes in East Renfrewshire
 - Emergency admissions from care homes in East Renfrewshire
 - Staff sickness absence:
 - Sickness absence days per employee - HSCP local authority staff
 - Percentage of days lost to sickness absence - HSCP NHS staff
5. The exception reports cover:
 - Purpose of the indicator – *explanation and how we use it to improve*
 - What does good look like? – *long-term objective for this area of activity*
 - Current status of measure – *current position including visualisation of data*
 - Reason/explanation for current performance – *understanding why performance is an exception*

- Mitigating action – *approaches (with timescales) that will improve performance*
- Investment – *current / required resources to deliver expected performance*
- Context and benchmarking – *relevant comparative data if available*

REPORT

6. The main data report includes available data for Quarter 1 (April to June 2024) for indicators from our Strategic Plan and any updated data relating to end-year (or earlier) that have not previously been reported to the Committee. The report provides charts for all measures. The report presents each measure with a RAG status in relation to the target for the reporting period (where a target is set), along with trend arrows (showing 'up' for improvement) and commentary on performance. Explanations of any notable shifts in performance are included in the commentary.
7. The report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Strategic Plan 2022-25:
 - Working together with children, young people and their families to improve mental and emotional wellbeing
 - Working together with people to maintain their independence at home and in their local community
 - Working together to support mental health and wellbeing
 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time
 - Working together with people who care for someone ensuring they are able to exercise choice and control
 - Working together on effective community justice pathways that support people to stop offending and rebuild lives
 - Working together with individuals and communities to tackle health inequalities and improve life chances
 - Working together with staff across the partnership to support resilience and wellbeing
 - Working together to protect people from harm
8. The HSCP continues to operate at a high level of performance across service areas, despite continuing challenges and pressures. During the current period of reporting, we have seen improving performance for 44% of the indicators, where data was available.

Performance highlights include:

9. Supporting **independence** and **rebalancing care** – latest data shows that we are meeting our target and performing ahead of the national average for the percentage of people age 65+ with intensive care needs receiving care at home (62.5%). We also perform better than the Scottish average for spending on Self-directed Support (SDS) Options One and Two as a proportion of total spend on adult services (although the number of people taking up these options is declining). The proportion of people reporting 'living where you/as you want to live' needs being met fell during the quarter but we remain close to target.
10. Performance on **waiting times for alcohol and drug recovery services** improved for the second quarter in a row. The percentage of people accessing recovery-focused treatment within 3 weeks increased from 96% to 98%. This is very positive performance in spite of staffing absence and vacancies within Alcohol and Drug Recovery Services (ADRS).

11. Hospital **discharges with delay** (and bed days lost) continue to be a key area of focus for the partnership and are at higher levels than for previous years. However during Q1 delays (excluding adults with incapacity (AWI)) averaged 7 a week – down from 9 in the previous quarter.
12. **Unplanned hospital attendances and admissions** remain stable and within target, and we have seen modest reductions from the previous quarter. Latest data shows that unplanned hospital bed days also decreased during the reporting period. We have seen increases in attendance and admissions from care home. More detail on care home performance is given in the exception report at Appendix 2.
13. We have seen improved performance for the payment of **invoices** within 30 days and are now ahead of target at 92%. This has been the result of full staffing at the team and more efficient processes.

Areas that remain challenging include:

14. We saw a lower number of people coming through our **reablement** service in Q1, and a reduction in the proportion of people discharged with reduced levels of care need (59%, down from 67% in Q4). In the last quarter there has been an increased proportion of people referred to the service that have proved unsuitable for reablement, impacting on our overall performance for this PI.
15. In Quarter 1 saw a continuing reduction in the percentage of people **accessing psychological therapies** within 18 weeks from 84% (Q4) to 78% - below our target of 90%. This was due to staffing issues and outstanding vacancies. Waiting times are monitored weekly, with longest waits or patients about to breach target highlighted to our teams.
16. The number of **alcohol brief interventions** decreased during the quarter, reflecting the completion of our commissioned service for ABIs. Training for delivery of ABIs has been underway within local service settings, but we expect it will take time to gradually increase local ABI delivery across the area.
17. Although performance remains high and ahead of target, the proportion of **carers** reporting their 'quality of life' needs being met dropped from 96% in Q4 to 76% in Q1. This measure shows some fluctuation and may be impacted by the timing of the survey question. We recognised the significant pressures local carers are under and continue to ensure supports are in place through the Carers Centre and other partners.
18. The proportion of **Community Payback Orders** being completed within court timescales dropped during the quarter and we are slightly below our target. This is due to increased numbers undertaking CPOs and the necessity for a waiting list on select days during the reporting period. We also missed our target for the percentage of CPOs commencing within 7 days due to people not attending scheduled appointments.
19. **Sickness absence** continues to be an area of focus for the partnership and we remain above our target for NHS staff. However, we have seen continuing improvement in sickness absence among Council-employed staff and we are now ahead of target for the quarter. The HSCP has had an additional HR resource in place since Q2 of 2023/2024, which has played a significant role in reducing absence levels. For the NHS, there has been increase in stress-related absences with the majority of these are known to be personal stress and not work-related. Absence panels are in place and support is target in service areas with highest levels of absence. We continue to deliver health

and wellbeing support to our staff. More detail on our absence performance is given in the exception report at Appendix 2.

20. Compliance with NHS **Knowledge and Skills Framework (KSF) training** requirements is below our target. This remains an area of targeted action, working with managers and teams to increase completion within required timescales.

RECOMMENDATION

21. Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2024-25.

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid, Policy, Planning and Performance Manager
Steven.Reid@eastrenfrewshire.gov.uk

12 September 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Performance and Audit Committee, HSCP Annual Performance Report, 26 June 2024.
https://www.eastrenfrewshire.gov.uk/media/10455/PAC-Item-09-26-June-2024/pdf/PAC_Item_09_-_26_June_2024.pdf?m=1718729971193

Performance and Audit Committee, HSCP Quarter 3 Performance Update, 27 March 2024.
https://www.eastrenfrewshire.gov.uk/media/10191/PAC-Item-07-27-March-2024/pdf/PAC_Item_07_-_27_March_2024.pdf?m=1710946124360

Performance and Audit Committee, HSCP Mid-year Performance Update 2023-24, 22 November 2023.
[eastrenfrewshire.gov.uk/media/9742/PAC-Item-06-Mid-Year-Performance-Update/pdf/PAC_Item_06_Mid-Year_Performance_Update.pdf?m=1699875488030](https://www.eastrenfrewshire.gov.uk/media/9742/PAC-Item-06-Mid-Year-Performance-Update/pdf/PAC_Item_06_Mid-Year_Performance_Update.pdf?m=1699875488030)

Appendix 1

HSCP Strategic Performance Report – 2024-25 Quarter 1


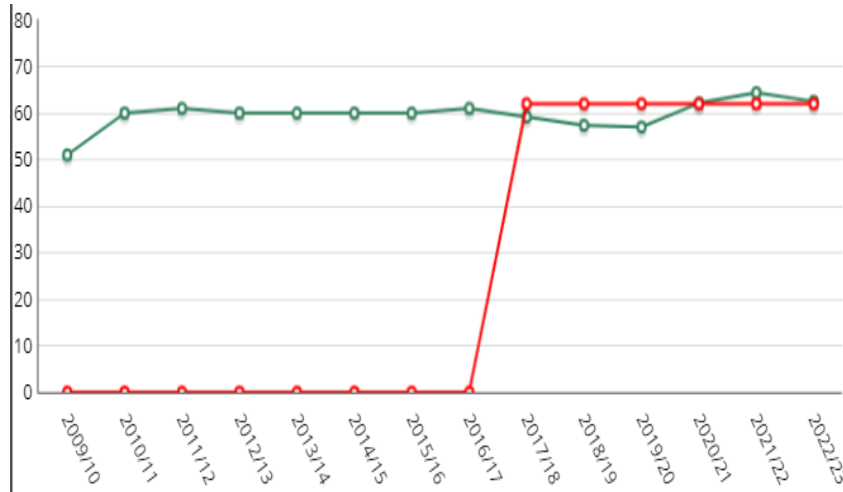



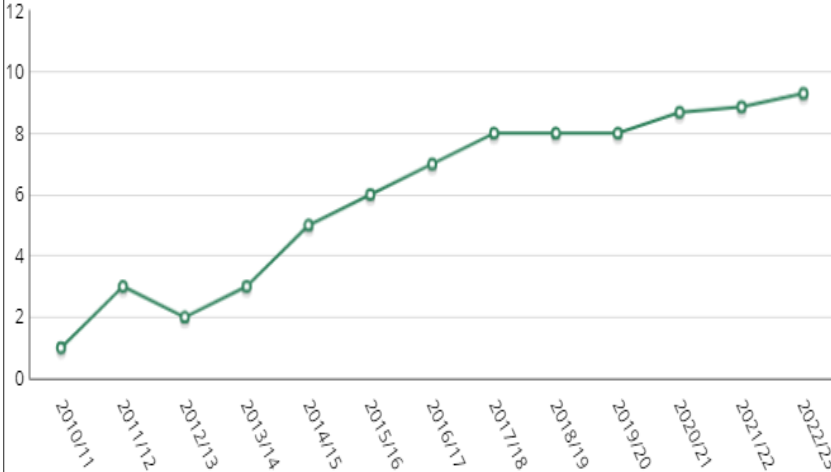

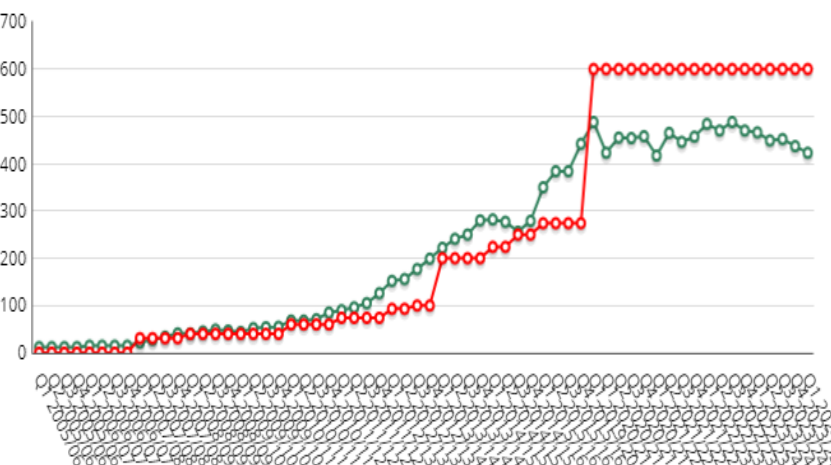
Key:

Green	performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)

Trend arrows point upwards where there is improved performance (incl. where we aim to decrease the value).

2. Working together with people to maintain their independence


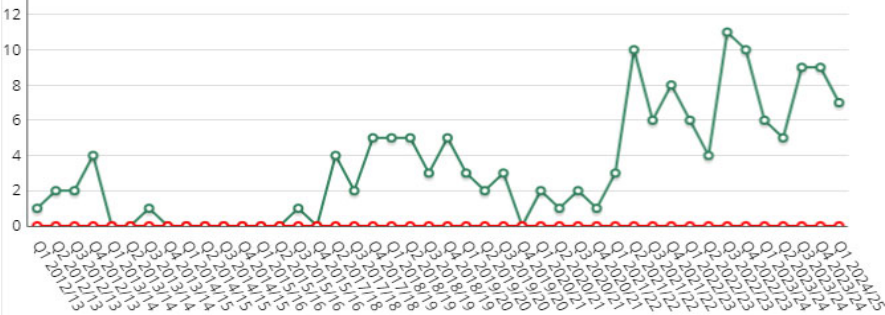

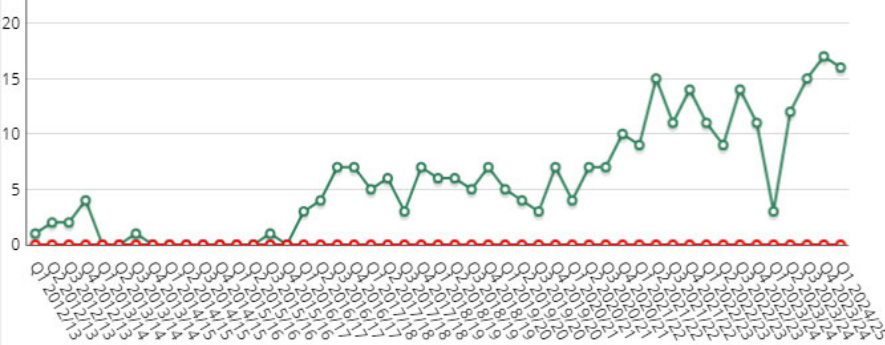

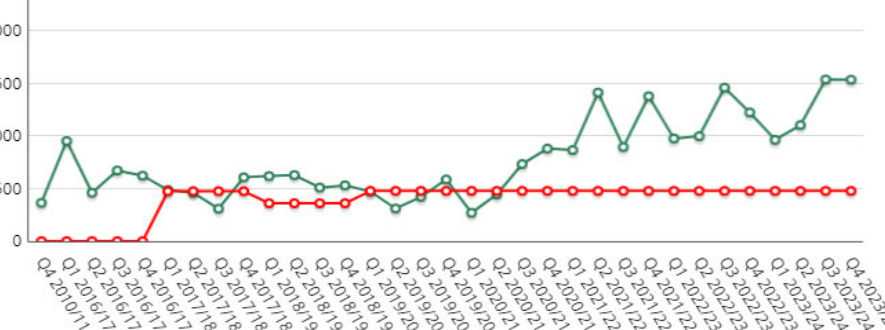
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note																														
Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. (AIM TO INCREASE)	Annual Data Only 2022/23	62.5%	62%	Green	 (declining)	 <table border="1"> <caption>Chart Data: Percentage of people aged 65+ with intensive needs receiving care at home</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>50%</td></tr> <tr><td>2010/11</td><td>60%</td></tr> <tr><td>2011/12</td><td>61%</td></tr> <tr><td>2012/13</td><td>60%</td></tr> <tr><td>2013/14</td><td>60%</td></tr> <tr><td>2014/15</td><td>60%</td></tr> <tr><td>2015/16</td><td>60%</td></tr> <tr><td>2016/17</td><td>62%</td></tr> <tr><td>2017/18</td><td>62%</td></tr> <tr><td>2018/19</td><td>62%</td></tr> <tr><td>2019/20</td><td>62%</td></tr> <tr><td>2020/21</td><td>62%</td></tr> <tr><td>2021/22</td><td>62%</td></tr> <tr><td>2022/23</td><td>62.5%</td></tr> </tbody> </table>	Year	Percentage	2009/10	50%	2010/11	60%	2011/12	61%	2012/13	60%	2013/14	60%	2014/15	60%	2015/16	60%	2016/17	62%	2017/18	62%	2018/19	62%	2019/20	62%	2020/21	62%	2021/22	62%	2022/23	62.5%	The LGBF data shows that our performance has dropped slightly compared with the previous year (64%) but we continue to perform ahead of target. This compares to a national average of 61.5% The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues. (Source: Improvement Service Feb 2024).
Year	Percentage																																				
2009/10	50%																																				
2010/11	60%																																				
2011/12	61%																																				
2012/13	60%																																				
2013/14	60%																																				
2014/15	60%																																				
2015/16	60%																																				
2016/17	62%																																				
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2020/21	62%																																				
2021/22	62%																																				
2022/23	62.5%																																				

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Direct payments spend on adults 18+ as a % of total social work spend on adults 18+ (AIM TO INCREASE)	Annual Data Only 2022/23	9.3%	Data Only		 (improving)		Latest available data for this indicator at Feb 2024. We continue to perform well on this measure. % spend on SDS continued to improve (up from 8.9% for 2021/22) This compares to a national average of 8.7%. (Source: Improvement Service)
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (AIM TO INCREASE)	Qtr 1 2024/25	423	600	Red	 (declining)		Data calculated from the Social Care returns shows a total of 423 people were in receipt of SDS 1 and 2 Option payments in Qtr 1, down slightly from 437 in the previous quarter.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of those whose care need has reduced following reablement / rehabilitation (AIM TO INCREASE)	Qtr 1 2024/25	59%	60%	Amber	↓ (declining)		Of the 22 service users discharged from the reablement service through Q1, 13 (59%) were discharged with a reduced or no service following the period of reablement. Service user numbers reduced during the period due to greater complexity of people being referred. This has led to some referrals being discharged as not suitable or services being declined – impacting our overall performance.
People reporting 'living where you/as you want to live' needs met (%) (AIM TO INCREASE)	Qtr 1 2024/25	89%	90%	Amber	↓ (declining)		In Qtr 1 response rate fell to 89% just below target.

3. Working together to support mental health and well-being

Description	Data Period	Current Value	Target	Traffic Light	Trend		Latest Note
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (AIM TO INCREASE)	Qtr 1 2024/25	77.7%	90%	Red	↓ (declining)	<p>The chart displays a green line representing the current value, which starts around 90% in Q3 2022/23, drops significantly to approximately 60% in Q4 2022/23, and then fluctuates between 50% and 80% through Q1 2024/25. A red horizontal line indicates the target of 90%.</p>	77.7% of people had started psychological therapy within 18 weeks which is a decrease increase from Quarter 1. This is due to staffing issues across all services and vacancies outstanding. Wait times are recorded weekly, highlighting long waits or patients about to breach target, to ensure all teams are aware of current waiting time for their service.
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. (AIM TO INCREASE)	Qtr 1 2024/25	98%	90%	Green	↑ (improving)	<p>The chart shows a green line representing the current value, starting at approximately 65% in Q3 2022/23, rising to about 90% by Q4 2022/23, and then fluctuating between 85% and 100% through Q1 2024/25. A red horizontal line indicates the target of 90%.</p>	Within Alcohol and Drug Recovery Services (ADRS), performance against the % wait time to treatment target has increased to 98% in Quarter 4. This represents only 2 long waits across services. This represents very positive performance in light of staffing absence and vacancies within the ADRS which is currently advertised.
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. (AIM TO INCREASE)	Qtr 1 2024/25	54	105	Red	↓ (declining)	<p>The chart features a green line for the current value, which starts at approximately 20 in Q3 2022/23, peaks at about 175 in Q4 2022/23, and then declines to 54 by Q1 2024/25. A red horizontal line represents the target of 105.</p>	Alcohol Brief Intervention (ABIs) performance in East Renfrewshire had increased during 2023-24 while a commissioned service was in place, which currently ended on 6 May 2024 and awaiting renewal. Training has been provided to staff to deliver ABIs within local service settings such as social work, GP community link workers and Community Mental Health Teams, however it will take time to gradually increase local ABI delivery across the area.

4. Working together to meet people's healthcare needs							
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (NHSGGC Acute & MH weekly data) (AIM TO DECREASE)	Qtr 1 2024/25	7	0	Red	 (improving)		In Q1 the weekly average of people waiting more than 3 days fell to 7 which is down from 9 in the last 2 quarters. This remains an area of focus for continuing to minimise delays.
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (PHS data) (AIM TO DECREASE)	Qtr 1 2024/25	16	0	Red	 (improving)		Monthly average of 16 latest available data (Apr-Jun 2024). Performance has improved slightly with the figure reducing to 16 from 17 the previous quarter. We continue to focus on minimising delays as a priority. (Source: Public Health Scotland, Jul 2024)
Delayed discharges (PHS) bed days lost to delayed discharge (AIM TO DECREASE)	Qtr 4 2023/24	1533	477	Red	 (improving)		Data available until March 2024 only. (Source: Public Health Scotland, June 2024)

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Number of Emergency Admissions: Adults (NHSGGC data) (AIM TO DECREASE)	Qtr 1 2024/25	1,595	1,782	Green	 (improving)		Hospital admissions continue to decline, down from 1,644 in Quarter 2, and ahead of target.
No. of A&E Attendances (excl MIUs) (NHSGGC data) (AIM TO DECREASE)	Qtr 1 2024/25	3,085	4,583	Green	 (improving)		A & E attendances have fallen from 3,116 in Qtr 4 2023-24. This continues to be below target and has maintained at this level.
Number of Emergency Admissions: Adults (MSG data) (AIM TO DECREASE)	Qtr 4 2023/24 (Latest)	1,705	1,781	Green	 (improving)		Latest provisional data to Mar 2024, monthly data corrected back to April 2023. Down from 1,756 admissions in previous Qtr 3. (Source: Scottish Govt, MSG Jul 2024)


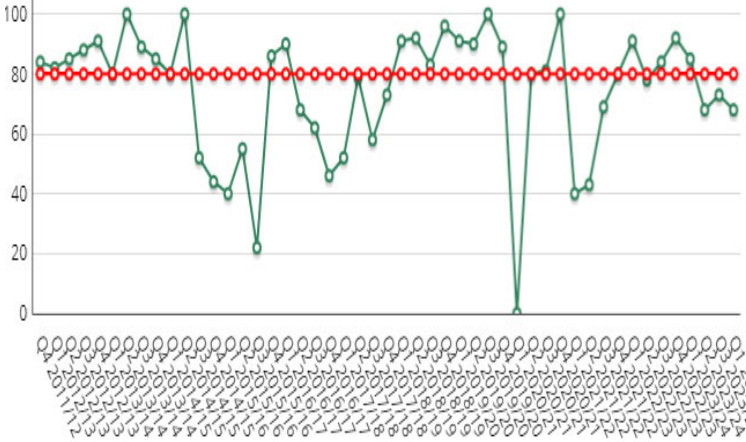


Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
No. of A & E Attendances - Adults (MSG data) (AIM TO DECREASE)	Qtr 4 2023/24 (Latest)	4,468	4,584	Green	 (declining)		<p>Latest data to Mar 24, released July 2024. Increased from 4291 attendances in Qtr 3. (Source: Scottish Govt, MSG)</p>
Unscheduled Hospital (Acute) Bed Days: Adults (18+) (AIM TO DECREASE)	Qtr 4 2023/24 (Latest)	15,923	14,715	Red	 (improving)		<p>Latest provisional data to Mar 2024 released July 2024. Data corrected back to Apr 2023. (Source: Scottish Govt, MSG)</p>
A & E Attendances from Care Homes (NHSGGC data) (AIM TO DECREASE)	Q1 2024/25	128	100	Red	 (declining)		<p>East Renfrewshire numbers for A&E attendances have returned to pre-covid levels, and are above target. Target may be subject to review as figures were recalculated from Q1 2022 to be more accurate including more care homes.</p>

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Emergency Admissions from Care Homes (NHSGGC data) (AIM TO DECREASE)	Q1 2024/25	67	60	Amber	↓ (declining)		Admissions from care homes, while showing an increasing trajectory, remains closer to target and lower than pre-covid numbers. Target may be subject to review as figures were recalculated from Q1 2022 to be more accurate including more care homes.

5. Working together with carers to be able to exercise choice and control

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People reporting 'quality of life for carers' needs fully met (%) (AIM TO INCREASE)	Qtr 1 2024/25	76%	73%	Green	↓ (declining)		In Qtr 1 of the total 34 valid responses, 26 (76%) reported their needs met. Performance is down from 96% in Qtr 4.


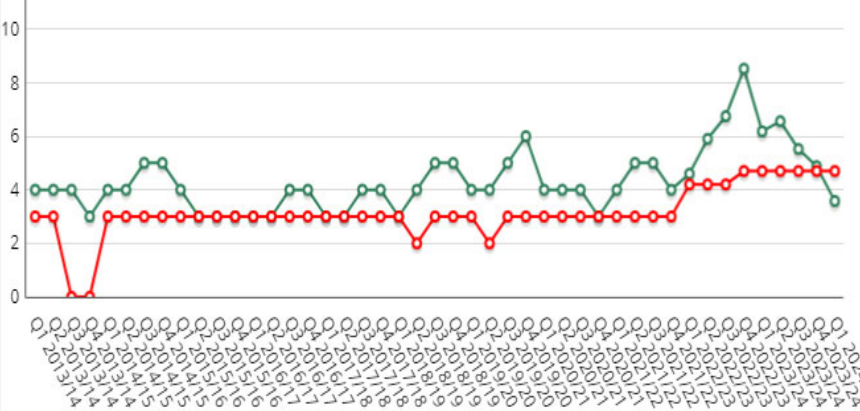

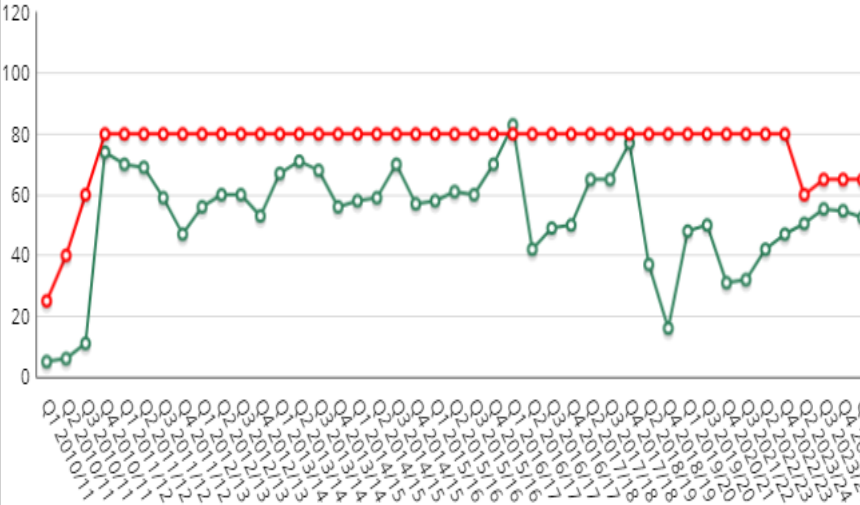
6. Working together with our partners to support people to stop offending

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Community Payback Orders - Percentage of unpaid work placements commencing within 7 days (AIM TO INCREASE)	Qtr 1 2024/25	68%	80%	Red	 (declining)		21 out of 31 unpaid work placements commenced within 7 days. The remaining 10 comprised service users who failed to attend for schedule appointments and as such were not within the control of this service.
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (AIM TO INCREASE)	Qtr 1 2024/25	76%	80%	Amber	 (declining)		10 of 13 unpaid work placements were completed within Court timescales in Qtr 1. This is due to increased numbers undertaking Unpaid Work and the necessity for a waiting list on select days for a brief period.

Organisational measures

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Payment of invoices: Percentage invoices paid within agreed period (30 days) (AIM TO INCREASE)	Qtr 1 2024/25	92.2%	90%	Green	↑ (improving)		Q1 performance has seen this measure come above target. The processing team has been back at full complement since January 2024. Previously long term absence has affected this. In addition, better dashboards for the team to use, and the manager has been instrumental in ensuring these are used daily and invoices are properly targeted. Finally, due to the additional layer of authorisation needed for CareFirst invoices, we amended some of the parameters on our dashboard to help ensure they didn't tip over the payment period.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Percentage of days lost to sickness absence for HSCP NHS staff (AIM TO DECREASE)	Qtr 1 2024/25	9.2%	4.0%	Red	↓ (declining)		Sickness has increased in Q1 up to 9.2% from 8.92% in Q4. It is not the normal trend that absence would increase during the summer months. An increase in stress-related absences has contributed to this increase. The majority of these are known to be personal stress and not work related.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Sickness absence days per employee - HSCP (LA staff) (AIM TO DECREASE)	Qtr 1 2024/25	3.58	4.7	Green	 (improving)		Council absence levels in Q4 were 4.88 and this has decreased again to 3.58 Working Days Lost/FTE in Q1. The HSCP has had an additional HR resource in place since Q2 of 2023/2024, which has played a significant role in reducing the absence levels by supporting with the application, and progression of the Maximising Attendance Policy with a specific focus on Intensive Services as this service area has the highest level of sickness absence.
Percentage of NHS staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System (AIM TO INCREASE)	Qtr 1 2024/25	52.5%	65%	Red	 (declining)		There has been continual targeted action to support KSF compliance. This has meant working with managers to ensure team members lacking compliance are identified and supported to complete training. This remains an area of focus and we will continue to work to improve compliance rates.

Appendix 2 – Exception Reports

Unplanned hospital use from care homes

Purpose of the indicator

- A&E attendances from care homes in East Renfrewshire HSCP
- Emergency admissions from care homes in East Renfrewshire HSCP

These indicators allow us to monitor the volume of unplanned hospital use by residents living in care homes in East Renfrewshire. This allows us to analyse trends and plan the necessary support and pathways for people to minimise unnecessary use of acute services.

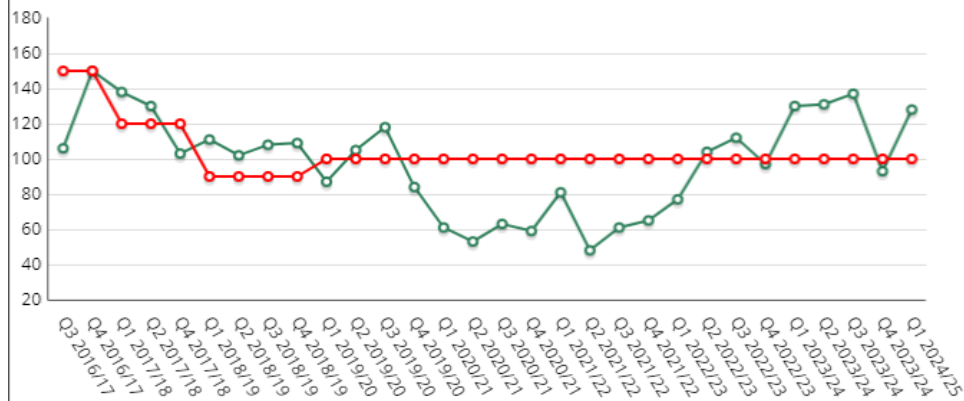
What does good look like?

Unscheduled care activity/conveyance to A&E for Care Home residents only occurs when clinically necessary. All opportunities, supports and pathways are considered to avoid unnecessary conveyance and admissions to hospital where possible.

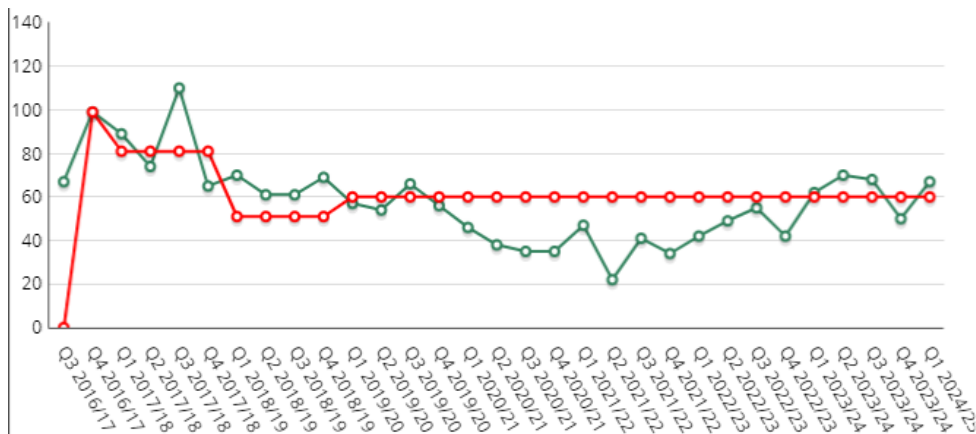
Current status of measure

This exception report shows data for A&E attendance numbers and admissions for residents of care homes in East Renfrewshire HSCP. There has been an increasing trajectory in A&E attendances and admissions from care homes over past 2 years, and this has been demonstrated across NHS GGC. East Renfrewshire numbers for A&E attendances have returned to pre-covid levels, and are above target. Admissions from care homes, while showing an increasing trajectory, remains closer to target and lower than pre-covid numbers.

A&E attendances from care homes



Emergency admissions from care homes



Reason/explanation for current performance

Prevention of avoidable conveyance to A&E is multifaceted and there are challenges across the system to ensure alternative pathways are available and considered both in hours and out of hours. People living in care homes should have timely access to members of the multidisciplinary team 24/7 when urgent or unscheduled care is required. This is reliant on access to HSCP services in hours, extended hours access to Flow Navigation Centre for Falls Pathway and currently OOH (overnight and weekends) through OOH GP/ NHS24/ emergency services. There are ongoing challenges ensuring all staff within care homes know of alternative pathways to contacting Scottish Ambulance Service and this remains difficult with staff turnover/use of agency staff in care homes, particularly in OOH (overnight and weekend) when GPs and HSCP staff are not available. Furthermore, it is recognised across GG&C that there are difficulties for Scottish Ambulance Service having full oversight of all local pathways to support avoiding a conveyance to hospital, particularly once crew are deployed to the care home.

Mitigating action

There is significant work ongoing across the HSCP to support avoidable conveyance to A&E for care home residents. The HSCP proactively engaged with older peoples' care homes over the last 24 months, embedding the GGC Care Home Falls Pathway. This pathway focuses on reducing unnecessary attendance at hospital, by extending the toolkit available to staff to support care home residents who have fallen, and not requiring an urgent response. This enables clinical discussion between care home staff and senior clinical decision makers at the Flow Navigation Centre (FNC), to facilitate residents to remain in their care homes when clinically safe, utilising virtual assessment. The pathway supports scheduling of unscheduled presentations, such as planned attendance to minor injuries clinic /ED or planned rehabilitation/GP/primary care assessment the following day.

In addition the GG&C Call Before You Convey (CB4YC) pathway has also been implemented since November 2023 across all care homes in East Renfrewshire. This model provides an alternative pathway for Care Home residents who are deteriorating and at risk of conveyance to ED, instead of calling 111/999. The HSCP will continue to develop this pathway to anticipate deteriorating residents specifically before weekends with a virtual triage check model for all Care Homes. It will also include development of the current Care Home Liaison Nursing (CHLN) Single Point of Access pathway to provide a proactive 7 day planned approach. Further Future Care Planning Quality Improvement work on those care homes identified as having higher rates of conveyance will also continue. Proactive input from Community Rehabilitation AHPs to support targeted falls prevention interventions alongside individual resident rehabilitation input is ongoing. All opportunities to continue to encourage the Care Homes in East Renfrewshire to follow the Care Homes Falls Pathway will also be taken.

In addition to our community CB4YC, there is also a SAS:FNC Call Before You Convey pathway. This is for SAS crews to use when a call has been made to 111/999 and the crew attending a resident in the home can call FNC for advice/decision support regarding conveyance. This pathway continues to be developed across GG&C in conjunction with Scottish Ambulance Service.

Investment

Funding re-directed from the Care Home Collaborative to HSCPs to support Winter Planning assistance to Care Homes totalling £500k was allocated across all 6 HSCPs. The allocation to East Renfrewshire based on care home bed numbers for 23/24 (£31,651) and 24/25 (circa £35,000) has supported provision of additional Care Home Liaison Nurse hours and now recruitment to a 0.6WTE fixed term post will increase existing capacity. This will allow testing the implementation of a 7 day service in coming months and consider impact of this change on rates of weekend conveyance. Additional scale-up plans are being considered across GG&C.

Context and benchmarking

A comparative was sought with East Dunbartonshire HSCP and across the other HSCPs within GG&C who are currently all experiencing similar challenges with increasing numbers of attendances and admissions from care homes. There is ongoing multiagency work across GG&C in relation to this with East Renfrewshire representation on all appropriate working groups.

Staff sickness absence

Purpose of the indicators

The HSCP has two separate indicators showing the level of staff sickness absence for Council-employed and NHS-employed staff groups. We use the performance indicators to regularly monitor overall absence levels. We also use more detailed staff absence data to identify trends such as absence by service location and reasons for absence.

For HSCP Council employees, the current indicator is 'Working Days Lost to sickness absence per Full Time Equivalent'. There were no agreed absence targets for the Council for 2023/24 however indicative targets have been set for the purpose of absence performance and for internal management oversight.

For HSCP NHS employees, the current indicator is 'Percentage of total days lost to sickness absence'. The NHS absence target is 4% to ensure safe staffing levels.

What does good look like?

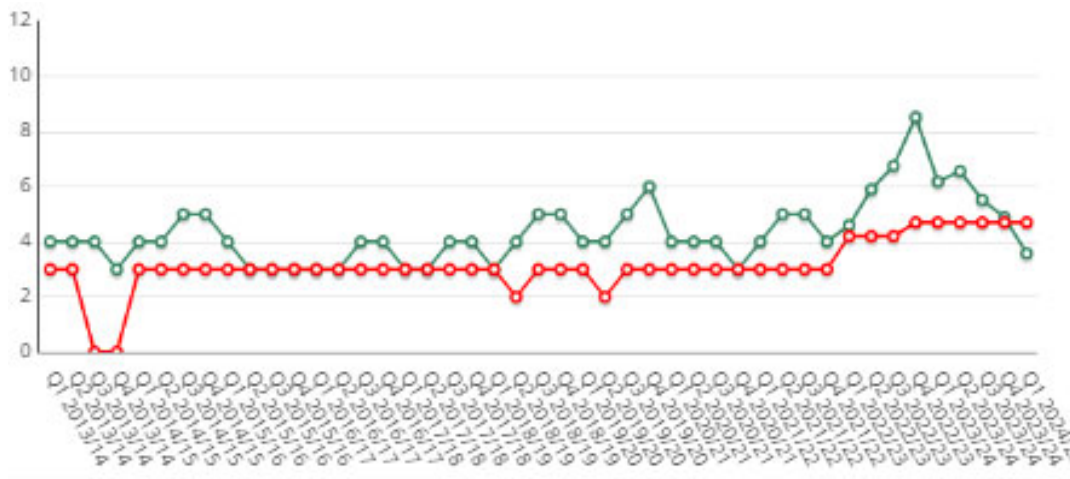
We are aiming to ensure that safe staffing levels are not compromised as a result of high absence. Our objective is also to ensure that the health and wellbeing of our workforce is at the forefront of everything we do.

Current status of measure

Council-employed staff

For our Council staff, absence levels have continuously decreased over the last 12 months and are currently sitting below the target of 4.7 WDL/FTE. Council absence levels in Q4 were 4.88 and this has decreased again to 3.58 WDL/FTE in Q1. The HSCP has had an additional HR resource in place since Q2 of 2023/2024 which has played a significant role in reducing the absence levels by supporting with the application and progression of the Maximising Attendance Policy with a specific focus on Intensive Services as this service area has the highest level of sickness absence. This additional resource and targeted intervention has played a significant part in the decrease of days lost due to sickness absence. This resource will continue and will focus on developing and training managers, introducing and implementing regular absence panels across other areas within Intensive Services as well as rolling these out across the partnership.

Absence levels generally increase in the winter period (Q2 and Q3) however, it is anticipated that the supports and focus mentioned above will positively impact this with levels anticipated not to rise as much as in previous years.

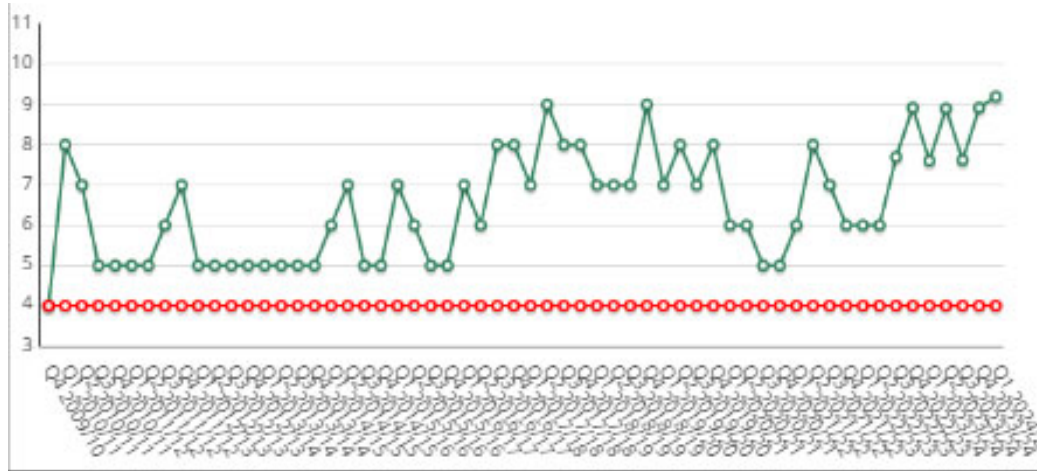


NHS-employed staff

For our NHS staff, the absence target is set at 4%. East Renfrewshire HSCP is experiencing higher than average levels of absence.

Absence rates increased from 8.9% in Q4 to 9.2% in Q1 and remains well above target. Within the quarter we see an increase from 7.99% in April to 9.96% in June. A level of increase in absence is expected during winter months, however absence rates usually improve over the summer months.

Long Term absence average was 5.90%
Short Term absence average was 3.29%
Overall average was 9.2%

**Reason/explanation for current performance**

Absence for Council-employed staff has decreased from Quarter 4 to Quarter 1 and is currently below target and at the lowest level within a rolling 12 month period. This can be attributed to the additional management and HR resources temporarily introduced within the service, the introduction of absence panels, a targeted early intervention strategy and increased learning and development activities to support and upskill managers in relation to absence management.

In April 2024, the top reason of absence for Council employed staff was Musculoskeletal (except back pain) attributing to 102.27 days absence in the month, reducing to 89.11 days in May 2024 and then reducing further to 66.14 in June 2024. Musculoskeletal absence (except back pain) was the second highest reason for absence June 2024 with Stress (non-work related) being the top with 66.41 work days lost. Other high levels of absence have been attributed to mental health issues and back pain. Home Care Reablement workers have remained the position with the highest level of sickness absence within the partnership.

Although absence rates for NHS staff in Q1 compared with the previous quarter remain significantly above our target. Absence rates are notably higher in specific NHS service areas. Learning Disability In-Patients Service consistently have a higher rate of absence than other teams in the HSCP due to the nature of the patient group. There was also an increase in stress-related absences across the HSCP and has been the most common reason for absence for the past 3 quarters. This includes work-related stress, personal stress and all other mental health conditions. The NHS do not record work-related and personal stress separately so we cannot provide data on this. However, from ongoing work through absence panels we know that the majority of stress related absence is personal stress.

Mitigating action

Absence Panels have been introduced on a weekly basis within the higher absence areas of Intensive Services (Care at Home and Bonnyton) to support with the management of absence and the progression of absence cases. Ensuring early intervention of absences and especially carrying out any Stress Risk Assessments early within the absence has allowed us to fully understand the nature of the absences and put in place any measures to support the individual where necessary. These will be rolled out across the partnership.

There has been an additional temporary HR resource since Q2 of 2023/2024 in order to support the high volume of cases. This has proved beneficial with a continuing decrease in absence levels with absence levels currently at the lowest levels in the rolling 12 month period.

Care at Home Project Board meetings initially met fortnightly and an absence paper was provided for each meeting to identify the progress management of absence cases and review any trends.

Lunch and Learn sessions were introduced weekly to upskill managers on all aspects of the Maximising Attendance Policy. It is anticipated that these will be programmed in again for Q2 and Q3 to co-align with the new absence policy roll out within the council.

The HSCP are holding NHS Absence Panels to support managers with managing absence and to ensure a consistent approach across the Partnership. These panels are held monthly and will continue routinely.

All stress related absence must now have a stress risk assessment carried out.

A more pro-active approach from the NHSGGC HR Support and Advice Unit (HRSAU) has been requested to ensure cases are supported where managers have not sought support directly from HR.

Health and Wellbeing continues to be a key focus of the HSCP and good links have been made to ensure any support that can be provided to employees or targeted in specific areas are done so.

Investment

Additional time and resources have been implemented to address high-level absence particularly within Intensive Services and targeted early-intervention to prevent absences and minimise the duration of absences.

An Absence Dashboard is currently under development for Council absences and this will allow a fuller insight of trends in relation to job roles, services, reason for absence etc which will allow managers to have more targeted interventions in relation to absence management and prevention.

The additional HR Resource was funded to support absence management and a correlation can be identified in the reduction of absence levels particularly within Intensive Services. This resource has been extended for a further 12 months to support with absence management particularly during a period of redesign within the service.

Additional time and resource has been provided from the Board's HRSAU to support LD In-Patient Service with their absence management. They now have a dedicated HR Advisor supporting complex cases.

Through the absence panels process managers receive mentoring from a senior manager supported by HR.

Context and benchmarking

Benchmarking data is available for absence rates relating NHS-employed staff only.

Sector/Directorate		Two	Three	Long ago
	Report Month	Jun 2024	May 2024	Apr 2024
	Metrics	Sickness Absence	Sickness Absence	Sickness Absence
East Renfrewshire HSCP		9.96%	9.63%	7.99%
Inverclyde HSCP		8.52%	7.53%	7.41%
Glasgow City HSCP		7.56%	8.16%	7.69%
West Dunbartonshire HSCP		7.09%	7.57%	7.86%
Renfrewshire HSCP		7.07%	6.93%	6.54%
East Dunbartonshire HSCP		6.24%	6.56%	5.94%

During Quarter 1, East Renfrewshire HSCP had the highest rate of NHS absence compared to other HSCPs within NHSGGC. This data doesn't always provide an accurate representation of levels of absence within each HSCP. East Renfrewshire HSCP is the smallest of the partnership areas and the size of the teams are very small. This means that a team of 3 people with one person absent results in an absence rate of 33% impacting greatly on our overall percentage rate. Glasgow City for example have much larger teams within their HSCP and therefore require a greater headcount of staff absent to achieve a high percentage rate.

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AGENDA ITEM No. 10



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	25 September 2024
Agenda Item	10
Title	Commissioned Services
Summary	
<p>The purpose of this report is to provide the Performance and Audit Committee with an update on the current arrangements in place to commission health and care services with external partners.</p>	
Presented by	Margaret Phelps, Strategic Planning, Performance and Commissioning Manager
Action Required	
<p>It is recommended that the Performance and Audit Committee note and comment on the arrangements in place to commission health and care services with external partners.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

25 September 2024

Report by Chief Officer

COMMISSIONED SERVICES

PURPOSE OF REPORT

1. The purpose of this report is to provide the Performance and Audit Committee with an update on the current arrangements in place to commission health and care services with external partners.

RECOMMENDATION

2. It is recommended that the Performance and Audit Committee note and comment on the arrangements in place to commission health and care services with external partners.

BACKGROUND

3. The Performance and Audit Committee on 27 September 2023 received the report on the arrangements in place to commission health and care services with external partners. The report set out the level of the commissioned services within East Renfrewshire. The Contract and Commissioning Team work alongside HSCP services to support the range of contractual arrangements in place. This report seeks to provide the annual update on the progress made during 2023/24.
4. Within the Recovery and Renewal Programme a Commissioned Services Review, which commenced in November 2022, provides support to service redesign, and associated efficiencies. This ensures alignment between the Strategic Commissioning Plan and the Recovery and Renewal Programme.

REPORT

5. The Strategic Plan 2022/25 and Strategic Commissioning Plan 2023/25 describe our partnership and vision, recognising the benefits of working collaboratively as a broad and inclusive partnership and includes the range of services commissioned and delivered by our external partners. The Strategic Planning Group at their meeting on 29th August 2024 approved the arrangements for the light touch review of the Strategic Plan. This review will include an update on the Strategic Commissioning Plan. There will be an engagement programme during autumn 2024 culminating in a 6 week consultation period from December 2024 and a final draft of the Strategic Plan presented to the Integration Joint Board by March 2025.

Partnership working – commissioned services

6. The HSCP works alongside a range of external partners to deliver health and social care services as part of the following contractual arrangements. The contractual arrangements have been revised to ensure: greater choice and control for individuals; sustainability for the provider sector; and compliance with Scottish Government policy. The table below shows spend for purchased care for the 12 months from April to March for the last two financial years.

Framework	2022/23	2023/24
Care and Support (includes care at home providers)	£20,795,231	£22,023,927
Care Homes for Adults with Learning Disabilities Including Autism	£173,921	£185,013
Care Homes	£12,234,457	£13,236,068
Children's Residential Care and Education, including Short Break, Services	£1,920,617	£1,570,399
Social Care Agency	£313,112	£589,257
Digital Telecare	£233,640	£268,497
Grants	£2,811,036	£2,459,594
Contracts	£1,127,006	£1,476,133
Sub Total	£39,609,020	£41,808,888
Non Framework		
Adults Services	£2,801,278	£4,524,428
Children's Services	£1,500,508	£1,331,693
Total	£43,910,806	£47,665,009

7. **Care and Support** – An increase of 8.77% was applied to support the Scottish Government pay uplift for adult social care workers to a minimum of £12.00 per hour.
8. **Care Homes for Adults with Learning Disabilities** – An increase of 7.24% was applied to support the Scottish Government pay uplift for adult social care workers.
9. **Nursing and Residential Care Contracts** – The National Care Home Contract was renewed 23/24 at residential care 6% and 5.99% for nursing care.
10. **Quick Quotes** – The value of quick quotes in the reporting period in question was zero. A quick quote value is between £10,000 and £49,999.
11. **Direct Awards** – The HSCP received approval to make 2 direct awards during the reporting period in question, working through the corporate procurement unit and legal services jointly. The awards were in the area of adult services and reflect the specialist nature of the purchasing activity.
12. **Grant Payments** – the HSCP during 2023/24 commenced a review of current grant arrangements resulting in the realignment where applicable from grant award to contractual arrangements. Overall 19 grant awards are made to 16 organisations totalling £2,459,594.

13. **Scotland Excel frameworks** – a number of contracts have been revised with the introduction of the following frameworks:
- a. Secure Care
 - b. Fostering & Continuing Care Services
 - c. Children’s Residential Care and Education including short breaks
 - d. Agency Workers (Social Care)
 - e. Care and Support Flexible Framework
 - f. Care Homes Adults with Learning Disabilities
 - g. Care Home services for Older People – National Care Home Contract (NCHC)
 - h. Residential Rehabilitation Alcohol and Drugs
 - i. Digital Telecare
14. East Renfrewshire Council pays Scotland Excel an annual membership fee of £85,991, detailed below:
- £81,378 general membership to use the frameworks, paid by the Council; and
 - £4,613 paid by the HSCP as a contribution to the National Care Home Contract.
15. During 2023/24 Scotland Excel informed HSCPs of their intention to implement a renewal of the frameworks for care and support and care homes for adults with learning disability. East Renfrewshire continues to utilise both frameworks to identify and place care for people in line with the Social Care (Self-directed) Support Act (2013).
16. Scotland Excel commenced the review of the care and support framework in early 2024 with the intention to renew by 1st April 2024. As part of the renewal process, providers were able to submit revised costings on their delivery of care and increased costs for HSCPs as purchasers of care. Nationally, HSCPs expressed their concern over the ability of IJBs to meet the increased costs given the current financial challenges. This resulted in extended negotiation both nationally and locally with a resulting delay in the renewal of date to end September 2024.
17. For East Renfrewshire, the request from external providers to meet the increased hourly rates to meet requirements of current care needs purchased from the framework could incur an additional annual cost of £376,000. We intend to work with partner organisations to maintain the existing rates for care packages already in place and will need to consider the new rates, across all providers, for new care packages.
18. Scotland Excel have deferred renewal of the care homes for adults with disability framework until April 2025 with an extension in place for the current framework until that time.
19. The annual spend detailed in the report refers to the financial years 2022/23 and 2023/24. The reductions in cost relating to the Supporting People Framework and other savings will manifest in 2024/25.

Strategic Commissioning

20. The previous report outlined the work undertaken to develop a collaborative commissioning approach for East Renfrewshire HSCP and the development of a shared statement of intent setting out agreed principles and approach, co-designed with wider partners and stakeholders.

21. The Strategic Commissioning Plan set out a range of collaborative commissioning opportunities where we work with our partners and stakeholders. Updates are noted below.

Collaborative Commissioning Opportunities	Update
Day opportunities for adults with learning disabilities - work with partners to consider place based approach and range of services available	Partnership approach to widen range of services available to people by extending use of Thornliebank/Barrhead Centres and joint working with Community Pathways. This has included external providers utilising both the spaces within the resource centres and the independent living skill packs prepared by enhance practice and develop independent living skills. Community Pathways offer a range of opportunities to individuals to engage in programmes of support including independent living skills, travel training, bikes workshop, brew crew (café skills with employability focus), jewellery making and gardening. Close joint working Voluntary Action which has provided opportunities for a wider cohort of individuals to engage with support within the Community Pathways settings.
Cross sector support for young people in periods of transition from school, home and independent living	Partnership events held with external partners to identify and work with new partners. Regular multi-agency meetings established with partners to support transitions. Commissioning and HSCP joint working undertaken to plan and scope out future demands and needs as part of transitions mapping and projected demands on services. Preparatory work being undertaken by Community Pathways ahead of young people transitioning into adult services. Use of Community Pathways for multi-agency working and use of twice monthly 'transitions hub' to offer shared working space focussed on transitions.
Post diagnostic support for people with dementia diagnosis	ER Dementia Strategy and Action Plan is in place. Coordination of services and support for post diagnostic support across HSCP, third and independent sector, to identify any gaps in support and develop more joint working opportunities.
Supported training opportunity for people with additional support needs through Café services in Eastwood and Barrhead HCC	Eastwood café operational from December 2023 and cohort of trainees in place and supported from January 2024. Joint working across third sector café and Community Pathways (Brew Crew) Team.
Asset mapping to understand local assets and reduce duplication of service	Review of Talking Points with greater alignment to Community Hub directory completed. Voluntary Action and HSCP currently reviewing the interaction between Your Voice, Talking Points and the Participation & Engagement Network.
Explore the feasibility and scope for a cross sector Housing Forum for East Renfrewshire	Initial meetings and draft Terms of Reference in place with housing colleagues and partners.
Collaboration on advice and information, providing shared language with consistent themes across directories and websites.	Review of Talking Points and alignment to Community Hub has strengthened access to advice and information. SPF sessions delivered to voluntary and independent sector partners with supporting literature available both online and through physical distribution. Participation & Engagement network continues to meet 6 weekly throughout the year.

Develop the market share split with external partners for care at home to meet demographic demands and achieve best value.	Work has commenced in the introduction of a local care at home framework to support market share across sectors as part of wider care at home redesign programme.
Carers short breaks – to explore options and consider collaborative opportunities to progress ideas/suggestions/actions	The Supporting People Framework introduced revised eligibility criteria for carers support. Carers Centre have employed an SDS Advisor and HSCP have matched this post with a Social Work practitioner to continue to explore and develop creative and personal short breaks and greater uptake of SDS option 1. Continue to consolidate the creative short breaks through our commissioning of the Carers Centre support in 2025.

22. The Commissioned Services Review continues to support services to undertake a collaborative review of care packages and to review grant funded initiatives with our external partners. Work continues to progress on grant funded initiatives, with a number of reviews completed contributing to the efficiency and savings targets during 2024/25. All of the updates on the work is reported through the Recovery and Renewal Programme and / or revenue monitoring reports to the IJB.
23. The Scotland Excel Care and Support Framework is the route East Renfrewshire use to purchase both care at home and supported living care for local residents. As we benchmarked across greater Glasgow and Clyde HSCPs, it was apparent that the hourly rates were overall at a lower rate than East Renfrewshire rates. The care at home programme board have recognised that the cost of care at home services purchased through the framework continued to increase both in volume and cost, also proving to be inflexible. It is our intention to implement a local care at home framework and work is underway with the service and ERC procurement to develop a tender for care at home services. This will offer greater market oversight and collaboration between services and local providers.
24. As part of the implementation of the Supporting People Framework, we continue to work with our third and independent sector partners to undertake reviews and to consider if any additional community supports are required. Our partners have demonstrated a commitment to work alongside the HSCP in the implementation, realignment of care packages and to consider where commissioned services may require to be revised to support any service changes.

CONCLUSION

25. This report recognises the contribution that partners make to the delivery of health and social care services. It sets out the financial costs and range of contractual arrangements currently in place to support our commissioning across the independent and third sector. The Commissioning Plan will be reviewed alongside the Strategic Plan to reflect collaborative commissioning opportunities and the commitment to involving partners, stakeholders and people in new service planning or redesign. It recognises progress made through the implementation of the Supporting People Framework in response to the current financial challenges and the participation of partners in our savings programme.

RECOMMENDATION

26. It is recommended that the Performance and Audit Committee note and comment on the arrangements in place to commission health and care services with external partners.

REPORT AUTHOR AND PERSON TO CONTACT

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Mobile: 07393 003817

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC 27.09.2023 - Commissioned Services Annual Update
https://www.eastrenfrewshire.gov.uk/media/9546/PAC-Item-11-27-September-2023/pdf/PAC_Item_11_-_27_September_2023.pdf?m=1695055582753

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	25 September 2024
Agenda Item	11
Title	Audit Update
<p>Summary</p> <p>This report provides Performance and Audit Committee with an update on:-</p> <ul style="list-style-type: none"> • Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in June 2024 • Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in June 2024 • A summary of all open audit recommendations 	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee are asked to note and comment on the report.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

25 September 2024

Report by Chief Officer

AUDIT UPDATE

PURPOSE OF REPORT

1. This report provides Performance and Audit Committee with an update on:
 - Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in June 2024
 - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in June 2024
 - A summary of all open audit recommendations

RECOMMENDATION

2. Performance and Audit Committee are asked to note and comment on the report.

BACKGROUND

3. As agreed at the Performance and Audit Committee in June 2021 we continue to submit audit update reports to all meetings, including any new audit reports along with an overview of audit activity undertaken and an update on any outstanding recommendations since last reported.
4. Audit activity for the HSCP is provided in full and includes current open audit actions across the HSCP and also where a Health Board or Council wide recommendation impacts on the HSCP. Specific actions from IJB audits are also detailed.
5. East Renfrewshire Council's Chief Internal Auditor undertakes the internal audit role for the Integration Joint Board. Ernst & Young also undertake an audit of the IJB Annual Report and Accounts and produce an action plan should they have any recommendations.
6. East Renfrewshire Council's internal audit assign the following risk ratings to their findings:

High	<ul style="list-style-type: none">• Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole.• Corrective action must be taken and should start immediately.
Medium	<ul style="list-style-type: none">• There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole.• Corrective action should be taken within a reasonable timescale.

Low	<ul style="list-style-type: none"> Area is generally well controlled or minor control improvements needed. Lower level controls absent, not being operated as designed or could be improved
Efficiency	<ul style="list-style-type: none"> These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice.

7. NHSGGC internal audit function is undertaken by Azets. They assign the following risk ratings to their findings:

4	<ul style="list-style-type: none"> Very high risk exposure - major concerns requiring immediate senior management attention.
3	<ul style="list-style-type: none"> High risk exposure - absence / failure of key controls.
2	<ul style="list-style-type: none"> Moderate risk exposure - controls not working effectively and efficiently.
1	<ul style="list-style-type: none"> Limited risk exposure - controls are working effectively but could be strengthened.

REPORT

Audit Activity relating to the Integration Joint Board Audit (Appendix 1)

8. The action plan from the annual audit report for the year ending 31 March 2023 is included at Appendix 1a. Ernst & Young recognise in their report that the hosted services action is closed and financial sustainability will be superseded with the one recommendation identified in their annual audit report presented to PAC on 25 September 2024.

East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership (Appendix 2)

9. Since last reported, three new audit reports have been issued.

Audit of Accounts Payable (MB/1216/IM - issued September 2024)

10. This is a council wide audit with 15 recommendations, however only 4 impact on the HSCP.
11. An extract of the audit report detailing the recommendations which impact on the HSCP is included at Appendix 2A.
12. The HSCP response to the audit is not included as the final response has still to be agreed and is therefore yet to be submitted to Internal Audit. The response is due by 11 October 2024.

Audit of Accounts Receivable (MB/1212/IM - issued July 2024)

13. This is a council wide audit with 17 recommendations, however only 3 impact on the HSCP.
14. An extract of the audit report along with the HSCP response is included at Appendix 2b.

Application Audit of Payroll (MB/1201/FM - issued July 2024)

15. This is a council wide audit with 8 recommendations, however only 4 impact on the HSCP.
16. An extract of the audit report along with the HSCP response is included at Appendix 2c.

Recommendations from previous audits (Appendices 2D-2H)

17. At the June 2024 meeting, a total of 49 recommendations were reported; 12 open and 37 which the HSCP considered to be closed but were pending verification from internal audit.
18. As a result of follow up work we now have 37 recommendations in total; 21 open and 16 which are considered closed and awaiting verification. This includes:-
19. The addition of 11 recommendations from the three new audit reports detailed above.
20. Two actions from the follow-up of HSCP Audits now considered closed.
21. A reduction of 23 recommendations from the follow-up of the Audit of Thornliebank Resource Centre (MB/1192/NS) (issued 28 August 2023) and the Audit of Emergency Payments (MB/1197/NS) (issued 16 January 2024). Internal Audit found that all recommendations made in these audit reports have now been implemented and are therefore verified as closed. These 2 audits are no longer included in the Appendices.
22. The table below summarises the total number of recommendations impacting on the HSCP which are either open or yet to be verified by internal audit. Further detail is included in the relevant appendix along with changes since last reported in each 'status' section.

Audit Report and Appendix		No. changed to considered closed since last reported	Recommendations		
			Total no. for HSCP	HSCP consider closed (awaiting verification)	Total open
Accounts Payable	2A	(new)	4	0	4
Accounts Receivable	2B	(new)	3	0	3
Application Audit of Payroll	2C	(new)	4	0	4
Follow-up of HSCP Audits	2D	2	8	2	6
Debtors	2E	n/a	1	1	0
SDS – Direct Payments	2F	0	3	0	3
Ordering and Certification	2G	n/a	4	4	0
Follow up of Business Operations and Partnerships Department	2H	0	2	1	1
Payroll	2I	n/a	8	8	0
TOTAL			37	16	21

NHS Internal Audit Activity relating to the Health and Social Care Partnership (Appendix 3)

23. A report has been provided by the Chief Internal Audit, which is included at Appendix 3.

CONCLUSIONS

24. We will continue to report on all open audit recommendations relating to both the IJB and HSCP to provide assurance of control and enable oversight of previous audits and demonstrate progress.

RECOMMENDATIONS

25. Performance and Audit Committee are asked to note and comment on the report.

REPORT AUTHOR AND PERSON TO CONTACT

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

6 September 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC 26.06.2024 – Audit Update

https://www.eastrenfrewshire.gov.uk/media/10458/PAC-Item-12-26-June-2024/pdf/PAC_Item_12_-_26_June_2024.pdf?m=1718729972503

Appendix	1A
Title	Ernst & Young 2022/23 Action Plan
Type	Internal Audit Activity relating to the Integration Joint Board
Status	No changes since last reported to PAC 26.06.2024 This will be superseded following approval of the 2023/24 Annual Report and Accounts

No	Finding / Risk	Grade	Recommendation	Management Action	Responsible Officer	Timing	Comments
1	Hosted Services						
	East Renfrewshire IJB hosts two services on behalf of other IJBs within the NHS Greater Glasgow and Clyde area. We noted that in practice there are no arrangements in place to document and maintain review of operational responsibilities.	Grade 2	The IJB should ensure that operational arrangements are documented and maintained for hosted services	Along with the other IJBs within NHSGGC we will review the arrangements and processes to support reporting on Hosted Services	Chief Financial Officer	31-Mar-24	Completed for 2023/24
2	Medium Term Financial Plan						
	We note that under the level of current financial pressures, there is a risk that the IJB's General Reserves will be exhausted during 2023/24. There is therefore a need to work with partners to develop a sustainable funding position.	Grade 1	There is an urgent need to work with partners to develop a sustainable funding position.	The current reporting to the IJB recognises the unprecedented financial challenges we are facing and that we are likely to deplete earmarked and general reserves during 2023/24. The IJB recognises the importance of the ongoing funding discussions with our partners that the Chief Officer and Chief Financial Officer are engaged in.	Chief Financial Officer	31-Mar-24	Non recurring financial support received for 2023/24. Meetings will continue.

Classification of recommendations

Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

Appendix	2A
Title	Audit of Accounts Payable MB/1216/IM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	New (Issued September 2024)

EXTRACT OF
REPORT ON AUDIT OF ACCOUNTS PAYABLE

1 INTRODUCTION

As part of the audit plan 2024/25, an audit of Accounts Payable was carried out.

The main risks associated with this area are that payments are made for goods or services that do not have a purchase order, have not been received or have not been authorised for payment. There is also a risk that insufficient checks are carried out on payment runs to ensure that duplicate payments are not being made.

At the time of the previous audit, it was highlighted that generally processes are working well and compliance checks are comprehensive. However, reconciliations were not being carried out for the daily e-invoicing processes. In addition, notification of leavers by management needs improvement to ensure prompt action is taken.

2 SCOPE

The scope of the audit was agreed with the Director of Business Operations and Partnerships prior to the start of the audit and covered the following control objectives:

- Payments are made only for goods and services that were subject of authorised orders
- Payments are made only for goods and services received
- All invoices are properly authorised and paid at the appropriate time
- Payments are made only to valid creditors
- Payments are correctly recorded in the financial ledger
- Housing benefits and Fostering/Adoption interfaces to the purchase ledger are identifiable and traceable and written procedures are available
- Evidence of accuracy checks of system interfaces to the purchase ledger are available for review
- Reconciliations are carried out regularly between feeders systems and the ledger
- The e-invoicing process is documented and adequate controls are in place for use of suppliers

The recommendations made in the previous creditors report MB/1185/FM issued during June 2023 were also followed-up during this audit and it was confirmed that all recommendations had been implemented in the agreed timescales. However a recommendation around a regular leavers report being utilised by the systems team to update leavers has been inconsistently applied and this recommendation remains outstanding.

This audit has been conducted in conformance with the revised Public Sector Internal Audit Standards.

3 GENERAL CONCLUSION

The audit highlighted that generally processes are working well and compliance checks are comprehensive. In particular the New Supplier Eform and the Request for Payment Eform work extremely well in ensuring control and authorisation of these processes and the E-Invoicing process is working well in streamlining invoice payments to suppliers who are part of the scheme.

There were two users who were not part of the Accounts Payable team (one inactive) who had been given user permissions which included being a purchase ledger processor whilst these users could also enter a purchase order. This is a relatively high risk area and to ensure only those who should have access to invoice processing do so, consideration should be given to the new user process to tighten controls here.

Punchout functionality should always be used where possible to ensure best possible prices and the accuracy of orders made. Leavers system access should be removed promptly and tighter controls are required around users with systems access rights.

Other recommendations are made which focus on purchasing and goods receipting processes which in themselves impact the invoice payment process and the financial ledger and also around housekeeping in terms of unused Eforms, and also invoices which have failed validation as part of the E-Invoicing process.

The assistance given to the auditor by various staff across the council is gratefully acknowledged.

The following recommendations are made and require attention.

4.3 All Invoices are Properly Authorised and Paid at the Appropriate Time

A sample of 15 invoices was taken from those which had required certification in 2023/24. Invoices require certification if they are outside the tolerance level within the system when compared to the Goods Receipt. This tolerance is set at £10 or 10% variance, whichever is greater.

In total, 8 out of 15 invoices within the sample of those requiring certification had been authorised appropriately.

One Goods Receipt had been entered to the full value of the order which was in relation to training courses yet to be booked. Only one training course out of six ordered was utilised. Integra accrues expenditure when a Goods Receipt is entered and therefore there was excess spend recorded for goods never received. Similar issues were noted in six other sample items where the quantity received was different to the amount on the order and GRN.

There is an excellent process in place to check payments to be made with all payments over £50k checked and a proportion of payments under £50k checked – this works extremely well. As part of the audit, a sample was taken of these checks and two payments were highlighted as potential duplicate payments by the process and subsequently cleared for payment. The process could be slightly improved if a small note was kept against all items checked as potential duplicates explaining why they were then cleared for payment.

Recommendations

4.3.1 Goods receipts should only be input at the appropriate level in relation to the actual quantity of goods received.

Action: Director of Education, Chief Officer HSCP

4.3.3 Following invoice authorisation, the order should be checked and if no more spend is expected against the order, it should be forced complete - including forcing the Goods Receipt complete if necessary to remove this accrual from the ledger.

Action: All Directors

4.4.4 Payments are made only to valid creditors

New suppliers are set up on the system via a bespoke integrated Eform. This is an electronic form which is workflowed through the Integra system to various officers at various stages. It is an excellent vehicle for this process with authorisation required at each stage before final sign off by the Compliance Officer. As part of sample testing, there was one Eform that had been at the form entry stage for some time, with no details completed on the form. On further checking, there are 133 new supplier Eforms at this stage dated between May 2022 and the current time. A sample of 10 of these forms was checked and it was found that for the most part, these forms were started in error and then have either never progressed or were superseded by a new form.

Similarly there is a Request for Payment Eform which allows a payment to be made to a supplier on a one-off basis without the need for a new supplier to be set up on the system. Again there was one form highlighted as part of sample testing which had been at the form entry stage since January 2024. Further analysis indicated there were 568 Request for Payment Eforms at this stage on the system.

Recommendations

- 4.4.2 Staff should be reminded if an Eform is started on Integra but then subsequently not used, these should be cancelled on the system.**

Action: All Directors

4.6 Payments are Correctly Recorded in the Financial Ledger

As part of sample checking it was noted that there were two occasions where expenditure could have been coded to a more appropriate expense head to allow for better analysis of ledger spend. One of the items was training which was coded to other employee costs. The other example was payment to an external supplier which was coded to payments to voluntary organisations.

Also noted as part of a different sample, one invoice was coded to an expense head that was not connected to the type of spend incurred. Audit were advised that this expense head was used as a means for grouping together costs as it was an expense head that was not used elsewhere over the Cost Centres concerned. In other sample checking this was found to be an issue across other departments.

Additionally as part of testing, the Business Continuity Plan was reviewed to assess plans of action in the event of a systems failure. No recommendations are made, however it is noted in section 6 of this plan that there is no viable alternative for service provision in the event of the Integra System being unavailable.

Recommendations

- 4.6.1 An appropriate expense head should be used at all times in order to easily identify expenditure. If one is not available, consideration should be given to creating a new one to properly reflect the nature of the spend incurred and if in any doubt, the Finance Business Partner should be contacted for advice.**

Action: Director of Environment, Chief Officer HSCP

Appendix	2B
Title	Audit of Accounts Receivable MB/1212/IM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	New (Issued July 2024)

EXTRACT OF
REPORT ON AUDIT OF ACCOUNTS RECEIVABLE

1 INTRODUCTION

As part of the Annual Audit Plan for 2024/25, an audit of accounts receivable was carried out. The total amount of outstanding sundry debt for the Council as at 24 April 2024 was £2.6 million (which is all sundry debt outstanding, not including Business Improvement District debt which is not Council Debt, and covering both the Council and Leisure Trust), of which £1.3 million (49%) was greater than 12 months old. The top 10 department codes account for £1.6 million (62%) of the total debt.

The main risks relevant to this area are that there is insufficient monitoring of debt which results in services continuing and debt accruing for which no action is being taken to recover. There is also a risk that departments do not take ownership of the debt resulting in amounts which could be recovered being approved for write off.

The co-operation and assistance given to the auditor during the audit is gratefully acknowledged.

2 SCOPE

The scope of the audit was to ensure that monies received are correctly accounted for and proper financial records are maintained. The audit covered the following control objectives:

- Accounts are properly raised and posted for all chargeable services
- Accounts are issued promptly in advance of the service being provided where possible
- Payments received are promptly processed and correctly posted to debtors' accounts
- Write-offs, cancellations and credit notes are properly controlled
- Arrears follow-up procedures are properly controlled.

A follow up of the previous audit (MB/1186/NS) issued in July 2023 was also carried out.

These objectives were agreed in advance and testing was carried out on transactions covering the period April 2023 to March 2024.

This audit has been conducted in conformance with the revised Public Sector Internal Audit Standards.

3 GENERAL CONCLUSION

The main areas of concern arising from the audit are similar to the previous audit, they relate to the level of outstanding debt and the fact that reports from the system suggest that the reminder process is not being done in a consistent manner. There also remains concern over the large amount of payroll related debt which is largely unrecovered and over 12 months old.

The sample of credit notes showed again that there is a high error rate in relation to accounting for VAT and whilst corrective action has been taken there is potential for this to cause issues with claims being made to HMRC. Also a more joined up, joint ownership of debt including a consistent approach to debt management between departments and Accounts Receivable would only enhance the recovery process and impact positively on protecting residents from long term debt issues. Additionally, some work needs to be done to ensure that debts that are suppressed are properly managed and kept under review.

The following recommendations are made and require action.

4 FINDINGS AND RECOMMENDATIONS

4.1 Aged Debt Analysis/Payroll Debt

A report was generated showing all debt covering both the Council and Leisure Trust as at 31st March 2024. This shows that there was a total £2.6 million outstanding, of which £1.3 million (49%) was greater than 12 months old. The top 10 department codes account for £1.6 million (62%) of the total debt of which £190,162 was payroll related debt.

The analysis of the debt also shows that it is the same departments and services that are accruing the debt as reported in previous audits with HRA Property Services (£331k), Housing Structural Improvements (£323k) and HSCP Nursing Homes (£302k), accounting for 31% of all outstanding debt.

The Table below illustrates debt over 12 months old for the 5 areas with the most Council debt and confirms the level of payments made in each area.

Area	Original Debt	Outstanding Bal	Payments Made	% Paid
HRA Property Services	£229k	£209k	£20k	8%
HSG Structural Improvements	£386k	£273k	£113k	29%
Nursing Homes	£157k	£152k	£5k	3%
Payroll	£150k	£136k	£14k	9%
HSCP – Telecare	£61k	£58k	£3k	6%

As shown above, four out of the five departmental debt balances that are over 12 months old have collected less than 10% of the original balance, highlighting that payment in advance of the service, or if this is not possible, early intervention is crucial in preventing balances accumulating.

More specifically, further analysis of the payroll related debt indicates that, in total, there have been 452 accounts raised since 2017 to date in relation to payroll overpayments totalling £407k. In total, 295 accounts have been fully settled (£202k) representing 50% of the total of the accounts raised. It should be noted that this only refers to payroll overpayments for leavers and does not include the debt that is being recovered from current employees via the payroll system.

This leaves 157 accounts either partially paid or with no payments having been made as detailed in the table below. The top ten outstanding accounts total £74k. It is also noted 28% of the accounts with an outstanding balance relates to accounts issued in the last financial year.

Status	No of accounts	Original Balance £000	Balance outstanding £000
Partly paid	36	58	42
No payments	121	147	147
Total	157	205	189

Various recommendations have been made across a number of reports highlighting the importance of managers following the leavers procedures and ensuring that payroll are notified immediately to prevent such debt arising however due to the financial impact on the Council and employees/residents this recommendation is reiterated here once more.

Recommendation

- 4.1.1 Directors must ensure that they have appropriate processes in place to notify Payroll immediately as soon as they are aware that an employee they are responsible for will be leaving the Council to ensure unnecessary payroll related debt is not incurred.**

Action: All Directors

4.2 Invoicing

A sample of 30 council and 5 ERCLT debtors invoices were selected at random for testing. One aspect of testing is to confirm that charges raised are in line with charging policies agreed in the Charging for Services report. Three anomalies were noted:

- On one occasion charges have been raised by the Mixed Tenure Scheme around property clearances which are not included in the Charging for Services report.
- A further invoice was found to have used the 2022/23 rate of charge when the service occurred in 2023/24.
- On one further occasion, the rate used in the charge was inconsistent with the rates agreed in the Charging for Services report, where a let was charged at the midweek rate rather than the weekend rate. The department have confirmed that the charge will be re-assessed in the next Charging for Services report to be submitted to cabinet.

Lastly when auditing an invoice raised for a commercial rent, it was confirmed that the lease had not been renewed since 2019. The rental has continued at the 2019 rate since then and the department have confirmed that a full review of commercial rents and lease agreements will take place within this financial year. No recommendation is made at this time as a full review of commercial rent is included in the Audit plan for 2024/25.

Another part of the testing was to ascertain if the invoice had been issued to the customer in advance of the service being provided. It was noted that only six of the invoices in the sample of 30 had been invoiced in advance of the service which included invoices for property rental, road closure charges, Wraparound care and bond payments held around events at Rouken Glen Park. Some of the areas in the sample where invoices were not raised in advance but would be considered appropriate for this treatment would include areas such as BID, Property Rentals, and Playschemes.

At the time of the last audit, none of the invoices were raised in advance of the service being provided and included BID, Property Rentals, Factoring and Education Wraparound Care so some progress is indicated in the sample.

The Debt Recovery Policy was approved by Cabinet on 23 March 2023 and clearly states that **“The Council’s preference is that payments for these services must be obtained prior to the service being provided, unless due to circumstances of the charge, it is not possible to do so.”**

Each of the customers in the sample were also reviewed to determine if they had historical debt and this showed that in 7 cases there was debt older than 90 days. In one case the customer has a large balance (£23k) related to commuted sums to be paid – this balance is over a year old and the department were not aware it was outstanding.

As part of the audit, departments were asked around their approach to debt recovery, specifically around the following extract from the Councils Debt Management Policy.

- *While Revenue Services are involved in the recovery of the debt, the responsible Department has a critical role to play in minimising sundry debt which includes stopping service, or the non supply of a future, non statutory Council service. Revenue Services will provide departments with Management Information on a regular basis to show the debt outstanding which they are responsible for;*
- *Departments should take pro-active action to engage with customers to aid recovery*

The response was at times inconsistent. Departments do receive reports from the revenue service to confirm if accounts should be passed to the sheriff officer and engage with the Accounts Receivable Team consistently at this point, but reporting, action and collaboration prior to this end stage of recovery is inconsistent with a lack of clarity around stages of collection and areas of responsibility. There is good practice in Education where close work with customers prevents problems arising through early intervention and also within Environment involving regular use of reports and addressing arrears at an early stage in partnership with the customer. However, a consistent, joined up approach within departments and across the Council could aid in income recovery and allow earlier intervention in the debt process. This would also allow a better view to be formed as to whether, as a last resort, a service should be withdrawn

Recommendations

- 4.7.4** *Departments must ensure that invoices are raised in advance of the service being provided where possible to minimise the risk of bad debts.*

- 4.7.5** *Improved communication and joint ownership of the debt recovery process between accounts receivable and departments needs to be established to aid income recovery. Departments should make consistent use of reports available to monitor outstanding debt*

Action: Director of Environment, Director of Education, Chief Officer of HSCP

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	Directors must ensure that they have appropriate processes in place to notify Payroll immediately as soon as they are aware that an employee they are responsible for will be leaving the Council to ensure unnecessary payroll related debt is not incurred.	A reminder will be sent to managers. Further comms to be included in the staff bulletin along with the reminders from the payroll audit.	30-Sep-2024 31-Dec-2024	New	
4.7.4 (Med)	Departments must ensure that invoices are raised in advance of the service being provided where possible to minimise the risk of bad debts.	The HSCP has an agreed process in place with the debtors team. We will review this to identify whether any change may improve this and will also inform any changes to process from the implementation of the finance module within Mosaic. In relation to services for care it is not appropriate to raise invoices in advance.	31-Dec-24	New	
4.7.5 (Med)	Improved communication and joint ownership of the debt recovery process between accounts receivable and departments needs to be established to aid income recovery. Departments should make consistent use of reports available to monitor outstanding debt	As above	31-Dec-24	New	

Appendix	2C
Title	Application Audit of Payroll MB/1201/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	New (Issued July 2024)

EXTRACT OF
REPORT ON THE APPLICATION AUDIT OF PAYROLL

1 INTRODUCTION

As part of the 2023/24 audit plan, an application audit of Payroll was undertaken.

2 SCOPE

The review covered the following key control objectives which were agreed with the Head of HR and Corporate Services prior to the start of the audit:

- Each transaction is authorised, complete, accurate, timely and input once only
- An appropriate level of control is maintained during processing to ensure completeness and accuracy of data
- Controls ensure the accuracy, completeness, confidentiality and timeliness of output reports and interfaces
- A complete audit trail is maintained which allows an item to be traced from input through to its final resting place and a final result broken down into its constituent parts
- Arrangements exist for creating back-up copies of data and programmes, storing and retaining them securely, and recovering applications in the event of failure

The previous Audit of Payroll (MB/1151/FM) was also followed up as part of this audit. Twenty two recommendations were made in that audit, all of which were accepted in the departmental responses.

This audit has been conducted in conformance with the revised Public Sector Internal Audit Standards.

3 CONCLUSION

Testing of payroll application audit controls was satisfactory and no significant issues were identified.

Follow up of the recommendations made in the previous payroll audit (MB/1151/FM) showed that 13 of 22 recommendations have been fully implemented, with 7 remaining outstanding and included again below (the remaining two that were not implemented have already been included as recommendations within the audit of Payroll (MB/1194/FM), issued 30 January 2024.)

The following points should be addressed.

5 Follow-up of the Audit of Payroll (MB/1151/FM)**5.1 Plain Time Overtime**

It has been highlighted several times in previous audit reports that in some cases, employee's plain overtime hours continue to be incorrectly coded to additional basic hours instead of the plain overtime payroll code. Additional basic is treated as pensionable pay and as such should only ever be used for part time employees.

Audit analysed overtime data from 1 April 2023 to establish if it was still the case that managers were approving plain time overtime incorrectly posted to additional basic hours. It was found that in the period from 1 April 2023 to 18 December 2023 there were 62 full time employees where managers had incorrectly authorised overtime hours as additional basic hours instead of plain overtime.

It was previously recommended by audit and accepted by management that a report should be written to identify full time employees where additional basic is paid. This report should be run periodically and reviewed and managers contacted and advised of the correct code to be used. The implementation date for this was agreed to be 31 December 2022. HR has advised that it is not possible to produce such reports.

In accordance with the policy, it was previously recommended that line managers must ensure that all employees on 35 hour contracts or part-time contracts have worked 37 hours in the week before overtime at time and a half is authorised. Audit ran a report listing all overtime claimed on the Employee Self Service module and this was then analysed to show all employees that had claimed time and a half without claiming plain time. This data was then matched to the report listing all employee's contracted hours to allow identification of employees not on 37 hour contracts that were claiming time and a half without claiming two hours at plain time first.

A sample of ten employees from the above file were reviewed and it was found that in seven cases, the employees had consistently claimed time and a half for all overtime rather than claiming the first two hours each week at plain time.

Recommendation

5.1.1 Directors must ensure that line managers are aware that plain time overtime must be used instead of additional basic for full time employees.

5.1.2 Directors must ensure that line managers reject overtime claims for time and a half if 37 hours have not been worked by the employee that week.

**Action: Director of Business Operations and Partnerships,
Director of Environment
Chief Officer of HSCP**

5.2 Double Time Overtime

The Council policy states that double time can only be paid for hours worked on a public holiday. An overtime report was produced and analysed to identify all double time overtime claims in 2022 and 2023 (to 6th November 2023) that did not occur on a public holiday.

In total, there were 12 double time overtime claims submitted and authorised outwith public holidays for a total of 50.5 hours to be paid to 7 employees. These employees worked in Environment, HSCP, BO&P and ERCLT.

There were several other overtime claims that had been submitted for double time outwith a bank holiday but these had either been rejected by the line manager or had a status of "provisional" or "error" and had not been processed through payroll.

Recommendation

5.2.1 Directors must ensure that line managers are aware that they should only approve payment of double time overtime for hours worked on a public holiday. There should be no exceptions to this policy.

**Action: Director of Business Operations and Partnerships,
Director of Environment
Chief Officer of HSCP**

5.3 Overtime for Employee at Grade 10 and Above

It was noted in a previous sample from the last audit that there were employees at grade 10 and above (G10+) that were claiming overtime and that the overtime payments for these employees had not been authorised by an officer at a grade 18 or above (G18+) in accordance with the HR policy.

A sample of five employees G10+ were selected and evidence was requested from the employees line manager to ascertain if there was evidence that the overtime had been approved by an officer at G18+. In two cases in the sample, the employee's line manager was G18+ therefore there was no need for secondary authorisation. In one case there was evidence that the claim had been separately authorised by a G18+ and in the remaining two cases evidence was not provided to audit to show that the claims had been authorised by a G18+.

It was also recommended at the time of the last audit that enquiries should be made to find out if it is possible to build a secondary authorisation alert into the iTrent overtime claim process for employees at G10+. The response from HR advised that this was not possible at that time but they would approach the software supplier about it and a completion date of 30 June 2022 was given. Audit submitted a test overtime claim for a G10+ employee and it was confirmed that there was still no secondary authorisation alert for overtime claims at this level.

Recommendation

- 5.3.1 ***Line managers must ensure that where an employee at grade 10 or above is claiming overtime that the claim is authorised by an employee at grade 18 or above. Consideration must also be given to whether an overtime payment is appropriate or whether time off in lieu at plain time is more appropriate.***

**Action: Director of Environment
Chief Officer of HSCP**

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
5.1.1 (Med)	Directors must ensure that line managers are aware that plain time overtime must be used instead of additional basic for full time employees.	A communication was issued to managers on 16th August 2024 and a further reminder will be scheduled in the staff bulletin. Managers of individuals identified in the sample will be contacted directly. We will work with HR and payroll colleagues where any specific action is needed.	31-Dec-24	New	
5.1.2 (Med)	Directors must ensure that line managers reject overtime claims for time and a half if 37 hours have not been worked by the employee that week.	As above	31-Dec-24	New	
5.2.1 (Low)	Directors must ensure that line managers are aware that they should only approve payment of double time overtime for hours worked on a public holiday. There should be no exceptions to this policy.	As above	31-Dec-24	New	
5.3.1 (Low)	Line managers must ensure that where an employee at grade 10 or above is claiming overtime that the claim is authorised by an employee at grade 18 or above. Consideration must also be given to whether an overtime payment is appropriate or whether time off in lieu at plain time is more appropriate.	As above	31-Dec-24	New	

Appendix	2D
Title	Follow-up of HSCP Audits MB/1204/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC 26.06.2024 - 4.3.1 and 4.3.2 now considered closed - Notes updated at 4.1.1, 4.2.1, 4.2.2, 4.5.1, 4.5.2

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Low)	The disposal of inventory forms should be signed by a manager/supervisor for all disposals.	Reminder email to be issued – sent 31.05.2024. A review of the HSCP inventory process is also planned.	31-May-24	Open	A reminder was issued 31.05.2024. The process will be reviewed by the end of the calendar year.
4.2.1 (High)	Fully functional reports showing varies to cost should be used to regularly review and amend service agreements where appropriate.	Report developed and put in place September 2023. The changes to the Supporting People Framework and the associated reviews have taken priority. Once the reviews are complete this report will be part of routine monitoring. The report will be issued monthly from August 2024. The finance module in MOSAIC, which will commence April 2025, is expected to eliminate the vary process.	31-Aug-24	Open	The report has been produced and Finance Support Officers will review and discuss with Service Managers and others as appropriate.
4.2.2 (High)	Audit should be advised when the quarterly meetings to confirm varies are put into action.	As above. Meeting schedule will commence August 2024.	31-Aug-24	Open	As above

4.3.1 (Low)	A review of the uprating process for non-framework service agreements should take place to address the processing of varies where a rate has been approved to be paid but needs to be updated on a service agreement. Service agreements should be identified and subject to independent review and update prior to processing the next period invoice.	<p>The process for uprating non-framework service agreements was revised in February 2024. Rate changes are made by the Carefirst system team.</p> <p>Any provider queries re rates are picked up via Finance or Contract Monitoring and will be resolved with the respective services.</p> <p>There is a monthly housekeeping process in place and the vast majority of varies are downwards so there is no offset as the amount paid is lower than the committed value.</p> <p>There can be amounts not matched and the majority of these are due to providers invoicing at a rate lower than the service agreement – and in such a case it is incumbent on the provider to raise the invoice.</p> <p>Any credit value not matched will be by exception as no invoice will be paid that is above the committed value – but there may be timing differences.</p> <p>As above the move to MOSAIC will eliminate the need for varies.</p>	30-Sep-24	Considered closed (pending verification)	All actions have been completed and this is now considered closed, pending verification
4.3.2 (Med)	Housekeeping checks should be implemented ensuring that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared.	Please see above	30-Sep-24	Considered closed (pending verification)	As above

4.4.1 (Low)	Audit should be advised when the review of the policy is complete and a copy of the revised policy should be provided.	The redesign of Inclusive support is ongoing, with a best value review commencing in October 2024 and the outcome of this will determine any revisions to the policy. This will then be provided.	31-Mar-25	Open	
4.5.1 (Low)	The bank should be advised to remove the former Unit Manager of Bonnyton House from the list of authorised signatories and confirmation from the bank of the remaining authorised signatories should be provided to audit.	The previous unit Manager has been removed as a signatory and the current mandate will be provided to internal audit.	31-Jul-24	Open	Information has been passed to internal audit which is currently being reviewed
4.5.2 (Med)	Details (account name, number and sort code) of all Bonnyton House bank accounts that have been in existence since 2018 should be provided to audit.	A list of accounts will be provided to internal audit.	31-Jul-24	Open	As above

Appendix	2E
Title	Debtors MB/1188/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 26.06.2024 All recommendations considered closed

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.5.1 (High)	All Managers should be instructed that they must notify the system administrator immediately of all leavers to allow system access to be removed promptly.	We will remind staff of the various actions to be taken when processing a leaver.	31-Aug-23	Considered Closed (Pending verification by internal audit)	An integra system alert was sent to all integra users. We have also circulated to our Extended SMT to ensure that managers are aware of the process and steps to take.

Appendix	2F
Title	Self-Directed Support – Direct Payments MB/1171/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC 26.06.2024 - note updated at 4.1.1

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	The financial review of direct payments should be completed as soon as possible.	Already under way. This will be done in a phased approach to manage workload	30-Jun-23	Open	All direct payment recipients have been contacted for a financial review. Information received has been scanned onto carefirst and social work managers directed to review where appropriate. Reminders were sent to those who didn't respond in August 2023. This review work is ongoing and will sit alongside reviews under the Supporting People Framework. Cases where we have had no response have been referred to operational management to follow up. SPF reviews are ongoing, and all DPs are being reviewed as part of this. We expect this action to be closed by the end of the SPF review calendar
4.1.2 (High)	The HSCP management should ensure going forward, that all direct payment service users have provided receipts to support expenditure and that any unspent monies are recovered on an annual basis.	We will follow the CIPFA and Scottish Government guidance, which exempts some small spends etc. It is sometimes obvious from bank statements what spend is being incurred therefore receipts are not necessary. We will, however, implement a risk-based assessed approach to financial monitoring based on care package cost and previous history. Agreed that unspent monies should be recovered annually, in conjunction with a review by operational staff.	30 June 23 then ongoing	Open	As above. Balances are being highlighted to care managers and recovery of unspent funds will follow review.
4.1.3 (Med)	Consideration should be given to reviewing the full years bank statements for each service user to ensure that the review is comprehensive and provides appropriate assurance regarding the use of public funds.	All users should receive a financial review, however this should be in line with CIPFA and Scottish Government guidance.	31-Mar-24	Open	Where there is evidence of inappropriate spending, full receipts will be asked for.

Appendix	2G
Title	Ordering and Certification MB/1178/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.03.2024 All recommendations considered closed

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Med)	All Directors should instruct employees with responsibility for ordering to ensure that approved suppliers are being used.	We will issue a reminder to all employees responsible for ordering	28-Feb-23	Considered Closed (Pending verification by internal audit)	Email issued to Business Managers to cascade to those staff who process orders on Integra
4.1.2 (Med)	All departments should monitor spend against suppliers and where thresholds have been breached the appropriate contract route should be followed to ensure best value is being achieved.	Commissioning liaise with procurement regarding best value. Tolerance is managed in relation to social care agency spend to meet service requirements.	Ongoing	Considered Closed (Pending verification by internal audit)	Process established with Commissioning and Procurement to identify and action breached thresholds if applicable
4.1.3 (Med)	Departments should ensure that contracts are reviewed to ensure that they are not allowed to expire and liaise with Procurement to allow appropriate action to be taken.	Commissioning have regular meetings with services and procurement to oversee contracts.	Ongoing	Considered Closed (Pending verification by internal audit)	Process in place with Commissioning and services to monitor contracts. Commissioning and procurement have process in place to review new and existing contracts.
4.4.1 (Low)	All Directors should instruct employees with responsibility for ordering to ensure that the appropriate reference is added to the order to evidence that a contract is being used for the purchases.	We will issue a reminder to all employees responsible for ordering as per 4.1.1	28-Feb-23	Considered Closed (Pending verification by internal audit)	As per 4.1.1 - Email issued to Business Managers to cascade to those staff who process orders on Integra including SOP for Purchase Order Entry

Appendix	2H
Title	Follow-up of Business Operations and Partnerships Department Audits MB/1177/MB
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC 26.06.2024 - Note updated at 4.6.1

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.5.1 (Med)	<p>Robust checks should be carried out by departments to ensure that the inventory records are accurate and that:</p> <ul style="list-style-type: none"> • the assigned user details are accurate, up to date and only include names of current employees. • individual users do not have more than one mobile or one laptop • clarification is provided to ICT promptly of any devices on the lists which are no longer needed or which need to be re-assigned to a different employee • clarification is provided to ICT of the reasons for devices where a named employee is not assigned to it. (e.g. pool phone) and this should be noted 	<p>A full review of this year's inventories will be undertaken to ensure each point has been addressed.</p>	Mar-23	Considered closed (pending verification)	<p>Laptops and mobile phones were included in a central HSCP inventory for 2022. These have now been included within service inventories for 2023. Business Managers have been asked to coordinate this across service areas. In addition a reminder was included in the Staff Bulletin that staff must notify when laptops are switched.</p>
4.6.1 (Med)	<p>Reports should be reviewed to ensure that only minimal SIM packages are provided for each employee and that employees are advised to return to work from council premises if they do not have adequate home broadband to meet work requirements.</p>	<p>We will continue to review billing and address high users on an individual basis, with regular overview reports to SMT</p>	Dec-22	Open	<p>A review of equipment was undertaken in 2023 and staff who did not require smart phones with email access have been swapped to call only plans. Mobile and laptop sims have also been reviewed to verify current users and a number of contracts cancelled. Reminders have also been issued regarding data usage along with guidance for checking this. Changes to the Council vodaphone contract has also reduced costs. Exception reporting is followed up on if usage is outside limits. An annual survey to confirm allocated mobile numbers was issued in August 2024.</p>

Appendix	21
Title	Payroll MB/1151/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 26.06.2024 All recommendations considered closed

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.3.1 (High)	Line managers must ensure that the online leavers form is fully completed and submitted in advance of the employee leaving.	A reminder will be issued to Managers. We have requested from HR colleagues whether a compliance report can be produced.	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022. System only able to report on who forms have been completed for.
4.3.2 (Med)	Line managers must ensure that the Exit Procedures Leavers Checklist is actioned and saved to Information at Work for all leavers.	As above	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022. System unable to generate reports
4.4.1 (Med)	Line managers must ensure that all employees on 35 hours contracts or part-time contracts have worked 37 hours in the week before overtime at time and a half can be claimed.	A reminder will be issued to Managers	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.4.2 (Med)	Line managers must ensure that care is taken to look at overtime claimed according to the week in which it was worked to ensure that the correct rate of pay is claimed.	A reminder will be issued to Managers	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.4.3 (Low)	Line managers must ensure that where an employee at grade 10 or above is claiming overtime that the claim is authorised by an employee at grade 18 or above. Consideration must also be given to whether an overtime payment is appropriate or whether time off in lieu at plain time is more appropriate.	A reminder will be issued to Managers	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022

4.5.1 (Low)	Double time should only ever be paid for hours worked on a public holiday and there should be no exceptions to this policy.	The example quoted in the report was an exceptional circumstance in an unprecedented pandemic situation and this was agreed to ensure capacity to safely deliver services and protect our residents. The authorising manager has now left however this was discussed with trade unions at the time and steps put in place to ensure it would not happen again.	N/A		
4.10.1 (Low)	Line managers should be reminded of the managing absence policy and their responsibilities as managers.	A reminder will be issued to Managers	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.10.2 (Low)	Line managers must ensure that all absence documentation is filed in the appropriate manner promptly.	A reminder will be issued to Managers	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****25 September 2024****Report by Chief Auditor****NHSGGC INTERNAL AUDIT PROGRESS REPORT 2023/24****PURPOSE OF REPORT**

1. To provide summary details of the audits completed by the NHS Greater Glasgow and Clyde (NHSGGC) internal auditors during 2023/24. The internal audit service is currently provided by Azets.

BACKGROUND

2. The East Renfrewshire Integration Joint Board directs both East Renfrewshire Council and NHSGGC to deliver services on its behalf to enable it to deliver on its strategic plan.

3. Both East Renfrewshire Council and NHSGGC have internal audit functions which conduct audits across their organisations and report the findings of these to their respective audit committees.

NHSGGC INTERNAL AUDIT ACTIVITY TO SEPTEMBER 2024

4. The report in appendix 1 provides a summary to the Performance and Audit Committee of the internal audit activity undertaken within the NHSGGC received since the last meeting.

5. Details of five reports were received. Four of these were classified as needing minor improvement and one was classified as effective.

RECOMMENDATION

6. The Committee is asked to:

- (a) Note the contents of the report.

M Blair, Chief Auditor
12 September 2024

NHSGGC INTERNAL AUDIT PROGRESS REPORT 2023/24

1. Reports Issued

Details of a further five audits from the 2023/24 and one from the 2024/25 audit plan have been provided by the NHSGGC internal auditors as summarised below, in addition to follow up work being carried out.

Review	Overall audit rating (Note 1)	No. of issues per grading (Note 2)			
		4	3	2	1
Performance Monitoring	Minor Improvement required	0	0	1	0
Financial Management and Reporting	Minor Improvement required	0	0	2	1
Discharge Planning	Minor Improvement required	0	1	7	1
Waiting List Management	Minor Improvement required	0	0	4	0
Digital Health and Care Strategy	Effective	0	0	0	0

2. Performance Monitoring

NHSGGC has a purpose, values and four key aims:

- Better health – Improving the health and wellbeing of the population
- Better care – Improving individual experience of care
- Better value – Reducing the cost of delivering healthcare
- Better workplace – Creating a great place to work

An Assurance Information Framework (AIF) is in place to outline how each of these aims and underlying objectives are measured and monitored. The audit covered preparation, review, implementation and compliance against the AIF. A number of areas of good practice were identified and only one grade 2 recommendation was made which related to distinguishing more clearly the indicators which are collated from external stakeholders or on a less frequent basis (eg annual):

3. Financial Management and Reporting

The audit found that the NHSGGC has a well-designed set of controls and processes in place to support effective financial management and reporting at both strategic and operational levels. The financial challenges facing boards across NHS Scotland in 2024/25 and beyond is likely to be significant with continued pressure from the delivery of savings and inflationary pressures. The auditors concluded that the robust underlying controls identified should provide a strong foundation to support the challenges ahead.

Three minor areas of improvement were identified:

- Introduction of a document to supplement the Standing Financial Instructions detailing specific responsibilities at budget holder level
- Consideration in future financial planning of savings still to be realised
- Introduction of template to assist budget holders to provide consistent information on variances

4. Discharge Planning

Delayed discharges continues to be a challenge across NHS Scotland. The audit identified generally well designed processes in place to promote active discharge planning as a means of reducing the likelihood of delay, however they are not always consistently applied. Audit testing was based on interviews with staff across 15 wards covering 10 hospitals. Interviews were also held with nine stakeholders in Acute and Social Work teams, one of which was based in East Renfrewshire HSCP.

In total nine recommendations were made, five related to compliance with existing procedures and four related to control design. The most significant recommendation related to strengthening the governance arrangements to identify and resolve issues of non-compliance with the Discharge Policy.

5. Waiting List Management

This audit focussed on the management of waiting lists for patients with actual or suspected cancer and arrangements in place for improving performance against the two key national performance measures set by the Scottish Government.

Four recommendations were made which included reviewing local guidance on cancer tracking to ensure it was reflective of current arrangements and national guidance, ensuring that waiting time adjustments are consistently documented and performance trajectories into 2024/25 and beyond are accurate, achievable and monitored.

6. Digital Health and Care Strategy

A new digital strategy setting out a vision for using digital technology to improve patient outcomes and provide efficiencies in service delivery was approved in 2023. The audit concluded that effective processes are in place to develop and implement the Digital Strategy. Extensive internal and external stakeholder engagement was also observed in developing the strategy. Several areas of good practice were identified during the review and no recommendations were made.

Note 1 - The overall audit report rating is based on the following table:

<i>Immediate major improvement required</i>	<i>Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>
<i>Substantial improvement required</i>	<i>Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met</i>
<i>Minor improvement required</i>	<i>A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate and effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>
<i>Effective</i>	<i>Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>

Note 2 - Issues within these reports are graded on the following basis.

4	<i>Very high risk exposure – major concerns requiring immediate senior management attention that create fundamental risks within the organisation</i>
3	<i>High risk exposure – absence/failure of key controls that create significant risks within the organisation</i>
2	<i>Moderate risk exposure – controls not working effectively and efficiently and may create moderate risks within the organisation</i>
1	<i>Limited risk exposure – controls are working effectively but could be strengthened to prevent the creation of minor risks or address general house-keeping issues.</i>



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	25 September 2024
Agenda Item	12
Title	Annual Policy Update
<p>Summary</p> <p>This paper provides an overview of the policies relating to the Integration Joint Board and when they were last reviewed. This paper is for information only.</p>	
Presented by	Margaret Phelps, Planning, Performance and Commissioning Manager
<p>Action Required</p> <p>Members of Performance and Audit Committee are asked to note the report.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

25 September 2024

Report by Chief Officer

ANNUAL POLICY UPDATE

PURPOSE OF REPORT

1. This paper provides an update on policies relating specifically to Integration Joint Board governance.

RECOMMENDATION

2. Performance and Audit Committee are asked to note the report.

BACKGROUND

3. The Integration Joint Board has a number of policy documents which relate specifically to the governance of the IJB.
4. It was agreed by the Performance and Audit Committee in 2022 that an annual overview report showing the review status of each policy would be presented to Performance and Audit Committee each year to promote transparent governance.
5. Where policies do not have a statutory review date, or are dependent on other bodies/legislation changes, a formal review will be prompted at that time. Should there be any legislation or other significant changes during the year, reports will be brought to either PAC or IJB for approval as appropriate.

REPORT

6. The following table details the review cycle, along with the dates of the last formal review and when the next review is due. Those which do not have a set review period are because changes as triggered by legislation/other bodies.

Policy	Review Cycle	Last Reviewed	Review Due
Integration Scheme	No specific review period – As required by The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) 2014 Act	January 2018	Review in progress – see update at paragraph 7.
Standing Orders	No specific review period – As required by The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) 2014 Act	June 2016	n/a
Code of Conduct	No specific review period – As required by Standards Commission	March 2022	n/a
Financial Regulations	Annually	September 2024	September 2025
Reserves	Annually	September 2024	September 2025
IJB Risk Policy and Strategy	Bi-annually	September 2022	In progress
IJB FOI Policy	Bi-annually	September 2024	September 2026
IJB Publications Scheme	Annually	September 2024	September 2025
IJB Records Management Plan	Annually	September 2024	September 2025
IJB Complaints Handling Procedure	No specific review period - as required by Scottish Public Services Ombudsman	May 2021	n/a

Integration Scheme

7. The Public Bodies (Joint Working) (Scotland) Act 2014 (the ‘Act’) requires Local Authorities and Health Boards to jointly prepare an Integration Scheme. It sets out the key arrangements for how Health and Social Care Integration is to be planned, delivered and monitored within their local area.
8. Integration Schemes are required by statute to be reviewed within a “relevant period” of five years from initial publication. In order to ensure consistency where possible across the six HSCPs and to reduce duplication of effort, it was decided to carry out simultaneous reviews to enable revised Schemes to be agreed at the same time.
9. As part of the current review process (previously postponed during the pandemic), the draft Schemes for all six HSCPs were considered at the Health Board’s Finance, Planning and Performance Committee on 4th October 2023. The East Renfrewshire Scheme was also reviewed at the meeting of East Renfrewshire Council on 25th October 2023 and approved for consultation. The outcome of which, were that no changes were required.
10. The HSCP wide work remains ongoing and is expected to be concluded on resolution of varying legal opinions.

Financial Regulations

11. The financial regulations set out the financial governance regulations under which the Integration Joint Board operates and identifies the roles and responsibilities of the IJB, the Chief Officer and the Chief Financial Officer.
12. There are no changes to the policy, which was last reviewed in September 2024.
13. Members of the Performance and Audit Committee should be assured that if there are any changes in legislation between review periods the regulations will be revised as required.

Reserves Policy

14. The Reserves Policy provides the detail to support the governance in respect of reserves. Whilst the reserves policy is unchanged, it is worth noting that the policy has supported our reserves strategy which has served us well over a significant and continued period of change.
15. The optimum/maximum level of general reserve we should hold per our policy is 2% of our budget. Recognising the ongoing financial challenge to the IJB we have not been compliant with this policy for a number of years and following the financial recovery process we have no general reserve.
16. The IJB recognises the tension between holding free reserves and not protecting spend on front line services however the budget set in March 2024 recognised we needed to begin to rebuild reserves.
17. There are no changes to the changes to the reserves policy, which was last reviewed in September 2024.

IJB Risk Policy and Strategy

18. We are currently reviewing our IJB Risk Policy and Strategy however due to capacity constraints it was not been possible to conclude this by September. From our initial review, some changes have been identified including rewording the risk scoring matrix.
19. The revised policy will be presented to IJB for approval by the end of the financial year.

IJB FOI Policy and Publication Scheme

20. The IJB FOI Policy has been reviewed in line with its bi-annual review cycle. Minor wording changes were made at paragraphs 1.1 (removing the word normally) and 3.3 (added reference to reporting requirements).
21. Section 23 of the Freedom of Information (Scotland) Act 2002 requires Scottish public authorities to produce and maintain a publication scheme. This is called the "publication scheme" duty.

22. The IJB publication scheme is based on the Scottish Information Commissioner's (SIC) model publication scheme therefore substantive changes to the scheme would be triggered by the SIC. There have been no changes to SIC model publication scheme since 2021. However we review the scheme annually to ensure it remains up to date, in particular, in relation to our guide to information. As this is hosted online the scheme remains a 'live' document and is updated as and when policies and plans change throughout the year, however the scheme is still reviewed as a whole annually to ensure all changes have been captured.
23. The only changes required are for the revised documents detailed in this report to be replaced.

IJB Records Management Plan

24. The Public Records (Scotland) Act 2011 requires public authorities to prepare and implement a Records Management Plan (RMP) which must set out proper arrangements for the management of its records.
25. The IJB Records Management Plan was last approved by the IJB in August 2022 and it was deemed that no changes were required when reviewed in 2023. Our most recent review has found that some links to our partners' documents and guidance embedded within the plan were out of date therefore these have been updated.
26. As there are no significant changes required, there is no need to formally present the revised plan to the IJB for approval.

CONCLUSIONS

27. In order to promote transparent governance, the Performance and Audit Committee will continue to receive an annual overview report on policies relating to IJB governance in September of each year.
28. In the event of any legislative or policy change in the interim, specific reports will be brought to the Performance and Audit Committee and/or the Integration Joint Board as appropriate and will also be reflected in the following annual overview.

RECOMMENDATIONS

29. Performance and Audit Committee are asked to note the report and those policies which have been reviewed.

REPORT AUTHOR AND PERSON TO CONTACT

Margaret Phelps, Strategic Commissioning, Planning and Performance Manager
Margaret.Phelps@eastrenfrewshire.gov.uk

9 September 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

All policy documents referred to in this paper can be found within the IJB Publication Scheme at <https://www.eastrenfrewshire.gov.uk/ijb-documentation>



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	25 September 2024
Agenda Item	13
Title	IJB Strategic Risk Register
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

25 September 2024

Report by Chief Financial Officer

IJB STRATEGIC RISK REGISTER UPDATE

PURPOSE OF REPORT

1. This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

BACKGROUND

3. In accordance with the agreed monitoring policy this report provides the Performance and Audit Committee with an update on the strategic risk register.
4. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risk to make it a useful working document.
5. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

Likelihood	Score								
Certain	4	Low (Green)		Medium (Yellow)		High (Red)		High (Red)	
Likely / probable	3	Low (Green)		Medium (Yellow)		Medium (Yellow)		High (Red)	
Possible / could happen	2	Low (Green)		Low (Green)		Medium (Yellow)		Medium (Yellow)	
Unlikely	1	Low (Green)		Low (Green)		Low (Green)		Low (Green)	
Impact		Minor	1	Significant	2	Serious	3	Major	4

6. In normal circumstances the policy states the tolerance for risk is as follows:

Risk Score	Overall rating
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

REPORT

7. The Strategic Risk Register is a 'live' document; the latest version is attached at Appendix 1.
8. The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place on 26 June 2024. Since last reported:-
 - No new risks have been added
 - No risks have been removed
 - No risk scores have changed
 - 1 risk remains red post mitigation (Financial Sustainability)
9. Risk control measures have been reviewed and updated to reflect any proposed mitigation which has been completed, or where the expected date for completion has been extended.
10. In addition, members are asked to note the following:-

Workforce Planning and Change (8)

11. Our Workforce Plan 2025-28 will be developed by April 2025.
12. As part of our ongoing savings and redesign work we have undertaken a review of adult community nursing and redesign will commence in October. The children's service redesign has been concluded.
13. The partnership continually assesses the workload and workforce profile which enables us to meet out statutory and non-statutory obligations however turnover and recruitment challenges and budget constraints present risk.

In-house Care at Home Service (11)

14. Phase 2 of the service redesign is underway.
15. The timescale for implementation of a local care at home framework has been extended from September to November. Work is currently underway to develop the tender. This will offer greater market oversight and collaboration between services and local providers.

Business Continuity, Covid-19 and Recovery (13)

16. Given capacity constraints we have had to extend the timescales for finalising the transfer of HSCP Business Continuity Plans onto the new templates and identifying further Council Incident Officers and Care for People Managers to support our incident response arrangements.
17. This has been extended to October 2024, however members should be assured that all service have current plans, just not all on the revised template and we do have a cohort of trained Council Incident Officers and Care for People Managers but recognise the benefit of increasing the number of trained officers.

Analogue to Digital Switchover (14)

18. All HSCP telecare customer community alarms have now been replaced with digital devices therefore we have reduced the score but have kept the risk live as we are currently supporting Housing to change all sheltered housing devices to digital. This should be implemented by March 2025.
19. We are hoping to be awarded Scottish Government platinum status.

Post Mitigation - Red and Significant Risks Exception Report

20. Risks which score between 11-16 and rated as High/Red/Unacceptable and those which the Health and Social Care Partnership Management Team considers significant, following mitigation, should be brought to attention of the Performance and Audit Committee by an 'exception report'.

Financial Sustainability

21. There remains risk that the HSCP could become unsustainable due to any of the following causes:
 - Unable to deliver required savings on a recurring basis
 - Unable to remain within operational budget as a result of demand and capacity pressures
 - Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies and savings
 - Implications from hosted services should current arrangements change
 - Prescribing volatility
 - Diminished reserves limit flexibility
22. Discussions with both partners will remain ongoing not only recognising the audit recommendation around financial sustainability but also to focus on financial recovery following the non-recurring support for 2023/24.

RECOMMENDATIONS

23. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
lesley.bairden@eastrenfrewshire.gov.uk; 0141 451 0746

13 September 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: June 2024: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/10459/PAC-Item-13-26-June-2024/pdf/PAC_Item_13_-_26_June_2024.pdf?m=1718729972863

IJB Paper: January 2020: IJB Risk Management Policy and Strategy

https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 16.09.2024

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner
					Risk Score	Overall rating				Likelihood (probability)	Impact (Severity)	Risk Score (LxI)	
						11-16	HIGH						
						5-10	MEDIUM						
						1-4	LOW						
n/a	1	S	Death or significant harm to vulnerable individual										
			<p>Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage. 	<p>Supporting People Framework (eligibility criteria) in place.</p> <p>Social work and nursing professional leadership in place</p> <p>Operate within Clinical and Care Governance Framework</p> <p>ASP Quality Assurance Framework implemented and reported to APC</p> <p>Quality assurance of Adult Service Improvement Plans</p> <p>Senior Management rota for chairing ASP implemented</p> <p>Continual audit against compliance of MHO standards</p> <p>Professional supervision policy adopted for social work and social care staff.</p> <p>Review of rising demands and pressure points across health and care services.</p> <p>Rolling training programme.</p>				<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p> <p>Fully implement ASP improvement plan</p> <p>Robust caseload management process will be prioritised 4 weekly, along with clinical supervision and child protection supervision to manage risk and ensure oversight of all caseloads</p>	<p>Ongoing</p> <p>31/03/2025</p> <p>Ongoing (Review 31/12/24)</p>				<p>Head of Adult Services / Chief Social Work Officer</p>
					3	3	9			2	3	6	

			Modified Universal pathway is in place to increase capacity within the HV team to manage caseloads and HV weekly staffing safety huddle in place to manage risk.										
n/a	2	S	Scottish Child Abuse Inquiry										
			Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care or long-term hospital care Possible increase in demand of access to records and potential claims against the Council as Inquiry work progresses	Adult Protection and Child Protection Committees sighted on issues. Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. Further information submitted in Jan-22. Key learning from S21 work shared with managers Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made. Chief Officer and Head of Service supporting NHSGGC Board in connection with Lennox Castle	3	3	9			3	3	9	Chief Social Work Officer
n/a	3	S	Child Protection, Adult protection and Multi-Agency Public Protection Arrangements										
			Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPA) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.	The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues. "Safe Together" model implemented in HSCP and rolled out across Council Regular reporting to COPP in place for adult, children and high risk offenders. Training programme reviewed and monthly ASP audits in place	2	4	8	Fully implement ASP improvement plan	31/03/2025	1	4	4	Chief Social Work Officer

4	C	<p>Financial Sustainability</p> <p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget and/or unable to meet demand pressures for statutory services. This is further impacted by the diminished earmarked reserves held.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies & savings.</p> <p>3) Unable to meet financial pressures within prescribing, including influence of GP prescribers, including demographic changes, economic and distribution factors.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation</p> <p>5) Financial risks relating to Covid-19 following cessation of support funding. For example staff cover in any service where an outbreak of the virus impacts on capacity. The longer term financial impact is unclear</p> <p>6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding.</p> <p>7) Diminished earmarked reserves meaning there is no flexibility to allow us to deal with prescribing and other cost volatility in any one year. We do have very specific reserves to support ringfenced activity only.</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress and operational cost pressures.</p> <p>Budget seminars are held with IJB Members.</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in various financial discussions with partners in relation to funding and budget contributions as well as financial recovery for 2023/24.</p> <p>Medium Term Financial Plan (latest revision June 2024) Regular monitoring, reporting and seminars ensure the IJB is aware of the most current factors.</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including areas such as prescribing, hosted services, savings challenges and cost pressures from service delivery.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGGC.</p> <p>Ongoing monitoring of wider economic factors and inflation impacts.</p>	3	4	12	<p>Monitor hosted service arrangements – ongoing and longer term.</p> <p>Monitor Medium Term Financial Plan for any significant changes</p> <p>Continue discussions with both partners in relation to funding and financial performance and service outcomes and focus on savings delivery.</p> <p>Implement actions from local prescribing action plan – new plan for 2024/25 includes local and GGC wide prescribing initiatives</p>	<p>31/03/2025</p> <p>31/03/2025</p> <p>Ongoing</p> <p>31/03/2025</p>	3	4	12	<p>Chief Financial Officer</p>
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n/a	5	S	<p>Failure of a Provider</p> <p>Risk of failure of a key care provider, including care home, care at home and other care providers due to significant care concerns financial instability, contractual status, staff recruitment and retention difficulties.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> - disruption to service delivery - requirement to implement contingency plans - impact on individuals and families with potential disruption to care arrangements 	<p>Care Home assurance group meets weekly.</p> <p>Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support.</p> <p>We work with the Care Inspectorate and third sector to ensure robust action plans for improvement are in place.</p> <p>Robust internal processes under ASP/Contract Monitoring and multi-agency procedures to focus on improvement and recovery.</p> <p>Where unavoidable we work with providers at risk to agree phased and managed approach to supporting service users, residents to access alternative safe care. .</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market. National Care Home Contract under negotiation</p> <p>We will work with the Scottish Government as part of national contingency planning in the event that providers indicate intention to withdraw from the national care home contract in the future</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p> <p>Daily safeguarding as part of LSI into Establishment E</p> <p>Revised strategic Commissioning plan developed (approved by IJB August 2023 and monitored through Strategic Planning Group)</p>	3	4	12	Increased monitoring by Commissioning and Contracts service and/or respective Heads of Service	Ongoing (Review-30/09/24)	3	3	9	Chief Financial Officer / Heads of Service
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6	C	Access to Primary Care										
		<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>GP Practice accommodation capacity shortfall to provide care to increased list sizes and accommodate PCIP staff</p> <p>Increased GP Practice workload due to increasing population and increased demand post pandemic</p>	<p>Support Practices to amend catchment areas where appropriate</p> <p>Working with practices / assisting with remote working to maximise premises capacity to enable them to extend primary care team.</p> <p>Support to Practices through use of GGC sustainability toolkit and escalation framework.</p> <p>NHSGGC Strategy for Primary Care launched 2024</p>	3	3	9	<p>Work with planning colleagues provide data to assist with LDP3 which includes developer contributions to mitigate for new housing and care home developments.</p> <p>Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Working with NHSGGC to support GP practice sustainability</p>	<p>Ongoing (reviewed Mar 24)</p> <p>Ongoing (reviewed Mar 24)</p> <p>Ongoing (reviewed Mar 24)</p>	3	2	6	Clinical Director
5.1	7	C	Increase in frail older population									
		<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>Unscheduled Care Delivery Plan approved by IJB in March-22.</p> <p>Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources.</p> <p>New front door model manages level of demand launched Summer 22 making significant positive impact on waiting list for assessment</p> <p>Talking Points diverting people to community resources and building own assets.</p>	4	3	12	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p>	Ongoing	3	3	9	Chief Officer HSCP

			<p>Project to support Care at Home redesign now live Supporting people framework implemented April 23 Monitoring includes analysis of waiting lists, admissions and incidents.</p> <p>Completed review of equipment requests – management oversight and monitoring in place</p>									
8	C	Workforce Planning and Change										
		<p>Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience.</p> <p>Risk of further reduction in workforce capacity due to factors such as morale, burnout, industrial action and covid</p>	<p>Workforce planning group in place and includes 3rd / independent sector reps</p> <p>HSCP management team actively review all requests to recruit in line with our workforce plan</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Savings, Recovery and Renewal Programme monitors spend and efficiencies</p> <p>HSCP 3 year Workforce Plan developed</p> <p>Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re-advertising vacant posts and close monitoring.</p> <p>HSCP Staff Wellbeing programme in place</p> <p>Business Continuity plans support critical service prioritisation where required and cover a range of events including possible industrial action.</p> <p>Interim MH workforce plan developed August 2023</p>	3	3	9	<p>Implement local mental health interim workforce plan</p> <p>Workforce Plan 2025-28 to be developed</p> <p>Strengthen reporting arrangements around all professional registrations.</p>	<p>31/12/2024</p> <p>30/04/2025</p>	2	3	6	<p>Chief Officer HSCP</p>

2.2	10	S	Increase in children & adults with additional support needs										
			<p>Increase in the number of children and adults with additional support requirements leading to a rise in demand which impacts on our ability to provide services</p>	<p>Transitions service and strategy in place Transitions is also included in R&R Programme Analysis of demographic changes and increased financial forecasting is enabling us to plan more effectively.</p> <p>Education Resource Group manage specialist resources and admission to specialist provision.</p> <p>Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.</p> <p>Supporting People Framework (eligibility criteria) developed and approved by IJB 29.03.2023. (Eligibility threshold increased to substantial/critical – Nov 2023)</p>	3	3	9	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p>	Ongoing	3	2	6	Chief Officer HSCP
n/a	11	C	In-House Care at Home Service										
			<p>Inability to deliver services to a level that meet current demand and /or meet all statutory requirements</p>	<p>Increased resource to support robust absence management.</p> <p>Scheduling system (Total Mobile) in place</p> <p>Work patterns realigned to maximise efficiencies.</p> <p>Programme Board in place to provide oversight of planned care at home redesign</p>	3	4	12	<p>Continued implementation of SPF via dedicated Reviewer resources</p> <p>Progress implementation of new practice model in line with organisational change</p> <p>Implement the in house structural redesign</p> <p>Implement local framework for externally purchased care</p>	<p>Ongoing</p> <p>Ongoing</p> <p>31/10/2024</p> <p>30/11/2024</p>	2	4	8	Chief Officer HSCP

13	C	BUSINESS CONTINUITY, COVID19 & RECOVERY										
		<p>The significant impact of an emergency crisis on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.</p>	<p>Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC & NHSGGC) response and recovery.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including Care Homes.</p> <p>Accommodation group oversees strategy and demand, both planned and unplanned ensuring continued service delivery, both day to day and in the event of an emergency.</p> <p>Annual assurance statement to IJB as Category 1 responder.</p> <p>Sufficient staff trained as incident loggists in the event of emergency</p> <p>Well established covid procedures are in place and can be escalated if necessary.</p> <p>Schedule of meetings with partner ICT BRMs in place to highlight and address intermittent and known ICT issues.</p> <p>Specific sender email addresses highlighted to ensure receipt of critical emails e.g. MAPPA</p>	3	3	9	<p>Identify additional staff to be trained to ensure sufficient trained Incident Officers and rest centre managers</p> <p>Complete transfer of Business Continuity Plans into new template</p> <p>Go live of the new Case Recording System (Mosaic) (Cloud based)</p>	<p>31/10/2023</p> <p>31/10/2024</p> <p>31/03/2025</p>	2	3	6	All Heads of Service
14	C	ANALOGUE TO DIGITAL SWITCHOVER										
		<p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p>	<p>Programme board established and full project team in place to take forward the transition from analogue to digital.</p> <p>HSCP Head of Service chairing programme board.</p> <p>Analogue to digital implementation plan.</p> <p>Digital ARC went live October 2022.</p> <p>Local Risk assessment group established summer 2023 which looks for solutions to and developing a contingency plan</p>	3	1	3	<p>Installation of alarms and call warden devices within remaining sheltered housing</p>	March 25	1	1	1	Head of Adult Services: Communities and Wellbeing

