

Date: 18 June 2021
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Board Member

EAST RENFREWSHIRE INTEGRATION JOINT BOARD – 23 JUNE 2021

Please find attached the undernoted items marked “to follow” on the agenda for the meeting of the Integration Joint Board on Wednesday 23 June 2021.

Yours faithfully

Councillor Caroline Bamforth

Chair

Undernote referred to:-

Item 7 - Unaudited Report and Accounts

Item 8 – Medium-Term Financial Plan

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	23 June 2021	
Agenda Item	7	
Title	Unaudited Annual Report and Accounts 2020/21	
Summary		
<p>This report provides an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2020 to 31 March 2021.</p> <p>The report recognises the decision to remit the approval of the annual report and accounts to the Integration Joint Board, following approval by the Performance and Audit Committee.</p>		
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)	
Action Required		
<p>The Integration Joint Board is requested to:</p> <ul style="list-style-type: none"> a) Agree the unaudited annual report and accounts b) Agree the proposed reserves allocations c) Note the annual report and accounts is subject to audit review d) Agree to receive the audited annual report and accounts in November, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee 		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23 JUNE 2021

Report by Chief Financial Officer

UNAUDITED ANNUAL ACCOUNTS 2020/21

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2020 to 31 March 2021 and outline the legislative requirements and key stages.
2. The report recognises the decision to remit the approval of the annual report and accounts to the Integration Joint Board, following approval by the Performance and Audit Committee.

RECOMMENDATION

3. The Integration Joint Board is requested to:
 - a) Agree the unaudited annual report and accounts
 - b) Agree the proposed reserves allocations
 - c) Note the annual report and accounts is subject to audit review
 - d) Agree to receive the audited annual report and accounts in November, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee

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 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 (unaudited) annual report and accounts for the IJB has been prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below:

8. **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the IJB or a committee of the IJB whose remit include audit and governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB. The Performance and Audit Committee meet this requirement, as delegated by the IJB. The Performance and Audit Committee agreed to remit the annual report and accounts to the Integration Joint Board at its meeting directly preceding the IJB today.
9. **Unaudited Accounts:** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30th June immediately following the financial year to which they relate.
10. **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1st July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts. The required notice has been agreed with the external auditors and will be published on the HSCP website.
11. **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the IJB or a committee of the IJB whose remit include audit and governance. This will take account of any report made on the audited annual accounts by the 'proper officer' i.e. Chief Financial Officer being the Section 95 Officer for the IJB or by the External Auditor by the 30th November immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered. The extended timetable to November, normally September, is a result of the workloads associated with the pandemic.
12. The Performance and Audit Committee will consider for approval the External Auditors report and proposed audit certificate (ISA 260 report) and the audited annual accounts at its meeting on 24 November 2021 and remit to the IJB for approval on that same day.
13. **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
14. The annual accounts of the IJB must be published by 30th of November and any further reports by the External Auditor by 31st December immediately following the year to which they relate.
15. **Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the IJB, the Chief Officer and the Chief Financial Officer, namely:

Management Commentary / Foreword	Chair of the IJB Chief 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

Note: for the unaudited annual report and accounts the only the Statement of Responsibilities and the Balance Sheet require to be signed by the Chief Financial Officer.

16. The main messages from the annual report and accounts are set out below:
17. We ended the year with an operational underspend of £0.833 million which was 0.56% of our budget for the year. This was marginally better than the position last reported to the IJB in May when the projected outturn was £0.672 million.
18. Our reserves position is also in line with the position as we reported in May with the final detail included at note 8 in the annual report and accounts and set out below.
19. The Covid-19 spend is shown as £9.095 million and we received funding of £12.260 million with the balance taken to our reserves, again very much in line with the position reported during the year to the IJB. We know there will be changes to the guidance on accounting for the activity and costs of the PPE Hub and for Testing however the detail is not yet finalised, so this will be included in the final accounts to be reported in November.
20. We are also aware of a minor adjustment of £20k that is required between our core costs and our Covid-19 costs. As we know there will be at least one change between now and November, per above, this change will also be reflected in November. Neither change will impact on the bottom line position reported.
21. The main variances to the budget were:
 - £0.410 million underspend within Children & Families and Public Protection from staff turnover and the costs of care packages.
 - £2.071 million underspend in within Older Peoples Nursing, Residential and Daycare Services. This reflects the reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.
 - £1.744 million overspend within Intensive Services as our Care at Home costs reflect that we were able to operate a near full service throughout the pandemic, in part as a result of a successful recruitment campaign early in the year.
22. During the year we used £0.831 million of reserves in year and we also invested £6.590 million into earmarked reserves; the majority of this (£4.383 million) relates to specific ring-fenced funding we have received from the Scottish Government during the year. We can only spend this funding on those initiatives that the funding supports; the majority of this increase relates to Covid-19 funding of £3.165 million and this will support the ongoing response to the pandemic in 2021/22. The year on year movement in reserves is summarised:

Summary	£ Million	£ Million
Reserves at 31 March 2020		4.726
Planned use of existing reserves during the year	(0.831)	
Funds added to reserves during the year	6.590	
Net increase in reserves during the year		5.759
Reserves at 31 March 2021		10.485

23. The increase above mirrors the national position and is not unique to our IJB.
24. As stated above the reserves position is in line with reporting during the year to the IJB and I am now formally proposing that the reserves position is approved as reflected in the detail at note 8 (pages 59-60) in the annual report and accounts. The main points to note are:
- £4.383 million increase to Scottish Government ringfenced reserves
 - £1.121 million increase to our bridging finance strategy (£0.833 million from the operational underspend to support the phasing in of savings and £0.288 million prescribing to smooth the flux in demand)
 - £0.687 million within Childrens services;
 - £0.376 million for school counselling increasing the existing reserve with work delayed
 - £0.127 million being the balance of the Children and Young Peoples Mental Health Framework funding received late in the year
 - £0.101 million to support recovery work with partners
 - £0.083 million added to our existing reserve to support Health Visitor capacity
 - £0.399 million with Adult Services;
 - £0.295 million new funding received to support the Learning Disability Community Change Fund
 - £0.037 million to smooth the impact of residential rehabilitation costs, given the ongoing impacts of the pandemic this will help manage smooth costs in 2021/22
 - £0.016 million to support addition psychology sessions in 2021/22
 - £0.051 million received late in the year for ongoing support in relation to care homes
25. Our general reserve remains unchanged at £0.272 million is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently just under 0.2% of the 2020/21 revenue budget.
26. Given the scale of the financial challenge we have faced pre pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges has not allowed any investment into general reserves. As we have previously discussed the IJB has recognised that whilst this means we are below our policy level the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide. In the event we find ourselves unable to achieve sufficient savings delivery during 2021/22 we may need to un-hypothecate (i.e. un-earmark) reserves to meet operational costs.

CONSULTATION AND PARTNERSHIP WORKING

27. The Chief Financial Officer would like to extend thanks to the HSCP Finance team and to colleagues in both partner organisations acknowledging the detailed work of all staff involved in the year end closure process for all operational spend within the partnership. This has been a particularly challenging year with the complexities of the pandemic response and the associated reporting and accounting requirements.

IMPLICATIONS OF THE PROPOSALS

28. All financial implications are included in the report above
29. There are no workforce, infrastructure, risk, equalities, policy or legal implications.

DIRECTIONS

30. There is no requirement to issue directions.

CONCLUSIONS

31. The preparation of the 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.

RECOMMENDATIONS

32. The Integration Joint Board is requested to:
- a) Agree the unaudited annual report and accounts
 - b) Agree the proposed reserves allocations
 - c) Note the annual report and accounts is subject to audit review
 - d) Agree to receive the audited annual report and accounts in November, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
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0141 451 0746

16 June 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Annual Report and Accounts 2019/20
https://www.eastrenfrewshire.gov.uk/media/4451/IJB-audited-annual-Report-and-accounts-2019-2020/pdf/IJB_Annual_Report_and_Accounts_2019-20_FINAL_web.pdf?m=637441633455770000

Annual Report and Accounts 2018/19
https://www.eastrenfrewshire.gov.uk/media/2248/Integration-Joint-Board-Item-07-25-September-2019/pdf/Integration_Joint_Board_Item_07_-_25_September_2019.pdf?m=637351714681700000

Annual Report and Accounts 2017/18
https://www.eastrenfrewshire.gov.uk/media/2825/Integration-Joint-Board-Item-06-26-September-2018/pdf/Integration_Joint_Board_Item_06_-_26_Sepember_2018.pdf?m=637375997307930000

Annual Report and Accounts 2016/17

https://www.eastrenfrewshire.gov.uk/media/3666/Integration-Joint-Board-Item-10-27-September-2017/pdf/Integration_Joint_Board_Item_10_-_27_September_2017.pdf?m=637394072745500000

Annual Report and Accounts 2015/16

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 Health and Social Care Partnership Integration Joint Board

Annual Report and Accounts 2020/21

(Unaudited as at 23 June 2021)

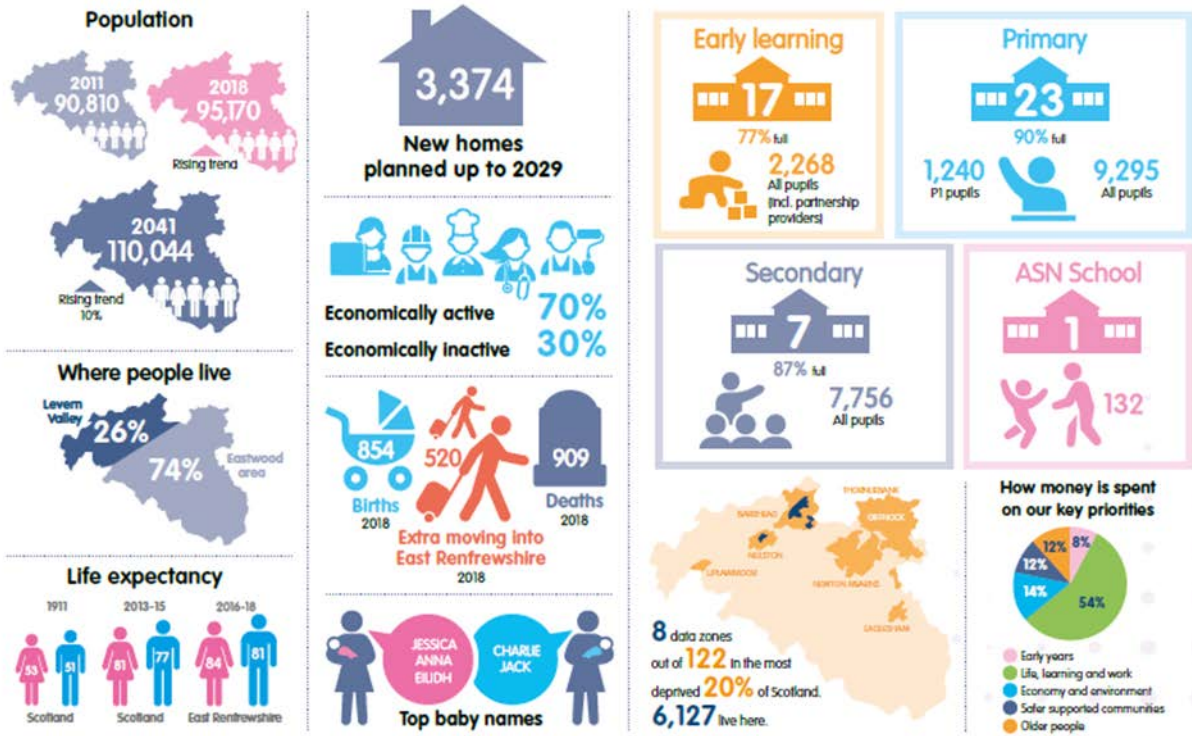
Covering the period 1st April 2020 to 31st March 2021



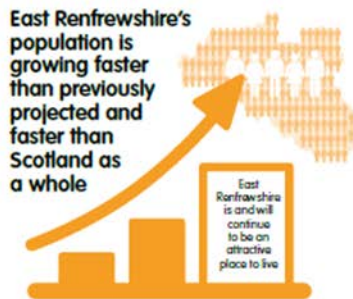
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About East Renfrewshire – Some Facts and Figures

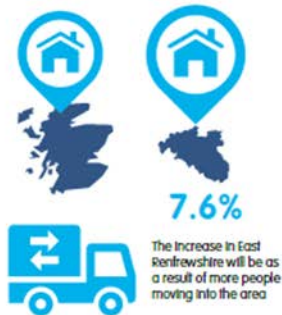
EAST RENFREWSHIRE FAST FACTS



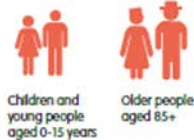
EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT



The number of people living in East Renfrewshire is projected to increase by 7.6% by the year 2026 (this is higher than previous projection of 5.7% and higher than the Scottish rate of growth of 3.2%)



The two age groups that will grow the most



East Renfrewshire currently has the highest average household size in Scotland, but this is projected to shrink as more people live alone



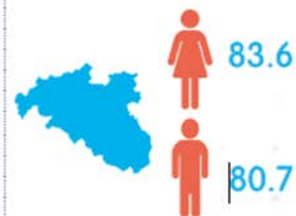
More houses are being built for three reasons



Demand will increase for services



East Renfrewshire has the highest life expectancy at birth for both females and males in Scotland.



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Contents

About East Renfrewshire	inside cover
Management Commentary	2 - 29
Statement of Responsibilities	30 - 31
Remuneration Report	32 - 34
Annual Governance Statement	35 – 44
Independent Auditor's Report (holding page)	45 - 45
The Financial Statements	46 - 48
Notes to the Financial Statements	49 - 61
Where to find more information	62

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

Our population is growing and reached 95,530 in 2019. 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).

East Renfrewshire has an increasing ageing population with a 42% increase in the number of residents aged 85 years and over during the last decade.



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Management Commentary

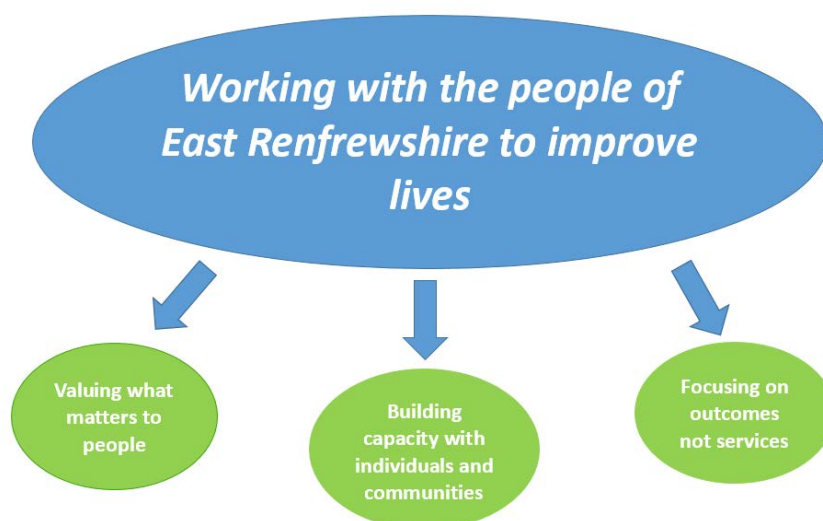
Introduction

East Renfrewshire Integration Joint Board, hereafter known as the 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 1 Year [Strategic Plan for 2021-22](#) Recovery Period.

The IJB is a legal body in its own right, as set out in the legislation, the Public Bodies (Joint Working) (Scotland) Act 2014, which established the framework for the integration of health and social care in Scotland.

The [Integration Scheme](#) for the IJB sets out how we will meet the requirements of this legislation. We are 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.

Our current Strategic Plan covers the 1 year period 2021-22 and sets out how we will achieve the National Health and Wellbeing Outcomes prescribed by Scottish Ministers as we continue to support our residents and our workforce through Covid-19 and make preparation for recovery and renewal. Our partnership vision statement is:



This document and our Annual Performance Report demonstrate how we have supported delivery of our strategic priorities.

Strategic Plan 2021-22

With our Strategic Planning Group, we reviewed our second strategic plan, which covered 2018-21. Our current plan has been produced during an exceptionally challenging period. Our experiences over the Covid-19 pandemic have reinforced the benefits of partnership working, building on our long standing 15 years of integration.

As we work towards recovery and renewal we will strengthen our supportive relationships with independent and third sector partners and continue to recognise the increased levels of participation in our communities and informal support within our localities that have developed in response to Covid-19.

We 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 high level strategic focus remains unchanged from our previous 3 year plan however the coming year will see particular focus on mental health including community wellbeing. We have also recognised the wellbeing of our workforce as a priority. Our strategic priorities are:



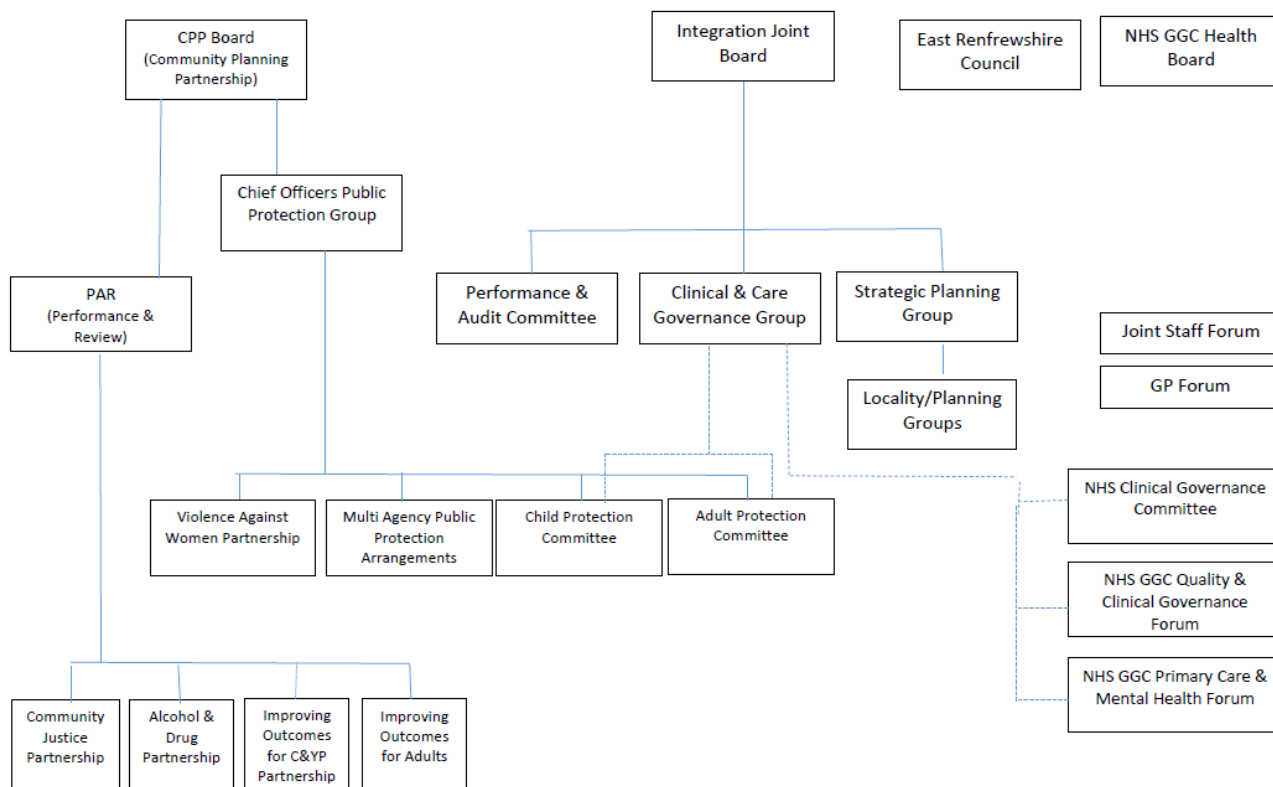
We have two localities: Eastwood and Barrhead. This best reflects hospital flows with the Eastwood Locality linking to the South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. Our management and service structure is designed around our localities and we continue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

This Strategic Plan is a one-year ‘bridging’ plan covering the 12 month period that will see us moving through our emergency response to the Covid-19 pandemic. Due to the exceptional circumstances we temporarily moved away from producing a longer-term 3 year plan but will return to this approach for 2022-25.

We wish to take a collaborative approach to our long-term strategic planning driven by our multi-agency Strategic Planning Group. This will mean that over the course of 2021 and into 2022 we want to engage in conversations about future priorities for change. We will also look to refresh the more detailed plans that support the implementation of our Strategic Plan including our Medium-Term Financial Plan, Strategic Commissioning and Market Shaping Plan, and a range of thematic and service-specific plans. Our engagement with residents and partners in developing this work will be in accordance with the principles and approaches set out in our recently revised Participation and Engagement Strategy.

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, hereafter known as the HSCP.

The chart below shows the governance, relationships and links with partners which form the IJB business environment.



Key Messages and Operational Highlights for 2020/21

The year of 2020/21 has been characterised by the unprecedented challenge of the Covid-19 pandemic. During the emergency, staff across the HSCP have responded with incredible resilience, commitment and creativity. Within a very short space of time teams established and adapted to new ways of working and continued to maintain and deliver safe and effective services to our residents. Our strong local partnerships have responded with great innovation and greater collaborative working with and in support of our local communities.

Responding to the Covid-19 pandemic

Early in the outbreak, with the support of local GPs, nurses from across the HSCP and support staff from the HSCP and Council family we established and ran a local Community Assessment Centre for people with respiratory problems, which we ran until no longer required locally.

We have developed and coordinated many services and supports to care homes, who have been caring for some of our most vulnerable residents. The diagram below sets out some of the activities that we have undertaken over the last year.



Through the PPE hub set up by HSCP support staff, we have successfully distributed essential protective supplies (1,764,020 gloves, 812,757 aprons, 933,500 masks, 2,146 litres sanitiser to those who needed them, including our own and our partner providers staff, carers, and personal assistants. Our physiotherapy staff trained to fit special FP3 mask and carried out over 300 individual mask fittings.

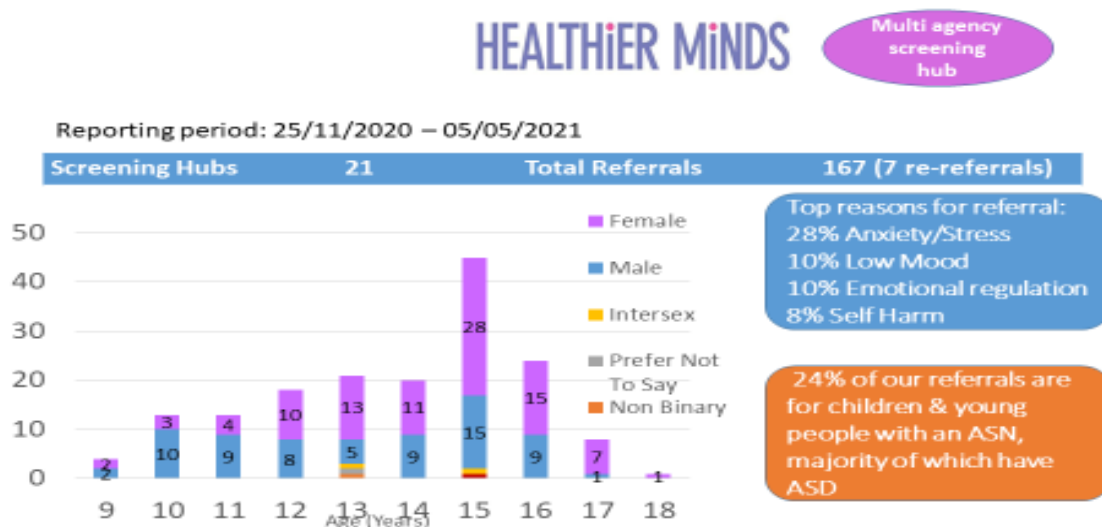
Our teams have supported extensive vaccination programmes establishing local Flu clinics to vaccinate over 15,000 residents aged over 60. We have also carried out Covid-19 vaccinations for those unable to attend vaccination centres, including care homes (400 residents, 400 staff, 1,663 doses) and housebound (1,000 residents, 2,000 doses).

Responding to the Impact of the Pandemic

The impact of the pandemic has been wider than the immediate effects of the coronavirus itself with many people’s wellbeing affected by the isolation and changes to routine.

A local Community Hub was developed to coordinate the community response to Covid-19. The Community Hub is a partnership between Voluntary Action East Renfrewshire, Talking Points and ERC Communities and Strategic teams. It has supported residents to access information and signposted to local community supports as well as establishing new shopping and prescription delivery service. It also responded to the growing need for social contact by those who were reporting feeling isolated, especially those who were shielding. “Welfare Calls” were conducted either weekly or fortnightly by newly recruited volunteers. The Community Hub has now formalised the partnership and will continue to co-produce new delivery models in response to Community need.

With our colleagues in Education we set up the Healthier Minds service to respond to the mental wellbeing of our children and young people. Working with schools and young people prior to and following referral helps the team build a fuller picture of the support required and they are then assigned to the most appropriate support based on their needs.



For many people recovering from mental health and addiction the lockdown has been challenging. Despite the significant challenges presented by Covid-19, we have worked with individuals with lived experience and our partner Penumbra to design and develop a peer support service. Peer support is where people with similar life experiences offer each other support, especially as they move through difficult or challenging experiences. The East Renfrewshire service had its first referrals in early September, initially offering opportunities to meet face-to-face, within the restrictions at that time. More recently peer support is being offered via phone or video call, in line with individuals’ preferences.

Wellbeing

We recognise the enormity of the work of the HSCP in responding to the Covid-19 pandemic and the potential effects of vicarious trauma across our workforce as they support our citizens facing grief, loss and significant changes in their lives.

The East Renfrewshire HSCP Wellbeing Group has developed a Wellbeing Plan 'YOU care...WE care too' to support our workforce to cope with the emotional and physical impact of their overall health and wellbeing.

We hope to extend the focus of our Wellbeing Action Plan in 2021 to support colleagues in the third and independent sector and local volunteers.

Children and Families

Our Children's Services maintained high rates of contact with children. (Childs Plan contacts averaged 72%/week; Child Protection averaged 100%/week; Throughcare/aftercare averaged 90%/week.), and have successfully managed to support the highest number of looked after children in school (57%). Our teams are seeing increasing complexity particularly for children with diagnosed neurodevelopmental disorders and a higher prevalence of families in crisis leading to more of these children coming under child protection and an associated increase in numbers coming into care. Despite this 95% of children under child protection are supported in our local communities. Intensive Family Support packages of support and intervention have been designed to prevent breakdown and will be a focus for 2021/22.

Our Family Wellbeing service has supported families throughout the pandemic to deal with the impact of lockdown, bereavement and relationship difficulties.



Family Wellbeing Service

Total Number of Referrals = 164

Total Number of Families Currently Supported = 192



75% - experience anxiety

65% - impact of relationship difficulties/breakdown at home

60% - impact of loss/bereavement/significant change

39% of our CYP currently self harming / experiencing thoughts of self harm and/or suicide

2% of our CYP have attempted suicide

63% of our parents find it difficult to respond to their child's emotional needs

40% of our families have at least one family member with ASD diagnosis or are waiting for ASD assessment

53% of our families experienced increased distress during lockdown

There have been pressures on CAMHS (Children and Adolescent Mental Health Services) and Speech and Language Therapy services but waiting list initiatives are in place as part of our remobilisation and recovery work.

Community Justice

Despite the significant impact of Covid-19 with unpaid work suspended on 23rd March 2020, the Community Payback Team completed 2,417 hours of activity equating to £21,535 of unpaid work which directly benefited the local community. Through creative use of ‘other activity homeworking pack’ the team helped reduce the number of outstanding hours and ensured some people completed orders within timescales.

The new Information Sharing Protocol with The Scottish Prison Service has helped underpin the reintegration of people back into East Renfrewshire. The early prison release programme was managed exceptionally well with support from colleagues in Housing Services. Whilst there has been an overall reduction in referrals for employability support, positive employment outcomes have been maintained at 65%.

Supporting people at home

Whilst we had to close our day services our learning disability staff worked with our provider partners to develop outreach and wraparound support for individuals and their families and our older people’s Kirkton service staff were redeployed to support care at home.

Care at home has seen additional pressures due to a desire from more people to be supported at home and despite the increase the % of people 'living where you/as you want to live' needs met is 91% up from 88%, even with more complex discharges. At the start of the pandemic some families wanted to limit the number of people coming into their homes and asked for their services to be suspended but as more people have been vaccinated the majority have reinstated services.

Our rehabilitation teams have experienced increased pressures in the absence of a number of specialist rehabilitation services and earlier discharges from hospital; the average of 40–50 referrals per week in 2019 / early 2020 has risen to 70-80 per week over the past 10 months. The increased frailty and complexity of people referred to our services has seen a downturn in the percentage of people whose care need has reduced following re-ablement now at 31% down from 67%.

Supporting people experiencing mental ill-health and supporting recovery from addiction

Our teams have been dealing with a significant increase in demand across mental health and addiction services due to increased complexity and we expect this trend to continue. With the aid of technology our teams have been able to offer people ongoing support throughout pandemic, and access to treatment has been maintained. The % waiting no longer than 18 weeks for access to psychological therapies is 74% up from 65% and the % accessing alcohol/drug recovery treatment within 3 weeks is 95% up from 89%.

We established a peer research programme relating to alcohol and drugs that will enhance the influence of people with lived experience on service delivery and design and piloted a Buvidal clinic (a new, long-acting opiate substitution treatment and alternative to methadone and other substitutes).

Mental health services have delivered a mental health and wellbeing remobilisation programme with the third sector including a recovery college pilot, staff capacity building around bereavement, mental health and suicide prevention, and wellbeing support to carers.

Reducing unplanned hospital care

Patterns of accident and emergency and unplanned hospital admissions were altered by the pandemic but the HSCP has worked with other partnership and acute services in the Glasgow area to develop new services and pathways that will continue as we move into recovery.

Our hospital to home team worked throughout the pandemic using virtual technology to undertake assessments and communicate with patients, relatives and ward staff. Overall bed days lost to delayed discharge are up 30% from 2019/20, however the majority of these are due to delays in moving adults with incapacity, which has been impacted by court delays. Our performance for standard delays remains one of the best in Scotland.

Supporting unpaid carers

Throughout 2020/21 we have maintained our positive partnership working with ER Carers, ensuring carers had access to guidance and PPE. Check-in calls to carers were introduced by ER Carers and carers were offered support to set up and manage a peer support Facebook Group. The Mental Health Carers group also continued to run virtually. The pandemic has impacted on carers, with the lack of resources and stimulation for the cared for person impacting on the health and wellbeing of all individuals. We have worked with the Care Collective to refresh our Carers Strategy. East Renfrewshire's Short Breaks Statement has also been updated to ensure all advice and information is current and includes the development of creative, Covid-19-safe online breaks that meet the outcomes of the Carer and the cared for person.

Protecting and supporting adults at risk of harm

During 2020/21 we established a new Adult Support and Protection team responding to a 20% increase in referral numbers and a rise in referrals of a more complex nature. We revised the adult support and protection processes and procedures effective from November 2020 and 239 staff have been trained across Adult Services, Children & Families, Mental Health, Addictions, Housing, Education, Health and our partner agencies; Safe and Together and MARAC (Multi Agency Risk Assessment Conference).

We made improvements in developing our practice in supporting adults at risk of harm and have set out our key development priorities for the coming year. We carried out two Large Scale Investigations in line with our duties under The Adult Support and Protection (Scotland) Act 2007 in local care homes and moved 57 residents to new homes early in 2021.

Hosted Learning Disability Service

Our service has operated at full capacity throughout the pandemic. We increased staffing levels and took a GGC wide approach to contingency through Board wide collaboration. We were able to maintain good attendance and importantly achieved good infection control in challenging environments.

There has been a steady increase in request for admission as a result of distress. Our team have worked very closely with community services to mitigate the effects of stress and reduced community supports to maintain people at home. Our patient flow has been challenging with longer waits for admission or initial admission to mental health but everyone who requires the service has been admitted. The service was quite well protected by the good progress made in previous years in terms of better patient flow, moving forward we need to refocus on our redesign plans to support people better in the community and thus reduce the need for admission.

Bonnyton House

Our residents settled back into their home following an extended period of decant whilst refurbishment work took place; we had rented a property in Crossmyloof whilst works took place and were able to extend this as work was delayed as a result of Covid-19 restrictions. Our staff at Bonnyton House have provided compassionate support and care throughout the pandemic and have welcomed new residents to the home.

Our Support Staff

There has been tremendous work behind the scenes from our staff who support the front line service delivery illustrated in this report. Their dedication and hard work has been invaluable to setting up and adapting to new ways of working, keeping our workplaces safe, ensuring colleagues are kitted out to work through the pandemic, assessing and mitigating risk and continuing to respond to the day job too.

Governance during Covid-19

A number of governance arrangements were put in place at the beginning of the pandemic including drawing on business continuity plans to support critical functions, establishing our Local Resilience Management Team, participating in local and national working groups and establishing a Covid-19 Risk Register. We worked very closely with our partners' governance and response arrangements during the emergency, including East Renfrewshire Council, NHS Greater Glasgow and Clyde, National Chief Officer, Chief Social Work Officer and Chief Financial Officer meetings.

Our IJB has met as planned throughout the pandemic using a virtual meetings solution. This has allowed us to maintain our full governance requirements during the pandemic and ensure our statutory requirements were met including agreeing a budget for 2021/22. We have also developed regular communication to the IJB and to our workforce during the pandemic response.

Covid-19 Funding

The operational implications from the Covid-19 outbreak are summarised above and the mechanism for co-ordination and consolidation of our local and system wide response was reported to the Scottish Government as part of the Local Mobilisation Plan submitted by NHS Greater Glasgow and Clyde Health Board; this plan covered the community and acute response across the totality of the Health Board area.

The additional activity was significant and the Scottish Government provided funding to support the associated costs of responding to the pandemic. This included supporting response, sustainability and new ways of working. The guidance was frequently revised as the situation evolved. We have also followed the Local Authority (Scotland) Account Advisory Committee (LASAAC) guidance on Accounting for Coronavirus (Covid-19) Grants / Funding streams and our treatment of the £12.260 million funding and associated £9.095 million of costs.

The funding position is summarised:

Covid-19 Related Expenditure Summary:	£ million
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	2.940
Infrastructure, equipment, PPE	0.314
Sustainability payments to partners	3.447
Unachieved savings due to limited capacity	2.394
Total Expenditure	9.095
Funding Received:	12.260
Balance to Earmarked Reserve	3.165

The 2020/21 accounts include the £500 payment to our staff employed through NHS Greater Glasgow and Clyde as part of the Scottish Government initiative. The payment for our staff employed through East Renfrewshire Council and to our partner providers will be shown in the 2021/22 accounts. These timings reflect the payment instructions received nationally.

The treatment of costs relating to PPE Hub and testing activity is yet to be finalised. This will be reflected in the audited accounts.

Independent Review of Adult Social Care

On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families; and the experience of people who work in adult social care. The independent review published its report on 3rd February 2021.

The report suggests a bold vision for adult social care support in Scotland building on the opportunity for meaningful change as we move beyond the Covid-19 pandemic.

Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity.

It calls for new thinking and a new positive narrative around the role of social care support, recognising its ‘foundational’ importance in society and moving towards a human rights based approach.

Old Thinking	New Thinking
<i>Social care support is a burden on society</i>	<i>Social care support is an investment</i>
<i>Managing need</i>	<i>Enabling rights and capabilities</i>
<i>Available in a crisis</i>	<i>Preventative and anticipatory</i>
<i>Competition and markets</i>	<i>Collaboration</i>
<i>Transactions</i>	<i>Relationships</i>
<i>A place for services (e.g. a care home)</i>	<i>A vehicle for supporting independent living</i>
<i>Variable</i>	<i>Consistent and fair</i>

It also argues that we must strengthen the foundations of the social care system. This means: fully implementing positive approaches such as self-directed support and the integration of health and social care; as well as nurturing and strengthening our workforce and supporting unpaid carers.

The independent review calls for some structural changes such as the establishment of a National Care Service (NCS) with accountability for social care support moving from local government to Scottish Ministers. The proposed NCS would oversee improvements in the consistency, quality and equity of care and support. The report also suggests a reformed role for Integration Joint Boards in implementing the social care vision outcome measures, and delivering planning, commissioning/procurement, managing local GP contracts, as well as local planning and engagement.

The report makes 53 wide-ranging recommendations in relation to the following priorities:

- Mainstreaming and embedding a human rights approach;
- Ensuring better, more consistent support for unpaid carers;
- Establishing a National Care Service (NCS) for Scotland;
- Establishing a new approach to improving outcomes through a National Improvement Programme for social care;
- Developing models of care;
- Commissioning for the public good through collaborative commissioning and a greater focus on people’s needs;
- Developing fair work arrangements with national oversight;
- Improving investment with a focus on prevention rather than crisis response.

The report suggested that additional investment estimated at c£0.66 billion per annum was required to support the recommendations and that future funding for social care needed to be as a minimum sufficient to meet the increased needs due to demographic change. This would require a 3.5% real terms increase in funding each year.

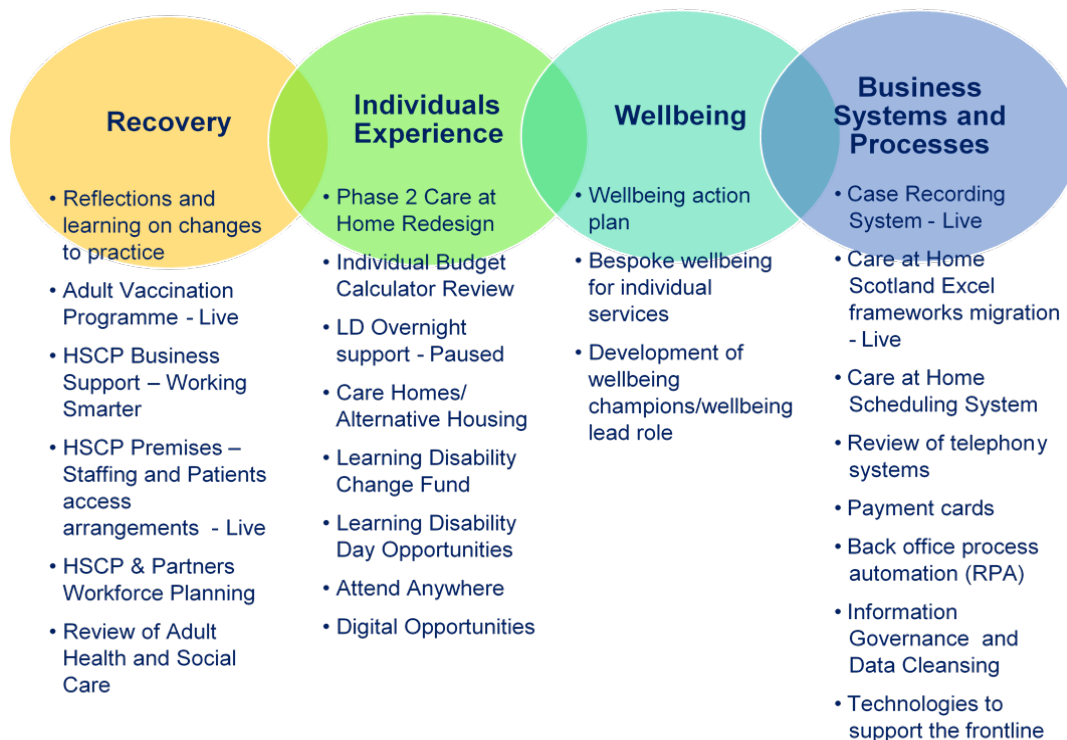
It is expected that the findings from the review will have significant impacts for the delivery of social care and wider supports moving forward. We will implement any recommendations or specific actions arising from the review as requested by Scottish Government as they arise.

Moving Towards Recovery

Whilst many of the services the HSCP provides are critical and continued to operate through the pandemic we have an opportunity to learn from the last 14 months and how we can build back better.

We are working on our Recovery and Renewal programme; a complex and multi-year programme of work that will allow us to emerge from the pandemic in a stronger and more informed position to face the challenges ahead. This should not only support the significant financial challenge we are facing but will also help us to better understand and quantify the longer term impact of Covid-19 on our population.

The IJB have recognised this needs to be an iterative and emerging approach as we work towards recovery, including any implications from the independent review of adult social care. Our Recovery and Renewal Programme is summarised:



Key Risks and Uncertainties

The IJB regularly reviews its Strategic Risk Register over the course of each year; there are currently 13 risks rated red, amber or green (RAG) depending on the likelihood and severity of the impact. The table below summarises those risks and shows the RAG rating of each after mitigating actions to minimise impact.

Area of Risk	RAG
Death or significant harm to a vulnerable individual	Amber
Scottish Child Abuse Inquiry	Red
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
Failures within IT Systems	Green
Covid-19 & Recovery	Amber
Analogue to Digital Switchover	Amber

Each service area holds an operational risk register and business continuity plan. There is a separate risk register for Covid-19 activity. 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.

2020-21 Performance Achievements

In addition to our quarterly reports we publish an Annual Performance Report which is made publicly available on our website in line with statutory guidance. The Annual Performance report demonstrates how we review our performance for 2020/21 against local and national performance indicators and against the commitments within our Strategic Plan.

As we have outlined in this report Covid-19 has impacted on how we have delivered services during the year and despite the challenges we have maintained or improved in some areas; however with those services particularly relating to hospital use the patterns have significantly changed.

Our Covid-19 response activity has happened in addition to our planned operational priorities. Much of the performance data for 2020-21 reflects the direct impact of the pandemic on operational activity and changed behaviours among the population during lockdowns and the pandemic period more generally.

The data shows that despite the significant challenges of the Covid-19 pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. We have seen some service areas more directly impacted by restrictions and areas where patterns of demand have shifted significantly during the reporting period. Through our recovery and renewal planning and the development of our next strategic plan we will ensure that our priorities and approaches meet the changing needs of our population.

The recovery and improvement actions that we are taking forward as we move beyond the pandemic relate to the following areas:




- Redesign of service delivery building on lessons from the pandemic e.g. Care at Home, Learning Disability, Day opportunities
- Review and development of our customer journey with those who use our services
- Development and maximisation of digital opportunities for connectivity and service delivery (e.g. Attend Anywhere)
- Ongoing development of our adult vaccination programmes
- Review of access arrangements for our premises – service users and staff
- Delivery of a Workforce Wellbeing Action Plan and support for staff wellbeing across the partnership
- Development of our workforce planning arrangements
- Redesign of our administrative and business support functions
- Establish arrangements to meet the priorities set out in the National Review of Adult Social Care

These actions will be considered alongside or part of our Recovery and Renewal programme.



The extract below show 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 (i.e. 'increase' or 'decrease').

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).

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing							
Indicator	2020/21	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (<i>INCREASE</i>)	61%	90%	78%	74%	89%	90%	
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) (<i>INCREASE</i>)	n/a	Data only	94.9%	98.0%	93.6%	91.5%	

Strategic Priority 2 - Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending and rebuild lives

Indicator	2020/21	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. <i>(INCREASE)</i>	75%	80%	71%	84%	92%	96%	↑
% Change in women's domestic abuse outcomes <i>(INCREASE)</i>	84%	70%	79%	64%	65%	66%	↑
% of service users moving from drug treatment to recovery service <i>(INCREASE)</i>	6%	10%	16%	22%	12%	9%	↓

Strategic Priority 3 - Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing

Indicator	2020/21	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Increase the number of smokers supported to successfully stop smoking in the 40% most deprived SIMD areas. (This measure captures quits at three months and is reported 12 weeks in arrears.) <i>(INCREASE)</i>	15*	9*	22	6	20	27	—
Health and Social Care Integration - Core Suite of Indicators NI-11: Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) <i>(DECREASE)</i>	n/a	Data Only	295	308	301	297	↑

*Data and target Q1-Q3 only

Strategic Priority 4 - Working together with people to maintain their independence at home and in their local community

Indicator	2020/21	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Number of people self directing their care through receiving	556	600	518	514	491	364	↑

Strategic Priority 4 - Working together with people to maintain their independence at home and in their local community

Indicator	2020/21	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
direct payments and other forms of self-directed support. <i>(INCREASE)</i>							
Percentage of people aged 65+ who live in housing rather than a care home or hospital <i>(INCREASE)</i>	n/a	97%	97%	96%	97%	97%	↑
People reporting 'living where you/as you want to live' needs met (%) <i>(INCREASE)</i>	91%	90%	88%	92%	84%	79%	↑


Strategic Priority 5 - Working together with people who experience mental ill-health to support them on their journey to recovery

Indicator	2020/21	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of people waiting no longer than 18 weeks for access to psychological therapies <i>(INCREASE)</i>	74%	90%	65%	54%	80%	56%	↑

Strategic Priority 6 - Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital

Indicator	2020/21 (2020)*	Current Target	2019/20 (2019)**	2018/19 (2018)**	2017/18	2016/17	Trend from previous year
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) <i>(DECREASE)</i> (Ministerial Strategic Group (MSG) data)	2,049	1,893	1,732	2,360	1,860	2,704	↓
No. of A & E Attendances (adults) <i>(DECREASE)</i> (MSG data)	14,771	18,332	20,626	19,969	19,344	18,747	↑
Number of Emergency Admissions: Adults <i>(DECREASE)</i> (MSG data)	6,662***	7,130	7,540	7,358	7,432	8,032	↑

Strategic Priority 6 - Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital


Indicator	2020/21 (2020)*	Current Target	2019/20 (2019)**	2018/19 (2018)**	2017/18	2016/17	Trend from previous year
% of last six months of life spent in a community setting (INCREASE) (MSG data)	n/a	86%	88%	86%	85%	86%	

* Full year data not available for 2020/21. Figure relates to 12 months Jan-Dec 2020.

**We give calendar year figures for previous 2 years (2019 and 2018) for comparison.

***Provisional – data complete to Sept 2020. Data from PHS release, 7 May 2020

Strategic Priority 7 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities

Indicator	2020/21	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (INCREASE)	91%	72%	92%	78%	72%	70%	

Funding 2020/21

The net total health and social care funding from our partners for financial year 2020/21 was £179.318 million:

	£ Million
NHS Greater Glasgow and Clyde Primary Care	91.321
NHS Greater Glasgow and Clyde Large Hospital Services	36.149
East Renfrewshire Council Social Care	51.674
East Renfrewshire Council Housing Aids and Adaptations	0.174
Total Net Funding	179.318

The Comprehensive Income and Expenditure Statement (CIES) (page 46) shows the IJB gross income as £211.925 million, as that statement shows service income, grant funding, resource transfer and social care fund monies 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.

Work continues to be progressed with the set aside funding for large hospital services, however arrangements under the control of the IJB (and those across Greater Glasgow) are not yet operating as required by the legislation and statutory guidance. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation in line with the statutory guidance published in June 2015. The Greater Glasgow and Clyde wide Unscheduled Care Commissioning Plan continues to be developed and a final plan will be presented to the IJB during 2021/22 and represents the first steps in developing strategic plans for the unscheduled care pathway (set aside) as set out in legislation.

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 Social Care Fund 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.

Financial Performance 2020/21

The annual report and accounts for the IJB covers the period 1st April 2020 to 31st March 2021.

The budgets and outturns for the operational services (our management accounts) as reported regularly throughout the year to the IJB are summarised below:

Service	Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	12.823	12.413	0.410	3.20%
Older Peoples Services	20.158	18.087	2.071	10.27%
Physical / Sensory Disability	5.001	4.902	0.099	1.98%
Learning Disability – Community	13.411	13.678	(0.267)	(1.99%)
Learning Disability – Inpatients	8.691	8.691	0.000	0.00%
Augmentative and Alternative Communication	0.237	0.237	0.000	0.00%
Intensive Services	10.928	12.672	(1.744)	(15.96%)
Mental Health	5.305	5.113	0.192	3.62%
Addictions / Substance Misuse	1.799	1.747	0.052	2.89%
Family Health Services	26.036	26.036	0.000	0.00%
Prescribing	15.858	15.858	0.000	0.00%
Criminal Justice	0.009	(0.002)	0.011	122.22%
Planning & Health Improvement	0.207	0.142	0.065	31.40%
Finance and Resources	22.532	22.588	(0.056)	(0.25%)
Net Expenditure Health and Social Care	142.995	142.162	0.833	0.58%
Housing	0.174	0.174	-	-
Set Aside for Large Hospital Services	36.149	36.149	-	-
Total Integration Joint Board	179.318	178.485	0.833	0.58%

The £0.833 million underspend (0.58%) is marginally better than the reporting taken to the IJB during the year and the underspend will be added to our budget phasing reserves. We had expected to draw from reserves as we recognised we would not achieve all savings required during the year however we received Covid-19 funding to support us as we did not have capacity to progress the required work as a result of our focus on the Covid-19 response.

The impact of Covid-19 throughout the year meant that the focus of many of our services was on response and the variances against budget reflect this; the £9.1 million we spent on Covid-19 related costs was fully funded by the Scottish Government so has nil impact on each service. The main variances to the budget were:

- £0.410 million underspend within Children & Families and Public Protection from staff turnover and the costs of care packages.
- £2.071 million underspend in within Older Peoples Nursing, Residential and Daycare Services. This reflects the reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.

- £1.744 million overspend within Intensive Services as our Care at Home costs reflect that we were able to operate a near full service throughout the pandemic, in part as a result of a successful recruitment campaign early in the year.

The IJB receives regular and detailed revenue budget monitoring throughout the year.

The set aside budget is shown as nil variance as this currently is not a cash budget to the HSCP. To eliminate any “notional” variance to the IJB the budget is shown as the same value as the HSCP share of the collective costs. The budget equivalent share was identified as £32.160 million and the overspend of £3.989 million is contained within the Health Board. The impact of Covid-19 resulted in a reduction in activity however this reduction in activity is offset by an increase in expenditure, predominantly as a result of additional staff costs, increased beds and pathways, additional cleaning, testing, equipment and PPE. These costs associated with Covid-19 were fully funded by Scottish Government. 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 54). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 61).

The information above reflects our management accounts reporting throughout 2020/21 whilst the CIES at Page 46 presents the financial information in the required statutory reporting format; the movement between these of £4.926 million is a result of the management accounting treatment of reserves:

Reconciliation of CIES to Operational Overspend	£ Million	£ Million
IJB operational underspend on service delivery		0.833
Reserves planned use during the year	(0.831)	
Reserves added during the year	5.757	
Net movement between management accounts and CIES		4.926
IJB CIES underspend		5.759

Total Use of Reserves During 2020/21	£ Million
Reserves planned use during the year	(0.831)
Reserves added from operational underspend and new funding	6.590
Total Reserves added during 2020/21	5.759

Reserves

We used £0.831 million of reserves in year and we also invested £6.590 million into earmarked reserves, with much of this increase from Scottish Government ring-fenced funding. The year on year movement in reserves is set out in detail at Note 8 (Page 59) and is summarised:

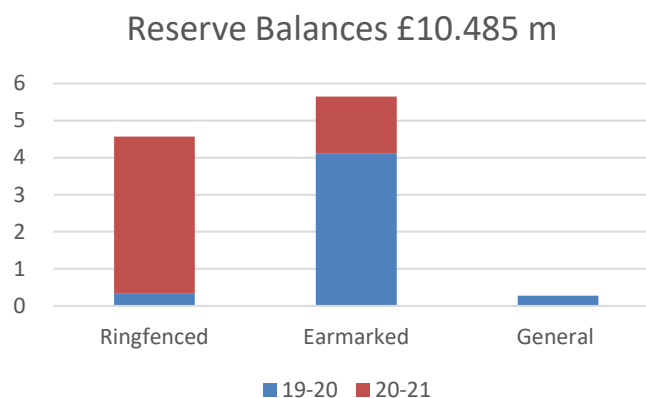
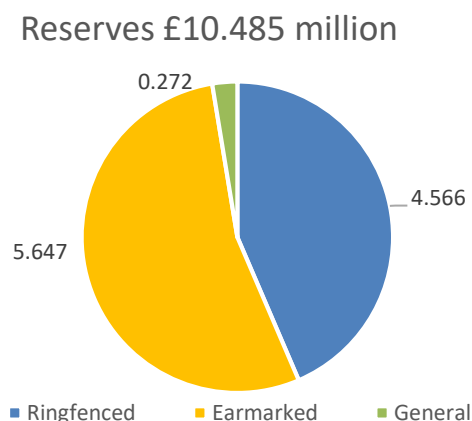
	£ Million	£ Million
Reserves at 31 March 2020		4.726
Planned use of existing reserves during the year	(0.831)	
Funds added to reserves during the year	6.590	
Net increase in reserves during the year		5.759
Reserves at 31 March 2021		10.485

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in March 2020 in line with the statutory review of the Integration Scheme timescale.

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 current balance of £10.485 million for all reserves falls in these three reserves types:



The majority of the increase in reserves relates to specific ring-fenced funding we have received from the Scottish Government during 2020/21 with £4.383 million added during the year. We can only spend this funding on those initiatives that the funding supports; the majority of this increase relates to Covid-19 funding of £3.165 million and this will support the ongoing response to the pandemic in 2021/22.

We spent £0.148 million of non Covid-19 ring-fenced reserves during the year and we are working on plans to utilise the balances within the scope of each area of activity during 2021/22 ensuring that we can support any ongoing activity from the one off investment of this funding.

The increase in ring-fenced funding during 2020/21 is not unique to East Renfrewshire and mirrors the national position.

Our earmarked reserves are in place to support a number of projects, provide transitional funding for service redesign, provide bridging finance for in year pressures, add capacity to support service initiatives and to support longer term cost smoothing and timing of spend across multiple years.

Within our earmarked reserves we spent £0.683 million, which is less than we planned given the prioritisation of services on the response to the pandemic. We had also planned to meet some refurbishment costs for work within our Learning Disability in-patient units, however this work was delayed at the start of the pandemic; this work is now on hold and will be incorporated as part of the work supported by the Community Living Change Fund. We have added £2.207 million to our earmarked reserves during the year.

Our general reserve remains unchanged at £0.272 million is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently just under 0.2% of the 2020/21 revenue budget.

Given the scale of the financial challenge we have faced pre pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges has not allowed any investment into general reserves. We have recognised whilst this means we are below our policy level the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide. In the event we find ourselves unable to achieve sufficient savings delivery during 2021/22 we may need to un-hypothecate (i.e. un-earmark) reserves to meet operational costs.

The use of reserves is reported to the IJB within our routine revenue reporting.

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 for 2022/23 to 2026/27 which supports our strategic planning process and provides a financial context to support medium-term planning and decision making.

The funding gap in future years could range anywhere from £0 to £4.7 million per year, excluding unknown factors and any additional savings requirements in future years. The resulting funding gap will be dependent on the funding settlement for each year.

The 2021/22 budget settlement fell within the poor settlement range of scenario planning assumptions with cost pressures of just over £9.3 million and subsequent required savings of £3.9 million after all funding uplifts of £4.9 million and deduction of immediately achievable savings of £0.5 million.

The budget for the year 2021/22 was agreed by the IJB on 17th March 2021 and identifies a funding gap of £3.9 million which relates to the £2.4 million legacy savings from 2020/21 we did not achieve as a result of the pandemic response and the funding gap of £1.5 million relating to 2021/22.

In setting this budget the IJB recognised the scale of the challenge; that we were still in response mode; that there are still many unknowns as we work our way towards recovery and the impact and implications from the plans for a national care service are unknown.

Pre the pandemic we had identified that the majority of the 2020/21 savings would come from the introduction of a contribution from individuals towards the cost of non-residential care, the prioritisation of care package costs and that we would need to further consider prioritisation and eligibility criteria for future savings options. This is now potentially at odds with the recommendations included in the Independent Review of Adult Social Care and the timing of any local decisions will need to be balanced with the risk of implementing change that may require subsequent reversal.

The implications from this review will be reflected in our short and medium term financial planning and in our Recovery and Renewal Programme as 2021/22 progresses and the policy decisions and directions become clearer. We will support any changes to policy/strategic approach that are adopted following the review and will look to include these in our strategic planning engagement for 2022 and beyond. During 2021-22 we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

The IJB have recognised that 2021/22 will require an iterative approach and we will need to adapt, respond and flex in a timely manner. As one of the smaller IJBs we are nimble and can react quickly however we do have a significant financial risk; our funding gap is £3.9 million, we have c£2 million in reserves to phase in those savings we can achieve, but we will only achieve savings by fully resourcing our Recovery and Renewal programme; and the only options to do this, at present are to divert existing resources and / or invest in the short term thus reducing the reserve available to phase in the savings.

The 2021/22 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

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.

The consequences of Brexit have not manifested in any specific issues during 2020/21 however given this period is far from normal this will continue to be monitored and working groups with partners remain active.

We have successfully operated integrated services for over 15 years so we have already faced a number of challenges and opportunities open to newer partnerships. However our funding and savings challenge take no account of this history. Whilst we have agreed a population based approach for future (NHS) financial frameworks and models this does not address the base budget.

Prescribing Costs; The cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is delegated to the IJB. This is a complex and volatile cost base of around £16 million per year. The post Covid-19 impact on prescribing in the medium to long term is unclear. During 2020/21 the volume of items prescribed reduced by 4.8% over the year as a result of the pandemic; the post Covid-19 implication is not yet clear in terms of complexity of need, population demand and mental health impacts.

Delayed Discharge; In order to achieve the target time of 72 hours we continue to require more community based provision. The medium-term aspiration is 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.

Care Providers: The longer term impact on the sustainability of the care provider market following Covid-19 is unknown and we continue to work closely with all our partners to work through issues, support where we can and look to develop the best way of working building on our collaborative and ethical commissioning approach as we move forward. This will build on our work to date, including the move to national contractual frameworks along with the implications from the independent review of adult social care; this may impact on how we commission services.

We intend to develop our performance and financial reporting in more detail at a locality level to allow fuller reporting and understanding of future trends and service demands and include Covid-19 implications and scenarios.

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

- Our Recovery and Renewal Programme will be implemented throughout 2021/22 and beyond and regular reports will be taken to the IJB.
- We will update our Medium-Term Financial Plan on a regular basis reflecting the ongoing impact of Covid-19 and the independent review of adult social care as these become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity, funding, pressures, possible savings and associated impacts.
- We will continue to monitor in detail the impacts of Covid-19, Brexit and 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 continue to report our Covid-19 costs through the NHS Greater Glasgow and Clyde Mobilisation Plan and to the IJB. At this stage we do not know if we will receive any further support for non-delivery of savings.
- We will continue to work through our Care at Home action plan and service redesign, taking into account any issues that are identified once the follow up inspection has taken place.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the pandemic response.
- We will complete the review of our Integration Scheme; work had been undertaken pre the pandemic and was then put on hold.
- We will review and revise savings proposals for 2021/22 for our funding gap, reflecting our Recovery and Renewal Programme and the impact of any policy decisions around a national care service. Our individual budget calculator will continue to be used and we may still need to revise the funding parameters. We will continue to use our reserve through 2021/22 to phase in budget savings. It is possible we will deplete this reserve in 2021/22 so there is a significant risk associated with:
 - Ensuring savings are achieved on a recurring basis by the end of the financial year
 - Impact of not achieving full year savings on a recurring basis
 - A similar level of budget settlement in 2021/22
 - Unknown impact of Covid-19
- We will continue to monitor the costs and funding of Covid-19 related activity through the NHS Greater Glasgow and Clyde Mobilisation Plan.
- We have realigned our senior management structure to ensure we are best placed to meet the challenges over the next period and to ensure leadership continuity following the planned retirement of key colleagues.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. 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.
- Workforce planning will support identifying 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. Given the overwhelming response to the pandemic our staff are tired both physically and mentally and the wellbeing of our workforce is paramount.
- 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 impact of Covid-19 on our population and the capacity for the HSCP and its partners to deliver services and implement our Recovery and Renewal programme whilst maintaining financial sustainability are significant risks.

Conclusion

East Renfrewshire Integration Joint Board continued, pre Covid-19, to be well placed in the short term to meet 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, not only ensuring financial sustainability, but also meeting the needs of our population.

Post Covid-19 there is a greater uncertainty over the medium to longer term impact on our population and the associated demand for services, a difficult shorter term financial challenge and potential opportunities that may arise around a national care service. We continue to plan ahead and prepare for a range of scenarios.

Caroline Bamforth
Chair
Integration Joint Board

24th November 2021

Julie Murray
Chief Officer
Integration Joint Board

24th November 2021

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

24th November 2021

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. 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).
- Approve the Statement of Accounts.

I confirm that the audited Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 24th November 2021.

Caroline Bamforth

Chair

Integration Joint Board 24th November 2021

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 were reasonable and prudent.
- Complied with the legislation.
- Complied with the 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 2021 and the transactions for the IJB for the period covering 1st April 2020 to 31st March 2021.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 23rd June 2021

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 2020/21 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 2020/21 amounted to £114,269 in respect of all duties undertaken during the financial year. In respect of the Chief Financial Officer, total remuneration for 2020/21 amounted to £87,291.

2019/20			Name and Post	2020/21		
Salary, Fees & Allowances £	Taxable Expenses £	Total Remuneration £		Salary, Fees & Allowances £	Taxable Expenses £	Total Remuneration £
110,954		110,954	Julie Murray Chief Officer	114,269		114,269
84,759	13	84,772	Lesley Bairden Chief Financial Officer	87,291		87,291

Voting Board Members 2020/21		Total Taxable IJB Related Expenses £
Councillor Caroline Bamforth (Chair)	East Renfrewshire Council	Nil
Anne-Marie Monaghan (Vice Chair)	NHS Greater Glasgow & Clyde	Nil
Susan Brimelow (until June 2020)	NHS Greater Glasgow & Clyde	Nil
Councillor Tony Buchanan	East Renfrewshire Council	Nil
Jacqueline Forbes (from June 2020)	NHS Greater Glasgow & Clyde	Nil
Amina Khan (from June 2020)	NHS Greater Glasgow & Clyde	Nil
Councillor Alan Lafferty (from November 2020)	East Renfrewshire Council	Nil
John Matthews (until June 2020)	NHS Greater Glasgow & Clyde	Nil
Councillor Paul O' Kane (until November 2020)	East Renfrewshire Council	Nil
Councillor Jim Swift	East Renfrewshire Council	Nil
Flavia Tudoreanu	NHS Greater Glasgow & Clyde	Nil

The equivalent cost in 2019/20 was nil for all IJB members.

The Pension entitlement for the Chief Officer for the year to 31st March 2021 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

2019/20			Name and Post	2020/21		
In Year Pension Contribution to 31 March £	Accrued Pension Benefits at 31 March			In Year Pension Contribution to 31 March £	Accrued Pension Benefits at 31 March	
	Pension £	Lump Sum £			Pension £	Lump Sum £
21,414	42,146	60,259	Julie Murray Chief Officer	22,054	45,593	60,259
16,358	7,104	-	Lesley Bairden Chief Financial Officer	16,847	9,006	-

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.

In respect of 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 in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2020/21 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.

General Disclosure by Pay Bands

Number of Employees 31st March 2020	Remuneration Band	Number of Employees 31st March 2021
1	£80,000 - £84,999	
	£85,000 - £89,999	1
1	£105,000 - £109,999	
	£110,000 - £114,99	1

Caroline Bamforth
Chair
Integration Joint Board 24th November 2021

Julie Murray
Chief Officer
Integration Joint Board 24th November 2021

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 and have consolidated these into a Governance Code.

The Governance Framework

The main features of the governance framework in place during 2020/21 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.

The governance framework was put in place during 2015/16 when the IJB was established and the Governance Code was formalised and audited in 2017/18 and continues to operate effectively.

As a result of Covid-19 from March 2020 we needed to change some of our governance arrangements including; drawing on business continuity plans to support critical functions, establishing our Local Resilience Management Team, participating in local and national working groups and establishing a Covid-19 Risk Register. We have also worked very closely with our partners' governance and response arrangements during the emergency, including

East Renfrewshire Council, NHS Greater Glasgow and Clyde, National Chief Officer, Chief Social Work Officer and Chief Financial Officer meetings.

We moved our IJB meetings to a video conferencing platform and agreed with our chair and vice chair a prioritised agenda for each meeting. We did not hold a Performance and Audit Committee meeting in March or June 2020 with relevant reports being taken directly to the IJB. Our Clinical and Care Governance group has met as planned using video conferencing. We held two IJB seminars during the year focussing on the Interim Strategic Plan and the Budget for 2021/22.

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 (2010)'.

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 2019/20. A member of East Renfrewshire Council's Audit and Scrutiny Committee was co-opted to the IJB Performance and Audit Committee during 2016/17 to promote transparency.

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 2021/22 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:

The Chief Internal Auditor's opinion for 2020/21 will be included in the audited accounts.

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

As we have an interim workforce plan for 2021/22 and are working on the three-year Workforce Plan covering 2022-25 we are now compliant in this area.

Governance Issues during 2020/21

Whilst all operational and transactional governance issues are considered within our partner's governance frameworks the IJB Performance and Audit Committee take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31st March 2021.

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 Covid-19 pandemic has meant that how the IJB operates and therefore associated governance has been impacted. The IJB has met virtually since ay March 2020 and agreed delegated powers to allow the Chief Officer and the HSCP the flexibility to adapt to the significant public health challenges resulting from this pandemic.

The Scottish Government introduced new legislation; The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020. The HSCP has complied with this legislation as appropriate.

All decisions taken under delegated authority are logged and a full record of decisions taken supports the Local Resilience Management Team process put in place as well as our Mobilisation Plan.

The HSCP worked with all partners at a local and national level to play our part in the response to the pandemic and had to respond swiftly to a number of challenges as we have demonstrated in this report.

As the situation evolved over the last year we have responded to lockdowns, changing restrictions and many iterations of guidance on a range of Covid-19 related issues. We have outlined in this report how we have governed these changes, adapted existing and set up new services and how we have funded the associated costs.

Operational Governance

The recommendations from the follow up audit on the implementation of the Care Finance system were taken pre Covid-19 to the Performance and Audit Committee with progress updates on a six-monthly timescale. Progress had been made on these recommendations however the planned audit follow up work in March 2020 was impacted by Covid-19 so this will be completed during 2021/22.

Following an inspection of our Care at Home services published in February 2019, an improvement delivery plan was put in place allowing the service to focus on activity to meet Care Inspectorate requirements. A follow-up inspection published in November 2019 and subsequent discussion with the Care Inspectorate highlighted that we would not meet their requirements in a sustainable way unless we embarked on a programme of service redesign for Care at Home.

Oversight of the Care at Home service and the required improvement activity has been maintained over the course of the pandemic by the Chief Officer, with continued regular updates to the IJB and the Clinical and Care Governance forum.

The improvement activities required by the Care Inspectorate are now embedded within our care at home operations and we are confident this will be recognised at the next inspection. Whilst some improvement areas, such as training and medication management, have been impacted by restrictions associated with the challenges faced over the pandemic, we hope the Care Inspectorate will acknowledge that significant progress has been made to evidence the required improvements. The follow up inspection itself has been delayed as a result of the pandemic.

Phase two of our service redesign has recommenced and is incorporated as part of the Recovery and Renewal programme. This will focus on the review and development of our

management roles to ensure our frontline workers are supported in the community. Whilst we have been successful in recruiting new care at workers we still have work to do around historic work patterns, ensuring our workforce is better aligned to meet service demand and continuity of support for the people we support. The follow up inspection has yet to take place, delayed by the pandemic.

We had a brief period during 2020/21 where we had started to look at Recovery prior to the second wave of the pandemic and this is incorporated into our Recovery and Renewal Programme. This will also help inform our next three year Strategic Plan for 2023-2026.

There are significant implications from both the emergency response and from the emerging recovery phase. We continue to report Covid-19 activity and costs to the Scottish Government via the NHS Greater Glasgow and Clyde Mobilisation Plan as well as to the IJB.

Action Plan

The table below shows the progress made during 2020/21 against the actions that we identified in our 2019/20 annual report and accounts. It does need to be recognised that these actions were agreed at the start of the pandemic and the focus and prioritisation of the last year has been on our response to the pandemic.

Action	Progress
Complete our Care at Home action plan with updates at each IJB until full implementation.	Our Care at Home action plan is a standing agenda item for our IJB. This will continue to be reported until all actions are closed and the service redesign complete.
Revise our Medium-Term Financial Plan once the implications from the Covid-19 pandemic are clearer.	A refreshed Medium-Term Financial Plan will be presented to the IJB on 23 June 2021. Regular updates will be provided thereafter.
Implement commissioning arrangements for unscheduled care once the system wide commission plan is finalised.	Work is ongoing and the plan and associated financial framework will be brought to the IJB during 2021/22.
Continue to report on our Strategic Improvement Plan until fully complete.	This work was not a priority during the pandemic response.
Review our Best Value reporting with our Annual Performance Report.	This has not progressed during the Covid-19 response, with the exception of attendance at a national workshop in preparation for future work.
Implement our Recovery work programme whilst recognising that this will need to flex and adapt to changing circumstances.	We had a brief period where we started to consider recovery during 2020/21 however the second wave of the pandemic meant we quickly returned to response. Our Recovery and Renewal Programme will be regularly reported to the IJB throughout 2021/22.

The actions to take in 2021/22 to improve strengthening our corporate governance arrangements are:

- Continue to report on our Care at Home action plan at each IJB until full implementation of redesign and closure of all actions.
- Regularly review and refresh our Medium-Term Financial Plan once the implications from the Covid-19 pandemic and the national care service become clearer. This will include reporting progress on savings achieved and operational financial performance throughout the year.
- Implement the commissioning arrangements for unscheduled care once the development work has been finalised.
- Continue to report on our Strategic Improvement Plan until fully complete.
- Review our Best Value reporting with our Annual Performance Report.
- Implement our Recovery and Renewal programme with regular reporting to the IJB including the associated financial implications.

- Refresh our Integration Scheme as work on this was paused during 2020/21.
- Continue to monitor the costs associated with Covid-19 and sustainability throughout 2021/22 and beyond.
- Recommence review of our Strategic Action Plan, paused during the response to the pandemic.

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.

Caroline Bamforth

Chair

Integration Joint Board 24th November 2021

Julie Murray

Chief Officer

Integration Joint Board 24th November 2021

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

Report on the audit of the financial statements

Opinion on financial statements

Need to leave space for Audit Scotland – last year 3 pages

This will be included for the audited accounts in November

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 2021

2019/20			2020/21				
Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Objective Analysis	Note	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
11,729	697	11,032	Children and Families		13,879	1,361	12,518
25,065	2,246	22,819	Older People's Services		24,607	3,159	21,448
5,765	58	5,707	Physical/Sensory Disability		5,923	395	5,528
18,966	709	18,257	Learning Disability – Community		20,305	1,703	18,602
9,673	1,314	8,359	Learning Disability – Inpatients		9,818	1,128	8,690
393	173	220	Augmentative & Alternative Communication		503	266	237
13,065	1,848	11,217	Intensive Services		16,078	2,306	13,772
5,289	178	5,111	Mental Health		6,387	492	5,895
2,224	205	2,019	Addictions / Substance Misuse		2,488	156	2,332
25,276	1,471	23,805	Family Health Services		26,198	166	26,032
16,090	0	16,090	Prescribing		15,858	0	15,858
609	609	0	Criminal Justice		696	698	(2)
132	0	132	Planning and Health Improvement		142	0	142
10,055	1366	8,689	Management and Admin		26,732	4,007	22,725
223	0	223	Corporate Services	6	229	-	229
144,554	10,874	133,680	Cost of Services Managed by ER IJB		169,843	15,837	154,006
31,223	-	31,223	Set Aside for delegated services provided in large hospitals		36,149	-	36,149
276	-	276	Aids and Adaptations		174	-	174
176,053	10,874	165,179	Total Cost of Services to ER IJB		206,166	15,837	190,329
-	103,447	103,447	NHS Greater Glasgow and Clyde	3	-	126,714	126,714
-	49,565	49,565	East Renfrewshire Council	3	-	57,531	57,531
-	6,424	6,424	Resource Transfer	3	-	6,568	6,568
-	5,132	5,132	Social Care Fund	3	-	5,275	5,275
0	164,568	164,568	Taxation and Non Specific Grant Income		0	196,088	196,088
176,053	175,442	611	(Surplus) or Deficit on Provision of Services		206,166	211,925	(5,759)
176,053	175,442	611	Total Comprehensive (Income) and Expenditure		206,166	211,925	(5,759)

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.

2019/20 £000	General Reserves	2020/21 £000
(5,337)	Balance as at 31 st March 2020 brought forward	(4,726)
611	Total Comprehensive Income & Expenditure	(5,759)
611	(Surplus) or Deficit on the Provision of Services	(5,759)
(4,726)	BALANCE AS AT 31st MARCH 2021 CARRIED FORWARD	(10,485)

The reserves above are all useable.

BALANCE SHEET

As at 31st March 2021

The Balance Sheet as at 31st March 2021 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.

31 st March 2020 £000		Notes	31 st March 2021 £000
5,249	Current Assets		11,245
5,249	Short Term Debtors	7	11,245
523	Current Liabilities		760
523	Short Term Creditors	7	760
4,726	Net Assets		10,485
(4,726)	Reserves	8	10,485
(4,726)	Total Reserves		10,485

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31st March 2021 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 24th November 2021.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 23rd June 2021

Notes to the Financial Statements

1. Accounting Policies

1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2020/21 reporting period and its position as at 31st March 2021.

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 2020/21 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.

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 in the form of charges for services provided to the IJB by its partners.

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 2021 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 56) in accordance with the requirements of International Accounting Standard 24.

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 2021.

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 2021.

The cost of participation in the CNORIS scheme was funded on our behalf by NHS Greater Glasgow and Clyde.

1.11 Corresponding Amounts

These Financial Statements cover the period 1st April 2020 to 31st March 2021, with corresponding full year amounts for 2019/20.

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 IAS9 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

2019/20 £000		2020/21 £000
(164,568)	Partners funding contribution and non-specific grant income	(195,878)
(10,874)	Fees and charges and other service income	(15,837)
(175,442)	2019/20 TOTAL FUNDING	(211,715)
39,793	Employee Costs	46,345
1,054	Premises Costs	1,202
315	Transport Costs	296
8,194	Supplies & Services	20,438
51,572	Third Party Payments	57,140
2,314	Support Costs	2,454
16,089	Prescribing	19,717
25,276	Family Health Service	21,986
31,223	Acute Hospital Services	36,149
196	Corporate Costs	202
27	External Audit Fee	27
176,053	2019/20 COST OF SERVICES	205,956

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.

3. Taxation and Non Specific Grant Income

2019/20 £000		2019/20 £000
49,565	East Renfrewshire Council	57,531
103,447	NHS Greater Glasgow and Clyde	126,714
6,424	Resource Transfer	6,568
5,132	Social Care Fund	5,275
164,568	PARTNERS FUNDING CONTRIBUTION & NON SPECIFIC GRANT INCOME	196,088

The funding contribution from NHS Greater Glasgow and Clyde includes £36.149 million for East Renfrewshire's use of set aside for delegated services provided in large hospitals. 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 2020/21 accounts in respect of 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. Accordingly, the IJB is considered to be acting as a 'principal' and the 2020/21 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2020/21 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 below.

2019/20 £000	LEARNING DISABILITY IN-PATIENTS SERVICES HOSTED BY EAST RENFREWSHIRE IJB	2020/21 £000
5,659	Glasgow	4,754
1,347	Renfrewshire	1,349
199	Inverclyde	612
846	West Dunbartonshire	653
196	East Dunbartonshire	0
8,247	Learning Disability In-Patients Services Provided to other IJBs	7,368
112	East Renfrewshire	1,926
8,359	TOTAL LEARNING DISABILITY IN-PATIENTS SERVICES	9,294
2019/20 £000	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION HOSTED BY EAST RENFREWSHIRE IJB	2020/21 £000
72	Glasgow	89
7	Renfrewshire	33
-	Inverclyde	3
4	West Dunbartonshire	3
25	East Dunbartonshire	19
108	AAC Services Provided to other IJBs	147
11	East Renfrewshire	19
119	TOTAL AAC SERVICES *	166

*These figures above relate only to the hosted element of this service and therefore do not translate to the CIES where the total cost is shown.

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.

2019/20 £000	SERVICES PROVIDED TO EAST RENFREWSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE	2020/21 £000
460	Physiotherapy	451
48	Retinal Screening	43
464	Podiatry	352
303	Primary Care Support	285
297	Continence	325
618	Sexual Health	594
906	Mental Health	1,168
868	Oral Health	867
348	Addictions	346
194	Prison Health Care	197
162	Health Care in Police Custody	158
4,211	Psychiatry	4,644
8,879	NET EXPENDITURE ON SERVICES PROVIDED	9,430

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 2020/21. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

2019/20 £000	Income – payments for integrated functions	2020/21 £000
108,461	NHS Greater Glasgow and Clyde	130,367
66,981	East Renfrewshire Council	81,558
175,442	TOTAL	211,925
2019/20 £000	Expenditure – payments for delivery of integrated functions	2020/21
108,461	NHS Greater Glasgow and Clyde	130,367
67,592	East Renfrewshire Council	75,799
176,053	TOTAL	206,166

6. Corporate Expenditure

2019/20 £0	Corporate Expenditure	2020/21 £0
196	Staff Costs	202
27	Audit Fee	27
223	TOTAL	229

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 2021.

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 2020/21. The Covid-19 related costs within these services has been met from our Covid-19 funding.

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice for 2020/21 amounted to £27,330. Audit Scotland did not provide any non-audit services during 2020/21.

VAT is not included in the costs identified.

7. Short Term Debtors and Creditors

2019/20 £000	Short Term Debtors	2020/21 £000
550	NHS Greater Glasgow and Clyde	5,890
4,699	East Renfrewshire Council	5,355
5,249	TOTAL	11,245
2019/20 £000	Short Term Creditors	2020/21 £000
462	NHS Greater Glasgow and Clyde	760
61	East Renfrewshire Council	0
523	TOTAL	760

8. Reserves

As at 31st March 2021 the IJB holds earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve is also held to allow us to meet any unforeseen or unanticipated events that may impact on the IJB.

The reserves are part of the financial strategy of the IJB in order to better manage the costs and risks across financial years.

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 at 31 March 2020		4.726
Planned use of existing reserves during the year	(0.831)	
Funds added to reserves during the year	6.590	
Net increase in reserves during the year		5.759
Reserves at 31 March 2021		10.485

The table on the following page provides the detailed movement across all reserves.

2019/20 £000	Reserves	Used £000	Added £000	Transfers In / (Out) £000	2020/21 £000
	0 Mental Health Action 15		156		156
	83 Alcohol & Drugs Partnership	15	123		191
	0 Drugs Death Taskforce		39		39
	170 Primary Care Improvement	133	877		914
	78 GP Premises Fund		23		101
	0 COVID Allocations		3,165		3,165
331	TOTAL RING-FENCED RESERVES	148	4,383	0	4,566
1,027	Budget Savings Phasing		833		1,860
271	In Year Pressures	106			165
222	Prescribing		288		510
1,520	Total Bridging Finance	106	1,121	-	2,535
460	Residential Accommodation				460
100	Health Visitors		83		183
100	Home & Belonging	42			58
311	Counselling in Schools		376		687
35	Continuing Care	35			0
15	Child Healthy Weight Programme				15
0	Children and Young Peoples Mental Health Framework		127		127
0	Recovery Activity with Partners		101		101
1,021	Children & Families	77	687	-	1,631
1,039	Transitional Funding Learning Disability Specialist Services	385	-	-	654
100	District Nursing	26			74
0	Community Living Change Allocation		295		295
0	Additions Residential Rehabilitation		37		37
0	Mental Health Community Psychology		16		16
0	Care Home Oversight Support		51		51
101	Augmentative & Alternative Communication	31			70
201	Total Projects	57	399	-	543
100	Renewals & Repairs	-	-	-	100
150	Partnership Strategic Framework	58			92
92	Organisational Learning & Development				92
242	Total Capacity	58	-	-	184
4,123	TOTAL EARMARKED RESERVES	683	2,207	0	5,647
272	TOTAL GENERAL RESERVES	-	-	-	272
4,726	TOTAL ALL RESERVES	831	6,590	0	10,485

9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31st March 2021.

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. The IJB considers that there are no such standards which would have a significant impact on the 2020/21 annual accounts.

11. Critical Judgements & Estimation Uncertainty

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 AAC 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 2020/21 accounts have been prepared.

12. Post Balance Sheet Events

The 2020/21 Annual Report and Accounts will be authorised for issue by the IJB on the 24th November 2021. 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.

The treatment of costs relating to PPE Hub and testing activity is yet to be finalised. This will be reflected in the audited accounts.

13. Prior Period Restatement

There are no prior period restatement included for the annual report and accounts for 2020/21.

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).

On Our Website

Further information on the Accounts can be obtained on East Renfrewshire Council's website <http://www.eastrenfrewshire.gov.uk/health-and-social-care-integration> or from East Renfrewshire HSCP, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN.

Acknowledgement

I wish to record my thanks to staff within the HSCP for their co-operation in producing the 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.

Caroline Bamforth
Chair
Integration Joint Board

24th November 2021

Julie Murray
Chief Officer
Integration Joint Board

24th November 2021

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

24th November 2021

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AGENDA ITEM No.8

<p>Meeting of East Renfrewshire Health and Social Care Partnership</p> <p>Held on</p>	<p>Integration Joint Board</p> <p>23 June 2021</p>
<p>Agenda Item</p>	<p>8</p>
<p>Title</p>	<p>Medium Term Financial Plan</p>
<p>Summary</p> <p>To provide the Integration Joint Board with a refreshed Medium Term Financial Plan for the IJB covering the five year period 2022/23 to 2026/27.</p>	
<p>Presented by</p>	<p>Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)</p>
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> ▪ Approve the revised Medium Term Financial Plan ▪ Agree to receive updates that reflect significant changes in the financial outlook for the Integration Joint Board 	
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23 June 2021

Report by Lesley Bairden, Chief Financial Officer

MEDIUM TERM FINANCIAL PLAN

PURPOSE OF REPORT

1. To advise the Integration Joint Board of the medium term financial outlook as set out in the refreshed Medium Term Financial Plan. This plan supports the strategic planning process and provides a financial context to support medium term plans and decision making.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - Approve the revised Medium Term Financial Plan
 - Agree to receive updates that reflect significant changes in the financial outlook for the IJB

BACKGROUND

3. This report builds on the Revenue Budget for 2021/22 and looks at the potential cost implications for the next 5 years. Given the numerous uncertainties we are facing this plan will be refreshed and assumptions refined and revised as we work through the coming year.
4. This is a refresh of the previous Medium Term Financial Plan 2109/20 – 2023/34 previously agreed by the IJB on 19 March 2019.

REPORT

5. The Medium Term Financial Plan (MTFP) is a relatively straightforward document and considers:

Section	Contents
Executive Summary	Main messages and purpose
Local Context	Localities, accommodation and services delivered, budget 2021/22, demographic analysis and challenges, scale of purchased care, hosted services consumption
National Context	Legislative and Policy implications, Brexit, Scottish Government Medium Term Health and Social Care Financial Framework, Covid-19, Ministerial Steering Group review of Integration, Audit Scotland reports
Medium Term Financial Outlook	Sets out high level cost pressures over next 5 years with supporting assumptions
Our Response	2019/20 funding gap , reserves strategy, possible future funding gaps and implications

Risk and Sensitivity	Key risks, indication of 1% change in factors and financial implications
----------------------	--------------------------------------------------------------------------

6. This revised MTFP reflects the latest budget for 2021/22 and uses this as the baseline for calculating future cost pressures. Additional information is included to reflect the impacts of Covid-19 and the independent review of adult social care; and the associated uncertainties this has brought to forward planning. Similarly the reserves position has been updated.
7. The report also highlights the IJB information included in the Audit Scotland publication "Local Government in Scotland Financial Overview 2019/20" published in January 2021. The main points relating to the IJB and our local position are included for context.
8. The MTFP confirms the scale of the financial challenge; the potential conflict with existing savings; the risk that if we cannot adequately resource our Recovery and Renewal programme we may not deliver this successfully and the significant risks around financial sustainability.
9. The MTFP also recognises there may be opportunities from the independent review of adult social.
10. Given the numerous dynamics and the iterative approach the IJB agreed as part of the 2021/22 budget the MTFP will be revised as information becomes clearer. The MTFP is a "living document" and will also be used to inform engagement with our partners in our future budget discussions.

CONSULTATION AND PARTNERSHIP WORKING

11. The Medium Term Financial Plan is based on the 2021/22 opening budget which has been fully consulted on with our partners. The Chief Financial Officer will continue to work in partnership with colleagues to further develop budget setting and financial planning process for future years.

IMPLICATIONS OF THE PROPOSALS

Finance

12. The refreshed plan reflects the future year pressures in the range of £4.2 to £4.7 million annually over the period of the plan, caveated that there are many unknowns. The forward extrapolation over a 10 year period has been removed given the level of uncertainty and as the plan evolves the IJB may wish to consider this.

Risk

13. The risk to the Integration Joint Board remains delivering a sustainable budget in 2021/22 and beyond. The plan includes a number of risks along with sensitivity assumptions.

Staffing

14. There are no specific staffing implications in the MTFP however we recognise that capacity and staffing ratio models of care continue to present a challenge.
15. The costs of the living wage and fair work practices are considered as part of the budget setting process and are assumed in forward planning.

Equalities

16. None at present. Any equalities issues will be addressed through implementation of savings and investment programmes.

DIRECTIONS

17. There are no directions in relation to the MTFP.

CONCLUSIONS

18. The Medium Term Financial Plan 2022/23 - 2026/27 will support strategic planning and decision making along with engagement on future budget discussions with our partners.

RECOMMENDATIONS

19. The Integration Joint Board is asked to:
 - Approve the revised Medium Term Financial Plan
 - Agree to receive updates that reflect significant changes in the financial outlook for the IJB

REPORT AUTHOR

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

lesley.bairden@eastrenfrewshire.gov.uk

0141 451 0746

17 June 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB paper – 20-03-19 Item 9: Medium Term Financial Plan

https://www.eastrenfrewshire.gov.uk/media/2239/Integration-Joint-Board-Item-09-20-March-2019/pdf/Integration_Joint_Board_Item_09_-_20_March_2019.pdf?m=637351707429130000

IJB paper – 17-03-21 Item 5: Revenue Budget 2021/22

https://www.eastrenfrewshire.gov.uk/media/4788/IJB-Item-05-17-March-2021/pdf/IJB_Item_05_-_17_March_2021.pdf?m=637511548486770000

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East Renfrewshire Integration Joint Board

Medium Term Financial Plan 2022/23 to 2026/27

Revision 2 at 23 June 2021

Document Title:	Medium Term Financial Plan					
Owner:	Chief Financial Officer			Status:	Final	
Review Dates:	Created:	March 2019	Date of last review	June 2021	Date of next review	n/a
Revision History:						
Version:	Date Effective:	Author & Changes				
1.0	17/03/2019	Lesley Bairden				
2.0	23/06/2021	Lesley Bairden				

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Contents

1. Executive Summary	1
2. Local Context	4
3. National Context	12
4. Medium Term Financial Outlook	19
5. Our Response	21
6. Risk and Sensitivity	23

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1. Executive Summary

This medium term financial plan for East Renfrewshire Integration Joint Board sets out the financial outlook covering the next 5 financial years for the IJB and the associated delivery of services through East Renfrewshire Health & Social Care Partnership, as directed by the IJB.

The annual revenue budget for 2021/22 is £160.3 million and this will be spent delivering a range of health and social care services to the citizens of East Renfrewshire.

We have a long standing history of integration and this allows the HSCP to continue to build on a solid foundation of providing health and social care. Our objectives and strategic direction, how we meet the national outcomes, where we need to make changes, how we work together with a wide range a partners and stakeholders is set out in our strategic plan and associated implementation plans.

Whilst our successful history of providing integrated services is a positive this does mean that we have already taken many of the opportunities to redesign services, remove duplication and make associated efficiencies in the last 15 years.

Our long standing history of integration also means we are well placed to understand the impacts and implications on the services we provide as we work our way into recovery from the Covid-19 pandemic as well as any changes that may come from the independent review of adult social care.

The demography of East Renfrewshire provides a specific challenge with growing populations of children and of older adults and in particular those aged over 85. As the youngest and oldest members of our society tend to be the biggest users of universal health and care services this means we have a relatively unique challenge in planning our services and ensuring we meet national outcomes.

The IJB is clear about the challenges ahead and we are planning for the future through our Strategic Plan. This medium term financial plan will assist in the strategic planning process and will allow the IJB to take informed decisions when planning for the future and ensuring financial sustainability in the medium term.

Given the unprecedented period that we worked through during the Covid-19 pandemic we have delivered new services; changed service delivery; we are only beginning to see the emerging impacts of long Covid-19 and the impact on the wellbeing and mental health of our staff and our citizens. This will all impact on our strategic, operational and financial planning going forward. Our Recovery and Renewal programme will support much of this work and given the dynamic of frequent and rapid change the medium term financial outlook will be revised as existing assumptions crystallise or new issues arise.

The IJB needs to be financially sustainable to allow us to continue to plan for and deliver services in a difficult financial and challenging operational climate, whilst maintaining enough flexibility to allow us to adapt, invest where needed to redesign and to change models of service delivery as required moving forward towards recovery from the pandemic. We may need to retract services depending on the funding available to us in future years.

The funding gap in 2021/22 is £3.9 million and presents a significant challenge particularly when taken in context of recovery from Covid-19 and potential constraints or conflicts with the potential direction set out in the recommendations in the independent review of adult social care.

The funding gap relates to the £2.4 million legacy savings from 2020/21 we did not achieve as a result of the pandemic response and a further unfunded gap of £1.5 million relating to 2021/22.

In setting the 2021/22 budget the IJB recognised the scale of the challenge; that we were still in response mode; that there are still many unknowns as we work our way towards recovery and the impact and implications from the plans for a national care service are unknown.

Pre the pandemic we had identified that the majority of the 2020/21 savings would come from the introduction of a contribution from individuals towards the cost of non-residential care, the prioritisation of care package costs and that we would need to further consider prioritisation and eligibility criteria for future savings options. This is now potentially at odds with the recommendations included in the Independent Review of Adult Social Care and the timing of any local decisions will need to be balanced with the risk of implementing change that may require subsequent reversal.

We will support any changes to policy/strategic approach that are adopted following the review and will look to include these in our strategic planning engagement for 2022 and beyond. During 2021-22 we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

The IJB have recognised that 2021/22 will require an iterative approach and we will need to adapt, respond and flex in a timely manner. As one of the smaller IJBs we are nimble and can react quickly however we do have a significant financial risk; our funding gap is £3.9 million, we have c£2 million in reserves to phase in those savings we can achieve, but we will only achieve savings by fully resourcing our Recovery and Renewal programme; and the only options to do this, at present are to divert existing resources and / or invest in the short term thus reducing the reserve available to phase in the savings.

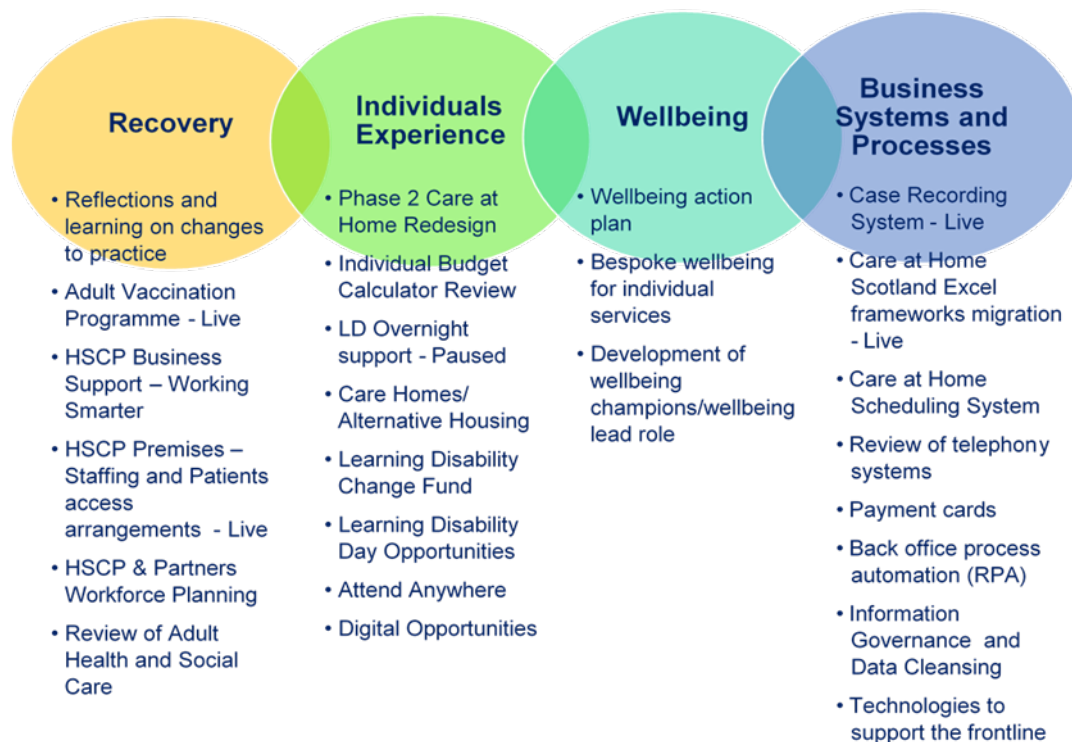
The 2021/22 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis. This clearly makes forward planning difficult given the number of uncertainties in the first year of this plan.

The funding gap in future years could range anywhere from £0 to £4.7 million per year, excluding unknown factors and any additional savings requirements in future years.

Our Recovery and Renewal Programme will provide a framework to support our emerging recovery from the pandemic. Whilst many of the services the HSCP provides are critical and continued to operate through the pandemic we have an opportunity to learn from the last 14 months and how we can build back better.

This is a complex and multi-year programme of work that will allow us to emerge from the pandemic in a stronger and more informed position to face the challenges ahead. This should not only support the significant financial challenge we are facing but will also help us to better understand and quantify the longer term impact of Covid-19 on our population.

The IJB have recognised this needs to be an iterative and emerging approach as we work towards recovery; implications from the independent review of adult social care will be incorporated into our programme and future planning as this become clearer.



2. Local Context

We are structured around two localities one for Eastwood and one for Barrhead. The localities also reflect our hospital flows with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the RAH.



Within the Eastwood locality the custom built Eastwood Health & Care Centre provides social work, district nursing, rehabilitation, care at home and mental health services for adults and older people. Social work and health visiting services for children and young people are also provided from this building, as are a number of GP practices. Thornliebank Resource Centre is based within the Eastwood locality and provides day opportunities to those with learning disability. Bonnyton House provides residential care, palliative care and intensive rehabilitation services support to older people.

Within the Barrhead (Levern Valley) locality there is also a custom built health & care centre which provides services including GP, social work, district nursing, and rehabilitation and is also the base for the Learning Disability team, Children & Adolescent Mental Health (CAMHS) team and Speech and Language Therapy. Children & Families social work and Health visiting teams are based in the adjacent council building. St Andrew's House is the location of the Community Addictions Team. Barrhead Resource Centre provides day opportunities to those with a learning disability.

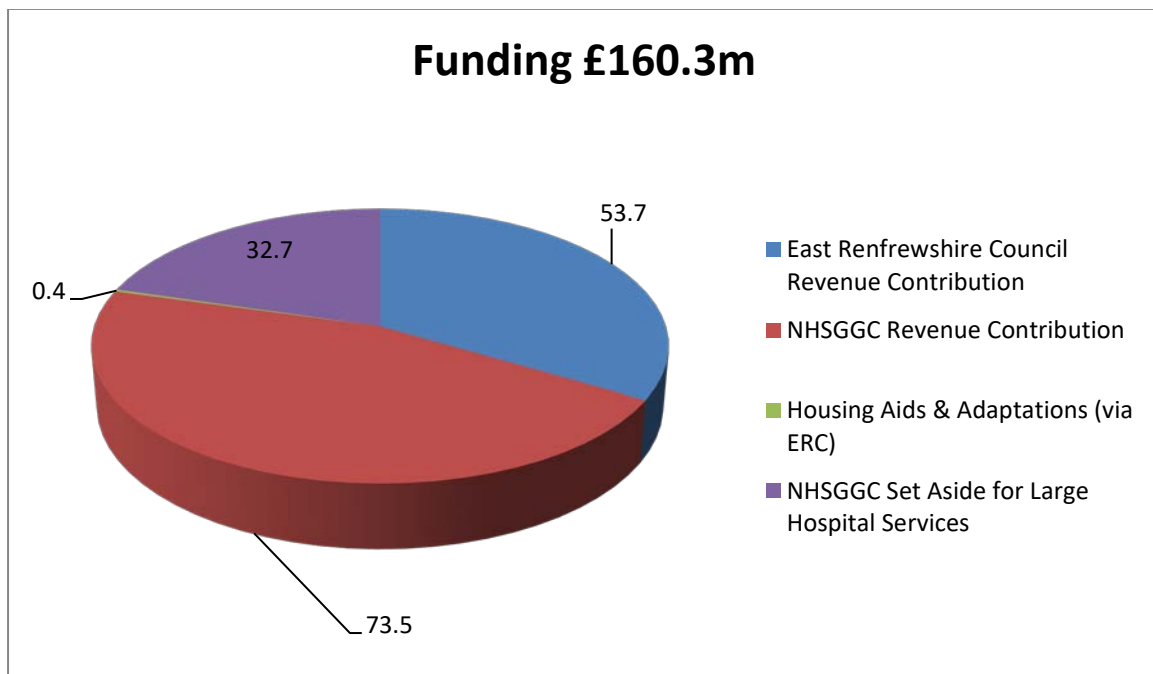
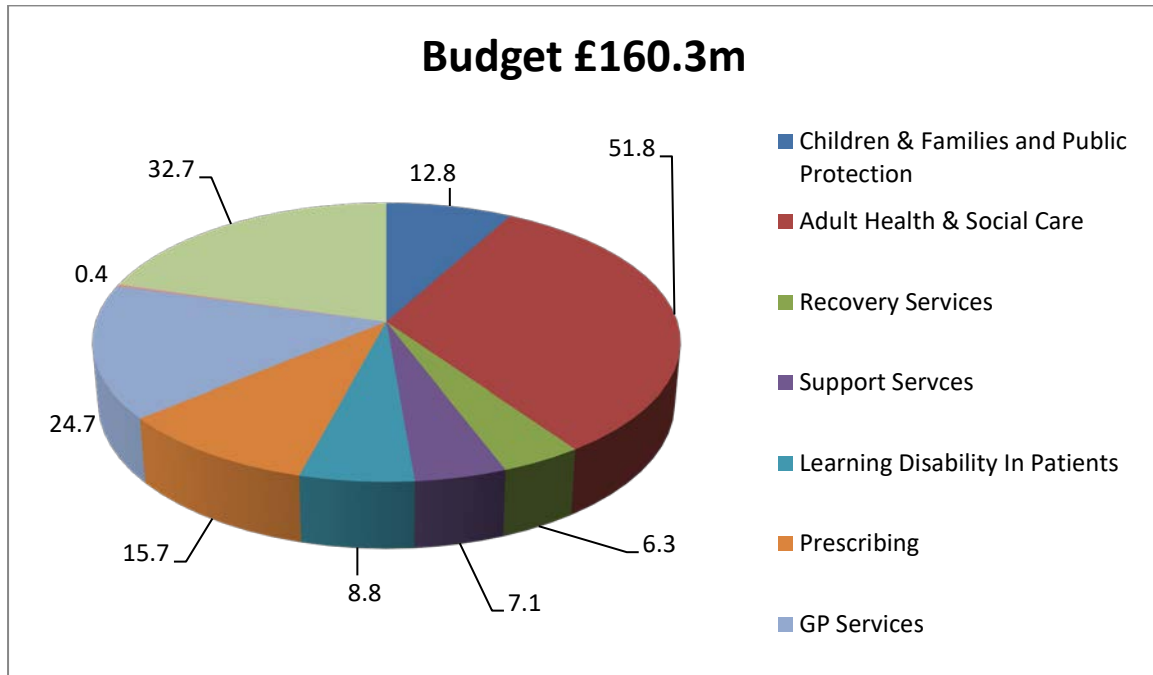
The Partnership also hosts two service on behalf of NHS Greater Glasgow & Clyde; the Learning Disability Specialist Services based in 3 in-patient buildings within the Greater Glasgow and Clyde area at Renfrew, Anniesland and on the Gartnavel site and the Augmentative and Alternative Communication service which provides specialist equipment across the board along with a national assessment service.

In addition to the 8 GP practices located within our two Health and Care Centres we also have 7 with their own premises. Given the population demographics and impact from factors such as new housing we recognise that the number of practices we will need is likely to increase. We are working closely with our GPs and with our partners and other stakeholders to identify potential locations and funding options.

The use of our buildings and the way we work has been significantly impacted in the response to the pandemic.

Our Budget 2021/22

Our opening budget for 2020/21 is £160.3 million and this may change during the year for any additional funding or adjustments to our recurring base funding.



Our budget broadly falls into two types of spending; revenue budget to deliver health and social care services and categories and budgets for housing aids and adaptations and for large hospital services which come under the strategic direction of the IJB.

The revenue budgets for those “day to day” health and social care services delivered by the HSCP is £127.2 million, with a further £0.6 million community justice funded by grant. We usually receive other ad-hoc funding and grants throughout the year to support various initiatives and this is reported within our routine financial reporting.

We also will receive 2021/22 allocations for specific Scottish Government initiatives such as Primary Care Improvement Fund (£2.4 million), Mental Health Action 15 (£0.5 million) and Alcohol & Drugs Partnership (£0.3 million).

During 2020/21 we spent just over £9 million on Covid-19 related costs as we responded to the pandemic and this was fully funded by the Scottish Government. Whilst the cost in 2021/22 is not yet known we expect to fully utilise the balance of funding we brought into the year of £3 million. This is an evolving situation and will be regularly reported to the IJB. We host the Learning Disability Specialist Services and Augmentative and Alternative Communication Service on behalf of the other 5 HSCPs within the Greater Glasgow and Clyde area. The tables below show the 2020/21 cost by HSCP:

2019/20 £000	LEARNING DISABILITY IN-PATIENTS SERVICES HOSTED BY EAST RENFREWSHIRE IJB	2020/21 £000
5,659	Glasgow	4,754
1,347	Renfrewshire	1,349
199	Inverclyde	612
846	West Dunbartonshire	653
196	East Dunbartonshire	0
8,247	Learning Disability In-Patients Services Provided to other IJBs	7,368
112	East Renfrewshire	1,926
8,359	TOTAL LEARNING DISABILITY IN-PATIENTS SERVICES	9,294

2019/20 £000	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION HOSTED BY EAST RENFREWSHIRE IJB	2020/21 £000
72	Glasgow	89
7	Renfrewshire	33
-	Inverclyde	3
4	West Dunbartonshire	3
25	East Dunbartonshire	19
108	AAC Services Provided to other IJBs	147
11	East Renfrewshire	19
119	TOTAL AAC SERVICES *	166

Similarly each of the other 5 HSCPs host one or more services on behalf of the other HSCPs. The table below shows the 2020/21 cost of our populations' consumption of those services:

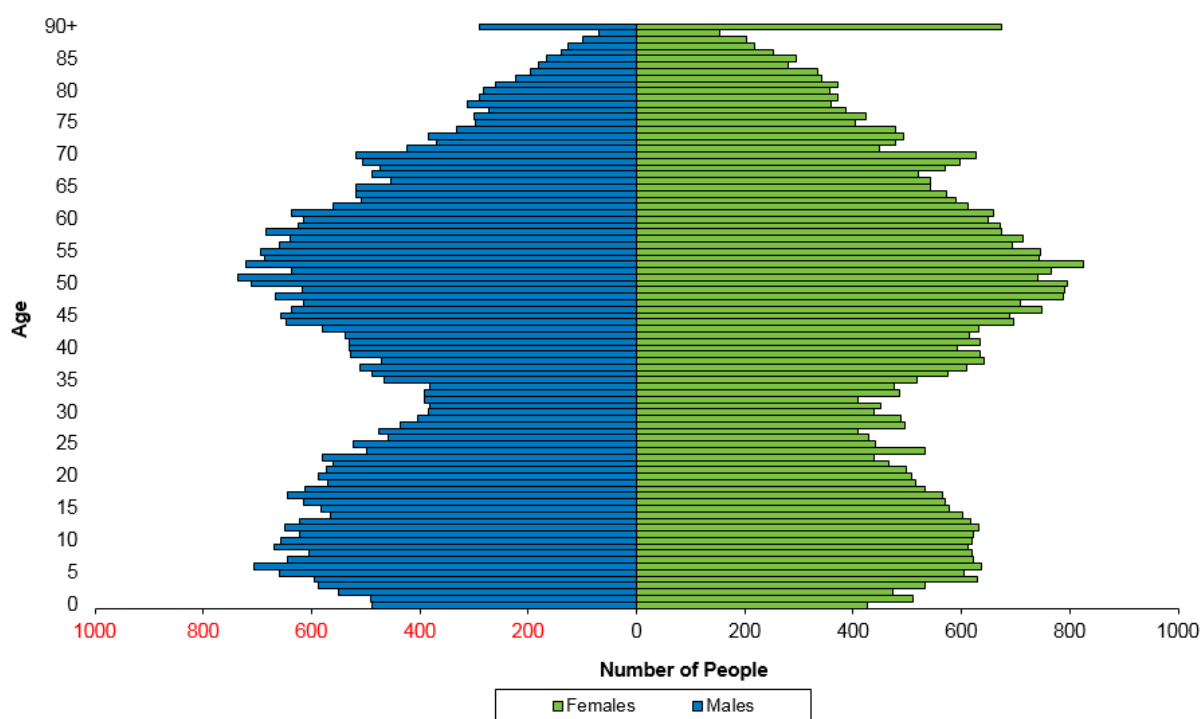
2019/20 £000	SERVICES PROVIDED TO EAST RENFREWSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE	2020/21 £000
460	Physiotherapy	451
48	Retinal Screening	43
464	Podiatry	352
303	Primary Care Support	285
297	Continence	325
618	Sexual Health	594
906	Mental Health	1,168
868	Oral Health	867
348	Addictions	346
194	Prison Health Care	197
162	Health Care in Police Custody	158
4,211	Psychiatry	4,644
8,879	NET EXPENDITURE ON SERVICES PROVIDED	9,430

Under current arrangements there are no financial transactions between the HSCPs for hosted services, with the tables above showing costs for information and allowing us to understand the total system wide cost of our population use of services; however this arrangement may change in future years.

Our population demographic is one of our main challenges

The population of East Renfrewshire is currently estimated at 94,760. The graph below shows how the population is split by gender and the age split is broadly:

- 20% children and young people aged 0-15.
- 60% working age population (16-64)
- 20% older aged adults (65 and over), with significant numbers in the higher end of that age range



Given the future impact on the population from the increase in older adults the tables below show the projected population figure for older adults from 2016 projected to 2024, as estimated by National Records Scotland, by age range.

The tables show the how the population has changed and / or is expected to change from 2016 (the baseline figure) to 2019 and the projected population for the next 5 years. Finally, the tables give year-to-year population change.

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Aged 65+	18,353	18,667	19,003	19,315	19,671	20,117	20,522	20,929	21,375
<i>Change from 2016 population</i>	-	1.7%	3.5%	5.2%	7.2%	9.6%	11.8%	14.0%	16.5%
<i>Change from 2019 projection</i>	-	-	-	-	1.8%	4.2%	6.2%	8.4%	10.7%
<i>Annual change</i>	-	1.7%	1.8%	1.6%	1.8%	2.3%	2.0%	2.0%	2.1%

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Aged 75+	8,825	8,929	9,151	9,389	9,576	9,746	10,151	10,507	10,787
<i>Change from 2016 population</i>	-	1.2%	3.7%	6.4%	8.5%	10.4%	15.0%	19.1%	22.2%
<i>Change from 2019 projection</i>	-	-	-	-	2.0%	3.8%	8.1%	11.9%	14.9%
<i>Annual change</i>	-	1.2%	2.5%	2.6%	2.0%	1.8%	4.2%	3.5%	2.7%

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Aged 85+	2,571	2,692	2,791	2,890	3,004	3,133	3,229	3,328	3,411
<i>Change from 2016 population</i>	-	4.7%	8.6%	12.4%	16.8%	21.9%	25.6%	29.4%	32.7%
<i>Change from 2019 projection</i>	-	-	-	-	3.9%	8.4%	11.7%	15.2%	18.0%
<i>Annual change</i>	-	4.7%	3.7%	3.5%	3.9%	4.3%	3.1%	3.1%	2.5%

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Aged 90+	928	972	1,011	1,069	1,126	1,187	1,259	1,316	1,380
<i>Change from 2016 population</i>	-	4.7%	8.9%	15.2%	21.3%	27.9%	35.7%	41.8%	48.7%
<i>Change from 2019 projection</i>	-	-	-	-	5.3%	11.0%	17.8%	23.1%	29.1%
<i>Annual change</i>	-	4.7%	4.0%	5.7%	5.3%	5.4%	6.1%	4.5%	4.9%

Source: National Records of Scotland (NRS)

The key points are:

- The population aged 65+ will grow at an average of 2% per annum over the period to 2024.
- Between 2019 and 2024 the 65+ population is projected to increase by 11%.
- The population aged 75+ was projected to grow at an average of 2% between 2016 and 2019 but this rate increases to 2.8% between 2019 and 2024 and this spikes in 2022 and 2023.
- Between 2019 and 2024 the 75+ population is projected to increase by 15%.
- The population aged 85+ has been and is projected to continue growing at an average of 3.6% per annum over the period to 2024. Significant annual growth at around 4% is projected for 2020 and 2021.
- Between 2019 and 2024 the 85+ population is projected to increase by 18%.
- The population aged 90+ will grow at an average of 5% per annum over the period to 2024.
- Between 2019 and 2024 the 90+ population is projected to increase by 29%.

Not all older adults will require health and social care but it is a reasonable assumption that many will. We know that people over 80 are the greatest users of

hospital and community health services and social care. East Renfrewshire is attracting people of this age because more retirement and care homes are choosing to open in our area.

The tables above focus on the older age ranges however East Renfrewshire's total population is increasing and in particular both the youngest and oldest in age. These are the groups which are the greatest users of universal health care services.

People with complex health conditions and profound and multiple disabilities are living longer and require intensive health and social care support.

The total population of East Renfrewshire is projected to be 110,044 by 2041 which is an increase of 17.3% compared to 2016. For context and comparison the population of Scotland is projected to increase by only 5.3%. Over this 25 year period, the age group that is projected to increase the most in size in East Renfrewshire is the 85+ age group.

The growth in the population over the next 25 years for children, those of working age and older people is summarised:

Age group	2016 population (base year for projections)	Predicted 2041 Population	Population growth (%)
0-15 years	18,662	21,991	17.8%
Working age (16-64)	56,795	61,598	8.5%
65+ years	18,353	26,455	44.1%
Total population	93,810	110,044	17.3%

Source: NRS 2016-Based Population projections, published March 2018

This growth in population will mean an increase in demand for all health and social care services however the significant growth in the 65+ population reflects the expected increase in those aged 85 and over.

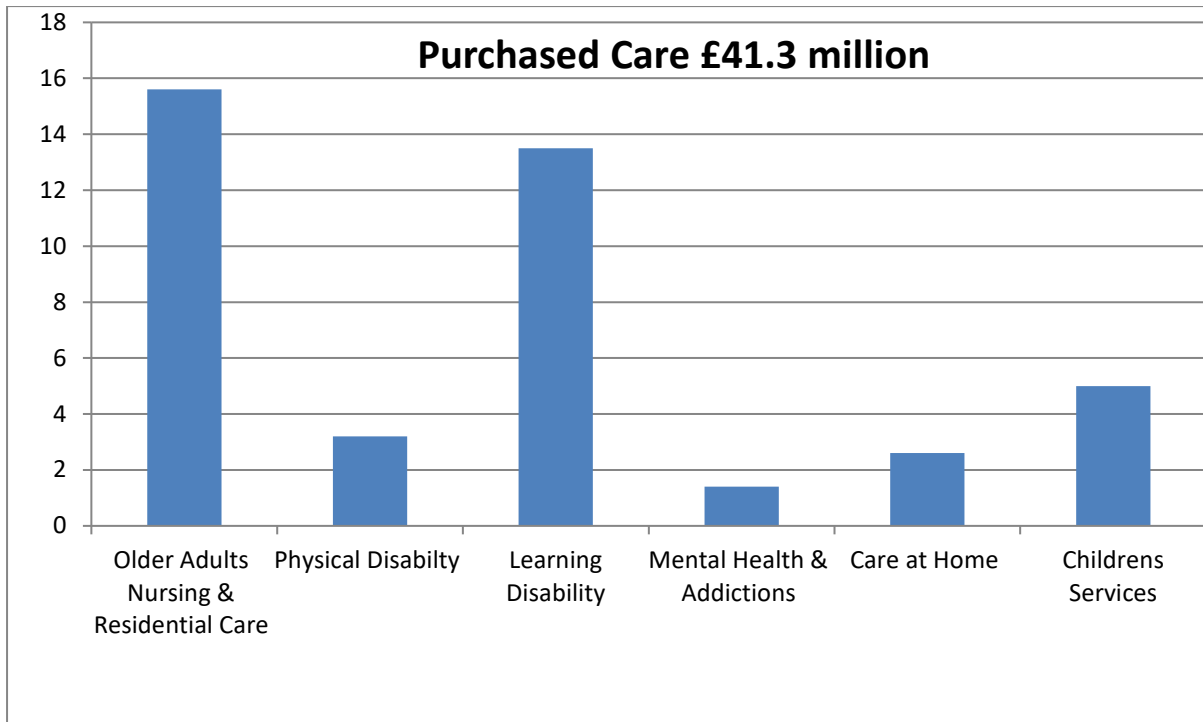
This has an impact on our services because the number of people aged 85 and over is expected to grow at a faster rate than the rest of the population. As a result we can expect the number of people with a need for care at home or residential and nursing care to steadily increase year on year.

Similarly this increase will also manifest in an increase in demand for community based healthcare, equipment and adaptations, increased demand for GP services and an increase in prescribing costs.

We do not know what the longer term implications are on our population as we emerge from the pandemic and what this will translate to in the associated demand for services.

Our Current Purchased Care Costs

The care that we purchase from a range of providers currently costs around £41.3 million for a year, with £40.7 million social care and £0.8 million healthcare, this is funded in part by individual contribution and resource transfer. The chart below shows how this relates to care groups:



3. National Context

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 and where we use our funding over time.

The most significant challenges for 2021/22 and beyond are the challenges of response to and recovery from Covid-19 and the potential challenges and opportunities that may arise from the independent review of adult social care.

Covid-19

2020-21 has seen the HSCP face the unprecedented challenge of the Covid-19 pandemic. During the crisis, staff across the HSCP have responded with incredible resilience, commitment and creativity. Within a very short space of time teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. Our strong local partnerships have responded with great innovation and greater collaborative working with and in support of our local communities. During the pandemic we established and ran a local Community Assessment Centre for people with respiratory problems. We successfully distributed high volumes of essential PPE supplies and have delivered an enhanced flu vaccination programme and Covid-19 vaccination programme. We have developed and coordinated many services and supports to care homes, who have been caring for some of our most vulnerable residents.

To support the wider wellbeing needs of our residents we worked in partnership to support the development of the Community Hub which has supported residents to access information and signposted to local community supports as well as establishing new shopping and prescription delivery service. It also responded to the growing need for social contact by those who were reporting feeling isolated, especially those who were shielding. With our colleagues in education we set up the Healthier Minds service to respond to the mental wellbeing of our children and young people.

Our Covid-19 response activity has happened in addition to our planned operational priorities. Much of the performance data for 2020-21 reflects the direct impact of the pandemic on operational activity and changed behaviours among the population during lockdowns and the pandemic period more generally.

The data shows that despite the significant challenges of the Covid-19 pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. We have seen some

service areas more directly impacted by restrictions and areas where patterns of demand have shifted significantly during the reporting period. Through our recovery and renewal planning and the development of our next strategic plan we will ensure that our priorities and approaches meet the changing needs of our population.

The recovery and improvement actions that we are taking forward as we move beyond the pandemic relate to the following areas:

- Redesign of service delivery building on lessons from the pandemic e.g. Care at Home, Learning Disability, Day opportunities
- Review and development of our customer journey with those who use our services
- Development and maximisation of digital opportunities for connectivity and service delivery (e.g. Attend Anywhere)
- Ongoing development of our adult vaccination programmes
- Review of access arrangements for our premises – service users and staff
- Delivery of a Workforce Wellbeing Action Plan and support for staff wellbeing across the partnership
- Development of our workforce planning arrangements
- Redesign of our administrative and business support functions
- Establish arrangements to meet the priorities set out in the National Review of Adult Social Care

Care Providers: The longer term impact on the sustainability of the care provider market following Covid-19 is unknown and we continue to work closely with all our partners to work through issues, support where we can and look to develop the best way of working building on our collaborative and ethical commissioning approach as we move forward. This will build on our work to date, including the move to national contractual frameworks along with the implications from the independent review of adult social care; this may impact on how we commission services.

Independent Review of Adult Social Care

On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families; and the experience of people who work in adult social care. The independent review published its report on 3rd February 2021.

The report suggests a bold vision for adult social care support in Scotland building on the opportunity for meaningful change as we move beyond the Covid-19 pandemic.

Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity.

It calls for new thinking and a new positive narrative around the role of social care support, recognising its ‘foundational’ importance in society and moving towards a human rights based approach.

<i>Old Thinking</i>	<i>New Thinking</i>
<i>Social care support is a burden on society</i>	<i>Social care support is an investment</i>
<i>Managing need</i>	<i>Enabling rights and capabilities</i>
<i>Available in a crisis</i>	<i>Preventative and anticipatory</i>
<i>Competition and markets</i>	<i>Collaboration</i>
<i>Transactions</i>	<i>Relationships</i>
<i>A place for services (e.g. a care home)</i>	<i>A vehicle for supporting independent living</i>
<i>Variable</i>	<i>Consistent and fair</i>

It also argues that we must strengthen the foundations of the social care system. This means: fully implementing positive approaches such as self-directed support and the integration of health and social care; as well as nurturing and strengthening our workforce and supporting unpaid carers.

The independent review calls for some structural changes such as the establishment of a National Care Service (NCS) with accountability for social care support moving from local government to Scottish Ministers. The proposed NCS would oversee improvements in the consistency, quality and equity of care and support. The report also suggests a reformed role for Integration Joint Boards in implementing the social care vision outcome measures, and delivering planning, commissioning/procurement, managing local GP contracts, as well as local planning and engagement.

The report makes 53 wide-ranging recommendations in relation to the following priorities:

- Mainstreaming and embedding a human rights approach;
- Ensuring better, more consistent support for unpaid carers;
- Establishing a National Care Service (NCS) for Scotland;
- Establishing a new approach to improving outcomes through a National Improvement Programme for social care;
- Developing models of care;
- Commissioning for the public good through collaborative commissioning and a greater focus on people’s needs;
- Developing fair work arrangements with national oversight;
- Improving investment with a focus on prevention rather than crisis response.

The report suggested that additional investment estimated at c£0.66 billion per annum was required to support the recommendations and that future funding for social care needed to be as a minimum sufficient to meet the increased needs due to

demographic change. This would require a 3.5% real terms increase in funding each year.

It is expected that the findings from the review will have significant impacts for the delivery of social care and wider supports moving forward.

In addition to these major areas of challenge we also need to consider other factors including:

Brexit; the withdrawal from the European Union (Brexit) has not manifested any specific issues to date, however we are monitoring potential issues such workforce status and staffing gaps, shortage in supply of drugs, healthcare and other consumables and associated cost and sustainability implications to the labour market, care providers and suppliers of other goods and services.

Carers Act (Scotland) 2016 was effective from April 2018 and is intended to support carers' health and wellbeing and allows carers an assessment of need in their own right. Funding has been provided to meet additional costs and to date this remains working well.

Primary Care Improvement Plan funding to support the GP contract and develop sustainable services going forward. Our plans include both local and system wide work. We have reached the final year of the initial four year programme and forward planning is ongoing. The demand for services and population increases will directly impact on demand for GP services and this will inform investment of reserve funding.

Mental Health Action 15 funding is intended to allow improvement to how a wide range of mental health services are delivered and increase the number of workers in this field by 800 nationally at the end of the programme. Our plans include both local and service Greater Glasgow and Clyde system wide work and the demand for Mental Health Services is expected to increase significantly as we recover from the pandemic.

National policy decisions such as Fair Work Practices including the Scottish Living Wage impact on the costs of the services we provide and purchase. Similarly any ongoing services we are required to provide in response to the pandemic will have local impact.

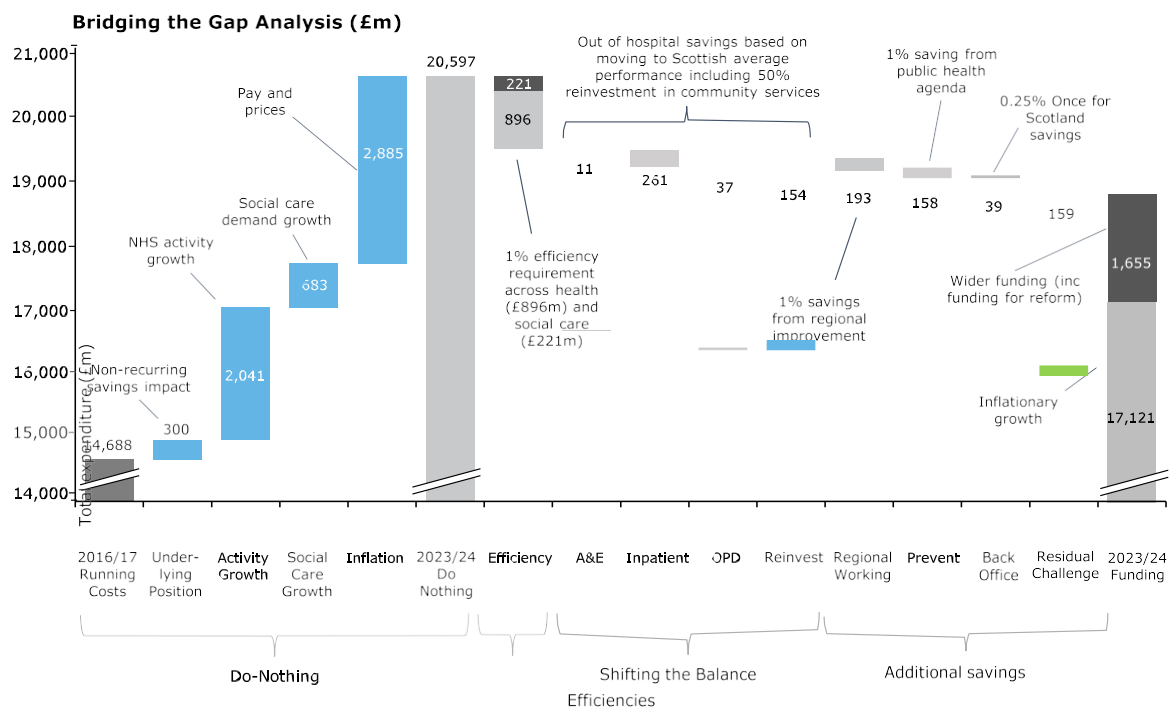
The Scottish Government Medium Term Health and Social Care Financial Framework was published in October 2018 with the key messages:

- The framework uses 2016/17 as the baseline and covers the period to 2023/24 based on Barnett resource consequentials and shows that if nothing changed a funding gap of £5.9 billion would exist if we continue as is.
- The drivers for growth are recognised as price including pay and inflation, activity demand and growth and demographic impacts. The combined impact on each partner area is estimated at an annual growth rate of:
 - Health services 3.5%
 - Social care 4% which is slightly higher recognising the impact that the very elderly have on demographic pressures

- The framework sets out a number of approaches and initiatives to address this challenge through investment, reform and efficiency. These include shifting the balance of care, regional working, public health and protection, once for Scotland and a continued efficiency agenda.
- When all assumptions are taken into account the residual challenge for the period is estimated at £159 million (taken from Figure 8 on page 16). The residual challenge is clearly dependant on delivery of the initiatives as above.
- The framework will be revised to reflect progress and future iterations will include assessment of local and regional delivery plans.

The extract below from the plan summarises the strategy:

FIGURE 8. SYSTEM REFORM BRIDGING ANALYSIS



The Scottish Government confirmed its budget on 9 March 2021. The Scottish Government Budget settlement is for one year only and it is expected that from 2022/23 there will be a return to multi-year budget settlements. The specific information relating to the IJB included:

- An uplift of 1.5% to NHS baseline funding which our partner NHSGGC passed through.
- Additional funding of £869 million to support the ongoing response to the pandemic.
- £595.5 million investment to improving outcomes in 2021/22 including Primary Care Improvement; waiting times; CAMHS, trauma and tackling drugs deaths.
- The transfer of £72.6 million from the Health portfolio to Local Authority to support:

	National £m	Local £m
Living Wage uplift £9.30 to £9.50	34.0	0.566
Uprating of free personal and nursing care by 7.5%	10.1	0.354
Implementation of the Carers Act	28.5	0.474
Total	72.6	1.394

Audit Scotland regularly provide reports in relation to health and social care integration with one of the most recent being “Local Government in Scotland Financial Overview 2019/20” published in January 2021. The main points relating to the IJB and our local position are:

The report shows that 22 IJBs struggled to break even in 2019/20 and our IJB is one of the 16 who reported a deficit. The IJB ended the year with a modest deficit of £0.065m however this was after utilising £0.519m reserves to meet unachieved savings. The total savings challenge in 2019/20 was £3.686m (£3.097m within social care and £0.585m within health).

In line with the national position our IJB reserves balance decreased at the end of 2019/20 by £0.611m as a result of £1.643m planned use, including phasing in of savings, supporting the Bonnyton House decant and care at home. We also added £1.032m from a combination of Scottish Government ring-fenced funds as well as earmarked reserves for specific initiatives such as school counselling, health visitors and augmentative and alternative communication.

The IJB set its budget for 2020/21 on 18 March 2020 at the beginning of the pandemic and the unachieved savings from 2020/21 was addressed within the budget with a savings target in 2020/21 of £2.522m (£2.394m social care and £0.128m health). At that stage the implications from the Covid-19 pandemic were unclear and as the year progressed the costs to East Renfrewshire IJB are c£9m and will be fully funded and the main costs are summarised; additional services £2.7m, infrastructure and PPE £0.4m, social care sustainability £3.5m and unachieved savings of £2.4m.

The report states that overall funding to IJBs in 2019/20 increased by 6% and that most of the increase in the health board contributions to the IJB. This is reflected in the IJB accounts for 2019/20 where the health revenue funding increased by £4.2m or 6%, the council funding increased £0.97m or 2%. The funding for large hospital services was restated during 2019/20 to £31.2m for actual activity from the previous notional funding of £16.6m.

The IJB set its budget for 2021/22 on 17 March 2021 taking into account the many unknowns we are still facing as part of the pandemic response, the post Covid-19 landscape and understanding the implications to our population's health, the demand for services and how this informs our recovery. This will be an iterative process throughout 2021/22 and will support and inform our transformation and strategic plans as the year progresses. We will revise our medium term financial planning and there will be more of a focus on the short to medium term.

The Chief Officer and Chief Financial Officer remain unchanged since the IJB was established and this puts us in a stronger leadership and governance position than some other IJBs as outlined in the report.

Significant work was undertaken pre the pandemic to review our Integration Scheme in line with the legislative requirement for a five year review. Like others this was paused due to Covid-19 and this work will recommence in 2021/22.

The Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care' was published in February 2019 by the Scottish Government.

The proposals contained in the report are based around six features of integration highlighted in the Audit Scotland report Health and Social Care Integration, which are:

- Collaborative Leadership and Building Relationships;
- Integrated Finances and Financial Planning;
- Effective Strategic Planning for Improvement;
- Agreed Governance and Accountability arrangements;
- Ability and willingness to share information; and
- Meaningful and sustained engagement.

These proposals are aimed at improving integration and meeting the Scottish Government's original vision for IJBs. This will require considerable changes to systems, processes and operational methodologies to allow these to be met.

Work remains ongoing to adopt a mechanism to implement the intentions for the set aside budget for large hospital services, a delegated planning responsibility to the IJB. The Unscheduled Care Commissioning Plan and associated financial framework is expected to be brought to the IJB during 2021/22.

The local actions relating to this report are incorporated into our strategic action plan.

4. Medium Term Financial Outlook

The IJB receives its funding from our two partners East Renfrewshire Council and NHS Greater Glasgow and Clyde. We recognise that these contributions are determined in the context of our partner funding settlements and any associated criteria and constraints. The IJB is engaged with partners in their respective budget setting processes.

The funding pressures over the next 5 years relate to demand for services; either from legislative changes or changes in population, inflationary increases and any changes in regulation or legislation. Prescribing is a particularly volatile area as in addition to cost and demand changes this can also be impacted by short supply of drugs, new drugs to the market, existing drugs coming off patent and other price mechanism changes. We do not know the ongoing implications that Covid-19 will have on our population.

The estimated pressures for the 5 years are:

	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000
Pay – assumed at 3% pa	1,270	1,310	1,350	1,390	1,430
Inflation – assume 3% pa	1,200	1,230	1,270	1,310	1,350
Prescribing – assumed 4% pa	470	480	500	510	530
Demographic and Demand changes - assume 4% pa	1,230	1,270	1,300	1,340	1,380
In Year Specific Savings					
Investment to deliver new models of care					
Annual efficiency target					
Increased funding to offset pressures					
Total	4,170	4,290	4,420	4,550	4,690

For those areas not yet quantified information and implications will be updated as issues emerge and become clearer. The resulting funding gap will be determined by the difference between pressures and the funding settlement agreed with our partners.

There are a number of areas where caseload or staffing ratio to number of patients will determine changes to the workforce. For example there are staffing models that determine how many District Nurses or Health Visitors are required for the population size, so where we have an increasing population we need to work with partners, and for examples such as these particularly with NHSGGC, to assess the impact on the workforce and how this is to be funded.

We have a one year workforce plan in place and a three year plan is being developed and will help inform these discussions and associated cost implications.

The other assumptions include above are:

The pay increases for 2021/22 are not yet finalised and are likely to vary across our partner organisations and a working assumption is 4% in part recognising the immense work by the health and care sector during the pandemic. Our previous plan had an assumption included at 3% per annum and this has been continued for future years as a more likely ongoing rate.

Inflation is assumed at the same rate as pay as a working assumption; given that much of the contractual inflation will be linked to living wage and other fair work practices.

Demographic and Demand is based on 4% per annum reflecting the Scottish government assumption for social care. This is in line with the funding requirement estimated at 3.5% real growth needed in the independent review of adult social care as well as local assumptions on population growth.

Prescribing is shown at 4% in line with population increases. This area is so volatile it is difficult to accurately predict and the post Covid-19 impact could be significant.

The estimated pressures are based on the 2021/22 baseline and do not reflect any impact of service redesign or future changes; these will be refined and revised as our change programme progresses. In this model grant funded activity is treated as ring fenced and does not impact on the pressures set out above; the assumption being costs will be fully funded.

5. Our Response

Since the IJB was established in 2015 we have prepared for the expected financial challenge of the last few years and have a reserves policy and agreed strategy that allowed us time to deliver our significant restructuring programme “Fit for the Future”. We continue with this strategy to phase in savings to minimise the impact on frontline services however the scale of the challenge in 2021/22 means we may fully deplete this reserve.

For 2021/22 the cost pressures identified in our budget are of £9.3 million is offset by available funding of £4.9 million leaving a funding gap of £4.4 million; savings of £0.5 million are in place with the remaining £3.9 million to be delivered in year.

The reserves balance currently projected at 31 March 2021 is £10.485 million (subject to the final audited accounts for 2020/21). Our reserves can be summarised into the following categories:

	Projected balance at 31/3/21 £'000
Scottish Government ring-fenced initiatives; fully committed and unable to apply to general use.	4,566
Bridging Finance to support the phased implementation of savings and allow for any in year pressures and flux in activity	2,535
Earmarked funding for projects and initiatives	2,458
Transitional Funding to support the bed model redesign within Learning Disability In-Patients	654
General reserves	272
Total	10,485

Within the bridging finance reserves of £1.860 million is specifically to support a phased approach to savings and it is likely we will utilise this in the delivery of our £3.9 million savings in 2020/21 depending on the timing of implementation and any in year support for capacity constraints.

Whilst it is appropriate that we set ourselves future efficiency savings targets it will not be possible to meet the scale of cost pressures we are facing without significant impact to the level of service we deliver. The backstop to balancing future budgets was previously to take a backwards step and look at implementing criteria based assessment so only those with the highest level of need would receive support; this now is in a potential conflict with the recommendations included in the independent review of adult social care. However it should also be recognised that this may lead to opportunities for the IJB; in particular any increased funding to support policy decisions.

On the basis of the pressures being in the region of £4.2 million to £4.7 million per year the good / average / poor implication could be:

- Good – fully funded plus some flexibility for investment
- Average – fully funded pressures; acceptance of a realistic efficiency target
- Poor – anything below average

For a budget falling into the range of average we may still struggle to deliver efficiency savings and may need to look at cessation of some service areas.

For a budget falling into the poor range it is possible the IJB will be unable to set a balanced budget and may need to consider financial recovery planning.

The Recovery and Renewal programme will allow us to explore opportunities for new ways of working as we emerge from the pandemic however this may not achieve the full savings required to balance 2021/22.

This strategy will update to reflect significant changes and policy decisions as they are identified.

6. Risk and Sensitivity

This medium term plan sets out modelled future implications and that in itself is a risk, underestimated costs pressures mean we may plan to save more than we need to and vice versa – both scenarios will impact on the funding available to deliver services. There is a judgement and balance needed when estimating and planning for future savings.

The table below shows the impact of a 1% change to each of assumptions used to identify cost pressures;

Impact of 1% change	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000
Pay	423	437	450	463	477
Inflation	400	410	423	437	450
Prescribing	118	120	125	128	133
Demographic and Demand	308	318	325	335	345

A change of 1% to the 2021/22 contribution from each partner would equate to:

- ERC Contribution £0.537 million
- NHSGGC Contribution £0.735 million
- NHSGGC Set Aside £0.326 million
- Housing Aids & Adaptations £0.004 million

In addition to the funding assumptions and sensitivity impacts there are a number of other risks that need to be considered, including:

Financial sustainability and the conflict between delivering savings and efficiencies to the preventative agenda and increasing demand for services. The success of our Recovery and Renewal programme will be impacted by our ability to adequately resource the programme.

The impacts of legislative, political or policy changes, with examples included in the national context and in particular any development of a national care service.

The implication for the set aside budget moving from an allocation to the unscheduled care commissioning framework will have a “real cash” impact.

Similarly any move to cross charging or commissioning arrangements for hosted services will impact on budgets. This could bring both “risk and reward” determined by planned versus actual consumption of services.

The Learning Disability In-Patient Service can incur significant cost pressures dependant on the complexities of the individuals within the service at any time and we are managing this through use of a reserve; although this funding is diminishing. The

Community Change Fund work over the next three years may impact on how this service operates.

Prescribing has always been volatile due to the numerous factors involved and there is a real risk of significant increases post Covid-19. We do have a reserve to help us manage changes in cost and volume. The post Covid-19 impact on prescribing in the medium to long term is unclear. During 2020/21 the volume of items prescribed reduced by 4.8% over the year as a result of the pandemic; the post Covid-19 implication is not yet clear in terms of complexity of need, population demand and mental health impacts.