

Date: 16 September 2021
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD PERFORMANCE AND AUDIT COMMITTEE

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD - PERFORMANCE AND AUDIT COMMITTEE

A meeting of the East Renfrewshire Integration Joint Board Performance and Audit Committee will be held on **Wednesday 22 September 2021 at 9.00 am.**

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

ANNE-MARIE MONAGHAN
Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
PERFORMANCE & AUDIT COMMITTEE
WEDNESDAY 22 SEPTEMBER 2021**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1 Apologies for absence**
- 2. Declaration of Interests**
- 3. Draft Minute of meeting of 23 June 2021 (copy attached, pages 5 - 12).**
- 4. Matters Arising (copy attached, pages 13 -16).**
- 5. Rolling Action Log (copy attached, pages 17 - 20).**
- 6. Annual Performance Report 2020-21 (copy attached, pages 21 - 104).**
- 7. Audit Update (copy attached, pages 105 - 128).**
- 8. Review of Integration Joint Board Financial Regulations and Reserves Policy (copy attached, pages 129 - 156).**
- 9. IJB Strategic Risk Register (copy attached, pages 157 - 174).**
- 10. Date of Next Meeting – Wednesday 24 November 2021 at 9am.**

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 1.00pm on 23 June 2021**

PRESENT

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

Councillor Caroline Bamforth	East Renfrewshire Council
Councillor Barbara Grant	East Renfrewshire Council co-opted member
Anne Marie Kennedy	Non-voting IJB member
Councillor Alan Lafferty	East Renfrewshire Council
Heather Molloy	Scottish Care

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor, East Renfrewshire Council
John Cornett	Audit Scotland
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Noleen Harte	Audit Scotland
Lee McLaughlin	SDS Forum
Ian McLean	Head of Recovery and Intensive Services
Candy Millard	Accountancy Manager
	Head of Adult Health and Social Care Localities
Julie Murray	Chief Officer - IJB
Steven Reid	Policy, Planning and Performance Manager
Louisa Yule	Audit Scotland

APOLOGIES FOR ABSENCE

Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
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DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The committee considered and approved the Minute of the meeting of 25 November 2020.

MATTERS ARISING

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

Referring to the proposed update showing the impact of the new COVID Recovery team on service demand for both CAMHS and the Family Wellbeing Service (FWS) the Chief Officer reported that this would be taken to the IJB in August.

The committee noted the report.

ROLLING ACTION LOG

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

The Chief Officer reported that the open action in relation to the impact of FWS on CAMHS would be incorporated into the report being presented to the IJB in August.

The committee noted the report.

EAST RENFREWSHIRE INTEGRATION JOINT BOARD AUDIT SCOTLAND ANNUAL AUDIT PLAN 2020/21

5. The committee took up consideration of the Annual Audit Plan for the IJB that had been prepared by Audit Scotland, and which provided details of the work that body would undertake as part of their audit of the Annual Accounts of the IJB for 2020/21.

Ms Monaghan welcomed to the meeting John Cornett and Louisa Yule from Audit Scotland, Mr Cornett being heard thereafter in further explanation of the Plan. In particular, referring to the financial statement audit risks as set out in the report, Mr Cornett explained that the risk in relation to management override of controls applied to partnerships across the country.

Further discussion on risk took place. Ms Monaghan referred to challenges facing the IJB in relation to short-term funding provided by the Scottish Government often with little notice, the challenges around spending these funds in an efficient and effective manner, and questioned whether this should be reflected in the risk register.

In reply, the Chief Financial Officer recognised that the situation outlined by Ms Monaghan was a risk, but explained the mitigations in place to address it. In addition, Mr Cornett explained that the view of Audit Scotland was that they would want to see evidence that the IJB had credible spending plans in place to make informed spending decisions that delivered value for money and good outcomes.

The committee noted the 2020/21 Annual Audit Plan.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2020/21

6. The committee considered a report by the Chief Financial Officer providing an overview of the unaudited report and accounts for the IJB covering the period 1 April 2020 to 31 March 2021, as well as outlining legislative requirements and key stages associated with the approval of the annual report and accounts.

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

The report highlighted the main key messages. There was a year-end underspend of £0.833 million which was 0.56% of the annual revenue budget; COVID-19 spend had been £9.095 million with funding of £12.260 million being received and the balance taken to reserves.

The main variances to the budget were set out in the report in addition to which it was reported that during the year £0.831 million of reserves had been used. The year on year movement in reserves was summarised, it being noted that £6.590 million had been invested into earmarked reserves, the majority of which related to specific ring-fenced funding received from the Scottish Government during the year. The majority of the funding related to COVID-19 costs and would be used to support the ongoing response to the pandemic during 2021/22. Approval for the reserves position as set out in the annual report and accounts was sought.

It was noted that the general reserve remained unchanged at £0.272 million, just under 0.2% of the 2020/21 revenue budget and well below the optimum level at a value of 2% of budget.

Commenting further on the report and accounts, the Chief Financial Officer explained that the guidance on the accounting treatment for COVID-related funding had not yet been finalised but would be reflected in the final accounts. Furthermore, she explained that central support recharges from the Council showed a £269k overspend and this was a result of £377k of unfunded COVID costs incurred by the various departments offset by some operational underspends. Agreement had been reached with Scottish Government that it was appropriate for the HSCP to allocate this against COVID funding and only the £269k to balance central support was drawn down. Whilst it could be argued that the benefit of £108k underspend had been lost, particularly given ongoing financial challenges, as this was public money offsetting the underspend it was considered by the Chief Financial Officer the correct course of action.

Full discussion then took place, and in response to questions the Chief Financial Officer explained further the position in relation to central support recharges including when notification of the anticipated recharge level was provided by the Council and the reasons for the increase in the anticipated level of recharge. She indicated that she would be approaching Council colleagues with a view to increasing the frequency of future discussions on recharges. Ms Monaghan suggested that this should be added to the committee's Rolling Action Log.

Discussion also took place on the level of reserves held by the IJB and the importance of it being understood that a significant proportion was ring-fenced and earmarked for specific purposes with a very small proportion available for non-earmarked use. Supporting this view, Ms Monaghan referred to a forthcoming meeting of NHS IJB leads when budgets and IJB reserves would be discussed.

In response to Councillor Bamforth, the Chief Financial Officer clarified the position in relation to COVID-related costs and whether the IJB had been fully funded for these, confirming this was the case.

Mr Cornett was also heard in relation to IJB reserves, explaining that similar conversations were taking place across the public sector generally. He explained that the narrative in the annual report in relation to earmarked and general reserves was the correct interpretation and Audit Scotland would be looking to reinforce this.

Thereafter the committee agreed to recommend that the Board:-

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

2020-21 END-YEAR PERFORMANCE UPDATE AND POSTPONEMENT OF ANNUAL PERFORMANCE REPORT

7. The committee considered a report by the Chief Officer advising of the postponement of the publication of the 2020-21 Annual Performance Report and providing a summary update of key performance for 2020-21.

Having referred to the legislative requirement for Integration Joint Boards to publish Annual Performance Reports, and to temporary legislative changes in relation to the timescales for the publication of such reports, the report explained that given the volume of work required for a full review of performance and activity during 2020-21, and specifically the requirement for input to the review from partners and services, publication of the Annual Performance Report had been postponed until 31 August 2021 with a draft report being submitted to the next meeting of the IJB on 11 August for approval.

In the interim, summary information was provided relating to performance measures set out under the strategic priorities in the HSCP Strategic Plan 2018-2021.

The report made particular reference to the unprecedented challenge faced by the HSCP in responding to the COVID-19 pandemic highlighting the resilience, commitment and creativity shown by staff and giving examples of some of the work undertaken by HSCP staff including the delivery of vaccination programmes and working in partnership to develop the Community Hub. It was highlighted that COVID-19 response activity was in an addition to planned operational activity and that much of the 2020-21 performance data reflected the direct impact of the pandemic on operational activity

The Policy, Planning and Performance Manager was heard in further explanation of the report following which full discussion took place.

Councillor Bamforth commented on the carers seminar held earlier in the week and how it had been useful to hear about the support provided to carers as well as to hear from people with lived experience. In reply, the Head of Adult Health and Social Care Localities explained that part of the reason for the delay in the publication of the report was to enable some of the stories from service users to be included.

The Chief Officer highlighted that maintaining performance during the pandemic had been challenging. In support, Ms Monaghan stated that whilst there had been poorer performance in some areas, this had to be viewed in the context of the pandemic. Overall performance had been good and staff were to be commended for their efforts.

With regard to the report layout, Ms Monaghan suggested there was still an opportunity to try and achieve a better balance between looking back over past performance and plans moving

forward. She suggested this be added to the Rolling Action Log. In reply, the Chief Officer explained that Annual Reports were based on the prescribed format set by the Scottish Government. Notwithstanding officers could look further at the way in which the information was provided.

The committee noted:-

- (a) that the publication date for the 2020-21 Annual Performance Report had been postponed to 31 August 2021; and
- (b) the End-Year Performance Update for 2020-21.

SELF-DIRECTED SUPPORT

8. Under reference to the Minute of the meeting held on 23 September 2020 (Item 8 refers) when it had been agreed to note progress to date and to receive an update on future development activity following local self-evaluation, the committee considered a report by the Chief Officer providing an update on progress in relation to the implementation of Self-Directed Support (SDS) within the HSCP.

The report explained that evaluation and review work had taken place between November 2020 and March 2021 with the findings of the review being outlined. These included a recognition that SDS was being used creatively in East Renfrewshire; budgets were fair, and gave people opportunity and choice when managing their support. Furthermore, the review noted the benefits of an Independent SDS Forum and Carers Centre locally and it was clear the current relationships were positive and partnership working was valued. The general public were considered to be well informed and knew how to access services within East Renfrewshire.

Social Workers consulted during the review were positive about the model of SDS and would like to ensure continued improvement.

The report also outlined a number of areas for improvement, in particular the need for the assessment and support plan approval process to be streamlined. A number of gaps in practices and processes were also identified during the review and these were outlined.

The report also explained that the review had identified a number of issues in relation to resources and resource allocation. In particular, increased flexibility to use budgets more creatively had been raised by practitioners supporting carers/care recipients. Issues around resources, and further testing of the Individual Budget Calculator being required although early indicators were that the model was working well for both individuals and practitioners.

The need to consider how to adequately resource capacity to deliver the review recommendations was also highlighted. This could possibly be achieved through the realignment of existing staff although it was explained that should this not be possible and additional resource required, it would be necessary to demonstrate a clear business case and identify a funding source, potentially on an invest to save basis.

Having emphasised that person centred and relationship practice was the foundation to social work practice and SDS with clear opportunities to build on existing strengths and drive forward process and practice improvements, the report explained that an SDS steering group had been established to oversee the local implementation programme. The group would be co-

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NOT YET ENDORSED AS A CORRECT RECORD

chaired by the Head of Service and SDS Forum Manager and membership would include people with lived experience of using Self-Directed Support, practitioners, managers and finance officers.

The group would collaborate to agree and oversee a local implementation plan highlighting key priorities, achievements and risk to Directorate Management Team, Performance and Audit Committee and Integration Joint Board as required.

Ms Monaghan welcomed to the meeting Noleen Harte of the SDS Forum who explained in detail how the focus groups set up as part of the review had operated, and the results of the findings.

Ms Monaghan having referred to the importance of empowering staff and giving them confidence to be flexible and creative in developing care solutions, Ms Harte referred to staff sessions on that topic that had taken place before the pandemic had struck. Efforts were being made to re-establish these sessions.

In response to a question from Ms Molloy on the level of resource available to support a creative approach, Ms Harte explained that there was a low resource base at present and that further work to look at more creative solutions in respect of SDS Option 1 was required.

The Head of Recovery and Intensive Services having commented on the encouraging levels of interest in participation in the Steering Group, the committee noted the:-

- (a) update with respect to SDS implementation in East Renfrewshire;
- (b) establishment of the SDS Steering Group; and
- (c) intention to update the Integration Joint Board and the committee moving forward.

AUDIT UPDATE

9. The committee considered a report by the Chief Officer providing an update on audit activity relating to the IJB undertaken from January 2020; audit activity relating to the HSCP from the same date, information on the Care Finance audit, and details of future reporting arrangements. Information relating to the audit activity work and the Care Finance audit accompanied the report as appendices.

Having summarised the information contained in the appendices, the report explained that NHS Internal Audit activity in relation to HSCPs was NHS-wide and did not include information at partnership level. However, notification would be given of any recommendations specifically relating to East Renfrewshire HSCP.

Having welcomed the revised format, the committee noted the report.

IJB STRATEGIC RISK REGISTER UPDATE

10. Under reference to the Minute of the previous meeting (Item 8 refers), the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report.

NOT YET ENDORSED AS A CORRECT RECORD

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 25 November and explained that since then there had been no change in risk scores, no new risks added or any existing risks removed from the register.

It was explained that risk control measures in place had been updated to include any proposed mitigation which had been completed since last reported. Proposed implementation dates had also been reviewed and updated where necessary.

In addition, the report explained that feedback had been received on the Newton Mearns capital bid which was unsuccessful, with deprivation being a strong weighting factor. The IT risk had been updated to reflect the global supply shortage affecting NHSGGC who were currently experiencing procurement issues in relation to laptops. The possibility of reprioritising existing equipment as a temporary solution was being examined. Increased frailty along with an increase in severity of mental health conditions post pandemic was also being experienced, and this was creating additional pressure on services.

Details of those risks still considered to be high or significant post-mitigation were outlined. These related to the Scottish Child Abuse Inquiry where due to the historic nature of the risk no further mitigations had been identified, and Financial Sustainability, which continued to be a high/red risk as last reported and that this was still considered red post-mitigation reflecting the current economic climate and uncertainty around COVID-19 and Brexit implications.

As previously reported, although "Failure of a Provider" was considered as a medium level risk post-mitigation it was still considered a significant risk given the potential impact on service delivery.

The committee noted the report.

CALENDAR OF MEETINGS 2022

11. The committee considered a report by the Chief Officer with proposed meeting dates for 2022.

Following discussion in relation to meetings of the committee taking place on the same day as meetings of the IJB and having heard the Chief Officer on the reasons why such an approach had been adopted in the past, the committee approved the dates.

DATE OF NEXT MEETING

12. It was reported that the next meeting of the committee would take place on Wednesday 22 September at 9.00am.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 September 2021
Agenda Item	4
Title	Matters Arising
Summary	
<p>The purpose of this paper is to update members of the Performance and Audit Committee on progress regarding matters arising from the discussion which took place at the meeting of 23 June 2021.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

22 September 2021

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To update the Integration Joint Board on progress regarding matters arising from the discussion that took place at the meeting of 23 June 2021.

RECOMMENDATION

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

REPORT

CAMHS and Family Wellbeing Service

3. A report on children's mental health and wellbeing will be presented to the Integration Joint Board meeting on 22 September. The report provides an overview of the range of mental and emotional wellbeing services for children and young people currently being delivered in East Renfrewshire and the demand on those services over the last year. The report is available [here](#).

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Julie Murray, IJB Chief Officer
julie.murray@eastrenfrewshire.gov.uk

September 2021

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 September 2021
Agenda Item	5
Title	Rolling Action Log
Summary	
The attached rolling action log details all actions, including those which have been completed since the meeting on 23 June 2021.	
Presented by	Julie Murray, Chief Officer
Action Required	
Integration Joint Board members are asked to note progress.	

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ACTION LOG: Performance and Audit Committee (PAC)

September 2021

Action No	Meeting Date	Item No	Item Name	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
18	23.06.2021	4	Matters Arising	Submit report on impacts on CAMHS and Family Wellbeing Service to a meeting of the IJB	Chief Officer	CLOSED	Sep-21	Report included on Sep'21 IJB agenda
17	23.06.2021	6	Audit Scotland Annual Audit Plan	Review the risk register to determine whether a risk relating to the challenges around the timing of and spending restrictions on late additional funds provided by Scottish Government needs to be added.	Chief Financial Officer	CLOSED	Sep-21	Updated risk description within finance risk on SRR
16	23.06.2021	7	Unaudited Annual Report and Accounts	The committee approved the recommendations contained in the report and to remit the report and accounts to the Board, and the appropriate actions to implement the recommendations should now be taken	Chief Financial Officer	CLOSED	Jun-21	Remitted to June IJB meeting
15	23.06.2021	7	Unaudited Annual Report and Accounts	Make arrangements to add reference about discussions with Council colleagues relative to early notice of central support costs	Chief Financial Officer	OPEN		No update at Sep'21 - will be in discussion with council colleagues in advance of their mid year review of central support charges
14	23.06.2021	8	Performance Update	Make arrangements for the finalised draft of the Annual Performance Report to be submitted to the IJB prior to the publication deadline of 30 September	Policy, Planning and Performance Manager	CLOSED	Sep-21	Consultation draft to be shared at Sep'21 PAC
13	23.06.2021	8	Performance Update	Continue to review the format/layout of the report to try and achieve a better balance between looking forwards and backwards	Policy, Planning and Performance Manager	OPEN	Sep-21	We will work with the Chair to look at our in-year reporting to ensure we are looking at forward actions to improve performance as well as a retrospective for future performance updates. The report on the September agenda is the statutory annual report.
10	25.11.2020	6	Mid-Year Performance Update 2020-21	Submit a report to the next meeting of the IJB showing the impact of the new COVID recovery team on service demand for both CAMHS and FWS.	Chief Social Work Officer	CLOSED	Sep-21	Report on children's mental health included on Sep'21 IJB agenda
5	23.09.2020	6	Annual Report and Accounts 2019/20.	Work on the development of an easy-read version of the report and accounts	Chief Financial Officer	OPEN	Nov-21	We will aim to put this in place for the next annual report and accounts
4	23.09.2020	7	East Renfrewshire HSCP Annual Performance Report 2019/20	Submit a report to a future meeting of the committee of the impact of the Family Wellbeing Service on CAMHS waiting times.	Chief Officer	CLOSED	Mar-21	Superseded by actions 10 and 16. Included on IJB rolling action log. ----- This will be included in detail next year's annual report on the Family Wellbeing Service. An update report will be brought to the March meeting of the committee.

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 September 2021
Agenda Item	6
Title	Annual Performance Report 2020/21
Summary	
<p>This report provides members of the Performance and Audit Committee with the Annual Performance Report for the Health and Social Care Partnership for 2020-21. This is our fifth Annual Performance Report and outlines performance for the third year of our Strategic Plan 2018-21. The Annual Performance Report is a high level, public facing report. It summarises the performance of the HSCP with specific focus on the delivery of services and supports during the Covid-19 pandemic.</p>	
Presented by	Steven Reid Policy, Planning and Performance Manager
Action Required	
<p>The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2020-21.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

22 SEPTEMBER 2021

Report by Chief Officer

ANNUAL PERFORMANCE REPORT 2020/21

PURPOSE OF REPORT

1. This report advises the Performance and Audit Committee of the Annual Performance Report for the Health and Social Care Partnership for 2020-21.

RECOMMENDATIONS

2. The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2020-21.

BACKGROUND

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. The 2014 Act requires publication of the report within 4 months of the end of the financial year being reported on, therefore normally by 31 July each year.
4. In recognition of the exceptional requirements being placed on public bodies as they responded to the Covid-19 outbreak, the Coronavirus (Scotland) Act 2020 made a number of temporary changes to statutory reporting and publication requirements (as well as Freedom of Information requests). This gave public authorities the temporary power to postpone publishing reports if they are of the view that continuing with report preparation would impede their ability to take effective action in response to the coronavirus pandemic.
5. In March 2021, recognising the continuing pressures from the pandemic, the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30th September 2021. This means that IJBs are able to extend the date of publication of Annual Performance Reviews through to November 2021, using the same mechanisms as the previous year, which are laid out in the [Coronavirus Scotland Act \(2020\), Schedule 6, Part 3](#).
6. Given the volume of work required for a full review of performance and activity during 2020-21, and specifically the requirement for input to the review from partners and services, it was decided that we will postpone publication of our Annual Performance Review to September 2021.
7. The Public Bodies (Joint Working) (Scotland) 2014 Act requires that publication of the report should include making the report available online, and should ensure that the Report is as accessible as possible to the public. Guidance suggests that partnerships may wish to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report. The Integration Joint Board must also provide a copy of this report to each constituent authority (NHS Greater Glasgow & Clyde and East Renfrewshire Council).

8. The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. In addition Scottish Government has issued guidance for the preparation of performance reports:
 - Performance against national health and wellbeing outcomes.
 - Performance in relation to integration planning and delivery principles.
 - Performance in relation to strategic planning and any review of strategic plan during year.
 - Financial planning, performance and best value.
 - Performance in respect of locality arrangements.
 - Inspections of services.
9. Subject to approval of the report by the Integration Joint Board, the report will be published on our website by 30 September and promoted through appropriate media channels.

REPORT

10. The Annual Performance Report sets out how we delivered on our vision and commitments over 2020-21 recognising the exceptional circumstances of the Covid-19 pandemic, its impact of our ways of working and potential disruption to performance trends. This year is the third and final year of the HSCP Strategic Plan 2018-21 and this is our fifth Annual Performance Report. We review our performance against agreed local and national performance indicators and against the commitments set out in our second Strategic Plan, which covers the period 2018-21. The report is principally structured around the priorities set out in our strategic plan, linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.
11. The main elements of the report set out: the current strategic approach of the East Renfrewshire Health and Social Care Partnership; our response to the Covid-19 pandemic; how we have been working to deliver our strategic priorities and meet the challenges of the pandemic over the past 12 months; our financial performance; and detailed performance information illustrating data trends against key performance indicators.
12. The report meets the requirements of the national statutory guidance and is a static 'backward looking' review of activities and performance during the previous financial year. We will work with the Chair of the Performance and Audit Committee to look at our in-year reporting to ensure we are looking at forward actions to improve performance as well as a retrospective.
13. National performance indicators can be grouped into two types of complementary measures: outcome measures and organisational measures.
14. The national outcome measures are based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations. The respondents have not necessarily used HSCP services. The survey was last carried out in 2019 and as such no current (post-pandemic) data is available for these measures. The HSCP collects local data of people who have used our services and supports. This is included in the report as it is collected throughout the year and can be tracked over a longer time period. We believe this better reflects outcomes achieved by the Health and Social Care Partnership.
15. The national organisational measures are taken from data that is collected across the health and care system for other reasons. In all cases we have included the latest available data. The updated indicators may not represent the full end year position as

some of the data completion rates are not yet 100% but will be the most up-to-date data available at the statutory deadline. We have identified 'provisional' figures in the report.

16. The remaining performance information in the report relates to the key local indicators and targets developed to monitor progress against our Strategic Implementation Plan 2018-21. Our performance indicators illustrate progress against each of our seven strategic priorities. Chapter 4 of the report gives trend data from 2016-17 and uses a Red, Amber, Green status key to show whether we are meeting our targets.
17. In addition to activity and performance in relation to the seven strategic priorities the report includes sections on:
 - Public protection;
 - Our hosted Specialist Learning Disability Service;
 - How we support our staff.

Performance impact during Covid-19 pandemic

18. 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.
19. 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.
20. 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.

21. A performance update was presented to the Performance and Audit Committee at its last meeting in June 2020. Headline performance information by service area are given below.

Supporting children and families

- High rates of contact with children maintained during the pandemic
- % starting CAMHS treatment within 18 weeks – 61% down from 78%
- Care experienced children – positive performance on permanence – 1 child with 3+ placements
- 95% of care experienced children supported in community – Ranked 3rd best in Scotland (Local Government Benchmarking Framework (LGBF))
- Child protection - 88% child protection cases with increased safety
- Reduced % of children subject to child protection offered advocacy – 66%

Supporting people through criminal justice pathways

- 2,417 hours of unpaid work completed equating to £21,535
- 75% of unpaid work placement completed within Court timescale up from 71% (although significant reduction in Community Payback Orders - 44 compared to 205 previous year)
- Positive Employability outcomes for people with convictions – overall reduction in referrals but positive outcomes maintained - 66% previous year 65%
- 92% of people reported that their order had helped address their offending - 8% reduction
- Domestic abuse outcomes for women - 114 reviews completed with 84% of women assessed noting improvement in progress (5.5% improvement on previous year).

Supporting people to maintain their independence at home

- Number of people self-directing their care through receiving direct payments and other forms of self-directed support – 556 up 7% from 518 in 19/20
- % of people 'living where you/as you want to live' needs met (%) – 91% up from 88%.
- % whose care need has reduced following re-ablement – 31% down from 67% (reflecting increased frailty, complexity of hospital discharge, pressure on service)

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

- % waiting no longer than 18 weeks for access to psychological therapies – 74% up from 65% in 19/20
- % accessing alcohol/drug recovery treatment within 3 weeks – 95% up from 89%
- % moving from treatment to recovery – 6% down from 14% due to focus on maintaining stability for service users and reduction in staffing in recovery team due to vacancies which are now being filled
- No significant increase in mental health acute admissions during pandemic – latest age standardised rate is 1.6 per 1,000 population. Psychiatric admissions (adult and older people) was 175 in 20/21 - up slightly from 169 for 19/20.

Reducing unplanned hospital care

- Adult bed days lost to delayed discharge – 2,342 – up from 1,788 in 2019/20
- Adult A&E attendances – 13,677 – down 32% from 20,159
- Adult Emergency admissions – 6,518 – down 13.5% from 7,532

Supporting unpaid carers

- 91% of unpaid carers reporting 'quality of life for carers' needs fully met (154 respondents) – similar to 19/20 result (92%)

- 35% of carers feel supported to continue in their caring role (19/20 data) – slight drop from previous national survey but above Scottish average

Organisational performance

- Sickness absence days per employee (ERC staff) – 13.6 days down from 19.1 days in 19/20.
- Percentage of days lost to sickness absence for NHS staff – 5.5% down from 7.3%
- Percentage of HSCP complaints responded to within timescale – NHS – 50% down from 56%; ERC – 65% down from 72%
- Payment of invoices within timescale – 69% down from 74%

22. Following any comments from either the Performance and Audit Committee or the Integration Joint Board on 22 September 2021, we will use the remaining weeks until the publication date to enhance any content and make presentational changes.

CONCLUSIONS

23. The Annual Performance Report is the fifth performance report for East Renfrewshire Health and Social Care Partnership. This report provides a comparison of our performance against Scotland and the previous baseline year, recognising the significant impact of the Covid-19 pandemic on the work of HSCPs across Scotland.
24. The reports demonstrates the exceptional work undertaken by the partnership during the Covid-19 crisis and the continued progress in the delivery of the priority outcomes set out in our Strategic Plan 2018-21.

RECOMMENDATIONS

25. The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2020-21.

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September 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

[East Renfrewshire HSCP Annual Performance Report 2017/18](#)

[East Renfrewshire HSCP Annual Performance Report 2018/19](#)

[East Renfrewshire HSCP Annual Performance Report 2019/20](#)

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East Renfrewshire Health and Social Care Partnership

Annual Performance Report

2020/21



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Chief Officer's Foreword

In East Renfrewshire we have been leading the way in integrating health and care services since 2006, and our Health and Social Care Partnership (HSCP) continues to deliver a wide range of high quality services to local people. Along with community health and care services, we provide health and social care services for children and families and criminal justice social work.

2020-21 has been one of the most significant years in the 15 year history of the partnership as we worked to negotiate the challenges presented by the Covid-19 pandemic. Responding to the crisis has tested us in ways we have never experienced before. Since lockdown restrictions were introduced in March 2020 our ways of working have changed significantly and as we work to build back better we are committed to taking forward new approaches that are delivering positive outcomes for local people.

In East Renfrewshire we have built a strong and lasting partnership with our communities and our third and independent sector partners. Our experiences over the Covid-19 pandemic have reinforced the benefits of working together as a broad and inclusive partnership. As we move beyond the pandemic the HSCP will work to further strengthen these supportive relationships and our commitment to this approach will be reflected in our next Strategic Plan.

It is also essential that we recognise the increased levels of participation in our communities and informal support within neighbourhoods that have developed in response to the pandemic. As we take our partnership forward we must extend beyond traditional health and care services to a long-term meaningful partnership with local people and carers, volunteers and community organisations.

The bedrock of our partnership is the dedication, skills and creativity of our staff and these attributes have carried us through the pandemic ensuring that our most vulnerable residents have continued to receive safe and effective care and support over the year. I wish to once again thank all the staff, partners and individuals in the HSCP and in the community more widely, for the enormous effort that they have made to maintain services to the people we support during this challenging period.

This is our fifth Annual Performance Report. It gives a broad overview of the progress we have been making to deliver the priorities set out in our second Strategic Plan and highlights the many innovative approaches we have taken during the pandemic. While the report describes many exceptional areas of work undertaken in the past year, it can only partly do justice to the incredible effort we have seen from our teams and individual members of staff.

The HSCP is currently engaging with communities and stakeholders for the development of our Strategic Plan for 2021-24. Along with the development of our Recovery and Renewal Programme this is a great opportunity for us to reflect on our experiences during the pandemic and the best approaches for support East Renfrewshire residents in the future.

Julie Murray - Chief Officer, East Renfrewshire HSCP

1. Introduction

1.1 Purpose of Report

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the fourth report for the East Renfrewshire Integration Joint Board. It sets out how we delivered on our vision and commitments over 2020-21. As required, we review our performance against agreed local and national performance indicators and against the commitments set out in our second Strategic Plan, which covers the period 2018-21. The report looks at our performance during an exceptional 12 months period that saw teams having to change approaches due to Covid-19 and reprioritise work to focus on our pandemic response and support residents with most urgent need. As such our performance outcomes for the period are different from those previously predicted. In our discussion of performance we seek to include as much information as possible on the additional activities undertaken, although we recognise the challenge in doing justice to the incredible efforts of individuals and teams during 2020-21.

The main elements of the report set out:

- the established strategic approach of the East Renfrewshire Health and Social Care Partnership (HSCP);
- how we have been working to deliver our strategic priorities over the past 12 months and additional activity to meet the challenges of the pandemic;
- our financial performance; and,
- key work areas we will be focusing on as we move forward.

Detailed performance information illustrating data trends against key performance indicators is included in the Chapter 4 of the report.

1.2 Our Covid-19 response

East Renfrewshire HSCP has been at the forefront of the local response to the Covid-19 pandemic. Over the course of the Covid-19 crisis we have seen incredible resilience, commitment and creativity from staff in all services across East Renfrewshire HSCP. 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. There has been innovation and collaborative working across the health and care system including with external stakeholders and our communities.

Our response to the pandemic has necessarily been tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within these services.

The HSCP provides care, support and protection for people of all ages, to enhance their wellbeing and improve outcomes for them as children, young people, families and adults. Over the course of 2020-21, our teams in collaboration with our partners and communities have continued to deliver this work in the most unprecedented and challenging times throughout the Covid-19 pandemic. This has involved responding to higher demands for support, supporting individuals with higher levels of emotional distress, complex needs and limited informal support networks. Our teams have responded compassionately, creatively and with an unwavering commitment to improve outcomes for the individuals and families we support.

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 a 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.

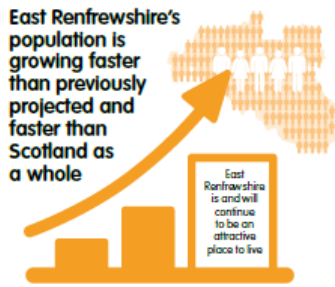
1.3 Local context

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 continues to grow and reached 96,060 in 2020. 74% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 26% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population with a 44% increase in the number of residents aged 85 years and over during the last decade.

EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT



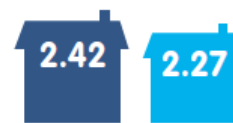
The number of people living in East Renfrewshire is projected to increase by 7.6% by the year 2026 (this is higher than previous projection of 5.7% and higher than the Scottish rate of growth of 3.2%)



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



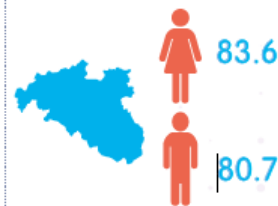
More houses are being built for three reasons

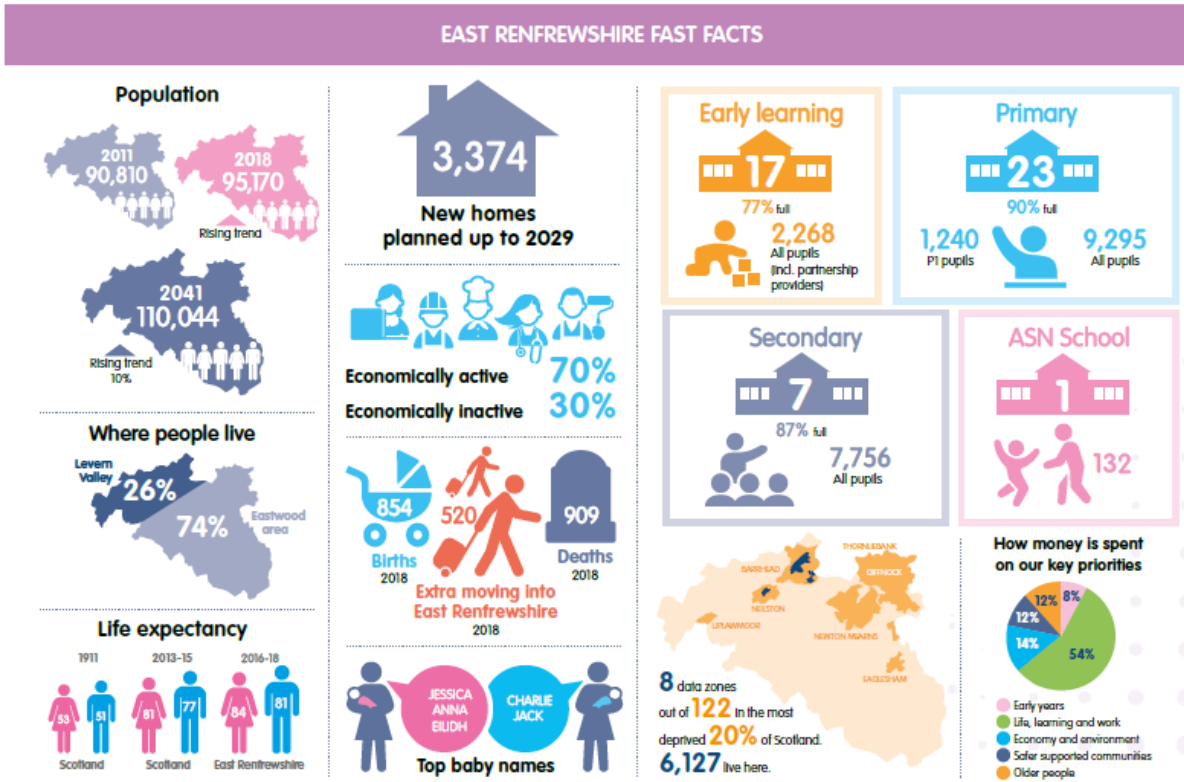


Demand will increase for services



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





East Renfrewshire Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire's Integration Joint Board (IJB) and it has built on the Community Health and Care Partnership (CHCP), which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.

Our Partnership has always managed a wider range of services than is required by the relevant legislation. Along with adult community health and care services, we provide health and social care services for children and families and criminal justice social work.

During the last 15 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

East Renfrewshire HSCP is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work very closely with our fellow partnerships to share good practice and to develop more consistent approaches to working with our colleagues in acute hospital services.

1.4 Our Strategic Approach

1.4.1 Our Strategic Vision and Priorities

In East Renfrewshire we have been leading the way in integrating health and care services. From the outset of the CHCP we have focused firmly on outcomes for the people of East Renfrewshire, improving health and wellbeing and reducing inequalities. Under the direction of East Renfrewshire's IJB, our new HSCP builds on this secure foundation. Throughout our integration journey during the last 15 years, we have developed strong relationships with many different partner organisations. Our longevity as an integrated

partnership provides a strong foundation to continue to improve health and social care services.

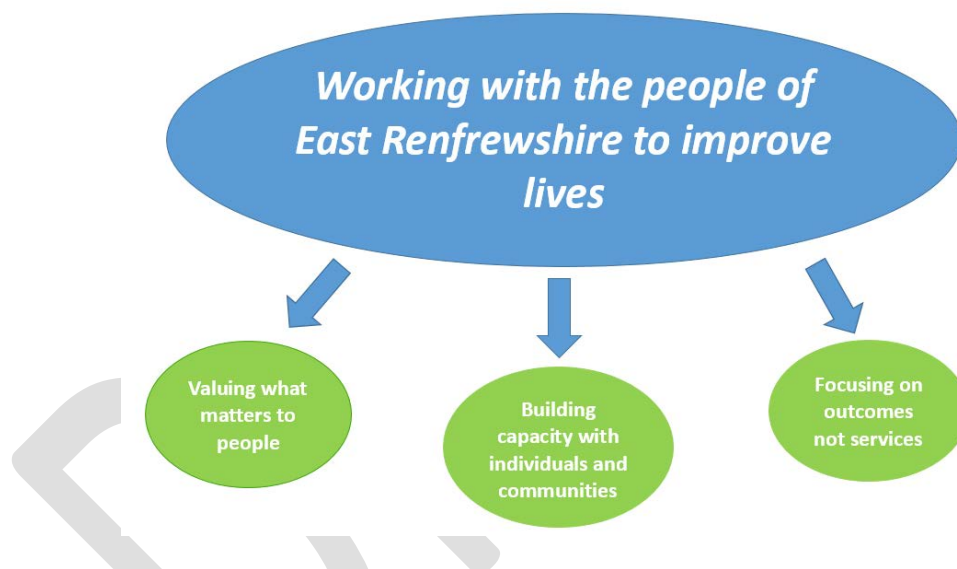
Our Vision

Our vision statement, *“Working together with the people of East Renfrewshire to improve lives”*, was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction through our Strategic Plan. At the heart of this are the values and behaviours of our staff and the pivotal role individuals, families, carers, communities and wider partners play in supporting the citizens of East Renfrewshire.

We developed integration touchstones to progress this vision. These touchstones, which are set out below, are used to guide everything we do as a partnership.

- *Valuing what matters to people*
- *Building capacity with individuals and communities*
- *Focusing on outcomes, not services*

The touchstones keep us focused when we are developing and improving the quality of our service delivery.



Our Strategic Plan

Our first Strategic Plan covered the period 2015-18 and took its priorities from the National Health and Wellbeing Outcomes. It set our high level planning intentions for each priority and was underpinned by an Annual Implementation Plan reviewed and monitored at HSCP level.

In 2017-18 we reviewed our current Strategic Plan in collaboration with our partners and local communities and began developing the priorities for our second plan. We considered our current performance using the national outcomes and indicators over the period of the first plan and sought feedback from our communities through national and local surveys. Our engagement activity was led by the third sector interface in partnership with Thrive, a commissioned external agency. We also looked at changes in the community planning, regional planning and the NHS Greater Glasgow and Clyde wider partnership landscape.

The 2018-21 plan recognised that the partnership must extend beyond traditional health and care services to a real partnership with local people and carers, volunteers and community organisations, providers and community planning partners. We must place a greater emphasis on addressing the wider factors that impact on people’s health and wellbeing,

including activity, housing, and work; supporting people to be well, independent and connected to their communities.

The plan also identified that emergency admissions, out of hours pressures and carer stress are signs that our systems must continue to improve. We are committed to increasing the opportunities for people to talk with us earlier, exploring what matters to them and supporting them to plan and take action to anticipate and prevent problems and crises. By putting in place the right support at the right time we believe that we can improve lives and reduce demands on the health and care system.

Moving forward, hospitals will provide highly specialist treatment for people who are acutely unwell, with more locally provided rehabilitation and recuperation services. We have strong relationships with GPs in East Renfrewshire and over the course of the current strategic plan will be investing in primary care services to support people to better manage health conditions. We know that people staying in hospital longer than necessary makes them deteriorate and lose their independence and by reaching out to hospitals and providing a range of local supports we will get people back to East Renfrewshire sooner.

The strategic plan for 2018-21 sets out seven strategic priorities where we need to make significant change or investment during the course of the plan. These are:

- Working together with **children, young people and their families** to improve mental wellbeing
- Working together with our community planning partners on new **community justice** pathways that support people to prevent and reduce offending and rebuild lives
- Working together with our communities that experience shorter life expectancy and **poorer health** to improve their wellbeing
- Working together with people to maintain their **independence at home** and in their local community
- Working together with people who experience **mental ill-health** to support them on their journey to recovery
- Working together with our colleagues in primary and acute care to care for people to reduce **unplanned admissions** to hospital
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities

Recognising the ongoing pressures as we continue our response and recovery from the Covid-19 pandemic and the current level of dynamism in the health and social care sectors, the partnership has chosen to establish an interim one-year Strategic Plan for 2021-22. The interim plan builds on the seven priorities listed above and adds a further priority to support resilience and wellbeing among staff across the wider partnership. During the current financial year we are undertaking engagement and needs assessment work to support the development of our next three-year Strategic Plan for 2022-25. We plan to do this in collaboration with people who use our services, family carers and local partners. A draft plan will be produced for public consultation by December with the final plan published by April 2022.

1.4.1 Locality planning in East Renfrewshire

Our 2018-21 Strategic Plan reduced our locality planning areas from three to two localities – one for Eastwood and another for Barrhead. This allowed us to coordinate our approach with our local GP clusters while also reflecting the natural communities in East Renfrewshire.

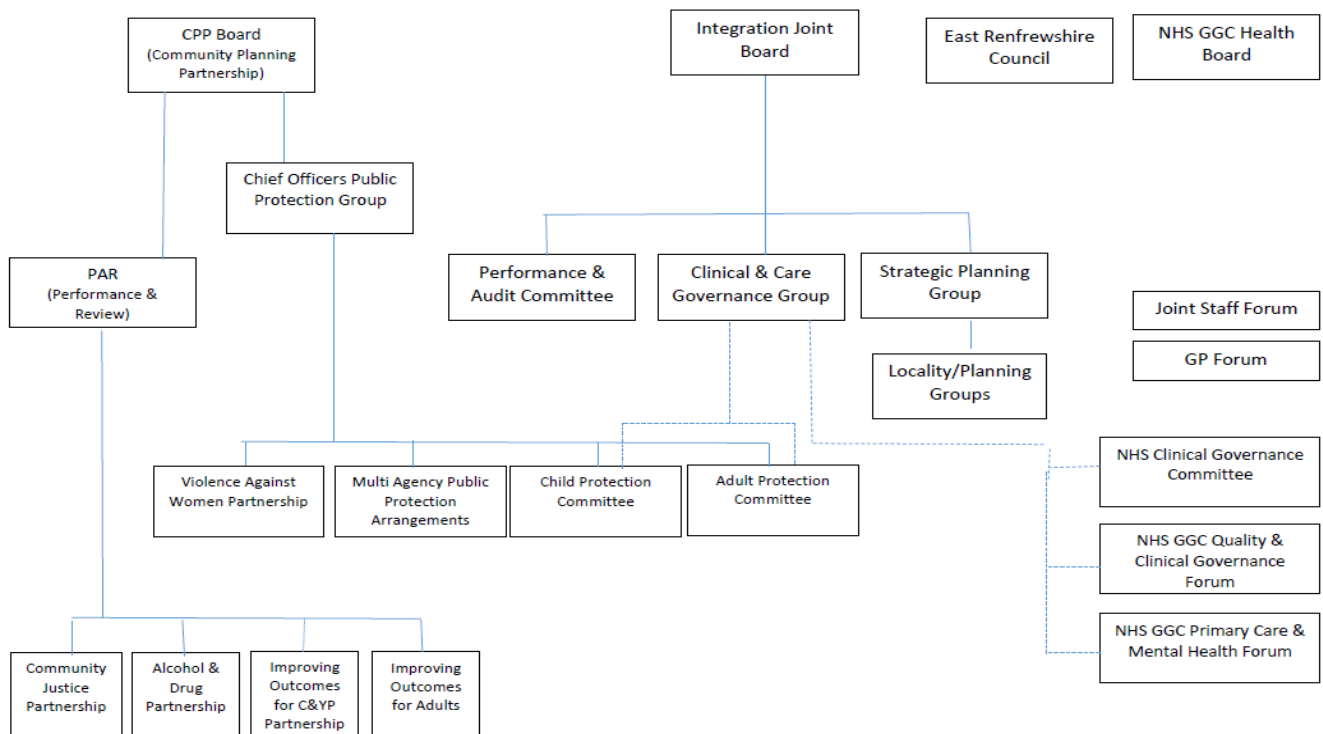
Our locality areas also reflect our hospital flows, with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. The Barrhead Locality and Eastwood Locality Managers came into post in 2018. They have responsibility for both locality-based teams and services hosted on behalf of the entire HSCP.

Our management and service structure is designed around our localities. Our locality planning arrangements continue to develop and will be supported by new planning and market facilitation posts and financial reporting at a locality level.

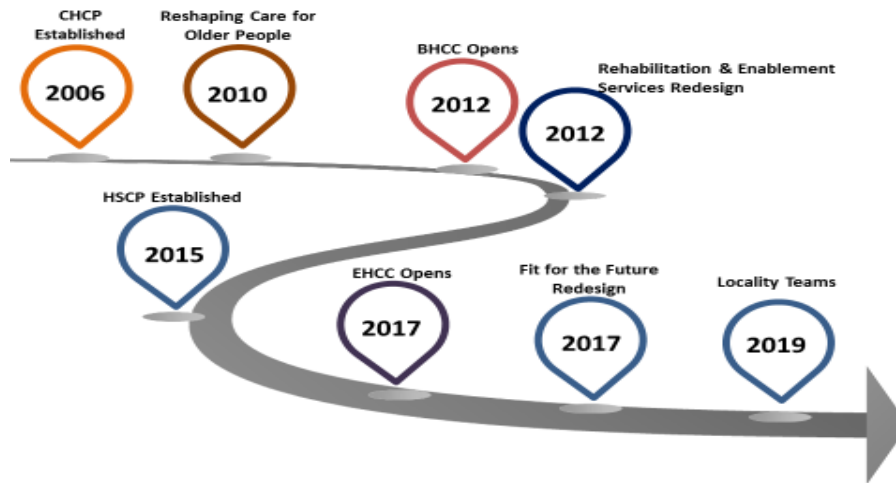


The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the HSCP.

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



1.4.2 Realising the strategy through operational delivery



Developing our integrated Health and Care Centres at Barrhead and Eastwood has provided us with an ideal opportunity to facilitate a fundamental change in the operational delivery of health and social care for people in East Renfrewshire. Eastwood Health and Care Centre was designed to support the further integration of health and care, along with wider Council and third sector services, in a setting that promotes wellbeing.

In order to prepare for the move to the Eastwood facility (opened 2017), a significant transformation programme was undertaken. We worked with staff groups to design zones that collocated workers and teams, in environments that supported their ways of working and fostered collaboration. Before finalising the physical design in Eastwood, we tested our new working environment in Barrhead Health and Care Centre. The building design and functionality of the Eastwood Health and Care Centre remains a reference design for future centres and a key asset for the HSCP.

Our Fit for the Future change programme (FFTF) included end to end operational service reviews in conjunction with a review of our organisation structure and in line with our vision. The Chief Financial Officer (CFO) is responsible for ensuring that all project work and service designs are properly supported and that sound financial and risk governance is in place. This includes modelling and monitoring the FFTF programme.

This structure modelled through FFTF recognised the need to strengthen the link between strategy and operations, and to develop a stronger locality focus. Strategic planning, market facilitation and improvement capacity are being embedded in the locality structure. Our new teams have undertaken self-evaluation and planning activity to support the strategic direction. In 2020 we established a new Senior Manager role for Recovery Services to strengthen leadership around adult social work practice. The structure of our leadership team is shown below.



1.4.3 Our integrated performance management framework

Since the establishment of the Community Health and Care Partnership in 2006, there has been a commitment to integrated performance management.

Our performance management framework is structured around our Strategic Plan, with all performance measures and key activities clearly demonstrating their contribution to each of our seven strategic planning priorities. The framework also demonstrates how these priorities link to the National Health and Wellbeing Outcomes and East Renfrewshire's Community Planning Outcomes.

An Implementation Plan and a supporting performance framework accompany our 3-year Strategic Plan. Working with key stakeholders, we developed these through outcome-focused planning. The plan is presented as a series of 'driver diagrams'. These diagrams show how we will achieve our strategic outcomes through 'critical activities' measured by a suite of performance indicators. This is the basis for strategic performance reporting to the Integration Joint Board (IJB) and it also feeds into East Renfrewshire Council's Outcome Delivery Plan and NHS Greater Glasgow and Clyde's Operational Plan. Our Strategic Performance Reports are presented to the IJB Performance and Audit Committee every six months (at mid and end year). We also provide quarterly updates (at Q1 and Q3) when data updates are available.

Every six months we hold an in-depth Performance Review meeting which is jointly chaired by the Chief Executives of NHS Greater Glasgow and Clyde and East Renfrewshire Council. At these meetings both organisations have the opportunity to review our Strategic Performance Report and hear presentations from Heads of Service, which set out performance progress and key activities across service areas.

The HSCP draws on qualitative and quantitative information from a range of sources. Our main sources of performance data include Public Health Scotland, Scottish Public Health Observatory and National Records Scotland. We also use local service user data and service data from NHS Greater Glasgow and Clyde.

We gather service user feedback from a variety of sources. These include patient/service user surveys through for example, our Primary Care Mental Health Team; day centres and community groups; and users of our integrated health and social care centres. We monitor feedback from residents through the recently established Care Opinion system. We also gather local feedback from East Renfrewshire Council's Citizens' Panel, Talking Points data and the National Health and Wellbeing Survey. We support a local Mental Health Carers Group, where carers are able to raise issues about their needs and the support they receive.

2. Delivering our key priorities during the pandemic

2.1 Introduction

This section looks at the progress we made over 2019/20 to deliver the key priorities set out in our Strategic Plan and how we are performing in relation to the National Health and Wellbeing Outcomes. We also set out performance for cross-cutting areas that support our strategic priorities including public protection and staff engagement. For each area we present headline performance data showing progress against our key local and national performance indicators. In addition to an analysis of the data we provide qualitative evidence including case studies and experience from local people engaging with our services. Our intention is to illustrate the wide range of activity taking place across the partnership during the pandemic.

A full performance assessment covering the period 2016/17 to 2020/21 is given in Chapter 4 of the report.

2.2 Working together with children, young people and their families to improve mental wellbeing

National Outcomes for Children and Young People contributed to:
Our children have the best start in life and are ready to succeed
Our young people are successful learners, confident individuals, effective contributors and responsible citizens
We have improved the life chances for children, young people and families at risk

2.2.1 Our strategic aims and priorities during 2020-21

We provide ongoing support to children who are described as vulnerable due to being looked after and in our care, or on the edges of care, who need targeted interventions to safeguard their wellbeing.¹ Our Strategic Plan established a targeted priority of improving mental wellbeing of children and young people. The plan emphasises the need to ensure appropriate supports to children and families to reduce the use of mental health inpatient beds, the number of GP consultations for mental wellbeing and alleviate pressures on Child and Adolescent Mental Health Services (CAMHS).

Our aim is to **improve mental wellbeing among children, young people and families in need**, by:

- Providing the appropriate and proportionate mental health responses for children and young people;
- Increasing confidence among parents most in need of support as a result of targeted interventions;
- Improving maternal health and wellbeing;
- Strengthened family capacity through prevention and early intervention.

During the pandemic we have seen the following impacts that have refocused our operational priorities. These are areas that we will continue to focus on as we recover from the pandemic.

¹ Our main activities to support children and young people in partnership with other services and support organisations in East Renfrewshire are set out in “At Our Heart” East Renfrewshire’s Children and Young People’s Services Plan 2020-2023.

- The pandemic has exacerbated the circumstances of many children, young people and families, and we are now seeing a significant rise in the number of those experiencing challenges with their mental health and wellbeing. This is a key priority in our new multi-agency Children and Young Peoples Services Plan 2020-2023.
- 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.
- There is a lack of foster care placements locally and externally and we are seeing additional pressures on the system due to the complexity of the needs of the children becoming looked after.
- Coronavirus (COVID-19) has brought particular challenges for disabled children and their families. This can be seen by the increase in numbers of disabled children in the child protection system and becoming looked after.
- The pandemic has highlighted that third and independent market place service provision for disabled children, young people and their families is limited and is an area for development.

2.2.2 The progress we made in 2020-21

Throughout the pandemic our Children and Families services have succeeded in maintaining high rates of contact with children (for example, Childs Plan contacts – av. 72%/week; Child Protection contacts – av. 100%/week; throughcare/aftercare – av. 90%/week) and have successfully managed to support the highest proportion of looked after children in school (57%).

Headline performance data includes:

- % starting CAMHS treatment within 18 weeks – 61% down from 78%
- Care experienced children – positive performance on permanence – just one child with three or more placements
- 95% of care experienced children supported in community rather than an institutional setting – ranked 3rd best in Scotland (Local Government Benchmarking Framework (LGBF))
- Child protection - 88% child protection cases with increased safety
- Reduced % of children subject to child protection offered advocacy – 66%

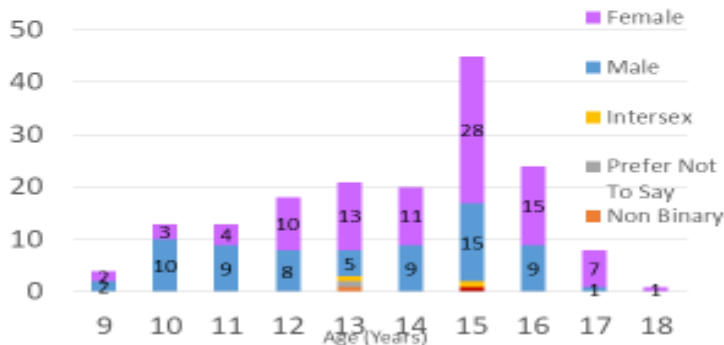
2.2.3 The support we provided in 2020-21

As a local authority, East Renfrewshire has recognised the extent of mental health concerns among the children's population, and in our new Children and Young Peoples Services Plan 2020-2023 we have agreed mental and emotional wellbeing as a key priority. The impact of the covid-19 pandemic has exacerbated the circumstances of many children, young people and families, and we are now seeing a significant rise in the number of those experiencing challenges with their mental health and wellbeing and this also includes those who have a neuro developmental diagnosis.

In response to this a multi-stakeholder **Healthier Minds Service** approach aligned to school communities has been developed to identify and ensure delivery of mental wellbeing support to promote children and families' recovery. Working with schools and young people prior to and following referral helps the team build a fuller picture of the support required and the young people are then assigned to the most appropriate support based on their needs. This is in addition to the existing Family Wellbeing Service which links to GP practices.

Reporting period: 25/11/2020 – 05/05/2021

Screening Hubs 21 Total Referrals 167 (7 re-referrals)



Top reasons for referral:
28% Anxiety/Stress
10% Low Mood
10% Emotional regulation
8% Self Harm

24% of our referrals are for children & young people with an ASN, majority of which have ASD

Healthier Minds – supporting our young people in the pandemic

As the pandemic took hold, it was identified that the needs of the majority of children and young people presenting with emotional distress were unlikely to meet the criteria for referral to existing clinical health services such as CAMHS. And traditional school counselling while highly valued, is equipped to address the difficulties experienced due to social, home and family issues. Additional community and third sector family wellbeing provision (only accessible through GP services) was experiencing significant pressures. To address these issues it was felt that more flexible support which bridges counselling and systemic family intervention would be beneficial.

A new multi-stakeholder recovery team was developed known as Healthier Minds. This is aligned to school communities and has been developed to identify and ensure delivery of mental wellbeing support to promote children and families' recovery and renewal and reconfiguration of services. The three key elements are:

- Strategic mapping and support to maximise school community capacity to be trauma responsive;
- Provision of direct services to children and families to build on strengths and improve social, emotional and mental wellbeing;
- Strengthening of our existing school counselling model.

The team works alongside Secondary and Primary (with respect to P6/7) and takes a collaborative approach to identify opportunities to strengthen mental health and wellbeing. This includes developing a needs assessment for each school cluster, facilitating the implementation of targeted packages of support and the delivery of direct services to children, young people and their families where this is assessed as necessary. The team comprises a mixture of multi-agency professionals from health, education and third sector temporarily recruited, seconded or aligned to the recovery model.

A screening hub model is in place to consider referrals for support, co-ordinated by the Recovery and Service Development Co-ordinator – Children and Young People's Emotional Wellbeing. The hub meets on a weekly basis, attended by regular representatives from CAMHS, social work, youth counselling, educational psychology and the Family Wellbeing Service. The hub discuss and agree the best possible support and route for provision, based on the needs of the child or young person (e.g. allocation to either Healthier Minds Team member or youth counselling service).

Through regular communication with children, young people, parents, carers, staff and stakeholders we have been able to proactively adapt and improve aspects of the service. Successes of the approach include:

- Help is available at the right place, at the right time, by the right person - new partnership models of support with schools and communities have established a 'no wrong door' approach during the recovery period.
- Our focus has prioritised early help and support.
- We are implementing actions and activities which will build on strengths, increasing good social connections, positive coping strategies, physical activity etc decreasing and mitigating the conditions in which poor mental wellbeing occur.
- There is strengthened capacity across schools and allied services - Gathering and share information on what's working well and what needs to change
- There is better co-ordination of wider mental health and well-being provision in East Renfrewshire.

East Renfrewshire's **Family Wellbeing Service** supports children and young people who present with a range of significant mental and emotional wellbeing concerns. The services works with the HSCP to deliver holistic support based in GP surgeries to:

- Improve the emotional wellbeing of children and young people aged 8–16;
- Reduce the number of inappropriate referrals to CAMHS and other services;
- Support appropriate and timely recognition of acute distress in children and young people accessing clinical help if required;
- Improve family relationships and help build understanding of what has led to the distress and concerns;
- Engage, restore and reconnect children and young people with school and their wider community.



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

Family Wellbeing Service

The last year has brought a unique set of challenges and demands for the local Family Wellbeing Service delivered by Children 1st. However it has also brought opportunities for the service and working in partnership with families and colleagues in East Renfrewshire the service has been able to continue to build on successes and learning despite the pandemic.

The increase in the demand for the service is evidence of this. Although funded to accept a minimum of 178 referrals per year this figure was exceeded significantly demonstrating the need for emotional wellbeing support from the children and families population. Moving

into reporting period 2019/2020 179 families were being supported with a further 159 referrals received during 2020/2021. This amounts to a total of 338 children / young people and their families being offered support from the Family Wellbeing Service during this year.

Promotion of the service among GPs has been highly successful with almost all accessing the service when required for their patients. Programme evaluation indicates a significant improvement in the emotional wellbeing of the children and young people referred with fewer repeat presentations to GPs with distress. Thus demonstrating the efficacy of the family support and wellbeing intervention model deployed by the service.

Our **Inclusive Support Service (ISS)** continues to provide three distinct services: holiday provisions, out of school activity clubs and individualised support services. Providing a range of targeted supports for children and young people aged 5-18 years. All of the children and young people who access the service have either complex health or behavioural support needs, with a significant number having limited verbal communication.

Inclusive Support – adapting approaches

For some families the Inclusive Support Service is one of the few consistent supports throughout their children's lives. Supportive, long standing and positive relationships exist between families and the team. This has facilitated and enhanced the contribution the team have been able to make during the Covid-19 pandemic.

During the pandemic the team has refocused activity by working closely with partners in Education, Health and Adult Social Care Services to ensure support for our most vulnerable children and young people. In response to the unprecedented Covid-19 outbreak the team continued to support the 226 children, young people and their families through creative and innovative means. The team adapted service delivery as part of the multi-agency response to the changing and challenging demands placed upon the Health & Social Care Partnership. The team showed their compassion and commitment to the health and wellbeing of children, young people and their families through 308 personalised activity boxes, videos, calls, online chats, outdoor programmes and intensive supports at HUB provisions.

Over the year communication with our children, young people and the staff team was undertaken using some new and innovative practices including Microsoft teams, Skype, online social media platforms, including the HSCP twitter account, emails, newsletters, telephone calls, video calls and Covid-safe door step check-ins. The medium chosen was linked to family preference and the child's communication needs.

Families were empowered to engage with the team in relation to the delivery of the service over the pandemic. After receiving feedback from shielding families in relation to their children feeling isolated the team established an online weekly Glee club; an online crafts club and worked in partnership with an outdoor provider to support play sessions, improving the opportunities and outcomes for vulnerable children and hopefully assisting recovery for both the child and the family.

In response to a growing need for families the team organised and delivered in summer, October and December HUB provisions for 52 children and young people with complex support needs, who fell under the Key Worker and Critical Childcare category. The team also supported our colleagues within the adults with learning disabilities teams to provide provisions to young people transitioning from children's services - further supporting the services ethos of providing the right support at the right time.

Over 2020/21 we have continued the implementation of the **Signs of Safety** model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model supports practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. Although much of our implementation plan has had to be postponed due to the impact on services from the pandemic, we have continued to support practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. This has been more important than ever during the pandemic. From analysing our data we have found that our approach and safety planning with families is having a positive impact with most new referrals coming to our Request for Assistance team being families who were not known to us previously.

Over the course of the pandemic there have been pressures on CAMHS and speech and language therapy services but waiting list initiatives are in place in these services as part of our remobilisation and recovery work and we continue to engage with families on best approaches moving forward.

Speech and Language Therapy – engaging with local families

During 2020-21 the paediatric speech and language therapy team have been working together to focus on meaningful conversations with families about what really matters in their care. The team considered how to improve their own processes to support these conversations, what skills were needed as therapists to listen well to patients and how the issues that matter to families feeds into the care they receive. The What Matters To You event came along at a great time for the team to put all of this into practice. Outcomes from the event were shared on social media and they plan to develop posters to display in clinics and nurseries. Feedback is considered collaboratively as a team. Team members also talked about how it felt to be having these conversations and what they might learn and change for the future.

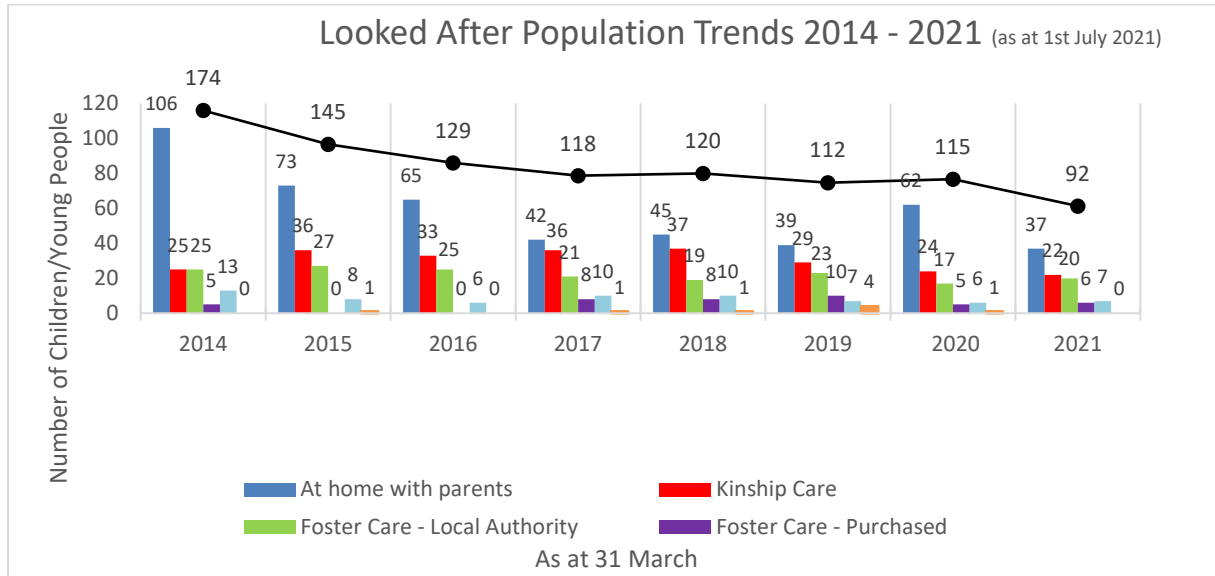
Themes emerging from the feedback include:

- Families appreciate relationships with therapists that they perceive to be genuine and honest. The quality of the relationship is important to families and something that they see as important in the care of their children.
- Families like to know that therapists know and understand their children well and have their best interests at heart. They like to know that our workforce is skilled and knowledgeable.
- Families told us that success in SLT was something beyond speech and language - it included how children feel about themselves and how they were valued for being themselves.
- Families want good outcomes for their children in education and in their future lives. Communication is seen as being part of broader life outcomes.
- Children told us in many ways that they like their contact with SLT to be fun. They like toys and stickers. They like the feeling of success.

Support to our looked after children and young people has continued throughout the pandemic period. To support the wellbeing of our looked after children we work to ensure they access the most appropriate destinations possible. We are proud that 95% of our looked after children are supported in the community rather than institutional settings.

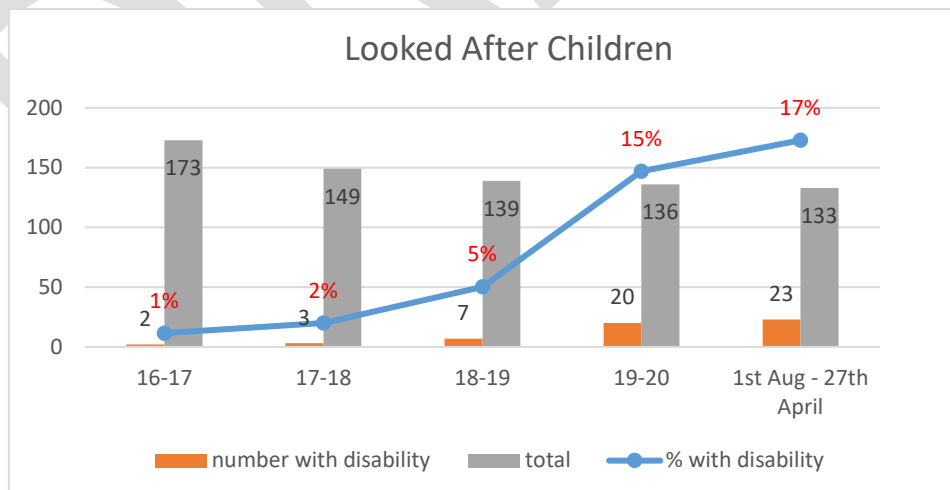
At the end of 2020-21, 92 children and young people in East Renfrewshire were looked after in a range of settings. This constitutes approximately 0.5% of the total children's population of the area and remains one of the smallest proportions in Scotland. The gender balance has been consistent in recent years with 60% boys and 40% girls. We have continued to work to

improve outcomes for children by securing permanent destinations for them. In 2020-21 there was a decline in the number of children looked after at home while the number looked after away from home has remained consistent. The reduction in the number of children looked after at home correlates with a decrease in referrals to Scottish Children’s Reporter Administration (SCRA) overall.



Over the course of 2020-21 the average amount of time children were looked after at home increased from fifteen months to twenty months. This can be attributed to the significant reduction in children’s hearings taking place and the powers afforded by the Coronavirus Act to extend Compulsory Supervision Orders.

As a result of the pandemic there has been a significant increase in the number of children with complex and additional support needs who have become looked after. Currently 17% of looked after children have a disability evidencing that the pandemic has significantly affected families with children who have additional support needs.



Key successes in supporting our looked after children over the course of 2020-21 include:

- The number of children looked after away from home has continued to decrease.
- Improvement work in our multi-agency contribution to the Scottish Children’s Reporter Administration to support effective decision making.
- Improvement work in Looked After Independent Chair role to ensure effective and consistent decision making for children.

- All staff have been trained in Signs of Wellbeing assessment approach.

In East Renfrewshire **Youth Intensive Support Service (YISS)** is the lead service for all looked after young people aged 12 – 26 years, recognising that more intensive interventions are required to improve recovery from trauma, neglect and abuse. The service aims to successfully engage the most hard to reach young people in East Renfrewshire and has the following shared aims across social work and health services:

- To reduce the number of young people looked after and accommodated and at risk of hospitalisation and custody.
- To reduce the impact of historical trauma and abuse for young people.
- To ensure that the transition into adulthood achieves better long term outcomes.
- Maximise social capital.
- To keep whenever safe to do so a connection to their local communities.

In 2020-21, the service directly supported 155 young people and their families.

- 38 were care experienced young people in receipt of Continuing or After Care support.
- 45 of care experienced young people were supported through East Renfrewshire's Family Firm.
- 62 were assessed as of immediate risk of custody.

During the Covid pandemic the contact levels with young people remained very high, evidence of the success of our relationship based practice averaging at 81% of young people having contact at least once per fortnight.

East Renfrewshire Champions Board aims to improve life chances of looked after young people both within our community planning partnership and in the wider community. A central focus is on inclusion and participation allowing looked after young people a meaningful forum to directly influence and, through time, redesign services that affect them in a co-produced way by influencing their corporate parents. The Champions Board offers looked after young people leadership opportunities and the opportunity to change practice and policy. Our aim is to demystify and challenge misconceptions about looked after children and young people and strengthen awareness of the barriers that they face.



Support, participation and coproduction with young people during the pandemic

Despite the challenges of the pandemic the partnership continued to support participation and engagement with many of our vulnerable and harder to reach children and young people. Examples of Champions Board and wider participation activity during the pandemic include:

- Daily group video calls during initial lockdown period involving 10 young people
- Wellbeing bags given to 15 young people involved with Champions Board
- Online group which focused on wellbeing and exploring emotions during lockdown using art and photography, supported by Articulate Cultural Trust. This moved into a community setting when restrictions allowed. 12 sessions delivered.
- Creative consultation around a vision for the East Renfrewshire Children's Services Plan in August 2020. Articulate Cultural Trust were commissioned to consult with young people in a creative way to explore their views on what is important to them to help create a vision for the East Renfrewshire Children's Services plan. A care experienced young person from East Renfrewshire was paid as a creative Consultant to support this. Consultation took place with 30/40 young people from Mini Champs, Champions Board, and young people attending the Education HUBs.

- Summer Programme 2021 - daily activities of Yoga, Fishing, Football, Drama, Graffiti and photography for young people run by YISS with support from other agencies. 100 opportunities offered. 30 young people attended in total, with most young people attending a number of the groups. This also included an under 12s group for graffiti and football.
- Mini champs film group and premier.
- Three of our care experienced young people have completed their Peer Mentor training with Move On (online). 3 YP attended 8 sessions.
- Two young people engaged with Children Hearing Scotland and completing relevant online training to be part of the interview process for new panel members.
- Four young people involved in a working group with officers from Education, discussing anxieties around returning to school post-Covid, mental health provision in schools and the PSHE (Personal, Social and Health Education) curriculum. This followed on from previous involvement from the Champions Board and Youth Voice in 2019 at a co-production event looking at mental health services and provision in schools. As a response to this engagement and the circumstances of the pandemic, there is a new Healthier Minds service within schools for young people.
- Young people have been involved in interviews for a service manager, Social Workers, Support Workers and Team Managers through online inputs and were paid for this work. 4 young people involved in 6 sessions.
- Two Young People were involved in a council wide planning group for PrideER which was led by an elected member. 1 session.
- Care Day - We made up 60 wellbeing bags for our care experience young people which included winter items such as fluffy socks and blankets, face masks and hot chocolate. We delivered this alongside a pizza for each young person and had a socially distanced blether on their doorstep.
- Individual consultations of school nursing service. 10 young people involved.
- Christmas - Event held in Eastwood Theatre for young people receiving a throughcare service. Turkey sandwiches, selection boxes a catch up and a Christmas movie. All the young people received Christmas gifts and hampers. 20 young people attended.
- 15 Champions Board young people were delivered a small gift and multiple Christmas cards with personal messages from their corporate parents/ adult champions.
- Our young people were supported to form small bubbles at Christmas and we booked some of our young people into local restaurants for dinner.

2.3 Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending

National Outcomes for Community Justice contributed to:

Prevent and reduce further offending by reducing its underlying causes

Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all

2.3.1 Our strategic aims and priorities during 2020-21

The East Renfrewshire Community Justice Outcome Improvement Plan sets out our core outcomes, what we will deliver as partners and how this will contribute to and improve the lives of people with lived experience of the community justice system from point of arrest through to returning from custody.

Over the course of our 2018-21 Strategic Plan the East Renfrewshire HSCP has strengthening links with other community services and programmes to provide greater access and support for people to prevent and reduce offending. We have worked to support people moving through the criminal justice system to have better access to the services they require, including welfare, health and wellbeing, addiction services, housing and employability.

Our aim is to **support people to prevent and reduce offending and rebuild their lives**, by:

- Reducing the risk of offending is through high quality person centred interventions;
- Ensuring people have improved access to through-care and comprehensive range of recovery services;
- Ensuring effective interventions are in place to protect people from harm.

Criminal justice services have been significantly impacted by the pandemic, notably with the suspension of Unpaid Work Orders on 23rd March 2020. The service has had to develop creative ways to support those with existing orders to complete work.

2.3.2 The progress we made in 2020-21

Despite the significant impact of the pandemic which saw unpaid work suspended at the start of the crisis, the Community Payback Team completed 2,417 hours of activity equating to £21,535 of unpaid work which directly benefited the local community. Whilst there has been an overall reduction in referrals for employability support, positive employment outcomes have been maintained at 65%. And there has been strong support for women and families affected by domestic abuse continued throughout the pandemic.

Headline performance data for the Criminal Justice service includes:

- Percentage of unpaid work placement completions within Court timescale – 75% up from 71% (although significant reduction in Community Payback Orders - 44 compared to 205 previous year)
- Positive employability outcomes for people with convictions – overall reduction in referrals but positive outcomes maintained - 66% up from 65% in 2019-20.
- 92% of people reported that their order had helped address their offending - 8% reduction
- Domestic abuse outcomes for women - 114 reviews completed with 84% of women assessed noting improvement in progress (5.5% improvement on previous year).

2.3.3 How we delivered in 2020-21

During the pandemic, there was a limited staff presence in offices with only essential services entering council buildings. Social workers continued to supervise people by phone whilst maintaining office contact with those offenders who were deemed as vulnerable or assessed as posing the highest risk of harm.

Strong partnership working was evident in planning support for people who were being released early from prison in May 2020. Throughout the Covid-19 restrictions, we ensured that people being released from custody, including those not subject to statutory supervision, were supported and that housing had been identified for them. Service users released from custody during lockdown necessitated close collaborative working with Housing, Health, Addictions and Police Scotland to ensure needs were met and risks were managed during a particularly challenging time.

As noted the issuing of Unpaid Work Orders was suspended on 23rd March 2020. This led to a significant backlog in Unpaid Work hours. The **Community Payback Team** had to creatively adapt their way of working, and used a blended approach in order to reduce the backlog of hours. They delivered working at home kits, utilised a learning pack that people could complete with the support of a social worker and ensured other activity hours were claimed appropriately. This has helped reduce the number of outstanding hours and ensured some people completed orders within timescales. Despite the significant disruption the team completed 2,417 hours of activity during 2020-21, equating to £21,535 of unpaid work which directly benefited the local community.



Legislation was introduced in March 2021 to reduce the number of hours originally imposed on Community Payback Orders (CPOs) by 35% (excluding CPOs imposed for domestic abuse, sexual offending or stalking). In East Renfrewshire the legislation has reduced the outstanding backlog of unpaid work by 2329 hours.

During the year we enhanced our Unpaid Work Service by securing **workshop premises**. We also recruited a full time supervisor and new sessional staff. We have used the period when the service was suspended to ensure the premises were upgraded and equipped with appropriate tools and machinery. This will enable people subject to Unpaid Work to develop new skills and allow us to address the backlog of unpaid work hours once restrictions ease.

STREET CONES

We commissioned the theatre group Street Cones to deliver an online 12 week Road to Change Programme. The ten service users who attended the interactive lived experience workshops, were credited with other activity hours for participation in this programme which ended with an online performance.

The criminal justice team began to facilitate the local delivery of the nationally accredited sex offender treatment programme, **Moving Forward Making Changes (MFMC)**. During the crisis the programme was suspended resulting in increased numbers of people requiring to complete the programme. To re-establish this area of work the team adapted their approach to ensure it was delivered on a one to one basis by practitioners and a treatment manager. As a result three people were able to complete the MFMC programme.

Throughout the year the Criminal Justice Team continued to ensure 100% attendance at scheduled Multi Agency Risk Assessment Conferences (MARAC) to complement the work undertaken by the service.

We provide a high level of support for women and children who have experienced **domestic abuse** and this has remained a key area of focus during the pandemic. During 2020-21 Women's Aid supported 805 women and children across the three core services (Refuge, Outreach and Child and Young People support) including helpline and drop in enquiries. This is a decrease of 17% compared to the previous year. Reports from survivors and specialist services during the pandemic has shown that lock down restrictions prevented women from seeking support especially where perpetrators remained in the family home. During the year, East Renfrewshire Women's Aid service reported significant change and improvement for women across all reported outcomes. 114 reviews were completed with 84% of women assessed noting improvement in progress in their outcomes overall. Reduction in risk is reflected in the significant increases in the areas of safety with 89% improvement, health & wellbeing 80%, and empowerment and self-esteem 80%.

Multi-Agency Risk Assessment Conferences (MARAC) are recognised nationally as best practice for addressing cases of domestic abuse that are categorised as high risk. In East Renfrewshire Multi-Agency Risk Assessment Conferences was first introduced in March 2019. Over the course of the last year Multi-Agency Risk Assessment Conferences in East Renfrewshire continued each month, switching to an online platform due to Coronavirus (Covid-19). This has worked very well and we have had 100% attendance from the range of agencies that attend. In this reporting year 120 high risk victims and 172 children were discussed at Multi-Agency Risk Assessment Conferences. This is an increase of 40% and 28% respectively in cases discussed compared to the previous year. A total of 592 actions have been agreed via MARAC in this reporting period (compared to 469 the previous year).

2.4 Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing

National Health and Wellbeing Outcomes contributed to:
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
NO5 – Health and social care services contribute to reducing health inequalities

2.4.1 Our strategic aims and priorities during 2020-21

East Renfrewshire's Community Planning Partnership has developed locality plans for the localities that have areas within the 20% most deprived areas in Scotland, with significantly poorer outcomes in health, education, housing and employment. The localities are: Arthurlie, Dunterlie and Dovecothall; Auchenback; and, Neilston. Plans have been developed using a community-led approach, which supported local residents to form steering groups to drive the process. Most of this work has been led by the Council's community planning team but health improvement staff have been involved in supporting the process.

Each plan has a set of priorities that reflect the unique needs of that locality. The plans form a basis for further work to which we are committed as a community planning partner. We will continue to support targeted health improvement interventions in our communities that experience the greatest health inequalities.

Our aim is to **improve wellbeing in our communities that experience shorter life expectancy and poorer health**, by:

- Reducing health inequalities by working with our communities;
- Mitigating health inequalities through targeted interventions.

2.4.2 The progress we made in 2020-21

- Our premature mortality rate remains significantly below the national average at 295 per 100,000 (Scotland 426)
- 15.4% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at the 6-8 weeks (19.1% Scotland wide) (2019-20 figure)
- 66 people in our most deprived areas (SIMD1) supported to successfully stop smoking
- Male life expectancy at birth in our 15% most deprived communities is 74.7 compared to 72.1 for Scotland.
- Female life expectancy at birth in our 15% most deprived communities is 79.8 compared to 77.5 for Scotland.

2.4.3 How we delivered in 2020-21

We have seen variation in the **breast feeding** rates over the preceding three years (data to 19/20). Throughout the pandemic the Children and Families team have continued to prioritise and fully support all breast feeding mothers with a focus on those living in our most deprived areas. To support this the team have developed a new antenatal pathway which is being delivered in 2021. The pathway enables early discussions with pregnant women particularly

around infant feeding with the aim of increasing interest in breast feeding particularly in SIMD 1 & 2 neighbourhoods.

Our **Health Improvement Team** have continued to promote self-help and information campaigns throughout the year using alternative communication methods. Information about self-help and community support is provided via the 'Your Voice' Bulletin which is sent directly to individuals on our database and online. As we moved beyond lockdown restrictions health and social care information was made available in public settings including our Health and Care Centres, libraries and other local public and community facilities.



The **Live Active programme** funded by ERHSCP and NHSGGC is being actively promoted in Barrhead to increase referrals and we have strengthened links with East Renfrewshire Culture and Leisure Trust (ERCLT) and other exercise providers to develop smooth referral pathways between services.

The programme has been operational throughout the pandemic, adapting services continually to support existing and new clients to be physically active.

From April 2020 the programme:

- continued to receive and triage referrals online and support clients for 12 months.
- continued to provide evidenced based, client led, exercise advice to clients with complicated medical histories.
- continued to follow up and motivate clients to become more active, contacting them by phone, email and text on a regular basis.
- prescribed a variety of home exercise and free local activity to clients.
- provided in person 1 on 1 supervised sessions twice a week for BACPR clients and those members who needed support accessing services when the Leisure Centres reopened.
- continued to provide updates to referrers and clinical partners on our services and on specific client goals and their success towards meeting these goals.
- Signposted clients to other providers when necessary, partnering with Voluntary Action East Renfrewshire to ensure those most in need of support had access to community supports.
- recruited a new part time member of staff, who has a wealth of experience and is also our Macmillan physical activity specialist.

Live Active 2020-21 in numbers

- 137 first appointments
- 14 high risk clients medically screened
- 183 clients supported to be active for 6 months
- 181 clients supported to be active for 12 months

Feedback from Live Active service users:

"I'm keeping the walking up and the weight is coming off slowly. I'm below 15 stone for the first time in 20 years"

"I am averaging 10,000 steps daily, I have lost 5kg and have had no back pain for months"

"Yes I've been joining Lorna on Facebook Live for the past 2 weeks, hard for 45 minutes, but lasting 30 min, it's a good start. I think"

"All is well here. I am now 2.5lbs away from my 6.5stone weight loss. Hoping to achieve that next week!"

"Doing good thank you! Back to the gym 3 times a week, really enjoying it. I've lost half a stone so far so long may that continue!"

"I found the set up at Eastwood really good, I'm really impressed. They couldn't have been any nicer and attentive."

2.5 Working together with people to maintain their independence at home and in their local community

National Health and Wellbeing Outcomes contributed to:
NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.5.1 Our strategic aims and priorities during 2020-21

A key strategic aim for our partnership is to ensure that people with support needs continue to enjoy a good quality of life in their own home and local community. We do this through a wide range of community-led supports and interventions to ensure that individuals have choice and control in the decisions that affect their life. We have established our 'front door' to support and new ways of engaging with people in their communities. Through our local 'Talking Points' people can talk to different health and care staff and community volunteers about what matters to them. Through this approach we ensure that people have access to the right conversation at the right time and have the right support to maintain their independence.

For those people who require support for their daily lives, we have moved to a model of "the right amount of support" and established a new individual budget calculator for self-directed support. This is helping to minimise the barriers for people looking to take on more 'choice and control' and providing a more simple and transparent approach.

Our aim is to **support people to maintain their independence at home and in their local community**, by:

- Ensuring the people we work with have choice and control over their lives and the support they receive;
- Helping more people stay independent and avoid crisis through early intervention work;
- Ensuring people can maintain health and wellbeing through a range of appropriate activities.

The pandemic has impacted our approaches to supporting independence and the delivery of our preventative supports. Teams were required to establish and adjust to alternative ways of working in a short space of time. Across our services we have seen increased demand and higher levels of complexity among the people we support. And as a direct consequence of the pandemic restrictions we have seen increased frailty and social isolation particularly among older people.

The pandemic has changed some of the choices people make and disrupted pathways within the health and social care system. For example, our care at home services have seen additional pressures due to a desire from more people to be supported at home and we have been dealing earlier and more complex hospital discharges. We are aware that many older people, shielding residents and those who live alone have become more isolated and had less opportunities for leisure, exercise and social activities. At the same time, the response to the pandemic has demonstrated the resilience of our community-based supports with teams of volunteers and staff keeping touch with the most vulnerable and isolated, notably through the Community Hub.

2.5.2 The progress we made in 2020-21

Across services that support independence we have seen growing demand pressures during the pandemic and we are concerned about higher levels of frailty among the people we work with as a result of the lockdowns. These issues have impacted on many of our established performance measures. Our rehabilitation teams have experienced increased pressures in the absence of a number of specialist rehabilitation services and earlier discharges from hospital (average of 40–50 referral per week in 2019/early 2020; now 70-80 per week over past 10 months). The increased frailty and complexity of people referred to our services has seen a decrease in the percentage of people whose care need has reduced following re-ablement.

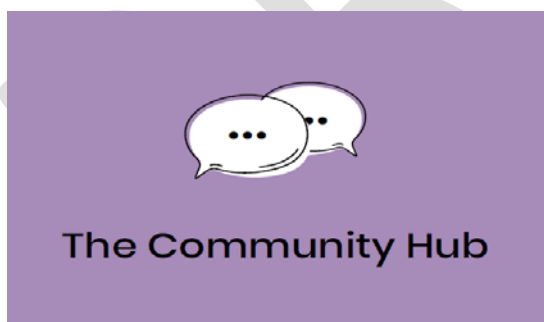
Headline performance data includes:

- Number of people self-directing their care through receiving direct payments and other forms of self-directed support – 556 up 7% from 518 in 19/20
- % of people 'living where you/as you want to live' needs met (%) – 91% up from 88%.
- % whose care need has reduced following re-ablement – 31% down from 67% (reflecting increased frailty, complexity of hospital discharge, pressure on service)

2.5.3 How we delivered in 2020-21

The HSCP remains committed to promoting Community Led Support which sees a move from traditional day service provision for older people to enabling access to more local, personalised and flexible services. The impact the pandemic has been wider the immediate effects of the coronavirus. Many people's wellbeing has been affected by the isolation and changes to routine.

Through strong local partnerships our teams have responded with great innovation and greater collaborative working in support of our communities. And with the aid of technology teams have been able to offer people ongoing support throughout the pandemic, and access to support and treatment has been maintained.



**An East Renfrewshire community
phoneline for local people and
organisations looking for support,
signposting and community
information.**

Support

Get in touch with The Community Hub if you or someone you know needs support.

In East Renfrewshire a local **Community Hub** was developed to coordinate the community response to the Covid-19 pandemic. The Community Hub is a partnership between Voluntary Action East Renfrewshire, HSCP Talking Points and East Renfrewshire Council 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.

Responding in partnership with our communities – Talking Points and the Community Hub

Talking Points hubs were established across East Renfrewshire as places where people can go to have a good conversation about their health and wellbeing within their own community. Here residents can be directed to services and support that best meet their needs. The Talking Point hubs are led by a single paid staff member and supported through the participation of third and independent sector organisations with support from social work services.



At an early stage in the pandemic, it became clear that Talking Points in its existing format, was unable to continue its community based work due to the lockdown restrictions (closures and support services, staff and potential attendees remaining at home).

It was decided at a very early stage that the Talking Points coordinator should be the link between the new Community Hub and the HSCP Initial Contact Team within Social Work and provide advice and support to Voluntary Action East Renfrewshire in the creation and delivery of new community supports. To facilitate this the Coordinator based himself within VAERs building in order to better respond to identified needs and when appropriate, provide support. It was also decided that, as Talking Points was unable to carry out its duties, we should concentrate on giving the message that if during the pandemic you needed help and support, that there were three conduits to access that support:

- The Community Hub
- The Initial Contact Team
- East Renfrewshire Council

This strategy strengthened the relationship between the organisations and allowed for new ways of working that previously did not exist. The benefits of a closer working model was clearly of benefit to the organisations and in turn the residents themselves.

Talking Points now has a membership of over 60 groups and organisations that provide advice and support for residents. This group continued to meet with its partners via Microsoft Teams and continued to link in with Talking Points when their particular expertise in their field was needed to give advice and support to residents either by phone or video call. During this period the Coordinator acted as a conduit for collating and sharing information between agencies and groups via fortnightly emails that ranged from online Mental Health support groups, changes in benefits, to dementia supports and everything in-between. This allowed partners to stay in touch and remain relevant to each other and culminated in the creation of a Directory detailing contact details, the roles of their organisation as well as their referral process.

Following discussions with partners it was decided that Talking Points should explore further how we could formalise and capitalise on the relationships forged during the pandemic within the Community Hub. Following discussions between the three Community Hub partners as well as HSCP management and Talking Point partners, it was agreed that we should formalise the relationship and in March of 2021, the message that “Talking Points has a new Home at the Community Hub”.

At this point we let our partners, HSCP staff and public know (via press our own Facebook page) that Talking Points was again open and that it could be contacted via the new number at the Community Hub. Since the relaunch we have been receiving referrals and have designed Postcards produced by the Community Hub which will be disseminated across the authority by HSCP and Third Sector partners. We are also redesigning HSCP leaflets and posters that will emphasise the Talking Point approach.

Talking Points continues to explore how, when and where we shall be engaging with our residents and partners and we move through the pandemic in collaboration our Culture and Leisure Trust regarding libraries and Community Centres, VAER regarding their Market Place events.

New Talking Point User Quotes:

"I first encountered (TP Coordinator) in Giffnock Library during an 'open-day' and found him to be so very approachable and knowledgeable."

"Recently I was very worried about a situation I find myself in and remembered about 'Talking Points' I decided to ask 'Talking Points' if they could help me and they did! Therefore I am so appreciative of being able to source Talking Points and if I hadn't heard about this marvellous Organisation and met (TP Coordinator) in Giffnock Library I would still be floundering."

"I was feeling frustrated, anxious, and angry and didn't know where to turn to next. I phoned the community hub and within 15 minutes Talking Points had phoned and were on my case. (TP Coordinator) was a great listener, had a very calming manner and told me not to worry as he would find out the required information. This was last Thursday the back of 14.00. By Friday afternoon he had made contact with the department and gave me the superb news that I had been needing. I'd like to thank Talking Points so much for taking time to help me and resolving my problem so quickly. 5 star service!"

Whilst we had to close our day services during the pandemic, our **learning disability** staff worked with provider partners to develop outreach and wrap around support for individual and their families and our older people's Kirkton service staff were redeployed to support care at home supports.

Care at home has seen additional pressures due to a desire from more people to be supported at home and 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.

At a glance – Supporting people at home in 2020-21

- 154,000 hours* of homecare provided by the HSCP's in-house Care at Home Service
- 424,000 hours* of homecare provided by partner providers
- 1,855 service users receiving homecare support
- 331 Community Care outcomes assessments completed by Adult and older people Social Work
- 84 Care at home staff trained in medication management on a socially distanced basis
- 166 Occupational Therapy assessments completed

*inc homecare elements from SDS packages

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

Our partnership with local **care home** providers has developed and strengthened in response to the pandemic. In addition to testing and vaccination for residents, a multi-disciplinary Care Home Oversight Group continues meets twice weekly to provide co-ordinated support to care

homes. Care homes have been caring for some of our most vulnerable residents over the course of the pandemic. Care home liaison staff have supported homes to manage residents' care, with advice on pressure area care, food, fluids and nutrition and individual nursing issues. Along with NHSGGC colleagues, they have offered infection prevention control advice and supportive visits. Commissioning and contracts staff have supported homes with daily welfare calls, and arranged virtual meetings and workshops for managers, updating them on changes to guidance and providing a forum for peer support. The HSCP adult support and protection team has worked closely with homes advising and investigating to keep the most vulnerable individuals safe from harm. Bespoke support has been offered to care homes particularly affected by the pandemic and the wellbeing of staff and residents continues to be a high HSCP priority.

Ensuring the welfare of our care home residents – reviewing needs

During the pandemic the need to restrict the number of professional visitors to care homes and restrictions on family visiting meant that some people living in care homes had not been seen by anyone other than care home staff. Earlier this year Scottish Government asked Chief Social Work Officers to undertake additional work to ensure all residents residing within a care home had an up to date review of their care.

In response we have created a temporary Review Team. The Team consists of five Social Workers and two Team Managers with aligned business support and is overseen by one of the Locality Managers. The team is undertaking 268 reviews for individuals within the 12 East Renfrewshire care homes, including those placed by other authorities. The aim is for the outstanding reviews to be completed by the end of June 2021.

East Renfrewshire Chief Social Work Officer and Chief Nurse, supported by members of the Senior Leadership Team are carrying out support and assurance visits to all local care homes. The purpose of these visits is to provide HSCP support as care homes move into recovery phase and a level of assurance in relation to the quality of care provided to residents following the impact of the pandemic. Feedback from care homes is that the visits have been supportive and that our critical friend approach has been helpful. Excellent practice has been a key feature of these visits, particularly where staff in care homes have selflessly responded to ensure that the safety and risk to residents from transmission was paramount.

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

National Health and Wellbeing Outcomes contributed to:

NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.6.1 Our strategic aims and priorities during 2020-21

In East Renfrewshire, our local services in partnership with third sector organisations like Recovery Across Mental Health (RAMH) have shifted to recovery-oriented care, supporting people with the tools to manage their own health. A recovery-based approach has the potential to improve quality of care, reduce admissions to hospital, shorten lengths of stay and improve quality of life. While service users will always have access to the clinical and therapeutic services they need, a recovery approach requires services to embrace a new way of thinking about illness, and innovative ways of working.

We work in partnership across Greater Glasgow and Clyde to improve responses to crisis and distress, and unscheduled care and are working to further shift our balance of care away from hospital wards to community alternatives for people requiring longer term, 24/7 care with mental health rehabilitation hospital beds working to a consistent, recovery-focused model.

Our aim is to **support people experiencing mental ill-health on their journey to recovery**, by:

- Ensuring East Renfrewshire residents who experience mental ill-health can access appropriate support on their journey to recovery.

For many people experiencing and recovering from mental health and addiction the lockdown has been particularly challenging. Our teams have been dealing with a significant increase in demand across mental health and addiction services due to increased complexity in the cases we are working with and we expect this to increase going forward.

2.6.2 The progress we made in 2020-21

Headline performance data for mental health and recovery includes:

- % waiting no longer than 18 weeks for access to psychological therapies – 74% up from 65% in 19/20
- % accessing alcohol/drug recovery treatment within 3 weeks – 95% up from 89%
- % moving from treatment to recovery – 6% down from 14% due to focus on maintaining stability for service users and reduction in staffing in recovery team due to vacancies which are now being filled
- No significant increase in mental health acute admissions during pandemic – latest age standardised rate is 1.6 per 1,000 population. Psychiatric admissions (adult and older people) was 175 in 20/21 - up slightly from 169 for 19/20.

2.6.3 How we delivered in 2020-21

During 2020-21 our teams have been dealing with a significant increase in demand across mental health and addiction services due to increases in complexity. However, with the aid of

digital technology teams have been able to offer people ongoing support throughout pandemic, and access to treatment has been maintained. We will build on these new approaches and ways of working to help meet the demands on us going forward as we support good mental health and wellbeing, help people manage their own mental health, and build their emotional resilience.

Despite the challenges of the pandemic we have continued to develop our recovery-focused approaches. During 2020-21 we have tested the impact of lived experience in the delivery of services and have developed a successful **peer support service** for mental health and addictions. Peer support is where people with similar life experiences offer each other support, especially as they move through difficult or challenging experiences. The service received its first referrals in early September 2020, initially offering opportunities to meet face-to-face, within the restrictions at that time. Peer support is also being offered via phone or video call, in line with individuals' preferences.

This type of approach is proving successful in supporting individual's recovery journeys, and complements other formal services that are available.

Peer support for mental health and addictions

In September 2020, East Renfrewshire Health and Social Care Partnership began testing a new service providing peer support to individuals recovering from mental health issues or alcohol or drug related issues. Peer support is based on the idea that working with someone with a similar experience can inspire hope and show that recovery is possible. The service is delivered by Penumbra, a leading organisation in employing people with lived experience of mental health and recovery to support others. The service has been well-received and two peer workers are supporting 28 individuals. Early feedback is extremely positive, from teams referring to the service, peer workers and individuals receiving support. The main differences for individuals at this early stage include building a positive relationship with a peer worker, feeling supported and able to think about their goals for recovery, and we are seeing increases in confidence and self-esteem. The HSCP is now investing further in peer support, with the addition of another peer worker, and ensuring that this is a key part of the service offered to individuals in recovery from alcohol or drugs, or mental health.

"It's been absolutely excellent. She's tried to guide me through - it's definitely working. She has shared her own experiences with me. Everything is so much better now, so much clearer. It's been invaluable to me." Peer support service user

"Seeing other people's lives and where they've made changes in their lives, I can look back at my own life and see where I can make changes." Peer support service user

During the year we also established a **peer research programme** in alcohol and drugs settings that will enhance the influence of people with lived experience on service delivery and design. We 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.

2.7 Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital

National Health and Wellbeing Outcomes contributed to:

NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.7.1 Our strategic aims and priorities during 2020-21

We are committed to a programme of work with colleagues in acute services to ensure that only those people who require urgent or planned medical or surgical care go to hospital. Together we are looking at the most frequent preventable causes of admission and putting in place new services and pathways to support people in the community wherever possible, including at the end of life. Our aim will always be to return people home as quickly as possible and to support people at home wherever possible. However, sometimes people require additional supports and we continue to develop an appropriate range of intermediate facilities as well as end of life provision. Our model emphasises flexibility in terms of criteria to help support timely discharge from hospital.

We work together with local care homes, the people who live there and their families to ensure that they get the best care for this final stage of their lives. Over the course of our strategy we have been redesigning our services to focus on this, ensuring that our most skilled nurses and staff are available to offer specialist advice and support.

We are working together with our colleagues in primary care to implement the new GP contract and Primary Care Improvement Plan. The new contract aims to support local GPs to spend more time in managing patients with complex care needs. Over the course of the 2018-21 strategy we have helped primary care teams to grow to support more patients in the community, with additional pharmacy, community treatment (e.g. phlebotomy), other health professionals and link workers.

Our aim is to **reduce unplanned admissions to hospital (through working together with our colleagues in primary and acute care)**, by:

- Supporting people at greatest risk of admission to hospital;
- Working with local partners to reduce attendances and admissions;
- Ensuring our services support rehabilitation and end-of-life care.

2.7.2 The progress we made in 2020-21

Patterns of accident and emergency and unplanned hospital admissions were significantly altered by the pandemic. Overall bed days lost to delayed discharge are up 30% from 19/20, 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.

Headline performance data includes:

- Adult bed days lost to delayed discharge – 2,342 – up from 1,788 in 2019/20
- Adult A&E attendances – 13,677 – down 32% from 20,159
- Adult Emergency admissions – 6,518 – down 13.5% from 7,532

2.7.3 How we delivered in 2020-21

During 2020-21 the HSCP has worked with other partnerships 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 has worked throughout the pandemic using virtual technology to undertake assessments and communicate with patients, relatives and ward staff. East Renfrewshire continues to develop a model to support safe and early discharge from hospital by increasing the resource and skill mix within the Hospital to Home team. Delayed Discharge dashboard is being proactively used by the team along with Improvement activity to support earlier in-reach and effective discharge planning with individuals and their families. Despite this proactive activity the HSCP is still challenged with delays resulting from Adults with Incapacity (AWI) and family choice/indecision and delays due to Power of Attorney (PoA) not being in place.

Throughout Covid-19 crisis, **Community Rehabilitation** services continued delivering face to face urgent home visits to prevent admissions to hospital, facilitate hospital discharges and prevent deterioration of clients, in order to maximise safety and function in home environment. In addition, multiple innovative ideas have been embedded within the team. A Secondary Respiratory Response Team (Physio led) has been set up to respond to referrals from the GG&C Community Respiratory Team when required. A Rehab Nursing role was also developed to support Covid testing in home/care home environments when required and this will continue to be utilised when needed. The Rapid Access equipment service is now embedded within Rehab service and this has improved shared working, the responsiveness of Rapid Access OTAs, and reduced duplication.

The Community Rehabilitation service will require to continue to develop options for supporting the ongoing rehab needs of an increasingly frail client group in addition to those with complex long term health conditions, plus the potential impact of a prolonged timeframe for recovery for patients who have had Covid-19. There are also challenges due to other services not resuming their pre-Covid activity e.g. day hospitals/ community groups/ exercise classes/ falls classes.

There has been increased falls/ frailty presentations due to unintended consequences of Covid-19 lockdown restrictions on individuals' health including deconditioning, reduced social supports, implications of the pausing, ceased or phased remobilisation of NHS and community services and groups. There remains increased pressure on HSCP community assessment and rehabilitation teams to deliver assessment, intervention, and rehabilitation but without some of the wider supports previously available.

Providing Community Rehabilitation during the pandemic

During the past year, the Community Rehabilitation Team has continued to deliver face to face assessments and support to clients to avoid unnecessary conveyances to hospital; to help with discharge from hospital and to deliver ongoing rehabilitation for a variety of complex health conditions. While technology has been used to enhance triage, assessment and offer self-management information where possible, it was recognised that the majority of people referred to the Community Rehabilitation Service continue to require delivery of this in person, in their own home. We have done this safely and effectively for those who need it. We have worked closely with colleagues across the HSCP, and provided multidisciplinary assessment and rehabilitation to help individuals progress to the maximum of their abilities, while providing advice, support and encouragement to them and their families.

As a result of the changing demands and challenges of the Covid-19 pandemic, this past year has seen a significant increase in referrals to the Community Rehab Team. While managing this, we took on the additional responsibility of being a Community Respiratory Response Team to provide follow up to respiratory patients in the community. For many months, staff from the team also supported the Covid-19 testing and Covid-19 vaccination programmes for residents of Care Homes, and for those residents in East Renfrewshire who are housebound. Some of our staff were temporarily moved to other teams for a number of months to ensure the delivery of other essential services. Furthermore, two of the team were trained and undertook the Fit Testing for the specialist respiratory protective facemasks required for all staff across the HSCP providing care in higher risk situations.

It has been a year like no other, with so many individual stories and moments to reflect on...and with many, many positive outcomes despite the challenges faced by us all.

Over the past year unplanned acute presentations from care homes has dropped significantly due to Covid-19. Care homes had restrictions on who was able to go in and out of the facility and at the height of the pandemic ambulance service were not willing to take patients to the hospital unless patient's condition was life threatening. Staff within the care homes had to become more confident in managing their residents in such difficult times and pull together as a team. Care homes were closely monitored by the contracts team and support was provided by internal and external bodies.

Anticipatory Care Planning (ACP) is a person-centred, proactive approach, requiring services and professionals to work with individuals and their carers to set personal goals ensuring the right thing is done at the right time by the right person with the right outcome. ACP evolves reflecting the individual's situation and requires a supportive whole-system infrastructure to ensure delivery of positive outcomes. Over 2020-21 the partnership has continued to work to:

- Improve engagement with the ACP process to facilitate the sharing of key information to prevent hospital admission and facilitate safe, early discharge.
- Reduce unnecessary attendances to Emergency Departments and Acute Assessment units.
- Connect with the Frailty management process to deliver a more co-ordinated and integrated approach across Health and Social Care, Primary Care and Acute services.

A Multi-disciplinary Team huddle has been implemented and has been working well based at Eastwood HSCP building. The aim is to improve communication between HSCP staff to prevent unnecessary admissions and proactively manage ACP, promoting seamless joint care.

The work responds to the challenge of providing care for an ageing population with increasing prevalence of long term conditions and multiple core morbidities and even more so now due to the pandemic. We now have ACP Champions and an ACP lead in place and we expect to see an increase in the number of ACPs in place.

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

National Health and Wellbeing Outcomes contributed to:

NO6 - People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing

2.8.1 Our strategic aims and priorities during 2020-21

As a partnership, the HSCP staff, the Carers Centre, Voluntary Action East Renfrewshire (VAER), the Care Collective and people with experience as carers have been working together to improve access to accurate, timely information that meets carers' needs and awareness of the range of supports for carers. Our approach encourages collaboration between providers of supports to carers ensuring local provision best meets carers' needs.

Through our work on self-directed support we will develop and implement a consistent and clear prioritisation framework and ensure that carers and support organisations are aware of the availability of suitable respite care and short-break provision. Working together with education we developed support systems that appreciate young carers and build resilience through opportunities for peer support.

Our aim is to **ensure people who care for someone are able to exercise choice and control in relation to their caring activities**, by:

- Ensuring staff are able to identify carers and value them as equal partners;
- Helping carers access accurate information about carers' rights, eligibility criteria and supports;
- Ensuring more carers have the opportunity to develop their own carer support plan.

As a direct consequence of the pandemic restrictions we have seen increased frailty and social isolation particularly among older people. The period has been especially challenging for our unpaid carers with impacts on health and wellbeing, increasing the difficulties that many carers face as they look after their loved ones. We recognise that unpaid carers have taken on increased caring during this time and have faced additional pressures.

2.8.2 The progress we made in 2020-21

Headline performance data includes:

- 91% of unpaid carers reporting 'quality of life for carers' needs fully met (154 respondents) – similar to 19/20 result (92%)
- 35% of carers who feel supported to continue in their caring role (19/20 data) – slight drop from previous national survey but above Scottish average

2.8.3 How we delivered in 2020-21

The pandemic has impacted significantly on carers, with potentially restricted access to support, resources and activities away from caring. The restrictions during the crisis have impacted on the health and wellbeing of carers and the people being cared for.

Throughout 2020/21 we have maintained our positive partnership working with the **East Renfrewshire Carers' Centre**, continuing to deliver community-based integrated support for

carers in East Renfrewshire including access to tailored advice, support, planning and community activities.

During the pandemic we have been working to ensure carers have access to required **guidance** and **PPE**. **Check-in calls** to carers were introduced by the Carers' Centre and carers were offered support to set up and manage a **peer support** Facebook Group.

Supporting carers during the pandemic – East Renfrewshire Carers' Centre

When Covid-19 restrictions first came into place, the Carers' Centre like most other organisations had to change the way they supported people.

The priority was working with the Health and Social Care Partnership to ensure that carers were aware of and, if required, had an Emergency Plan in place. This would detail support requirements in the event of the carer taking unwell and being unable to provide the care they normally do.

Any caring situations deemed to be at significant risk were shared with the HSCP and appropriate support would be offered if required. In addition to Emergency Planning, the Centre provided a focal point for carers needing personal, protective equipment (PPE).

Although referrals to the Centre dropped slightly compared to previous years, the Centre provided information to over 400 carers who were not known to the Centre but wanted information regarding Covid restrictions and priority access to the vaccination programme for carers.

The Centre tried to support as many carers as possible by moving all services to phone or online. All carers known to the Centre were contacted and made aware of what services the Centre was still able to provide.

Emotional and peer support as well as information and training sessions were moved online and the Centre continued to support carers and young carers in the most challenging of times.

The restrictions meant that carers and young carers had limited, if any, opportunity to get a break from their caring role. The Centre tried to address this by providing online social opportunities such as quizzes, concerts, comedy events and just the chance to catch up and have a chat. Some of these provided social opportunities for both the adult carer and the cared-for person simultaneously.

In addition to this, the Centre accessed funding made available through the Scottish Government, Carers Trust and other grant making organisations to provide financial grants to carers for activities and equipment that would make the caring role just that little bit easier during the Covid restrictions.

In total the Centre awarded almost £60,000 in grants for things like outdoor play equipment, bikes, laptops and tablets, take-out food vouchers and TV subscription services.

Together with the HSCP, the Centre supports a Carers Collective, a group of carers that can influence and shape services and support. The Collective is helping shape carers support as we emerge from the restrictions and has led on the development of new initiatives such as a Carers Card linked to the Respite initiative and improving support for autistic people and their families.

As restrictions continue to ease, both the Centre and HSCP will continue to engage carers, improving support and ensuring that the support they need is available across East Renfrewshire.

“East Renfrewshire Carers’ Centre have consistently supported me to continue to provide support for my loved one who has a long term disability, through numerous difficult situations. They often served as a sounding board so I could sort out exactly what approach I could take to issues troubling me and provided practical help and advice to help me navigate the health and care systems.

They have been exceptionally creative during Covid restrictions in thinking about new ways to include carers in service developments and providing new initiatives acting on the feedback they have received. I wish to thank their staff for their positive and compassionate support. I could not have continued caring for my loved one without them.”

Carer (via Care Opinion)

The **Mental Health Carers Group** is a vital support for many of our local unpaid carers. The group has continued to run virtually throughout the pandemic.

During the year we worked collaboratively with carers and the Care Collective (East Renfrewshire Carers’ Centre and Voluntary Action East Renfrewshire) to refresh the East Renfrewshire Carer’s Strategy – **“I Care, You Care, We Care”**. During the engagement for the strategy, carers told us:

- Communication is an issue. Carers want more pro-active communication, to receive regular advice and updates on Covid-19 guidelines and on the practical support available.
- The pandemic has impacted on carers. The lack of resources and stimulation for the person they care for is impacting on the health and wellbeing of both the person being cared for and the carer.
- More support could be provided online for the person they care for and the introduction as restrictions allow of more health and wellbeing activities for carers such as stress management and community walking groups.
- There is a lack of choice and control over how they and the person they cared for are supported. Carers would like improved access to Self-Directed Support (SDS) options.

The strategy sets out a wide range of activities to deliver on the following four priorities for carers:

Carers are identified, respected & involved

- Carers will be identified at an early stage as carers, valued as equal partners in planning and involved in decisions about any service that affects them

Carers experience is positive

- Carers will have a positive experience of support and solutions, their voice will be heard in support planning and assessment conversations and their own outcomes will be met as well as the person they care for

Carers lead full lives and support their own wellbeing

- Carers will be able to lead a full life, to maintain their own health and wellbeing, to plan and identify what matters to them and will know what resources are available to help them with this and where to find them

Carers have choice, control and balance in their life

- Carers will have choice and control in their caring role and balance in their life with the other things that matter to them

East Renfrewshire's **Short Breaks Statement** has also been updated during the year to ensure all advice and information is accurate and includes the development of creative, Covid-safe online breaks that meet the outcomes of the carer and the cared-for person. In collaboration with carers and other stakeholders we have established guiding principles for planning short breaks with carers and these remain key to short break provision. These are:

- Carers will be recognised and valued as equal partners in planning for Short Breaks.
- Planning and assessment will be outcomes focused to ensure that we focus on what both the carer and the cared for person wants to happen.
- By using our eligibility framework we will have an equitable and transparent system for determining eligibility for funding Short Breaks that is consistent and easily understood.
- There will be timely decision making.
- Planning a short break will be a safe, respectful and inclusive process with every carer treated equally.
- When planning a Short Break questions about needs and outcomes will have a clear purpose for carers, not just to inform the support system.
- Prevention will be key. Planning and assessments for support should prevent deterioration in the carer's health or the caring relationship.

DRAFT

2.9 Public protection

National Health and Wellbeing Outcomes contributed to:

NO7 - People using health and social care services are safe from harm

2.9.1 Our strategic aims and priorities during 2020-21

Ensuring people are safe is a vital part of our work. We take a multi-agency approach to deliver our community planning outcomes:

- Residents are safe and supported in their communities;
- Children and adults at risk are safer as a result of our intervention.

Our aim is to **ensure residents are safe and supported in their communities**, through:

- Prevention - People, communities and services actively promote public protection;
- Identification and Risk Assessment - Services know who is most at risk and understand their needs;
- Interventions - Communities and individuals are supported to manage and reduce risk;
- Monitoring and Reviewing Risk - Services effectively measure progress and identify further problems quickly.

During the challenge of the pandemic our focus remained the safety and reduction of harm for children and adults. We have seen an increase in child protection referrals in particular of children who have a diagnosis of autism and or complex needs. Despite the increase in referrals, registration numbers have been retained at a relatively low level, indicating that many of the families coming through the child protection referral route are in need of increased supports rather than child protection plans.

We maintained our Adult Support and Protection response throughout the pandemic and kept adult at the heart of what we do.

2.9.2 How we delivered in 2020-21

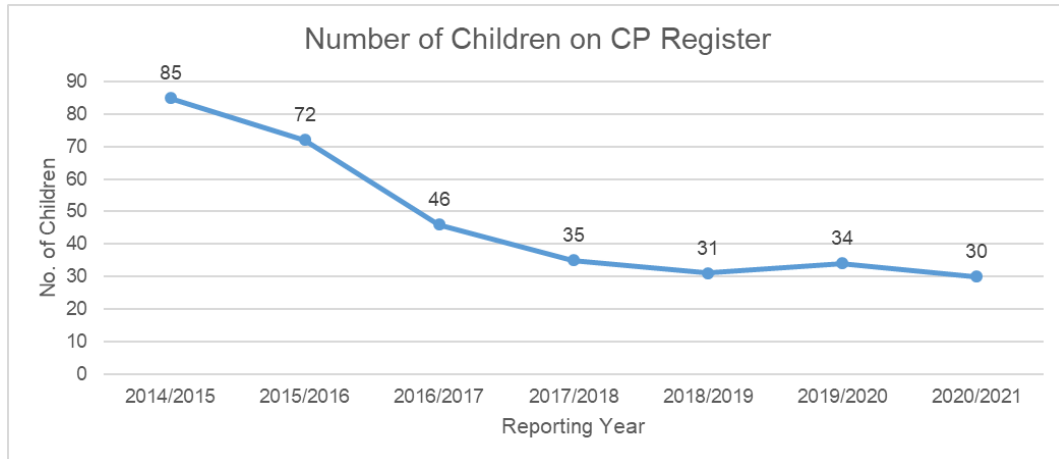
Supporting Children

The pandemic meant we had to adapt our approaches to overcome practical challenges. We ensured that staff provided with **Personal Protective Equipment (PPE)** equipment to enable them to safely respond to families in crisis and ensure critical services to protect vulnerable children and young people in their communities.

During the pandemic we provided **iPads** to children and their families to enable them to take part in virtual child protection case conferences / children's hearings.

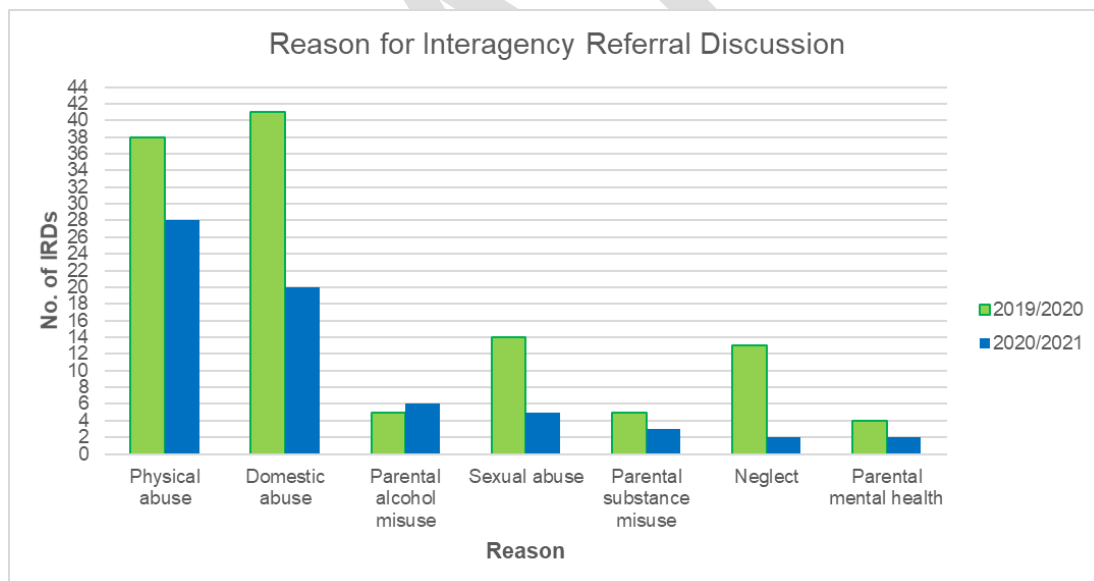
Early information sharing and decision making through the **Interagency Referral Discussion (IRD)** is well established and has been audited quarterly to provide quality assurance and management oversight. This has been an important process in maintaining relatively stable child protection registrations despite there being an increase in referrals.

In 2020-21, there were 30 children on East Renfrewshire's Child Protection Register. This is a decrease of four on the previous year. Although we had experienced variations in previous years higher than the national average, our registration rate appears to be stabilising at around 30 to 35 children each year. In addition to robust management and audit activity, we continue to benchmark against comparator authorities to ensure that the rate of registration activity is proportionate and necessary.



During 2020-21, we undertook 100 Interagency Referral Discussions (IRD) (between social work, police, health and where appropriate education services) in respect of 148 children.

The most common reasons for initiating an Interagency Referral Discussion (IRD) during 2020/21 are shown below. The highest reason for an IRD in the reporting period was physical abuse. There has been a significant decrease in IRDs in all reasons apart from parental alcohol misuse which increased slightly. Of the 148 children and young people subject to IRDs, half were subject to a child protection investigation.



During 2020-21 our programme of IRD audits reported significant strengths in our practice, including:

- Almost all (97%) IRDs reflected actual or potential risk to the child/young person.
- Almost all (93%) IRDs considered the historical information relevant to the concern being discussed.
- Most (83%) IRDs were able to reach a clear conclusion of risk.
- Almost all (94%) ensured the child / young person's safety throughout the process.
- The IRDs audited achieved an average rating of 'Very Good' in terms of overall quality.

Supporting Adults

During 2020-21 we established a new **Adult Support and Protection (ASP) team** responding to a 20% increase in referral numbers and a rise in referrals of a more complex nature. Revised adult support and protection processes and procedures were put in place in November 2020 and 239 staff have been trained across Adult Services, Children & Families, Mental Health, Addictions, Housing, Education, Health and our partner agencies in Safe and Together and MARAC.

We carried out two **Large Scale Investigations (LSI)** 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.

During 2020-21 we adjusted our practice to incorporate **virtual communication** which has not only met the immediate necessity of the covid-19 pandemic, but also made many aspects of the Adult Support and Protection process more accessible for service users and carers. We have been able to engage with individuals in the way that work for them and overcome barriers such as mobility and distance.

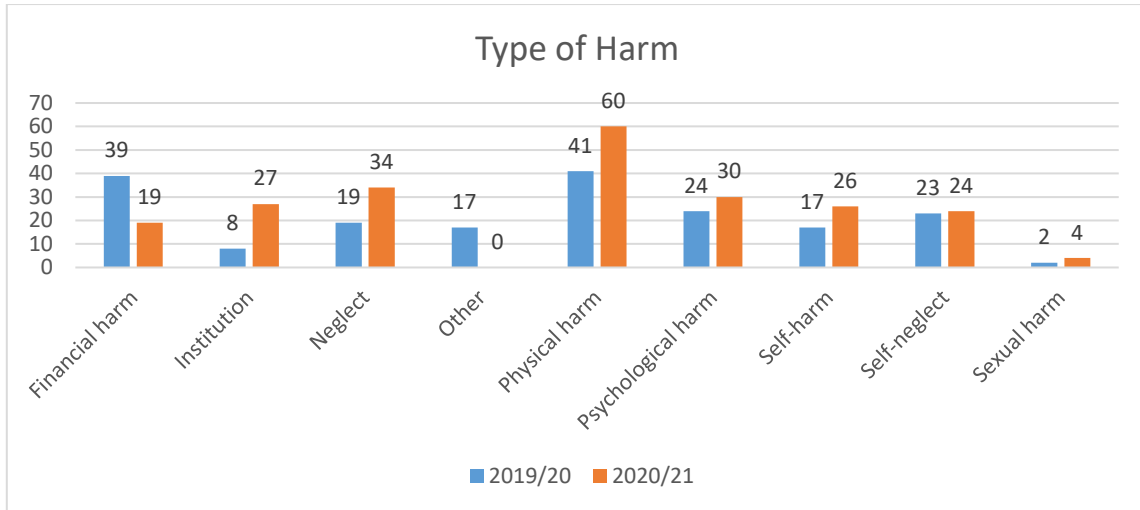
We have developed stronger **relationships** with partner agencies, promoting an approach that keeps all partners involved and included in discussions and planning particularly in the undertaking of LSIs. We have seen increased partnership working with a focus on keeping adults and their families and carers engaged and informed. As a partnership, we have developed a shared awareness of the complexity and multifaceted nature of risk, particularly in relation to violence against women, which has improved our joint working and understanding of the roles of other services and partners.

In 2020-21 there were a total of 857 **ASP inquiries** undertaken by Council Officers (Adult Service Social Workers) of which 224 progressed to investigations. Within the previous reporting period 2019/20 there were 697 inquiries carried out and 191 investigations. This demonstrates that there has been an increase of 23% (160) in the number of inquiries and of 17% (33) of the number of investigations undertaken compared to the previous period.

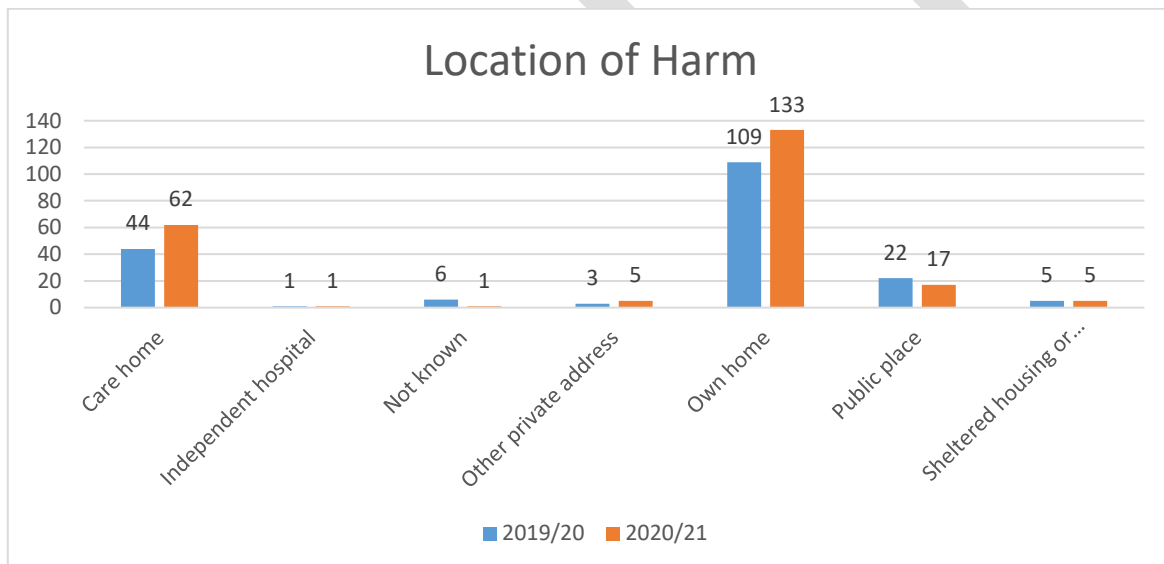
Of those inquiries carried out during 2020/21, 27% were received from third sector organisations delivering care and support to people in their own homes. This is the second year we have noted an increase in reporting of harm in people's own homes. This provides assurance that the identification of harm by providers is improving, which has been particularly of importance as adults have had limited contact outwith their homes during the Covid-19 pandemic.

For 2020/21 there was a 15% increase in **ASP investigations** carried out, rising from 190 in 2019-20 to 224. Consistent with this rise, we have seen an increase in almost all types of harm at investigation, with the exception of financial harm which has decreased by 51% by comparison to last year. Physical Harm remains the most common harm experienced by adults having increased to 27% of the investigations carried out in 2020/21, in 2019/20 this accounted for only 22% of investigations.

Institutional harm has seen a significant increase during this period, accounting for 12% of investigations, in 2019/20 this was only 4% of investigations. This increase is believed to be due to the two large scale investigations (LSIs) undertaken during this period. In order to promote more accurate recording the 'other' category of harm was removed, as such it is recorded as zero this year.



The primary location of harm in 2020/21 in 59% of investigations was within the adult’s home. This is comparable to data from 2019/20. In 2020/21 care homes were the second highest location of harm in 28% of investigations. The increase in reported harm at care homes reflects the completion of two large scale investigation in the year.



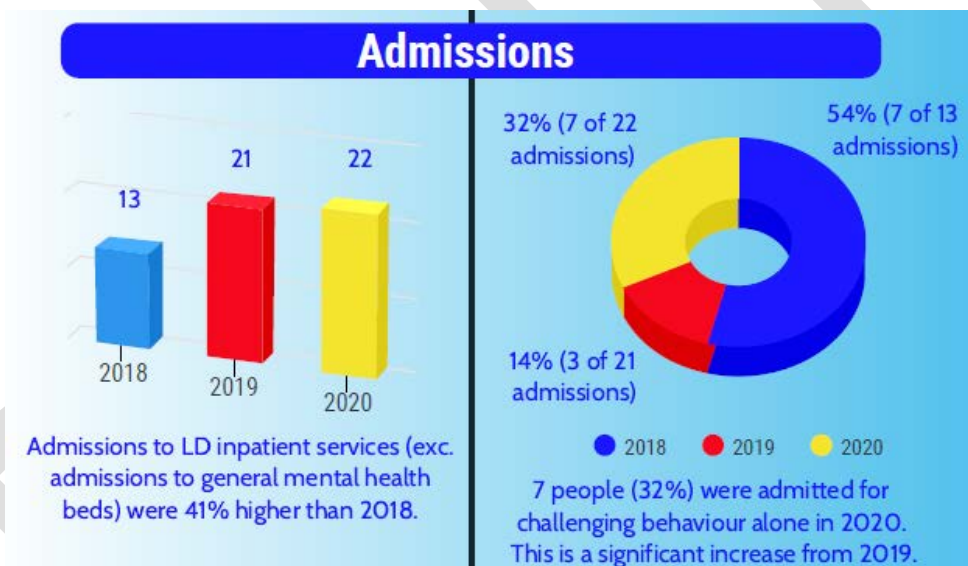
2.10 Hosted Services – Specialist Learning Disability Service

We continue to host the **Specialist Learning Disability Inpatient Service** that supports people requiring a hospital admission. The service works in partnership to manage demand and ensure appropriate support is available in the community on discharge.

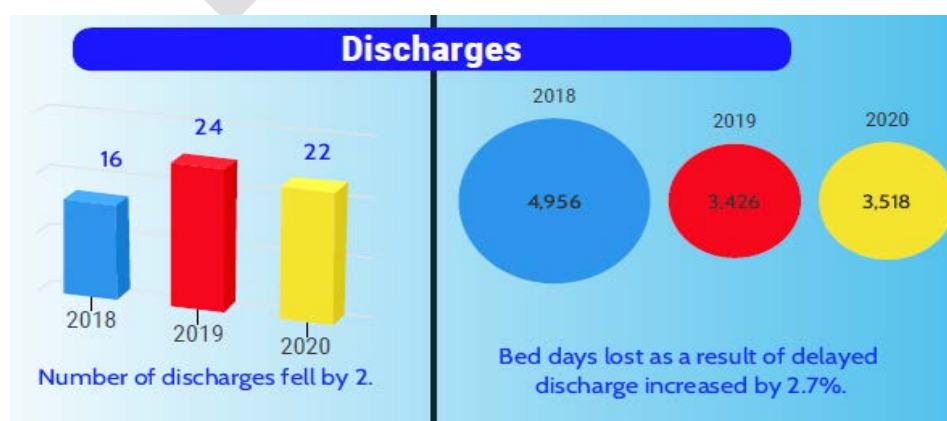
The service has operated at full capacity throughout the pandemic. We increased staffing levels and took a GGC wide approach to contingency through Board-wide collaboration. Over the year the service maintained good staff attendance and importantly achieved good infection control in challenging environments.

Over the year there has been a steady increase in request for admission as a result of distress. The team have worked very closely with community services to mitigate the effects of stress and limited community supports to maintain people at home.

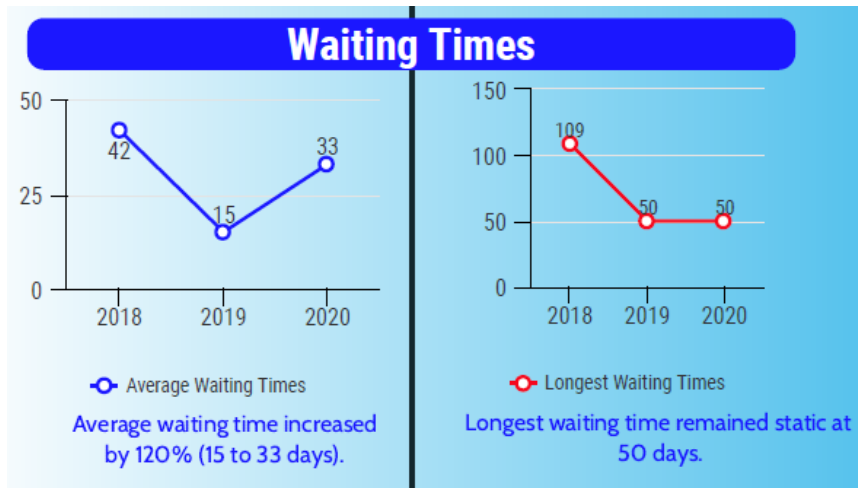
Patient flow has been challenging with longer waits for admission or initial admission to mental health but everyone who requires the service has been successfully admitted. Despite the challenges of the pandemic, improvements seen in 2019 protected the service from a significant decrease in patient flow and more patients were admitted and discharged than the previous year.



Latest performance data for the service relates to Jan-Dec 2020. The pie chart above shows admissions relating to challenging behaviour. In 2020 admissions for challenging behaviour more than doubles from 2019.



Despite the challenges of the pandemic the service only saw a slight decrease in discharges. This was reflected in an increase of 2.7% in bed days lost due to delayed discharge. Although discharge planning improved, this did not translate to actual discharge. Placement breakdown remained stubbornly high - 59% of bed occupancy at the end of 2020. The majority of placement breakdowns originating from Glasgow City and Renfrewshire HSCPs.



Average waiting times to access the service increased significantly from 2019 but remained an improvement from 2018. The longest waiting time remained static. 65% of referrals were admitted directly to the service and were not diverted to general mental health services.

2.11 Supporting our staff

National Health and Wellbeing Outcomes contributed to:

NO8 – People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

2.11.1 Our strategic aims and priorities during 2020-21

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

Responding to Covid-19 has tested us in ways we have never experienced before. The people who comprise the health and social care workforce have gone above and beyond to deliver much needed care to individuals under incredibly difficult circumstances. While these challenges are constantly evolving, we continue to rely on the workforce to support all aspects of health and social care and their wellbeing and resilience has never been more important.

In developing our interim strategic plan for 2021-22 and in consultation with staff and stakeholders we have added a new strategic priority to support staff across the partnership - *Working together with staff across the partnership to support resilience and wellbeing.*

2.11.2 How we delivered in 2020-21

To better understand the needs of staff at the HSCP during the pandemic we conducted a short 'pulse' survey across staff groups. We know from the HSCP "**Everyone matters Pulse Survey**" sent to NHS and Council staff that our staff's health and wellbeing has suffered as result of the first wave of the pandemic. As part of the survey when asked "*how anxious they felt yesterday*" 53% of respondents had high or medium levels of anxiety. Feedback from providers has highlighted similar issues. NHSGGC psychology services have been providing mental health check-ins across Acute and HSCP sectors and predict an increase in staff experiencing mental health conditions as a result of the pandemic.

Our local **East Renfrewshire HSCP Wellbeing Group** ran throughout the pandemic with links to both the National and NHSGGC wellbeing groups. The group developed a regular **newsletter** and cascaded information to ensure colleagues across the across the partnership, including colleagues within primary care, independent and third sector had access to **information and support** in order their workforces wellbeing and resilience was enhanced. We are continue to develop and refresh a series of positive measures to promote staff wellbeing throughout the year.

The HSCP Wellbeing Group is chaired by Head of Recovery and Intensive Services who also holds the national health and wellbeing **champion role** and contributes to discussions at a national level.

The 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. The plan identifies four strategic objectives / outcomes and has a supporting action plan. The objectives are given below. We will work to ensure that advice, support and activities made available as widely as possible across the partnership.

- Overview and Communication - Staff have access to resources and information that can improve their wellbeing;
- Resilience and connectedness - Build resilience across HSCP ensuring all employees feel connected to their team or service and embed health and wellbeing culture across HSCP;
- Promotion of physical activity, rest and relaxation - Opportunities for staff to take part in physical activity are promoted across the HSCP and opportunities for rest and relaxation are provided;
- Staff feel safe in their workplace - Appropriate measures are in place to ensure staff feel safe in the workplace.

Within the wider partnership area Voluntary Action East Renfrewshire have established a **wellbeing network**. The aim of the network is to provide a space for likeminded people to share and act together to ensure East Renfrewshire residents can improve their physical and mental wellbeing. The need to come together, is even more important as we navigate through the many changes and priorities that are happening in society as a result of the pandemic. Wellbeing is a wide and varied topic, that touches all services, groups and social activities and the network is open to all who are interested in developing a positive collaborative approach to wellbeing.

3. Financial performance and Best Value

National Health and Wellbeing Outcomes contributed to:

NO9 - Resources are used effectively and efficiently in the provision of health and social care services

3.1 Introduction

Within this section of the report we aim to demonstrate our efficient and effective use of resources. Our Annual Report and Accounts 2020/21 is our statutory financial report for the year. We regularly report our financial position to the IJB throughout the year.

3.2 Financial Performance 2020/21

The annual report and accounts for the IJB covers the period 1st April 2020 to 31st March 2021 and provides a detailed financial overview of the year which ended with an operational underspend of £0.833 million. This position is per our unaudited annual report and accounts as at 23 June 2021 and the audited accounts are expected to be confirmed, subject to any adjustments, on 24 November 2021.

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.

In addition to the expenditure above a number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of those hosted services is shown below; this not a direct cost to the 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

We also host the Specialist Learning Disability services and Augmentative and Alternative Communication services on behalf of the other NHS Greater Glasgow and Clyde HSCPs and this cost is met in full by East Renfrewshire HSCP; the use by all HSCPs is shown below for information:

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

3.3 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:

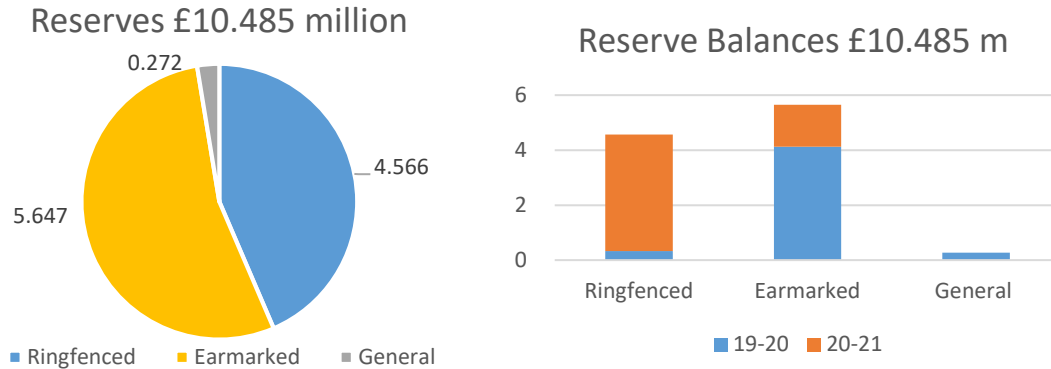
	£ Million	£ Million
Reserves at 31 March 2020		4.726
Planned use of existing reserves during the year	(0.831)	
Funds added to reserves during the year	6.590	
Net increase in reserves during the year		5.759
Reserves at 31 March 2021		10.485

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.

3.4 Prior Year Financial Performance

The table below shows a summary of our year-end under / (over) spend by service and further detail can be found in the relevant Annual Report and Accounts and in year reporting.

	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16
SERVICE	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million
Children and Families	0.410	0.637	0.800	0.083	0.537	0.604
Older Peoples & Intensive Services	0.327	(0.866)	(0.228)	0.153	(0.046)	1.763
Physical / Sensory Disability	0.099	0.030	0.056	(0.167)	(0.280)	(0.345)
Learning Disability - Community	(0.267)	(0.095)	(0.047)	(0.214)	0.986	(1.801)
Learning Disability - Inpatients	0	0.002	0.123	0	0	0
Augmentative & Alternative Communication	0	0	N/A	N/A	N/A	N/A
Mental Health	0.192	0.189	0.419	0.409	0.393	0.354
Addictions / Substance Misuse	0.052	0.013	0.032	0.018	0.123	0.085
Family Health Services	0	-	0.008	0	0	0
Prescribing	0	(0.311)	(0.428)	0	0	0
Criminal Justice	0.011	-	0.039	0.011	0.013	0.027
Planning and Health Improvement	0.065	0.098	0.074	0.001	0.039	0.029
Management and Admin / Finance & Resources	(0.056)	0.238	(0.190)	0.483	(0.144)	(0.335)
Planned Contribution to / from Reserves	0		(0.398)	(0.600)	**	0
Net Expenditure Health and Social Care	0.833	(0.065)	0.260	(0.177)	1.622	0.381

** In 2016/17 we agreed to carry forward our planned underspend to reserves to provide flexibility to allow us to phase in budget savings including our change programme.

3.5 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:



3.6 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.

DRAFT

4. Performance summary




4.1 Introduction

In the previous chapters of this report we have focused on the key areas of work carried out by the HSCP over the course of 2020/21 including crucial activities as we responded to and have started to recover from the pandemic. In this final chapter we draw on a number of different data sources to give a more detailed picture of the progress the partnership has been able to make against our established performance indicators. Our quantitative performance for 2020/21 clearly reflects the challenging operating context during the Covid-19 pandemic.

The sections below set out how we have been performing in relation to our suite of Key Performance Indicators structured around the strategic priorities in our Strategic Plan 2018-21. We also provide performance data in relation to the National Integration Indicators and Ministerial Steering Group (MSG) Indicators. Finally, we provide a performance summary relating to recent inspections of our in-house services.

4.2 Performance indicators

Key to performance status	
Green	Performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)
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
Percentage of children looked after away from home who experience 3 or more placement moves (<i>DECREASE</i>)	1.2%	11%	0.0%	1.4%	1.2%	7.1%	↓
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%	↓
Child & Adolescent Mental Health - longest wait in weeks at month end (<i>DECREASE</i>)	35	18	33	34	35	31	↓
Accommodated children will wait no longer than 6 months for a Looked After Review meeting to make a permanence recommendation (<i>INCREASE</i>)	74%	80%	94%	83%	100%	n/a	↓
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%	↓
% Child Protection Re-Registrations within 18 months (LGBF) (<i>DECREASE</i>)	n/a	Data only	15.8%	7.7%	0%	9%	↓
% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF) (<i>DECREASE</i>)	n/a	Data only	18.8%	24.5%	29.1%	19.6%	↑

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%	↑
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? <i>(INCREASE)</i>	92%	100%	100%	100%	100%	100%	↓
% Positive employability and volunteering outcomes for people with convictions. <i>(INCREASE)</i>	n/a	60%	65%	55%	n/a	n/a	↑
% Change in women's domestic abuse outcomes <i>(INCREASE)</i>	84%	70%	79%	64%	65%	66%	↑
People agreed to be at risk of harm and requiring a protection plan have one in place. <i>(INCREASE)</i>	100%	100%	100%	100%	n/a	n/a	-


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>	66	16	74	6	20	27	↓







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
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) <i>(DECREASE)</i> NI-11	n/a	Data Only	295	308	301	297	↑
Breastfeeding at 6-8 weeks most deprived SIMD data zones <i>(INCREASE)</i>	n/a	25%	15.4%	22.9	27.3	17.2	↓
Percentage of adults able to look after their health very well or quite well <i>(INCREASE)</i> NI-1	n/a	Data Only	94%	n/a	94%	n/a	▬

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 direct payments and other forms of self-directed support. <i>(INCREASE)</i>	551	600	575	514	491	364	↓
Percentage of people aged 65+ who live in housing rather than a care home or hospital <i>(INCREASE)</i>	n/a	97%	97%	95.9%	96.6%	96.8%	↑
The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care. <i>(INCREASE)</i> NI-18	n/a	62%	57%	64%	64%	63%	↓
People reporting 'living where you/as you want to live' needs met (%) <i>(INCREASE)</i>	91%	90%	88%	92%	84%	79%	↑

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
SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) <i>(INCREASE)</i>	n/a	Data Only	8.44%	8.15%	7.5%	6.6%	↑
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) <i>(INCREASE)</i>	n/a	62%	57.6%	57.5%	62.5%	61.1%	↓
Percentage of those whose care need has reduced following re-ablement <i>(INCREASE)</i>	31%	60%	67	68	62	64	↓

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
Mental health hospital admissions (age standardised rate per 1,000 population) <i>(DECREASE)</i>	n/a	2.3	1.6	1.5	1.5	1.5	▬
Percentage of people waiting no longer than 18 weeks for access to psychological therapies <i>(INCREASE)</i>	74%	90%	65%	54%	80%	56%	↑
% of service users moving from drug treatment to recovery service <i>(INCREASE)</i>	6%	10%	16%	22%	12%	9%	↓
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. <i>(INCREASE)</i>	5	419	33	93	331	468	↓

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 with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. <i>(INCREASE)</i>	95%	90%	89%	95%	87%	96%	

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	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI <i>(DECREASE)</i> (NHSGGC data)	2	0	2	4	4	4	
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) <i>(DECREASE)</i> (MSG data)	2,342	1,893	1,788	2,284	1,860	2,704	
No. of A & E Attendances (adults) <i>(DECREASE)</i> (NHSGGC data)	9,854	Data only	12,748	12,943	12,587	12,503	
Number of Emergency Admissions: Adults <i>(DECREASE)</i> (NHSGGC data)	6,217	Data only	6,859	6,801	6,916	6,908	
No. of A & E Attendances (adults) <i>(DECREASE)</i> (MSG data)	13,677	18,335	20,159	20,234	19,344	18,747	
Number of Emergency Admissions: Adults <i>(DECREASE)</i> MSG	6,663*	7,130	7,538	7,264	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	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Emergency admission rate (per 100,000 population) for adults (<i>DECREASE</i>) NI-12	9,324*	11,492	10,438	10,345	10,495	11,427	↑
Emergency bed day rate (per 100,000 population) for adults (<i>DECREASE</i>) NI-13	96,295*	117,000	105,480	110,558	119,234	121,601	↑
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (<i>DECREASE</i>) NI-14	94	100	78	79	79	83	↓
A & E Attendances from Care Homes (NHSGGC data) (<i>DECREASE</i>)	236	400	394	429	541	n/a	↑
Emergency Admissions from Care Homes (NHSGGC data) (<i>DECREASE</i>)	154	240	233	261	338	166	↑
% of last six months of life spent in Community setting (<i>INCREASE</i>) MSG	89.9%**	86%	88.3%	86.2%	85.0%	85.8%	↑

* Full year data not available for 2020/21. Figure relates to 12 months Jan-Dec 2020. Data from PHS release, 10 June 2021

**Provisional figure for 2020/21

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 (%) (<i>INCREASE</i>)	91%	72%	92%	78%	72%	70%	▬

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
Total combined % carers who feel supported to continue in their caring role (<i>INCREASE</i>) NI 8	n/a	Data only	35.3%	n/a	37.5%	n/a	↓
Organisational measures							
Indicator	2020/21	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of days lost to sickness absence for HSCP NHS staff (<i>DECREASE</i>)	5.5%	4.0%	7.3%	6.8%	8.5%	7.2%	↑
Sickness absence days per employee - HSCP (LA staff) (<i>DECREASE</i>)	13.6	12.4	19.1	16.4	13.0	13.6	↑
Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline, 20 days Investigation) (<i>INCREASE</i>)	100%	70%	56%	67%	100%	63%	↑
Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation) (<i>INCREASE</i>)	65%	100%	72%	72%	81%	68%	↓

4.3 National Integration Indicators

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 are derived from Partnership operational performance data. A further 4 indicators are currently under development by NHS Scotland Information Services Division (ISD). The following tables provide the most recent data for the 19 indicators currently reportable, along with the comparative figure for Scotland, and trends over time where available.

4.3.1 Scottish Health and Care Experience Survey (2019/20)

Information on nine of the National Integration Indicators are derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. The most recent survey results for East Renfrewshire relate to 2019/20 and are summarised below.

National indicator	2019/20	Scotland 2019/20	2017/18	2015/16	East Ren trend from previous survey	Scotland trend from previous survey
NI-1: Percentage of adults able to look after their health very well or quite well	94%	93%	94%	96%	▬	▬
NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible	78%	81%	74%	80%	↑	▬
NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	75%	75%	64%	77%	↑	↓
NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	62%	74%	60%	69%	▬	▬
NI-5: Total % of adults receiving any care or support who rated it as excellent or good	70%	80%	77%	82%	↓	▬
NI-6: Percentage of people with positive experience of the care provided by their GP practice	85%	79%	84%	88%	↑	↓
NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	78%	80%	76%	79%	↑	▬
NI-8: Total combined % carers who feel supported to continue in their caring role	35%	34%	37%	45%	↓	↓
NI-9: Percentage of adults supported at home who agreed they felt safe	81%	83%	82%	82%	▬	▬

Data from PHS release, 10 June 2021

4.3.2 Operational performance indicators

National indicator	2020/21	Scotland 2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
NI-11: Premature mortality rate per 100,000 persons	n/a	426* (2019)	295*	308*	301*	297*	↑
NI-12: Emergency admission rate (per 100,000 population) for adults	9,324**	11,100**	10,438	10,345	10,495	11,427	↑
NI-13: Emergency bed day rate (per 100,000 population) for adults	96,295**	101,852**	105,480	110,558	119,234	121,601	↑
NI-14: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	94**	114**	78	79	79	83	↓
NI-15: Proportion of last 6 months of life spent at home or in a community setting	90%**	90%**	88%	86%	85%	86%	↑
NI-16: Falls rate per 1,000 population aged 65+	21.4**	21.7**	22.6	23.4	22.4	21.2	↑
NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	84%	83%	84%	84%	88%	88%	▬
NI-18: Percentage of adults with intensive care needs receiving care at home	n/a	63%* (2019)	57%*	64%*	63%*	58%*	↓
NI-19: Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	191	488	156	170	117	228	↓
NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	19%**	21%**	21%	21%	22%	22%	↑

Data from PHS release, 10 June 2021. *Calendar years. **Full year data not available for 2020/21. Figure relates to 12 months Jan-Dec 2020. N.b. Scotland fig is Jan-Dec 2020 for comparison.

The indicators below are currently under development by Public Health Scotland.

National indicators in development
NI-10: Percentage of staff who say they would recommend their workplace as a good place to work
NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home
NI-22: Percentage of people who are discharged from hospital within 72 hours of being ready
NI-23: Expenditure on end of life care, cost in last 6 months per death

4.4 Ministerial Strategic Group Indicators

A number of indicators have been specified by the Ministerial Strategic Group (MSG) for Health and Community Care which cover similar areas to the above National Integration Indicators.

MSG Indicator	2020/21	Target 20/21	2019/20	2018/19	2017/18	2016/17	2015/16	Trend from 2019/20
Number of emergency admissions (adults)	6,663*	7,130	7,538	7,264	7,432	8,032	7,922	↑
Number of emergency admissions (all ages)	7,487*	8,331	8,645	8,246	8,513	9,199	9,123	↑
Number of unscheduled hospital bed days (acute specialties) (adults)	58,400*	57,106	62,861	60,953	62,967	62,901	58,271	↑
Number of unscheduled hospital bed days (acute specialties) (all ages)	59,676*	58,899	59,764	64,407	64,769	64,455	60,064	↑
A&E attendances (adults)	13,677	18,335	20,159	20,234	19,344	18,747	18,332	↑
A&E attendances (all ages)	17,798	25,299	27,567	27,850	27,011	25,888	25,300	↑
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity)	2,342	1,893	1,788	2,284	1,860	2,704	2,366	↓
% of last six months of life spent in Community setting (all ages)**	89.9%**	86%	88.3%	86.2%	85.0%	85.8%	85.6%	↑
Balance of care: Percentage of population at home (supported and unsupported) (65+)	n/a	Data only	96.5%	95.9%	95.8%	95.7%	95.6%	↑
Balance of care: Percentage of population at home (supported and unsupported) (all ages)	n/a	Data only	99.2%	99.0%	99.0%	99.0%	99.0%	↑

Data from PHS release, 4 August 2021. (MSG Indicators)

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

**Provisional figure for 2020/21

4.5 Inspection performance

East Renfrewshire HSCP delivers a number of in-house services that are inspected by the Care Inspectorate. The following table show the most up to date grades as of 31 August 2021.

Key to Grading:

1 – Unsatisfactory, 2 – Weak, 3 – Adequate, 4 – Good, 5 – Very Good, 6 – Excellent

Service	Date of Last Inspection	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Adoption Service	11/10/2019	5	Not assessed	5	Not assessed
Barrhead Centre	23/02/2018	6	Not assessed	Not assessed	6
Fostering Service	11/10/2019	5	Not assessed	5	Not assessed
Care at Home	25/06/2021	4	Not assessed	Not assessed	Not assessed
HSCP Holiday Programme	21/07/2017	6	Not assessed	Not assessed	5
Thornliebank Resource Centre	07/04/2016	4	Not assessed	Not assessed	4
HSCP Adult Placement Centre	25/10/2019	5	Not assessed	5	5

The Care Inspectorate launched the new evaluation framework in July 2018, which is based on the Health and Social Care Standards. Bonnyton House and Kirkton were inspected under the new quality inspection framework.

Service	Date of Last Inspection	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Bonnyton House	22/11/2019	3	3	3	3	3
Kirkton	23/7/2019	5	Not assessed	Not assessed	Not assessed	5

Appendix One - National Outcomes

The National Health and Wellbeing Outcomes prescribed by Scottish Ministers are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

The National Outcomes for Criminal Justice are:

- Prevent and reduce further offending by reducing its underlying causes.
- Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all.

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 September 2021
Agenda Item	7
Title	Audit Update
<p>Summary</p> <p>This report provides Performance and Audit Committee with an update on:-</p> <ul style="list-style-type: none"> • New audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in June 2021 • Summary of all open audit recommendations • Internal audit planned activity for the IJB and the HSCP 	
Presented by	Mairi-Clare Armstrong, Governance and Systems Manager
<p>Action Required</p> <p>Performance and Audit Committee are asked to note and comment on the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

22 September 2021

Report by Chief Officer

AUDIT UPDATE

PURPOSE OF REPORT

1. This report provides Performance and Audit Committee with an update on:
 - New audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in June 2021
 - Summary of all open audit recommendations
 - Internal audit planned activity for the IJB and the HSCP

RECOMMENDATION

2. Performance and Audit Committee are asked to note and comment on the report.

BACKGROUND

3. East Renfrewshire Council's Chief Internal Auditor undertakes the internal audit role for the Integration Joint Board. Audit Scotland also undertake an audit of the IJB Annual Report and Accounts and produce an action plan should they have any recommendations.
4. Members will recall from our last meeting that we agreed to report on all audit activity for both the Integration Joint Board and the Health and Social Care Partnership moving forward.
5. This includes an overview of any new audit activity undertaken since last reported along with an update on any outstanding recommendations.
6. Audit activity for the HSCP has been provided in full as previously requested and this shows all current open audit actions across the HSCP and also where a Health Board or Council wide recommendation impacts on the HSCP. The specific actions from IJB audits are also detailed.
7. East Renfrewshire Council's internal audit assign the following risk ratings to their findings:

High	<ul style="list-style-type: none">• Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole.• Corrective action must be taken and should start immediately.
Medium	<ul style="list-style-type: none">• There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole.• Corrective action should be taken within a reasonable timescale.
Low	<ul style="list-style-type: none">• Area is generally well controlled or minor control improvements needed.• Lower level controls absent, not being operated as designed or could be improved

Efficiency	<ul style="list-style-type: none"> • These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice.
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8. NHSGGC internal audit function is undertaken by Azets. They assign the following risk ratings to their findings:

4	<ul style="list-style-type: none"> • Very high risk exposure - major concerns requiring immediate senior management attention.
3	<ul style="list-style-type: none"> • High risk exposure - absence / failure of key controls.
2	<ul style="list-style-type: none"> • Moderate risk exposure - controls not working effectively and efficiently.
1	<ul style="list-style-type: none"> • Limited risk exposure - controls are working effectively but could be strengthened.

REPORT

Audit Activity relating to the Integration Joint Board Audit (Appendix 1)

9. No new audits have been undertaken in relation to the Integration Joint Board since last reported to Performance and Audit Committee in June 2021.
10. The Chief Internal Auditor and the Chief Financial Officer have agreed, subject to any comment from PAC, that the 20 days allocated for IJB audit work will be held in contingency and called upon if required. At this point there is no specific IJB policy or activity that requires audit. In the event we do not use this time for IJB work, we will use to supplement the HSCP work outlined in this report.
11. As reported to Performance and Audit Committee in June, all actions relating to the IJB Governance audit are considered complete.
12. Outstanding recommendations relating to the Integration Joint Board are detailed in Appendix 1. These are from the following audit reports:-
- a) IJB Risk Management audit (Appendix 1a)
- No changes since last reported. Three recommendations are considered implemented but are awaiting verification from internal audit follow up. One recommendation remains partially implemented.
- b) Audit Scotland annual audit plan (Appendix 1b)
- No changes since last reported. One recommendation in relation to financial sustainability is still considered open by Audit Scotland. The action plan will be superseded by the 2020/21 action plan upon the final audit of the annual report and accounts 2020/21.

East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership (Appendix 2)

13. Two audits specifically relating to HSCP are included in the audit plan for 2020/21, these are kinship, fostering and adoption and a review of Care First Finance System.

In addition there are several other audits such as payroll, debtors and contract audit which may result in recommendations for HSCP depending on samples taken and testing results.

14. Since last reported there has been one new audit undertaken by the Council's internal audit team which impacts on the HSCP. This was a follow up audit of corporate and community services.
15. The follow up audit made a total of 22 recommendations, however only six applied to the HSCP, two of which have been made to all Council departments and four were to be implemented by the HSCP only. Recommendations were rated as medium or low risk.
16. The six recommendations applicable to the HSCP are detailed at Appendix 2a. All six recommendations are considered implemented but are awaiting verification from internal audit follow up.

Recommendations from previous audits (Appendices 2b-2i)

17. As agreed at Performance and Audit Committee in June 2021, we have also included a summary of all audit recommendations which have still to be implemented by the HSCP, or which the HSCP consider implemented but have yet to be verified by Internal Audit. The table below summarises the number of recommendations and the status for each audit. The detail is included on the relevant appendix.

Audit Report and Appendix		Changes since last reported	Recommendations			
			Total no. for HSCP	Verified as implemented by Internal Audit	Considered implemented by HSCP (awaiting verification)	Total open
Follow up of Corporate and Community Services Audits	2a	New	6	0	6	0
Carers Legislation	2b	No	5	0	0	5
Procurement Red Flags	2c	No	3	0	3	0
Data Protection Act / GDPR	2d	Yes	5	0	3	2
CareFinance	2e	No	14	0	8	6
Homecare	2f	n/a*	15	12	3	0
Emergency Payment	2g	n/a*	10	8	0	2
Self-Directed Support	2h	n/a*	10	0		
Follow up of HSCP Audits	2i	n/a*	11	2	8	1

*detail not previously reported

NHS Internal Audit Activity relating to the Health and Social Care Partnership

18. Since last reported in June 2021, we have not been made aware of any new recommendations from NHS Greater Glasgow and Clyde which impact on the HSCP.

CONCLUSIONS

19. To provide assurance of control all open audit recommendations are included at appendix 2 to enable oversight of previous audits and demonstrate progress.

RECOMMENDATIONS

20. Performance and Audit Committee are asked to note and comment on the report.

REPORT AUTHOR AND PERSON TO CONTACT

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September 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: 23.06.2021 – Audit Update

https://www.eastrenfrewshire.gov.uk/media/5749/PAC-Item-10-23-June-2021/pdf/PAC_Item_10_-_23_June_2021.pdf?m=637596213484470000

PAC Paper: 27.11.2019 - Audit Actions Update

https://www.eastrenfrewshire.gov.uk/media/1985/Performance-and-Audit-Committee-item-06-27-November-2019/pdf/Performance_and_Audit_Committee_Item_06_-_27_November_2019.pdf?m=637356832021000000

INTEGRATION JOINT BOARD INTERNAL AUDIT ACTIVITY

This appendix details all audit recommendations relating to the integration Joint Board which are either open, or have yet to be verified as implemented by internal audit follow up

Appendix 1A – Audit of IJB Risk Management

Ref / Risk Rating	Recommendation	Comments	Timescale for completion	Status	Latest Note
4.1.1 (Low)	In the column headed "Completion date for proposed Risk Control Measure" all proposed risk control measures should show an implementation date for being put in place or a review date where they are "ongoing".	Where a risk control measure is ongoing a review date will be added.	23/09/2020	Considered Implemented – pending verification by Internal Audit	Implementation dates and reviews dates added
4.2.1 (Low)	The most recent version of the ERC operational risk register should be used in all cases.	Where the ERC format is appropriate we will ensure the current version is used. The revised Risk Management Policy was issued to SMT in March and a follow up check will be done to ensure the most recent version is being used by operational services.	31/03/2021	Open	We had planned to undertake a risk session with SMT however this was postponed due Covid-19. This will be rescheduled and as we move into recovery housekeeping issues such as format are being reviewed.
4.3.1 (Low)	Control measures should comply with SMART criteria and consideration given to removing or annotating as notes those which are not genuine controls.	The IJB risk register will be reviewed to ensure all measures comply with SMART criteria.	23/09/2020	Considered Implemented – pending verification by Internal Audit	Control measures reviewed and updated
4.4.1 (Low)	Either the Business Continuity Plans should be provided to Audit or the risk registers amended to refer to the Business Impact Assessment as the risk control measure in place	The HSCP Business Continuity Plan has been updated and a copy shared with Audit.	01/06/2020	Considered Implemented – pending verification by Internal Audit	Shared BCP with audit 03.06.2020

Appendix 1B – Audit Scotland 2019/20 Action Plan

No	Issue	Risk	Recommendation	Agreed Management Action	Responsible Officer	Timing	Comments
1 B/F*	<p>Financial Sustainability</p> <p>The IJB has a savings requirement of £2.432 million per the 2020/21 budget settlement. This has resulted in a funding gap of £1.644 million that will need to be met from care packages, revising the individual budget calculator to reflect prioritisation based on national criteria.</p> <p>The August 2020 revenue budget monitoring report projects an overspend of £0.238 million against a full year budget of £125.8 million. The intention is to fund this from the budget savings reserve as required.</p> <p>The IJB will also face additional financial challenges due to the impacts of Covid-19. The estimated financial implications of Covid-19 between March 2020 and March 2021 are in the region of £9 million.</p>	The IJB may not be able to deal with future financial challenges and deliver required savings without adversely impacting service delivery.	<p>Take action to comply with the stated reserves policy and bring the level of general reserves held into line with the Board target of £1m.</p> <p>Update the MTFP to reflect the impacts of Covid-19 at the earliest appropriate opportunity.</p> <p>Deliver planned changes and improvements to the operation of set-aside as a matter of priority.</p> <p>Work with key partners to identify and act on further opportunities to deliver service transformation that will help shift the balance of care.</p> <p>These actions should be integrated into the planned changes to set-aside and into current and future service transformation projects where appropriate.</p>	<p>On establishment and adoption of the reserves policy the IJB recognised that it would take a number of years to achieve an optimal level of reserves. In the current financial climate there is a tension between holding reserves and delivering operational services and this is supported by our earmarked reserves strategy. Without a significant change in funding it is unlikely that the optimum level off general reserve will be achieved.</p> <p>The Medium Term Financial Plan will be updated once the ongoing implications of COVID-19 become clearer.</p> <p>We will continue to work with our partners to develop and implement the Unscheduled Care Commissioning Plan as a health board wide approach to set aside.</p>	Chief Financial Officer	31-Mar-21	A revised Medium Term Financial Plan will be presented to the IJB on 23 June 2021 along with the unaudited annual report and accounts for 202/21. Both documents reflect the issues raised and recognise that financial sustainability is a key risk.

* Issue reported in the prior year and re-raised during 2019/20.

Internal Audit Activity relating to the Health and Social Care Partnership

This appendix details all recommendations for the HSCP which have been made by East Renfrewshire Council's Internal Audit service. This includes all open recommendations for the HSCP, from both new and historic audits. The recommendations detailed in these appendices have either still to be implemented or are considered implemented by the HSCP but are subject to verification by internal audit.

Appendix 2a: MB1140NS – Follow up Corporate and Community Services Audits – Issued 21.06.2021 (new audit activity not previously reported to PAC)

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Med)	Directors should implement a process which ensures that a leavers checklist is completed for every employee who leaves the council and that this form is uploaded to information@work.	Reminder will be issued to all managers. There is no capability to run reports on this and we do not have the capacity to follow up with individual managers for all leavers to ensure this has been completed.	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021
6.2.1 (Low)	Reports should be reviewed for high usage outwith the individual's data package and checks carried out to ensure that this is for business use only. Where necessary, reimbursement should be sought for personal use.	Monitoring process was put in place in 2019 however this fell away during pandemic. This will be reinstated	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued in staff bulletin re data usage. Monitoring process with notification to DMT reinstated
8.1.1 (Med)	Managers should ensure that all periods of absence are recorded in the flexi system and under the correct category to ensure all employee balances are accurate.	Reminder will be issued to managers. Process will be established where Advanced Managers run high debt balance reports quarterly and issue to managers for review	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021 Quarterly task set to run reports
8.4.1 (Low)	All managers responsible for authorising overtime claims should ensure that they are aware of the enhanced rates and when they are applicable.	Reminder will be issued to all managers	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021
8.4.2 (Low)	Officers responsible for maintaining overtime records must ensure that these are complete and available on request to support all overtime paid.	Reminder will be issued to all managers	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021
8.4.3 (Low)	HSCP managers must ensure that they hold appropriate records to demonstrate that waivers have been signed by all employees breaching the EWTD. Where no waiver is held the employees should be prevented from working additional hours.	Reminder will be issued to all managers	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021

Appendix 2b: MB1128FM - Carers Legislation

Ref / Risk Rating	Recommendation	Comments	Timescale for completion	Status	Latest Note
4.1.1 (M)	All carers recorded on the CareFirst system or within the Carers Centre's records should be offered an assessment in accordance with the Carers Eligibility Framework.	<p>Carer's rights awareness sessions currently being delivered to HSCP teams highlight the importance that carers eligible for support from services have their own support plan. That this plan and any actions required to achieve the outcomes of the carer are recorded within the Carefirst system independently of the person they care for.</p> <p>An independent review of carers experience using SDS in East Renfrewshire was requested and received in Jan 2021. This will also be used to inform practice going forward.</p> <p>A new process is being built into assessments referred to as the 'Carers Conversation' this will ensure and evidence, on a carer being identified, they are being offered an Adult Carer Support Plan (ASCP). This will be reviewed in 6 months (Sept 2021) to ensure it is working as expected.</p>	31 March 2022 (with a review for September 2021 included)	Open	<p>Carer awareness sessions delivered to 20 HSCP/ ERC Teams</p> <p>SDS Strategic Support group continues with carer representation.</p> <p>A short life working group is currently creating 'Tracker' on Carefirst to capture carers data and evidence carers outcomes including when ACSP is declined.</p>
4.1.2 (M)	A copy of the carers conversation, assessment, support plan, self-directed support details and RAG minutes (where applicable) should be saved to the document hub on CareFirst or be accessible from documents or systems maintained by the Carers Centre	<p>The carers' personal information and support plan is recorded by East Renfrewshire Carers Centre (ERCC) on Charity Log, a specialist charity database software system and in the Carers Scotland Census.</p> <p>ERCC will distribute an annual questionnaire / survey to carers (date tbc taking account of pandemic and recovery) on behalf of HSCP and provide monthly tracker reports for the HSCP on carer activity.</p> <p>Other relevant carers data will be gathered from The Carers Scotland Census completed every six months by ERCC and the HSCP.</p> <p>A clearly defined process has been developed that will ensure and evidence that each time a carer is identified by the HSCP staff the carer relationship is recorded on the Carefirst system, that they have been offered advice, information and support along with an opportunity to have their own support plan. (This process is referred to as the 'Carers Conversation' and will be included in assessments and other relevant forms across HSCP services). This process should start April / May 2021.</p>	31 March 2022 (with a review for September 2021 included)	Open	<p>Carers Scotland Census completed / returned to Scot Gov end of Aug 21.</p> <p>Annual Carers survey currently being built will be distributed by ERCC Oct/Nov 21 on behalf of HSCP.</p> <p>ERCC providing regular tracker reports on carer activity for the HSCP</p> <p>Carers Conversation live in Carefirst forms from July 21. Training issues identified with creating carer relationships on Carefirst by some staff need to be addressed.</p> <p>Short life working group currently reviewing Individual Budget Questionnaire to include Carers Section this will be saved to Document Hub</p> <p>Carers support option added to Service</p>

		REG decisions are recorded in the supporting minutes and will identify carer's assessment outcomes.			Agreements for Self Directed Support budgets Sept 21 on Carefirst System
4.1.3 (M)	The frequency of which carers support plans are reviewed should be documented and evidence of the review and the outcome should be recorded on the CareFirst system or the system and documents maintained by the Carers Centre.	<p>A revised ACSP is being tested by practitioners during April and May 2021 this includes a required review date that will create a review activity on Carefirst system awaiting completion. The ACSP also includes carers outcomes measures that will be recorded in Carefirst and / or Charity Log. The ACSP will be approved for use on completion of testing and any changes required on feedback received</p> <p>The revised ACSP includes a required date for review of plan along with outcome measures. This data will be recorded in Care First and / or Charity Log.</p> <p>Existing ACSPs will be reviewed to ensure a review is offered and if accepted completed with the carer. This review will be completed by September 2021.</p> <p>Where the carer's support has been included within the Outcomes Assessment for the cared for person, further work will be needed as to how we can capture and extract information related specifically to the carer. This is not unique to East Renfrewshire and as these 'joint' assessments are reviewed each carer will be offered an ACSP.</p>	31 March 2022 for existing carers.	Open	<p>Revised ASCP on Carefirst from July 21 includes required review date and outcome measures.</p> <p>Review of existing ACSPs / Carers Assessments still to be progressed Sept / Oct 21</p> <p>Short life working group in process of creating a Carers 'Tracker' on Carefirst this will be linked to Outcomes Assessment and gather required data and evidence carers outcomes when ACSP is declined by carer.</p>
4.1.4 (L)	The group of people who are canvassed for the annual survey should be recorded so it is clear which of these are caring for individuals involved with the service.	Please see 4.1.2 above. The methodology supporting the survey will also be recorded.	31-Mar-22	Open	Annual Carers survey currently being built will include question is the cared-for person receiving HSCP services. The methodology supporting the survey will also be recorded. The survey will be distributed to carers by ERCC Oct/Nov 21 on behalf of HSCP.
4.2.1 (L)	Managers in HSCP should ensure that all staff complete the EPiC learning resource.	<p>Carers Rights Awareness sessions currently being rolled out across HSCP teams include the recommendation that all staff complete the EPiC learning resource. Numbers of staff completing the course will be able to be evidenced and 20 people have already been recorded since January 2021.</p> <p>Consideration being given as whether EPiC should be mandatory and included as part of induction for all HSCP staff. A refresher timetable will also be considered.</p>	30-Sep-21	Open	<p>Carers sessions highlighting EPiC training for staff now delivered to 20 teams. Low uptake still with only 23 staff completing training from Jan to Sept 21</p> <p>Consultation with Learning & Development and Team Managers on how best to improve uptake still to take place</p>

Appendix 2c: MB1121RM - Procurement Red Flags

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (L)	Where possible, there should be separation of duties between those who evaluate tenders and those who are responsible for writing the tender specification.	This is not always reasonably practicable due to level of resource within the department however this risk will be mitigated by the inclusion of relevant service representation for evaluation of each tender.	01/06/2020	Considered Implemented – pending verification by internal audit	As per comments
4.1.2 (L)	In accordance with current corporate procurement guidance, all tender specifications should be checked by another officer and readily available evidence kept that this has been done.	As above	01/06/2020	Considered Implemented – pending verification by internal audit	As per comments
4.4.1 (L)	Evidence should be sought from the successful bidder(s) of their relevant staff qualifications/training stated in their bid. It could be made clear in the tender wording that this will be required of the winning contractor thus incentivising the bid stating those qualifications held by personnel which are only the most relevant.	In any exercise procuring services for social care the tender would contain specific references to the requirement of any bidder meeting the requirements for its staff to be registered with the SSSC and for their services to meet the requirements for registration with the Care Inspectorate. It would be a reasonable undertaking therefore at tender to ask organisations to confirm that they are in a position to commence at award, a service registered with the relevant statutory bodies. The tender would ask bidders to confirm that they are in a position to comply in respect of the category of care being awarded. This could be supplemented by training plans and policies which would provide further suitable information on the ability of the bidder to successfully meet the requirements of the tender.	01/06/2020	Considered Implemented – pending verification by internal audit	As per comments

Appendix 2d: MB1124RM - Data Protection /GDPR

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.3.1 (L)	In accordance with the procedures, a record of screening decisions on whether a DPIA is required should be maintained by all departments.	DPIA screening decision to be incorporated into project mandate documentation. This will be overseen by HSCP Change Programme Manager Issue comms to HSCP detailing when DPIA should be undertaken and a point of contact Create and maintain DPIA log	31-Dec-20	Considered implemented – pending verification by internal audit	Screening decision incorporated into project mandate. Comms issued in staff bulletin DPIA log has been created however this does not include any historic DPIAs
4.3.2 (L)	Departments should keep evidence of Head of Service sign off if DPO advice in relation to a DPIA is not being followed. DPIAs should be built into each Department's project and change processes.	DPIAs will be signed off at HSCP Change Board as part of the change process.	31-Dec-20	Considered implemented – pending verification by internal audit	Change Board was suspended during Covid-19 – Replaced by Recovery and Renewal Programme Board from June '21
4.4.1 (M)	A review of current contracts and sharing agreements should be completed and in the meantime this control measure moved into the proposed risk control measures column in the next review of the strategic risk register.	A review of existing arrangements needs to take place to identify review periods and this will include diarising future reviews.	30-Jun-21	Not Implemented	Work not prioritised during Covid, however commenced compiling contracts for review
4.6.1 (L)	Directors should ensure that all application forms have up to date direct links to a relevant privacy notice rather than a page listing many different council services and leaving the reader to ascertain which one is relevant.	Links have been updated and now take the user straight to HSCP privacy notice	31-Dec-20	Considered implemented – pending verification by internal audit	As per comments
4.8.1 (L)	Departments should monitor that all of their staff are undertaking annual on-line data protection training as a minimum. A prompt to act as a reminder would assist in this regard.	Communication to be issued to all ERC employees reminding them to complete the annual online data protection course	13-Nov-20	Considered implemented – pending verification by internal audit	Training reminder within Core Brief. L&D will include this in reporting to SMT (SMT has been suspended during covid and has yet to restart)

Appendix 2e: MB1044RL – CareFirst Finance

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	Priority needs to be given to ensure that annual review takes place for each client with an authorised service agreement however the Head of Finance and Resources stated that it is not possible to undertake a full annual review on every care package and that this operates on a risk based approach. Details of the risk based approach needs to be documented and approved by the IJB	A risk based approach was agreed a number of years ago. The policy will be revised and taken to the IJB for approval.	31-Mar-19	Open	During 2020 we implemented Scottish Guidance as part of the Coronavirus Act
4.1.2	Operational Managers need to review and prioritise cases to ensure that those most likely to have changed are addressed first. In practice these cases should have been reviewed under routine work.	Will be in line with policy as above.	31-Mar-19	Open	We are currently prioritising care reviews of care home residents as directed by Scottish Government. In 2020/21 512 reviews were undertaken, and 482 in 2019/20
4.2.1	Action is required by operational managers to ensure that varies processed are appropriate to the client and that service agreements reflect clients' needs accurately. Operational managers should prioritise checking of vary reports to approve all varies processed and to take action to update service agreements where appropriate.	This is already in place, however the formal sign off recording will be strengthened. To avoid duplication of effort and issues the sign off will incorporate some of the points below, as we suggested during the audit.	31-Mar-19	Open	As there is no simple export from CareFirst which gives this data, a report was developed which uses Excel to link three different Carefirst reports; varies processed, invoices paid and commitment. This was initially send out in June 2019 and feedback from managers was that it was data intensive and not user friendly. Changes were made to the report and user guidance was drawn up, which was issued in September 2019 alongside the reports for sign-off. Again, managers still felt the process was cumbersome and it is accepted this report needs work to make it more meaningful, this format remained in place in the interim. In March 2020, the decision was taken to not amend individual care packages unnecessarily due to the pandemic response, in line with national guidance many providers moved to being paid on planned hours. During the Covid response phase, these reports were not produced, but with a move to recovery, the aim is to restart reporting. In addition, a significant piece of work is ongoing with migration to the Scotland Excel national framework. This will act as an additional review of the data and we will continue to develop reporting to best meet everyone's needs.

4.2.2	A positive response should be obtained by the Finance Team from each operational manager regarding review and approval of vary reports to ensure that each case is addressed and the manager is confirming an awareness of the differences and any required actions. This could be combined with the quarterly client verification check (which covers existence of client, commitment value and provider) and signed off within budget monitoring to avoid numerous verification checks..	Per 4.2.1	31-Mar-19		June'21: See above
4.3.1	Operational managers should be reminded that service agreements must be authorised as a priority to avoid backlogs in payments to providers.	Reminder issued 23 May 2018. However the planned centralised entry of service agreements will also improve authorisation times.	31-Mar-19	Considered closed - pending verification	Email issued 24.05.2018. This will be superseded by the centralised entry of service agreements once implemented
4.3.2	Social Workers should be instructed that updating the CFF system is essential and that this must-done before the service agreement commences where possible.	See 4.3.1	31-Mar-19	Considered closed - pending verification	Email issued 24.5.18 attached to scorecard outcome
4.4.1	Regular review of provider rates should take place within the commissioning team and appropriate action taken where anomalies are found. Evidence of this review should be held.	Report developed, will inform actions and any compliance issue will be taken to DMT	31-Mar-19	Considered closed - pending verification	Commissioning, CareFirst and Finance meet weekly to discuss any new rate anomalies. Records are maintained by CareFirst.
4.4.2	The report should be presented to DMT in line with procedures to obtain approval of rates not set by commissioning.	See 4.4.1	31-Mar-19	Considered closed - pending verification	Commissioning report to DMT annually when rates are reviewed. HOS approval for individual non-framework rates is now delegated to locality managers per 4.6.1. the Commissioning team also have access to business objects reports to check rates on an ad-hock basis.
4.5.1	A review of the uprating process should take place to address the processing of varies where a rate has been approved to be paid but needs to be updated on a service agreement. Service agreements should be identified and subject to independent review and update prior to processing the next period invoice.	See 4.2.1 and 4.4.1. However the planned centralised entry of service agreements will mitigate.	31-Mar-19	Open	An exercise is currently underway to address all Service Agreements on the system to ensure rates transition to the Scotland Excel Framework correctly. The annual uplift of rates will be an ongoing process and this will includes non-framework rate changes.

4.5.2	Processing staff should be reminded to check the number of hours charged to the service agreement to ensure that varies processed for rate changes do not also cover increased charges for additional hours.	Reminder issued during audit and will be routinely reviewed	31-Mar-19	Considered closed - pending verification	Team were reminded at time of audit. This is also included within the procedures to deal with invoice variations.
4.5.3	Housekeeping checks should be implemented ensuring that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared.	This was deemed low risk, when team is fully staffed will be a routine process	31-Mar-19	Open	Invoice processors now regularly complete a tidy action for their allocated providers, ensuring any un-invoiced periods are promptly raised with the provider. Given the dynamics of care package profiles and actual spend there are a large volume of varies which are often not significant. The updating of Service Agreements for the Scotland Excel framework will remove the need for many of these varies.
4.6.1	Head of service approval must be seen by the carefirst team before they enter a non-framework rate.	Sign off process being refreshed	31-Mar-19	Considered closed - pending verification	This requirement was causing a delay in Service Agreements going onto the system, due to the demands already on HOS. As agreed with the Chief Officer, this has now been delegated to Locality Managers.
4.7.1	The deceased clients with open service agreements report should be reviewed and service updated to: <ul style="list-style-type: none"> • Remove clients whose service agreements were not authorised • Ensure that service agreements effectively ended do not appear • Appropriately end agreements on the system, 	Reminder issued 23 May 2018 and also see 4.2.1	31-Mar-19	Considered closed - pending verification	The deceased clients report was updated in July 2018 to ensure cancelled and ended service agreements do not appear on the report. Incomplete/unauthorised service agreements are still included in the report as these require action; i.e. cancelled or completed and authorised.
4.7.2	Homecare Managers should be instructed of the procedure and the requirement to end the service agreements promptly of clients who have died.	See 4.7.1	31-Mar-19	Considered closed - pending verification	All managers instructed, per email of 24th May 2018. Weekly reports are sent to Intensive Services Manager. Any outstanding service agreements are discussed as part of the routine budget meetings.

Appendix 2f: MB1060EL - Homecare

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.4.1 (Med)	Call up paperwork should be held on file for all clients.		Dec-18	Considered implemented - pending verification by internal audit	Completed Dec 2018 - All paperwork on CareFirst document hub
4.5.1 (Low)	Annual leave record cards should be created and kept up to date for all homecare employees including patch 7 and the re-ablement team.	Records to be reconciled at the commencement of the new leave year	Jan-19	Considered implemented - pending verification by internal audit	Record cards are available for all staff
4.7.1 (Low)	Consideration should be given to developing a means of ensuring that all providers are offered potential new client services and that services are allocated on a fair and equitable basis to those who are able to fulfil the requirements.	We will consider this with our providers as part of the development of new contractual arrangements	Apr-20	Considered implemented - pending verification by internal audit	Brokerage function in place to facilitate

Appendix 2g: MB1077NS - Emergency Payments

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Note
4.1.1 (Med)	Section 12 or 22 monies should not be disbursed unless there is an application form with all sections fully completed and all required signatures obtained	(1) A reminder will be issued to all relevant social workers team leaders and service managers. (2) Existing forms and guidance will be reviewed, agreed and implemented.	28 Feb 2019	Partially Implemented	Email issued 17-07-2019 Monies are only disbursed when the relevant form has been completed and authorised. Forms have been updated to include a reminder that these must be fully completed and signed, or email authorisation appended.
4.3.3 (Low)	Section 12 and 22 monies should not be used to provide income to purchase items available from other sources (e.g. clothing grants).	Existing forms and guidance will be reviewed, agreed and implemented.	31 Mar 2019	Partially Implemented	Email issued 21-06-2019. Forms have been updated to include a reminder that these should not be used where alternative funding sources are available. MART are currently assisting with updates to guidance around benefits prior to forms and guidance being reissued

Appendix 2h: MB1078EL - Self-Directed Support

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Update
4.1.1 (High)	Financial review of all direct payment clients should be undertaken as soon as possible and resource should be targeted to allow this.	Letters were issued to all Direct Payment recipients w/c 28 th Jan 2019 reminding them of financial record-keeping responsibilities and advising that HSCP Finance will be writing to them in March/April 2019, asking for a year-end balance and a random month's receipts. Participated in 3 SDS Forum events to explain record keeping, auditing and monitoring requirements to those in receipt of direct payments.	31 st July 2019	Open	Update from HSCP 14.06.2021 Financial review of DPs took place in late 2019, with correspondence received being worked through until February 2020 due to the extent of the review. 268 of 344 DP accounts were reviewed. Catch-up letters were due to be issued in March of 2020 to non-respondents however this was subsequently postponed due to Covid and a decision was taken then to suspend audits of people's accounts at this time. The next audit is scheduled to begin at the end of June 2021. Focus will be targeted at those who didn't respond previously with any follow up actions being addressed with the relevant social workers as necessary.
4.1.2 (Med)	HSCP management should ensure at least annually that all option 1 clients have provided receipts to support expenditure and that any unspent monies are recovered.	Current requirements are that a year-end balance plus one random full months' worth of receipts are asked for. New procedures are currently being produced, which will ensure recovery of surplus funds in accounts, within agreed parameters. The new role of Finance Support Officers (FSO) will be responsible for monitoring of direct payments, liaising with social workers to ensure appropriate use of funds. All clients will be written to in March/April 2019 as part of the annual review. During 2019/20 we will review our existing contractual requirements.	New procedures by 31 st July 2019 and reviews ongoing thereafter	Open	As above
4.2.1 (Med)	A review of the process for direct payments should take place with a view to ensuring that the process is easier to control, monitor and recover monies if necessary. This should take place as a priority.	The process will be re-written to ensure FSOs are all aware of procedures. The spreadsheet log has been altered already to separately identify ended Service Agreements where action is needed with regards to a potential recovery of funds.	July 31 st 2019	Considered closed - pending verification from internal audit	No further update. Consider closed.

4.2.2 (Med)	As soon as an alternative method of payment is implemented, relying solely on a spreadsheet database as a means of monitoring and controlling payment should cease.	Alternative methods of payment will be investigated, including using CareFirst and payment cards.	31 st March 2020		No further update. Process unlikely to change until new care system in place. Consider closed for now.
4.3.1 (Med)	Detailed and structured guidance should be produced to assist staff in assessing the appropriate use of direct payment option 1 monies. Where specific circumstances occur and more creative use of DP funding is being considered, there should be a process for recording and authorising this.	Work has already begun around writing new guidance in conjunction with the locality managers. Once approved by DMT, this will be issued to all staff and separate guidance will be made available to clients.	31 st July 2019	Considered closed - pending verification from internal audit	All documentation relating to individual budgets and Direct Payments was produced and trained out to staff in summer of 2019. All documentation is also available on the intranet. The care plan should be used to record outcomes and a DP can be used creatively to meet those outcomes.
4.4.1 (Med)	Training across all teams should be provided for operational staff in how to complete DP agreements generally and how to support clients receiving a direct payment, specifically those under option 1.	All documentation is currently being revised in line with the work on Individual Budgets. Thereafter training will be provided to relevant staff. Regular refresher training will be provided as required. We will continue to work with the SDS Forum to ensure any issues they become aware of can be addressed.	31 st July 2019 thereafter ongoing	Considered closed - pending verification from internal audit	As above
4.5.1 (Med)	A review of the policy adopted regarding the rate payable to option 1 clients should take place to ensure that: - clients are not placed in financial detriment for choosing option 1 with agency support - a fair and equitable payment policy is adopted for all clients regardless of the option chosen.	Work on implementing Individual Budgets for clients is nearing completion, which will ensure equity across all options. In the interim a review can be requested if clients feel they don't have enough money to pay for the care they are assessed as needing. A reminder of this was sent to staff in Sept 2018 and was forwarded to Internal Audit in November 2018. All care packages will be reviewed to bring them under the new individual budget process, which will commence once the Individual Budget Process is implemented.	31 st July 2019 and ongoing thereafter	Considered closed - pending verification from internal audit	14.06.21 update from HSCP. The equivalence rate is the same across all options. Once an indicative budget is known, a plan is costed up within those parameters using the actual rate, if known.
4.6.1 (Low)	The SPAEN checklist should be used by care managers to ensure that all appropriate measures are in place for clients employing a personal assistant and that the client fully understands their obligations as an employer such as having relevant insurances in place.	Information on the responsibilities of becoming an employer, or where to find further information, will be incorporated into the new guidance currently being written. SPAEN membership is not compulsory and other forums and networks are available to people.	31 st July 2019	Considered closed - pending verification from internal audit	14.06.2021 New DP guidance now in place.
4.6.2 (Low)	Clarification should be provided as to how £152 per annum which the HSCP has agreed to fund will be paid i.e. as a separate	This should be costed as part of someone's individual budget going forward.	31 st July 2019	Considered closed - pending	14.06.2021 Costed as part of budget. HSCP will pay annually if needed, however often slack in budget means it's not necessary for a separate payment.

	payment or within the overall SDS package.	Currently, this is paid in year one. A separate payment may not be necessary depending on the balance of funds in a client's bank account, but if an additional payment is needed and authorised in subsequent years this will be provided. This should be picked up at the operational annual review. It needs to be recognised that there are alternatives to SPEAN and this will be identified within the review of documentation.		verification from internal audit	
4.7.1 (Med)	A process should be implemented to allow formal recorded recovery action to be taken to ensure that amounts overpaid are recovered from ongoing payments or repaid directly to the HSCP.	A report has been developed to identify all direct payment care packages that have ended. This report is reviewed monthly to ensure any payment made after an end date (for example due to the timing of notification of the change) will be recovered, linked to the closing statement for the account.	31 st July 2019	Considered closed - pending verification from internal audit	No further update – consider closed

Appendix 2i: MB1087FM - Follow up of HSCP Audits

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
5.2.1 (Low)	Officers must ensure that clients with outstanding debt are not allowed to book places on forthcoming Play Schemes until all outstanding invoices have been settled in full.	New policy and procedures were fully implemented for the spring programme. Clients with outstanding debts have made payment arrangements via debtor section.	Complete 01.04.19	Not implemented - internal audit will re-recommend	The HSCP previously considered this implemented however clients with outstanding debt were allowed to book onto playscheme - the Covid pandemic was exceptional and children attending were prioritised based on a multi-agency assessment of need. We will consider whether amendments need to be made to policy and procedure
6.1.1 (Low)	The inventory records should be reviewed and updated to include the serial number of each item.	The inventories will be reviewed and annotated as required. 6 months moving forward	Initial review completed by 30 th June 2019 and on going	Open	Completed for resource centres. Business Managers will review and update processes for inventories moving forward.
6.1.2 (Low)	All items of inventory being disposed of must be supported by an authorised inventory deletion form.	Staff reminded that the inventory deletion form should be completed in every case	30 th June 2019	Open	Further email sent to staff again on 11/6/2021. Business Managers will review and update processes for inventory deletion.
7.1.1 (Low)	The printers with serial numbers QLC13102 and JWF82425 should be removed from the St Andrews House inventory list.	The printers are recorded on the central inventory of printers held by IT and no longer itemised on the SAH inventory.	Complete - 2.5.19	Considered implemented – pending verification by internal audit	
7.1.2 (Low)	The relevant paperwork should be completed and signed in respect of all disposals.	Staff reminded of this requirement	Complete - 2.5.19	Considered implemented – pending verification by internal audit	
7.1.3 (Low)	All disposals during the financial year should be recorded in the “disposed” column on the inventory spreadsheet.	Staff reminded of this requirement	Complete - 2.5.19	Considered implemented – pending verification by internal audit	

7.2.1 (Low)	Records on the flexi system should be reviewed and updated to ensure that employees are correctly assigned to the location where they work.	A review will be undertaken and records amended as required	30 th June 2019	Considered implemented – pending verification by internal audit	Staff locations have been reviewed on flexi system
7.3.1 (Low)	An update should be provided to audit when the details on the bank statements have been successfully changed.	Manager has again contacted bank to ask that this bank account be closed down. all future correspondence will be directed to Kirkton Service address	Complete - 28 th May 2019	Considered implemented – pending verification by internal audit	
7.5.1 (Low)	Evidence that procedures covering payment of discretionary monies to carers are available and have been distributed to all relevant staff in order that they are aware of typical examples of where discretionary payments may be made and improve consistency between cases should be provided to Audit.	The kinship care guidance has been amended to reflect guidance in a likely circumstance. This has been distributed to all relevant staff		Considered implemented – pending verification by internal audit	Kinship care guidance shared with internal audit

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Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	22 September 2021
Agenda Item	8
Title	Review of Integration Joint Board Financial Regulations and Reserves Policy
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on the Integration Joint Board Financial Regulations and Reserves Policy</p>	
Presented by	Ian McLean, Accountancy Manager (Depute Chief Financial Officer)
<p>Action Required</p> <p>The Performance and Audit committee is asked to:</p> <ul style="list-style-type: none"> ▪ Note the Integration Joint Board Financial Regulations ▪ Note the Integration Joint Board Reserves Policy 	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

22 September 2021

Report by Chief Financial Officer

**REVIEW OF INTEGRATION JOINT BOARD
FINANCIAL REGULATIONS AND RESERVES POLICY**

PURPOSE OF REPORT

1. The purpose of this report is to provide the Performance and Audit Committee with the Integration Joint Board Financial Regulations and Reserves Policy for consideration and comment.

RECOMMENDATION

2. The Performance and Audit committee is asked to:
 - Note the Integration Joint Board Financial Regulations
 - Note the Integration Joint Board Reserves Policy

BACKGROUND

3. The financial regulations were first approved by the Performance and Audit Committee in December 2015. The reserves policy was approved in March 2016.
4. The financial regulations and reserves policy are part of the governance arrangements to support the Integration Joint Board.
5. The financial regulations set out the financial governance regulations under which the Integration Joint Board will operate and identify the roles and responsibilities of the IJB, the Chief Officer and the Chief Financial Officer.
6. The Reserves Policy provides the detail to support the governance in respect of reserves.

REPORT

7. Both policies support the financial governance of the IJB and are referred to as and when required to support financial governance. Prior to March 2020 should legislation and/or operational changes prompt the need for any specific change then this would have be addressed specifically at that time.
8. Both policies were formally reviewed in March 2020 and given the increased focus on reserves in particular it was agreed that annual reviews would take place.
9. There are no changes proposed to either policy following review. The legislation and guidance in place during the pandemic response does not require inclusion. However, it is recognised that the financial regulations mirror to some degree elements of the integration scheme so should there be any change following the eventual consultation period then a further review will be undertaken.

10. Whilst the reserves policy is unchanged it is worth noting the policy has supported our reserves strategy; which has served us well over a significant and continued period of change.
11. The optimum/maximum level of general reserve we should hold, per our policy, is 2% of our budget, however from the outset and recognising the ongoing financial challenge to the IJB we recognise that:
 1. This would take time to build
 2. There is a tension between holding free reserves with and not protecting spend on front line services and the IJB have taken clear decision on this in prior years.
12. For context 2% of our current revenue budget, excluding set aside and Family Health Services, is £2.1 million. Our current general reserve is just under £0.3 million.
13. It would be possible to ask the IJB to un-hypothecate certain earmarked reserves should we need to and Performance & Audit Committee members will recall this was discussed in March 2021 when the IJB agreed the budget for 2021/22. We also discussed our reserves position in some detail in September 2020 when Audit Scotland presented their Annual Audit Report.
14. The committee should also note that it would not be possible to un-hypothecate the ring-fenced reserves specific to Scottish Government funding initiatives such as Covid support, Primary Care Improvement and Mental Health Action 15.

CONCLUSIONS

15. The Financial Regulations and Reserves Policy support the financial governance framework that the Integration Joint Board will operate within.

RECOMMENDATIONS

16. The Performance and Audit committee is asked to:
 - Note the Integration Joint Board Financial Regulations
 - Note the Integration Joint Board Reserves Policy

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Lesley.Bairden@eastrenfrewshire.gov.uk ; 0141 451 0749

11 September 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC – 18.03.2020: Item 07: Review of IJB Financial Regulations and Reserves Policy

PAC – 16.03.2016: Item 08. Reserves Policy

https://www.eastrenfrewshire.gov.uk/media/5628/Performance-and-Audit-Committee-Item-8-16-March-2016/pdf/Performance_and_Audit_Commtee_Item_8_-_16_March_2016.pdf?m=637660934903730000

PAC - 18.12.2015: Integration Joint Board Financial Regulations

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=15890&p=0>

East Renfrewshire Integration Joint Board

Financial Regulations

(Version 2.1)

Document Title:	Financial Regulations		
Owner:	Chief Financial Officer	Current Status	Final - V2.1
Date first approved:	18-12-2015	Date of last Review	March 2020
Approved by:	Performance & Audit Committee	Date of next Review	Sep 2022
Revision History:			
Version:	Date Effective:	Author & Changes	
1.0	2015	Lesley Bairden, Chief Financial Officer	
2.0	Mar 2020	Lesley Bairden, Chief Financial Officer, Full Review	
2.1	Sep 2021	Lesley Bairden, Chief Financial Officer – Annual Review (no changes)	

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East Renfrewshire Integration Joint Board positively promotes the principles of sound corporate governance within all areas of the Integration Joint Board's affairs. These Financial Regulations are an essential component of the corporate governance of the Health & Social Care Partnership Integration Joint Board.

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1. What the Regulations Cover

- 1.1 The Integration Joint Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the Integration Joint Board.
- 1.2 These financial regulations should be read in conjunction with the Standing Financial Instructions of NHS Greater Glasgow and Clyde and the Financial Regulations of East Renfrewshire Council.
- 1.3 The Regulations set out the respective responsibilities of the Chief Officer and the Chief Financial Officer of the Integration Joint Board.
- 1.4 It will be the duty of the Chief Officer assisted by the Chief Financial Officer to ensure that these Regulations are made known to the appropriate persons within the Integration Joint Board and to ensure that they are adhered to.
- 1.5 If it is believed that anyone has broken, or may break, these Regulations, this must be reported immediately to the Chief Financial Officer, who may then discuss the matter with the Chief Officer, NHS Greater Glasgow and Clyde Chief Executive, East Renfrewshire Council Chief Executive or another nominated or authorised person as appropriate to decide what action to take.
- 1.6 These Regulations will be the subject of regular review by the Health & Social Care Partnership Integration Joint Board Chief Financial Officer in consultation with the NHS Greater Glasgow and Clyde Director of Finance and the Council's Section 95 Officer, and where necessary, subsequent adjustments will be submitted to the Integration Joint Board Performance & Audit Committee for approval.

2. Financial Management and Performance

- 2.1 The Integration Scheme sets out the detail of the integration arrangement agreed between NHS Greater Glasgow and Clyde and East Renfrewshire Council. In relation to financial management it specifies:
- The financial management arrangements including treatment of budget variances;
 - Reporting arrangements between the Integration Joint Board, NHS Greater Glasgow and Clyde and East Renfrewshire Council;
 - The method for determining the resources to be made available by NHS Greater Glasgow and Clyde and East Renfrewshire Council;
 - The functions which are delegated to the IJB by NHS Greater Glasgow and Clyde and East Renfrewshire Council.

Responsibility of the Chief Officer

- 2.2 The Chief Officer is the accountable officer of the Integration Joint Board in all matters except finance. The Chief Officer will discharge their duties in respect of the delegated resources by:
- Ensuring that the Strategic Plan meets the requirement for economy, efficiency and effectiveness;
 - Giving directions to NHS Greater Glasgow and Clyde and East Renfrewshire Council that are designed to ensure resources are spent in accordance with the plan; it is the responsibility of the Chief Officer to ensure that the provisions of the directions enable them to discharge their responsibilities in this respect within available resources.
- 2.3 The Chief Officer will also hold an operational role in NHS Greater Glasgow and Clyde and East Renfrewshire Council for the management of the operational delivery of services as directed by the Integration Joint Board. In this operational role the Chief Officer has no “accountable officer” status but is:
- Accountable to the Chief Executive of NHS Greater Glasgow and Clyde for financial management of the operational budget; and
 - Accountable to the Section 95 Officer of East Renfrewshire Council for financial management of the operational budget; and
 - Accountable to the Chief Executive of NHS Greater Glasgow and Clyde and the Chief Executive of East Renfrewshire Council for the operational performance of the services managed by the Chief Officer.

Responsibility of the Chief Finance Officer

- 2.4 The Integration Joint Board will appoint an officer responsible for its financial administration. The Chief Officer may be appointed to this role if the Integration Joint Board deems it appropriate. If in such circumstances the Chief Officer does not have a recognised professional accounting qualification arrangements must be put in place to provide the post holder and the Integration Joint Board with financial advice from a qualified person.
- 2.5 The Chief Financial Officer will discharge his/her duties in respect of the delegated resources by:
- Establishing financial governance systems for the proper use of the delegated resources; and,
 - Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board’s resources.

Responsibility of the NHS Board Accountable Officer / NHS Board Director of Finance/Council Section 95 Officer

- 2.6 The NHS Board Accountable Officer and the Council’s Section 95 Officer discharge their responsibility, as it relates to the resources that are delegated to the Integration Joint Board, by setting out in the Integration Scheme the purpose for which resources are used and the systems and monitoring arrangements for financial performance management. It is their responsibility to ensure that the provisions of the Integration Scheme enable them to discharge their responsibilities in this respect.
- 2.7 The NHS Board Director of Finance and the Section 95 Officer of East Renfrewshire Council will provide specific advice and professional support to the Chief Officer and Chief Financial Officer to support the production of the Strategic Plan and also to ensure that adequate systems of internal control are established by the Integration Joint Board.

3 Financial Planning

Strategic Plan and Integrated Budget

- 3.1 The Integration Joint Board is responsible for the production of a Strategic Plan which sets out the services for their population over the medium term (3 years). The resources within scope of the Strategic Plan are:
- The payment made to the Integration Joint Board by East Renfrewshire Council for delegated social care services;
 - The payment from NHS Greater Glasgow and Clyde to the Integration Joint Board for delegated primary and community healthcare services and for those delegated hospital services managed by the Chief Officer.
 - The amount set aside by NHS Greater Glasgow and Clyde for delegated services provided in large hospitals for the population of the Integration Joint Board.
- 3.2 NHS Greater Glasgow and Clyde and East Renfrewshire Council will provide indicative three year rolling funding allocations to the Integration Joint Board to support the Strategic Plan and medium term planning process. Such indicative allocations will remain subject to annual approval by both organisations.
- 3.3 The Chief Officer and the Chief Financial Officer will develop a business case for the integrated budget based on the Strategic Plan and present it to NHS Greater Glasgow and Clyde and East Renfrewshire Council for consideration and agreement as part of each organisation's annual budget setting process. The business case should be evidence based with full transparency on its assumptions and take account of:
- **Activity Changes.** The impact on resources in respect of increased demand e.g. demographic pressures and increased prevalence of long term conditions, and for other planned activity changes;
 - **Cost Inflation.** Pay and supplies cost increases;
 - **Efficiencies.** All savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Integration Joint Board, East Renfrewshire Council and NHS Greater Glasgow and Clyde as part of the annual rolling financial planning process to ensure transparency;
 - **Performance on outcomes.** The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by East Renfrewshire Council and NHS Greater Glasgow and Clyde;
 - **Legal requirements.** Legislation may entail expenditure commitments that should be taken into account in adjusting the payment;
 - **Transfers to/from the notional budget for hospital services** set out in the Strategic Plan;

- **Adjustments to address equity.** East Renfrewshire Council and NHS Greater Glasgow and Clyde may choose to adjust contributions to smooth the variation in weighted capita resource allocations across partnerships; information to support this will be provided nationally by Information Services Division.

3.4 The Strategic Plan will determine the budgets allocated to each operational partner for operational service delivery in line with the Plan. The Integration Joint Board will publish its Strategic Plan as soon as practicable after finalisation of the plan.

Limits on Expenditure

- 3.5 No expenditure will be incurred by the Integration Joint Board unless it has been included within the approved Integration budget and Strategic plan except:
- i. Where additional funding has been approved by NHS Greater Glasgow and Clyde and/or East Renfrewshire Council and the integrated budget/strategic plan has been updated appropriately;
 - ii. Where a supplementary budget has been approved by the Integration Joint Board;
 - iii. In emergency situations in terms of any scheme of delegation;
 - iv. As provided in paragraph 3.5 below (Virement).

Virement

- 3.6 Virement is defined by CIPFA as “the transfer of an underspend on one budget head to finance additional spending on another budget head in accordance with the Financial Regulations”. In effect virement is the transfer of budget from one main budget heading (employee costs, supplies and services etc) to another, or a transfer of budget from one service to another. Where resources are transferred between the two operational arms of the Integrated Budget this will require in-year balancing adjustments to the allocations from the Integration Joint Board to East Renfrewshire Council and NHS Greater Glasgow and Clyde i.e. a reduction in the allocation to the body with the underspend and a corresponding increase in the allocation to the body with the overspend.
- 3.7 Virements require approval and they will be permitted subject to any Scheme of Delegation of the Integration Joint Board as follows:
- i. Virement must not create additional overall budget liability. One off savings or additional income should not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year.
 - ii. The Chief Officer will not be permitted to vire between the Integrated Budget and those budgets that are managed by the Chief Officer, but are outwith the scope of

the Strategic Plan, unless agreed by East Renfrewshire Council and NHS Greater Glasgow and Clyde.

- iii. Any virement over £50,000 requires the approval of the Integrated Joint Board.

Budgetary Control

- 3.8 It is the responsibility of the Chief Officer and Chief Financial Officer to report regularly and timeously on all budgetary control measures, comparing projected outturn with the approved financial plan, to the Integration Joint Board and other bodies as designated by NHS Greater Glasgow and Clyde and East Renfrewshire Council.
- The NHS Greater Glasgow and Clyde Director of Finance and the Section 95 officer of East Renfrewshire Council will, along with the Integration Joint Board Chief Financial Officer put in place a system of budgetary control which will provide the Chief Officer with management accounting information for both arms of the operational budget and for the Integration Joint Board in aggregate.
- 3.9 It is the responsibility of the Integration Joint Board Chief Financial Officer, in consultation with the NHS Greater Glasgow and Clyde and the Section 95 Officer of East Renfrewshire Council, to agree a consistent basis and timetable for the preparation and reporting of management accounting information.
- 3.10 The Integration Scheme specifies how in year over/under spends will be treated. Where it appears that any heading of income or expenditure may vary significantly from the Financial Plan, it will be the duty of the Chief Officer and the Chief Finance Officer, in conjunction with the NHS Board Director of Finance and the Section 95 Officer of the Council, to report in accordance with the appropriate method established for that purpose by the Integration Joint Board, NHS Greater Glasgow and Clyde and East Renfrewshire Council, the details of the variance and any remedial action required. All actual or forecast variances over £50,000 will be reported to the Integrated Joint Board in financial monitoring reports.

Reports to Integration Joint Board

- 3.11 All reports to the Integration Joint Board and sub-committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Integration Joint Board Chief Financial Officer prior to lodging of reports.

4 Legality of Expenditure

- 4.1 It will be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Strategic Financial Plan unless it is within the power of the Integration Joint board. In cases of doubt the Chief Officer should consult the respective legal advisers of NHS Greater Glasgow & Clyde and East Renfrewshire Council before incurring expenditure. The legality of expenditure on new service developments, initial contributions to other organisations and responses to emergency situations which require expenditure must be clarified prior to being incurred.

5 Reviewing the Financial Regulations

- 5.1 The Integration Joint Board Performance & Audit Committee will consider and approve any alterations to these Financial Regulations. The Integration Joint Board may also withdraw these financial regulations. If so, this will come into force from the first working day after the end of the Integration Joint Board meeting at which the change or withdrawal was approved.

6 Reserves

- 6.1 Legislation, under Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the Integration Joint Board to hold reserves which should be accounted for in the financial accounts and records of the Integration Joint Board. The Integration Joint Board will develop a reserves policy and a reserves strategy which will include the level of reserves required and their purpose. This will be agreed as part of the annual budget setting process and will be reflected in the Strategic Plan agreed by the Integration Joint Board.

7 VAT

- 7.1 HMRC has confirmed that there is no requirement to have a separate VAT registration for the Integration Joint Board as it will not be delivering any services within the scope of VAT. This situation should be kept under review by the Chief Financial Officer should the operational activities of the Integration Joint Board change and a need to register be established. HMRC guidance will apply to Scotland which will allow a VAT neutral outcome.

8 Procurement/Commissioning of Services

- 8.1 Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 provides that the Health and Social Care Partnership Integration Joint Board may enter into a contract with any other person in relation to the provision of goods and services to the Integration Joint Board for the purpose of carrying out the functions conferred in it by the Act.
- 8.2 As a result of specific VAT and accounting issues associated with the Integration Joint Board contracting directly for the provision of goods and services the Chief Officer is required to consult with the NHS Board Director of Finance, the Section 95 Officer of the Council and the Chief Financial Officer prior to any direct procurement exercise being undertaken.

9 Financial Reporting

Accounting Procedures and Records

- 9.1 All accounting procedures and records of the Integration Joint Board will be as specified in applicable legislation and regulations. Financial Statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under Section 105 of the Local Government (Scotland) Act 1973, Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.
- 9.2 The financial statements must be completed to meet the audit and publication timetable specified under the relevant legislation. It is the primary responsibility of the Chief Financial Officer to meet these targets and of the Chief Officer to provide any relevant information to ensure that NHS Greater Glasgow and Clyde and East Renfrewshire Council meet their respective statutory audit and publication requirements for their individual and group financial statements.
- 9.3 The Integration Joint Board Chief Financial Officer will agree the financial statements timetable with the external auditors of the Integration Joint Board, NHS Greater Glasgow and Clyde and East Renfrewshire Council.

10 Internal Audit

Responsibility for Internal Audit

- 10.1 It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the Integration Joint Board and nominating a Chief Internal Auditor.
- 10.2 The operational delivery of internal audit services within NHS Greater Glasgow and Clyde and East Renfrewshire Council will be covered by their respective internal audit arrangements as at present.
- 10.3 A Chief Internal Auditor will be appointed to act as the Integration Joint Board Chief Internal Auditor in addition to their role as Chief Internal Auditor of their respective authority.
- 10.4 The Internal Audit Service will undertake their work in compliance with the Public Sector Internal Audit Standards.
- 10.5 On or before the start of each financial year the Integration Joint Board Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the Integration Joint Board for approval. The internal audit plan will consider:
 - The Strategic Plan and planning process;
 - The financial plan underpinning the Strategic Plan; and
 - Relevant issues raised from the partner Health Board and Local Authority.
- 10.6 It is recommended that the internal audit plan is shared with the relevant committees of the NHS Greater Glasgow and Clyde and East Renfrewshire Council.
- 10.7 The Integration Joint Board Chief Internal Auditor will report to the Integration Joint Board on the annual audit plan, delivery of the plan and recommendations and will provide an annual internal audit report including the audit opinion.
- 10.8 The Integration Joint Board annual internal audit report will be shared with the Audit Committees of NHS Greater Glasgow & Clyde and East Renfrewshire Council.
- 10.9 Internal audit reports carried out as part of the Integrated Joint Board internal audit plan will be submitted to the Chief Officer and the Integrated Joint Board Performance & Audit Committee for scrutiny.
- 10.10 Relevant internal audit activity carried out by partners will also be submitted to the Integration Joint Board Performance & Audit Committee for information and note. This

activity will be agreed with partner auditors, the Chief Officer and / or Chief Executives of NHS Greater Glasgow & Clyde and East Renfrewshire Council.

11 External Audit

- 11.1 The Accounts Commission will appoint the Auditors to the Integration Joint Board. This is specified under Section 13 of the legislation.
- 11.2 The Integration Joint Board should make appropriate and proportionate arrangements for consideration of external audit reports including those relating to the annual financial statements to ensure that they are compliant with relevant statutory provisions and Accounting Codes of Practice.
- 11.3 Reports on external audit activity will be submitted to the Chief Officer and the Performance & Audit Committee for scrutiny.

12 Audit Committee

- 12.1 The Integration Joint Board will put in place an Audit Committee to ensure that an effective assurance process is in place that assesses the objectives, risks and performance of the Partnership. This will include consideration of any reports from auditors.
- 12.2 It will be the responsibility of the Integration Joint Board to agree the membership having regard to the agreed remit, skills and good practice for a the audit committee. It is anticipated that members of the Integration Joint Board will serve in this capacity.

13 Risk Management and Insurance

Responsibility for Insurance and Risk

- 13.1 The Integration Joint Board will make appropriate insurance arrangements for all activities of the Integration Joint Board in accordance with the risk management strategy.
- 13.2 The Chief Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the Integration Joint Board for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of Members of the Integration Joint Board acting in a decision making capacity.
- 13.3 The NHS Greater Glasgow & Clyde Director of Finance and the Section 95 Officer of East Renfrewshire Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

Risk Strategy and Risk Register

- 13.4 The Chief Officer will be responsible for establishing the Integration Joint Board risk strategy and profile and developing the risk reporting arrangements; this will include arrangements for a risk register. The Risk Management strategy will be approved by the Integration Joint Board Performance & Audit Committee.
- 13.5 NHS Greater Glasgow & Clyde and East Renfrewshire Council will continue to identify and manage within their own risk management arrangements any risks they have retained under the integration arrangements. The partners will continue to report risk management to the existing committees including the impact of the integration arrangements.

Notification of Insurance Claims

- 13.6 The Chief Officer and the Chief Financial Officer will put in place appropriate procedures for the notification and handling of any insurance claims made against the Integration Joint Board.

14 Economy, Efficiency and Effectiveness (Best Value)

- 14.1 The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the Integration Joint Board. This will apply in respect of:
- the resources delegated to the Integration Joint Board by NHS Greater Glasgow & Clyde and East Renfrewshire Council; and
 - the resources paid to NHS Greater Glasgow and Clyde and East Renfrewshire Council by the Integration Joint Board for use as directed and set out in the Strategic Plan.
- 14.2 The Integration Joint Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services. There will be a process of strategic planning which will have full board member involvement, in order to establish the systematic identification of priorities and realisation of Best Value in the delivery of services.
- 14.3 It will be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value and to co-ordinate policy in regard to ensuring that the Integration Joint Board provides Best Value.
- 14.4 The Chief Officer will be responsible for ensuring implementation of the strategic planning process. Best Value should cover the areas of human resource and physical resource management, commissioning of services, financial management and policy, performance and service delivery process reviews.

East Renfrewshire Integration Joint Board

Reserves Policy

(Version 2.1)

Document Title:	Reserves Policy		
Owner:	Chief Financial Officer	Current Status	Final – V2.1
Date first approved:	30.03.2016	Date of last Review	Mar 2020
Approved by:	Integration Joint Board	Date of next Review	Sep 2022
Revision History:			
Version:	Date Effective:	Author & Changes	
1.0	April 2016	Lesley Bairden, Chief Financial Officer	
2.0	Mar 2020	Lesley Bairden, Chief Financial Officer - Full Review (no changes)	
2.1	Sep 2021	Lesley Bairden, Chief Financial Officer – Annual Review (no changes)	

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East Renfrewshire Integration Joint Board positively promotes the principles of sound corporate governance within all areas of the Integration Joint Board’s affairs. This Reserves Policy is a component of the Financial Regulations which are an essential component of the corporate governance of the Health & Social Care Partnership Integration Joint Board.

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1. Background

- 1.1 To assist local authorities (and similar bodies) in developing a framework for reserves, CIPFA have issued guidance in the form of the *Local Authority Accounting Panel (LAAP) Bulletin 55 – Guidance Note on Local Authority Reserves and Balances*. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves. As the East Renfrewshire Integration Joint Board has the same legal status as a local authority, i.e. a section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes by the Office of National Statistics (ONS), it is able to hold reserves which should be accounted for in the financial accounts and records of the Integration Joint Board.
- 1.2 The purpose of a reserve policy is to:
- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
 - identify the principles to be employed by the Integration Joint Board in assessing the adequacy of the Integration Joint Board's reserves;
 - indicate how frequently the adequacy of the Integration Joint Board's balances and reserves will be reviewed; and
 - set out arrangements relating to the creation, amendment and use of reserves and balances.
- 1.3 In common with local authorities, the Integration Joint Board can have reserves within a usable category.

2. Statutory/Regulatory Framework for Reserves

Usable Reserves

- 2.1 Local Government bodies, which includes the Integration Joint Board for these purposes, may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

<i>Usable Reserve</i>	<i>Powers</i>
General Fund	Local Government Scotland Act 1973

2.2 For each reserve there should be a clear protocol setting out:

- the reason / purpose of the reserve;
- how and when the reserve can be used;
- procedures for the reserves management and control; and
- the review timescale to ensure continuing relevance and adequacy.

3. Operation of Reserves

3.1 Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the Integration Joint Board cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
 - future use of funds for a specific purpose, as agreed by the Integration Joint Board; or
 - commitments made under delegated authority by Chief Officer, which cannot be accrued at specific times (e.g. year end) due to not being in receipt of the service or goods;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the Integration Joint Board.

4. Role of the Chief Financial Officer

- 4.1 The Chief Financial Officer is responsible for advising on the targeted optimum levels of reserves the Integration Joint Board would aim to hold (the prudential target). The Integration Joint Board, based on this advice, should then approve the appropriate reserve strategy as part of the budget process.

5. Adequacy of Reserves

- 5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Financial Officer must take account of the strategic, operational and financial risks facing the Integration Joint Board over the medium term and the Integration Joint Board's overall approach to risk management.
- 5.2 In determining the prudential target, the Chief Financial Officer should consider the Integration Joint Board's Strategic Plan, the medium term financial outlook and the overall financial environment. Guidance also recommends that the Chief Financial Officer reviews any earmarked reserves as part of the annual budget process and development of the Strategic Plan.
- 5.3 In light of the size and scale of the Integration Joint Board's responsibilities, over the medium term it is proposed that a prudent level of general reserves will represent approximately 2% of net expenditure. This value of reserves must be reviewed annually as part of the Integration Joint Board Budget and Strategic Plan; and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

6. Reporting Framework

- 6.1 The Chief Financial Officer has a fiduciary duty to ensure proper stewardship of public funds.
- 6.2 The level and utilisation of reserves will be formally approved by the Integration Joint Board based on the advice of the Chief Financial Officer. To enable the Integration Joint Board to reach a decision, the Chief Financial Officer should clearly state the factors that influenced this advice.

6.3 As part of the budget report the Chief Financial Officer should state:

- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
- the adequacy of general reserves in light of the Integration Joint Board's Strategic Plan, the medium term financial outlook and the overall financial environment;
- an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
- if the reserves held are under the prudential target, that the Integration Joint Board should be considering actions to meet the target through their budget process.

7. Accounting and Disclosure

7.1 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	22 September 2021
Agenda Item	9
Title	IJB Strategic Risk Register
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
Presented by	Mairi-Clare Armstrong, Governance and Systems Manager
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****22 September June 2021****Report by Chief Financial Officer****IJB STRATEGIC RISK REGISTER UPDATE****PURPOSE OF REPORT**

1. This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

BACKGROUND

3. In accordance with the agreed monitoring policy this report provides the Performance and Audit Committee with an update on the strategic risk register.
4. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risk to make it a useful working document.
5. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

Risk levels considering Likelihood and Severity

Likelihood	Score								
Certain	4	Low (Green)		Medium (Yellow)		High (Red)		High (Red)	
Likely / probable	3	Low (Green)		Medium (Yellow)		Medium (Yellow)		High (Red)	
Possible/could happen	2	Low (Green)		Low (Green)		Medium (Yellow)		Medium (Yellow)	
Unlikely	1	Low (Green)		Low (Green)		Low (Green)		Low (Green)	
Impact		Minor	1	Significant	2	Serious	3	Major	4

6. In normal circumstances the policy states the tolerance for risk is as follows:

Risk Score	Overall rating
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

REPORT

7. The Strategic Risk Register is a 'live' document; the latest version is attached at Appendix 1.
8. The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place on 23 June 2021.
9. There have been no major changes since the last update in November in that:-
- There has been no change to risk scores
 - No new risks have been added
 - No risks have been removed
10. However, there have been changes to the risk description of five risks:
- *Financial Sustainability* has been updated to reflect the complexity and instability of funding sources and that it is more likely that we will see longer term implications as a result of the pandemic; the Covid landscape remains unclear. Regular monitoring and planning combined with our reserves strategy allows us to maximise funding streams and mitigate this risk as best as possible.
 - *Failure of a Provider* has been updated to include specific reference to the staffing, and recruitment and retention difficulties which our providers are experiencing as a result of the pandemic, with commissioned care at home providers taking less packages. The Scotland Excel framework, which commenced in July, should increase provider base and help to minimise this.
 - *In-house Care at Home* has been updated, removing the reference to potential enforcement action now that we have met all care inspectorate requirements and our recent inspection by the Care Inspectorate graded the service as 'good'. Despite this, there has been no change to the score due to current pressure on the service as a result of increased community and hospital referrals, combined with the reduction of available service provision from the external market. Like our partners we are also experiencing staffing difficulties. Our fast track recruitment campaign is ongoing and the response has been positive. From the interviews held so far 9 appointments have been made and there are a further 71 interviews scheduled. Unfortunately were unable to appoint a Senior Homecare Manager during the last interviews however the post has been re-advertised and roles realigned internally in order to provide the required support to the service in the meantime. Our Occupational Therapists and Pharmacy Technician are undertaking reviews which identify where any supports can be reduced or medication visits minimised.
 - *Covid and Recovery* has been updated to include specific reference to the impact the pandemic is having on our delayed discharges. In addition to the mitigation described above in relation to care at home we are using intermediate care beds to allow discharge from hospital for those awaiting a care at home service. We are using both beds in Bonnyton House and those we have commissioned within the Barrhead locality.

- *Failures within IT system* has been updated now that we are seeing an improvement in availability of laptops from NHS Greater Glasgow and Clyde. Orders are being processed and equipment is being allocated.
11. In addition to the changes described above, the risk control measures in place have been updated to include any proposed mitigation which has been completed since last reported. Proposed implementation dates have also been reviewed and updated where necessary.

Post Mitigation - Red and Significant Risks Exception Report

12. Risks which score between 11-16 and rated as High/Red/Unacceptable and those which the Health and Social Care Partnership Management Team considers significant, following mitigation, should be brought to attention of the Performance and Audit Committee by an 'exception report'.

Scottish Child Abuse Inquiry

13. Key learning from the Section 21 notice has been shared and no further mitigations have been identified due to the historic nature of this risk

Financial Sustainability

14. Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economic climate and the uncertainty around Covid-19 and Brexit implications.
15. Brexit working groups and national events have recommenced and we continue to monitor developments.
16. There remains risk that the HSCP could become unsustainable due to one of the following causes:
- Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget
 - Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies and savings
 - Implications from hosted services
 - Prescribing volatility

Failure of a Provider

17. Although '*Failure of a Provider*' is scored at 9 'medium' after mitigation is taken into account, this is still considered a significant risk given the current pressures being faced by providers and the potential impact on service delivery.

RECOMMENDATIONS

18. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register and audit action plan.

REPORT AUTHOR AND PERSON TO CONTACT

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0141 451 0746

September 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: November 2020: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/4339/Performance-and-Audit-Committee-item-8-25-November-2020/pdf/Performance_and_Audit_Committee_item_8_-_25_November_2020.pdf?m=637413112993830000

PAC Paper: September 2020: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/3488/Performance-and-Audit-Committee-Item-11-23-September-2020/pdf/Performance_and_Audit_Committee_Item_11_-_23_September_2020.pdf?m=637360286481870000

IJB Paper: August 2020: IJB Strategic Risk Register Annual Update

https://www.eastrenfrewshire.gov.uk/media/1786/Integration-Joint-Board-Item-11-12-August-2020/pdf/Integration_Joint_Board_Item_11_-_12_August_2020.pdf?m=637323284404970000

IJB Paper: January 2020: IJB Risk Management Policy and Strategy

https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 09.09.2021

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner
					Risk Score 11-16 5-10 1-4	Overall rating HIGH MEDIUM LOW	Likelihood (probability) L			Impact (Severity) I	Risk Score (LxI) Lxl	Likelihood (probability) L	
n/a	1	S	Death or significant harm to vulnerable individual										
			<p>Risk of death or significant harm to a service user/ patient as a result of HSCP actions.</p> <p>Consequences could include: - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage.</p>	<p>Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.</p> <p>Updated professional supervision policy adopted for social work and social care staff.</p> <p>Review of rising demands and pressure points across adult services.</p> <p>Rolling programme for refresher training and quality assurance for Council Officers and frontline managers and registered services following launch of ASP procedures 1 November.</p> <p>Completed self-evaluation and audit of Practice Development.</p>	3	4	12	<p>Quality assurance of Adult Service Improvement Plans</p> <p>Develop new schedule for performance reporting for adult services.</p> <p>Prepare for forthcoming ASP inspections.</p> <p>Implement new risk management framework</p> <p>MHC&T Act procedure to be developed and implemented following mental health review</p>	<p>31.12.2021</p> <p>Ongoing (review Dec 21)</p> <p>31.10.2021</p> <p>31.03.2022</p> <p>30.09.2021</p>	2	4	8	<p>Head of Adult Health and Social Care Localities / Head of Recovery and Intensive Services / Chief Social Work Officer</p>

				<p>Increased frequency of APC. Improved reporting schedule from sub-committees.</p> <p>New ASP Team commenced January 2021.</p> <p>Senior Management rota for chairing ASP implemented</p> <p>Professional supervision policy in place to provide professional leadership.</p> <p>Adult service improvement plans implemented</p> <p>New ASP & LSI procedures finalised and go live 1st July 21</p> <p>ASP Quality Assurance framework implemented</p>										
4.4	2	S	Scottish Child Abuse Inquiry											
			<p>Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care.</p> <p>Capacity to meet the demands of the S21 notice and the possibly increased demand of access to records and potential claims against the Council as Inquiry work progresses.</p>	<p>Adult Protection Committee and Child Protection Committee have been sighted on these issues.</p> <p>Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. The Inquiry have noted that they may come back for further information. Key learning from S21 work shared with managers</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.</p>	4	3	12				4	3	12	Chief Social Work Officer

4.1	3	S	Child Protection, Adult protection and Multi-Agency Public Protection Arrangements										
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPA) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues.</p> <p>"Safe Together" model implemented.</p> <p>Data report and outcome report for children's services completed (COPP - May 2020).</p> <p>Rolling programme for all front line managers provided with refresher training concerning statutory compliance.</p> <p>Partnership working is at an advanced stage with Police Scotland, NHS, Scottish Prison Service and other statutory partners.</p> <p>Increased communication and intelligence sharing with other statutory bodies implemented during Covid-19.</p> <p>Job descriptions for statutory criminal justice social work posts in East Renfrewshire have been amended and candidates are required to be eligible to achieve NPPV (Non Police Personal Vetting) level 2 vetting status. Engagement taken place with workers not yet vetted to NPPV status.</p> <p>Quarterly external audit of MAPPA cases in place.</p> <p>Multi Agency Risk Assessment Conference (MARAC) fully operational (05.03.19).</p>	2	4	8	<p>Develop new schedule for performance reporting for adult services.</p> <p>Introduce rolling review of PVGs on 3 yearly basis. Consistent with Care Inspectorate regulations.</p> <p>Strengthen reporting arrangements around SSSC registrations.</p>	<p>Ongoing (review Dec 21)</p> <p>31/12/2021</p> <p>31/12/2021</p>	1	4	4	Chief Social Work Officer

			<p>PVG (Protecting Vulnerable Groups) scheme in place.</p> <p>Service Manager ASP has responsibility for chairing Case Conferences and leading on self-evaluation and audit activity.</p> <p>Risk assessment integral part of the assessment process.</p> <p>Process in place for annual review of quality assurance framework for ASP activity</p> <p>Interim APC Chair in place.</p> <p>Training delivered to managers within adult services on supervision policy, quality assurance framework, management oversight.</p> <p>Council officer and managers forums established.</p> <p>New Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.</p>									
4	C	Financial Sustainability										
		<p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget.</p> <p>2) Unable to influence future funding to recognise demographic and other</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress.</p> <p>Budget seminars are held with IJB Members.</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in the budget setting process with each of our</p>	3	4	12	<p>Conclude review of hosted service arrangements (indicative date).</p> <p>Plan for the 2022/23 budget and beyond.</p> <p>Continue to develop the tri-partite financial planning discussions with partners.</p>	<p>31/03/2022</p> <p>31/03/2022</p> <p>Ongoing (review 31/03/2022)</p>	3	4	12	<p>Chief Financial Officer</p>

		<p>pressures, or realise future efficiencies & savings.</p> <p>3) Implications of cessation of prescribing risk share and changes from hosted services funding structure.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food.</p> <p>5) Financial risks relating to Covid-19 There is a significant financial implication to the IJB if the costs of the response to the crisis are not fully funded. There are likely to be longer term implications with associated financial impact. The post Covid landscape is unclear</p> <p>6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding.</p>	<p>partners and tri-partite discussions take place with Partner engagement included in Strategic Improvement Action Plan. Medium Term Financial Plan latest revision June 21</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including prescribing and hosted services.</p> <p>The use of earmarked reserves allows us to deal with prescribing volatility in any one year.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGCC.</p> <p>Planning for and monitoring of Brexit implications at both national and local levels.</p> <p>Covid-19 cost monitoring takes place monthly and informs our revenue reporting as well as reporting to the Scottish Government through NHSGCC.</p> <p>Regular monitoring and planning combined with our reserves strategy allows us to maximise funding streams.</p>				<p>Detailed financial planning and monitoring on COVID 19 is in place and costs are considered by the Scottish Government as part of the NHSGCC response.</p>	<p>Ongoing (review 31/03/2022)</p>			
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5.2	5	C	<p>Failure of a Provider</p> <p>Risk of failure of a key care provider, including care home, care at home and other care providers due to financial instability, staff recruitment and retention difficulties or significant care concerns.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> - disruption to service delivery - requirement to implement contingency plans - impact on individuals and families with potential disruption to care arrangements 	<p>We work with the Care Inspectorate to ensure robust action plans for improvement are in place.</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market.</p> <p>Scotland Excel framework commenced July and should increase provider base to mitigate risk</p> <p>Consideration of balance of market share across external market providers.</p> <p>Company Credit Health Checks undertaken.</p> <p>Actions from independent learning review complete – reporting procedure in place and monthly meetings established</p> <p>We work with providers at risk to agree phased and managed approach to closure if required.</p> <p>We are working with providers to ensure market sustainability and explore the service models moving forward.</p> <p>Care Home assurance group established May 2020 (meets twice weekly).</p> <p>Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support</p> <p>Two community hubs established to provide range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support</p>	4	3	12	<p>Reshape strategic commissioning plan based on outcome of the work exploring models of service delivery. Annual progress will inform our longer term approach.</p>	31/03/2022	3	3	9	CFO
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6	S	Access to Primary Care										
		<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>Inability to recruit/cover posts resulting in poor access for local residents.</p>	<p>Primary Care Improvement Plan agreed by IJB.</p> <p>Local practices are supported to manage list size by encouraging patients from out with the practice's contracted catchment area to register with a GP more local to them.</p> <p>Work with practices to maximise premises capacity to enable them to extend primary care team.</p> <p>Back scanning completed for practices to ensure all East Renfrewshire practices notes are scanned to free up space.</p>	3	3	9	<p>Work with planning department to consider impact and mitigation for new housing developments.</p> <p>Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Signpost new residents to Practices registering patients for postcode area.</p> <p>Scoping ways to increase capacity for PCIP staff at existing sites, and exploring potential other sites</p> <p>Exploring revenue funded solutions around GP space in Newton Mearns and Neilston</p>	<p>Ongoing (review Mar 22)</p> <p>Ongoing (review Mar 22)</p> <p>Ongoing (review Mar 22)</p> <p>Ongoing (review Mar 22)</p> <p>Ongoing (review Mar 22)</p>	3	2	6	Clinical Director
5.1	7	S	Increase in frail older population									
		<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Scottish Government providing additional resources for Health and Social Care with emphasis on managing demographic pressures.</p> <p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>Conclude redesign work focusing on rehabilitation</p> <p>Agile working for HSCP employees improved efficiency.</p> <p>Partnership with various professional agencies and community/public to support hospital admission avoidance and safe hospital discharge for older people.</p>	4	4	16	<p>Develop frailty pathways as part of wider UCC work</p> <p>Reopen and further rollout of Talking Points as part of Community Led Support programme diverting people to community resources and building own assets.</p> <p>Reviewing front door arrangements to ensure fit for purpose in terms of recovery</p> <p>Unscheduled Care Action Group to take forward agreed unscheduled care commissioning programme of activity - Financial Framework to be agreed.</p>	<p>31.03.2022</p> <p>Ongoing (review Mar 22)</p> <p>30.09.2021</p> <p>30.09.2021</p> <p>Ongoing (review Mar 22)</p>	4	2	8	Chief Officer HSCP

			Annual budget setting takes account of demographic projections. Talking Points (commenced May 19).				Continued Council funding for demographic cost pressures.					
8	C	Workforce Planning and Change										
		Lack of appropriately skilled workforce due to combination of loss of experience from retirement of ageing workforce and changes to registration and job requirements leads to a reduction in service levels and inability to deliver redesigns in line with Strategic Plan requirements. Use of temporary contracts as mitigation for financial uncertainty impacts on ability to recruit and retain staff.	All intensive services staff made permanent (late 2019). Workforce planning group restarted HSCP management team actively review of all request to recruit and the number of temporary contracts have been minimised. Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency). Recovery and Renewal Programme established (Jun'21)	3	4	12	Publication of Interim Workforce Plan for 2021/22 (following review of Scottish Government feedback by Workforce Planning Group). Include provider representation in workforce planning group and actions Develop workforce information to include data on staff with long term health conditions to better understand the impact of covid-19 on service delivery. Continue providing personalised supports to workforce in relation to trauma experienced during covid-19.	30/11/2021 31/03/2022 Ongoing (review Mar 22) Ongoing (review Mar 22)	2	4	8	Chief Officer HSCP
2.2	10	C	Increase in children & adults with additional support needs									
		Increase in the number of children and adults with additional support requirements leading to a rise in demand on services.	Advanced Practitioner post to improve practice across adult and children services in preparing young people with additional support needs for adulthood. Analysis of demographic changes and increased financial forecasting. Education Resource Group manage specialist resources and admission to specialist provision. Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist. Concluded work to review transitions and new strategy developed	4	3	12	Implement new Transitions Strategy Council continues to contribute to funding to demographic cost pressures.	31.03.2022 Ongoing (review Mar 22)	4	2	8	Chief Officer HSCP

5.3	11	C	In-House Care at Home Service										
			<p>Significant pressures and lack of service capacity (vacancies and absence) impacts on service delivery and quality standards Impact on service users and carers</p>	<p>Increased resource to support robust absence management.</p> <p>Fortnightly updates being provided to Care Inspectorate</p> <p>Single base agreed for Care at Home</p> <p>Embedded full time Pharmacy resource within the service (Jul-20).</p> <p>Increased level of quality assurance in place.</p> <p>Significant recruitment campaign underway</p> <p>Increased OT resource to maximise outcomes and reduce supports required</p> <p>Progressing payment of carried over annual leave to increase staff availability</p>	3	4	12	<p>Roll out medication management training to remaining staff (75% completed)</p> <p>Re-mobilise the service redesign activity.</p> <p>Appoint Senior Manager – currently out to advert</p> <p>Conclude work to realign staff work patters in order to maximise resource</p>	<p>31/03/2022</p> <p>Ongoing (review Mar 22)</p> <p>31/10/2021</p>	2	3	6	Chief Officer HSCP
		C	Failures within IT System										
			<p>Critical information not been received due to failures in IT system</p> <p>Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.</p>	<p>Specific email addresses can be added to whitelist if required.</p> <p>Emails can be manually released.</p> <p>Analysis completed of referral source and destination mapping, to ensure information can be shared with ICT mailboxes and specific senders / emails prioritised, should an issue arise.</p> <p>Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway solution) concluded 14.4.20 with changes to rules that should reduce some of the technical complexity with regards to email blocking.</p>	3	2	6	<p>Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure.</p>	TBC	2	2	4	IT Business Partner
		C	COVID19 & RECOVERY										

		<p>The significant impact of the pandemic on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.</p>	<p>Business Continuity and Operational Recovery Plans are in place.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC & NHSGGC) response and recovery.</p> <p>Regular testing regime in place for care home and health and social care staff</p> <p>Majority of staff fully vaccinated</p> <p>Resilience Management Team continues to meet regularly</p> <p>Use of intermediate care beds to allow discharge from hospital for those awaiting care at home service.</p> <p>Agile working capability for majority of staff.</p> <p>Interim ASP Team established and core group of staff identified to oversee CP and MAPPA statutory functions.</p> <p>Risk assessment and shielding pathways and procedures in place to identify and support our most vulnerable people.</p> <p>Increased awareness raising/ campaigns for vulnerable groups.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including supporting Care Homes.</p> <p>Revised Initial Contact Team procedures to alleviate pressures at 'front door' with further review underway</p>	4	3	12	<p>Scoping of accommodation and resource requirements and reintroduction of services</p> <p>Regular sit rep reporting identifies changes in response and recovery and identifies escalations.</p> <p>Regular recovery meeting to review progress.</p> <p>SMT focus on recovery.</p>	<p>Ongoing (review Dec 21)</p> <p>Ongoing (review Dec 21)</p> <p>Ongoing (review Sep 21)</p> <p>Ongoing (review Sep 21)</p>	3	3	9	
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			<p>Redeployment of staff to support critical functions.</p> <p>Infection control procedures and arrangements for PPE in place.</p> <p>Monthly Covid-19 cost monitoring informs our revenue reporting as well as reporting to the Scottish Government through NHSGGC.</p> <p>All operating procedures and accommodation for Community Assessment Centre (currently closed) but clinical space being maintained.</p>									
		S	ANALOGUE TO DIGITAL SWITCHOVER									
			<p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p>	<p>Programme board established and programme team currently being recruited to take forward the transition to analogue to digital.</p> <p>HSCP representation on programme board.</p> <p>Analogue to digital implementation plan.</p>	3	3	9	<p>Programme board to ensure a functional central system capable of handling digital technology is implemented in suitable timeframe.</p> <p>There is a Capital Project with our partner East Renfrewshire Council to manage replacement of analogue devices and peripherals within people's houses.</p>	31/03/2022	2	3	6

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