



Date: 19 June 2023  
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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 **Monday 26 June 2023 at 9.00 am.**

**Please note this is a virtual meeting.**

The agenda of business is attached.

Yours faithfully

COUNCILLOR KATIE PRAGNELL  
Chair

**For information on how to access the virtual meeting please email [colin.sweeney@eastrenfrewshire.gov.uk](mailto:colin.sweeney@eastrenfrewshire.gov.uk)**

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
PERFORMANCE & AUDIT COMMITTEE  
MONDAY 26 JUNE 2023 AT 9.00 am**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**AGENDA**

- 1 Apologies for absence.**
- 2 Declaration of Interests.**
- 3 Minute of meeting of 29 March 2023 (copy attached, pages 5 - 10).**
- 4 Matters Arising (copy attached, pages 11 - 14).**
- 5 Rolling Action Log (copy attached, pages 15 - 18).**
- 6 Ernst & Young – Understanding How Performance and Audit Gains Assurance from Management (copy attached, pages 19 - 26).**
- 7 Unaudited Annual Reports and Accounts (copy attached, pages 27 - 102).**
- 8 Audit Scotland Report: Financial Analysis (copy attached, pages 103 - 128).**
- 9 Annual Performance Report (copy attached, pages 129 - 224).**
- 10 Specialist Learning Disability Inpatient Service Performance Report – 2022/23 (copy attached, pages 225 - 236).**
- 11 Audit Update (copy attached, pages 237 - 276).**
- 12 IJB Strategic Risk Register (copy attached, pages 277 - 294).**
- 13 CIPFA Financial Management Code (copy attached, pages 295 - 314).**
- 14 Date of Next Meeting – Tuesday 26 September 2023.**

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**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
Performance and Audit Committee  
held at 9.00am on 29 March 2023**

**PRESENT**

Councillor Katie Pragnell, East Renfrewshire Council (Chair)

|                              |                                     |
|------------------------------|-------------------------------------|
| Lynsey Allan                 | Scottish Care                       |
| Councillor Caroline Bamforth | East Renfrewshire Council           |
| Jacqueline Forbes            | NHS Greater Glasgow and Clyde Board |
| Councillor David Macdonald   | East Renfrewshire Council           |
| Anne-Marie Monaghan          | NHS Greater Glasgow and Clyde Board |

**IN ATTENDANCE**

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

**ALSO ATTENDING**

Rob Jones and Grace Scanlin Ernst and Young

**APOLOGIES**

Anne Marie Kennedy Non-voting IJB member

**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 23 November 2022.

**MATTERS ARISING**

3. The committee noted that there were no matters arising from the previous meeting.

**ROLLING ACTION LOG**

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

Commenting on the report, the Head of Finance and Resources (Chief Financial Officer) remarked on Action 58, remarking that work was ongoing and a decision had not been taken on it yet; Action 56, where the report had been revised, and if the committee was satisfied the action would be closed; and Action 31 which remained with Police Scotland for discussion, and in respect of which an update on progress had been requested.

The committee noted the report.

**ERNST AND YOUNG ANNUAL AUDIT PLAN 2022-23**

5. The committee took up consideration of the 2022-23 Audit Plan prepared by Ernst and Young, the Board's newly appointed external auditors.

The plan set out the proposed audit approach for the audit of the financial year for the year ending 31 March 2023 and outlined the steps that the new auditors had taken in preparing the plan.

Rob Jones, Ernst and Young, remarked on the change of style from previous reports, particularly around background and contextual information, and the materiality assessment. He assured the Committee that these differences had no material effect on the procedures and guidelines followed in producing the plan.

Responding to questions, Mr Jones gave further details on the position of Ernst and Young as the Council's external auditor, the methodology used around the four dimensions of wider scope and materiality, and confirmed that Ernst and Young had sight of the Audit Scotland pilot test best value review, and this would be used in assisting their work in future.

The committee noted the Ernst and Young 2022-23 Annual Audit Plan.

**PERFORMANCE UPDATE 2022-23 – QUARTER 3**

6. The committee considered a report by the Chief Officer providing an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where Q3 (October-December) data was available for strategic performance indicators this was included.

It was noted that work with the committee to improve the format and content of performance reports was ongoing. An example 'exception' reporting format had been developed and would be finalised in line with recommendations from the working group ahead of end-year reporting in summer 2023. It was intended to move to a format whereby performance reports would begin with a series of exception reports focusing on a core set of key performance indicators; followed by a full report on progress against key performance indicators. Details of the matters to be considered in the exception reports were summarised.

It was further noted that for all indicators the aim was to show clear visualisation of performance trends against targets with charts. As reporting arrangements developed further,

it was planned to incorporate future performance projections against forward targets to show intended trajectories in charts.

Reference was also made to the ongoing challenges in relation to performance reporting associated with the Council's change in performance management IT system.

Thereafter it was explained that the report included data for quarter 3 and any updated mid-year data for indicators from the Strategic Plan that had not previously been reported to the committee, and provided an explanation of the manner in which the information was presented.

The report also set out performance highlights together with listing areas that remained challenging.

The Policy, Planning and Performance Manager was then heard further on the report following which full discussion took place, referring particularly to the issue of delayed hospital discharges and initiatives aimed at promoting breastfeeding in East Renfrewshire. There was also a request for the possibility of including CAMHS average waiting times in future performance reports.

There followed a brief discussion on the implementation of the pERform system, with a request being made for the situation around the system to be investigated further.

The committee:

- (a) noted the report;
- (b) agreed that the possibility of including CAMHS average waiting times in the commentary in future performance reports be investigated; and
- (c) requested that the Chief Officer have discussions with Council directors on the delays associated with full implementation of the pERform system.

## **STRATEGIC COMMISSIONING PLAN UPDATE**

7. Under reference to the Minute of the previous meeting (Item 9 refers) when the committee had noted a report by the Chief Officer providing an overview of the current arrangements in place to commission health and care services with external partners, the committee considered a report by the Chief Officer regarding the both the current and future arrangements for the commissioning of health and care services with external partners.

Having referred to the long standing commitment to partnership working in East Renfrewshire, the report explained that the draft Strategic Commissioning Plan, a copy of which accompanied the report, would reinforce the commitment to creating the environment for a diverse, thriving and sustainable market which was focused on meeting needs and achieving outcomes.

Comment was made on the collaborative work that had taken place over the preceding 12 months with external partners to develop a shared collaborative commissioning statement. This statement represented the current position in the ongoing conversation with people who use services, partner providers who deliver services, carers, and other stakeholders who form part of East Renfrewshire Health and Social Care Partnership. It was explained that the aim was to create opportunities to work together to shape the local health and social care environment to ensure that together the aims of the HSCP Strategic Plan 2022-2025 could be progressed, and the changing needs and aspirations of the people of East Renfrewshire responded to appropriately.

**NOT YET ENDORSED AS A CORRECT RECORD**

The links between the Medium-Term Financial Plan and the Strategic Commissioning Plan were noted, it being explained that the Strategic Commissioning Plan would set out the financial and operational context of the Health and Social Care Partnership and recognised the financial pressures the IJB was facing and the statutory requirement to both set a balanced budget and to operate within the financial envelope available.

It was explained that the Plan would initially be for a two year period covering the term 2023/25. This would allow for alignment to the three year Strategic Plan and Medium Term Financial Plan. Furthermore it was noted that the final version of the Strategic Commissioning Plan would be presented to the Integration Joint Board in June and thereafter would be updated annually to reflect the future direction, the demographic demand and pressures, financial context and role of the third and independent sectors as delivery partners.

Thereafter, there was discussion around the use of off-framework commissioning and the arrangements surrounding that. Further, there was a request from Ms Forbes to be provided further detail around demographic changes predicted, particularly around the increase of males over 75.

It was confirmed that a summary version of the document was being produced for ease of reference.

Discussions also took place around care home provision and the Head of Finance and Resources (Chief Financial Officer) explained that a short-life working group had been established to look into issues around the planning issues with care home provision being increased.

The committee:-

- (a) noted the early proposals for a Strategic Commissioning Plan on the current and future arrangements in place to commission health and care services with external partners; and
- (b) noted that following the period of engagement a final draft Strategic Commissioning Plan would be presented to the Integration Joint Board meeting in June 2023.

**AUDIT UPDATE**

8. Under reference to the Minute of the previous meeting (Item 10 refers), the committee considered a report by the Chief Officer providing an update on new audit activity relating to the IJB and HSCP since last reported to the committee in November 2022, and summarising all open audit recommendations. Accompanying the report were a series of appendices. These contained information regarding audit activity relating to the IJB and HSCP; and information on recommendations from previous audits. Summary information in relation to the appendices was contained in the report

Thereafter, discussion took place around the verification of audits and whether the expected timeframe for the provision of those verifications should form part of the report.

The committee noted the report.

**IJB STRATEGIC RISK REGISTER UPDATE**

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



Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 23 November 2022 and explained that since then no new risks had been added; no existing risks had been removed; 2 risk scores had changed with 1 remaining amber and 1 being reduced from red to amber, and 1 remaining red post-mitigation.

The committee noted the report.

### **CHANGE IN MEETING TIMES**

**10.** The committee considered a report by the Chief Officer seeking approval to change the times of the meetings of the committee on 28 June and 27 September from 9am to 11.30am. This was to synchronise with the meetings of the IJB taking place on those days, the timing of which had been changed to 1pm

Following discussion around the proposed timing of meetings due to clashes with other IJB meetings taking place, the committee agreed that the Democratic Services Manager would liaise with HSCP officers on a suitable date and time for the June and September meetings.

### **DATE OF NEXT MEETING**

**11.** It was reported that the date and time of the next meeting of the committee would be confirmed to members following the discussions referred to in the previous item.

CHAIR

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| <b>Meeting of East Renfrewshire Health and Social Care Partnership</b>   | Performance and Audit Committee  |
| <b>Held on</b>   | 26 June 2023   |
| <b>Agenda Item</b>   | 4  |
| <b>Title</b>   | Matters Arising  |
| <p><b>Summary</b></p> <p>The purpose of this paper is to update members of the Performance and Audit Committee on progress regarding matters arising from the discussion which took place at the meeting of 29 March 2023.</p> |  |
| <b>Presented by</b>  | Lesley Bairden,<br>Head of Finance and Resources (Chief Financial Officer) |
| <p><b>Action Required</b></p> <p>Performance and Audit Committee members are asked to note the contents of the report.</p>   |  |

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**26 June 2023**

**Report by Chief Financial Officer**

**MATTERS ARISING**

**PURPOSE OF REPORT**

1. To update the Performance and Audit Committee on progress regarding matters arising from the discussion that took place at the meeting of 29 March 2023.

**RECOMMENDATION**

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

**REPORT**

**Strategic Commissioning Plan**

3. The draft strategic commissioning plan which was shared at the March Performance and Audit Committee is still under consultation.
4. The original consultation period was extended to include
  - online questionnaire
  - 3 engagement events for partner providers between 30<sup>th</sup> May – 2<sup>nd</sup> June
  - HSCP staff bulletin and session with Senior Managers and Service Managers across the HSCP on 13<sup>th</sup> June 2023
5. The final proposed plan, reflecting feedback from the consultation, will be brought to the August meeting of the Integration Joint Board.

**RECOMMENDATIONS**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

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

[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

IJB Chief Officer: Julie Murray

14 June 2023

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| <b>Meeting of East Renfrewshire Health and Social Care Partnership</b>   | Performance and Audit Committee  |
| <b>Held on</b>   | 26 June 2023   |
| <b>Agenda Item</b>   | 5  |
| <b>Title</b>   | Rolling Action Log   |
| <b>Summary</b>   |  |
| The attached rolling action log details all actions, including those which have been completed since the meeting on 29 March 2023. |  |
| <b>Presented by</b>  | Lesley Bairden, Head of Finance and Resources<br>(Chief Financial Officer) |
| <b>Action Required</b>   |  |
| Performance and Audit Committee members are asked to note progress.  |  |

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**ACTION LOG: Performance and Audit Committee (PAC)**

June 2023

| No | Meeting Date | Agenda Item  | Action  | Responsible Officer                                       | Status | Date Due / Closed | Progress / Outcome   |
|----|--------------|--|---|---|--------|-------------------|--|
| 67 | 29.03.2023   | Performance Update – Quarter 3                                       | Provide Councillor Bamforth with further information on the work being undertaken on breastfeeding initiatives  | Policy, Planning and Performance Manager                  | CLOSED | Jun-23            | Information provided   |
| 66 | 29.03.2023   | Performance Update – Quarter 3                                       | Look at the possibility of including CAMHS average waiting times in the commentary in future performance reports.   | Policy, Planning and Performance Manager                  | CLOSED | Jun-23            | This is included in the ongoing work with PAC members to develop exception reporting.  |
| 65 | 29.03.2023   | Performance Update – Quarter 3                                       | Have discussions with council directors on the delays associated with full implementation of the pERform system.  | Chief Officer   | CLOSED | Jun-23            | Chief Officer raised with colleagues   |
| 64 | 29.03.2023   | Strategic Commissioning Plan Update                                  | The committee noted early proposals for a Strategic Commissioning Plan. Make arrangements for the final draft of the Plan to be submitted to the Board in June. | Strategic Planning, Performance and Commissioning Manager | OPEN   | Aug-23            | The Strategic Commissioning Plan will be presented to IJB in August. Update included in Matters Arising (PAC, June 23) as timescale extended for further consultation. |
| 63 | 29.03.2023   | Strategic Commissioning Plan Update                                  | Provide further information to Jacqueline Forbes on projected changes in population demographics, particularly around males over 75.                            | Policy, Planning and Performance Manager                  | CLOSED | Jun-23            | Information provided   |
| 62 | 29.03.2023   | Audit Update   | Liaise on the possibility of including a target date for audit verifications in future reports.   | Chief Financial Officer                                   | CLOSED | Jun-23            | Follow-up of HSCP specific audits to determine whether recommendations have been fully implemented will likely take place in March 2024.                               |
| 61 | 29.03.2023   | Meeting Calendar   | Democratic Services Manager to liaise with HSCP officers on a suitable date and time for the June and September meetings  | Democratic Services Manager                               | CLOSED | Mar-23            |  |
| 58 | 23.11.2022   | Audit Scotland Annual Audit Report & ISA 580                         | Report back to a future meeting on the outcome of the request to postpone the review of Integration Schemes   | Chief Officer   | OPEN   | tbc               | No update as June 2023 - discussion remains ongoing  |
| 31 | 24.11.2021   | Internal Audit Annual Report 2020-21 and Internal Audit Plan 2021-22 | Bring details of the matter under investigation by Police Scotland to the committee at an appropriate time.   | Chief Financial Officer                                   | OPEN   | Jun-22            | No update as at June 2023  |

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| <b>Meeting of East Renfrewshire Health and Social Care Partnership</b>   | Performance and Audit Committee   |
| <b>Held on</b>   | 26 June 2022  |
| <b>Agenda Item</b>   | 6   |
| <b>Title</b>   | Draft Response to EY Letter   |
| <p><b>Summary</b></p> <p>As part of their audit process Ernst &amp; Young have issued a letter to the Chair of the Performance &amp; Audit Committee: "Understanding how the Performance and Audit Committee gains assurance from management". The letter is included as Appendix 1.</p> <p>A draft response has been prepared by the Chair of the Performance &amp; Audit Committee and the Head of Finance &amp; Resources (Chief Financial Officer). The draft response is included as Appendix 2.</p> <p>Members of this committee are asked to review the proposed response and provide and feedback or comment prior to submission of the response, which is due by 31<sup>st</sup> July 2023.</p> |   |
| <b>Presented by</b>  | Lesley Bairden, Head of Finance and Resources (Chief Financial Officer) |
| <p><b>Action Required</b></p> <p>The Performance and Audit Committee is requested to review the proposed response and provide and feedback or comment prior to submission of the response, which is due by 31<sup>st</sup> July 2023</p>   |   |

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Councillor Katie Pragnell  
Performance and Audit Committee Chair  
East Renfrewshire IJB  
Rouken Glen Rd  
Glasgow  
G46 6UG

15 May 2023

Email: RJones9@uk.ey.com

Dear Katie,

## **Understanding how the Performance and Audit Committee gains assurance from management**

Auditing standards require us to formally document our understanding of your arrangements for oversight of management processes and arrangements annually. Therefore, I am writing to ask that you please provide a response to the following questions.

1) How does the Performance and Audit Committee, as 'those charged with governance' at East Renfrewshire IJB, exercise oversight of management's processes in relation to:

- undertaking an assessment of the risk that the financial statements may be materially misstated due to fraud or error (including the nature, extent and frequency of these assessments);
- identifying and responding to risks of fraud in East Renfrewshire IJB, including any specific risks of fraud which management have identified or that have been brought to its attention, or classes of transactions, account balances, or disclosure for which a risk of fraud is likely to exist;
- communicating to employees its view on business practice and ethical behavior (for example by updating, communicating and monitoring against the East Renfrewshire IJB code of conduct);
- encouraging employees to report their concerns about fraud; and
- communicating to you the processes for identifying and responding to fraud or error?

2) How does the Performance and Audit Committee oversee management processes for identifying and responding to the risk of fraud and possible breaches of internal control?

3) Is the Committee aware of any:

- breaches of, or deficiencies in, internal control; and
- actual, suspected or alleged frauds during 2022/23?

4) Is the Committee aware any organisational or management pressure to meet financial or operating targets?

5) How does the Performance and Audit Committee gain assurance that all relevant laws and regulations have been complied with? Are you aware of any instances of non-compliance during 2022/23?

6) Is the Performance and Audit Committee aware of any actual or potential litigation or claims that would affect the financial statements?

7) How does the Performance and Audit Committee satisfy itself that it is appropriate to adopt the going concern basis in preparing the financial statements?

8) What does the Performance and Audit Committee consider to be the related parties that are significant to East Renfrewshire IJB and what is its understanding of the relationships and transactions with those related parties?

9) Does the Performance and Audit Committee have concerns regarding relationships or transactions with related parties and, if so, what is the substance of those concerns?

Thank you for your assistance. We should be grateful if you could provide a response to this letter by 31 July 2023.

If you have any queries in respect of this letter, please contact Grace Scanlin (Senior Manager) at [Grace.Scanlin@uk.ey.com](mailto:Grace.Scanlin@uk.ey.com).

Yours sincerely

Rob Jones  
Partner  
For and on behalf of Ernst & Young LLP

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| 1) How does the Performance and Audit Committee, as ‘those charged with governance’ at East Renfrewshire IJB, exercise oversight of management's processes in relation to:   |   |
| <ul style="list-style-type: none"> <li>undertaking an assessment of the risk that the financial statements may be materially misstated due to fraud or error (including the nature, extent and frequency of these assessments)</li> </ul>  | <p>The IJB relies on the processes and controls implemented by our partner organisations with regards to fraud and the HSCP adheres to partner policies. The IJB itself does not have a bank account - all transactions are operated through our partner's systems. As the IJB is a Section 106 body the balance sheet is held within our partner ERC ledger and account. However as assurance management considers the fraud risk with specific reference to the HSCP transactions and the associated IJB accounts. In support of this, the Performance &amp; Audit Committee (PAC) receives update reports on internal audit work carried out in both partner organisations. The risk of material error is considered in the production of the accounts, through controls in place and through review by both internal and external auditors.</p> |
| <ul style="list-style-type: none"> <li>identifying and responding to risks of fraud in East Renfrewshire IJB, including any specific risks of fraud which management have identified or that have been brought to its attention, or classes of transactions, account balances, or disclosure for which a risk of fraud is likely to exist</li> </ul> | <p>Risks are identified and responded to by HSCP management. Internal audit work will include fraud risk and make recommendations for improving controls where appropriated and this may result from planned work or by request from HSCP management. Recommendations are then implemented by management and reported to PAC.</p>   |
| <ul style="list-style-type: none"> <li>communicating to employees its view on business practice and ethical behaviour (for example by updating, communicating and monitoring against the East Renfrewshire IJB code of conduct)</li> </ul>   | <p>The HSCP follows the relevant guidance of our partner organisations. In the event of any specific concerns internal audit would be notified immediately. Staff within the HSCP are required to comply with the relevant partner policies, code of conduct, financial regulations etc. that set out expectations and responsibilities. Relevant training is available through both partner organisations. The intranet within each partner provides relevant guidance.</p>  |
| <ul style="list-style-type: none"> <li>encouraging employees to report their concerns about fraud</li> </ul>   | <p>The culture within the HSCP promotes openness and transparency, which in turn creates an environment where staff are able to report any concerns to their manager. The management team within the HSCP also have a very strong working relationship with our staff side colleagues. Both organisations also have whistleblowing policies and audit can be contacted directly too.</p>  |
| <ul style="list-style-type: none"> <li>communicating to you the processes for identifying and responding to fraud or error</li> </ul>  | <p>Any area of high risk would be considered by Internal Audit and reported to PAC. In the event of any specific concern the Chairs of both PAC and IJB will be notified immediately.</p>   |

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| <p>2) How does the Performance and Audit Committee oversee management processes for identifying and responding to the risk of fraud and possible breaches of internal control?</p> | <p>Internal control processes are in place to mitigate fraud across a range of service delivery areas and associated processes and subject to either planned or requested regular audit review. PAC receive assurances through reports to that committee along with reports taken to the IJB and seminars held throughout the year. Examples include:</p> <ul style="list-style-type: none"> <li>• Annual audit plan and in year reports</li> <li>• External audit of the annual report and accounts with associated governance and assurance statements</li> <li>• Regular strategic risk register reports</li> </ul> <p>In addition to the information reported to PAC the Chief Officer and her management team have responsibility to sign off annual governance checklists with each partner and in the event of any issues PAC would be advised.</p> |
| <p>3) Is the Committee aware of any:</p>   |  |
| <ul style="list-style-type: none"> <li>• breaches of, or deficiencies in, internal control</li> </ul>  | <p>There are no issues in 2022/23 and our audit progress reports show an update to reach meeting of PAC of all open audit recommendations, which will include any areas where internal controls could be strengthened</p>  |
| <ul style="list-style-type: none"> <li>• actual, suspected or alleged frauds during 2022/23</li> </ul>   | <p>There are no actual or suspected frauds that we are aware of in 2022/23. There is however an ongoing police investigation into an issue raised in a prior year and on conclusion detail will be reported.</p>   |
| <p>4) Is the Committee aware any organisational or management pressure to meet financial or operating targets?</p>   | <p>PAC and the IJB are aware of the challenging financial landscape of the IJB. There is an expectation across the HSCP that all staff will contribute to the delivery of savings. However this is unlikely to lead to any individuals falsifying accounting or other records.</p> <p>Our Performance reporting throughout the year provides trend analysis and any anomalies should manifest.</p>   |



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| <p>5) How does the Performance and Audit Committee gain assurance that all relevant laws and regulations have been complied with? Are you aware of any instances of non-compliance during 2022/23?</p>                                   | <p>Senior Management horizon scan for new and changing laws and regulations and any likely change is usually discussed at length within the management team and with respective professional peer groups and partners.</p> <p>The legal implications of IJB papers are considered, alongside any statutory duties. The IJB Standards Officer will also provide advice and guidance on any constitutional matter.</p>  |
| <p>6) Is the Performance and Audit Committee aware of any actual or potential litigation or claims that would affect the financial statements?</p>   | <p>There are no such claims in 2022/23.</p> <p>PAC and the IJB would be informed of any likely litigation and the implications for the IJB and / or the HSCP.</p>   |
| <p>7) How does the Performance and Audit Committee satisfy itself that it is appropriate to adopt the going concern basis in preparing the financial statements?</p>   | <p>Despite the challenging financial landscape the IJB set a balanced budget for 2023/24, albeit predicated on the delivery of significant savings with progress reported to the IJB.</p> <p>The Medium Term Financial Plan sets out scenarios for future years and recognises the ultimate position is dependent on the budget settlement from the Scottish Government and funding decisions taken by our partner organisations.</p>   |
| <p>8) What does the Performance and Audit Committee consider to be the related parties that are significant to East Renfrewshire IJB and what is its understanding of the relationships and transactions with those related parties?</p> | <p>The related parties significant to the constitution of the IJB and PACC are NHS Greater Glasgow and Clyde and East Renfrewshire Council and the constitutional documents and the Integration Scheme between those parties set out the relationships, roles and expectations.</p> <p>The transactions form part of the “everyday business” of the HSCP and both PAC and IJB receive reporting on a wide range of areas throughout the year. The annual report and accounts for the IJB also includes detail of related parties within the accounting policies and the related parties note.</p> |
| <p>9) Does the Performance and Audit Committee have concerns regarding relationships or transactions with related parties and, if so, what is the substance of those concerns?</p>   | <p>There are no concerns relating to relationships or transactions at this time.</p>  |

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| <b>Meeting of East Renfrewshire Health and Social Care Partnership</b>   | Performance and Audit Committee  |
| <b>Held on</b>   | 26 June 2022   |
| <b>Agenda Item</b>   | 7  |
| <b>Title</b>   | Unaudited Annual Report and Accounts 2022/23                               |
| <p><b>Summary</b></p> <p>This report provides an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2022 to 31 March 2023.</p> <p>The Chair of Performance and Audit Committee will advise the Integration Joint Board of:-</p> <ul style="list-style-type: none"> <li>▪ any matters arising from the Performance and Audit Committee in relation to the unaudited annual report and accounts</li> <li>▪ the Performance and Audit Committee's decision on the remittance of the unaudited Annual Report and Accounts to the Integration Joint Board.</li> </ul>   |  |
| <b>Presented by</b>  | Lesley Bairden, Head of Finance and Resources<br>(Chief Financial Officer) |
| <p><b>Action Required</b></p> <p>The Performance and Audit Committee is requested to:</p> <ol style="list-style-type: none"> <li>a) Agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval</li> <li>b) Agree and endorse the proposed reserves allocations</li> <li>c) Note the annual report and accounts is subject to audit review</li> <li>d) Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board</li> <li>e) Note the summary overview of financial performance document will be presented with the audited accounts in September.</li> </ol> |  |

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**26 JUNE 2023**

**Report by Chief Financial Officer**

**UNAUDITED ANNUAL ACCOUNTS 2022/23**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2022 to 31 March 2023 and outline the legislative requirements and key stages.
2. The Chair of the Performance and Audit Committee will advise the IJB of any matters arising from this committee.

**RECOMMENDATION**

3. The Performance and Audit Committee is requested to:
  - a) Agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval
  - b) Agree and endorse the proposed reserves allocations
  - c) Note the annual report and accounts is subject to audit review
  - d) Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board
  - e) Note the summary overview of financial performance document will be presented with the audited accounts in September.

**BACKGROUND**

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

compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

## REPORT

7. The unaudited annual report and accounts for the IJB has been prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below:
8. **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the IJB or a committee of the IJB whose remit include audit and governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB. The Performance and Audit Committee meet this requirement, as delegated by the IJB
9. **Unaudited Accounts:** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30<sup>th</sup> June immediately following the financial year to which they relate.
10. **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1<sup>st</sup> July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts. The required notice will be agreed with the external auditors and will be published on the HSCP website.
11. **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the IJB or a committee of the IJB whose remit include audit and governance. This will take account of any report made on the audited annual accounts by the 'proper officer' i.e. Chief Financial Officer being the Section 95 Officer for the IJB or by the External Auditor by the 30<sup>th</sup> September immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered. The normal September timetable is back in place; the last two years were extended to November as a result of audit workloads associated with the pandemic.
12. The Performance and Audit Committee will consider for approval the External Auditors report and proposed audit certificate (ISA 260 report) and the audited annual accounts at its meeting on 26<sup>th</sup> September 2023 and, subject to agreement remit to the IJB for approval at its meeting on 27<sup>th</sup> September 2023.
13. **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
14. The annual accounts of the IJB must be published by 31<sup>st</sup> October and any further reports by the External Auditor by 31<sup>st</sup> December immediately following the year to which they relate.

15. **Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the IJB, the Chief Officer and the Chief Financial Officer, namely:

|                                  |   |
|----------------------------------|---|
| Management Commentary / Foreword | Chair of the IJB<br>Chief Officer           |
| Statement of Responsibilities    | Chair of the IJB<br>Chief Financial Officer |
| Annual Governance Statement      | Chair of the IJB<br>Chief Officer           |
| Remuneration Report              | Chair of the IJB<br>Chief Officer           |
| Balance Sheet                    | Chief Financial Officer                     |

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

16. The main messages from the annual report and accounts are set out below:
17. We ended the year with a £0.590 million operational underspend (0.40%) which will be added to our budget phasing reserve. The main variances to the budget were:
- £0.460 million underspend in Children and Families was mainly from care package costs and some staff vacancies.
  - £1.534 million underspend within Older Peoples services was mainly from purchased nursing and residential care. This reflects the ongoing trend of reduction in nursing and care home admissions but does offset the increase in community activity, particularly in Care at Home. Given this continued trend budgets have been realigned in 2023/24 to recognise this shift in type of care.
  - £0.646 million overspend within Intensive Services as our care at home costs reflect that we continue to see high demand post pandemic and we had additional costs delivering the service with diminished capacity, particularly over the winter period.
  - £0.727 million overspend within Learning Disability Community Services mainly from care package costs, partially offset by staff vacancies. We have recognised this cost pressure in the 2023/24 budget, which in turn has added to our funding gap and associated saving requirement.
  - £0.774 million overspend in the cost of prescribing as we saw increases in the volume of items prescribed and the costs are impacted by the economic climate and supply chain issues, compounded by Brexit and the war in Ukraine. This overspend is after the £0.456 million balance of the smoothing reserve, set up to meet fluctuation, was fully used.

18. This was a modest improvement from the position reported to the IJB in March, where the projected outturn, as at the end of January, was an overspend of £0.292 million (0.2%). The main changes since then were :
- Care costs across the HSCP £0.35m, gains from respite and flexibility within care packages.
  - Staff turnover £0.15m projected assumptions about filling social care posts were prudent and within NHS £0.3m including a gain from pay award as the final allocation was on budget, so turnover gain. We also only funded pay award on filled posts for PCIP, MHA15 etc. as a one off, to maximise use of funding. In 2023/24 full establishment will be funded as required in these ring-fenced areas.
  - Support costs ended £0.1m underspent and we don't get this detail till year end.
19. The final Covid-19 spend for the year is shown as £4.564 million and is a minimal decrease of £0.2 million since last reported and this will be returned to the Scottish Government on the same basis as the in-year treatment during 2022/23.
20. Our reserves decreased significantly during the year, in the main reflecting the use and return of the Covid-19 funding received at the end of 2021/22.

| Reserves Movement                                | £ Million | £ Million |
|--|-----------|-----------|
| Reserves at 31 March 2022                        |           | 20.752    |
| Planned use of existing reserves during the year | (16.420)  |           |
| Funds added to reserves during the year          | 1.714     |           |
| Net reduction in reserves during the year        | (14.706)  |           |
| Reserves at 31 March 2023                        |           | 6.046     |

21. Within ring-fenced reserves we used £9.264 million for Covid-19 and used £1.630 million per the Scottish Government funding mechanisms for PCP, Mental Health Acton 15 and Alcohol & Drugs where we needed to use our uncommitted balance prior to drawing any in year funding. We also used the £1.012 million balance of winter funding.
22. We added £0.392 million to our Alcohol & Drugs Partnership reserve. In agreement with the Scottish Government the balance we take into 2023/24 will support the development of a local recovery hub and other committed costs.
23. Our earmarked reserves are in place to phase in savings, support a number of projects, provide transitional funding for service redesign, provide bridging finance for in year pressures, add capacity to support services and to smooth impact of demand and timing of spend across multiple years. We used £2.439 million supporting savings and £2.075 million on planned projects and in year pressures.
24. Given the significant pressures in 2022/23 it is important to note our decreased reserves position leaves us with less flexibility to support fluctuation and demand, such as prescribing, in future years.



25. As agreed by the IJB in March we have also realigned all available earmarked reserves of £0.567 million to support delivery of budget savings in 2023/24.
26. The full detail of our reserves is included in Note 8 of the unaudited annual report and accounts
27. Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently just under 0.19% of the 2022/23 revenue budget.
28. Given the scale of the financial challenge we faced pre-pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges had not allowed any investment into general reserves. This has been discussed at length in prior years and both PAC and the IJB have recognised that whilst this means we are below our policy level the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide. In the event we find ourselves unable to achieve sufficient savings delivery during 2023/24 we may need to un-hypothecate (i.e. un-earmark) reserves, where we can, to meet operational costs.
29. A new Financial Management Code has been published by CIPFA to support good financial management. The Chief Financial Officer has undertaken an initial review of the code and will bring a self-assessment and any associated action plan to the next meeting of the Performance & Audit Committee.

## **CONCLUSIONS**

30. The preparation of the unaudited annual report and accounts for the IJB meets all legislative requirements. There has been no material movement to the projected outturn last reported to the IJB. There are no significant governance issues.

## **RECOMMENDATIONS**

31. The Performance and Audit Committee is requested to:
  - a) Agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval
  - b) Agree and endorse the proposed reserves allocations
  - c) Note the unaudited annual report and accounts is subject to audit review
  - d) Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board
  - e) Note the summary overview of financial performance document will be presented with the audited accounts in September.

## REPORT AUTHOR AND PERSON TO CONTACT

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

0141 451 0746

15 June 2023

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

Annual Report and Accounts 2021/22

[https://www.eastrenfrewshire.gov.uk/media/8433/IJB-Item-07-23-November-2022/pdf/IJB\\_Item\\_07\\_-\\_23\\_November\\_2022.pdf?m=638036934513030000](https://www.eastrenfrewshire.gov.uk/media/8433/IJB-Item-07-23-November-2022/pdf/IJB_Item_07_-_23_November_2022.pdf?m=638036934513030000)

Annual Report and Accounts 2020/21

[https://www.eastrenfrewshire.gov.uk/media/7153/PAC-Item-08-24-November-2021/pdf/PAC\\_Item\\_08\\_-\\_24\\_November\\_2021.pdf?m=637727683975070000](https://www.eastrenfrewshire.gov.uk/media/7153/PAC-Item-08-24-November-2021/pdf/PAC_Item_08_-_24_November_2021.pdf?m=637727683975070000)

Annual Report and Accounts 2019/20

[https://www.eastrenfrewshire.gov.uk/media/4451/IJB-audited-annual-Report-and-accounts-2019-2020/pdf/IJB\\_Annual\\_Report\\_and\\_Accounts\\_2019-20\\_FINAL\\_web.pdf?m=637441633455770000](https://www.eastrenfrewshire.gov.uk/media/4451/IJB-audited-annual-Report-and-accounts-2019-2020/pdf/IJB_Annual_Report_and_Accounts_2019-20_FINAL_web.pdf?m=637441633455770000)

Annual Report and Accounts 2018/19

[https://www.eastrenfrewshire.gov.uk/media/2248/Integration-Joint-Board-Item-07-25-September-2019/pdf/Integration\\_Joint\\_Board\\_Item\\_07\\_-\\_25\\_September\\_2019.pdf?m=637351714681700000](https://www.eastrenfrewshire.gov.uk/media/2248/Integration-Joint-Board-Item-07-25-September-2019/pdf/Integration_Joint_Board_Item_07_-_25_September_2019.pdf?m=637351714681700000)

Annual Report and Accounts 2017/18

[https://www.eastrenfrewshire.gov.uk/media/2825/Integration-Joint-Board-Item-06-26-September-2018/pdf/Integration\\_Joint\\_Board\\_Item\\_06\\_-\\_26\\_Sepember\\_2018.pdf?m=637375997307930000](https://www.eastrenfrewshire.gov.uk/media/2825/Integration-Joint-Board-Item-06-26-September-2018/pdf/Integration_Joint_Board_Item_06_-_26_Sepember_2018.pdf?m=637375997307930000)

Annual Report and Accounts 2016/17

[https://www.eastrenfrewshire.gov.uk/media/3666/Integration-Joint-Board-Item-10-27-September-2017/pdf/Integration\\_Joint\\_Board\\_Item\\_10\\_-\\_27\\_September\\_2017.pdf?m=637394072745500000](https://www.eastrenfrewshire.gov.uk/media/3666/Integration-Joint-Board-Item-10-27-September-2017/pdf/Integration_Joint_Board_Item_10_-_27_September_2017.pdf?m=637394072745500000)

Annual Report and Accounts 2015/16

PAC Paper: 18-03-2020 - Review of Integration Joint Board Financial Regulations and Reserves Policy

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



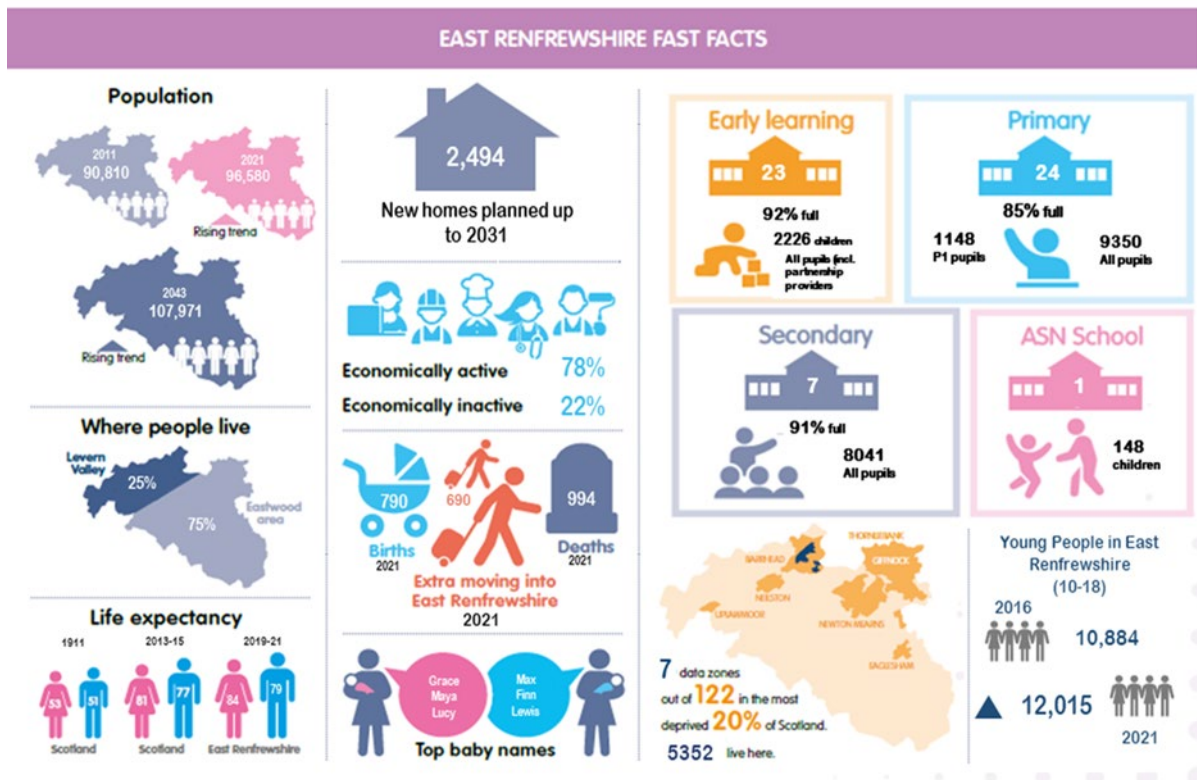
# East Renfrewshire Health and Social Care Partnership Integration Joint Board

## UnAudited Annual Report And Accounts 2022/23

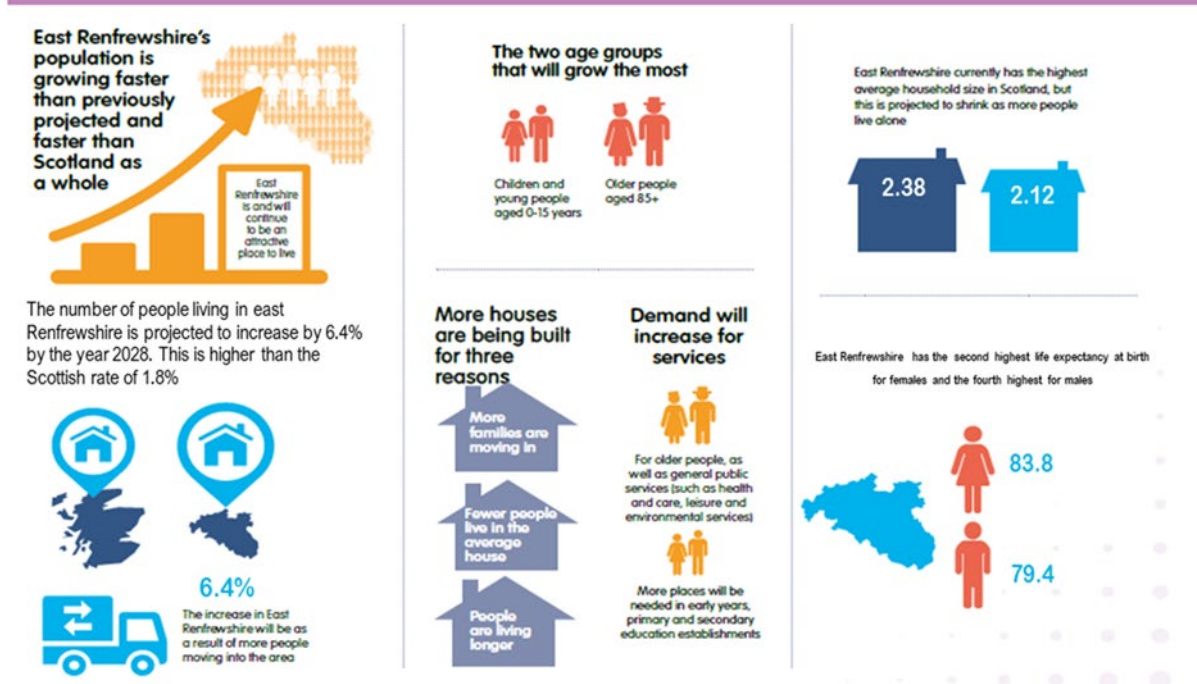
Covering the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023



# About East Renfrewshire – Some General Facts and Figures



### EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT



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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 96,580 in 2021. Geographically 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

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



# Management Commentary

## Introduction

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

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

The Integration Scheme for the IJB sets out how we will meet the requirements of this legislation. We are responsible for planning, commissioning and delivery of services for children and adults from both of our partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde, and also have the planning responsibility for our population's use of large hospital based services along with housing aids and adaptations. The Integration Scheme provides a detailed breakdown of all the services the IJB is responsible for.

The management commentary in this report discusses our;

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

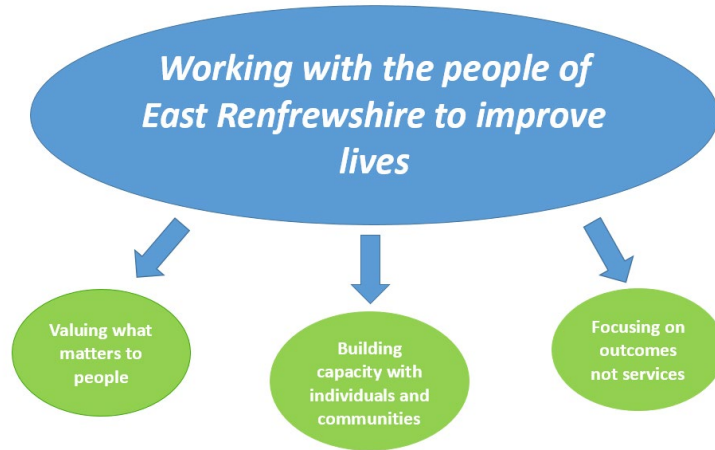
## Strategic Planning

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

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

**Strategic Plan 2022/25**

Our current Strategic Plan covers the 3 year period 2022-2025 and sets out the shared ambitions and strategic priorities of our partnership; and how we will focus our activity to deliver high quality health and social care to the people of East Renfrewshire. Our partnership vision statement is:

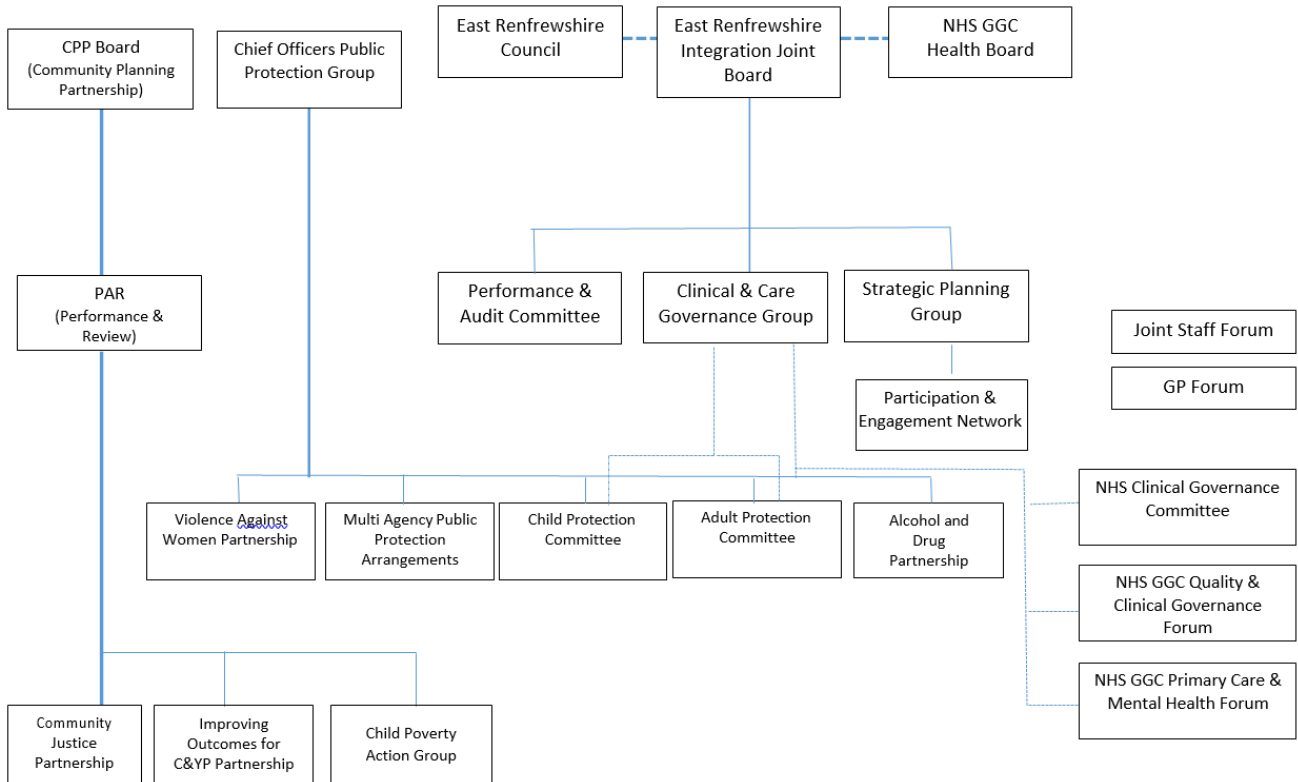


This document and our Annual Performance Report demonstrate how we have supported delivery of our strategic priorities.

We continue to strengthen our supportive relationships with independent and third sector partners, recognising the increased levels of participation in our communities and informal support within our localities that developed during the response to Covid-19. We recognise that we need to extend beyond traditional health and social care services to a long term wider partnership with our local people, carers, volunteers, community organisations, providers and community planners. Work is ongoing to develop a collaborative commissioning model to support how we will work differently and this is reflected in our Strategic Commissioning Plan.



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



## Key Messages, Operational Highlights and Challenges

This was a challenging year for the HSCP as we worked through the ongoing impact of Covid-19 in tandem with a difficult economic climate

Our Annual Performance Report for 2022/23 provides a detailed overview of the year and demonstrates how the HSCP delivered our key priorities during the year. The commentary included in this report provides an overview of some of the highlights and challenges we faced across the range of services we provide.

### Children and Families

Our children’s services have continued to see increasing demand and increasing levels of complexity among referrals including children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis.

Our Children and Adolescent Mental Health Service (CAMHS) continues to experience high demand and a significant level of urgent referrals. However, as our alternative (Tier 2) services,



Healthier Minds and the Family Wellbeing service have continued to develop we have been able to significantly reduce waiting times for children requiring support through the CAMHS service; we saw a yearly average of 86% of young people starting treatment within CAMHS which was up significantly from 55% in 2021/22.

For our care experienced children we have maintained excellent performance on permanence with no children in East Renfrewshire with 3 or more placements and 91% of care experienced children supported in the community rather than a residential placement.

Over 2022/23 we have continued the development 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. It is the most effective framework to assess and manage risk for children and young people while supporting families. The approach recognises the need to define harm, outline danger and identify safety goals. Implementation of the Signs of Safety model is overseen by a multi-agency implementation group consisting of key partners.

As part of our work to protect people from harm and abuse, we have established and continue to support a Multi-Agency Risk Assessment Conference (MARAC) in East Renfrewshire for high-risk domestic abuse victims. Since the start of the pandemic we have seen higher numbers of referrals to MARAC and greater levels of complexity in the cases being dealt with. We continue to work together with East Renfrewshire Women's Aid Service to provide direct support for women and children who have experienced domestic abuse.

In 2022/23 we continued to see an increase in support required as a result of domestic abuse / violence against women through MARAC. 134 victims and 195 children were discussed at MARAC - an increase of 7.2% compared with 2021/22. These discussions involved 195 children (a reduction of 5% from the previous year). 32% of victims did not have children compared to 26% the previous year. Women without children were not previously visible in the domestic abuse pathway demonstrating increased awareness and risk assessment and improved pathway response.

The HSCP provides support to unaccompanied asylum seeking children arriving into East Renfrewshire. Of the 17 arrivals to the area since 2017, 12 have arrived since May 2022. The average frequency of contact for all arrivals is twice per week and newly arrived young people are supported 7 days per week for the first few weeks.

### **Supporting People at Home**

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

We refocused the development of our Community Hub website which has moved the focus of our online directory away from Covid emergency response to promoting social activities, community supports and information. The success of this directory reflects the work of on-going collaboration between local partners and includes information on where to access support and information relating to the cost of living, promoting warm and welcome spaces, support services and access to both local and national resources. At the end of March 2023 the website had 2,435 users with 7,651 page views.

Talking Points continues to be the main route for residents to get advice and support around their health and social care as well as information surrounding accessing community supports. The service has a membership of over 60 local and national organisations that work together to offer the correct support and information as early as possible. This preventative approach based around a person-centred approach is integral in our delivery of Talking Points. During 2022/23 Talking Points have supported 690 calls/referrals with the most frequent reason for referral being loneliness/befriending or looking for group activities. The Talking Points service also supported the development of three new older adult community groups, which work with 120 older residents weekly.

In the aftermath of the Covid-19 pandemic restrictions we continue to see increased frailty and social isolation particularly among older people. Across our services we have seen increased demand and higher levels of complexity among the people we support. Although we are still facing significant challenges, the response to the pandemic 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.

### **Protecting and Supporting Adults at Risk of Harm**

Since the start of the pandemic we have developed stronger relationships between partner agencies, promoting an approach to adult support and protection (ASP) that keeps all partners involved and included in discussions and planning, particularly in our routine ASP work and in the undertaking of Large Scale Investigations. East Renfrewshire HSCP received 1,810 ASP referrals and 1,422 adult welfare concern referrals between January 2021 and January 2023.

During 2022/23, the partnership received a Joint Inspection of Adult Support and Protection carried out by the Care Inspectorate in collaboration with Healthcare Improvement Scotland and HM Inspectorate of Constabulary in Scotland. The inspection reported in June 2023 and reported the following key strengths at the partnership:

- Adults at risk of harm experienced improvements in their circumstances because of timely, person-centred, and efficient adult support and protection interventions.
- The overall quality and effectiveness of core adult support and protection processes was a key strength for the partnership.
- Initial inquiries and investigations were highly effective and always determined the correct outcome for adults at risk of harm.

- Oversight of key processes supported staff and ensured consistent robust decision making for adults at risk of harm.
- Strategic leadership for adult support and protection was enthusiastic and focused. This supported targeted and meaningful improvements.
- The adult protection committee offered strong leadership for adult support and protection and offered effective oversight for the delivery of key processes.
- Strategic leaders promoted a culture of learning and continuous improvement which supported the development of adult support and protection services for adults at risk of harm.
- Health was a strong adult support and protection partner. Health services delivered innovative, early and effective interventions for adults at risk of harm.

The inspection set out a number of priority areas for improvement, including: improving the quality of chronologies; greater involvement of adults at risk of harm and their unpaid carers at a strategic level; enhanced multi-agency quality assurance practices; and, building on existing practice to ensure the full involvement of all key partners in relevant aspects of ASP practice going forward.

### Care at Home

We have experienced continuing pressure on our Care at Home service with increased referrals and reducing capacity among partner providers. While these challenges have impacted on our capacity to support reablement (48% in 2022/23 down from 60% in 2021/22), we have managed to support 64.4% of people aged 65+ with intensive care needs (> 10 hours) to receive care at home and this is up from 62% in previous year.

The increasing complexity of people being supported against a backdrop of recruitment challenges, both within the HSCP and by our partner providers has resulted in a difficult year for the service. This led to a particularly difficult period over the winter where we saw absence rates reaching 35% in January/February, principally affecting frontline carer and organiser roles. The level of service provided was prioritised for a period of time to those with greater levels of need. For those who received less support than normal from the HSCP there was some mitigation through increased family and community supports and welfare calls.

To support the service over this difficult period staff from other services within the HSCP were mobilised, many on a voluntary basis, to undertake a range of roles. This did mean that capacity was reduced in some other areas including our capacity to work on change, savings redesign and delivery.

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

Our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. There has been high demand across all teams (Community Addictions Team, Adult Mental Health Team, Primary Care Mental Health Team,

and Older Adult Team). For older people we are seeing overall wellbeing impacted by issues such as isolation and reduction in mobility.

Despite the demand and capacity challenges we saw that our rate of hospital admissions for mental health remained low at 1.4 admissions per 1,000 population; on average 78% of people waited no longer than 18 weeks for access to psychological therapies, this has improved to above the 90% target.

Within our Recovery Services 96% of those accessing recovery-focused treatment for drug or alcohol issues were able to do so within 3 weeks, a modest increase on the 95% in 2021/22; however 5% of service users moved from treatment to recovery services in the year, down from 9% in the prior year. We increased our resourcing to support 173 alcohol brief interventions during the year which is new activity to 2022/23.

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

The peer support model is currently supporting over 70 people. The majority are supported on a 1-1 basis however a schedule of group activities is also in place. The peer support service works with individuals already engaged with services with referrals made by a range of stakeholders. This is an additional, complementary support to help individuals identify their personal goals for recovery. We are also seeing a move away from digital support and a return to in person support as we recover from the pandemic. Lived and living experience involvement in the work of the Alcohol and Drugs Partnership continues to evolve and expand.

The HSCP continues to work to implement the Medication Assisted Treatment (MAT) Standards and ensure fast, appropriate access to treatment. The MAT standards enable people to access same-day prescribing for opioid use disorder, facilitating low barrier access to assessment and treatment.

### **Reducing Unplanned Hospital Care**

Patterns of accident and emergency use and unplanned hospital admissions were significantly altered by the pandemic; but some measures have moved above pre-pandemic levels during the year. Despite increased activity we remain ahead of target for emergency admissions and A&E attendances.

However during the year we saw an increase in discharges with delay. This is being driven by the pressure on care at home services. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. Our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be put in place straight away.

We are also seeing improved performance on emergency readmissions, reflecting the positive support we have in place in the community.

Our discharge without delay averaged 8 delays over 2022/23 and this is up from 7 for 2021/22. For context our pre-pandemic averaged 3 for 2020/21. The HSCP has continued to work with other partnerships and acute services in the Glasgow area to develop new services and pathways that will continue as we move further into recovery.

Our Hospital to Home team targeted work including requests for intermediate care beds, care home liaison, occupancy tracking, data collation, arranging interventions / reablement and carrying out outcome-focussed reviews and care planning. The collaborative working between multiple teams has ensured that delays in hospital discharges have been minimised and kept within manageable levels.

We continue to develop enhanced community support and intermediate care models in partnership with HSCPs across Glasgow. To support timely discharge from hospital through intermediate ('step-down') provision, we provide a 6-bed unit in our Residential Home – Bonnyton House and we purchase additional beds for intermediate care in local Care Homes

Our Community Rehabilitation Teams continue to experience increased pressures due to the ongoing impacts and consequences of the pandemic on our older population, with continued increase in frailty and frailty related falls. We have continued our work to implement frailty pathways and support initiatives to address frailty in our communities. There has been ongoing development of Home First Response/Frailty service and we have established community pathways with Scottish Ambulance Service in relation to falls/ frailty and work with primary care colleagues to identify test of change opportunities for proactive identification of frailty.

### **Supporting Local Care Homes**

Our partnership with local care home providers has continued to develop and strengthen following the pandemic. Commissioning and contracts staff continued to support homes with twice-weekly welfare calls to homes. Every week we hold multidisciplinary Care Home Assurance Meetings and there is a four-weekly Care Home Managers Forums with managers. Regular support meetings take place with care homes experiencing any issues/risks. 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 during the pandemic and the wellbeing of staff and residents continues to be a high HSCP priority.

### **Unpaid Carers**

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. Training and awareness-raising on the issues affecting carers was delivered and work continued on the development and promotion of support planning for carers including short breaks. 80% of those asked reported that their 'quality of life' needs were being met, this is down from 92% in 2021/22.

We know the pandemic has impacted significantly on carers, with potentially restricted access to support, resources and activities away from caring. A local network has been created and further sessions are planned throughout 2023. The Carers Collective continue to meet monthly and carers rights information is provided to every carer referred to the Centre. This information is supplemented by group sessions on Carers Rights and Introduction to Caring sessions.

The HSCP and Carers Centre previously secured funding to appoint a dedicated ethnic minority worker. The Centre has been able to sustain this post into their core funding. Among the ethnic minority carers known to the Carers Centre there is a high prevalence of parent carers supporting children on the autism spectrum or Neuro-developmental condition. To support this the Centre has facilitated training and had regular meetings with senior managers from HSCP and Education Department to share their views on services and support required.

The Centre promotes short breaks to ethnic minority carers and in addition to peer support responding to carers' feedback has facilitated day trips, swimming lessons and activities such as weekly badminton sessions and bowling trips. The Carers' Centre is working in partnership with the Centre of Therapy to offer ethnic minority carers access to counselling and Cognitive Behavioural Therapy. Learning from the pandemic has highlighted the importance of online support. The Centre's website and online information incorporates software that translates all information to any required language.

### Community Justice

The provision of unpaid work was significantly impacted by the pandemic with Community Payback Orders (CPOs) suspended on 23rd March 2020 and this continues to have an impact on unpaid work provision. There were 5,874 hours backlog at the end of March 23, spread over 71 individuals subject to Unpaid Work. This denotes a return to pre-Covid levels of Unpaid Work Orders.

As we work through this 86% Community Payback Orders (CPOs) commenced within 7 days which is significantly up from 58% in 2021/22. We have also seen positive employability and volunteering outcomes for people with convictions at 64% up from 56% in 2021/22 and 100% of people reported that their order had helped address their offending

The HSCP delivers accredited programmes aimed at reducing reoffending. During the year we continued to deliver Moving Forward, Making Changes in a group work capacity. The criminal justice service uses appropriate risk assessment tools to identify need and reduce the risk of further offending. New staff have accessed Trauma Informed Practice training as it has become available. This has been complemented by all staff undertaking a range of training including supporting young people's mental health.

### Staff Resilience and Wellbeing

Our staff across the HSCP continued to deliver services with incredible resilience, commitment and creativity. This ongoing dedication allowed us to work through the impact that Covid-19 still has on our workforce and our population.

The way our staff have been working has changed significantly with hybrid working becoming the norm for large groups of employees. Our wellbeing programme across the health and social care landscape was developed using dedicated funding and support is far wider than our HSCP staff; support is also accessible to Care Homes, Primary Care, Care Providers, Third and Community Sector (staff and volunteers). 85% of HSCP staff agreed that “My manager cares about my health and wellbeing” although this is down from 88% in our previous staff survey.

### Specialist Learning Disability Services

The service continued to operate fully throughout various infection control measures in the recovery phases of the Covid-19 pandemic. This often resulted in intermittent closures to admissions and disruption including challenging absence levels similar to those experienced by the wider health and social care system. The associated additional costs were met the Covid-19 funding, as with other services during the year.

Prior to the pandemic the 6 HSCPs within NHSGGC had committed to working together to take forward a programme of redesign of inpatient services, the emphasis being on improving our responses in the community to reduce the use of inpatient beds when not clinically required. We had highlighted a need to review and improve performance in delayed discharge and have worked positively with Scottish Government to shape the original ‘Coming Home’ report in 2018 – this led to the publication of the recent ‘Coming Home Implementation’ 2022 report. The delays to the redesign programme meant that the transition reserve to support service redesign was used in full in 2022/23.

Alongside this, the allocation of the Community Living Change Fund aligns to NHSGGC ambitions to redesign services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. East Renfrewshire is leading on this work and have established a programme board which will provide strategic leadership and governance and direct the work of the community and inpatient redesign going forward. Avoiding admission and preventing placement breakdown is a key priority to addressing delayed discharges.

We have developed a multi-agency collaborative group, including all HSCPs, Commissioning, Third Sector and Housing colleagues. This has a delayed discharge work stream chaired by a third sector Chief Executive. The aim of this group is to encourage and influence different practice which may address some of the historical and more recent difficulties.

East Renfrewshire has also led on the Scottish Government’s Implementation group with the Head of Service chairing the Dynamic Support Register sub group which will result in a

nationally agreed pathway based on early intervention to avoid admission. This has been agreed by COSLA and Government and is to be launched to all Boards / HSCPs in May 2023.

In 2022 the Scottish Government announced that all people with learning disability (and people who identify as having a learning disability) are to receive an annual health check. The intention was for this to be provided by primary care, however given the challenging environment and capacity this will not be possible. After negotiation with the Scottish Government at a national level it was agreed to devise alternative delivery models. As host, East Renfrewshire will take a strategic planning lead and develop the NHS Greater Glasgow and Clyde approach to this in collaboration with our 5 fellow partnerships and will host the service going forward.

### **Covid-19 and Flu Vaccination Programme**

The HSCP continued to deliver vaccinations to care home residents and staff, as well as housebound patients within East Renfrewshire as part of the winter vaccination programme. The HSCP again supported the mass vaccination clinics run by Greater Glasgow and Clyde in partnership with East Renfrewshire Council. The weekend clinics held at Barrhead Health and Care Centre represented a significant commitment to ensure the centre worked efficiently and safely, with staff supporting the non-clinical operation through facilities management of the buildings, queue management and liaison with clinical staff.

### **Climate Change**

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

### **Other Support**

The Personal Protective Equipment (PPE) hub set up by HSCP support staff remained in operation and continued to distribute essential protective supplies and Lateral Flow Device test kits during the year.

During the year we made some progress on our Recovery and Renewal programme and have widened the scope to include all savings, as many of the workstreams overlap.

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

Our hosted Autism service is seeing increasing demand for assessment and diagnosis, which has more than doubled in the past two years. This has meant significant capacity challenges and the service have implemented a range of measures to maximise performance with waiting lists/times and have improved initial screening process. Increased referrals for neurodevelopmental conditions is a national phenomena and a not unique to East Renfrewshire



or NHS Greater Glasgow and Clyde . We are working with colleagues across the system and nationally to consider new approaches to neurodevelopment pathways.

### Key Risks and Uncertainties

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

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

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

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

In addition to our Strategic Risk Register, each service area holds an operational risk register and business continuity plan. In addition to the risks shown above there are also a number of uncertainties facing the IJB and these are identified in the future challenges section within this report.

## 2022/23 Performance Achievements and Challenges

In addition to our quarterly reports we publish an Annual Performance Report which is made publicly available on our website in line with statutory guidance. The Annual Performance report demonstrates how we review our performance for 2022/23 against local and national performance indicators and against the commitments within our Strategic Plan.

During 2022/23 the partnership has experience significant challenges from increased demand pressures and higher levels of complexity often relating to the continuing impacts from the Covid-19 pandemic. Throughout the period, we have continued to maintain and deliver safe and effective services to our residents. During the year, the HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system. This year we have also seen continuing recruitment and retention challenges in the sector impacting on our performance.

Our performance information shows that despite the continuing pressures, there has been strong performance across service areas. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive signs of recovery across many of our performance indicators.

We note the following performance headlines including key achievements and areas where we were not able to meet normal targets:

- Significant improvement in waiting times for children and young people accessing our Child and Adolescent Mental Health Service (CAMHS) with the percentage of people starting treatment within 18 weeks increasing to 86% for 2022/23, up from 55% in 2021/22. Average longest wait (monthly) was 24 weeks down from 41 weeks in the previous year. This improvement in performance has been aided by the ongoing development of our alternative (Tier 2) services: Healthier Minds and the Family Wellbeing service. 93% children and young people supported by the Healthier Minds Team reported improved mental health and wellbeing.
- Continuing strong performance on supporting permanence for our care experienced children (no children experiencing three or more placements); and positive outcomes for child protection cases (100% with increased levels of safety). Our balance of care for children is positive and we have seen an increase in the percentage of children being looked after in the community. However, this indicator was impacted by the pandemic and we are working to return to performance levels seen before 2020.
- We continue to support people to maintain their independence at home and have seen improvement in our balance of care. 64.4% of people aged 65+ with intensive care needs (i.e. requiring 10 hours or more of support per week) are receiving care at home; up from 62% in the previous year. 97% of people aged 65+ live in housing rather than a care home or hospital. And we have increased the number of people self-directing their care through receiving direct payments and other forms of self-directed support although we are still working to return to pre-pandemic levels. The percentage of people

with reduced care needs following re-ablement / rehabilitation decreased during the year. Performance reflects increased levels of frailty, complexity of hospital discharge, and pressures on service as a consequence of the pandemic including staff absence.




- During 2022/23 we have continued to deal with increased demand across mental health and addiction services due to increases in complexity. We saw continuing improved performance for drug and alcohol service waiting times with 96% accessing treatment within 3 weeks. The proportion of service users moving through treatment to recovery services decreased to 5% during the year. Waiting times for access to psychological therapies remained stable; averaging 75% of people being seen within 18 weeks, missing target (90%) for the year. However, the service continued to build staff capacity during the year and was performing above target (92%) by March 2023.
- As a result of the continuing pressures on the social care sector and particularly our care at home service during the year, we saw an increase in our average number of delayed discharges and the number of hospital bed days lost to delayed discharge. Other unplanned hospital use remained stable with a slight increase in A&E attendances but a reduction in emergency admissions. Attendances and admission both remain below the levels seen before the pandemic.
- We continue to support our unpaid carers in partnership with local support organisations. Although we are ahead of target, the proportion of carers reporting satisfaction with their quality of life has reduced from the previous year; reflecting the continuing pressures on carers following the pandemic period. As a partnership, we are working to ensure that carers have had access to the guidance and support they need.
- The provision of unpaid work was significantly impacted by the pandemic with Community Payback Orders (CPOs) suspended in March 2020 and this continues to have an impact on unpaid work provision. However, the proportion of CPOs completed within court timescales continued to improve, now at 83%. We are also helping more people with convictions into employment and volunteering with positive outcomes for 64%, compared with 56% in the previous year.
- As a partnership we are focused on tackling health inequalities and improving life chances for our residents. Breastfeeding rates in our most disadvantaged neighbourhoods have increased by 7.5% from the previous year. And we have supported 60 people living in disadvantaged areas to stop smoking.
- During 2022/23, we have continued to improve personal outcomes for women and families affected by domestic abuse. Improved outcomes were at 90% for women, up 3% from 2021/22; and 82% for children, up 2%.
- In terms of organisational performance, our timescales for responding to frontline complaints have improved during the year. Sickness absence remains an area of focus for the partnership, and we have an increase in absence across Council and NHS staff groups during 2022/23.

The data shows that despite the ongoing pressures the partnership is facing as we recover from the pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Through our



recovery and renewal planning and the delivery of our next Strategic Plan for 2022-2025 we will ensure that our priorities and approaches meet the changing needs of our population.

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

| Key to performance status |   |
|---------------------------|---|
| <b>Green</b>              | Performance is at or better than the target                     |
| <b>Amber</b>              | Performance is close (approximately 5% variance) to target      |
| <b>Red</b>                | Performance is far from the target (over 5%)                    |
| <b>Grey</b>               | 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   | 2022/23    | Current Target | 2021/22      | 2020/21 | 2019/20 | 2018/19 | Trend from previous year  |
| Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral ( <i>INCREASE</i> ) | <b>86%</b> | 90%            | 55%          | 61%     | 78%     | 74%     |  |
| Balance of Care for looked after children: % of children being looked after in the Community (LGBF) ( <i>INCREASE</i> )                                 | *          | Data only      | <b>92.7%</b> | 91.1%   | 94.9%   | 98.0%   |  |

\*2022/23 data not yet available from Public Health Scotland

### Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community

| Indicator   | 2022/23 | Current Target | 2021/22 | 2020/21 | 2019/20 | 2018/19 | Trend from previous year  |
|---|---------|----------------|---------|---------|---------|---------|---|
| Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (INCREASE) | 488     | 600            | 458     | 551     | 575     | 514     |    |
| Percentage of people aged 65+ who live in housing rather than a care home or hospital (INCREASE)                                  | 97%     | 97%            | 97%     | 97%     | 97%     | 96%     |    |
| People reporting 'living where you/as you want to live' needs met (%) (INCREASE)  | 89%     | 90%            | 89%     | 91%     | 88%     | 92%     |  |



### Strategic Priority 3 - Working together to support mental health and well-being


| Indicator   | 2022/23 | Current Target | 2021/22 | 2020/21 | 2019/20 | 2018/19 | Trend from previous year  |
|---|---------|----------------|---------|---------|---------|---------|---|
| Percentage of people waiting no longer than 18 weeks for access to psychological therapies (INCREASE) | 75%     | 90%            | 76%     | 74%     | 65%     | 54%     |  |
| % of service users moving from drug treatment to recovery service (INCREASE)                          | 5%      | 10%            | 9%      | 6%      | 16%     | 22%     |  |

| Strategic Priority 4 - Working together to meet people's healthcare needs                                  |         |                |         |         |         |         |                          |
|--|---------|----------------|---------|---------|---------|---------|--------------------------|
| Indicator  | 2022/23 | Current Target | 2021/22 | 2020/21 | 2019/20 | 2018/19 | Trend from previous year |
| Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) (DECREASE) (MSG data) | 4,652   | 1,893          | 4,546   | 2,342   | 1,788   | 2,284   | ▬                        |
| No. of A & E Attendances (adults) (DECREASE) (MSG data)  | 17,355  | 18,335         | 16,877  | 13,677  | 20,159  | 20,234  | ↓                        |
| Number of Emergency Admissions: Adults (DECREASE) (MSG data)   | 6,564   | 7,130          | 6,767   | 6,517   | 7,538   | 7,264   | ↑                        |
| % of last six months of life spent in a community setting (INCREASE) (MSG data)                            | n/a     | 86%            | 90%     | 90%     | 88%     | 86%     | ▬                        |

| Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities |         |                |         |         |         |         |                          |
|---|---------|----------------|---------|---------|---------|---------|--------------------------|
| Indicator   | 2022/23 | Current Target | 2021/22 | 2020/21 | 2019/20 | 2018/19 | Trend from previous year |
| People reporting 'quality of life for carers' needs fully met (%) (INCREASE)  | 80%     | 72%            | 92%     | 91%     | 92%     | 78%     | ↓                        |

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

| Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities   |         |                |         |         |         |         |  |
|--|---------|----------------|---------|---------|---------|---------|--|
| Indicator  | 2022/23 | Current Target | 2021/22 | 2020/21 | 2019/20 | 2018/19 | 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.) (INCREASE) | 60      | 16             | 60      | 66      | 74      | 6       |   |
| Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) (DECREASE)  | n/a     | Data Only      | 333     | 334     | 295     | 308     |  |

| Strategic Priority 9 - Protecting people from harm     |         |                |         |         |         |         |   |
|--|---------|----------------|---------|---------|---------|---------|---|
| Indicator  | 2022/23 | Current Target | 2021/22 | 2020/21 | 2019/20 | 2018/19 | Trend from previous year  |
| % Change in women's domestic abuse outcomes (INCREASE) | 90%     | 70%            | 87%     | 84%     | 79%     | 64%     |  |

## Financial Performance

### Funding 2022/23

The net total health and social care funding from our partners for financial year 2022/23 was £176.251 million:

|  | <b>£ Million</b> |
|--|------------------|
| NHS Greater Glasgow and Clyde Primary Care             | 81.549           |
| NHS Greater Glasgow and Clyde Large Hospital Services  | 29.075           |
| East Renfrewshire Council Social Care                  | 65.141           |
| East Renfrewshire Council Housing Aids and Adaptations | 0.486            |
| <b>Total Net Funding</b>                               | <b>176.251</b>   |

The Comprehensive Income and Expenditure Statement (CIES) (page 48) shows the IJB gross income as £204.005 million, as that statement shows service income, grant funding and resource transfer which are included within the net funding from our partners in the table above. The purpose of the CIES presentation is to show the gross cost of the services we provide.

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

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



## Financial Performance 2022/23

The annual report and accounts for the IJB covers the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

| Service                                       | Budget         | Spend          | Variance (Over) / Under | Variance (Over) / Under |
|---|----------------|----------------|-------------------------|-------------------------|
|   | £ Million      | £ Million      | £ Million               | %                       |
| Children & Families                           | 14.741         | 14.281         | 0.460                   | 3.12%                   |
| Older Peoples Services                        | 25.619         | 24.085         | 1.534                   | 5.99%                   |
| Physical / Sensory Disability                 | 6.309          | 6.090          | 0.219                   | 3.47%                   |
| Learning Disability – Community               | 17.902         | 18.629         | (0.727)                 | (4.06%)                 |
| Learning Disability – Inpatients              | 9.559          | 9.591          | (0.032)                 | (0.33%)                 |
| Augmentative and Alternative Communication    | 0.265          | 0.265          | -                       | 0.00%                   |
| Intensive Services                            | 16.089         | 16.735         | (0.646)                 | (4.02%)                 |
| Mental Health                                 | 5.729          | 5.392          | 0.337                   | 5.88%                   |
| Addictions / Substance Misuse                 | 1.626          | 1.543          | 0.083                   | 5.10%                   |
| Family Health Services                        | 28.923         | 28.921         | 0.002                   | 0.01%                   |
| Prescribing                                   | 17.098         | 17.872         | (0.774)                 | (4.53%)                 |
| Criminal Justice                              | 0.029          | (0.001)        | 0.030                   | 103.45%                 |
| Finance and Resources                         | 1.972          | 1.868          | 0.104                   | 5.27%                   |
| <b>Net Expenditure Health and Social Care</b> | <b>145.861</b> | <b>145.271</b> | <b>0.590</b>            | <b>0.40%</b>            |
| Housing                                       | 0.486          | 0.486          | -                       | -                       |
| Set Aside for Large Hospital Services         | 29.075         | 29.075         | -                       | -                       |
| <b>Total Integration Joint Board</b>          | <b>175.422</b> | <b>174.832</b> | <b>0.590</b>            | <b>0.40%</b>            |

The £0.590 million operational underspend (0.40%) is marginally better than the reporting taken to the IJB during the year and this underspend will be added to our budget phasing reserve. The main variances to the budget were:

- £0.460 million underspend in Children and Families was mainly from care package costs and some staff vacancies.
- £1.534 million underspend within Older Peoples services was mainly from purchased nursing and residential care. This reflects the ongoing trend of reduction in nursing and care home admissions but does offset the increase in community activity, particularly in Care at Home. Given this continued trend budgets have been realigned in 2023/24 to recognise this shift in type of care.
- £0.646 million overspend within Intensive Services as our care at home costs reflect that we continue to see high demand post pandemic and we had additional costs delivering the service with diminished capacity, particularly over the winter period.
- £0.727 million overspend within Learning Disability Community Services mainly from care package costs, partially offset by staff vacancies. We have recognised this cost pressure

in the 2023/24 budget, which in turn has added to our funding gap and associated saving requirement.

- £0.774 million overspend in the cost of prescribing as we saw increases in the volume of items prescribed and the costs are impacted by the economic climate and supply chain issues, compounded by Brexit and the war in Ukraine. This overspend is after the £0.456 million balance of the smoothing reserve, set up to meet fluctuation, was fully used.

The set aside budget is shown as nil variance as this currently is not a cash budget to the HSCP and the annual amount reported is agreed each year with NHS Greater Glasgow and Clyde. The actual expenditure share for 2022/23 was identified as £29.075 million and is £1.473 million less than our notional budget, although there is nil cash impact. As outlined earlier, work is ongoing to agree the mechanism for bringing the set aside budget into an operational stage and this includes ensuring a balanced budget will be achieved.

The table below shows the £4.564 million we spent on Covid-19 activity, fully funded by the Scottish Government through the ring-fenced reserve balance we brought into 2022/23. Our Covid-19 related spend was reported to the Scottish Government as part of the Local Mobilisation Plan submitted by NHS Greater Glasgow and Clyde Health Board.

Our local spend was significantly less than the prior year reflecting the changes to Scottish Government guidance on financial support to adult and social care providers, testing and public health policies in relation to Covid-19 and cessation of support for unachieved savings compared to the funding provided to IJBs, at the end of financial year 2021/22. This resulted in the Scottish Government reclaiming surplus Covid-19 reserves to be redistributed across the wider health and care sector to meet current Covid-19 priorities. For East Renfrewshire HSCP this represented a return of £4.7 million and this was in line with the level of reserves reclaimed from other HSCPs across the country.

| <b>Covid-19 Expenditure Summary</b>  | <b>£ million</b> |
|--|------------------|
| Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity | 3.298            |
| Infrastructure, equipment, PPE   | 0.132            |
| Sustainability payments to partners  | 1.134            |
| <b>Total Expenditure</b>   | <b>4.564</b>     |
|  |                  |
| Funds repaid to the Scottish Government in year  | 4.500            |
| Funds to be repaid - accounted for at year end   | 0.200            |
| <b>Total Funds Used and Repaid</b>   | <b>9.264</b>     |
|  |                  |
| <b>Opening Earmarked Reserve Balance</b>   | <b>9.266</b>     |
| <b>Closing Earmarked Reserve Balance (to meet Carers PPE)</b>  | <b>0.002</b>     |

The closing Covid-19 reserve balance reflects the amount the Scottish Government advised should be retained locally to support the ongoing cost of PPE supplies for unpaid carers following the cessation of local PPE Hubs set up during the pandemic response.

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

A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 57-58). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 64).

The information above reflects our management accounts reporting throughout 2022/23 whilst the CIES (Page 48) presents the financial information in the required statutory reporting format; the movement between these of £9.430 million is a result of the management accounting treatment of reserves:

| <b>Reconciliation of CIES to Operational Underspend</b>          | <b>£ Million</b> | <b>£ Million</b> |
|--|------------------|------------------|
| IJB operational underspend on service delivery                   |                  | 0.590            |
| Reserves planned use during the year                             | (16.420)         |                  |
| Reserves added during the year (prior to operational underspend) | 1.124            |                  |
| Net movement between management accounts and CIES                | (15.296)         |                  |
| IJB CIES underspend  |                  | (14.706)         |

| <b>Total Use of Reserves During 2022/23</b>                | <b>£ Million</b> |
|--|------------------|
| Reserves planned use during the year                       | (16.420)         |
| Reserves added from operational underspend and new funding | 1.714            |
| Total Reserves used during 2022/23                         | (14.706)         |

## Reserves

We used £16.420 million of reserves in year and we also added £1.714 million into earmarked reserves. The year on year movement in reserves is set out in detail at Note 8 (Page 62-63) and is summarised:

| <b>Reserves Movement</b>                         | <b>£ Million</b> | <b>£ Million</b> |
|--|------------------|------------------|
| Reserves at 31 March 2022                        |                  | 20.752           |
| Planned use of existing reserves during the year | (16.420)         |                  |
| Funds added to reserves during the year          | 1.714            |                  |
| Net reduction in reserves during the year        | (14.706)         |                  |
| Reserves at 31 March 2023                        |                  | 6.046            |

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2022.

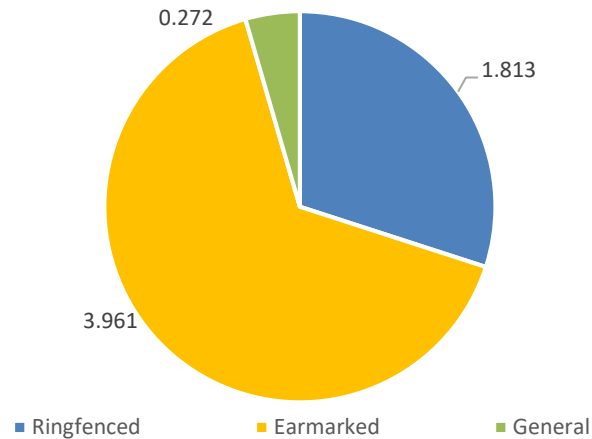
The reserves of the IJB fall into three types:

- 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 £6.046 million for all reserves falls in these three reserves types:

Reserves £6.046 million



### Ring-Fenced Reserves

The majority of the £11.906 million reduction in reserves related to the use of specific ring-fenced funding we received from the Scottish Government and in particular the Covid-19 funding received at the end of 2021/22, as detailed above.

In addition to the £9.264 million for Covid-19 we also spent £2.642 million ring-fenced reserves during the year and the Scottish Government funding mechanisms put in place for much of these funds meant we needed to use our uncommitted balance prior to drawing any in year funding for programmes such as the Primary Care Improvement Fund and Mental Health Action 15. We have added £0.392 million to our Alcohol & Drugs Partnership reserve. In agreement with the Scottish Government the balance we take into 2023/24 will support the development of a local recovery hub and other committed costs.

The overall reduction in ring-fenced funding during 2022/23 is not unique to East Renfrewshire and mirrors the national position.

### Earmarked Reserves

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 £4.514 million supporting savings and delivering on projects as planned, however it is important to note that our smoothing reserve for fluctuation in prescribing costs and the transition funding to support Learning Disability bed model redesign were both fully utilised in 2022/23.

We have also transferred a number of reserve balances totalling £0.567 million to our budget phasing reserve as agreed during the year by the IJB, recognising the scale of the budget savings in 2023/24.

The balance relates to a number of smaller projects and initiatives with the detail provided at Note 8 (page 62-63).

### **General Reserves**

Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently 0.19% of the 2022/23 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.

We received Covid-19 support for unachieved savings during the first two years of the pandemic and when this stopped we used £2.439 budget phasing reserve in 2022/23 as we work to deliver our legacy savings on a recurring basis. The use of reserves to support savings delivery was an agreed strategy pre Covid-19. Our capacity to deliver change and savings was restricted by operational pressures during 2022/23.

In the event our operational costs exceed budget in 2023/24 we may need to un-hypothecate (i.e. un-earmark) reserves to meet costs.

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

## Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2023/24 to 2027/28 and our Strategic Plan for 2022/23 to 2024/25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

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

The most significant challenges for 2023/24 and beyond include:

- delivering a difficult range savings to ensure financial sustainability, recognising this is at odds with our historic focus on prevention
- managing the real tension between reduced service capacity as a result of savings and maintaining discharge without delay from hospital
- understanding the longer term impacts of Covid-19 on mental and physical health in the longer term
- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening with the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

For 2023/24 the cost pressures identified in our budget are of £10.34 million is offset by available funding of £3.28 million leaving a funding gap of £7.06 million; a savings programme is identified to deliver this in full, but we recognise there may be some areas where we will not achieve a full year by 31 March 2024 and this will be supported by the remaining earmarked reserves we hold.

Our Savings, Recovery and Renewal programme will continue to be reported to the IJB on a regular basis and provides detail on progress on savings, project work and service redesign. The prioritisation of care, to support those with the greatest need is required to deliver around 50% of our savings.

The funding gap in 2023/24 is £7.06 million and presents a very significant challenge particularly when taking into account the continued recovery from Covid-19, pay, inflation and capacity challenges. The funding gap results from:

|   | ERC<br>£m | NHS<br>£m | TOTAL<br>£m |
|---|-----------|-----------|-------------|
| 1. Cost Pressures:                          |           |           |             |
| Pay Award                                   | 1.45      | 0.40      | 1.85        |
| Inflation, Contracts and Living Wage        | 2.64      | 0.41      | 3.05        |
| Demographic and Demand                      | 2.23      | 0.10      | 2.33        |
| Capacity                                    | 0.22      | 0.10      | 0.32        |
| Prescribing                                 | -         | 0.35      | 0.35        |
| 2022/23 Legacy Savings                      | 2.44      | -         | 2.44        |
| Total Pressures                             | 8.98      | 1.36      | 10.34       |
| 2. Funding available towards cost pressures |           |           |             |
|   | 2.25      | 1.03      | 3.28        |
| 3. Unfunded Cost Pressures                  |           |           |             |
|   | 6.73      | 0.33      | 7.06        |

The budget agreed by the IJB on 29<sup>th</sup> March 2023 sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met.

The prescribing cost pressure has been limited to the level of funding uplift provided as part of the Scottish government budget settlement, although it needs to be recognised that there still remains significant volatility in both cost and demand.

The legacy savings brought forward from 2022/23 relate to the pre-pandemic budget the IJB agreed for 2020/21, set on the cusp of the first wave of the pandemic. At that time we were clear that we would need to move to prioritisation of care, with focus on those with the greatest level of need, recognising this would have significant impact on care packages as we had exhausted all other options. For context from 2016/17 to 2019/20 (the last year pre pandemic) the HSCP savings we needed to make in social care were £8.4 million.

We subsequently received full support for unachieved savings in 2020/21 and 2021/22 from the Scottish Government as part of the Covid-19 support funding, recognising we did not have operational capacity to work on savings delivery.

The use of reserves to allow time to feed in these legacy savings was part of our reserves strategy pre pandemic and we have met the majority of this saving in 2022/23 from reserves as the Covid-19 funding to support unachieved savings ceased in March 2022.

We now need to look again at prioritisation of care to help meet the cumulative impact of both legacy and new cost pressures in 2023/24, hence the introduction of a Supporting People Framework as part of our approach to achieve required savings:

|   | ERC<br>£m | NHS<br>£m | TOTAL<br>£m |
|---|-----------|-----------|-------------|
| Summary of Savings to Close Funding Gap:                |           |           |             |
| Service Savings including structure proposals           | 2.85      | 0.33      | 3.18        |
| Additional pay award funding post budget                | 0.26      | -         | 0.26        |
| Limit use of support services to contain cost pressures | 0.22      | -         | 0.22        |
| Supporting People Framework                             | 3.40      | -         | 3.40        |
|   |           |           |             |
| Total of Identified Savings                             | 6.73      | 0.33      | 7.06        |

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one of the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook and a report compiled on the position of 29 of the 31 IJB's at the beginning of 2023/24 showed a collective financial gap of £305 million which is 3.6% of the respective total budgets; however within individual IJBs this gap ranges from 1% to 9%. For East Renfrewshire HSCP the total gap is 4.7%, which equates to 10% against the East Renfrewshire Council contribution and 0.4% against the NHS Greater Glasgow and Clyde contribution.

The 2023/24 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

Our partner East Renfrewshire Council has agreed just over £0.75 million non-recurring support in 2023/24 for the HSCP to deliver a number of initiatives related to Covid-19 recovery:

- Increasing our Talking points capacity to support the development of more community groups
- Extend the warm spaces and community cafe initiatives in our Health & Care centres
- Additional staffing cover to help meet pressures over the winter months
- Wellbeing and recovery support along with "go bags" to support domestic abuse survivors
- Financial support for foster carers, recognising the cost of living challenges
- Support to extend the staff and our partners wellbeing programme within the HSCP
- Provide additional materials to support community justice work
- Provide additional wellbeing support for vulnerable individuals, particularly those with additional support needs
- Housing and mental health support for our young people
- Funding to work with older children as they transition into adult services
- Support work for young people affected by drugs and alcohol

Looking forward to 2024/25 and beyond in any one year the modelled cost pressure could range from £9.0 million to £3.4 million depending on the combination of factors, recognising the next 2 years are likely to be particularly challenging before we see economic recovery.



Similarly the resulting potential unfunded gap, as modelled, could range from £5.9 million to £2.3 million. However this will ultimately be determined by the Scottish Government budget settlement each year.

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 wider economic challenges are significant as we are seeing continued increasing inflation across a number of goods and services and in particular prescribed drugs on a global level, impacting nationally. The war in Ukraine has also impacted on supply of goods. For the UK economy current intelligence suggests that the cost of fuel and utilities may begin to reduce during this year, however this is only one element of the cost of living crisis. Our population and households are not impacted equally by cost of living and those with lower income are disproportionately affected.

Any changes relating to the National Care Service will be analysed and reflected in our future plans.

We have successfully operated integrated services for almost 20 years so we have faced a number of challenges and opportunities over the years. 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 will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict and the post Covid-19 impact could continue to be significant. The IJB previously held a reserve to help manage fluctuation in cost and demand, but this has now been fully utilised. Without intervention this could be a £2m overspend in 2023/24 with no funding available to offset this and this is an area difficult to predict in the longer term. Work is ongoing locally, across NHS Greater Glasgow and Clyde and at a national level to monitor this area of pressure.

Maintaining Discharge without Delay performance is a key issue for us. In order to achieve the target we continue to require more community based provision and this is dependent on availability of care. The medium-term aspiration 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.

We are in a period now where we are learning to live with Covid-19, its legacy impact and the continued circulation of the virus in our communities. With the exception of a modest sum of £2k to provide PPE to carers the support from the Scottish Government has ended, both for the HSCP and for partner organisations. There is still a risk that should any outbreak occur within a team or a health and care setting there could be impact on capacity and therefore on service delivery. There may also be associated additional costs of staff cover and infection control.

We continue to use learning from how we delivered services during the pandemic to shape and inform future service models.

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

We 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 were not able to progress this work during 2022/23 as capacity did not allow this.

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

- Our Savings, Recovery and Renewal Programme continues and the scope has been widened to incorporate all change and savings activity recognising the cross cutting nature of many workstreams. Progress will be reported to every meeting of the IJB.
- We will update our Medium-Term Financial Plan on a regular basis reflecting the ongoing and legacy impact of Covid-19, the economic climate and any impact from the National Care Service and / or other policy decisions 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. This will also inform our planning for our 2024/25 budget.
- We will continue to monitor the impacts of Covid-19, Brexit, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the ongoing pandemic response.
- We will complete the review of our Integration Scheme; work that had been undertaken pre pandemic has been refreshed during 2022/23 and an NHSGGC wide review is in place.
- 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. We intend to continue the development our performance reporting during 2023/24, building on work done in 2022/23.

- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. Given the overwhelming response to the pandemic over a prolonged period our staff are tired both physically and mentally and the wellbeing of our workforce is paramount. We will progress the action plan agreed as part of our Workforce Plan 2022-25.
- We will progress with the redesign of the Learning Disability Inpatient bed model and progress the programme of health checks for people with a learning disability.
- 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 longer term impact of Covid-19 on our population and the capacity for the HSCP and its partners to deliver services and implement our savings, Recovery and Renewal programme whilst maintaining financial sustainability remain significant risks.

## Conclusion

East Renfrewshire Integration Joint Board continued, pre Covid-19, to be well placed in the short term to meet the coming challenges, building on many years of delivering integrated health and social care services and continuing to lead on developing new and innovative models of service delivery, not only ensuring financial sustainability, but also meeting the needs of our population.

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

**Anne-Marie Monaghan**  
**Chair**  
**Integration Joint Board**

**28<sup>th</sup> June 2023**

**Julie Murray**  
**Chief Officer**  
**Integration Joint Board**

**28<sup>th</sup> June 2023**

**Lesley Bairden ACMA CGMA**  
**Chief Financial Officer**  
**Integration Joint Board**

**28<sup>th</sup> June 2023**

## Statement of Responsibilities

### Responsibilities of the Integration Joint Board

The IJB is required to:

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

I confirm that the audited Annual Accounts will be presented on 27<sup>th</sup> September 2023 for approval.

**Anne-Marie Monaghan**

**Chair**

**Integration Joint Board    28<sup>th</sup> June 2023**

## Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board as at 31<sup>st</sup> March 2023 and the transactions for the IJB for the period covering 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2022.

**Lesley Bairden ACMA CGMA**  
**Chief Financial Officer**  
**Integration Joint Board      28<sup>th</sup> June 2023**

# Remuneration Report

## Introduction

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

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

For 2022/23 no taxable expenses were claimed by members of the IJB.

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

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

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

## Integration Joint Board

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

## Senior Officers

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

The total remuneration received by the Chief Officer in 2022/23 amounted to £120,811 in respect of all duties undertaken during the financial year. The Chief Financial Officer total remuneration for 2022/23 amounted to £92,805.

| 2021/22                        |                       |                         | Name and Post                             | 2022/23                        |                           |                         |
|--------------------------------|-----------------------|-------------------------|---|--------------------------------|---------------------------|-------------------------|
| Salary, Fees & Allowances<br>£ | Taxable Expenses<br>£ | Total Remuneration<br>£ |   | Salary, Fees & Allowances<br>£ | Non-Taxable Expenses<br>£ | Total Remuneration<br>£ |
| 115,279                        | -                     | 115,279                 | Julie Murray<br>Chief Officer             | 120,811                        | -                         | 120,811                 |
| 88,285                         | -                     | 88,285                  | Lesley Bairden<br>Chief Financial Officer | 92,805                         | -                         | 92,805                  |

| Voting Board Members 2022/23                                      |                             | Total Taxable IJB Related Expenses<br>£ |
|---|-----------------------------|---|
| Councillor Caroline Bamforth (Chair April to May 22)              | East Renfrewshire Council   | -                                       |
| Anne-Marie Monaghan (Chair from June 22 and Vice Chair to May 22) | NHS Greater Glasgow & Clyde | -                                       |
| Councillor Katie Pragnell (Vice Chair) (from June 22)             | East Renfrewshire Council   | -                                       |
| Councillor Owen O'Donnell (from June 22)                          | East Renfrewshire Council   | -                                       |
| Councillor Paul Edlin (from June 22)                              | East Renfrewshire Council   | -                                       |
| Diane Foy (from August 2022)                                      | NHS Greater Glasgow & Clyde | -                                       |
| Jacqueline Forbes   | NHS Greater Glasgow & Clyde | -                                       |
| Amina Khan  | NHS Greater Glasgow & Clyde | -                                       |
| Councillor Tony Buchanan (until May 22)                           | East Renfrewshire Council   | -                                       |
| Councillor Jim Swift (until May 22)                               | East Renfrewshire Council   | -                                       |
| Michelle Wailes (until June 22)                                   | NHS Greater Glasgow & Clyde | -                                       |

The equivalent cost in 2021/22 was nil for all IJB members. The voting members of the IJB changed following local elections in May 2022 and there was a change of one NHS Non-Executive Director during the year.

The Pension entitlement for the Chief Officer for the year to 31<sup>st</sup> March 2023 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

| 2021/22                                       |                                      |               | Name and Post                             | 2022/23                                       |                                      |               |
|---|--------------------------------------|---------------|---|---|--------------------------------------|---------------|
| In Year Pension Contribution to 31 March<br>£ | Accrued Pension Benefits at 31 March |               |   | In Year Pension Contribution to 31 March<br>£ | Accrued Pension Benefits at 31 March |               |
|   | Pension<br>£                         | Lump Sum<br>£ |   |   | Pension<br>£                         | Lump Sum<br>£ |
| 22,249  | 48,214                               | 60,686        | Julie Murray<br>Chief Officer             | 23,316  | 54,433                               | 63,720        |
| 17,039  | 10,849                               | -             | Lesley Bairden<br>Chief Financial Officer | 17,848  | 12,993                               | -             |



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

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

However, the IJB has responsibility for funding the employer's contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2022/23 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers' own contributions.

### General Disclosure by Pay Bands

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

| <b>Number of Employees<br/>31 March<br/>2022</b> | <b>Remuneration Band</b> | <b>Number of Employees<br/>31 March<br/>2023</b> |
|--|--------------------------|--|
| -  | £80,000 - £84,999        | -  |
| 1  | £85,000 - £89,999        | -  |
| -  | £90,000 - £94,999        | 1  |
| -  | £105,000 - £109,999      | -  |
| -  | £110,000 - £114,999      | -  |
| 1  | £115,000 - £119,999      | -  |
| -  | £120,000 - £124,999      | 1  |

**Anne-Marie Monaghan**  
**Chair**  
**Integration Joint Board 28<sup>th</sup> June 2023**

**Julie Murray**  
**Chief Officer**  
**Integration Joint Board 28<sup>th</sup> June 2023**

# Annual Governance Statement

## Introduction

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

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

## Scope of Responsibility

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

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

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

## The Purpose of the Governance Framework

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

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's policies, aims and

objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

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

## The Governance Framework

The main features of the governance framework in place during 2022/23 are summarised below:

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

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

We continued to hold our IJB meetings on a video conferencing platform and agreed with our chair and vice chair a prioritised agenda for each meeting. We held all meetings as planned during 2022/23. We held three JB seminars during the year focussing on an induction and

introduction for new IJB Members and planning for the Budget for 2023/24. We also held a session on the IJB response to the National Care Service consultation.

Our daily huddle remained in place and as the year progressed we reduced the frequency to twice weekly and this allowed our senior managers to meet in the morning to assess the situation, prioritise workloads and support service delivery, particularly over a very challenging winter period. This also provides an informal support network which has been invaluable.

## Best Value

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



## The System of Internal Financial Control

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

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

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

## Review of Adequacy and Effectiveness

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

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2022/23. A member of East Renfrewshire Council's Audit and Scrutiny Committee was co-opted to the IJB Performance and Audit Committee during 2016/17 to promote transparency.

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

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

During 2022/23 the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards.

The Chief Internal Auditors opinion will be provided as part of the audited annual report and accounts in September 2023

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

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

## Governance Issues during 2022/23

Whilst all operational and transactional governance issues are considered within our partner's governance frameworks, the IJB Performance and Audit Committee also take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31<sup>st</sup> March 2023.

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

### Significant Governance Issues

The IJB continued to meet virtually throughout the year and all meetings were held as planned. The Scottish Government introduced new legislation in 2020/21; The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020. The HSCP has complied with this legislation as appropriate.

The focus on Covid-19 during the year has changed to look at how we live and work with the virus in circulation. The Scottish Government guidance changed during the year in relation to financial support and this was implemented locally. We continue to review our service delivery models and many more services are delivered in person or as a hybrid approach. Our buildings are far busier now that social distancing and other restrictions have eased.

### Operational Governance

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

| Audit Report                                      | Recommendations |  |            |
|---|-----------------|--|------------|
|   | Total for HSCP  | Considered implemented by HSCP (awaiting verification) | Total open |
| SDS – Direct Payments                             | 3               | 0  | 3          |
| Ordering and Certification                        | 4               | 4  | 0          |
| Follow up of Business Operations and Partnerships | 2               | 1  | 1          |
| Barrhead Centre                                   | 11              | 5  | 6          |
| HSCP Follow-up                                    | 20              | 12   | 8          |
| Debtors   | 2               | 2  | 0          |
| Environment Follow-up                             | 3               | 3  | 0          |
| Fostering, Adoption and Kinship                   | 3               | 2  | 1          |
| Payroll   | 8               | 8  | 0          |
| <b>TOTAL</b>                                      | <b>56</b>       | <b>37</b>  | <b>19</b>  |

We were able to restart our Recovery and Renewal programme and have subsequently widened the scope of this to include all savings and change.

We continue to report Covid-19 activity and costs to the Scottish Government via the NHS Greater Glasgow and Clyde Mobilisation Plan as well as to the IJB.

### Action Plan

The table below shows the progress made during 2022/23 against the actions that we identified in our 2021/22 annual report and accounts. It does need to be recognised that capacity to progress these actions was impacted by capacity constraints, particularly over the winter months.

| Action   | Progress   |
|--|--|
| Resource and deliver our Recovery and Renewal programme, with regular reporting including progress on savings to the IJB throughout 2022/23                                | We took reports during the year to the IJB and covered this at budget seminars. The team is fully resourced, however also supported operational services challenges during the year. The scope of the programme has been extended to cover all savings and change activity within the programme  |
| Refresh our Medium Term Financial Plan (MTFP) and Strategic Risk Register to reflect any changes resulting from the NCS and for economic and inflation factors as required | A refreshed MTFP will be presented to the IJB on 28 June 2023 and updated for any major changes as they arise  |
| Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde                                 | This is part of an NHSGGC wide programme and will continue to be implemented, The last update to the IJB was in November 2022  |
| Review our Best Value reporting with our Annual Performance Report and develop our performance reporting to look forward as well as report our retrospective position      | We established a working group during 2022/23 and have revised our reporting format. Work continues to develop exception reporting.  |
| Refresh our Integration Scheme   | Work remains ongoing across NHSGGC and we are waiting for confirmation from the Scottish Government on the next steps.   |
| Continue to monitor the costs associated with Covid-19 and sustainability throughout 2022/23 and beyond  | We completed the required returns throughout the year via the Local Mobilisation Plan reported through NHSGGC. This funding has ceased however we will continue to monitor the financial impact to inform local reporting and decision making. We will also report on the £0.750 million provided by ERC to support Covid recovery in 2023/24. |
| Recommence review of our Strategic Action Plan, paused during the response to the pandemic   | This work will recommence as part of our recovery.   |
| Develop our Strategic Commissioning Plan and our approach to collaborative commissioning   | Our latest Commissioning Plan to 2025 is being consulted on with a range of stakeholders and will be taken to the IJB in August 2023.  |



|   |   |
|---|---|
| Implement our Strategic Plan  | Our implementation plan was put in place during 2022/23                                       |
| We will implement plans including recruitment for winter and capacity funding               | This was completed during 2022/23 including the required reporting to the Scottish Government |
| We will report the results of the Joint Inspection of services for Children at Risk of Harm | The report was published 16 <sup>th</sup> August 2022 and shared with the IJB thereafter.     |

The actions we will take in 2023/24 to improve strengthening our corporate governance arrangements are:

- Deliver the Savings, Recovery and Renewal programme with progress reported to every meeting of the IJB
- Maintain the Medium Term Financial Plan and use this to inform the 2024/25 budget planning and beyond
- Ensuring financial sustainability is a key priority in 2023/24
- Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde
- Our Integration Scheme will be refreshed in line with appropriate guidance
- We will continue to monitor the financial impact of Covid where we can to inform local reporting and decision making. We will also report on the £0.750 million provided by ERC to support Covid recovery in 2023/24.
- Take our latest Commissioning Plan to 2025 to the IJB in August 2023 along with an implementation timeline.
- We will recommence review of our Strategic Action Plan, paused during the response to the pandemic and continue to develop of performance reporting.
- We will implement any recommendations resulting from the Adult Joint Inspection report, due to be published in June 2023.

## Conclusion and Opinion on Assurance

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

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

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

**Anne-Marie Monaghan**

**Chair**

**Integration Joint Board**

**28<sup>rd</sup> June 2023**

**Julie Murray**

**Chief Officer**

**Integration Joint Board**

**28<sup>rd</sup> June 2023**

## **Independent Auditor's Report**

The independent auditor's report to the members of East Renfrewshire Integration Joint Board and the Accounts Commission will be provided by our auditors Ernst & Young in the audited annual report and accounts presented on 27<sup>th</sup> September 2023

## The Financial Statements

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

### Comprehensive Income and Expenditure Statement for the year ended 31<sup>st</sup> March 2023

| 2021/22                   |                      |                         | 2022/23  |      |                           |                      |                         |
|---------------------------|----------------------|-------------------------|--|------|---------------------------|----------------------|-------------------------|
| Gross Expenditure<br>£000 | Gross Income<br>£000 | Net Expenditure<br>£000 | Objective Analysis   | Note | Gross Expenditure<br>£000 | Gross Income<br>£000 | Net Expenditure<br>£000 |
| 16,696                    | 2,468                | 14,228                  | Children and Families  |      | 18,264                    | 3,850                | 14,414                  |
| 26,757                    | 1,884                | 24,873                  | Older People's Services                                      |      | 28,325                    | 943                  | 27,382                  |
| 6,574                     | 308                  | 6,266                   | Physical/Sensory Disability                                  |      | 7,576                     | 774                  | 6,802                   |
| 21,479                    | 905                  | 20,574                  | Learning Disability – Community                              |      | 24,325                    | 915                  | 23,410                  |
| 9,901                     | 1,079                | 8,822                   | Learning Disability – Inpatients                             |      | 10,770                    | 1,179                | 9,591                   |
| 393                       | 167                  | 226                     | Augmentative & Alternative Communication                     |      | 460                       | 195                  | 265                     |
| 18,608                    | 2,110                | 16,498                  | Intensive Services   |      | 21,328                    | 3,443                | 17,885                  |
| 6,317                     | 303                  | 6,014                   | Mental Health  |      | 6,499                     | 349                  | 6,150                   |
| 2,958                     | 255                  | 2,703                   | Addictions / Substance Misuse                                |      | 3,295                     | 533                  | 2,762                   |
| 28,231                    | 527                  | 27,704                  | Family Health Services                                       |      | 29,862                    | 941                  | 28,921                  |
| 16,589                    | 1                    | 16,588                  | Prescribing  |      | 17,873                    | 1                    | 17,872                  |
| 864                       | 853                  | 11                      | Criminal Justice   |      | 913                       | 915                  | (2)                     |
| 29,017                    | 6,413                | 22,604                  | Management and Admin   |      | 19,417                    | 17,678               | 1,739                   |
| 232                       | -                    | 232                     | Corporate Services   | 6    | 243                       | -                    | 243                     |
| <b>184,616</b>            | <b>17,273</b>        | <b>167,343</b>          | <b>Cost of Services Managed by ER IJB</b>                    |      | <b>189,150</b>            | <b>31,716</b>        | <b>157,434</b>          |
|                           |                      |                         | Set Aside for delegated services provided in large hospitals |      | 29,075                    | -                    | 29,075                  |
| 27,892                    | -                    | 27,892                  | Aids and Adaptations   |      | 486                       | -                    | 486                     |
| 398                       | -                    | 398                     |  |      |                           |                      |                         |
| <b>212,906</b>            | <b>17,273</b>        | <b>195,633</b>          | <b>Total Cost of Services to ER IJB</b>                      |      | <b>218,711</b>            | <b>31,716</b>        | <b>186,995</b>          |
|                           |                      |                         | Taxation and Non Specific Grant Income                       | 3    | -                         | 172,289              | 172,289                 |
| -                         | 205,900              | 205,900                 |  |      |                           |                      |                         |
| <b>212,906</b>            | <b>223,173</b>       | <b>(10,267)</b>         | <b>(Surplus) or Deficit on Provision of Services</b>         |      | <b>218,711</b>            | <b>204,005</b>       | <b>14,706</b>           |

## Movement in Reserves Statement

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

| 2021/22<br>£000 | Movement in Reserves                                      | 2022/23<br>£000 |
|-----------------|---|-----------------|
| (10,485)        | Balance as at 31 <sup>st</sup> March 2022 brought forward | (20,752)        |
| (10,267)        | Total Comprehensive Income & Expenditure                  | 14,706          |
| <b>(10,267)</b> | <b>(Surplus) or Deficit on the Provision of Services</b>  | <b>14,706</b>   |
| <b>(20,752)</b> | <b>Balance as at 31st March 2023 Carried Forward</b>      | <b>(6,046)</b>  |

The reserves above are all useable.

## Balance Sheet

### As at 31st March 2023

The Balance Sheet as at 31<sup>st</sup> March 2023 is a snapshot of the value at that reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

| <b>31<sup>st</sup> March 2022</b> | <b>Balance Sheet</b>         | <b>Notes</b> | <b>31<sup>st</sup> March 2023</b> |
|-----------------------------------|------------------------------|--------------|-----------------------------------|
| <b>£000</b>                       |                              |              | <b>£000</b>                       |
| <b>21,130</b>                     | <b>Current Assets</b>        |              | <b>9,901</b>                      |
| 21,130                            | Short Term Debtors           | 7            | 9,901                             |
|                                   |                              |              |                                   |
| <b>378</b>                        | <b>Current Liabilities</b>   |              | <b>3,855</b>                      |
| 378                               | Short Term Creditors         | 7            | 3,855                             |
|                                   |                              |              |                                   |
| <b>20,752</b>                     | <b>Net Assets - Reserves</b> | 8            | <b>6,046</b>                      |

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31<sup>st</sup> March 2023 and its income and expenditure for the year then ended.

The audited annual report and accounts will be submitted for approval and issue by the IJB on 27<sup>th</sup> September 2023.

**Lesley Bairden ACMA CGMA**  
**Chief Financial Officer**  
**Integration Joint Board 28<sup>th</sup> June 2023**

# Notes to the Financial Statements

## 1. Accounting Policies

### 1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2022/23 reporting period and its position as at 31<sup>st</sup> March 2023.

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

IJBs are specified as Section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 supported by International Finance Reporting Standards (IFRS).

### 1.2 Accruals of Income and Expenditure

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

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

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

### 1.3 Going Concern

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

### 1.4 Accounting Convention

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

### 1.5 Funding

East Renfrewshire IJB receives contributions from its funding partners, namely East Renfrewshire Council and NHS Greater Glasgow and Clyde to fund its services. Expenditure is incurred in the form of charges for services provided to the IJB by its partners.

## **1.6 Reserves**

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

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

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

## **1.7 Events after the Balance Sheet Date**

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

Where events take place before the date of authorisation and provide information about conditions existing as at 31<sup>st</sup> March 2023 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

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

## **1.8 Related Party Transactions**

As partners of East Renfrewshire IJB both East Renfrewshire Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 5 (Page 59) in accordance with the requirements of International Accounting Standard 24.

## **1.9 Provisions, Contingent Assets and Liabilities**

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

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



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

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

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

### **1.10 Indemnity Insurance**

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

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

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims, taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31<sup>st</sup> March 2023.

Similarly, the likelihood of receipt of an insurance settlement to cover any claims would be separately assessed, and where material, they would be presented as either a debtor or disclosed as a contingent asset. No such receipts were identified as at 31<sup>st</sup> March 2023.

The cost of participation in the CNORIS scheme was funded on our behalf by NHS Greater Glasgow and Clyde in previous financial years but was met by the IJB for financial year 2022/23.

### **1.11 Corresponding Amounts**

These Financial Statements cover the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023, with corresponding full year amounts for 2021/22.

## **1.12 VAT**

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

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

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

## **1.13 Post - Employment Benefits – Pension Costs**

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

## **1.14 Prior Period Restatement**

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

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

## 2. Expenditure and Income Analysis by Nature

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

| 2021/22<br>£000  | Expenditure and Income Analysis by Nature                   | 2022/23<br>£000  |
|------------------|---|------------------|
| (205,900)        | Partners funding contribution and non-specific grant income | (172,289)        |
| (17,273)         | Fees and charges and other service income                   | (31,716)         |
| <b>(223,173)</b> | <b>Total Funding</b>  | <b>(204,005)</b> |
| 51,244           | Employee Costs  | 56,809           |
| 882              | Premises Costs  | 985              |
| 479              | Transport Costs   | 401              |
| 23,740           | Supplies & Services   | 9,890            |
| 61,243           | Third Party Payments  | 71,347           |
| 2,499            | Support Costs   | 2,304            |
| 16,432           | Prescribing   | 17,717           |
| 28,263           | Family Health Service                                       | 29,940           |
| 27,892           | Acute Hospital Services                                     | 29,075           |
| 204              | Corporate Costs   | 213              |
| 28               | External Audit Fee  | 30               |
| <b>212,906</b>   | <b>Cost of Services</b>                                     | <b>218,711</b>   |

### 3. Taxation and Non Specific Grant Income

| 2021/22<br>£000 | Taxation and Non Specific Grant Income                               | 2022/23<br>£000 |
|-----------------|--|-----------------|
| 67,228          | East Renfrewshire Council  | 50,593          |
| 126,738         | NHS Greater Glasgow and Clyde  | 109,533         |
| 11,934          | Resource Transfer  | 12,163          |
| <b>205,900</b>  | <b>Partners Funding Contribution &amp; Non Specific Grant Income</b> | <b>172,289</b>  |

The funding contribution from NHS Greater Glasgow and Clyde includes East Renfrewshire's use of set aside for delegated services provided in large hospitals (£29.075 million in 2022/23 and £27.892 million in 2021/22). These services are provided by the NHS, which retains responsibility for managing the costs of providing the service; the IJB however, has responsibility for the consumption of and level of demand placed on these services.

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

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2022/23 accounts for Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services hosted by the East Renfrewshire IJB for other IJBs within the NHS Greater Glasgow & Clyde Area.

The IJB is considered to be acting as a 'principal' and the 2022/23 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2022/23 financial statements. The cost of the hosted service provided to other IJBs as well as that consumed by East Renfrewshire for the Learning Disability Inpatients and Augmentative and Alternative Communication is detailed in the following tables.

| 2021/22<br>£000 | Learning Disability In-Patient Services<br>Hosted by East Renfrewshire IJB | 2022/23<br>£000 |
|-----------------|--|-----------------|
| 5,655           | Glasgow  | 6,872           |
| 1,993           | Renfrewshire   | 1,834           |
| 551             | Inverclyde   | 521             |
| 310             | West Dunbartonshire  | 291             |
| -               | East Dunbartonshire  | -               |
| 8,509           | Learning Disability In-Patients Services Provided to other IJBs            | 9,518           |
| 313             | East Renfrewshire  | 73              |
| <b>8,822</b>    | <b>Total Learning Disability In-Patient Services</b>                       | <b>9,591</b>    |

| 2021/22<br>£000 | Augmentative and Alternative Communication (AAC)<br>Hosted by East Renfrewshire IJB | 2022/23<br>£000 |
|-----------------|---|-----------------|
| 97              | Glasgow   | 124             |
| 22              | Renfrewshire  | 27              |
| 26              | Inverclyde  | 32              |
| 4               | West Dunbartonshire   | 5               |
| 22              | East Dunbartonshire   | 27              |
| 171             | AAC Services Provided to other IJBs   | 215             |
| 40              | East Renfrewshire   | 50              |
| <b>211</b>      | <b>Total AAC Services</b>   | <b>265</b>      |

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

| 2021/22<br>£000 | Services Provided to East Renfrewshire IJB by Other IJBs<br>within NHSGGC | 2022/23<br>£000 |
|-----------------|---|-----------------|
| 435             | Physiotherapy   | 476             |
| 43              | Retinal Screening   | 50              |
| 474             | Podiatry  | 788             |
| 289             | Primary Care Support  | 306             |
| 342             | Continence  | 419             |
| 600             | Sexual Health   | 631             |
| 990             | Mental Health   | 1,183           |
| 789             | Oral Health   | 978             |
| 350             | Addictions  | 374             |
| 209             | Prison Health Care  | 232             |
| 171             | Health Care in Police Custody   | 156             |
| 3,846           | Psychiatry  | 4,032           |
| <b>8,538</b>    | <b>Net Expenditure on Services Provided</b>                               | <b>9,625</b>    |

## 5. Related Party Transactions

The following financial transactions were made with East Renfrewshire Council and NHS Greater Glasgow and Clyde relating to integrated health and social care functions during 2022/23. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

| 2021/22<br>£000 | Income – Payments for Integrated Functions | 2022/23<br>£000 |
|-----------------|--|-----------------|
| 130,541         | NHS Greater Glasgow and Clyde              | 121,759         |
| 92,632          | East Renfrewshire Council                  | 82,246          |
| <b>223,173</b>  | <b>Total</b>                               | <b>204,005</b>  |

| 2021/22<br>£000 | Expenditure – Payments for Delivery of Integrated Functions | 2022/23<br>£000 |
|-----------------|---|-----------------|
| 130,541         | NHS Greater Glasgow and Clyde                               | 121,759         |
| 82,365          | East Renfrewshire Council                                   | 96,952          |
| <b>212,906</b>  | <b>Total</b>  | <b>218,711</b>  |

| 2021/22<br>£000 | Closing Reserve Balance (held within ERC on behalf of IJB) | 2022/23<br>£000 |
|-----------------|--|-----------------|
| -               | NHS Greater Glasgow and Clyde                              | -               |
| 20,752          | East Renfrewshire Council                                  | 6,046           |
| <b>20,752</b>   | <b>Total</b>   | <b>6,046</b>    |

## 6. Corporate Expenditure

| 2021/22<br>£000 | Corporate Expenditure | 2022/23<br>£000 |
|-----------------|-----------------------|-----------------|
| 204             | Staff Costs           | 213             |
| 28              | Audit Fee             | 30              |
| <b>232</b>      | <b>Total</b>          | <b>243</b>      |

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

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

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

NHS Greater Glasgow and Clyde did not charge for any support services provided in the year ended 31<sup>st</sup> March 2023.

The support services provided through East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and the charge is included for 2022/23. The Covid-19 related costs within these services has been met from our Covid-19 funding.

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice for 2022/23 amounted to £29,840. Audit Scotland did not provide any non-audit services during 2022/23.

VAT is not included in the costs identified.



## 7. Short Term Debtors and Creditors

| 2021/22<br>£000 | Short Term Debtors   | 2022/23<br>£000 |
|-----------------|--|-----------------|
| -<br>21,130     | NHS Greater Glasgow and Clyde<br>East Renfrewshire Council | -<br>9,901      |
| <b>21,130</b>   | <b>Total</b>   | <b>9,901</b>    |

| 2021/22<br>£000 | Short Term Creditors                                       | 2022/23<br>£000 |
|-----------------|--|-----------------|
| 378<br>-        | NHS Greater Glasgow and Clyde<br>East Renfrewshire Council | 3,855<br>-      |
| <b>378</b>      | <b>Total</b>   | <b>3,855</b>    |

## 8. Reserves

As at 31<sup>st</sup> March 2023 the IJB holds earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve is also held to allow us to meet any unforeseen or unanticipated events that may impact on the IJB.

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

The reserves of the IJB fall into three types:

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

The year on year movement in reserves is summarised:

| <b>Reserves Movement</b>                         | <b>£ Million</b> | <b>£ Million</b> |
|--|------------------|------------------|
| Reserves at 31 March 2022                        |                  | 20.752           |
| Planned use of existing reserves during the year | (16.420)         |                  |
| Funds added to reserves during the year          | 1.714            |                  |
| Net reduction in reserves during the year        |                  | (14.706)         |
| Reserves at 31 March 2023                        |                  | 6.046            |

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

| 2021/22<br>£000 | Reserves  | Used<br>£000  | Added<br>£000 | Transfers In<br>/ (Out)<br>£000 | 2022/23<br>£000 |
|-----------------|---|---------------|---------------|---------------------------------|-----------------|
| 215             | Mental Health Action 15   | 97            |               |                                 | 118             |
| 526             | Alcohol & Drugs Partnership   | 165           | 392           | 98                              | 851             |
| 142             | Drugs Death Taskforce   | 44            |               | (98)                            | 0               |
| 1,985           | Primary Care Improvement  | 1,324         |               |                                 | 661             |
| 181             | GP Premises Fund  | 0             |               |                                 | 181             |
| 9,266           | COVID Allocations   | 9,264         |               |                                 | 2               |
| 1,012           | Winter Planning   | 1,012         |               |                                 | 0               |
| <b>13,327</b>   | <b>Total Ring-Fenced Reserves</b>                                   | <b>11,906</b> | <b>392</b>    | <b>0</b>                        | <b>1,813</b>    |
| 2,716           | Budget Savings Phasing  | 2,439         | 590           | 567                             | 1,434           |
| 165             | In Year Pressures   |               |               |                                 | 165             |
| 456             | Prescribing   | 456           |               |                                 | 0               |
| <b>3,337</b>    | <b>Total Bridging Finance</b>                                       | <b>2,895</b>  | <b>590</b>    | <b>567</b>                      | <b>1,599</b>    |
| 460             | Residential Accommodation   | 0             |               | (460)                           | 0               |
| 35              | Health Visitors   | 35            | 82            |                                 | 82              |
| 58              | Home & Belonging  | 58            |               |                                 | 0               |
| 687             | Counselling in Schools  | 305           |               |                                 | 382             |
| 15              | Child Healthy Weight Programme                                      | 0             |               | (15)                            | 0               |
| 888             | Children and Adolescent Mental Health Services                      | 486           | 71            |                                 | 473             |
| 50              | Trauma Informed Practice  |               | 50            |                                 | 100             |
| 29              | Whole Family Wellbeing  |               | 437           |                                 | 466             |
| 24              | Unaccompanied Asylum Seekers Children                               | 15            |               |                                 | 9               |
| <b>2,246</b>    | <b>Children &amp; Families</b>                                      | <b>899</b>    | <b>640</b>    | <b>(475)</b>                    | <b>1,512</b>    |
| <b>434</b>      | <b>Transitional Funding Learning Disability Specialist Services</b> | <b>434</b>    | <b>0</b>      | <b>0</b>                        | <b>0</b>        |
| 295             | Learning Disability Community Living Change                         | 41            |               |                                 | 254             |
| 37              | Addictions Residential Rehabilitation                               |               |               |                                 | 37              |
| 61              | Mental Health Officer/Community Psychology/Capacity                 |               |               |                                 | 61              |
| 125             | Care Home Oversight Support   | 48            |               |                                 | 77              |
| 85              | Augmentative & Alternative Communication                            |               | 19            |                                 | 104             |
|                 | - Learning Disability Health Checks                                 |               | 32            |                                 | 32              |
| 52              | Lead Nurse - Care Homes Allocation                                  | 52            |               |                                 | 0               |
| 60              | Armed Forces Covenant   | 47            |               |                                 | 13              |
| 88              | Wellbeing   | 43            |               |                                 | 45              |
| 68              | Dementia Funding  |               | 41            |                                 | 109             |
| 18              | Telecare Fire Safety  |               |               |                                 | 18              |
| <b>889</b>      | <b>Adult Services</b>   | <b>231</b>    | <b>92</b>     | <b>0</b>                        | <b>750</b>      |
| <b>124</b>      | <b>Renewals &amp; Repairs Fund</b>                                  | <b>24</b>     |               | <b>0</b>                        | <b>100</b>      |
| 31              | Partnership Strategic Framework                                     | 31            |               |                                 | 0               |
| 92              | Organisational Learning & Development                               | 0             |               | (92)                            | 0               |
| <b>123</b>      | <b>Total Capacity</b>   | <b>31</b>     | <b>0</b>      | <b>(92)</b>                     | <b>0</b>        |
| <b>7,153</b>    | <b>Total Earmarked Reserves</b>                                     | <b>4,514</b>  | <b>1,322</b>  | <b>0</b>                        | <b>3,961</b>    |
| <b>272</b>      | <b>Total General Reserves</b>                                       | <b>0</b>      | <b>0</b>      | <b>0</b>                        | <b>272</b>      |
| <b>20,752</b>   | <b>Total All Reserves</b>   | <b>16,420</b> | <b>1,714</b>  | <b>0</b>                        | <b>6,046</b>    |

## **9. Contingent Assets and Liabilities**

There are no contingent assets or liabilities as at 31<sup>st</sup> March 2023.

## **10. New standards issued but not yet adopted**

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have a significant impact on the 2022/23 annual accounts.

## **11. Critical Judgements**

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of Learning Disability Inpatients Services and AAC services hosted within the East Renfrewshire IJB for other IJB's within the NHS Greater Glasgow & Clyde area. Within NHS Greater Glasgow & Clyde each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal' and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which the 2022/23 accounts have been prepared.

## **12. Estimation Uncertainty**

There are no estimations included within the 2022/23 accounts.

## **13. Post Balance Sheet Events**

The final annual report and accounts will be presented for approval on 27<sup>th</sup> September 2023.

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

## **14. Prior Period Restatement**

There are no restatements included in the unaudited accounts.

## Where to find more information

### In This Document

The requirements governing the format and content of the IJB annual accounts follows guidance issued by the Integrated Resources Advisory Group and by The Local Authority (Scotland) Accounts Advisory Committee (LASAAC).

### On Our Website

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

### Useful Links

#### Strategic Plan – full plan and summary

[https://www.eastrenfrewshire.gov.uk/media/7569/HSCP-Strategic-Plan-2022-2025/pdf/East\\_Renfrewshire\\_HSCP\\_-\\_Strategic\\_Plan\\_2022-2025.pdf?m=637847662804030000](https://www.eastrenfrewshire.gov.uk/media/7569/HSCP-Strategic-Plan-2022-2025/pdf/East_Renfrewshire_HSCP_-_Strategic_Plan_2022-2025.pdf?m=637847662804030000)

<https://indd.adobe.com/view/badd5a41-54e9-4205-973a-06e3b4134c9b>

#### Medium Term Financial Plan

[https://www.eastrenfrewshire.gov.uk/media/7567/Medium-term-financial-plan-2022-23-to-2026-27/pdf/Medium\\_Term\\_Financial\\_Plan\\_-\\_Mar\\_2022.pdf?m=637846608465330000](https://www.eastrenfrewshire.gov.uk/media/7567/Medium-term-financial-plan-2022-23-to-2026-27/pdf/Medium_Term_Financial_Plan_-_Mar_2022.pdf?m=637846608465330000)

#### Integration Scheme

[https://www.eastrenfrewshire.gov.uk/media/7035/East-Renfrewshire-Integration-Scheme-2018-Update/pdf/East\\_Renfrewshire\\_Integration\\_Scheme\\_-\\_2018\\_Update.pdf?m=637704037531600000](https://www.eastrenfrewshire.gov.uk/media/7035/East-Renfrewshire-Integration-Scheme-2018-Update/pdf/East_Renfrewshire_Integration_Scheme_-_2018_Update.pdf?m=637704037531600000)

#### Annual Performance Report

[https://www.eastrenfrewshire.gov.uk/media/8149/IJB-Item-06-21-September-2022/pdf/IJB\\_Item\\_06\\_-\\_21\\_September\\_2022.pdf?m=637983202014730000](https://www.eastrenfrewshire.gov.uk/media/8149/IJB-Item-06-21-September-2022/pdf/IJB_Item_06_-_21_September_2022.pdf?m=637983202014730000)

#### Strategic Risk Register

[https://www.eastrenfrewshire.gov.uk/media/8183/Performance-and-Audit-Committee-Item-11-21-September-2022/pdf/Performance\\_and\\_Audit\\_Committee\\_Item\\_11\\_-\\_21\\_September\\_2022.pdf?m=637987495064500000](https://www.eastrenfrewshire.gov.uk/media/8183/Performance-and-Audit-Committee-Item-11-21-September-2022/pdf/Performance_and_Audit_Committee_Item_11_-_21_September_2022.pdf?m=637987495064500000)

It should be noted that the links above relate to the associated documents as at September 2022 and there may be later versions available on our website. The links will be updated and also embedded for our audited accounts in September 2023.

## **Acknowledgement**

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

**Anne-Marie Monaghan**  
**Chair**  
**Integration Joint Board**

**28<sup>th</sup> June 2023**

**Julie Murray**  
**Chief Officer**  
**Integration Joint Board**

**28<sup>th</sup> June 2023**

**Lesley Bairden ACMA CGMA**  
**Chief Financial Officer**  
**Integration Joint Board**

**28<sup>th</sup> June 2023**



|   |  |
|---|--|
| <b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  | Performance and Audit Committee  |
| <b>Held on</b>  | 26 June 2023   |
| <b>Agenda Item</b>  | 8  |
| <b>Title</b>  | Audit Scotland Report: Integration Joint Boards Financial Analysis 2021/22 |
| <b>Summary</b>  |  |
| <p>The Accounts Commission report prepared by Audit Scotland in April 2023 provides a high-level independent analysis of the financial performance of Integration Joint Boards (IJBs) during 2021/22 and their financial position at the end of that year. The report also looks ahead and comments on the financial outlook for IJBs in 2022/23 and financial planning in the medium and longer terms. The IJB Financial Analysis forms one part of the Commission's wider programme</p> |  |
| <b>Presented by</b>   | Lesley Bairden, Head of Finance and Resources<br>(Chief Financial Officer) |
| <b>Action Required</b>  |  |
| <p>The Performance and Audit Committee is asked to note the report.</p>   |  |

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**26 June 2023**

**Report by Chief Financial Officer**

**AUDIT SCOTLAND REPORT:  
INTEGRATION JOINT BOARDS FINANCIAL ANALYSIS 2021/22**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide the Performance and Audit Committee with an overview of the main messages contained within the Audit Scotland report on Integration Joint Boards' financial analysis 2021/22 along with additional local context.

**RECOMMENDATION**

2. The Performance and Audit Committee is asked to note the report.

**BACKGROUND**

3. Audit Scotland audit 225 public bodies to provide independent assurance that public money is spent properly, efficiently and effectively. They provide services to the Auditor General and the Accounts Commission. The Accounts Commission holds councils and other local government bodies in Scotland to account and helps them improve by reporting to the public on their performance.
4. Audit Scotland produce a number of reports each year and in April 2023 published a report on Integration Joint Boards' financial analysis 2021/22 which is included at Appendix 1 for information.

**REPORT**

5. The key messages included with this report are set out in four areas:
  - IJB operating context
  - IJB financial and service challenges
  - IJB finances 2021/22
  - Medium and longer term outlook
6. The local impact is also included in the bullet points after each key message where relevant.

**IJB Operating Context**

7. IJBs face increasing demand – Scotland's population is ageing with increasingly complex health and social care needs.

- We know our demographic profile is challenging, particularly at the older and younger ends of the age range.
8. The health and social care workforce is under extreme pressure, with continued recruitment and retention challenges.
    - We are still facing challenges locally and try to mitigate through our focus on wellbeing
  9. IJBs continue to deal with the impacts of Covid-19 on services. There remains considerable uncertainty about the planning and delivery of health and social care services whilst the Scottish Government develop plans to create a National Care Service (NCS).
    - The ongoing challenges of Covid-19 are recognised in our Medium Term Financial Plan and our Strategic Risk Register, recognising the ongoing impact of the virus and that support funding has ceased at the end of 2022/23.

### **IJB Financial and Service Challenges**

10. IJBs face considerable financial uncertainties and workforce challenges.
  - We have recognised this in our budget setting, revenue monitoring and medium term financial plan. If anything the financial challenges have escalated since the period covered in this report.
11. Efficiency and transformational savings alone may be insufficient to meet future financial challenges. Significant transformation is needed to ensure financial sustainability and service improvements.
  - Our savings requirement of £7.06 million in 2023/24 recognises the extent of the challenge.
12. The social care sector cannot wait for a NCS to deal with financial, workforce and service demand challenges— action is needed now if we are to improve the outcomes for people who rely on health and social care services.

### **IJB Finances 2021/22**

13. IJBs returned significant surpluses in 2021/22, mainly due to additional funding received late in the financial year for specific policy commitments, including Covid-19, as well as underspends on the cost of providing services.
  - The HSCP ended 2021/22 with an operational underspend of £0.837 million which was 0.54% of our budget for the year.
14. Total IJB reserves have doubled in 2021/22 to £1,262 million largely due to additional funding received late in the financial year for national policy commitments, including the response to Covid-19. Due to changes to future anticipated IJB Covid-19 spend, the Scottish Government are exploring options to recover around two thirds of Covid-19 related reserve balances held at the 2021/22 year end.
  - Our reserves increased from £10.5 million to £20.7 million and as above the vast majority of this related to Scottish Government ring-fenced funds, received late in the year, including Covid-19 funding of over £9 million.
  - Our reserves use in 2022/23 was just over £16 million and included £4.6 million spent on Covid-19 costs and £4.7 million return of Covid-19 funding for redistribution.
  - We will take just over £6 million into 2023/24 and of this £1.8 million relates to Scottish Government ring-fenced funding.

15. The pandemic continued to impact on the delivery of IJB savings plans, with the Scottish Government providing specific financial support in 2021/22 to support unachieved savings on a non-recurring basis. This typically means that these savings have to be achieved in future years. It is essential that comprehensive plans are in place, demonstrating how IJBs will achieve recurring savings and support required service transformation.
- We are taking £2.4 million legacy savings into 2023/24 which is 35% of the £7.06 million we need to find in savings. As part of our 2020/21 budget we planned to prioritise care (per the Supporting People Framework now in place) to deliver the savings; this then paused as a result of the pandemic with support for savings as part of Covid-19 funding. That element of support funding ended in March 2022. In 2022/23 we used £2.4 million of reserves to support this saving as capacity and operational challenges did not allow for redesign.

### Medium and longer-term outlook

16. IJBs have a projected funding gap of £124 million for 2022/23. Fourteen per cent of the 2022/23 projected funding gap is anticipated to be bridged by drawing on reserves, with other savings delivered on a non-recurring basis. Savings options had not been identified for 28 per cent of the gap. The identification and delivery of recurring savings and reducing reliance on using reserves to fund revenue expenditure is key to ensuring long-term financial sustainability.
- Our strategy to bridge savings and allow smoothing in, particularly any saving that relates to care and support, was in place pre pandemic. Following the challenges in 2022/23 we are taking £1.6 million into 2023/24 to support delivery of savings.
17. Three quarters of IJBs have recently updated their Medium Term Financial Plans (MTFPs). Doing so allows IJBs to respond more effectively to the long-term impacts of Covid-19, alongside increased cost pressures, including rising demand and inflation.
- We took a refreshed MTFP in May 2022 and the latest refresh is at June 2023.
18. The report then discusses some of these issues in more detail and further points of note include the following exhibit diagrams:
19. Exhibit 1 Surplus as a proportion of net cost of services (report page 10) shows East Renfrewshire as 5<sup>th</sup> lowest with the majority of our surplus resulting from Covid-19 funding.
20. Exhibit 2 2021/22 Savings performance (page 11 of the report) shows East Renfrewshire 10<sup>th</sup> highest in the proportion of savings unachieved. However it should be noted that Covid-19 support funding was available in 2021/22.
21. Exhibit 4 2021/22 year-end IJB reserves as a proportion of the net cost of services (excluding Covid-19 reserves) (page 14 of the report) shows East Renfrewshire with the 9<sup>th</sup> lowest level of reserves, with almost all of this earmarked. An important point to note is the report states that almost half of all IJBs had contingency reserve levels of less than one percent of net cost of services.
22. Exhibit 5 2022/23 funding gap, excluding Covid-19 related costs, as a proportion of the net cost of services (page 16 of the report) shows East Renfrewshire with 9<sup>th</sup> highest level of funding gap.

**CONCLUSIONS**

- 23. Whilst there is nothing of surprise in this report and the information relates in the main to 2012/22 and the report does give the contextual and benchmark information for East Renfrewshire.
- 24. We are now facing significant challenges in 2023/24 and there is little or no improvement locally or nationally in the current financial outlook.

**RECOMMENDATIONS**

- 25. The Performance and Audit Committee is asked to note the report.

**REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)  
[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)  
0141 451 0748

16 June 2023

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

None

# Integration Joint Boards

Financial analysis 2021/22



ACCOUNTS COMMISSION 

Prepared by Audit Scotland  
April 2023

# Contents

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Further information about our work on [Transforming health and social care in Scotland](#) is available on the Audit Scotland website as well as the following outputs:

**Health and social care integration: Update on progress**  
November 2018

**What is integration? A short guide to the integration of health and social care services in Scotland**  
April 2018

**Health and social care integration**  
December 2015



# Key messages

## IJB operating context

- IJBs face increasing demand – Scotland’s population is ageing, with increasingly complex health and social care needs.
- The health and social care workforce is under extreme pressure, with continued recruitment and retention challenges.
- IJBs continue to deal with the impacts of Covid-19 on services.
- There remains considerable uncertainty about the planning and delivery of health and social care services whilst the Scottish Government develop plans to create a National Care Service (NCS).

## IJB financial and service challenges

- IJBs face considerable financial uncertainties and workforce challenges.
  - Efficiency and transformational savings alone may be insufficient to meet future financial challenges. Significant transformation is needed to ensure financial sustainability and service improvements.
  - The social care sector cannot wait for a NCS to deal with financial, workforce and service demand challenges– action is needed now if we are to improve the outcomes for people who rely on health and social care services.

## IJB finances 2021/22

- IJBs returned significant surpluses in 2021/22, mainly due to additional funding received late in the financial year for specific policy commitments, including Covid-19, as well as underspends on the cost of providing services.
- Total IJB reserves have doubled in 2021/22 to £1,262 million largely due to additional funding received late in the financial year for national policy commitments, including the response to Covid-19. Due to changes to future anticipated IJB Covid-19 spend, the Scottish Government are exploring options to recover around two thirds of Covid-19 related reserve balances held at the 2021/22 year end.
- The pandemic continued to impact on the delivery of IJB savings plans, with the Scottish Government providing specific financial support in 2021/22 to support unachieved savings on a non-recurring basis. This typically means that these savings have to be achieved in future years. It is essential that comprehensive plans are in place, demonstrating how IJBs will achieve recurring savings and support required service transformation.

## Medium- and longer-term outlook

- IJBs have a projected funding gap of £124 million for 2022/23. Fourteen per cent of the 2022/23 projected funding gap is anticipated to be bridged by drawing on reserves, with other savings delivered on a non-recurring basis. Savings options had not been identified for 28 per cent of the gap. The identification and delivery of recurring savings and reducing reliance on using reserves to fund revenue expenditure is key to ensuring long-term financial sustainability.
  - Three quarters of IJBs have recently updated their Medium Term Financial Plans (MTFPs). Doing so allows IJBs to respond more effectively to the long-term impacts of Covid-19, alongside increased cost pressures, including rising demand and inflation.
-



# Introduction

**1.** This Accounts Commission report provides a high-level independent analysis of the financial performance of Integration Joint Boards (IJBs) during 2021/22 and their financial position at the end of that year. It also looks ahead and comments on the financial outlook for IJBs in 2022/23 and financial planning in the medium and longer terms. The IJB Financial Analysis forms one part of the Commission's wider programme of audit work on IJBs and health and social care integration.

**2.** IJBs were under significant pressure in 2021/22 – from increasing workforce challenges, the demand pressures of an ageing population and trying to address the disruption caused by Covid-19 on services. The pandemic increased the challenges facing IJBs already trying to respond to financial and demand pressures.

**3.** Alongside this, all IJBs are having to manage immense pressures on the health and social care workforce. Within social care services in 2021, there were around 208,360 people working across Scotland with a 30 per cent turnover of staff per year. The proportion of care services reporting vacancies increased by 11 per cent to 47 per cent in 2021.<sup>1</sup> The most common reasons for vacancies not being filled were too few applicants, and too few who were experienced and qualified. The effects of the pandemic exacerbated existing pressures on the workforce with low pay, antisocial hours and 'burnout' causing experienced staff to leave their posts.

**4.** Together with the Auditor General for Scotland and Audit Scotland, we have [reported on the significant ongoing challenges](#) which impact the delivery of health and social care services. Most recently, we highlighted this in our 2022 [Social care briefing](#). This will continue to be a focus for our future work.

## What is an Integration Joint Board?

**5.** The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) is intended to ensure that health and social care services are well integrated, so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care. The reforms affect everyone who receives, delivers and plans health and care services in Scotland. The Act requires councils and NHS boards to work together in partnerships, known as Integration Authorities (IAs). There are 31 IAs, established through partnerships between the 14 territorial NHS boards and 32 councils in Scotland.



There were around 208,360 people working across social care services in Scotland in 2021.



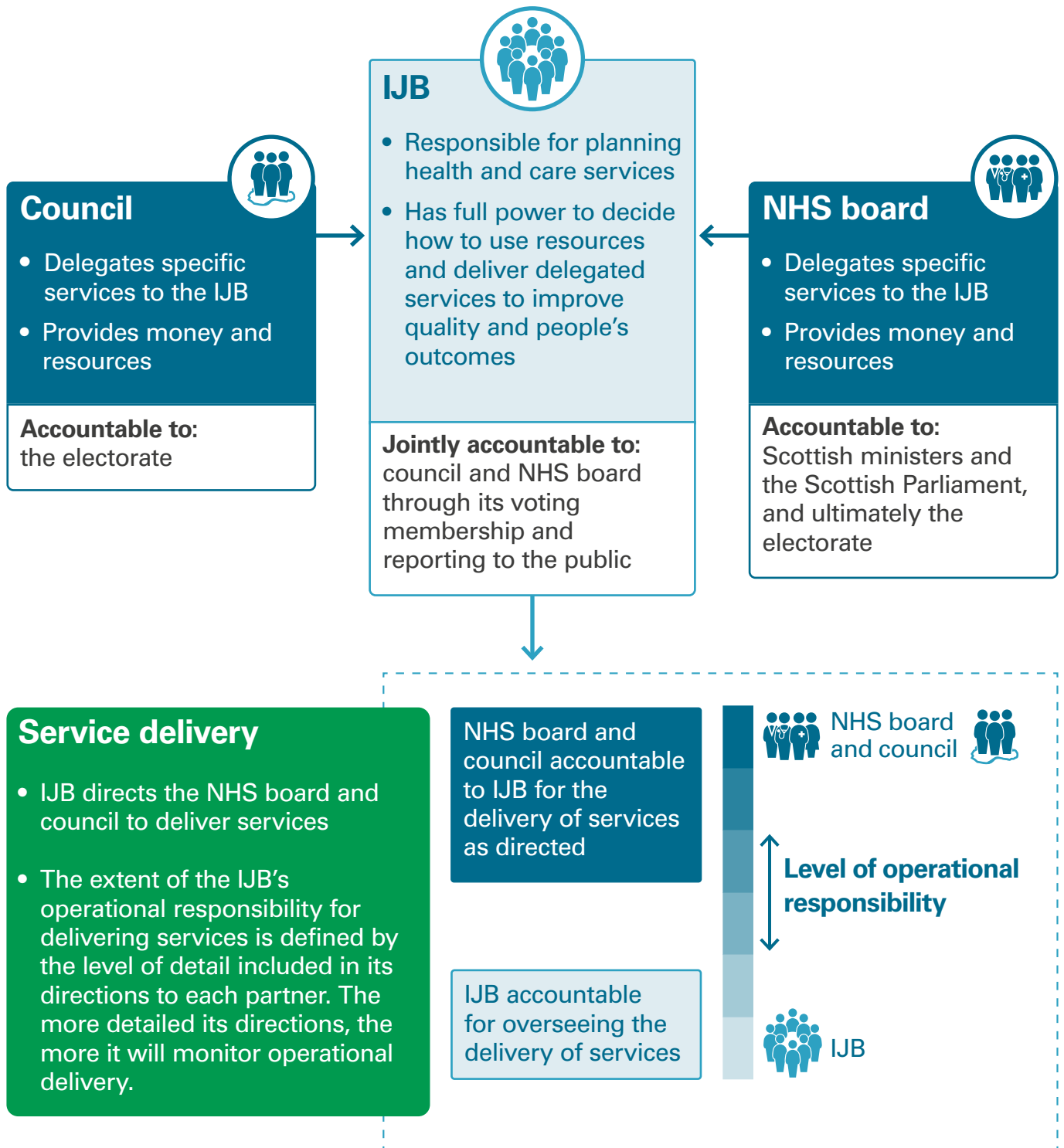
The annual turnover of staff working in social care services was 30%.



Care services reporting staff vacancies increased by 11 per cent to 47 per cent in 2021.

<sup>1</sup> 'Staff vacancies in care services 2021' Scottish Social Services Council

6. As part of the Act, new bodies were created – Integration Joint Boards (IJBs). The IJB is a separate legal entity, responsible for the strategic planning and commissioning of the wide range of health and social care services across a partnership area. Of the 31 IAs in Scotland, 30 are IJBs and one area, Highland, follows a Lead Agency model. In Highland, the NHS board and council each lead integrated services. Clackmannanshire and Stirling councils have created a single IA with NHS Forth Valley.



7. IJBs provide a wide range of services to vulnerable members of the community. Each IJB differs in terms of the services they are responsible for and local needs and pressures. The Act sets out the services that are required to be delegated to the IJB as a minimum, with the largest areas including the governance, planning and resourcing of the following:

### IJB largest service areas

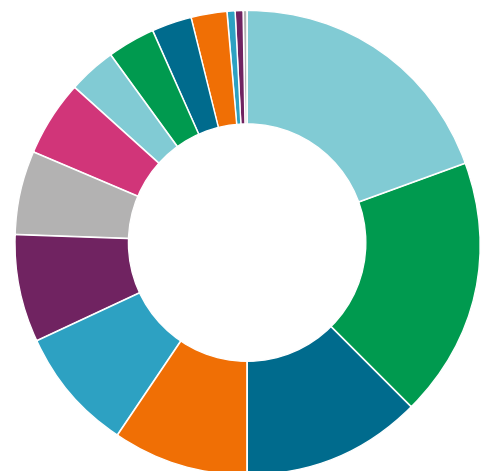
|   |  |
|---|--|
|  | Adult and older people social work             |
|  | General practitioner services                  |
|  | Services for adults with physical disabilities |
|  | Mental Health services                         |
|  | Drug and alcohol services                      |
|  | Allied health professional services            |
|  | Pharmaceutical services                        |

8. In some areas, partners have also integrated children's services, social work criminal justice services and some planned hospital services.

9. The budget split varies between IJBs and depends on what services have been delegated. Generally, two-thirds of budgets were for health-related services are provided by the NHS, with the remaining one-third relating to social care services provided by councils and a range of external providers. The exhibit below provides an illustrative example of what IJBs direct money to be spent on, by service:

### Illustrative IJB spending

|   |                                       |     |
|---|---------------------------------------|-----|
|  | Community Health Services             | 19% |
|  | Family Health Services                | 18% |
|  | GP prescribing                        | 13% |
|  | Hospital and long term care           | 9%  |
|  | Resource Transfer and other payments  | 9%  |
|  | Adult placements                      | 7%  |
|  | Older people nursing and residential  | 6%  |
|  | Homecare Services                     | 5%  |
|  | Adult Supported Living                | 3%  |
|  | Children's Services                   | 3%  |
|  | Social Care fieldwork teams           | 3%  |
|  | Older people residential and day care | 2%  |
|  | Adults Fife Wide                      | 1%  |
|  | Housing                               | 0%  |
|  | Social Care other                     | 0%  |



Source: Fife IJB revenue budget 2021 to 2024

# Funding and expenditure

## Overall funding to IJBs increased by seven per cent in 2021/22

**10.** Overall funding to IJBs in 2021/22 increased by £704 million in cash terms (or seven per cent) to £11.3 billion. The changes in funding included:

- contributions from councils increasing by two per cent from £2.8 billion to £3.0 billion
- NHS contributions increasing by eight per cent from £6.5 billion to £7.9 billion
- service income increasing from £0.3 billion to £0.5 billion.

**11.** Scottish Government Covid-19 funding was passed on to IJBs via the NHS, explaining the majority of this increase. The increase in the identified service income was largely due to an improved transparency in the way that this income was presented in the IJB accounts rather than an increase in the amount of service income received.

## Over a third of Covid-19 funding received in 2021/22 was carried forward to 2022/23

**12.** IJBs received £960 million<sup>2</sup> of additional funding in year to support them in responding to Covid-19 related costs. Over a third (37 per cent) of Covid-19 related funding received in 2021/22 was carried forward in ringfenced reserves. This situation has arisen largely from the significant allocation of additional Scottish Government funding received towards the end of the financial year. There was initially an expectation that this would be used to fund ongoing Covid-19 related costs. A significant proportion of this funding is now anticipated to be recovered by the Scottish Government via reductions in the NHS funding allocation to IJBs. More information can be found in [paragraph 21](#).

## All IJBs recorded significant surplus positions in 2021/22 arising mainly from the receipt of additional ringfenced funding

**13.** All 30 IJBs reported a surplus position for 2021/22, totalling £679 million, representing seven per cent of the 2021/22 net cost of services. The overall surplus position arose from three main areas ([Exhibit 1, page 10](#)):

- Non-recurring Covid-19 funding in excess of in-year Covid-19 related expenditure accounted for 52 per cent of the cumulative surplus (three per cent of net cost of services).



IJBs received £960 million of additional funding in year to support them in responding to Covid-19 related costs.

<sup>2</sup> £1 billion, when including support for the Highland Lead Agency model.

- Non-recurring Scottish Government funding allocated for specific purposes accounted for 34 per cent of the cumulative surplus (two per cent of net cost of services).
- Underspends on the costs of providing services accounted for 14 per cent of the cumulative surplus (one per cent of net cost of services).

### **Most IJBs reported an underspend position on the costs of providing services**

**14.** The net underspend position on the costs of providing services across IJBs was £93 million. IJBs reported that these underspends were driven largely by vacancies and staff turnover and pandemic-related reductions in service provision. Three IJBs reported an overspending on service budgets and these were funded largely through additional partner funding allocations.

### **Delivery of savings continues to be impacted by the pandemic**

**15.** An analysis of a sample of 27 IJBs identified that three-fifths of total planned savings were achieved compared to just over half of planned savings being delivered in 2020/21. It was not possible to determine the proportion of savings that were delivered on a recurring basis as a result of management actions and what proportion related to one off non-recurring savings.

**16.** The achievement of savings varied significantly, ranging from zero to 100 per cent. Fourteen IJBs achieved over 75 per cent of their savings targets and four IJBs achieving all their required savings in full. Two IJBs either did not achieve any savings or had no savings target in place for the year ([Exhibit 2, page 11](#)).

**17.** Similarly to 2020/21, to reflect the impact of the pandemic on savings plans the Scottish Government provided IJBs with additional funding to cover the projected 2021/22 shortfalls in efficiency savings plans on a non-recurring basis. The total funding to cover this shortfall in 2021/22 was £41.2m. This will have contributed to the IJBs' overall year-end surplus position.

**18.** Savings delivered, or funded, on a non-recurring basis largely get carried forward to be achieved in future years. It is essential that comprehensive plans are put in place to demonstrate how IJBs intend to achieve ongoing saving requirements on a recurring basis and support required service transformation.

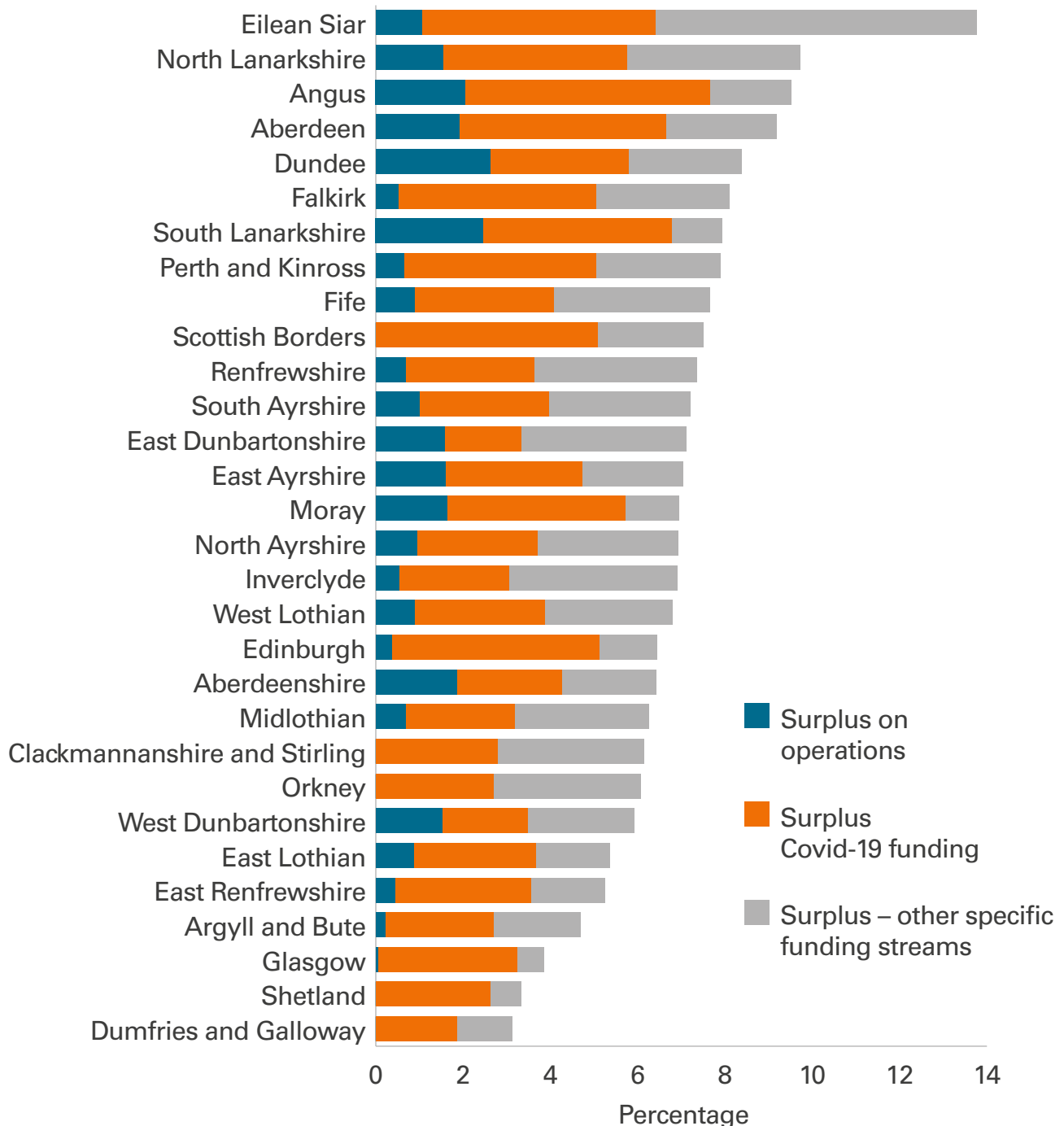


It is essential that comprehensive plans are put in place to demonstrate how IJBs intend to achieve ongoing saving requirements on a recurring basis.

## Exhibit 1.

### Surplus as a proportion of net cost of services

Most IJBs reported an underspend position on the costs of providing services.



#### Notes:

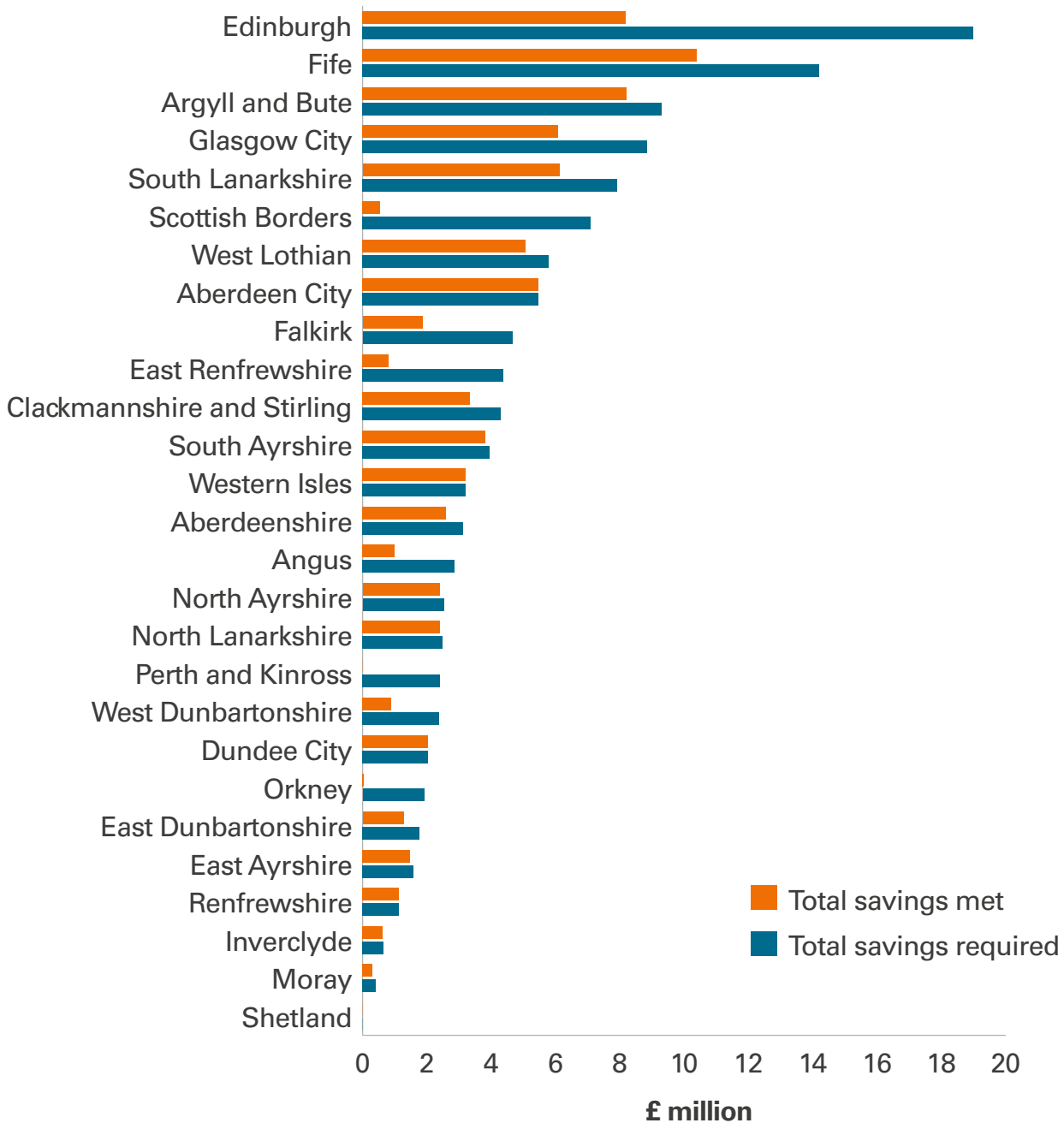
1. Dumfries and Galloway, Shetland and Scottish Borders recorded deficits on the costs of providing services, requiring additional contributions from partner bodies.
2. Orkney and Clackmannanshire/Stirling IJBs reported break-even on the costs of providing services.
3. For South Lanarkshire and Glasgow, where the operational surplus/deficit was not reported, the movement in unearmarked reserves was used instead.

Source: 2021/22 Audited Accounts, IJB 2021/22 Outturn reports

## Exhibit 2.

### 2021/22 Savings performance

Three fifths of total planned savings were achieved compared to just over half of planned savings being delivered in 2020/21.



Notes:

1. In some cases savings met may include one-off compensating savings which were not part of the original planned savings.
2. For West Lothian, where the savings achieved have not been reported, the unmet savings have been set to the amount of gross Covid-19 savings funding received.
3. Dumfries and Galloway, East Lothian and Midlothian have been excluded as information on savings performance was not reported.

Source: 2021/22 Audited Accounts, IJB 2021/22 Outturn reports

## Reserves

### Total reserves held by IJBs have doubled to £1,262 million in 2021/22 largely due to additional funding received late in the financial year

**19.** In 2021/22, all IJBs recorded an increase in their level of reserves with the overall reserve balance increasing by £679 million (116 per cent) to £1,262 million. Total reserves held at the year-end now represented 12 per cent of the net cost of service. This represents almost an eightfold increase in reserves since the start of the pandemic.

**20.** Reserves largely consisted of four main areas ([Exhibit 3, page 13](#)), as follows:

- Covid-19 related reserves of £502 million (£152 million in 2020/21) representing all unspent funding received to support the impact of the pandemic on IJB services.
- Earmarked reserves of £426 million (£201 million in 2020/21) include a wide range of individual IJB specific reserves covering a number of areas, including reserves associated with winter planning and strategic/transformational change.
- Ringfenced reserves of £185 million (£115 million in 2020/21) to support Scottish Government national policy objectives. Examples include the Primary Care Improvement Fund, Mental Health Recovery and Renewal, Mental Health Action 15, Community Living Change Fund and Alcohol and Drug Partnership funding.
- Contingency reserves of £148 million (£112 million in 2020/21), representing reserves that have not been earmarked for a specific purpose. These reserves are used to mitigate the financial impact of unforeseen circumstances.

### The Scottish Government is exploring options to recover around two-thirds of 2021/22 year-end Covid-19 related reserve balances

**21.** The Scottish Government wrote to IJBs in late 2022 highlighting that significant changes to Public Health policies have resulted in the profile of Covid-19 spending decreasing significantly. In response to this reduction in anticipated spending, the Scottish Government confirmed in January 2023 that they planned to recover £321 million (64 per cent) of Covid-19 related reserves held by IJBs at the end of 2021/22. This would have the impact of reducing the total year-end reserves position to £941 million.

**22.** It is anticipated that there will be engagement with the IJB Chief Finance Officers in April 2023 to determine any adjustments required around Covid-19 related expenditure incurred during the remainder of 2022/23.



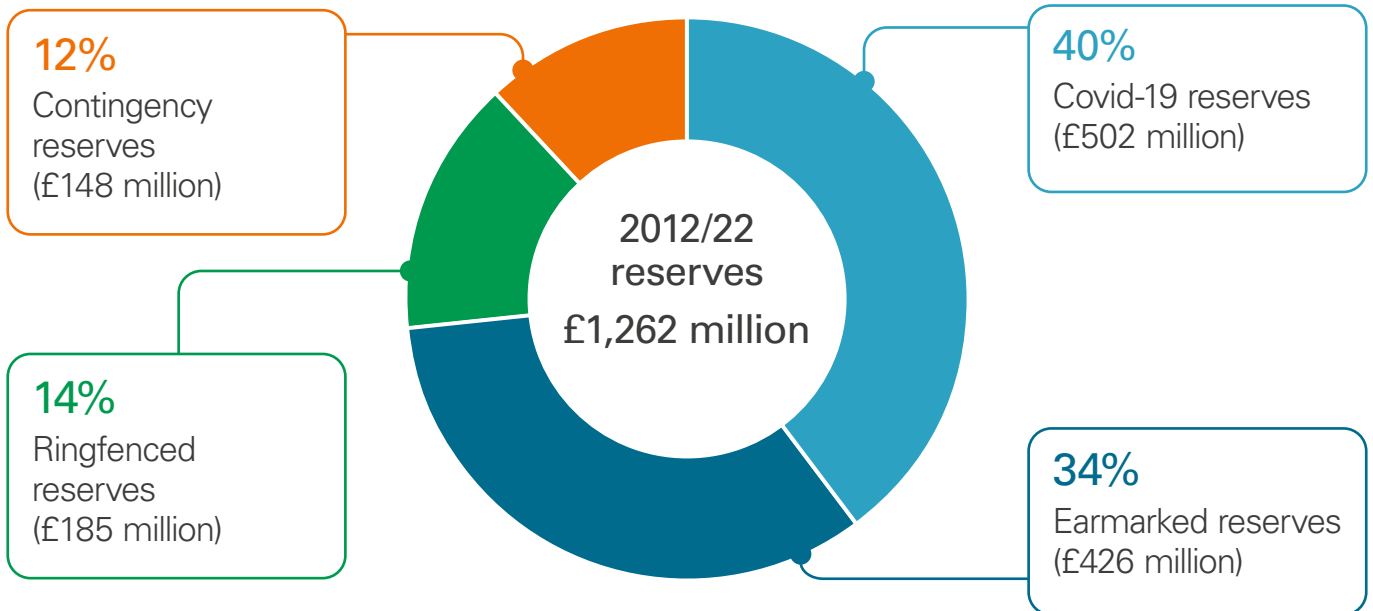
The Scottish Government plans to recover £321 million (64 per cent) of Covid-19 related reserves held by IJBs.



## Exhibit 3.

### 2021/22 reserves

Total reserves held by IJBs have doubled to £1,262 million in 2021/22 largely due to additional funding for Covid-19 and other specific purposes received late in the financial year.



Source: 2021/22 Audited Accounts, IJB 2021/22 Outturn reports

### Contingency reserves now represent a fifth of the total year-end reserves balance once Covid-19 related balances have been excluded

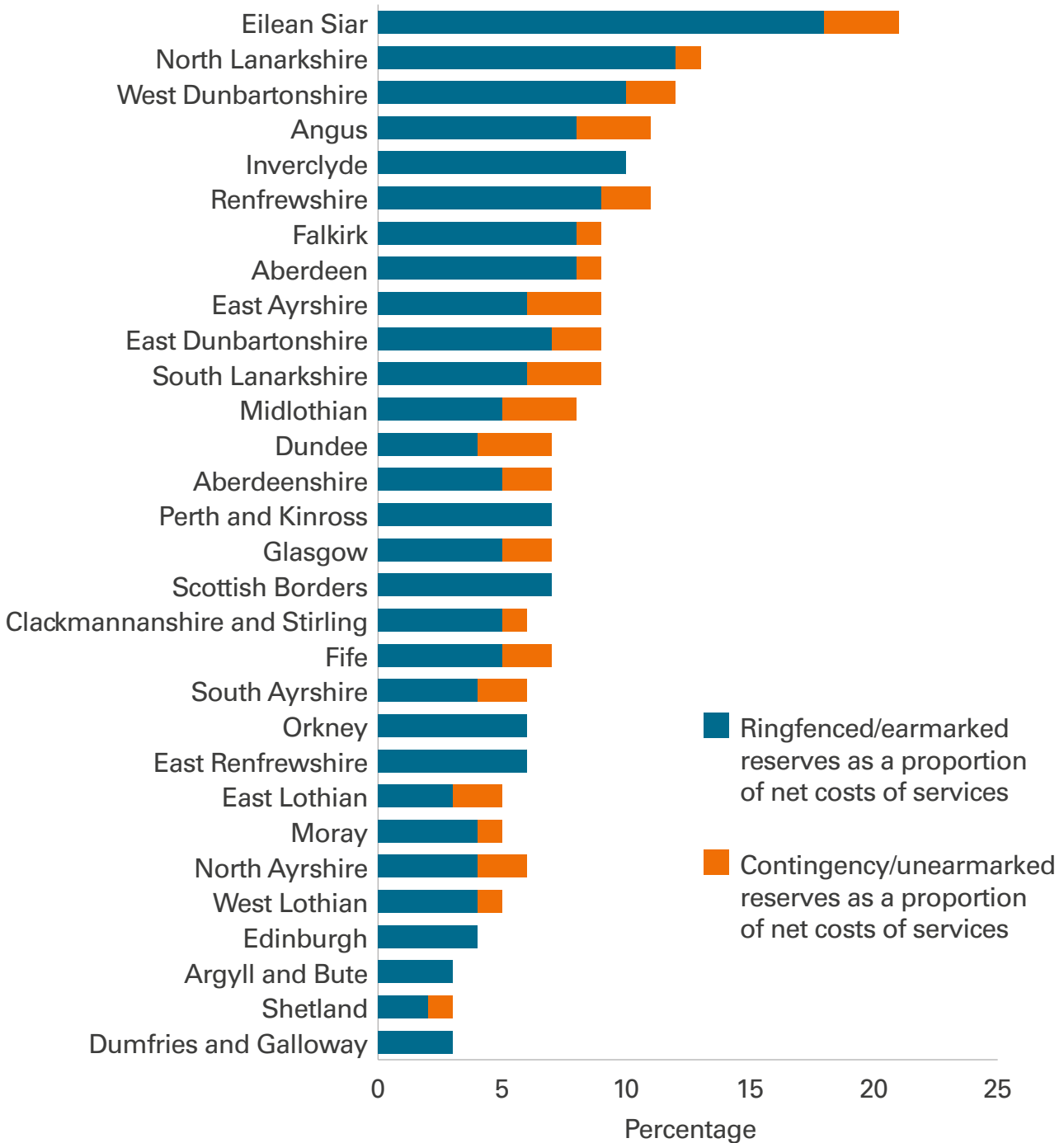
**23.** Once Covid-19 related reserves are excluded, 19 per cent of reserves were classified as contingency reserves, increasing from 16 per cent in 2020/21. Individual proportions ranged from zero to 43 per cent, with 14 IJBs having contingency reserves representing over 20 per cent of individual IJB total reserves.

**24.** Contingency reserves are levels of uncommitted funds used to mitigate against the impact of unanticipated events or emergencies. It is considered prudent for IJBs to have access to a level of contingency funds, especially during periods of increased financial uncertainty, and levels will be determined by each individual IJB depending on their circumstances. The level of uncommitted contingency funds held by each IJB will vary depending on individual IJB reserve policy. From a review of a sample of IJB reserve policies, IJBs were determining that a contingent reserve level of around two per cent of annual budgeted expenditure was prudent. Across the IJBs, contingency reserves as a proportion of net cost of services, ranged from zero per cent and three per cent; 27 per cent of IJBs had contingency reserve levels of between two and three per cent of net cost of services. For 43 per cent of IJBs, the level was either less than one per cent or zero ([Exhibit 4, page 14](#)).

### Exhibit 4.

#### 2021/22 year-end IJB reserves as a proportion of the net cost of services (excluding Covid-19 reserves)

Almost half of all IJBs had contingency reserve levels of less than one per cent of net cost of services.



Source: 2021/22 Audited Accounts

## Financial outlook

### Most IJBs agreed a balanced 2022/23 budget with partners before the start of the financial year

**25.** IJBs have a requirement to agree their budgets by 31 March each year. For 2022/23, 23 of the 30 IJBs agreed a balanced budget before the start of the financial year. Delays in the agreement of savings plans and NHS partner funding were the most common reasons for balanced budgets not being agreed at the start of the financial year.

### The 2022/23 projected funding gap was £124 million, down from £151 million in 2021/22

**26.** IJB annual accounts and budget papers identified an overall funding gap of £124 million for 2022/23. This is down from the £151 million funding gap in 2021/22. Individual funding gaps, as a proportion of the net cost of services, ranged from zero per cent to six per cent in Eilean Siar ([Exhibit 5, page 16](#)).

**27.** Of the total funding gap, 57 per cent (72 per cent in 2021/22) is anticipated to be met by identified savings, 15 per cent from the use of reserves, with actions yet to be identified to bridge the remaining gap ([Exhibit 6, page 17](#)).

### A third of the 2022/23 projected funding gap is anticipated to be bridged on a non-recurring basis

**28.** The use of reserves makes up 14 per cent of plans to bridge the funding gap. The identified savings also includes a proportion of non-recurring savings. There was a significant proportion of the funding gap that had yet to have planned action agreed at the time of budget setting. The increased reliance on non-recurring sources of income is not sustainable in the medium to long term. The identification and delivery of recurring savings and a reduced reliance on drawing from reserves to fund revenue expenditure will be key to ensuring long-term financial sustainability ([Exhibit 6, page 17](#)).

**29.** From a review of 2021/22 Annual Audit Reports, auditors reported that future funding gaps are unlikely to be addressed through efficiency and transformation savings alone. The scale of the challenges faced by IJBs means that services will need to change if they are to be sustainable in the future. IJBs will need to work with partners to develop revised financial strategies to ensure that they remain financially sustainable.

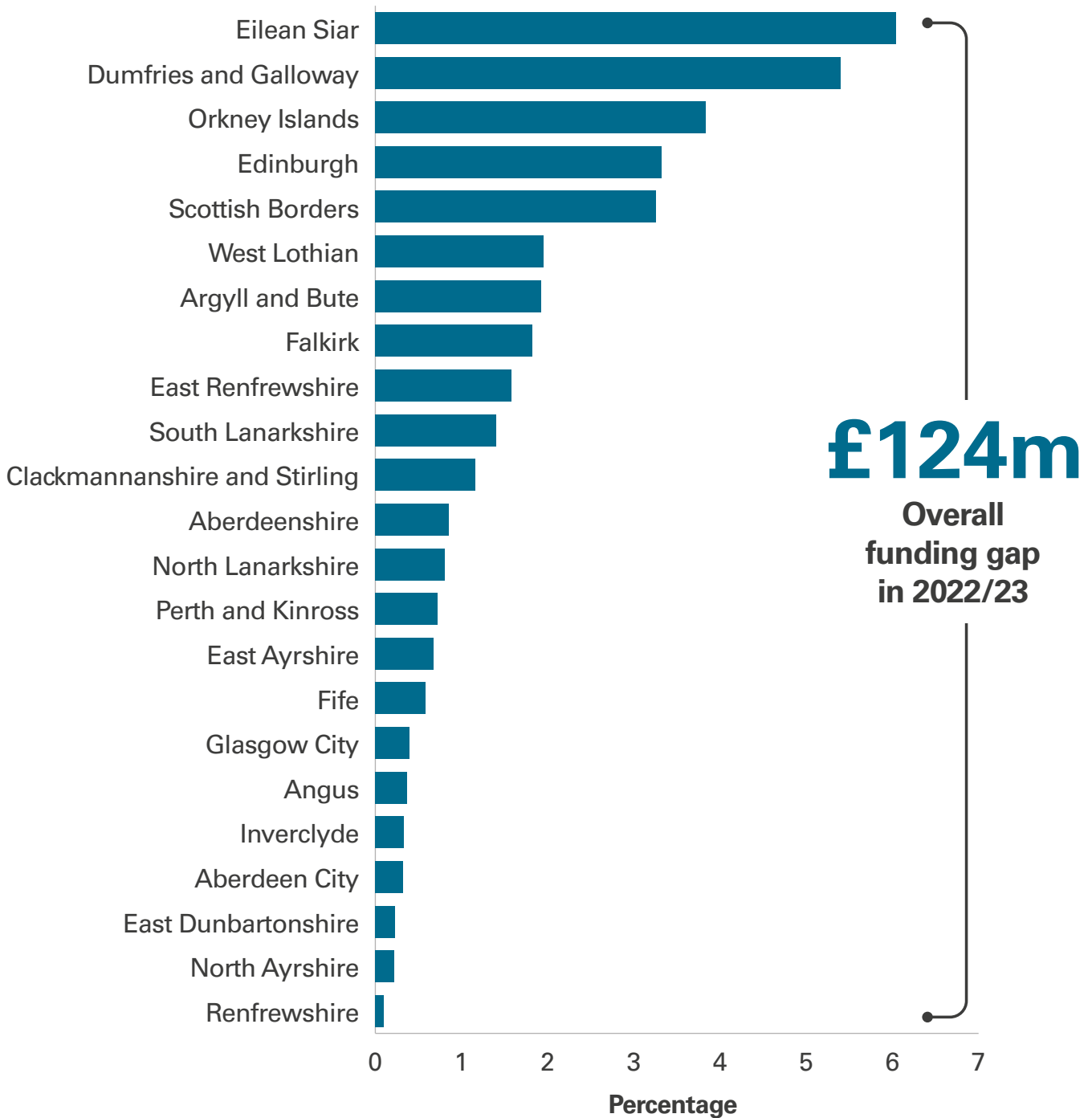


IJBs will need to work with partners to develop revised financial strategies to ensure that they remain financially sustainable.

### Exhibit 5.

#### 2022/23 IJB funding gap, excluding Covid-19 related costs, as proportion of 2021/22 net cost of services

IJB annual accounts and budget papers identified an overall funding gap of £124 million for 2022/23, down from £151 million funding gap in 2021/22. Individual funding gaps, as a proportion of the net cost of services, ranged from zero to six per cent.



Notes:

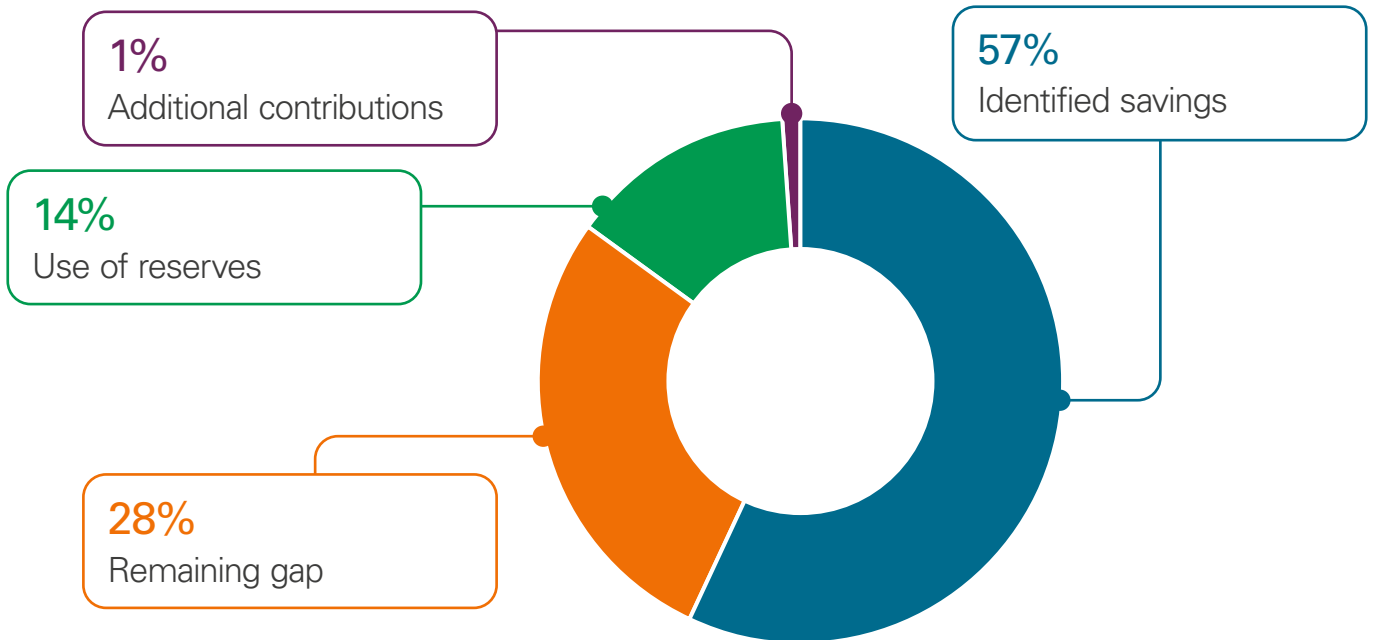
1. Seven IJBs report no funding gap for 2022/23.
2. In some cases it was not clear from reports whether unachieved savings brought forward were included in the 2022/23 funding gap.

Source: 2021/22 Audited Accounts, IJB 2021/22 Outturn reports, IJB MTFPs

## Exhibit 6.

### 2021/22 IJB funding gap planned action

The use of non-recurring reserves makes up 14 per cent of plans to bridge the funding gap.



Note: It was not clear from reports the proportion of savings that were planned to be delivered on a recurring or non-recurring basis.

Source: 2021/22 Audited Accounts, IJB 2021/22 Outturn reports, IJB MTFPs

### Three-quarters of IJBs have revised their medium-term financial plans (MTFP) since 2022

**30.** Twenty-three IJBs have a MTFP in place that has been updated since 2022, whereas five IJBs do not currently have a MTFP in place. The impact of Covid-19 and the current levels of financial uncertainty was cited as a reason for the delays in developing or updating MTFPs. It is important that IJBs revise their MTFPs to allow them to respond effectively to the long-term impacts of Covid-19 and increased cost pressures, including rising demand and inflation.

**31.** Some examples of the anticipated funding gaps over the period 2022/23 to 2024/25 included:

- Glasgow anticipating a funding gap of £60 million representing four per cent of their 2021/22 net cost of services
- Renfrewshire anticipating a funding gap between £37 million to £48 million representing 11–15 per cent of their 2021/22 net cost of services
- Eilean Siar anticipating a funding gap of £7 million representing 11 per cent of their 2021/22 net cost of services.



It is important that IJBs revise their MTFPs to respond effectively to the long-term impacts of Covid-19 and increased cost pressures.

**32.** Common cost pressures and challenges raised in MTFPs included:

- inflationary pressures impacting the cost of providing service
- increasing complexity of care
- staff shortages and difficulty in recruiting leading to increased locum and agency bank costs
- meeting climate change commitments
- uncertainties around the long-term impact of Covid-19 on frailty and its potential impact on demand for services.

**Seven IJBs reported a change of Chief Officer or Chief Finance Officer in 2021/22 and instability of leadership continues to be a challenge**

**33.** Seven IJBs reported a change in a senior officer role in 2021/22 compared to changes at 12 IJBs reported in 2019/20. Although this represents an improvement on the 2019/20 position, instability of leadership continues to be a challenge and has the potential to contribute to delays in strategic planning and issues with workforce planning.

**34.** With the council elections in May 2022, membership of IJBs will have been subject to change. Structured programmes of induction for new members will help ensure they have the skills and knowledge to provide a high standard of scrutiny and decision-making.

**IJBs face considerable challenges and uncertainties and significant and long-term transformation is required to ensure they have the organisational and financial capacity to ensure high quality services in the longer term**

**35.** Auditors reported that efficiency and transformational savings alone may be insufficient to meet future financial challenges and that significant and long-term transformation will be needed to ensure financial sustainability. IJBs are facing a range of significant challenges and uncertainties, including:

- level and terms of future funding settlements
- recruitment and retention difficulties, both internally and with external providers
- rising demand, including demographic challenges of an ageing population
- cost of living crisis and inflationary pressures
- ongoing impact of Covid-19
- potential financial implications of the creation of a National Care Service (NCS).

**36.** The National Care Service (Scotland) Bill (the Bill) was introduced in June 2022, with the policy objective of improving quality and consistency of social services in Scotland. The Scottish Government published a [Financial Memorandum](#) to accompany the Bill. This sets out that total estimated cost ranges of the Bill will be £24–36 million in 2022/23, increasing to £241–527 million by 2026/27. Our view, as set out in our [NCS Bill – Call for Evidence](#) document is that the potential costs summarised in the financial memorandum are likely to significantly understate the margin on uncertainty and range of potential costs of establishing the NCS.

**37.** Stage One of the Bill was due to be completed in March 2023 but has been postponed until 30 June. This will allow the Scottish Government time to respond to some of the points raised through the parliamentary scrutiny process to date. The Scottish Parliament’s Finance and Public Administration Committee published a [report](#) on the Financial Memorandum in December 2022, where it raised significant concerns in relation to costing estimates. The committee has requested that the Scottish Government revises the Financial Memorandum, updating financial costing estimates. The Scottish Parliament’s Delegated Powers and Law Reform Committee published its [report](#) stating that it does not believe the Bill should progress in its current form. It is concerned that there is currently insufficient detail in the Bill documents to allow for meaningful parliamentary scrutiny.

**38.** The sector cannot wait for a NCS to deal with the huge challenges it faces and action is needed now. These challenges will have been exacerbated by the further pressures on Scotland’s public finances from rising demand and inflation, as set out in our report [Scotland’s public finances: Challenges and risks](#). In particular, recent demand pressures, as well as the cost of living crisis has put real pressure on both the demand for services, and the provision of these services – notably the workforce. Recovery from the pandemic is having an ongoing impact, with increasing levels of unmet need having a real impact on the outcomes for individuals.

**39.** A measure of success for any reforms will be to ensure that a preventative, person-centred approach, as set out by Christie ten years ago, is embedded to improve outcomes and reduce inequalities. To do so, it will be essential that appropriate funding is put in place to deliver on these ambitions.

**40.** Further information about our work on [Transforming health and social care in Scotland](#) is available on the Audit Scotland website as well as the following outputs:

- [What is integration? A short guide to the integration of health and social care services in Scotland \(2018\)](#)
- [Health and social care integration \(2015\)](#)
- [Health and social care integration: Update on progress \(2018\)](#)

# Integration Joint Boards

## Financial analysis 2021/22

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|---|---|
| <b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  | Performance and Audit Committee                         |
| <b>Held on</b>  | 26 June 2023  |
| <b>Agenda Item</b>  | 9   |
| <b>Title</b>  | Annual Performance Report 2022/23                       |
| <p><b>Summary</b></p> <p>This report provides members of the Performance and Audit Committee with the Annual Performance Report for the Health and Social Care Partnership for 2022-23. This is our seventh Annual Performance Report and outlines performance in relation to the delivery of our Strategic Plan 2022-25. 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 as we recover from the Covid-19 pandemic.</p> |   |
| <b>Presented by</b>   | Steven Reid<br>Policy, Planning and Performance Manager |
| <p><b>Action Required</b></p> <p>The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2022-23.</p>   |   |

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**EAST RENFREWSHIRE PERFORMANCE AND AUDIT COMMITTEE**

**26 JUNE 2023**

**Report by Chief Officer**

**ANNUAL PERFORMANCE REPORT 2022/23**

**PURPOSE OF REPORT**

1. This report advises the members of the Annual Performance Report for the Health and Social Care Partnership for 2022-23.

**RECOMMENDATIONS**

2. The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2022-23.

**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 by 31 July each year.
4. During the Covid-19 pandemic the Coronavirus (Scotland) Act 2020 was enacted, which allowed for an extension for the publication of Annual Performance Reports through to November each year. This provision is no longer applicable and we are returning to the July publication deadline for the first time since 2019.
5. 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).
6. 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.

7. Subject to approval of the report by the Integration Joint Board, the report will be published on our website by 31 July and promoted through appropriate media channels.

## REPORT

8. The Annual Performance Report sets out how we delivered on our vision and commitments over 2022-23 recognising the continuing challenges in the aftermath of the Covid-19 pandemic, its impact of our ways of working and potential disruption to performance trends. This is our seventh Annual Performance Report. We review our performance against agreed local and national performance indicators and against the commitments set out in our Strategic Plan for 2022-23. 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.
9. The main elements of the report set out: the current strategic approach of the East Renfrewshire Health and Social Care Partnership; 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.
10. 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 continue 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.
11. National performance indicators can be grouped into two types of complementary measures: outcome measures and organisational measures.
12. 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 2021. The HSCP collects local data relating to 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 HSCP.
13. 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.
14. The remaining performance information in the report relates to the key local indicators and targets developed to monitor progress against our Strategic Plan 2022-23. 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.

15. In addition to activity and performance in relation to the nine strategic priorities the report includes sections on our hosted Specialist Learning Disability Service.

### Recovery from the pandemic

16. During 2022-23 the partnership has experience significant challenges from increased demand pressures and higher levels of complexity often relating to the continuing impacts from the pandemic. Throughout the period, we have continued to maintain and deliver safe and effective services to our residents. During the year, the HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system. This year we have also seen continuing recruitment and retention challenges in the sector impacting on our performance.
17. The data shows that despite the continuing pressures, there has been strong performance across service areas. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive signs of recovery across many of our performance indicators as discussed below.
18. Headline performance information by service area are given below.

#### Supporting children and families

- % starting CAMHS treatment within 18 weeks – 86% (year average) up significantly from 55% in 21/22. Average longest wait (monthly) was 24 weeks down from 41 weeks in the previous year.
- Care experienced children – excellent performance on permanence – No children in East Renfrewshire with 3 or more placements
- 91% of care experienced children supported in community rather than a residential setting (21/22 figure) – a high rate but has reduced due to the impact of the pandemic
- 82% care experienced children waiting no longer than 6 months for a review – down from 94% in previous year
- Child protection - 100% of child protection cases with increased safety (up from 84% in 21/22)
- Slightly reduction in % of children subject to child protection offered advocacy – 61% (62% in 21/22)

#### Supporting people to maintain their independence at home

- 64.4% of people aged 65+ with intensive care needs (plus 10 hours) receiving care at home (up from 62% in previous year).
- 65% 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.
- 80.4% of adults supported at home who agreed that they are supported to live as independently as possible
- 89% reporting 'living where you/as you want to live'
- 48% of people with reduced care need following re-ablement / rehabilitation (down from 60% for 21/22 but up from 31% for 20/21)

#### Supporting mental health and wellbeing and supporting recovery from addiction

- Mental health hospital admissions remain low (at 1.4 admissions per 1,000 population)

- 75% waiting no longer than 18 weeks for access to psychological therapies (av. 2021-22)
- 96% accessing recovery-focused treatment for drug/alcohol within 3 weeks – up from 95% in 21/22 and 69% in 20/21
- 5% of people moving from treatment to recovery services in the year – down from 9% in 21/22
- 173 alcohol brief interventions undertaken in 22/23 – up from 0 last year, reflecting increased resourcing for this activity.

**Meeting healthcare needs and reducing unplanned hospital care**

- Discharge without delay – averaged 8 delays for 22/23 – up from 7 for 21/22 (and 3 for 20/21)
- Adult bed days lost to delayed discharge – 4,652 for 22/23 (up slightly from 4,546 for 21/22 but significantly higher than 2,342 in 20/21)
- Adult A&E attendances – 17,355 - up from 16,877 in 21/22 but ahead of target
- Adult Emergency admissions – 6,564 - down from 6,772 in 21/22 and ahead of target
- Emergency admission rate (per 100,000 pop) – 9,036 down from 9,414 for 21/22
- Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) – 67, down from 77 in 21/22 (and 98 in 20/21)

**Supporting unpaid carers**

- 80% of those asked reported that their 'quality of life ' needs were being met – down from 92% in 21/22
- % carers who feel supported to continue in their caring role – 28.4% (21/22) down from 35.3% (19/20)

**Supporting people through criminal justice pathways**

- 86% Community Payback Orders (CPOs) commencing within 7 days – significantly up from 58% in 21/22
- 83% of unpaid work placement completions within Court timescale – up from 81%
- Positive employability and volunteering outcomes for people with convictions – 64% up from 56% in 21/22
- 100% of people reported that their order had helped address their offending

**Tackling health inequalities and improving life chances**

- Our premature mortality rate remains significantly below the national average at 334 per 100,000 (Scotland 457)
- 17.9% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at the 6-8 weeks – significantly up from 7.5% for the previous year (2020-21 figure)
- 92% of adults report they are able to look after their health very well or quite well (Scottish average is 91%)
- 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.

**Supporting staff resilience and wellbeing**

- 85% of staff agreed that “My manager cares about my health and wellbeing” – down from 88% in previous iMatter staff survey
- 71% agreed that "I feel involved in decisions in relation to my job" – consistent with 72% in previous survey

- 74% agree that “I am given the time and resources to support my learning growth” – consistent with 75% in previous survey

#### **Protecting people from harm**

- Improvement in domestic abuse outcomes women – 90% increased by 3% from 21/22 - target met.
- Improvement in domestic abuse outcomes children – 82% decreased by 2% - target met.
- People agreed to be at risk of harm and requiring a protection plan have one in place – continues to be 100% of cases

19. Following any comments from either the Performance and Audit Committee or the Integration Joint Board on 28 June 2023, we will use the remaining weeks until the publication date to enhance any content and make presentational changes.

### **CONSULTATION AND PARTNERSHIP WORKING**

20. The Annual Performance Report reflects the work of the Health and Social Care Partnership throughout 2022-23. The East Renfrewshire HSCP Participation and Engagement Strategy 2020-23 sets the following objectives for the ways in which we work with our communities:
- Our communities, our partners, our staff and those who receive support will be engaged with, involved and participate in ways that are meaningful to them.
  - We will deliver a strategy that supports and resources new ways of engagement, and embraces digital platforms.
  - We will deliver a strategy that has a focus on prevention, choice and stronger communities and people will be enabled to share their views.
  - We will have a coordinated approach to community engagement and participation.
21. There are multiple examples of these commitments in action throughout the report.
22. The Participation and Engagement Strategy is being delivered and developed through our local multi-agency Participation and Engagement Network. Partners in the network have been engaged with in the drafting of the Annual Performance Report.

### **CONCLUSIONS**

23. The Annual Performance Report is the seventh 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 pressures being faced by HSCPs across Scotland.
24. The report demonstrates the exceptional work undertaken by the partnership as we recover from the pandemic and the continued progress in the delivery of our priority outcomes. It shows that despite the continuing challenges we are facing in terms of demand pressures and increased levels of complexity, we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Through our recovery and renewal planning and the

continuing delivery of our Strategic Plan for 2022-25 we will ensure that our priorities and approaches meet the changing needs of our population.

**RECOMMENDATION**

25. The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2022-23.

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0141 451 0749

June 2023

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

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

[East Renfrewshire HSCP Annual Performance Report 2020/21](#)

[East Renfrewshire HSCP Annual Performance Report 2021/22](#)





# Working Together for East Renfrewshire

## East Renfrewshire Health and Social Care Partnership (HSCP) Annual Performance Report 2022-23

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# 1. Introduction

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## 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 seventh report for the East Renfrewshire Integration Joint Board. It sets out how we delivered on our vision and commitments over 2022-23. As required, we review our performance against agreed local and national performance indicators and against the commitments set out in our 2022-25 Strategic Plan.

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 2022-23, our teams in collaboration with our partners and communities have continued to deliver this work in despite significant pressures. 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.

This report looks at our performance during another challenging 12 month period where we continue to see impacts for health and social care provision following the Covid-19 pandemic. 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,
- detailed performance information illustrating data trends against key performance indicators.

The performance data shows that despite the continuing pressures of the pandemic there has been strong performance across service areas. We have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive signs of recovery across many of our performance indicators as discussed below.

## 1.2 Local context

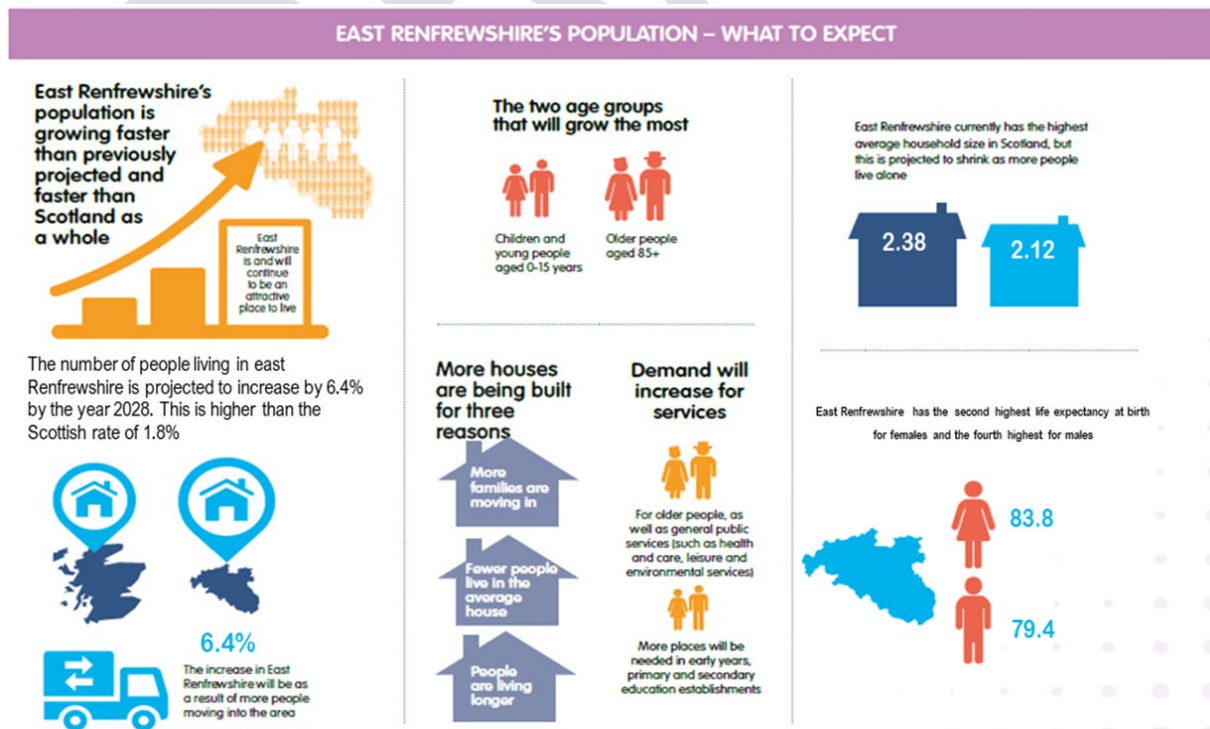
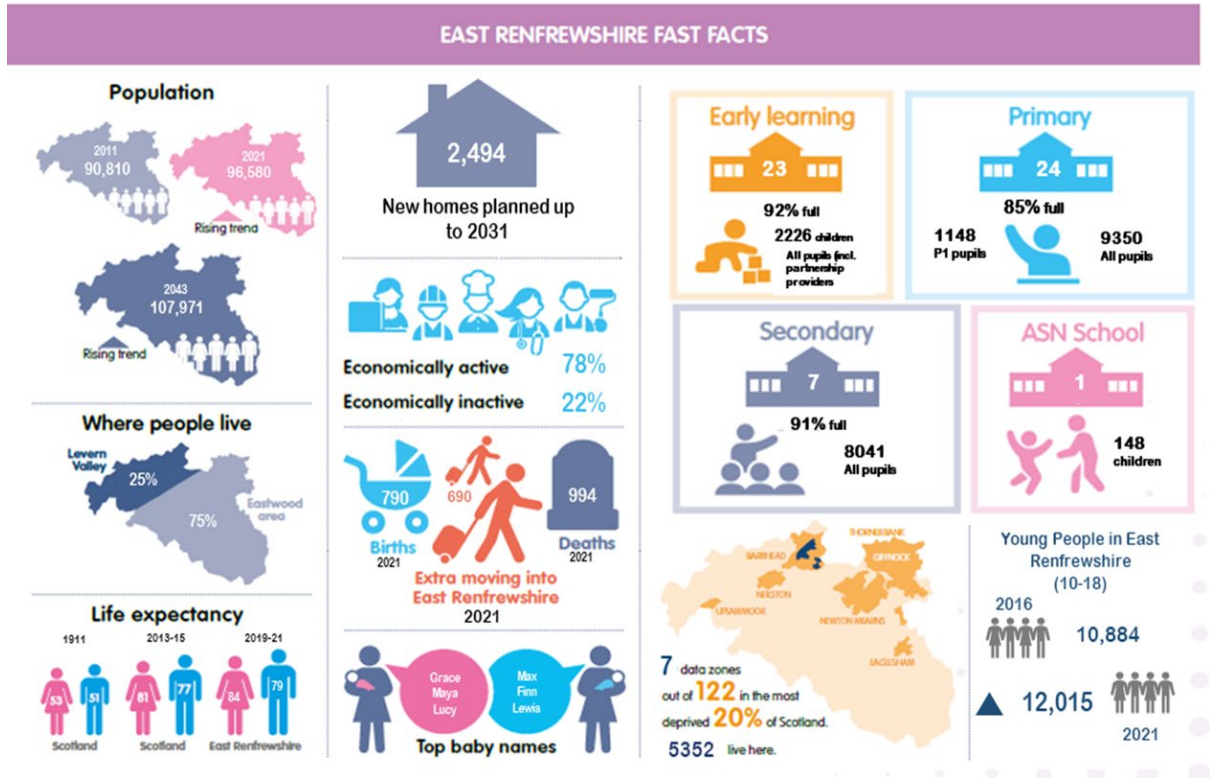
East Renfrewshire covers an area of 174 square kilometres and borders the city of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

Our population continues to grow and reached 96,580 in 2021. 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. By 2043, almost one quarter of East Renfrewshire is projected to be aged 65 or over (23.8%). There has been a 26% increase

in the number of residents aged 85 years and over during the last decade. People over 80 are the greatest users of hospital and community health and social care services.

Overall, East Renfrewshire is one of the least deprived local authority areas in Scotland. However, this masks the notable differences that we see across the area with some neighbourhoods experiencing significant disadvantage. All of East Renfrewshire's neighbourhoods that are among the 20% most deprived are concentrated in the Barrhead locality with a quarter of the population living in these data zones.



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 17 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.

The integrated management team directly manages over 900 health and care staff, this includes 52 social workers who are trained and appointed as council officers. ER HSCP has long established relationships with third and independent sectors to achieve our strategic aims around early intervention and prevention. In addition, the HSCP hosts the Specialist Learning Disability Inpatient Services, Autism Service on behalf of the six HSCPs in NHSGGC and the Scottish Centre of Technology for the Communication Impaired (SCTCI) which provides specialist support for Alternative and Augmentative Communication to 12 Scottish Health Boards. The services within East Renfrewshire are community based with the exception of the inpatient wards for people with learning disabilities. There are no acute hospital sites or prisons in East Renfrewshire

## 1.3 Our Strategic Approach

### 1.3.1 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 HSCP builds on this secure foundation. Throughout our integration journey during the last 17 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.

Our second Strategic Plan covering 2018-21 recognised that the partnership must extend beyond traditional health and care services to a wide partnership with local people and carers, volunteers and community organisations, providers and community planning partners. The plan placed 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.

Recognising the challenges of undertaking planning activity at the height of the Covid-19 pandemic, and in line with the approach of other HSCPs in Scotland, it was agreed that we would establish a one-year 'bridging' plan for 2021-22 reflecting priorities during our continuing response and recovery from the pandemic.

Our third 'full' Strategic Plan covers 2022-25. The plan was developed in consultation with stakeholders and East Renfrewshire residents, despite the continuing challenges we faced from the pandemic. This included a highly participative engagement process coproduced with wider partners through our Participation and Engagement Network and a comprehensive strategic needs assessment.

The consultation found that people were supportive of our strategic priorities and the key areas of focus set out in the plan. Many people emphasised the crucial importance of partnership and collaborative working and there was a focus on ensuring the necessary support is in place for our staff and for local unpaid carers. Key changes we made to our strategic plan in light of the consultation included:

- Strengthening the emphasis in the plan on safety, preventing harm and addressing rising incidence of violence against women and girls following the pandemic.
- Reference to the practical supports available for digital solutions; and recognition to the role of peer support in recovery and supporting independence.
- More emphasis on how we are working to enhance mental health support through primary care; and local initiatives using the Community Mental Health and Wellbeing Fund.
- More recognition of the impact of the pandemic on unpaid carers and increased pressures for carers including increased caring requirement.
- In our existing discussion of health inequalities, greater reference to the wider impacts of poverty and focus on supporting people with protected characteristics.
- For our priority supporting staff wellbeing recognition our intention to be a 'listening' partnership; and outlining activities including wellbeing group, plan and appointment of wellbeing lead.

Our headline planning priorities build on those set out in our previous strategic plans. We extended our priority for mental health to include mental health and wellbeing across our communities. We changed the emphasis of our priorities relating to health inequalities and primary and community-based healthcare and we introduced a new strategic priority focusing on the crucial role of the workforce across the partnership. For the 2022-25 plan we also added a distinct priority focusing on protecting people from harm, reflecting the cross-cutting and multi-agency nature of this activity. For each priority we set out the contributing outcomes that we will work to, key activities for the next three years and accompanying performance measures. Our strategic priorities for 2022-25 are:

- Working together with **children, young people and their families** to improve mental and emotional wellbeing;
- Working together with people to maintain their **independence at home** and in their local community;
- Working together to support **mental health and wellbeing**;
- Working together to meet people's **healthcare needs** by providing support in the right way, by the right person at the right time;
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities;
- Working together with our community planning partners on new **community justice pathways** that support people to stop offending and rebuild lives;
- Working together with individuals and communities to tackle **health inequalities** and improve life chances;
- Working together with **staff across the partnership** to support resilience and wellbeing; and,
- Protecting people from **harm**.

The plan illustrates how the HSCP will contribute to the priorities established in the East Renfrewshire Community Plan and Fairer East Ren. Under our strategic priorities we set out our key activities and critical indicators that link to the HSCP contribution to East Renfrewshire Council's Outcome Delivery Plan. The plan also links to relevant recovery/remobilisation planning at NHSGGC Board level, including the priorities set out in Moving Forward Together, and commitments reflected in the Five Year Strategy for Adult Mental Health Services, the Public Health Strategy: Turning the Tide through Prevention and the Joint Unscheduled Care Commissioning Plan. The plan fully recognises the implications from the Independent Review of Adult Social Care and planned National Care Service.



### 1.3.2 Locality planning in East Renfrewshire

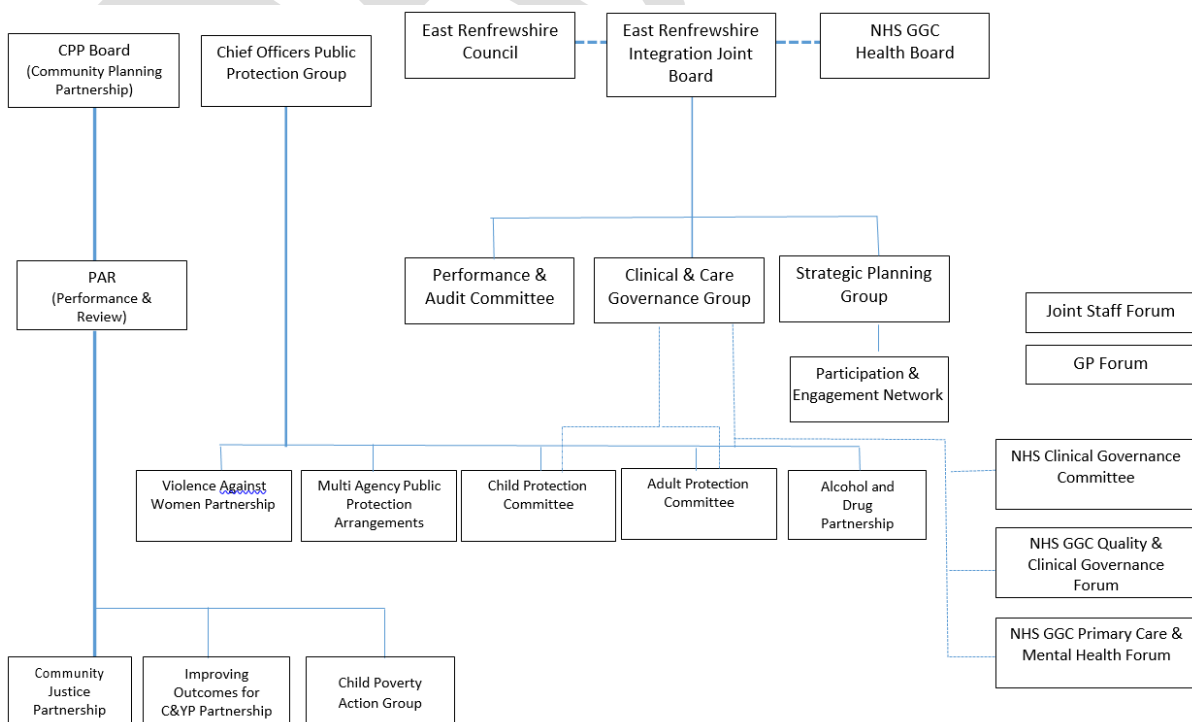
Our previous 2018-21 Strategic Plan reduced our locality planning areas from three to two localities – one for Eastwood and another for Barrhead. This allowed us to coordinate our approach with our local GP clusters while also reflecting the natural communities in East Renfrewshire.

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



The IJB continues to deliver integrated health and care services within East Renfrewshire in our valued partnership working with 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.



### 1.3.3 Our integrated performance management framework

We have 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 nine 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 Strategic Plan. Working with key stakeholders in our Strategic Planning Group, 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 feedback from people who use services 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 people who use 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. We continue to develop our approach to engagement through our multi-agency Participation and Engagement Network, strengthening our methods in drawing in residents' views to our evaluation processes.

## 2 Delivering our key priorities

### 2.1 Introduction

This section looks at the progress we made over 2022-23 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. 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 2022-23 is given in Chapter 4 of the report.

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

| <b>National Outcomes for Children and Young People contributed to:</b>   |
|--|
| 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 2022-23

Improving the mental and emotional wellbeing of children and young people continues to be one of the highest priorities for East Renfrewshire HSCP. Our multi-agency approach to supporting the needs of children and young people in East Renfrewshire is set out in our Children and Young People's Services Plan 2020-2023. Together all partners in East Renfrewshire are building an approach to mental health support for children, young people and families that will ensure they receive the right care and interventions at the right time and in the right place.

Following the Covid-19 pandemic we have seen a significant rise in the number of children, young people and families experiencing challenges with their mental health and wellbeing. We aim to provide a holistic range of appropriate supports through our multi-stakeholder Healthier Minds Service which works alongside our Family Wellbeing Service and links to GP practices and the Child and Adolescent Mental Health Service (CAMHS).

An emerging area of increasing need is from children and young people with a neurodevelopmental diagnosis (including autism) or suspected diagnosis. In partnership with the Council and other partners we work to ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way. We continue to support our care experienced children and young people and are committed to fully implementing the findings of the national Independent Care Review report "The Promise".

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

- Protecting our most vulnerable children, young people and families
- Delivering on our corporate parenting responsibilities to our care experienced children and young people by fully implementing The Promise

- Responding to the mental and emotional health and wellbeing needs of children and young people
- Ensuring children and young people with complex needs are supported to overcome barriers to inclusion at home and in their communities

### 2.2.2 The progress we made in 2022-23

During 2022-23 our children's services have continued to see increasing demand and increasing levels of complexity among referrals. We continue to work with an increasing number of children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis. CAMHS continues to experience high demand and a significant level of urgent referrals. However, we have been able to significantly reduce waiting times for children requiring support through the CAMHS service through the development of alternative (Tier 2) services: Healthier Minds and the Family Wellbeing service.

Headline performance data includes:

- % starting CAMHS treatment within 18 weeks – 86% (year average) up significantly from 55% in 21/22. Average longest wait (monthly) was 24 weeks down from 41 weeks in the previous year.
- Care experienced children – excellent performance on permanence – No children in East Renfrewshire with 3 or more placements
- 91% of care experienced children supported in community rather than a residential setting (21/22 figure) – a high rate but has reduced due to the impact of the pandemic
- 82% care experienced children waiting no longer than 6 months for a review – down from 94% in previous year
- Child protection - 100% of child protection cases with increased safety (up from 84% in 21/22)
- Slightly reduction in % of children subject to child protection offered advocacy – 61% (62% in 21/22)

### 2.2.3 The support we provided in 2022-23

East Renfrewshire HSCP and our partners recognise the extent of mental health concerns among the children's population, and in our multi-agency 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 have seen a significant rise in the number of those experiencing challenges with their mental health and wellbeing and this also includes those who have a neurodevelopmental diagnosis.

Over the past few years we have been working to alleviate pressure on **CAMHS** by establishing appropriate (Tier 2) alternatives that work with young people and families to support recovery and minimise crisis. As a result of this, during 2022-23 we have seen significant alleviation of the pressures at the CAMHS 'front door' bringing down the proportion of people having to wait more than 18 weeks.

In August 2022, CAMHS achieved and has maintained performance ahead of the national **waiting time target** (90% of people starting treatment within 18 weeks). And from September to the end of the financial year the service has consistently achieved 97% and above.

In response to growing demand during the pandemic a multi-stakeholder **Healthier Minds Service** approach aligned to school communities was developed to identify and ensure delivery of mental wellbeing support to promote children and families' recovery.

Healthier Minds referrals continue to primarily come from schools and other agencies including GPs, CAMHS, Social Work, RAMH, Woman's Aid and Children 1st and more importantly includes self-referrals from young people. A total of 1006 children and young people have been referred to the screening hub (as at 18th April 2023), which meets weekly, resulting in children, young people and their families being supported timeously. An extensive calendar of sessions and training has been planned for the new school year. Training has also been created and developed to respond to the increased presentations of self-harm. The training has evaluated well and will be delivered throughout the authority. The Healthier Minds team continue to see positive outcomes for children, young people and their families.

### Healthier Minds Hub

In recognition of the identified increase in mental health concerns for children and young people, the partnership invested in multi-agency mental health provision. The Healthier Minds Hub is East Renfrewshire's framework for supporting and nurturing the mental health and wellbeing of children, young people and families. It is also a resource for staff.

The hub has representatives from CAMHS, Social Work, RAMH Youth Counselling, Educational Psychology, Community Learning & Development and the Children 1<sup>st</sup> Family Wellbeing Service. Hub members meet weekly to consider referrals, the needs of the child or young person determine the route for provision of the optimal support.

A multi-agency recovery team known as the Healthier Minds team, was developed and aligned to school communities to identify and ensure delivery of mental wellbeing supports that promote children and families' recovery.

The three key elements of the service 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 and strengthening of the existing school counselling model.

93% children and young people supported by the Healthier Minds Team report improved mental health and wellbeing. One young person described how the trusting relationship with the staff had supported them to overcome many challenges such as not attending school, difficult relationships at home and an eating disorder. The young person detailed how this support impacted positively on their wellbeing.

The Healthier Minds Service gathers data effectively to evaluate and improve its work. 1040 referrals were received between 25 November 2020 and 19 May 2023. The highest proportion 40% were referred on to RAMH Youth Counselling Service, 33% were referred to Healthier Minds Team, with others continuing support with existing services, supported by school or had sufficient supports in place. 63% of referrals were for females and 33% were for males. 166 re-referrals were received in this period.

The top three reasons for referral are anxiety, low mood and emotional regulation.

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.

“I hadn’t even thought about, those kind of concepts before in my life. So, those ones, they were interesting because I hadn’t realised that all contributes to how you’re coping as a family.” –**Parent, Family First Family Wellbeing Scale**

“I liked opening up and talking in an environment that I felt safe in and that a I felt like I was actually being listened to”  
**Healthier Minds Feedback**

We can’t thank you enough, you have been such a support to us. He doesn’t trust people easily, and said he felt so supported yesterday.  
**School Nursing Feedback**

Our **Intensive Family Support Team (IFST)** welcomed a health visitor as part of the team in November 2021 to provide an **Intensive Health Visiting Service**. Over the course of the past year the health visitor has worked with the families who need this support most. Families are able to have lots of time with the health visitor, to build relationships and get support which benefits their family’s life now and in the future. Examples of this are:

- The health visitor supports carers and parents with practical tasks such as breast feeding, sleeping and weaning, as well as support to promote bonding and understanding baby’s cues.
- Previously, universal health visiting support would have gone with the child to the kinship or foster home. We are now able to offer health visiting to mums and dads, who do not have care of their children and are working with us to get them home. This includes offering the service at the pre-birth stage, providing early and intensive support to the mums-to-be who need it most.
- Promotes good working relationships with other health services, such as infant mental health services.
- Helps the voice of the infant to be heard when decisions are being made.

#### Case Example

The health visitor worked alongside social workers from Intensive Family Support Team and the Community Team to support a family with two young children, who had been placed in foster care. The family had no extended family support in Scotland and mum often experienced poor mental health, so it was important to be able to build and maintain trusting relationships. The children were returned to their family’s care, but unfortunately soon after mum experienced a significant mental health episode, which required her to stay in hospital for a prolonged period. The team worked together with dad to make sure he had what he needed to look after the children and keep them at home, where they wanted to be. Twelve months later, the family are all living together at home, compulsory measures of supervision have been removed and the family continue to work with the health visitor and social workers on a voluntary basis.

#### Supporting disabilities and complex cases

One third of families open to the Community Children’s Services team require an assessment of their needs in relation to one or more children in the family unit who have a disability. As a direct consequence of the pandemic and the social isolation experienced by families caring for children with additional support needs we have seen an increased demand for services and a higher degree of complexity within these families.

Post pandemic, the needs of children with a disability appear to be more complex in nature due to a number of factors these have included difficulties accessing personal assistance support, increasing demands on a variety of support services in the community and more complex presentations. As a result of this, services have required to adapt and become more creative in how we can support families to use self-directed support to meet the child's needs.

The Community Children's Services team continues to work together with the multi-agency partners to signpost, and creatively support families through strength based person centred planning. Effective multi agency working is key to reducing and removing barriers to inclusion at home, school and in the community. This involves close collaboration between health, social care, education and third sector organisations within East Renfrewshire.

A multi-agency consultation group has been established to develop the creative use of self-directed support and to review what is working well for families. By assessing the needs and strengths of children and focusing on the views of the child, their parents and the people who know them best we continue to develop strategies and partner with commissioned services to support families to remain together and tailor personalised plans, which allows for flexibility and choice.

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.

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.

Over 2022-23 we have continued the development 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. It is the most effective framework to assess and manage risk for children and young people while supporting families. The approach recognises the need to define harm, outline danger and identify safety goals. Implementation of the Signs of Safety model is overseen by a multi-agency implementation group consisting of key partners. As a result, one assessment framework/paperwork is being used across a variety of statutory and non-statutory work including Child Protection assessments, disability/Section 23 assessments, Child in Need and SCRA assessments. The recent joint inspection undertaken by the Care Inspectorate (focusing on children at risk of harm) highlighted Signs of Safety whole system implementation as a good practice example.

During the year we have continued to work in partnership with children, young people, and families/carers to implement **The Promise**. We secured Corra Foundation investment which

has allowed us to improve the process for Pathway Planning for Care Leavers from age 16-26 years. The enhanced pathway process will ensure that outcomes are improved for young people in transition. In addition a further successful application to Corra has enabled us to undertake a co-production project on local housing provision for vulnerable young people. Procedures are now embedded in Children and Family Services to ensure and enable sibling contact where it is in the best interests of the child, as in line with legislation and national policy.

We continue our work to implement the new **Scottish Child Interview Model (SCIM)**, alongside key partner agencies, ensuring trauma-informed support children who have experienced abuse. Since January 2022, all children and young people referred to the Child Interview Team have had their interview conducted under the Scottish Child Interview Model. To ensure service needs are met, the Recovery Support Team increased their workforce with an additional two posts in October and November 2022.

### North Strathclyde Child Interview Team

East Renfrewshire are part of a partnership, which went live with joint investigating interviews (JII) on the 10<sup>th</sup> August 2020. Children and young people in East Renfrewshire are now interviewed and supported by Police and Social Work who are highly skilled, utilising proven techniques to achieve best evidence. In addition, the child / young person and their non-abusing care giver will have access to trauma informed support and advice throughout the JII process from the Children 1<sup>st</sup> recovery and participation workers who provide the child / young person and their families an opportunity to express their views, needs and concerns.

A critical aim is to ensure that all interviews take place in a safe child friendly, age appropriate way with consideration given to any developmental or additional needs. All children and their families will receive the practical and emotional support they require to recover.

Headline data / achievements:

- East Renfrewshire as one of 4 Local Authorities within the North Strathclyde Partnership were successful in winning the award for Excellence in Children's Services at the Scottish Social Services Awards Ceremony in November 2022.
- Children 1st were successful in securing funding that allowed the development of the Wee Bairns Hoose, which is set to have a summer 2023 opening here in East Renfrewshire. There will be a virtual link to Court, purposefully built to ensure the required expectations from Crown Office and Procurator Fiscal are met to challenge any requirement for children to be in the environment of an adult courtroom.
- Total 334 referrals received to the team during this reporting period where 73% progressed to an interview (243). For ERC, 83% (36) referrals progressed to a JII.
- Overall disclosure rate, 76%, which suggests that children / young people in East Renfrewshire feel safe and supported to speak despite their traumatic experiences.

Young people who have been in contact with the team made the following comments:

- *"I don't want to leave, I want to stay"*
- *"I felt that no-one was going to listen to me, but you have listened to me and you have made me feel better"*
- *"The interview went super smoothly and the interviewers were amazing"*



Participation and engagement activities take place across the service, however our **Champions Board** and **Mini-Champs** are active groups of young people and children who meet regularly and inform strategy and practice. 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. The Champions Board's recent thematic work has been in relation to housing and mental health. The Champions Board recently helped to plan and support a visit from the First Minister to showcase the work of both groups to celebrate Care Day. The Champions Board is planning a refresher event in the coming months to highlight the groups' role in supporting East Renfrewshire to fulfil our corporate parenting responsibilities.



### Supporting children and families through Health Visiting

Some key achievements of our health visiting service during 2022-23 include:

- Full implementation of the Universal Pathway now in place since July 2022
- UNICEF Gold Reaccreditation achieved in November 2022 with a Commendation.
- East Renfrewshire has average breastfeeding rates when compared to Scotland and Greater Glasgow and as a whole, with 73.8% of babies reported to have ever breastfed and 45.3% exclusively breastfed at primary visit (CHSP Pre-school August 2022 Public Health Scotland).
- Dunterlie Breast feeding group commenced in June 2022 in Barrhead within an area of higher deprivation within the HSCP. To date 113 mums have attended this group with weekly attendance noting to rise from 1 to 9
- Introduction of 2 Nursery Nurses to the team to support with neurodiversity in 2022 which is highly supportive to parents with children that are waiting for autism diagnosis
- East Renfrewshire was one of the first HSCPs to introduce the Ages and Stages Questionnaire(ASQ) in November 2022 to effectively assess child development and offer early intervention
- Introduction of the new My World Triangle (MWT) Assessment tool in 2022 which is resulting in improved assessments to allow for better-quality sharing with other agencies resulting in improved outcomes for children
- Record keeping audit in March 2023 – highlighted good results associated with new MWT assessment
- Test of change in relation to poverty has been taking place in ER which has led to an increase in referrals to MART from our most deprived neighbourhoods areas. This is now being implemented within other HSCPs within GGC
- The highest referrals are from the G78 postcode area whereby 104 referrals have been made since October 2022- Jan 2023 compared to the lowest of 3 referrals from G77 area.

The HSCP provides support to **unaccompanied asylum seeking children** arriving in the local authority area. Of the 17 arrivals to the area since 2017, 12 have arrived since May 2022. The average frequency of contact for all arrivals is twice per week and newly arrived young people are supported 7 days per week for the first few weeks. We have well established links with the Equality Development Officer for faith and culture groups; and additional support is provided to young people by Aberlour Guardianship Service.

## 2.3 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

### 2.3.1 Our strategic aims and priorities during 2022-23

Ensuring as many East Renfrewshire residents as possible can maintain their independence at home remains a priority of the partnership and a key area of focus as we move through and beyond the Covid-19 pandemic. Our approaches are person-centred and focused on the rights of individuals to exercise choice and control. We are able to deliver on this priority thanks to the enthusiasm and commitment of our partner providers and community support organisations and will continue to promote collaborative approaches.

We work to minimise isolation and engage with those in need through approaches such as befriending, peer support and the work of our Kindness Collaborative and Talking Points, linking people to local supports. We will continue to build on this collaborative working going forward to increase the community supports and opportunities available. We will make best use of technology and health monitoring systems to support independence and self-management. We are committed to increasing choice and control and delivering the full potential of Self-directed Support. As more people live longer with more complex conditions it is important that we work collaboratively with housing providers to support independent living in our communities.

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

- Ensuring more people stay independent and avoid crisis through early intervention work
- Ensuring the people we work with have choice and control over their lives and the support they receive.

In the aftermath of the Covid-19 pandemic restrictions we continue to see increased frailty and social isolation particularly among older people. Across our services we have seen increased demand and higher levels of complexity among the people we support. Although we are facing significant challenges, the response to the pandemic 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.

### 2.3.2 The progress we made in 2022-23

Over 2022-23 we have continued to support people to live independently and well at home, despite additional demand pressures on our services due to more people seeking support at home as well as increased levels of frailty and complexity. During 2022-23 we have seen continuing pressure on our Care at Home service with increased referrals and reducing capacity among partner providers. While these challenges have impacted on some of our performance measures such as our capacity to support reablement, we perform well on the overall balance of care delivered in our communities.

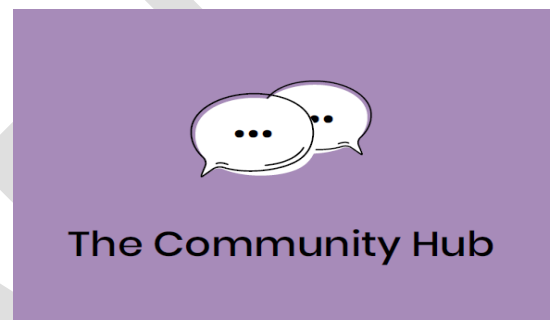
Headline performance data includes:

- 64.4% of people aged 65+ with intensive care needs (plus 10 hours) receiving care at home (up from 62% in previous year).
- 65% 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.
- 80.4% of adults supported at home who agreed that they are supported to live as independently as possible
- 89% reporting 'living where you/as you want to live'
- 48% of people with reduced care need following reablement / rehabilitation (down from 60% for 21/22 but up from 31% for 20/21)

### 2.3.3 How we delivered in 2022-23

The HSCP remains committed to promoting Community Led Support which emphasises more local, personalised and flexible services. Through strong local partnerships our teams are responding to the challenges we face following the pandemic with great innovation and greater collaborative working in support of our communities.

In East Renfrewshire our 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 supports residents to access information and signposted to local community supports as well as establishing new shopping and prescription delivery service.



During 2022-23 the Community Hub has developed its website to focus the online directory away from Covid emergency response to promoting social activities, community supports and information. The success of directory reflects the work of on-going collaboration between local partners. The Community Hub website now has information on where to access support and information relating to The Cost of Living, promoting warm and welcome spaces, support services and access to both local and national resources. At the end of March 2023 the website had 2,435 users with 7,651 page views.

The Community Hub is working to establish a data sharing platform to help plan and development new community activities. The relaunch of our Wellbeing Network is the first step to supporting our partners to create a data sharing platform, agree how and what data and information we need to share and begin to build a picture of need for 2023-24.



**Talking Points** continues to be the main route for residents to get advice and support around their health and social care as well as information surrounding accessing community supports. The services has a membership of over 60 local and national organisations that work together to offer the correct support and information as early as possible. This preventative approach is person-centred and is integral in our delivery of Talking Points. During 2022/23 Talking

Points have supported 690 calls/referrals with the most frequent reason for referral being loneliness/Befriending or looking for group activities within East Renfrewshire. The Talking

Points service also supported the development of three new older adult community groups, which work with 120 older residents weekly.

During 2022-23 we have been working to develop greater choice and innovation across community-based supports available in East Renfrewshire. This means **developing our local market** and supporting our existing **community infrastructure**. As we moved beyond the pandemic, the first half 2022-23 saw a steady return of local groups, community activities and support services. However, as the year progressed it was clear that many groups and organisations were facing financial difficulties and required support. The range of supports provided by Voluntary Action East Renfrewshire (VAER) during the year (including through virtual supports) consisted of organisational support and group training to 14 social enterprises (SE) and 36 third sector/community groups (non SE).

Over the year, the HSCP has been working with communities, third sector organisations and our independent sector providers to develop our approaches to **collaborative and ethical commissioning** of services and supports. HSCP have held a series of collaborative commissioning events from June 2022 with external partners/providers. Working groups and key actions are in place to develop more collaborative opportunities. A period of engagement has been implemented from March 2023 on the HSCP draft Strategic Commissioning Plan that describes current provision, identifies gaps and future intentions.

Our partnership is working to support the development of community-led activities across East Renfrewshire through the **Kindness Collaborative** led by VAER. In its first year of development, the Collaborative has developed a range of promotion materials and dedicated website space. A network has been established and key areas activity have included: identification of gaps in service provision; understanding what additionality can be brought by community-led approaches; development of collaborative approach with local organisations and groups; development of volunteering roles.

The Kindness Collaborative has coordinated a number of community call outs for help and support. As ever, we are delighted with the amazingly positive response from our community groups, third/public sector partners and residents. The collaborative undertook **Cost of Living engagement** which has paved the way for an ERC-led Warm and Welcome Spaces initiative. This provided funding for safe and comfortable environments for local activities during the winter months. The Cost of Living collaborative work involved more than 70 participants over two days. The work focused on the following themes:

- Warm & Welcoming spaces
- Networking & Outreach
- Information, Training and Data exchange
- Food Dignity & Sustainability

East Renfrewshire HSCP's **Care at Home** service provides Care at Home to around 500 East Renfrewshire residents covering on average 10,500 visits and 3434 hours of care per month. There have been significant capacity issues within Care at Home both locally and across Scotland with the situation locally reaching crisis point in early December 2022.

Increasing complexity of people being supported against a backdrop of recruitment challenges has led to significant pressures. Locally there has been a 49% reduction in the amount of service that commissioned providers are able to deliver since 2020. This has led to significant pressure on the HSCP's in house care at home service. The service is has continued to experience significant absence rates during the year, reaching 35% in January/February, principally affecting frontline carer and organiser roles.

### Promoting digital opportunities that support independence

East Renfrewshire Digital Inclusion Partnership continues to meet and collaborate on providing fair and equal access to digital supports across East Renfrewshire. There is a digital inclusion action plan with 4 main activity areas all focused on increasing our local communities' confidence in using/accessing digital technology. This partnership is made up of Council, HSCP, 3<sup>rd</sup> and community sector partners all supporting our most vulnerable residents to be more digitally included.

#### Design, develop and deliver a community-led Digital support programme:

- **Digital Champions development**

- All partners have been given access to and training for Digital Champion volunteers, offering support for and with Digital technology and well as being active promoters of the benefits of using technology to enhance independent living. Currently VAER support the delivery of two digital drop-ins offering support for anyone looking to increase their digital confidence. These drop-ins are delivered within the two Market Place venues in Barrhead and The Avenue. Our Digital Champions range from between 30-60yrs old with a mixture of ethnic backgrounds.
- The Market Place also offers:
  - two Conversational English drop-ins for anyone with English as a second language, the volunteer lead for this is also linked in with our digital champions.
  - Type2 Diabetes digital support programme, this is predominantly people referred via the Diabetic Centre at the RAH. However, we are supporting a small peer support group to offer wider health and wellbeing supports as well as digital support for the My Diabetes My Way web programme.
  - VAER have access to Volunteer Translators when needed to support anyone to access our Digital Supports.

The Digital Partnership have agreed a programme of activity to gather and share information about where and how to access Wi-Fi across East Renfrewshire, this will be linked with when and where the digital supports are available.

The HSCP has been working on the huge task of transferring our **Telecare Service** from an analogue to a digital service - and we are the first HSCP in Scotland to have an end-to-end digital telecare service (although this is only in place for those who have had digital alarm units installed already, but work is ongoing on this). The national switch-off of analogue lines in 2025 has meant this piece of work is essential in ensuring our residents continue to be able to access their Telecare service. The installation of Digital Alarm Units within homes is expected to continue until 2025.

We have been supporting national Tests of Change which are identifying the benefit of proactive calling to telecare users by call-handlers. Benefits include a reduced number of responder visits required, reduced numbers of ambulances being called and reduced numbers of telecare customers being hospitalised. Proactive calling is being considered as a potential next step for East Ren's Telecare Service.

We are in the process of implementing a new national **telehealth** solution (to replace Florence) which will be accessible to more people as it can be accessed via a telephone keypad, mobile

phones, tablets, laptops or desktops. The system has only just gone live and we already have three GP practices signed up to the service.

Just over a year ago we recruited a **TEC Implementation Officer**, whose main focus was the upskilling of the workforce (within our own service, the acute sector and the voluntary sector) to understand what types of Technology Enable Care (digital solutions etc) are available to our people and to consider TEC as the first potential solution to their care needs. In addition, our TIO is also involved in identifying new TEC which could benefit our citizens and in the roll-out of the new telehealth service.

East Renfrewshire HSCP are supporting the local delivery of the **Improving the Cancer Journey**, funded and supported by Macmillan Cancer Support (Scotland) and the Scottish Government. The new partnership will offer support to anyone affected by cancer across East Renfrewshire, by offering a Holistic Needs Assessment (HNA) to help identify and address all physical, psychological, social, financial and practical needs.

### **Macmillan Improving the Cancer Journey (MICJ) – East Renfrewshire**

In partnership, Macmillan and the HSCP will work with local health providers, the local authority, third sector, communities and people affected by cancer (including family members and carers), with the aim of ensuring everyone affected by cancer can easily access the support they need as soon as they need it to enable them to live as well and as independently as possible.

East Renfrewshire has a cancer incidence rate of approximately 590 per 100,000, equating to approximately 540 people being diagnosed with cancer annually. The incidence of cancer is also anticipated to increase by 33% over the next 5-10 years. There were 2,888 cancers (excluding non-melanoma skin cancer) diagnosed in East Renfrewshire in the five years from 2016 to 2020. These were evenly split across genders. Across the two localities, Eastwood has the most diagnoses of cancer with 74.4% of cases compared to Barrhead with 25.6%.

At the end of 2019, 3,853 people in East Renfrewshire were living with a diagnosis of cancer and had been diagnosed within the previous 20 years. This equates to 4.01% of the population. This is higher than the national figure of 3.74%. It would be safe to assume that people living with cancer is expected to rise to circa 5900 by 2030. This number is increased significantly when you begin to consider the support needs of loved ones associated with a cancer diagnosis. Cancer mortality is consistently considerably lower in East Renfrewshire than it is in Scotland, with 46 fewer deaths per 100,000 occurring in 2018-20. The most common types of cancer in East Renfrewshire for both sexes combined (in order) were, female breast cancer, prostate cancer, lung cancer, colorectal cancer, malignant melanoma of the skin and kidney. These 6 cancers account for two thirds of all cancer diagnoses in the East Renfrewshire area.

Building on learning from MICJ in the other partnerships within NHS Greater Glasgow and Clyde, MICJ provides a framework and evidence base to support improving patient outcomes and experience.

Macmillan ICJ in East Renfrewshire sets out to:

- Invite all with a cancer diagnosis in East Renfrewshire to complete a Holistic Needs Assessment (HNA) and develop an individual care plan that includes carers and family members.
- Provide the dedicated support of a named 'Link Worker' to everyone in East Renfrewshire with a cancer diagnosis, and to his or her carer or family.

- Facilitate the delivery of effective and integrated Health and Social Care support solutions, based on their needs.
- Demonstrate through outcomes the case for longer term sustainability of the service and the potential model for personalised care for other long term conditions.

DRAFT

## 2.4 Working together to support mental health and wellbeing

| <b>National Health and Wellbeing Outcomes contributed to:</b>  |
|--|
| 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 |

### 2.4.1 Our strategic aims and priorities during 2022-23

During the pandemic we adapted our approaches across services to support the mental wellbeing of the people we work with. As we move forward we will continue to focus on good mental wellbeing, and on ensuring that the right help and support is available whenever it is needed. We recognise that different types of mental health need will continue to emerge as time passes and that we will need to continually adapt our approach to reflect this. We are focused on close collaboration with primary care, and further enhancing the mental health and wellbeing supports within primary care settings. We will work with GPs, third sector partners and people with lived experience to develop our approach to ensure people get the right service, in the right place at the right time. We are enhancing our approach to minimising drug-related harms and deaths and improving overall wellbeing amongst people with harmful drug or alcohol use and their families.

We will continue to work in partnership with people who use services, carers and staff to influence the Greater Glasgow and Clyde Five Year Strategy for Adult Mental Health Services and contribute to its delivery to ensure the needs of East Renfrewshire residents are met. We will ensure a particular focus on prevention, early intervention and harm reduction; high quality evidence-based care; and compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on well-being.

We will continue to support the promotion of positive attitudes on mental health, reduce stigma and support targeted action to improve wellbeing among specific groups.

Our aim is to **support people to look after and improve their own mental health and wellbeing**, by:

- Ensuring individuals can access a range of supports on their journey to recovery from mental health and alcohol and drugs harms
- Ensuring wellbeing is enhanced through a strong partnership approach to prevention and early intervention
- Helping staff and volunteers to have the skills, knowledge and resilience to support individuals and communities

### 2.4.2 The progress we made in 2022-23

During 2022-23 our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. There have been high demand across all teams (Community Addictions Team, Adult Mental Health Team, Primary Care Mental Health Team, Older Adult Team). For older people we are seeing overall wellbeing impacted by issues such as isolation and reduction in mobility.

Headline performance data includes:

- Mental health hospital admissions remain low (at 1.4 admissions per 1,000 population)



- 75% waiting no longer than 18 weeks for access to psychological therapies (av. 2021-22)
- 96% accessing recovery-focused treatment for drug/alcohol within 3 weeks – up from 95% in 21/22 and 69% in 20/21
- 5% of people moving from treatment to recovery services in the year – down from 9% in 21/22
- 173 alcohol brief interventions undertaken in 22/23 – up from 0 last year, reflecting increased resourcing for this activity.

### 2.4.3 How we delivered in 2022-23

Our teams continue to deal with a significant increase in demand across mental health and addiction services due to increases in complexity. We are building on the new approaches and ways of working that were developed during the pandemic 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.

The partnership is taking a holistic approach to promoting mental health and wellbeing including promote physical activity linked to mental wellbeing, in partnership with VAER, funded by Paths 4 All and NHSGGC.

#### Work with our communities to promote positive mental health and wellbeing

##### Health Walks

Currently, there are 12 Community Health Walks running across East Renfrewshire on a weekly basis, two of which are Dementia and Cancer Friendly Walks. Walker numbers have continued to rise each month as we move into spring season. March 2023 saw an average of 89 walkers attend weekly. Due to demand / interest from the community, two new walks commenced in April. An additional health walk also runs weekly from Cowan park, and is facilitated by a staff member from our Addictions team. This is a closed group, specifically for individuals in active recovery.

##### Strength & Balance Class

Currently, there are 6 Community Strength and Balance classes running across East Renfrewshire. In March, classes saw an average of 60 attendees per week with demand for classes growing due to the reduction in Covid restrictions. Participants can then be signposted on to East Renfrewshire Culture and Leisure Trust activities.

A number of **wellbeing inputs** to community groups and organisations have been delivered including the delivery of Health & Wellbeing sessions for RAMH Recovery College summer programme. Three NHSGG&C Healthier Minds sessions were delivered:

- Sleep & Mental Health
- Loneliness & Isolation
- Resilience

The HSCP has commissioned 12 month pilot programme with Glasgow Council on Alcohol (GCA) focusing on community outreach to deliver **Alcohol Brief Interventions**, alcohol counselling sessions and training on the delivery of ABIs to staff across the HSCP and partners. 173 ABIs have been delivered to date and 8 alcohol counselling sessions. Outreach events have taken place in leisure centres, libraries, Voluntary Action market places, community centres and food banks. Staff training on the delivery of ABIs is being scheduled during April – October.

We have continued to support to roll out the **Community Mental Health and Wellbeing Fund** in partnership with VAER. Two years of funding from the Scottish Government has been fully distributed to local grassroots Third/Community sector organisations and groups. HSCP staff participated in the panel for the year 1 allocations with applications encouraged from specific target groups. The Year 1 grant awards were made at the end of 2021-22 with the majority of delivery in spring/summer 2022 and onwards. Around half of the 19 applications focused on older people as their main target groups. Other target groups include minority ethnic communities and people who are neurodivergent.

Programmes such as the **RAMH Recovery College** had a wide reach across communities with a diverse programme of mental health and wellbeing courses on offer with 38 people completing courses. A wellbeing tool was used to capture pre- and post-participation wellbeing scores and this showed an average improvement of 21% in wellbeing. Individual students met employability goals: 3 gained paid work during the pilot period and cited their increased confidence to involvement in Recovery College was a significant contributing factor. five individuals have taken on volunteer roles with RAMH.

The partnership works to deliver the priorities set out in the Greater Glasgow and Clyde Mental Health Strategy. East Renfrewshire HSCP commissions the **peer support services** across mental health and alcohol and drugs settings to support the recovery workstream and aims of the NHSGGC Strategy. 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 2020, initially offering opportunities to meet face-to-face, within the restrictions at that time.

The peer support is currently supporting over 70 people. The majority are supported on a 1-1 basis however a schedule of group activities is also in place. The peer support service works with individuals already engaged with services in East Renfrewshire, with referrals made by Health and Social Care Partnership adult mental health and alcohol and drugs services, as well as RAMH and RCA Trust. It is an additional, complementary support to help individuals identify their personal goals for recovery.

### **Supporting skills, knowledge and resilience across our partnership**

A key priority in delivering our strategy to support better mental health and wellbeing is to ensure staff and volunteers across the wider partnership have the skills, knowledge and resilience to support individuals and communities. Examples of training delivered during the year include:

- Scottish Mental Health First Aid: 30 staff / partners attended including HSCP, partners and community representatives
- Mental Health Awareness (Tailored to Community Policing Teams): 18 Police colleagues attended
- Heart Start training: 40 staff/partners
- ASIST (57 participants) and self-harm training (60 participants)

A training sub-group is being established as part of the HSCP Suicide Prevention Strategy and Action Plan. Training opportunities for courses such as ASIST and SMHFA have been targeted to staff who are working with people at risk. This has included social work staff, School Nursing staff and Teachers.

Awareness raising of online training such as webinars, online modules and awareness raising session have continued. Training opportunities are communicated via the weekly Health and Wellbeing email bulletin and other mechanisms to ensure the right opportunities are offered to the appropriate staff and teams. NHSGG&C Mental Health Team and Public Health Scotland produce monthly bulletins with new training, resources etc. and these are

widely shared across HSCP and partners such as VAER, RAMH, East Renfrewshire Culture and Leisure Trust.

Locally we now have three staff trained in peer support. For the last year the Health and Wellbeing Lead has supported around 25 staff with their mental health and wellbeing via peer support. In 2023 we began the promotion of the peer service across the HSCP where staff / managers can contact the peer supporters direct to arrange 1-1 support.

As we move beyond the Covid-19 pandemic we are focused on building on innovative approaches that were developed during the pandemic period, including **digital solutions** to support people. Over 30 devices were issued to people as part of Connecting Scotland programmes during 2020 and 2021. As more groups and activities have returned to in-person basis, people are able to participate in recovery activities in communities. The Community Addictions Service continue to provide access to mobile phones and SIM cards on an adhoc basis to those experiencing digital exclusion and a small number of mobile phones have been issued in the past year. We continue to engage with lived experience networks about the needs of those in recovery and develop actions in response.

#### **Delivering wellbeing inputs to community groups and third sector organisations**

Our data shows men are less likely to access mental health services such as primary care mental health team and GP community link workers, higher numbers of suicides amongst males. Following discussions with the group, we delivered Health & Wellbeing Awareness Sessions to Mens Shed, Barrhead (55 male members). Sessions included :

- Physical activity session
- Dementia Awareness
- Cancer Awareness
- NHSGG&C Healthier Minds Sessions: Loneliness & isolation / Long Term conditions/ Loss & Grief/ Sleep & Resilience.

Delivery of Health & Wellbeing sessions for RAMH Recovery College summer programme. Three NHSGG&C Healthier Minds sessions were delivered including :

- Sleep & Mental Health
- Loneliness & Isolation
- Resilience

During 2022-23, the partnership has continued to focus on **suicide prevention** activities. Following the publication of the National Suicide Prevention Strategy & Action Plan in September 2022, two Suicide Prevention workshops were delivered locally with 65 staff and partners attending from across wide range of groups and organisations in East Renfrewshire. Workshops involved awareness raising, training, consultation and networking. Following the workshops, a Suicide Prevention Working group with wide representation has been established (first meeting February 2023) with the aim of developing and delivering a two-year suicide prevention action plan. Partners include HSCP, Council, Police, British Transport Police, VAER, East Renfrewshire Carers, ER Culture & Leisure and Barrhead Housing Association.

We continue to implement the **East Renfrewshire Alcohol and Drugs Strategy** and Delivery Plan with a wide range of actions including:

- Working with people with lived and living experience to enhance and develop recovery community activity
- Strengthen links between community addictions and children and families services
- Increase awareness of services including family support

During 2022-23, progress has been made in the following areas:

- **Lived and living experience involvement** in the work of the Alcohol and Drugs Partnership continues to evolve and expand. The peer research group has grown to six members and has just completed the second research study – a community needs assessment of those affected by alcohol and drugs. The study reached 24 people with lived and living experience and 47 professionals. The ADP will consider the findings of the needs assessment and develop an action plan to enhance supports and services.
- Resources have been identified to deliver **whole family support** activities. These will be co-designed with families affected by a loved one's alcohol or drug use. Community Addictions Service and children and families services are beginning work to engage family members to identify the priorities for this funding with a view to delivering the additional supports in the second half of 2023-24.

The HSCP continues to work to implement the **Medication Assisted Treatment (MAT) Standards** and ensure fast, appropriate access to treatment. The MAT standards enable people to access same-day prescribing for opioid use disorder, facilitating low barrier access to assessment and treatment.

#### **Delivering the Medication Assisted Treatment (MAT) Standards in East Renfrewshire**

The Medication Assisted Treatment (MAT) Standards Implementation Plan is available [here](#) and sets out a wide range of actions including:

- Implementation of rapid access to opiate substitution treatment Monday to Friday
- Tests of change in near fatal overdose pathways and assertive outreach approaches
- Enhancing access to harm reduction interventions for people at risk

The Plan is well advanced with the majority of actions to deliver standards 1-5 now complete.

All staffing roles to support the delivery of Medication Assisted Treatment are now in place, funded by the national support funding. This includes a full time Pharmacy Independent Prescriber who, alongside the team medical officer, enables prescribing to be available 5 days per week, The Community Addictions Service have implemented a Standard Operating Procedure for rapid access to MAT and there are examples of individuals being able to access a prescription on the same day they present to the service.

The Turning Point overdose response team has provided harm reduction advice and support to almost 40 individuals since the service began operating in September 2021. Interventions include Naloxone training and provision, overdose awareness training.

The Alcohol and Drugs Partnership has worked with Turning Point to implement the Mobile Harm Reduction Service, an outreach service to target individuals who may not be accessing treatment. The service is now in place every fortnight on a Thursday in the Barrhead community – providing injecting equipment, Naloxone, blood borne virus testing and wound care. The days/times/locations remain under review based on uptake of the service and the service will rotate around different communities based on identified need. Awareness raising sessions with key stakeholders were held in January in Barrhead and Eastwood where partners had the opportunity to view the vans and hear about the provision of the harm reduction interventions. The service is promoted through communications to

services and community networks as well as outreach work by van staff when working in the area. Uptake is low at this early stage and additional promotion is being planned.

The Community Addictions Service has also enhanced existing harm reduction provision through increasing Blood Borne Virus testing, and ensuring Injecting Equipment Provision is available at service sites.

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## 2.5 Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time.

### 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

### 2.5.1 Our strategic aims and priorities during 2022-23

The vision set out by NHSGGC in its recovery and remobilisation planning is to have in place a whole system of health and social care enabled by the delivery of key primary care and community health and social care services. HSCPs are working in partnership to ensure effective communications, a consistent approach, shared information and the alignment of planning processes.

Primary care is the cornerstone of the NHS with the vast majority of healthcare delivered in primary care settings in the heart of our local communities. It is vital in promoting good health self-care and supporting people with long term health needs and as a result reducing demands on the rest of the health and social care system. Through our Primary Care Improvement activity we have been expanding primary care teams with new staff and roles to support more patients in the community.

Significant investment in winter 2022 helped add resilience to our health and care response. We have strengthened the capacity of our Care at Home Responder Service, Community Nursing and Community Rehabilitation teams and have established an intensive support service at our in-house care home for a multidisciplinary 'step-up', 'step-down' approach. This is supporting rehabilitation and reablement and timely discharge to home/homely settings. Additional resources are being used to address the accelerated demand pressures we have seen for Care at Home services, with increased frontline staff as well as management and support, and increased capacity for the Home First model and Technology Enabled Care.

We continue to work together with HSCPs across Glasgow, primary and acute services to support people in the community, and develop alternatives to hospital care. In partnership we support the development and delivery of the joint strategic commissioning plan which outlines improvements for patients to be implemented over the next five years.

Our aim is to **ensure people's healthcare needs are met (in the right way, by the right person at the right time)**, by:

- Early intervention and prevention of admission to hospital to better support people in the community
- Improved hospital discharge and better support for people to transfer from acute care to community supports
- Improved primary / secondary care interface to better manage patient care in the most appropriate setting.

### 2.5.2 The progress we made in 2022-23

Patterns of accident and emergency use and unplanned hospital admissions were significantly altered by the pandemic; but some measures have moved above pre-pandemic levels during

the year. Despite increased activity we remain ahead of target for emergency admissions and A&E attendances and available data suggests unplanned attendances and admissions have been at a stable rate over the year. During the reporting period we saw an increase in discharges with delay. This is being driven by the pressure on care at home services which is restricting access. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. Our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be immediately accommodated. We are also seeing improved performance on emergency readmissions, reflecting the positive support we have in place in the community.

Headline performance data includes:

- Discharge without delay – averaged 8 delays for 22/23 – up from 7 for 21/22 (and 3 for 20/21)
- Adult bed days lost to delayed discharge – 4,652 for 22/23 (up slightly from 4,546 for 21/22 but significantly higher than 2,342 in 20/21)
- Adult A&E attendances – 17,355 - up from 16,877 in 21/22 but ahead of target
- Adult Emergency admissions – 6,564 - down from 6,772 in 21/22 and ahead of target
- Emergency admission rate (per 100,000 pop) – 9,036 down from 9,414 for 21/22
- Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) – 67, down from 77 in 21/22 (and 98 in 20/21)

### 2.5.3 How we delivered in 2022-23

During 2022-23 the HSCP has continued to work 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** (which facilitates complex hospital discharges) was supplemented last year by the creation of a new team focussing on the appropriate and effective use of intermediate care beds. This supports timely hospital discharge where the required homecare package is not immediately available and delivers improved outcomes from assessment activity carried out in this setting (versus hospital). The targeted work by the team includes requests for intermediate care beds, care home liaison, occupancy tracking, data collation, arranging interventions / reablement and carrying out outcome-focussed reviews and care planning. The collaborative working between these teams has ensured that delays in hospital discharges have been minimised and kept within manageable levels.

We continue to develop **enhanced community support** and **intermediate care models** in partnership with HSCPs across Glasgow. To support timely discharge from hospital through intermediate ('step-down') provision, we provide a 6-bed unit in Bonnyton Residential Home and block, or 'spot' purchase additional beds for intermediate care in local Care Homes. Ongoing use of the 6 intermediate beds in Bonnyton is supported by partnership working across social work, community nursing, Reablement and Rehab services, and primary care services.

#### Supporting people through interim care models

Improved performance around interim care in 2022-23

57 people have been in interim care in East Renfrewshire between 1 April 22- 31 March 2023 (20 went on to require permanent care). 53% of people returned home

2,140 days in interim care/bed days saved. (Improved performance on hospital bed days saved, contributed in part to interim care performance)

We are also working to implement our **discharge to assess** protocol to help minimise discharges with delay. There has been ongoing joint working between Acute Services and Hospital to Home Team, Intermediate Care and Rehab Service to support individuals to be discharged home or to alternative community setting to ensure safe discharge without delay and ongoing assessment.

Despite our proactive activity to support discharge from hospital, 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. New AWI Procedures were implemented on the 1st July 2022. These incorporated recommendations from the Mental Welfare Commissions Authority to Discharge Report 2021. Having a dedicated **Mental Health Officer (MHO)** within the Home from Hospital Team ensures a rapid and responsive service to individuals requiring a legal framework to facilitate hospital discharge.

Our **Community Rehabilitation Teams** continue to experience increased pressures due to the ongoing impacts and consequences of the pandemic on the older population, with an increase in frailty and frailty related falls. Average weekly referrals into the service have increase by approximately 50% since the start of the pandemic. Due to increased complexity of need and deconditioning, the service is finding that people are requiring longer and more frequent inputs, adding to demand pressures.

The partnership has seen 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.

During 2022/23 we have continued our work to implement frailty pathways and support initiatives to address frailty in our communities. There has been ongoing development of **Home First Response/Frailty service** including appointment of Frailty Practitioner and further development of various community falls and frailty pathways across HSCP to identify and provide appropriate guidance, support and interventions. As well as improved use of data (frailty scores), a 'frailty matrix' has been developed detailing appropriate services across the frailty pathway. We have established community pathways with Scottish Ambulance Service in relation to falls/ frailty and work with primary care colleagues to identify test of change opportunities for proactive identification of frailty.

To prevent crisis and emergency use of acute services, we continue to work to improve the quality and quantity of **Anticipatory Care Plans (ACPs)**. The number of ACPs recorded on the NHS Clinical Portal system for East Renfrewshire HSCP has now exceeded target. Training in anticipatory care planning has been delivered across HSCP services and **ACP Champions** have been identified in Community Nursing and Rehab Services.

#### Supporting local care homes

Our partnership with local care home providers has continued to develop and strengthen following the pandemic. Commissioning and contracts staff continued to support homes with twice-weekly welfare calls to homes, or more often if needed. Every week we hold



multidisciplinary Care Home Assurance Meetings and there is a four-weekly Care Home Managers Forums with managers. Regular support meetings take place with care homes experiencing any issues/risks. 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 is offered to care homes particularly affected during the pandemic and the wellbeing of staff and residents continues to be a high HSCP priority. The Commissioning and Contracts team also supports the Care Home Assurance visits, alongside with the clinical nursing team and senior manager for communities and wellbeing. The team is also providing input at various internal and external meetings, such as the weekly vaccination meeting, and Greater Glasgow care home assurance group.

During the year, we completed the full implementation of East Renfrewshire's **Primary Care Improvement Plan (PCIP)**. The plan set out a wide range of activity in line with six Memorandum of Understanding (MOU) priority areas, including:

- enhanced models for vaccination through the Vaccination Transformation Programme (VTP);
- Pharmacotherapy Services – a new medicines management system with more pharmacists and pharmacy technicians working within GP practices;
- Community Treatment and Care Services (CTAC) providing support to General Practice for minor injuries, chronic disease monitoring and other services suitable for delivery within the community;
- Urgent Care (Advanced Practitioners) with the creation and implementation of 3.0 wte Advanced Nurse Practitioners (ANP) to work across three GP clusters within Eastwood and Barrhead localities;
- Additional NHSGGC Advanced Practice Physiotherapists (APP) and musculoskeletal (MSK) Physiotherapists working across GP practices;
- Community Link Workers (CLW) based in GP practices to signpost people to community-based supports. The service reflected shared awareness of the impact of a significant cohort of patients who sought recurring and regular support from GPs, for what were often issues associated with loneliness, social isolation, and lack of community connectedness and associated 'social' issues.

We will review the effectiveness of these new approaches and we are continuing a series of 'deep dives' into MOU services at the PCIP Oversight Group meeting.

*The Advanced Nurse Practitioner has played a very valuable role in the practice which has facilitated a reduction in GP workload*

*The Advanced Practice Physiotherapist has very effectively complemented our clinical skill-mix and feedback from patients continues to be extremely positive*

*Community Link Workers are an extremely valuable resource*

## 2.6 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

### 2.6.1 Our strategic aims and priorities during 2022-23

Unpaid carers are essential to our social care system and the daily efforts of families and loved ones to support those in need is fully recognised by the partnership. Carers have been significantly impacted by the pandemic and changes to a range of supports available to those providing care. Unpaid carers have also taken on increased caring during over the past few years and have faced additional pressures. As we move beyond the pandemic we must ensure that the right supports and services are in place for carers. The ongoing work of the East Renfrewshire Care Collective has demonstrated the need to maintain and strengthen our approach to involving carers throughout the planning process in identifying the outcomes that matter to them and by ensuring carers voices are valued and reflected within our strategic planning work.

Our Carers Strategy sets out how we will work together with partners to improve the lives of East Renfrewshire's carers. Through our local engagement and discussion we know that we need to develop our workforce, pathways and supports for carers. We have committed to working together with East Renfrewshire Carers Centre (ER Carers) to improve access to accurate, timely information. We will continue to encourage collaboration between support providers for advice, information and support for carers ensuring local provision that best meets carers needs. We will provide information and training to raise awareness of the impact of caring responsibilities. We will continue to support the expansion of personalised support planning in collaboration with our unpaid carers and ensure that self-directed support options are offered to all adult carers who have been identified as eligible for support.

We will work collaboratively with providers to develop flexible and innovative approaches to the provision of breaks from caring; and we will make sure that carers are aware of and have access to these. Peer support and having the opportunity to share experiences is highly valued by our carers but has been disrupted during the pandemic. As a wider partnership we will ensure that these informal supports that enable people to continue in their caring role are re-established and strengthened going forward.

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.
- Ensuring more carers are being involved in planning the services that affect them and in strategic planning

### 2.6.2 The progress we made in 2022-23

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. Training and awareness-raising on

the issues affecting carers have been delivered. Work has continued on the development and promotion of support planning for carers and the partnership continues to develop approaches to short breaks for carers.

Headline performance data includes:

- 80% of those asked reported that their 'quality of life ' needs were being met – down from 92% in 21/22
- % carers who feel supported to continue in their caring role – 28.4% (21/22) down from 35.3% (19/20)

### 2.6.3 How we delivered in 2022-23

The pandemic has impacted significantly on carers, with potentially restricted access to support, resources and activities away from caring.

Throughout the year we have maintained our positive partnership working with the **East Renfrewshire Carers' Centre (ER Carers)**, continuing to deliver community-based integrated support for carers in East Renfrewshire including access to tailored advice, support, planning and community activities.

In partnership with the ER Carers we ensure **information and training** is available to raise awareness of the impact of caring and requirements of Carers Act. The Equal Partners in Care (EPIC) Training Programme has been under review during the year and relaunched at the end of March 2023. EPIC will be included in the induction training for new staff and will be supplemented by input from carers, the East Renfrewshire Carers Lead and Self-directed Support (SDS) lead. 27 carer aware sessions have been delivered across HSCP and third sector partners in the last year. Drop-in appointments for staff were piloted in January 2023 in partnership with SDS Forum although there was limited uptake. Further training and drop-in sessions will be developed to meet the requirements of the HSCP's new Supporting People Framework and review of adult carer support plans.

During the year we have continued to work in partnership to ensure carers are being involved in **planning services** that affect them. Following the success of the Dementia Walking Buddies we are planning to develop a carers network specifically in relation to dementia support. The Carers Collective continue to meet monthly with further specific engagement events held in relation to:

- HSCP Budget
- Strategy development
- Short Breaks
- Day Centres/Day opportunities
- Hospital Discharge
- Autism

Carers Rights information is provided to every carer referred to the Centre. This information is supplemented by group sessions on Carers Rights and Introduction to Caring sessions.

We continue to implement **carers' support planning** including planning for emergencies with individual carers. Following introduction of the Supporting People Framework and the new Personalisation & Assessment Workstream a working group has been established to create a process for carers that reflects these changes and develops a revised process for Adult Carer Support Plans. The new process will incorporate Emergency plans with an increased focus on promoting Anticipatory Care Plans (ACP) for both carers and the people they support. Carers Centre staff have undertaken training to promote Anticipatory Care Plans and there is a new Carers Pathway for ACP with links to the Community Nursing Team. An **abbreviated Adult Carer Support Plan (ACSP)** has been introduced for carers with no support

requirements from HSCP. This is used by the Centre to record support plans for all carers referred for support.

The current **East Renfrewshire Carers' Strategy** has four strategic carer outcomes that are fully in line with the principles of the Carers (Scotland) Act 2016, the National Health and Wellbeing Outcomes and East Renfrewshire HSCPs Strategic Plan.

- Carers are identified, valued and involved
- Carers have choice, control and a life alongside caring
- Carers are living full lives and able to support their health and wellbeing
- Caring is a positive experience

The Carers Strategy is currently being revised and updated to reflect the introduction of the Supporting People Framework. A programme of engagement with carers, young carers, stakeholders and community groups has been undertaken and the strategy will go to IJB for approval in Summer 23. A programme of awareness raising and engagement will follow.

East Renfrewshire's **Short Breaks Statement** was developed in collaboration with carers and other stakeholders. It establishes guiding principles for planning short breaks 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.

The **Short Breaks Working Group** includes the HSCP, Carers Centre and carers and has informed development of our local **Promoting Variety Project**. The Promoting Variety Project is now underway to develop a time-banking initiative for short breaks. A Project Co-ordinator has been recruited and carer engagement and volunteer recruitment has started.

Short Breaks is now a pilot initiative in the HSCP's collaborative commissioning work, testing the potential for direct payment grant support to carers.

### **Supporting East Renfrewshire's minority ethnic carers**

The HSCP and Carers Centre secured funding to appoint a dedicated ethnic minority worker. The Centre has been able to sustain this post into their core funding. The Centre ensures that all activities are open to all carers; the post continues to lead on support dedicated to carers from ethnic minority communities including promoting ACSPs to carers and providing emotional and practical support such as information sessions, training and peer support.

Among the ethnic minority carers known to the Carers Centre there is a high prevalence of parent carers supporting children on the Autism Spectrum or Neuro-developmental condition. To support this the Centre has facilitated training including CYGNET and four workshops delivered by the Autistic Collective and the Scottish Minority Ethnic Autistic. The

carers have also had regular meetings with senior managers from HSCP and Education Department to share their views on services and support required.

The Centre promotes short breaks to ethnic minority carers and in addition to peer support responding to carers' feedback has facilitated day trips, swimming lessons and activities such as weekly badminton sessions and bowling trips.

The Carers' Centre is working in partnership with the Centre of Therapy to offer ethnic minority carers access to counselling and Cognitive Behavioural Therapy.

Learning from the pandemic has highlighted the importance of online support. The Centre's website and online information incorporates software that translates all information to any required language.

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## 2.7 Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives

### 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

### 2.7.1 Our strategic aims and priorities during 2022-23

We will continue to work together with our multi-agency partners to ensure there are strong pathways to recovery and rehabilitation following a criminal conviction.

Through the East Renfrewshire Community Justice Outcome Improvement Plan we are committed to a range of actions with community planning partners. We are working together to support communities to improve their understanding and participation in community justice. As an HSCP our justice service will continue to promote the range of community justice services that we deliver and, in response to the challenges posed by the pandemic period, will continue to identify and build on opportunities for the unpaid work element of community payback orders to meet the needs of the local community and reduce the risk of further offending. We will build on the innovative approaches that have been developed during the pandemic and ensure we have the capacity to support people to complete unpaid work.

We will continue to strengthen our links with community services and programmes to provide greater access and support for people to stop offending. In the context of our recovery from the pandemic we will work to ensure that people moving through the justice system have access to the services they require, including welfare, health and wellbeing, housing and employability.

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

- People have improved access to through-care
- People have access to a comprehensive range of recovery services
- Trauma-informed practice is embedded across justice services
- Structured deferred sentence and bail supervision is implemented
- The risk of offending is reduced through high quality person centred interventions

### 2.7.2 The progress we made in 2022-23

The provision of unpaid work was significantly impacted by the pandemic with Community Payback Orders (CPOs) suspended on 23rd March 2020 and this continues to have an impact on unpaid work provision. There were 5,874 hours backlog at end March 2023, spread over 71 individuals subject to Unpaid Work. This denotes a return to pre-Covid levels of Unpaid Work Orders.

Headline performance data includes:

- 86% Community Payback Orders (CPOs) commencing within 7 days – significantly up from 58% in 21/22
- 83% of unpaid work placement completions within Court timescale – up from 81%
- Positive employability and volunteering outcomes for people with convictions – 64% up from 56% in 21/22

- 100% of people reported that their order had helped address their offending

### 2.7.3 How we delivered in 2022-23

The HSCP delivers accredited programmes aimed at reducing reoffending. During 2022-23 we continued to deliver **Moving Forward, Making Changes** in a groupwork capacity. To complement the three staff currently trained, a further three staff have been identified and nominated for training. The programme is being converted to the Moving Forward 2 Change (MF2C) programme; staff will be trained when this is in place.

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

New staff have accessed **Trauma Informed Practice training** as it has become available. This has been complemented by all staff undertaking a range of training including supporting young people's mental health.

The HSCP works to deliver a whole systems approach to diverting both **young people and women** from custody. Women and young people continue to be clear priorities in the use of **Structured Deferred Sentences**. The Structured Deferred Sentence is a low-tariff intervention providing structured social work intervention for offenders post-conviction but prior to sentencing. It is a sentencing option in all court reports for people under 25 and women who are appearing for sentencing. It is also intended for offenders with underlying problems such as drug or alcohol dependency, mental health or learning difficulties or unemployment that might be addressed through social work intervention. This outcome is promoted whenever appropriate within Criminal Justice Social Work Reports.

We aim to ensure that people subject to statutory and voluntary supervision including licence have early **access to community mental health, alcohol and drug recovery services**. Staff continue to refer people with any identified needs to the associated ERCAT or Community Care teams. This includes regular contact with Adult Services to seek advice on possible referrals and potential interventions. Justice Social work and East Renfrewshire Alcohol and Drug Service have revised local policies for Drug Treatment and Testing Orders to better meet the current needs of those requiring this service. Justice staff are now trained in the administering of opioid overdose prevention medication Naloxone.

It is important that people are able to find positive alternatives to offending. Criminal Justice staff closely with the East Renfrewshire Employability Partnership, utilising the existing pipeline to refer people for assistance with **employability-related supports** and those for further **education/training**. We have sought to draw upon a wide-range of employability services to accomplish this and have connected with employability services to deliver input to our Moving Forward Making Changes programme for specialist supports. UKSPF (UK Shared Prosperity Funding) funding is in place from April 2023 for two year period, to provide a dedicated key justice employability worker support for people with convictions. This year, we have identified a three new personal **work placements**. These have complemented our existing placements which are themselves regularly reviewed for suitability.

## 2.8 Working together with individuals and communities to tackle health inequalities and improve life chances.

| <b>National Health and Wellbeing Outcomes contributed to:</b>  |
|--|
| 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   |

### 2.8.1 Our strategic aims and priorities during 2022-23

We are committed to the local implementation of Greater Glasgow and Clyde's Public Health Strategy: Turning the Tide through Prevention which requires a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. This includes a commitment to reduce the burden of disease through health improvement programmes and a measurable shift to prevention and reducing health inequalities through advocacy and community planning.

The significance of health inequalities has been brought into even sharper focus as a result of the Covid-19 pandemic. We will continue to work together with community planning partners to improve health and wellbeing outcomes for our most disadvantaged localities and those who have been disproportionately impacted by the pandemic. We will also work collaboratively with local and regional partners to develop our understanding of health inequalities in East Renfrewshire and changing patterns of need as we recover from the pandemic.

Longer-term, the HSCP will continue to support community planning activity that aims to tackle the root causes of health inequalities as reflected in our Community Plan (Fairer EastRen). This includes activity to address child poverty, household incomes and strengthen community resilience. We will continue to promote digital inclusion with a particular focus on supporting people to live well independently and improve health and wellbeing.

Our aim is to **tackle health inequalities and improve life chances**, by:

- Increasing activities which support prevention and early intervention, improve outcomes and reduce inequalities;
- Reducing health inequalities will be reduced by working with communities and through targeted interventions.

### 2.8.2 The progress we made in 2022-23

- Our premature mortality rate remains significantly below the national average at 334 per 100,000 (Scotland 457)
- 17.9% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at the 6-8 weeks – significantly up from 7.5% for the previous year (2020-21 figure)
- 92% of adults report they are able to look after their health very well or quite well (Scottish average is 91%)
- 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.



### 2.8.3 How we delivered in 2022-23

We have seen significant improvement in the past year in the percentage of children exclusively breast fed within our most deprived neighbourhoods (data to 21/22). Barrhead is an area of higher deprivation within the HSCP with SIMD 1 and 2 with lower **breast feeding** rates in comparison to our Eastwood area.

Health Visitors (HV) signpost parents within Barrhead to the breastfeeding group in the Dunterlie area which is celebrating it's one year anniversary on the 9th June which will be during Scottish Breast Feeding week. To date, 114 mums have attended this group for breast feeding support.

The Barrhead HV team continue to follow an enhanced pathway in the early postnatal weeks to provide additional support for mothers within areas of SIMD 1 and 2 to provide extra support to mothers that are breast feeding. With the introduction of the antenatal pathway in June 2022, this has allowed for early discussions on breast feeding with all mothers

#### Promoting breast feeding across services

East Renfrewshire have been in the relatively unique position of having a Health Visitor seconded to the (Children and Families) Intensive Support Social work team since November 2021, supporting vulnerable families living within SIMD 1 and 2. This HV has delivered a **breast feeding awareness session** to the Intensive Support Work team. The Health Visitor is planning further Breast Feeding advocacy and culture sessions with other social work staff in the Request for Assistance Team, Youth Intensive Support Team followed by Children and Families social work team by June 2023. This training will help to improve the knowledge, skills and confidence of the social workers supporting mothers to breast feed.

East Renfrewshire HSCP are represented on the NHSGGC Digital Public Health Group. East Renfrewshire Health Improvement team are preparing information for frontline navigators on key developments such as **MyApp: My Mental Health** hosted by NHS Scotland Right Decision System.



Following the success of the **Digital Literacy Sessions** delivered by Public Health Resource unit and Health Improvement for 50 Library Staff, a bespoke session is in design for HSCP staff. To support frontline navigator roles and other HSCP staff, a programme of training is being collated starting with **Big Health – Digital Health**.

**Health Literacy sessions** are being developed in partnership with the Public Health Resource Unit. These sessions will be for HSCP staff as part of an ongoing training package that will complement the new Supporting People Framework.

**Smoking cessation** continues to provide telephone support to East Renfrewshire residents. The service is promoted at the Food Share in Dunterlie Resource Centre. Health Improvement have developed a targeted campaign to raise awareness of the Quit Your Way Pregnancy Service and the gift card incentive programme.

East Renfrewshire Health Improvement has supported the review and launch of the **Your Body Matters** Primary Educational Curriculum Pack. The pack will be available to all Primary Schools across East Renfrewshire May 2023.



The HSCP continues to support **physical activity programmes** in partnership with East Renfrewshire Culture and Leisure. Highlights of the HSCP/ERCL partnership – Vitality Test of Change include:

- Significant increases in occupancy rates
- Strong partnerships formed with key staff
- Baseline testing completed successfully
- Positive impacts reported from participants

VAER contract has been extended to June 30 2024 for the delivery of Community Health Walks and Strength and Balance classes. Currently 11 walks / per week with an average of 89 walkers per week (2 walks are Dementia and Cancer friendly). Seven strength and balance classes / week with an average of 60 walkers per week.

GCA (Glasgow Council on Alcohol) have been commissioned to deliver: alcohol awareness, alcohol screening, Alcohol Brief Interventions, and alcohol counselling.

- **Oct - Dec 22** - focus on mapping, promotion of service
  - 38 screenings
  - 18 Alcohol Brief Interventions
  - 2 Alcohol Counselling sessions
  - 2 referrals
- **Jan - Mar 23**
  - 235 screenings
  - 173 Alcohol Brief Interventions
  - 48 Alcohol Counselling sessions
  - 6 referrals

East Renfrewshire Health Improvement has supported development of an **Early Years Mental Health Framework**. Consultation is ongoing as to the preferred format and an equality impact assessment is underway. The framework will be ready for implementation across the HSCP by the end of summer.

East Renfrewshire HSCP has supported development of a **Relationships and Sexual Health online toolkit** for carers, families and staff supporting care experienced children and young people. We want to make sure that children and young people with care experience can access this too, and that the support they receive is right for them.

In partnership with Sandyford, the **Sexual Health Clinic for young people** will be reintroduced at Barrhead Health Centre. Health Improvement will support communications and aim to reduce barriers to booking and attending the clinic. East Renfrewshire has one the lowest rates of free condom distribution. Health Improvement are scoping opportunities for new distribution sites including leisure facilities. Communications on the new young people clinic and free condom service are included in upcoming activity.

#### **Supporting local activity to tackle Child Poverty and mitigate its effects**

Health Improvement and the Health Visiting team are working together to develop a Formula Milk Pathway following the scoping document Pathway to Support Families in Need of Emergency Formula Milk produced by NHS GGC. Formulas have increasing in price by as much as 14% and there are reports of unsafe feeding practices. This will provide guidance

on emergency provision in line with Unicef Breastfeeding Friendly standards and align to the child poverty plan.

Health Improvement are liaising with Nutrition Scotland to provide Community Nutrition Train the Trainer course for third sector and volunteers. REHIS Food Hygiene Refresher places are also on offer incorporating information on Natasha's Law.

Asset mapping for food banks, food shares & larders is complete. Health Improvement are exploring opportunities to look at free condom provision and other health needs via these assets.

Childsmile Nursery sees the highest level of engagement in East Renfrewshire with 22 out of 37 preschool and nursery establishments participating.

East Renfrewshire Health Improvement staff represent the HSCP on the NHSGGC Financial Inequalities Group.

Through the Early Years Child Poverty delivery programme priority groups engaged with services from East Renfrewshire include:

- Lone Parents - 60%
- Child Under 1 – 44%
- Family with more than 3 children – 16%
- Referrals & financial gain from the Q4 22/23 report logged 52 referrals, 30 of which were from HVs, 1 midwife totalling £11,443

The partnership continues to work to **understand the needs** of the population and address longer term impacts from the pandemic on our communities and protected characteristic groups. The NHSGGC Health & Wellbeing Survey 2022 has a total target of 1070 interviews across East Renfrewshire. To date, 844 have been carried out and 226 remain outstanding. The East Renfrewshire report is due for completion 27th October 2023. Information has been collated to assess: current health improvement programmes; condition specific information; and available support. **Scoping activity** is underway to align to the electronic Holistic Needs Assessment (eHNA) and potentially preventative input to the Supporting People Framework. East Renfrewshire Health Improvement team are members of the NHSGGC **Screening Inequalities Working Group**. Screening uptake is under review for the localities and uptake by datazone has been requested to the Public Health Programme Manager.



## 2.9 Working together with staff across the partnership to support resilience and wellbeing

### 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

### 2.9.1 Our strategic aims and priorities during 2021-22

We rely on our workforce to support all aspects of health and social care and their wellbeing and resilience has never been more important. The HSCP has established a health and wellbeing 'champion' who contributes to discussions at a national level and we have appointed a dedicated Health and Wellbeing Lead Officer for the wider partnership. A local Health and Wellbeing Group has been established to support the workforce across the partnership. The group is chaired by Head of Recovery and Intensive Services who also holds the national champion role. The group have put in place a wellbeing plan entitled 'You care....We care too.'

Our activity aligns to the NHSGGC Mental Health and Wellbeing Action Plan and national objectives. We will continue to input at a national level to the health and wellbeing conversation and to the development and delivery of the NHSGGC vision to support the mental health and wellbeing of staff. This includes ensuring rest and recuperation, peer support, helping staff fully utilise their leave allowance, and ensuring working arrangements are sustainable in light of continuing constraints and reflect ongoing changes to services and pathways.

Our aim is to **support resilience and wellbeing among staff across the partnership**, by:

- Ensuring staff have access to resources and information that can improve their wellbeing;
- Ensuring staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership;
- Promoting opportunities for staff to take part in physical activity, rest and relaxation;
- Ensuring staff feel safe in the work place.

### 2.9.2 The progress we made in 2022-23

Supporting staff wellbeing remains a key focus of the partnership especially as we experience continuing pressures following the pandemic. The way staff have been working has changed significantly with home working becoming the norm for large groups of employees. Our dedicated Health and Wellbeing Lead is in place with responsible for the implementation and delivery of wellbeing programme across the health and social care landscape. The lead has had significant success to date, with comprehensive options in place. Support is accessible to HSCP staff, Care Homes, Primary Care, Care Providers, Third and Community Sector (staff and volunteers). This role has been specifically designed to acknowledge the growing pressures and challenges upon the health and social care workforce, and to create resources, tools and services to support the health and wellbeing of all staff and volunteers who work for and support the HSCP.

Headline performance data includes:

- 85% of staff agreed that "My manager cares about my health and wellbeing" – down from 88% in previous iMatter staff survey
- 71% agreed that "I feel involved in decisions in relation to my job" – consistent with 72% in previous survey

- 74% agree that “I am given the time and resources to support my learning growth” – consistent with 75% in previous survey

### 2.9.3 How we delivered in 2022-23

During 2022-23 we continued to ensure that all staff have access to universal information with regard to health and wellbeing across the partnership’s services. New **wellbeing information points** have been created at both Health Centres to promote universal information sharing. Ongoing **networking** takes place through meetings such as the Scottish Government wellbeing champion meeting, Participation and Engagement Network, Community and third sector network meetings. Work is ongoing to promote wellbeing across the partnership e.g. foster and kinship carers, commissioned services, hosted services, volunteers.

There has been ongoing focused work to engage managers in forum to develop **leadership competencies** relating to wellbeing e.g. managers wellbeing forum held in March 2023 at both health centres. The next step is to hold live online forum to continue gather views/needs of managers. Managers have ongoing access to all current wellbeing offers and training opportunities, including specific team wellbeing events.

We continue to work to ensure that regular **wellbeing conversations** are taking place between staff and teams. Staff are offered 1-to-1 wellbeing conversation support and teams have the opportunity to participate in wellbeing related activities such as **focussed team wellbeing events**. As a partnership we are working to embed wellbeing conversations in team meetings and supervision.



service require bespoke wellbeing support.

During the year, the Health and Wellbeing Lead has been promoting **relaxation, emotional support, physical activity** opportunities and practical support across the partnership. There is also a variety of focussed work ongoing to support teams facing particular challenges, including Homecare, care homes, and GP Practices. Other services are supported as and when there is a particular challenge e.g. when a service is being inspected or if there is an investigation taking place, or if a particular

2022-23 has also seen development of **wellbeing spaces** (indoor and outdoor) to promote positive and safe use of spaces, and to support increased participation in wellbeing related activities, and nourish a positive wellbeing environment, both practically and aesthetically. This has included:



- Development of outside spaces at both Health Centres (ongoing), to offer wellbeing spaces for activities and promote wellness.
- Wellness rooms development at both Health Centres to support wellbeing.
- Various services e.g. Care homes and GP Practices supported to develop spaces to promote positive wellbeing.
- Development of ergonomic spaces at both Health Centres (ongoing).

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## 2.10 Protecting people from harm

### National Health and Wellbeing Outcomes contributed to:

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

#### 2.10.1 Our strategic aims and priorities during 2022-23

Fundamental to the work of the HSCP and cross-cutting the other strategic priorities set out in our Strategic Plan, is our responsibility to keep people protected and safe from harm. Everyone has the right to live in safety and be protected from neglect, abuse and harm. Our partnership has a key role in helping to keep vulnerable people in our communities safe and in preventing harm and supporting people at risk of harm. We deliver these through a variety of multi-agency public protection arrangements including: Child Protection; Adult Support and Protection; Violence Against Women Partnership; Multi-Agency Management of Offenders (MAPPA) and the Alcohol and Drugs Partnership. We also respond to new risks and vulnerabilities as these emerge, taking actions with our partners to prevent and respond and learning from each other to improve the ways we support and protect vulnerable people.

#### 2.10.2 The progress we made in 2022-23

- Improvement in domestic abuse outcomes women – 90% increase by 3% - target met.
- Improvement in domestic abuse outcomes children – 82% decrease by 2% - target met.
- People agreed to be at risk of harm and requiring a protection plan have one in place – continues to be 100% of cases

#### 2.10.3 How we delivered in 2022-23

As we work to protect adults at risk from harm we will continue to respond to the changing needs that have arisen as a result of the pandemic. Through the delivery of our multi-agency **Adult Protection Improvement Plan 2021-23** we continue to focus on: ensuring that adults at risk, their families and carers views are heard and help shape the way we deliver services; making best use of all our opportunities for the prevention and identification of harm; and ensuring that we offer supports and services which meet the needs of Adults at risk of harm and those who support them.

Since the start of the pandemic we have developed stronger relationships between partner agencies, promoting an approach to **adult support and protection (ASP)** that keeps all partners involved and included in discussions and planning, particularly in our routine ASP work and in the undertaking of Large Scale Investigations. We have seen increased partnership working with a focus on keeping adults and their families and carers engaged and informed.

East Renfrewshire HSCP received 1,810 ASP referrals and 1,422 adult welfare concern referrals between January 2021 and January 2023.

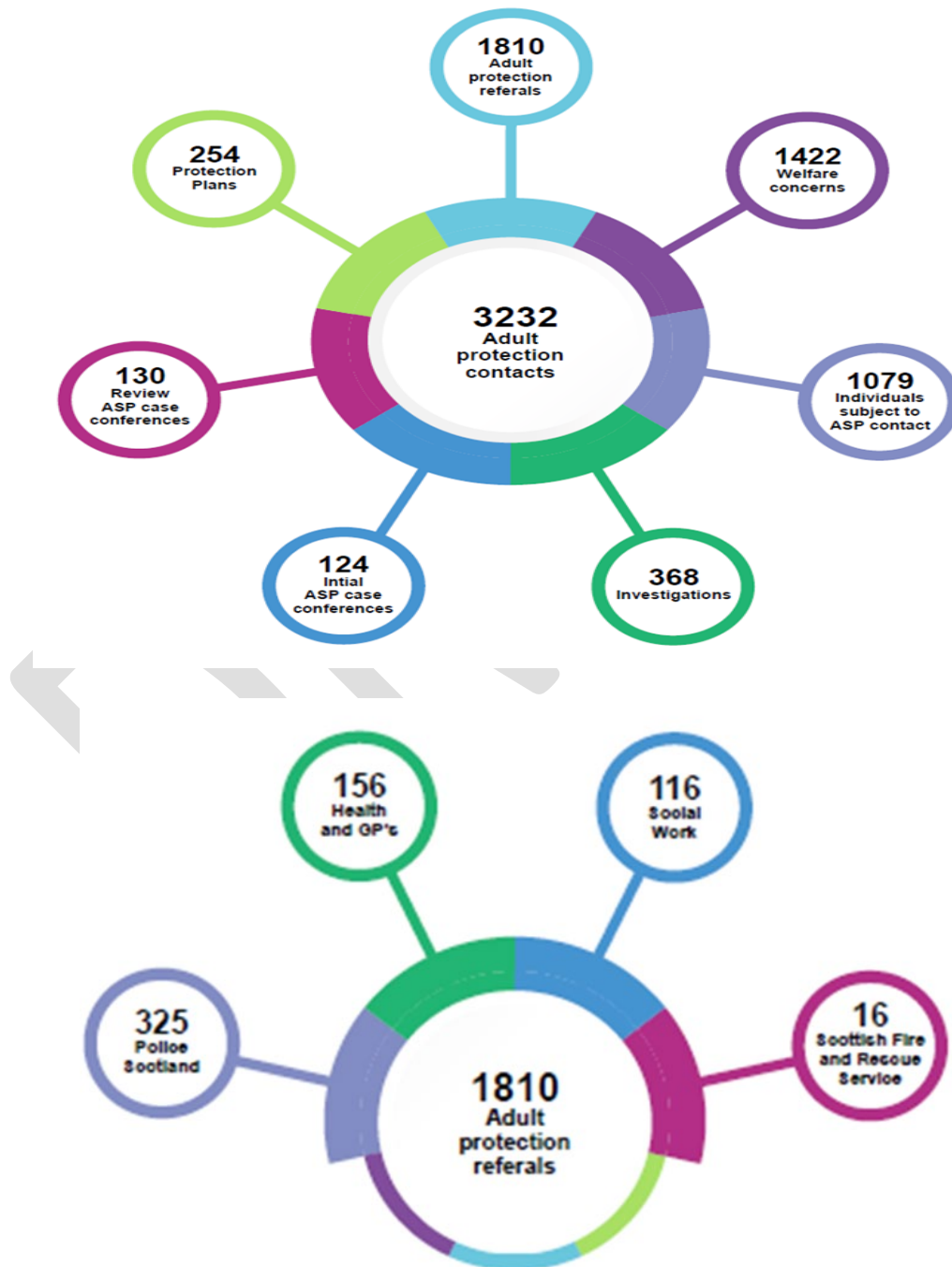
East Renfrewshire HSCP, over the past three years, has completed an ambitious improvement journey to ensure adults at risk of harm are supported to live safely. These improvements have been supported by the development and regular review of our ASP local operating procedures and our commitment to early intervention, prevention and supporting community capacity building.

We operate a single point of contact for all ASP and adult welfare concern referrals. Created in June 2020 the dedicated ASP team was established as a test of change to strengthen our initial response to harm during the early stages of the pandemic. This dedicated team has

greatly strengthened our response to ASP activity locally and led improvements across the HSCP. Due to the success of this model and positive feedback from colleagues and partners across East Renfrewshire, we resourced this model on a permanent basis (funded by SG Strengthening Adult Social Work funding stream) from November 2021 onwards.

The dedicated ASP team has greatly strengthened and streamlined our approach to screening and triaging adult protection referrals and application of the 3-point test. The team have provided coaching and mentoring support to council officers across the HSCP and strengthened relationships between locality services, external partners, and Police and Fire Service colleagues. The ASP Team is supported on a rota basis by council officers and managers across the HSCP.

**East Renfrewshire Adult Support and Protection in numbers - 2021- 2023<sup>1</sup>**



<sup>1</sup> ASP data, 30 January 2021-30 January 2023



**What we know about the adults subject to ASP inquiries:**


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60% were female

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Average age of 70 years old

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56% experienced harm in own home

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32% experienced physical harm

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23% were adults experiencing problems arising from infirmity due to age

**Some experiences of the ASP process in East Renfrewshire**

*“Maggie’s daughter feels that the support provided to her mother had allowed her to become happier and less distressed in her home and kept her safe, and that the regular reviews had provided her with a support structure during a difficult time.”*

*“The framework of a protection plan helped Ron to build trusting relationships with his support team. Now Ron is often the first to raise concerns and feels safer in his home and able to ask for the support he needs”*

*“The ASP process allowed all involved in supporting Tracey the opportunity to share and consider information that allowed for an effective discharge plan. Tracey, to this day, is maintaining sobriety, living independently and engaging with supports in place, with no further ASP concerns being raised.”*

During 2022-23, the partnership received a **Joint Inspection of Adult Support and Protection** carried out by the Care Inspectorate in collaboration with Healthcare Improvement Scotland and HM Inspectorate of Constabulary in Scotland. The inspection reported in June 2023 and reported the following key strengths at the partnership:

- Adults at risk of harm experienced improvements in their circumstances because of timely, person-centred, and efficient adult support and protection interventions.
- The overall quality and effectiveness of core adult support and protection processes was a key strength for the partnership.
- Initial inquiries and investigations were highly effective and always determined the correct outcome for adults at risk of harm.
- Oversight of key processes supported staff and ensured consistent robust decision making for adults at risk of harm.
- Strategic leadership for adult support and protection was enthusiastic and focused. This supported targeted and meaningful improvements.
- The adult protection committee offered strong leadership for adult support and protection and offered effective oversight for the delivery of key processes.
- Strategic leaders promoted a culture of learning and continuous improvement which supported the development of adult support and protection services for adults at risk of harm.
- Health was a strong adult support and protection partner. Health services delivered innovative, early and effective interventions for adults at risk of harm.

The inspection set out a number of priority areas for improvement, including: improving the quality of chronologies; greater involvement of adults at risk of harm and their unpaid carers at a strategic level; enhanced multi-agency quality assurance practices; and, building on existing practice to ensure the full involvement of all key partners in relevant aspects of ASP practice going forward.

As part of our work to protect people from harm and abuse, we have established and continue to support a **Multi-Agency Risk Assessment Conference (MARAC)** in East Renfrewshire for high-risk domestic abuse victims. Since the start of the pandemic we have seen higher numbers of referrals to MARAC and greater levels of complexity in the cases being dealt with. We continue to work together with **East Renfrewshire Women's Aid Service** to provide direct support for women and children who have experienced domestic abuse.

In 2022-23 we continued to see an increase in support required as a result of domestic abuse / violence against women through MARAC. 134 victims and 195 children were discussed at MARAC - an increase of 7.2% compared with 2021-22. These discussions involved 195 children (reduction of 5% from the previous year). 32% of victims did not have children compared to 26% the previous year. Women without children were not previously visible in the domestic abuse pathway demonstrating increased awareness and risk assessment and improved pathway response.

MARAC referrals from all statutory services nationally continue to be low overall and may suggest that unless a victim in Scotland reports domestic abuse to the Police or seeks out support from a specialist domestic abuse service, they are unlikely to be referred to their local MARAC. This is not the case locally as East Renfrewshire demonstrates a higher proportion of referrals from children and families and wider statutory services (38%) compared to 10% nationally and therefore are able to capture families that might not be known to another services.

#### **Ensuring staff are aware of the referral pathways and supports available**

- We have implemented a comprehensive training programme on Domestic Abuse/MARAC and Safe and Together practice which details the referral pathway and range of supports available.
- Regular communications on domestic abuse are provided to all staff on the supports available.
- Monthly domestic abuse advice session are delivered by two senior domestic abuse practitioners and are available to any member of staff to discuss and seek advice on any aspect of domestic abuse practice
- Each year we develop and implement a comprehensive communications campaign and events/workshops targeting both public and staff on domestic abuse and gender based violence as part of the 16 days of action campaign on gender based violence. In 2021 and 2022 we supported 40 targeted events for staff.
- This included events/workshops on domestic abuse, sexual violence, honour based violence, commercial sexual exploitation, mentors in violence prevention programme, trauma enhanced practice training, embedding safe and together - creating domestic abuse informed systems, services and workforce, violence against women and mental health, violence against women and young people, coercive control in children's lives, the impact and dynamics of LGBTI people's experiences of domestic abuse, multi-agency risk assessment conference, perpetrator engagement and interviewing and responding to domestic abuse, sexual offences and stalking.

During the period, **East Renfrewshire Women's Aid Service** supported 1,086 people in 2022-23, a reduction of 11% from the previous year. This reduction primarily relates to decrease in calls to the helpline and duty which had increased significantly since the start of the pandemic. It appears that the service is now moving back towards levels of demand experienced pre-pandemic.



#### **Providing domestic abuse induction training to all new staff**

- Equally Safe at Work is an employer accreditation programme developed by Close the Gap piloted across councils across Scotland. The programme aims to support employers to improve their employment practice to advance gender equality at work, and prevent violence against women. East Renfrewshire is a shadow participant in Close the Gap Equally Safe at Work Programme.
- East Renfrewshire are one of seven areas in Scotland to participate in the national Equally Safe in Practice Workforce Pilot. This includes working collaboratively to implement and evaluate three new core e-learning modules – Together for Gender Equality, Understanding Domestic Abuse and Understanding Sexual Violence.
- The modules are aimed at staff across all levels, roles and responsibilities and intend to build a basic understanding of gender, gender inequality and the dynamics and impact of violence against women and girls. Learners are supported to consider what they can do within their role to respond to those affected, and how they can contribute to making their organization and communities safer and more equal.
- We have completed the pilot phase with over 100 staff in East Renfrewshire enrolled to complete the first e-module on gender equality. Findings from the national evaluation have been positive with the majority of learners demonstrating improved knowledge, increased confidence and clear ways to utilize the learning in their practice. From considering their interactions with colleagues or the public more carefully, to challenging assumptions and recognizing the importance of listening, believing, supporting and signposting. The next phase will seek to roll out the program and embed the e-modules as mandatory core training for all staff.

Copy of national learning report here <https://womensaid.scot/equally-safe-in-practice-pilot-evaluation/>

#### **Making domestic abuse resource tools available to all staff**

A wide range of domestic abuse informed resource tools are available for all staff to support their practice.

- East Renfrewshire have implemented Safe and Together gold standard child protection domestic abuse training. It is supported by an internationally recognised suite of tools and interventions which are designed to help practitioners and professionals improve their awareness and understanding of domestic abuse. Safe and Together is based on three key principles:
  - Keeping children Safe & Together with their non-abusive parent, ensuring safety, healing from trauma, stability, and nurturance.
  - Partnering with the non-abusive parent as a default position ensuring efficient, effective, and child-centred practice.
  - Intervening with the perpetrator to reduce the risk and harm
- We have implemented the Multi Agency Risk Assessment Conference (MARAC) process in East Renfrewshire. The MARAC provides a structured, partnership response to high-risk cases of domestic abuse and is embedded in our strategy and quality assurance processes.
- MARAC is underpinned by a comprehensive risk assessment. The DASH Risk checklist helps frontline practitioners to identify high risk cases of domestic abuse, stalking and 'honour'- based violence and provides a shared understanding of risk to support decision making on which cases are referred to MARAC and what other supports may be required.
- Both Safe and Together and MARAC are recognised as best practice both nationally and locally and reflected in the recent Care Inspectorate Report Inspection of services for children and young people at harm in East Renfrewshire.

Copy of report here: <https://www.careinspectorate.com/index.php/news/6792-a-joint-inspection-of-services-for-children-and-young-people-at-risk-of-harm-in-east-renfrewshire>

## 2.11 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 continued to operate fully throughout various infection control measures in the recovery phases of the Covid-19 pandemic. This often resulted in intermittent closures to admissions and disruption including challenging absence levels similar to those experienced by the wider health and social care system.

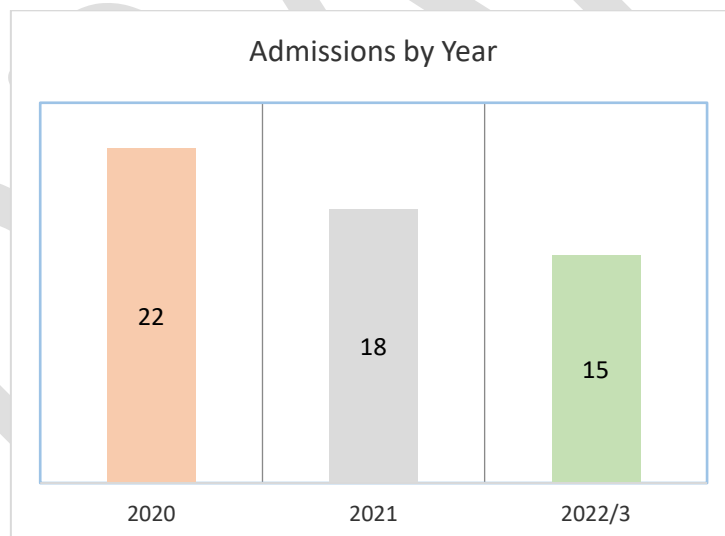
In previous year beds were mainly occupied by people who were admitted due to mental illness (58%). This year that figure dropped to 50% indicating an increase in admissions as a result of challenging behaviour which is not in keeping with the service vision.

Delayed discharge continued to create significant issues, with a number of patients having no discharge plan for a significant period of time nor a home to return to. The reasons for delay were due to no suitable accommodation and/or no providers in place and/or providers in place having real difficulty with recruitment which continues to affect current patients.

People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health.

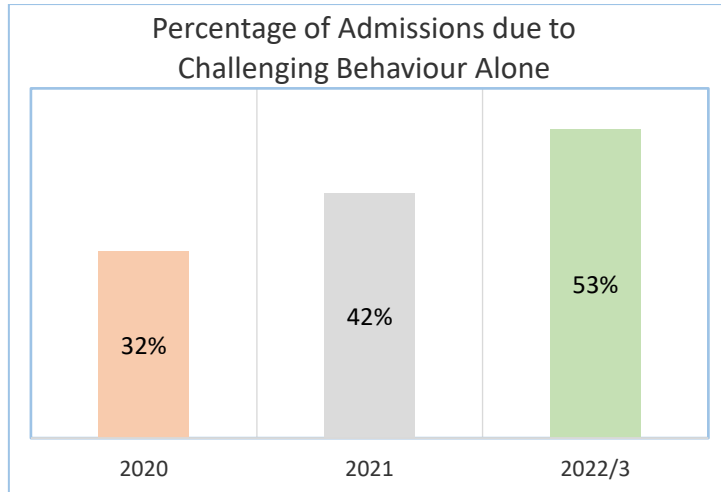
There has been an increase in the number of admissions for young males.

### Admissions



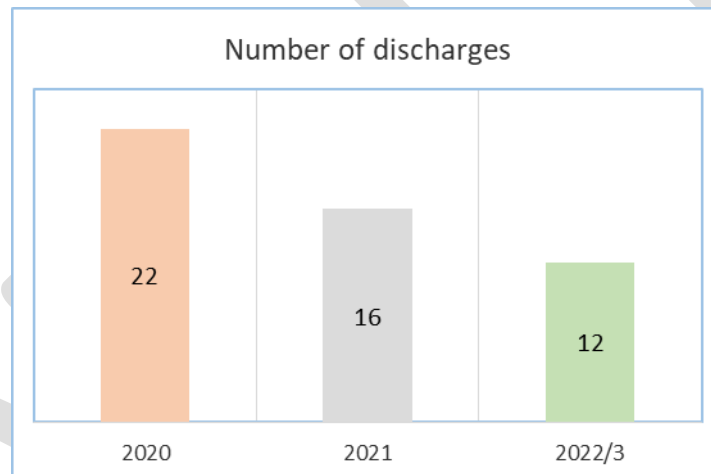
In total, 15 people were admitted to the service in 2022-23. This is a reduction of three from the previous year and relates directly to a smaller number of discharges and increasing lengths of stay / delays. However, more people were admitted than discharged due to the use of a contingency bed in Claythorn.

Of the total numbers of referrals received 10 of the patients were admitted directly to the service (76%), the remaining people were initially admitted to general adult mental health and later transferred.

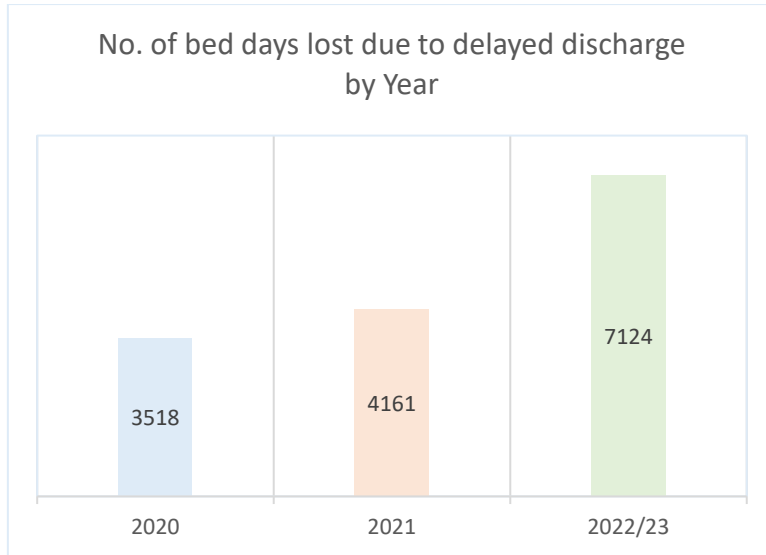


There was an increase in admissions due to challenging behaviour alone from previous years (53% compared to 42% in 2021). This is largely proving to be as a result of instability in community supports for a variety of reasons with staffing being a major concern.

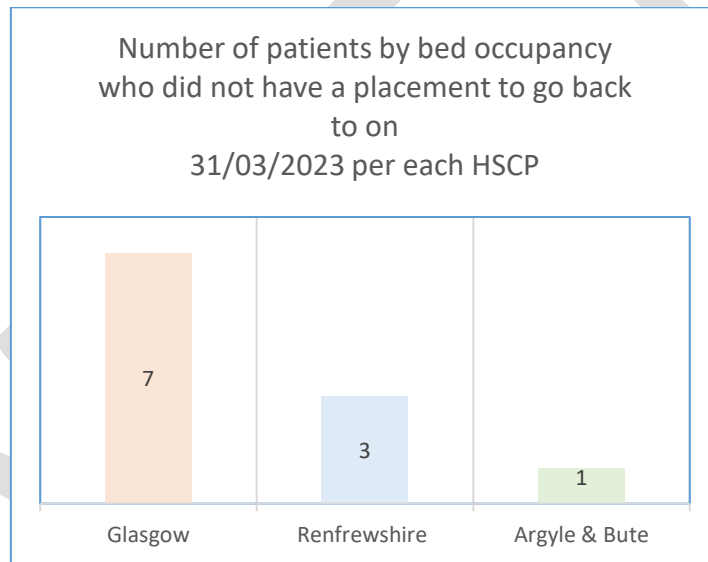
### Discharges



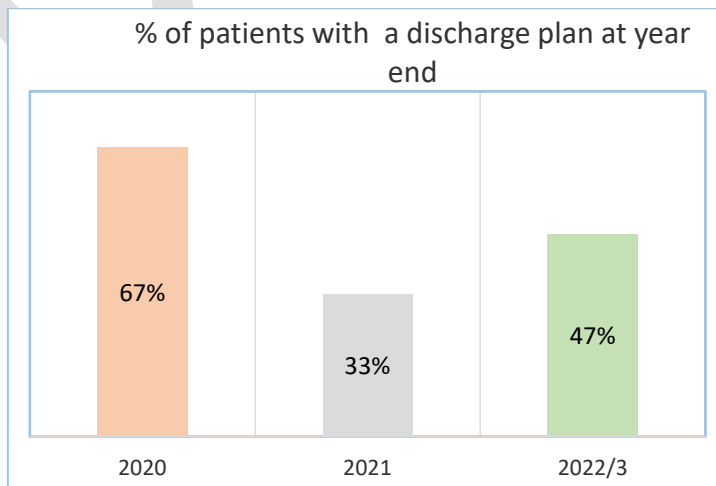
12 patients were discharged in 2022-23 and 2 people died while in our care. Discharges were lower than previous years: 16 discharges in 2021; and 22 in 2020. One person discharged was re-admitted in the same year (2021) as a result of placement breakdown. The average length of stay for those patients discharged was 240 days if the person had a home to return to. If a new home and support is required the average is 2072 days (5.6 years).



There was a 42% increase in beds days lost due to delayed discharge from 2021 to 2022/23.

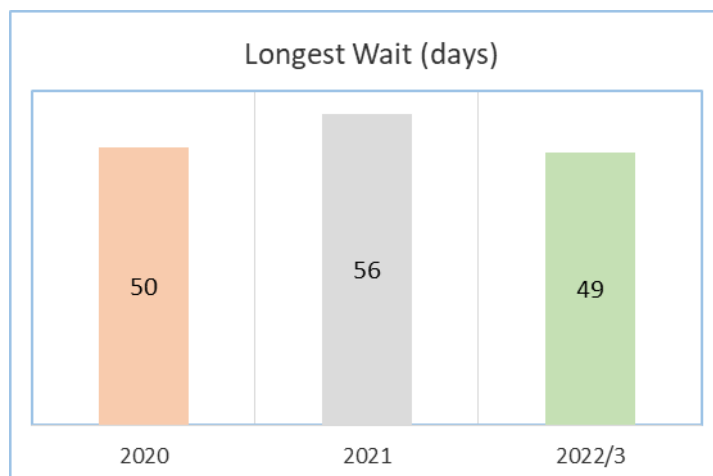


11 inpatients on 31 March 2023 did not have a discharge plan / community placement. This significantly reduces the ability of the service to successfully manage patient flow.



Only 47% of inpatients had a discharge plan on the 31 March 2023. This was a significant reduction in the number from the previous years of 67%. Some patients have been waiting a long and unacceptable time for discharge. One patient has been waiting to move out of learning disability hospital provision since March 2019.

### Waiting times



The longest wait for a bed was **49** days, a reduction from the previous year. This patient went first into a mental health bed before being transferred to a Learning Disability bed.

As a result of continuous occupancy, the service is often unable to directly admit people requiring specialist learning disability assessment and treatment.

A group of people were removed from the waiting list as admission was no longer required or an alternative had been established.

#### Developing the Speciality Learning Disability In-patient Service

NHS GGC HSCPs had committed to working together in 2019 to take forward a **programme of redesign** of inpatient services, the emphasis being on improving our responses in the community to reduce the use of inpatient beds when not clinically required. We had highlighted a need to review and improve performance in delayed discharge and have worked positively with Scottish Government to shape the original 'Coming Home' report in 2018 – this led to the publication of the recent 'Coming Home Implementation' 2022 report.

Alongside this, the allocation of the **Community Living Change Fund** aligns to NHS GGC ambitions to redesign services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. East Renfrewshire is leading on this work and have established a programme board which will provide strategic leadership and governance and direct the work of the community and inpatient redesign going forward. Avoiding admission and preventing placement breakdown is a key priority to addressing delayed discharges.

Performance has deteriorated across 22/23 with fewer discharges and higher delays negatively impacting on our ability to admit directly to the LD service when this is appropriate. HSCPs and third sector organisations report significant challenges in provider recruitment, staff retention, we are seeing the negative outcomes of in terms of discharge activity. We are also seeing instability in community supports for similar reasons including



turnover of staff having a negative impact where consistency in care and support is essential.

We have developed a **multi-agency collaborative group**, including all HSCPs, Commissioning, Third Sector and Housing colleagues. This has a delayed discharge work stream chaired by a third sector Chief Executive. The aim of this group is to encourage and influence different practice which may address some of the historical and more recent difficulties.

East Renfrewshire has also led on the Scottish Government's Implementation group with the Head of Service chairing the Dynamic Support Register sub group which will result in a **nationally agreed pathway** based on early intervention to avoid admission. This has been agreed by COSLA and Government and is to be launched to all Boards / HSCPs in May 2023.

As part of the inpatient redesign we are exploring **alternatives to inappropriate admission** and in 2022/23 the inpatient service provided day support as an alternative to admission. Due to the provider challenges the provider was unable to maintain this leading to full admissions.

We have developed a **community and inpatient redesign group**, chaired by inpatient and community colleagues. The aim of this group is to focus on local developments within the HSCPs, developing enhanced community responses and identifying the impact local developments will have on the inpatient redesign, take forward bed closure and alternatives to admission and the closure of our long stay unit.

DRAFT

### 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 2022-23 is our statutory financial report for the year. We regularly report our financial position to the IJB throughout the year.

#### 3.2 Financial Performance 2022/23

The annual report and accounts for the IJB covers the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

| Service                                       | Budget         | Spend          | Variance (Over) / Under | Variance (Over) / Under |
|---|----------------|----------------|-------------------------|-------------------------|
|   | £ Million      | £ Million      | £ Million               | %                       |
| Children & Families                           | 14.741         | 14.281         | 0.460                   | 3.12%                   |
| Older Peoples Services                        | 25.619         | 24.085         | 1.534                   | 5.99%                   |
| Physical / Sensory Disability                 | 6.309          | 6.090          | 0.219                   | 3.47%                   |
| Learning Disability – Community               | 17.902         | 18.629         | (0.727)                 | (4.06%)                 |
| Learning Disability – Inpatients              | 9.559          | 9.591          | (0.032)                 | (0.33%)                 |
| Augmentative and Alternative Communication    | 0.265          | 0.265          | -                       | 0.00%                   |
| Intensive Services                            | 16.089         | 16.735         | (0.646)                 | (4.02%)                 |
| Mental Health                                 | 5.729          | 5.392          | 0.337                   | 5.88%                   |
| Addictions / Substance Misuse                 | 1.626          | 1.543          | 0.083                   | 5.10%                   |
| Family Health Services                        | 28.923         | 28.921         | 0.002                   | 0.01%                   |
| Prescribing                                   | 17.098         | 17.872         | (0.774)                 | (4.53%)                 |
| Criminal Justice                              | 0.029          | (0.001)        | 0.030                   | 103.45%                 |
| Finance and Resources                         | 1.972          | 1.868          | 0.104                   | 5.27%                   |
| <b>Net Expenditure Health and Social Care</b> | <b>145.861</b> | <b>145.271</b> | <b>0.590</b>            | <b>0.40%</b>            |
| Housing                                       | 0.486          | 0.486          | -                       | -                       |
| Set Aside for Large Hospital Services         | 29.075         | 29.075         | -                       | -                       |
| <b>Total Integration Joint Board</b>          | <b>175.422</b> | <b>174.832</b> | <b>0.590</b>            | <b>0.40%</b>            |

The £0.590 million operational underspend (0.40%) is marginally better than the reporting taken to the IJB during the year and this underspend will be added to our budget phasing reserve. The main variances to the budget were:

- £0.460 million underspend in Children and Families was mainly from care package costs and some staff vacancies.
- £1.534 million underspend within Older Peoples services was mainly from purchased nursing and residential care. This reflects the ongoing trend of reduction in nursing and care home admissions but does offset the increase in community activity, particularly in Care at Home. Given this continued trend budgets have been realigned in 2023/24 to recognise this shift in type of care.
- £0.646 million overspend within Intensive Services as our care at home costs reflect that we continue to see high demand post pandemic and we had additional costs delivering the service with diminished capacity, particularly over the winter period.
- £0.726 million overspend within Learning Disability Community Services mainly from care package costs, partially offset by staff vacancies. We have recognised this cost pressure in the 2023/24 budget, which in turn has added to our funding gap and associated saving requirement.
- £0.774 million overspend in the cost of prescribing as we saw increases in the volume of items prescribed and the costs are impacted by the economic climate and supply chain issues, compounded by Brexit and the war in Ukraine. This overspend is after the £0.456 million balance of the smoothing reserve, set up to meet fluctuation, was fully used.

The financial performance table below includes the £4.564 million we spent on Covid-19 activity and as this was fully funded by the Scottish Government through the ring-fenced reserve balance we brought into 2022/23. Our Covid-19 related spend of £4.564 million was reported to the Scottish Government as part of the Local Mobilisation Plan submitted by NHS Greater Glasgow and Clyde Health Board.

Our local spend was significantly less than the prior year reflecting the changes to Scottish Government guidance on financial support to adult and social care providers, testing and public health policies in relation to Covid-19 and cessation of support for unachieved savings compared to the funding provided to IJBs, at the end of financial year 2021/22. This has resulted in the Scottish Government reclaiming surplus Covid-19 reserves to be redistributed across the wider health and care sector to meet current Covid-19 priorities. For East Renfrewshire HSCP this represented a return of surplus Covid-19 reserves of £4.7 million and this was in line with the level of reserves reclaimed from other HSCPs across the country.

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 other IJBs who partner NHS Greater Glasgow and Clyde and our use of those hosted services is shown below for information. This is not a direct cost to the IJB.

| 2021/22<br>£000 | Services Provided to East Renfrewshire IJB by Other IJBs<br>within NHSGGC | 2022/23<br>£000 |
|-----------------|---|-----------------|
| 435             | Physiotherapy   | 476             |
| 43              | Retinal Screening   | 50              |
| 474             | Podiatry  | 788             |
| 289             | Primary Care Support  | 306             |
| 342             | Continence  | 419             |
| 600             | Sexual Health   | 631             |
| 990             | Mental Health   | 1,183           |
| 789             | Oral Health   | 978             |
| 350             | Addictions  | 374             |
| 209             | Prison Health Care  | 232             |
| 171             | Health Care in Police Custody   | 156             |
| 3,846           | Psychiatry  | 4,032           |
| <b>8,538</b>    | <b>Net Expenditure on Services Provided</b>                               | <b>9,625</b>    |

We also host the Specialist Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services on behalf of the other IJBs within the NHS Greater Glasgow & Clyde. The cost of these two hosted services are met in full by East Renfrewshire. The use by other IJBs is shown below for information.

| 2021/22<br>£000 | Learning Disability In-Patient Services<br>Hosted by East Renfrewshire IJB | 2022/23<br>£000 |
|-----------------|--|-----------------|
| 5,655           | Glasgow  | 6,872           |
| 1,993           | Renfrewshire   | 1,834           |
| 551             | Inverclyde   | 521             |
| 310             | West Dunbartonshire  | 291             |
| -               | East Dunbartonshire  | -               |
| 8,509           | Learning Disability In-Patients Services Provided to other IJBs            | 9,518           |
| 313             | East Renfrewshire  | 73              |
| <b>8,822</b>    | <b>Total Learning Disability In-Patient Services</b>                       | <b>9,591</b>    |

| 2021/22<br>£000 | Augmentative and Alternative Communication (AAC)<br>Hosted by East Renfrewshire IJB | 2022/23<br>£000 |
|-----------------|---|-----------------|
| 97              | Glasgow   | 124             |
| 22              | Renfrewshire  | 27              |
| 26              | Inverclyde  | 32              |
| 4               | West Dunbartonshire   | 5               |
| 22              | East Dunbartonshire   | 27              |
| 171             | AAC Services Provided to other IJBs   | 215             |
| 40              | East Renfrewshire   | 50              |
| <b>211</b>      | <b>Total AAC Services</b>   | <b>265</b>      |

### 3.3 Reserves

We used £16.420 million of reserves in year and we also added £1.714 million into earmarked reserves. The year on year movement in reserves is summarised:

| Reserves Movement                                | £<br>Million | £<br>Million |
|--|--------------|--------------|
| Reserves at 31 March 2022                        |              | 20.752       |
| Planned use of existing reserves during the year | (16.420)     |              |
| Funds added to reserves during the year          | 1.714        |              |
| Net reduction in reserves during the year        | (14.706)     |              |
| Reserves at 31 March 2023                        |              | 6.046        |

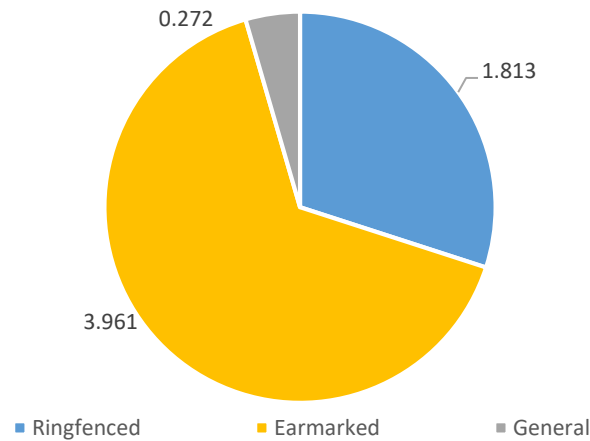
The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2022.

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 £6.046 million for all reserves falls in these three reserves types:

## Reserves £6.046 million



### Ring-Fenced Reserves

The majority of the reduction in reserves related to the use of specific ring-fenced funding we received from the Scottish Government and in particular the Covid-19 funding received at the end of 2021/22, as detailed above.

In addition to Covid-19 we also spent £2.64 million ring-fenced reserves during the year and the Scottish Government funding mechanisms put in place for much of these funds meant we needed to use our uncommitted balance prior to drawing any in year funding for programmes such as the Primary Care Improvement Fund and Mental Health Action 15. We have added £0.390 million to our Alcohol & Drugs Partnership reserve. In agreement with the Scottish Government the balance we take into 2023/24 will support the development of a local recovery hub and other committed costs.

The overall reduction in ring-fenced funding during 2022/23 is not unique to East Renfrewshire and mirrors the national position.

### Earmarked Reserves

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 £4.514 million supporting savings and delivering on projects as planned, however it is important to note that our smoothing reserve for fluctuation in prescribing costs and the transition funding to support Learning Disability bed model redesign were both fully utilised in 2022/23.

We have also transferred a number of reserve balances totalling £0.567 million to our budget phasing reserve as agreed during the year by the IJB, recognising the scale of the budget savings in 2023/24. The balance relates to a number of smaller projects and initiatives.

### General Reserves

Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently 0.19% of the 2022/23 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.

We received Covid-19 support for unachieved savings during the first two years of the pandemic and when this stopped we used £2.439 budget phasing reserve in 2022/23 as we work to deliver our legacy savings on a recurring basis. The use of reserves to support savings delivery was an agreed strategy pre Covid-19. Our capacity to deliver change and savings was restricted by operational pressures during 2022/23.

In the event our operational costs exceed budget in 2023/24 we may need to un-hypothecate (i.e. un-earmark) reserves to meet 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.

|  | 2022/23                           | 2021/22                           | 2020/21                           | 2019/20                           | 2018/19                           | 2017/18                           |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| SERVICE                                  | (Over) /<br>Under<br>£<br>Million | (Over) /<br>Under<br>£<br>Million | (Over) /<br>Under<br>£<br>Million | (Over) /<br>Under<br>£<br>Million | (Over) /<br>Under<br>£<br>Million | (Over) /<br>Under<br>£<br>Million |
| Children and Families                    | 0.460                             | (0.020)                           | 0.410                             | 0.637                             | 0.800                             | 0.083                             |
| Older Peoples & Intensive Services       | 0.888                             | 0.189                             | 0.327                             | (0.866)                           | (0.228)                           | 0.153                             |
| Physical / Sensory Disability            | 0.219                             | 0.031                             | 0.099                             | 0.030                             | 0.056                             | (0.167)                           |
| Learning Disability - Community          | (0.727)                           | 0.458                             | (0.267)                           | (0.095)                           | (0.047)                           | (0.214)                           |
| Learning Disability - Inpatients         | (0.032)                           | 0                                 | 0                                 | 0.002                             | 0.123                             | 0                                 |
| Augmentative & Alternative Communication | 0                                 | 0                                 | 0                                 | 0                                 | N/A                               | N/A                               |
| Mental Health                            | 0.337                             | 0.136                             | 0.192                             | 0.189                             | 0.419                             | 0.409                             |
| Addictions / Substance Misuse            | 0.083                             | 0.021                             | 0.052                             | 0.013                             | 0.032                             | 0.018                             |
| Family Health Services                   | 0.002                             | 0                                 | 0                                 | -                                 | 0.008                             | 0                                 |
| Prescribing                              | (0.774)                           | 0                                 | 0                                 | (0.311)                           | (0.428)                           | 0                                 |

|   |              |              |              |                |              |                |
|---|--------------|--------------|--------------|----------------|--------------|----------------|
| Criminal Justice                              | 0.030        |              | 0.011        | -              | 0.039        | 0.011          |
| Planning and Health Improvement               | **           | 0.005        | 0.065        | 0.098          | 0.074        | 0.001          |
| Management and Admin / Finance & Resources    | 0.104        | 0.017        | (0.056)      | 0.238          | (0.190)      | 0.483          |
| Planned Contribution to / from Reserves       | 0            | 0            | 0            |                | (0.398)      | (0.600)        |
| <b>Net Expenditure Health and Social Care</b> | <b>0.590</b> | <b>0.837</b> | <b>0.833</b> | <b>(0.065)</b> | <b>0.260</b> | <b>(0.177)</b> |

\*\* In 2022/23 this was subsumed into the relevant adult / children services

### 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 (MTFP) for 2023/24 to 2027/28 and our Strategic Plan for 2022/23 to 2024/25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

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



The most significant challenges for 2023/24 and beyond include:

- delivering a difficult range savings to ensure financial sustainability, recognising this is at odds with our historic focus on prevention
- managing the real tension between reduced service capacity as a result of savings and maintaining discharge without delay from hospital
- understanding the longer term impacts of Covid-19 on mental and physical health in the longer term
- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening with the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

For 2023/24 the cost pressures identified in our budget are of £10.34 million is offset by available funding of £3.28 million leaving a funding gap of £7.06 million; a savings programme is identified to deliver this in full, but we recognise there may be some areas where we will not achieve a full year by 31 March 2024 and this will be supported by the remaining earmarked reserves we hold.

Our Savings, Recovery and Renewal programme will continue to be reported to the IJB on a regular basis and provides detail on progress on savings, project work and service redesign. The prioritisation of care, to support those with the greatest need is required to deliver around 50% of our savings.

The funding gap in 2023/24 is £7.06 million and presents a very significant challenge particularly when taking into account the continued recovery from Covid-19, pay, inflation and capacity challenges. The funding gap results from:

|  | ERC<br>£m   | NHS<br>£m   | TOTAL<br>£m  |
|--|-------------|-------------|--------------|
| <b>1. Cost Pressures:</b>                          |             |             |              |
| Pay Award  | 1.45        | 0.40        | 1.85         |
| Inflation, Contracts and Living Wage               | 2.64        | 0.41        | 3.05         |
| Demographic and Demand                             | 2.23        | 0.10        | 2.33         |
| Capacity   | 0.22        | 0.10        | 0.32         |
| Prescribing  | -           | 0.35        | 0.35         |
| 2022/23 Legacy Savings                             | 2.44        | -           | 2.44         |
| <b>Total Pressures</b>                             | <b>8.98</b> | <b>1.36</b> | <b>10.34</b> |
| <b>2. Funding available towards cost pressures</b> | <b>2.25</b> | <b>1.03</b> | <b>3.28</b>  |
| <b>3. Unfunded Cost Pressures</b>                  | <b>6.73</b> | <b>0.33</b> | <b>7.06</b>  |

The budget agreed by the IJB on 29<sup>th</sup> March 2023 sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met.

The prescribing cost pressure has been limited to the level of funding uplift provided as part of the Scottish government budget settlement, although it needs to be recognised that there still remains significant volatility in both cost and demand.

The legacy savings brought forward from 2022/23 relate to the pre-pandemic budget the IJB agreed for 2020/21, set on the cusp of the first wave of the pandemic. At that time we were clear that we would need to move to prioritisation of care, with focus on those with the greatest level of need, recognising this would have significant impact on care packages as we had exhausted all other options. For context from 2016/17 to 2019/20 (the last year pre pandemic) the HSCP savings we needed to make in social care were £8.4 million.

We subsequently received full support for unachieved savings in 2020/21 and 2021/22 from the Scottish Government as part of the Covid-19 support funding, recognising we did not have operational capacity to work on savings delivery.

The use of reserves to allow time to feed in these legacy savings was part of our reserves strategy pre pandemic and we have met the majority of this saving in 2022/23 from reserves as the Covid-19 funding to support unachieved savings ceased in March 2022.

We now need to look again at prioritisation of care to help meet the cumulative impact of both legacy and new cost pressures in 2023/24, hence the introduction of a Supporting People Framework as part of our approach to achieve required savings:

|   | ERC<br>£m | NHS<br>£m | TOTAL<br>£m |
|---|-----------|-----------|-------------|
| Summary of Savings to Close Funding Gap:                |           |           |             |
| Service Savings including structure proposals           | 2.85      | 0.33      | 3.18        |
| Additional pay award funding post budget                | 0.26      | -         | 0.26        |
| Limit use of support services to contain cost pressures | 0.22      | -         | 0.22        |
| Supporting People Framework                             | 3.40      | -         | 3.40        |
|   |           |           |             |
| Total of Identified Savings                             | 6.73      | 0.33      | 7.06        |

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook and a report compiled on a the position of 29 of the 31 IJB's at the beginning of 2023/24 showed a collective financial gap of £305 million which is 3.6% of the respective total budgets; however within individual IJBs this gap ranges from 1% to 9%. For East Renfrewshire HSCP the total gap is 4.7%, which equates to 10% against the East Renfrewshire Council contribution and 0.4% against the NHS Greater Glasgow and Clyde contribution.

The 2023/24 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

Our partner East Renfrewshire Council has agreed just over £0.75 million non-recurring support in 2023/24 for the HSCP to deliver a number of initiatives related to Covid-19 recovery:

- Increasing our Talking points capacity to support the development of more community groups
- Extend the warm spaces and community cafe initiatives in our Health & Care centres
- Additional staffing cover to help meet pressures over the winter months
- Wellbeing and recovery support along with "go bags" to support domestic abuse survivors
- Financial support for foster carers, recognising the cost of living challenges
- Support to extend the staff and our partners wellbeing programme within the HSCP
- Provide additional materials to support community justice work
- Provide additional wellbeing support for vulnerable individuals, particularly those with additional support needs

- Housing and mental health support for our young people
- Funding to work with older children as they transition into adult services
- support work for young people affected by drugs and alcohol

Looking forward to 2024/25 and beyond in any one year the modelled cost pressure could range from £9.0 million to £3.4 million depending on the combination of factors, recognising the next 2 years are likely to be particularly challenging before we see economic recovery.

Similarly the resulting potential unfunded gap, as modelled, could range from £5.9 million to £2.3 million. However this will ultimately be determined by the Scottish Government budget settlement each year.

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 wider economic challenges are significant as we are seeing continued increasing inflation across a number of goods and services and in particular prescribed drugs on a global level, impacting nationally. The war in Ukraine has also impacted on supply of goods. For the UK economy current intelligence suggests that the cost of fuel and utilities may begin to reduce during this year, however this is only one element of the cost of living crisis. Our population and households are not impacted equally by cost of living and those with lower income are disproportionately affected.

Any changes relating to the National Care Service will be analysed and reflected in our future plans.

We have successfully operated integrated services for almost 20 years so we have faced a number of challenges and opportunities over the years. 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 will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict and the post Covid-19 impact could continue to be significant. The IJB previously held a reserve to help manage fluctuation in cost and demand, but this has now been fully utilised. Without intervention this could be a £2m overspend in 2023/24 with no funding available to offset this and this is an area difficult to predict in the longer term. Work is ongoing locally, across NHS Greater Glasgow and Clyde and at a national level to monitor this area of pressure.

Maintaining Discharge without Delay performance is a key issue for us. In order to achieve the target we continue to require more community based provision and this is dependent on availability of care. The medium-term aspiration 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.

We are in a period now where we are learning to live with Covid-19, its legacy impact and the continued circulation of the virus in our communities. With the exception of a modest sum of £2k to provide PPE to carers the support from the Scottish Government has ended, both for the HSCP and for partner organisations. There is still a risk that should any outbreak occur within a team or a health and care setting there could be impact on capacity and therefore on

service delivery. There may also be associated additional costs of staff cover and infection control.

We continue to use learning from how we delivered services during the pandemic to shape and inform future service models.

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

We 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 were not able to progress this work during 2022/23 as capacity did not allow this.

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

- Our Savings, Recovery and Renewal Programme continues and the scope has been widened to incorporate all change and savings activity recognising the cross cutting nature of many workstreams. Progress will be reported to every meeting of the IJB.
- We will update our Medium-Term Financial Plan on a regular basis reflecting the ongoing and legacy impact of Covid-19, the economic climate and any impact from the National Care Service and / or other policy decisions 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. This will also inform our planning for our 2024/25 budget.
- We will continue to monitor the impacts of Covid-19, Brexit, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the ongoing pandemic response.
- We will complete the review of our Integration Scheme; work that had been undertaken pre pandemic has been refreshed during 2022/23 and an NHS GGC wide review is in place.
- 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. We intend to continue the development our performance reporting during 2023/24, building on work done in 2022/23.

- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. Given the overwhelming response to the pandemic over a prolonged period our staff are tired both physically and mentally and the wellbeing of our workforce is paramount. We will progress the action plan agreed as part of our Workforce Plan 2022-25.
- We will progress with the redesign of the Learning Disability Inpatient bed model and progress the programme of health checks for people with a learning disability.
- 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 longer term impact of Covid-19 on our population and the capacity for the HSCP and its partners to deliver services and implement our savings, Recovery and Renewal programme whilst maintaining financial sustainability remain significant risks.

## 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 2022-23 including crucial activities as we recover from the Covid-19 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. Quantitative performance for many of our performance indicators continue to reflect ongoing challenges being faced in the aftermath of the 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 2022-25. 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 |   |
|---------------------------|---|
| <b>Green</b>              | Performance is at or better than the target                     |
| <b>Amber</b>              | Performance is close (approx 5% variance) to target             |
| <b>Red</b>                | Performance is far from the target (over 5%)                    |
| <b>Grey</b>               | 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 and emotional wellbeing                                     |             |                |              |         |         |         |         |         |                          |
|--|-------------|----------------|--------------|---------|---------|---------|---------|---------|--------------------------|
| Indicator  | 2022/23     | Current Target | 2021/22      | 2020/21 | 2019/20 | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| Percentage of children and young people subject to child protection who have been offered advocacy. <i>(INCREASE)</i>  | <b>61%</b>  | 100%           | 62%          | 63%     | n/a     | n/a     | n/a     | n/a     | ↓                        |
| Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods. <i>(INCREASE)</i> | <b>100%</b> | 100%           | 84%          | 87.5%   | n/a     | n/a     | n/a     | n/a     | ↑                        |
| Percentage of children looked after away from home who experience 3 or more placement moves <i>(DECREASE)</i>  | <b>0%</b>   | 11%            | 1.8%         | 1.2%    | 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>                | <b>86%</b>  | 90%            | 55%          | 61%     | 78%     | 74%     | 89%     | 90%     | ↑                        |
| Child & Adolescent Mental Health - longest wait in weeks at month end <i>(DECREASE)</i>  | <b>24</b>   | 18             | 41           | 35      | 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>                      | <b>82%</b>  | 95%            | 94%          | 74%     | 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      | <b>92.7%</b> | 91.1%   | 94.9%   | 98.0%   | 93.6%   | 91.5%   | ↑                        |

| Strategic Priority 1 - Working together with children, young people and their families to improve mental and emotional wellbeing |         |                |         |         |         |         |         |         |   |
|--|---------|----------------|---------|---------|---------|---------|---------|---------|---|
| Indicator  | 2022/23 | Current Target | 2021/22 | 2020/21 | 2019/20 | 2018/19 | 2017/18 | 2016/17 | Trend from previous year  |
| % Child Protection Re-Registrations within 18 months (LGBF) <i>(DECREASE)</i>  | n/a     | Data only      | 0       | 0       | 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      | 20.8%   | 20%     | 18.8%   | 24.5%   | 29.1%   | 19.6%   |  |

| Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community  |         |                |         |         |         |         |         |         |   |
|--|---------|----------------|---------|---------|---------|---------|---------|---------|---|
| Indicator  | 2022/23 | Current Target | 2021/22 | 2020/21 | 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>   | 488     | 600            | 458     | 551     | 575     | 514     | 491     | 364     |    |
| Percentage of people aged 65+ who live in housing rather than a care home or hospital <i>(INCREASE)</i>  | 97%     | 97%            | 97%     | 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     | 63%            | 65.2%   | 58%     | 57%     | 64%     | 64%     | 63%     |  |
| People reporting 'living where you/as you want to live' needs met (%) <i>(INCREASE)</i>  | 89%     | 90%            | 89%     | 91%     | 88%     | 92%     | 84%     | 79%     |  |



| Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community |            |                |              |         |         |         |         |         |                          |
|---|------------|----------------|--------------|---------|---------|---------|---------|---------|--------------------------|
| Indicator   | 2022/23    | Current Target | 2021/22      | 2020/21 | 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      | <b>8.86%</b> | 8.69%   | 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%            | <b>64.4%</b> | 62.2%   | 57.6%   | 57.5%   | 62.5%   | 61.1%   | ↑                        |
| Percentage of those whose care need has reduced following re-ablement <i>(INCREASE)</i>                                 | <b>48%</b> | 60%            | 60%          | 31%     | 67      | 68      | 62      | 64      | ↓                        |

| Strategic Priority 3 - Working together to support mental health and well-being                              |            |                |         |            |         |         |         |         |                          |
|--|------------|----------------|---------|------------|---------|---------|---------|---------|--------------------------|
| Indicator  | 2022/23    | Current Target | 2021/22 | 2020/21    | 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            | n/a     | <b>1.4</b> | 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> | <b>75%</b> | 90%            | 76%     | 74%        | 65%     | 54%     | 80%     | 56%     | ▬                        |
| % of service users moving from drug treatment to recovery service <i>(INCREASE)</i>                          | <b>5%</b>  | 10%            | 9%      | 6%         | 16%     | 22%     | 12%     | 9%      | ↓                        |
| Achieve agreed number of screenings using the setting-appropriate screening tool                             | <b>173</b> | 419            | 0       | 5          | 33      | 93      | 331     | 468     | ↑                        |

| Strategic Priority 3 - Working together to support mental health and well-being   |         |                |         |         |         |         |         |         |                          |
|---|---------|----------------|---------|---------|---------|---------|---------|---------|--------------------------|
| Indicator   | 2022/23 | Current Target | 2021/22 | 2020/21 | 2019/20 | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. <i>(INCREASE)</i>                                    |         |                |         |         |         |         |         |         |                          |
| Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. <i>(INCREASE)</i> | 96%     | 90%            | 95%     | 95%     | 89%     | 95%     | 87%     | 96%     | ↑                        |

| Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time  |         |                |         |         |         |         |         |         |                          |
|---|---------|----------------|---------|---------|---------|---------|---------|---------|--------------------------|
| Indicator   | 2022/23 | Current Target | 2021/22 | 2020/21 | 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) | 8       | 0              | 7       | 2       | 2       | 4       | 4       | 4       | ↓                        |
| Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) <i>(DECREASE)</i> (MSG data)                                       | 3,880   | 1,893          | 4,546   | 2,342   | 1,788   | 2,284   | 1,860   | 2,704   | ↑                        |
| No. of A & E Attendances (adults) <i>(DECREASE)</i> (NHSGGC data)   | 11,362  | Data only      | 11,654  | 9,854   | 12,748  | 12,943  | 12,587  | 12,503  | ↑                        |
| Number of Emergency Admissions: Adults <i>(DECREASE)</i> (NHSGGC data)  | 6,185   | Data only      | 7,372   | 6,217   | 6,859   | 6,801   | 6,916   | 6,908   | ↑                        |




| Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time |          |                |         |         |         |         |         |         |                          |
|--|----------|----------------|---------|---------|---------|---------|---------|---------|--------------------------|
| Indicator  | 2022/23  | Current Target | 2021/22 | 2020/21 | 2019/20 | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| No. of A & E Attendances (adults) (DECREASE) (MSG data)  | n/a      | 18,335         | 16,877  | 13,677  | 20,159  | 20,234  | 19,344  | 18,747  | ↓                        |
| Number of Emergency Admissions: Adults (DECREASE) MSG  | n/a      | 7,130          | 7,894   | 7,281   | 7,538   | 7,264   | 7,432   | 8,032   | ↓                        |
| Emergency admission rate (per 100,000 population) for adults (DECREASE) NI-12  | 9,036*   | 11,492         | 9,414   | 9,210   | 10,441  | 10,345  | 10,304  | 11,427  | ↑                        |
| Emergency bed day rate (per 100,000 population) for adults (DECREASE) NI-13  | 106,814* | 117,000        | 108,448 | 97,806  | 106,296 | 110,749 | 120,265 | 121,099 | ↑                        |
| Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (DECREASE) NI-14  | 67*      | 100            | 77      | 98      | 78      | 79      | 79      | 83      | ↑                        |
| A & E Attendances from Care Homes (NHSGGC data) (DECREASE)   | 297      | 400            | 252     | 236     | 394     | 429     | 541     | n/a     | ↓                        |
| Emergency Admissions from Care Homes (NHSGGC data) (DECREASE)  | 148      | 240            | 141     | 154     | 233     | 261     | 338     | 166     | ↓                        |
| % of last six months of life spent in Community setting (INCREASE) MSG   | n/a      | 86%            | 89.5%   | 89.8%   | 88.3%   | 86.2%   | 85.0%   | 85.8%   | —                        |

\* Full year data not available for 2022/23. Figure relates to 12 months Jan-Dec 2022. Data from PHS release, 11 May 2023




| Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities |         |                |         |         |         |         |         |         |                          |
|---|---------|----------------|---------|---------|---------|---------|---------|---------|--------------------------|
| Indicator   | 2022/23 | Current Target | 2021/22 | 2020/21 | 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> )   | 80%     | 72%            | 92%     | 91%     | 92%     | 78%     | 72%     | 70%     | ↓                        |
| Total combined % carers who feel supported to continue in their caring role ( <i>INCREASE</i> ) NI 8  | n/a     | Data only      | 28.4%   | n/a     | 35.3%   | n/a     | 37.5%   | n/a     | ↓                        |

| Strategic Priority 6 - Working together with our community planning partners on effective community justice pathways that support people to stop offending and rebuild lives |         |                |         |         |         |         |         |         |                          |
|--|---------|----------------|---------|---------|---------|---------|---------|---------|--------------------------|
| Indicator  | 2022/23 | Current Target | 2021/22 | 2020/21 | 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> )   | 83%     | 80%            | 81%     | 75%     | 71%     | 84%     | 92%     | 96%     | ↑                        |
| Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? ( <i>INCREASE</i> )  | 100%    | 100%           | 100%    | 92%     | 100%    | 100%    | 100%    | 100%    | ▬                        |
| % Positive employability and volunteering outcomes for people with convictions. ( <i>INCREASE</i> )  | 67%     | 60%            | 56.5%   | 66%     | 65%     | 55%     | n/a     | n/a     | ↓                        |

**Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities and improve life chances.**

| Indicator  | 2022/23 | Current Target | 2021/22      | 2020/21 | 2019/20 | 2018/19 | 2017/18 | 2016/17 | Trend from previous year  |
|--|---------|----------------|--------------|---------|---------|---------|---------|---------|---|
| Breastfeeding at 6-8 weeks most deprived SIMD data zones ( <i>INCREASE</i> )   | n/a     | 25%            | <b>17.9%</b> | 7.5%    | 15.4%   | 22.9    | 27.3    | 17.2    |  |
| Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) ( <i>DECREASE</i> ) NI-11 | n/a     | Data Only      | <b>333</b>   | 334     | 295     | 308     | 301     | 297     |  |
| Percentage of adults able to look after their health very well or quite well ( <i>INCREASE</i> ) NI-1                            | n/a     | Data Only      | <b>92%</b>   | n/a     | 94%     | n/a     | 94%     | n/a     |  |

**Strategic Priority 8 - Working together with staff across the partnership to support resilience and well-being**

| Indicator   | 2022/23    | Current Target | 2021/22 | 2020/21 | 2019/20 | 2018/19 | 2017/18 | 2016/17 | Trend from previous year  |
|---|------------|----------------|---------|---------|---------|---------|---------|---------|---|
| % Staff who report 'I am given the time and resources to support my learning growth'. ( <i>INCREASE</i> ) | <b>74%</b> | 90%            | 75%     | n/a     | 77%     | 76%     | 70%     | n/a     |  |
| % Staff who report "I feel involved in decisions in relation to my job". ( <i>INCREASE</i> )              | <b>71%</b> | Data Only      | 72%     | n/a     | n/a     | 69%     | n/a     | n/a     |  |
| % Staff who report "My manager cares about my health and well-being". ( <i>INCREASE</i> )                 | <b>85%</b> | Data Only      | 88%     | n/a     | n/a     | 85%     | n/a     | n/a     |  |

| Strategic Priority 9 - Protecting people from harm   |         |                |         |         |         |         |         |         |                          |
|--|---------|----------------|---------|---------|---------|---------|---------|---------|--------------------------|
| Indicator  | 2022/23 | Current Target | 2021/22 | 2020/21 | 2019/20 | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| % Change in women's domestic abuse outcomes ( <i>INCREASE</i> )  | 90%     | 70%            | 87%     | 84%     | 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%    | 100%    | 100%    | n/a     | n/a     | —                        |

| Organisational measures  |         |                |         |         |         |         |         |         |                          |
|--|---------|----------------|---------|---------|---------|---------|---------|---------|--------------------------|
| Indicator  | 2022/23 | Current Target | 2021/22 | 2020/21 | 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> ) | 7.5%    | 4.0%           | 6.9%    | 5.5%    | 7.3%    | 6.8%    | 8.5%    | 7.2%    | ↓                        |
| Sickness absence days per employee - HSCP (LA staff) ( <i>DECREASE</i> )           | 20.3    | 17.5           | 14.7    | 13.6    | 19.1    | 16.4    | 13.0    | 13.6    | ↓                        |

### 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 (2021-22)

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 2021-22 and are summarised below.

The results show that we performed better than the Scottish average for seven of the nine indicators and performed close to the national rate for the remaining two. While performance declined for all of the indicators at the national level since the previous survey, we saw improving performance for five of the nine indicators.

| National indicator   | 2021/22 | Scotland 2021/22 | 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   | 91.9%   | 90.9%            | 94%     | 94%     | 96%     | ↓                                   | ↓                                   |
| NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible                                   | 80.4%   | 78.8%            | 78%     | 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                           | 73.8%   | 70.6%            | 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                      | 65.1%   | 66.4%            | 62%     | 60%     | 69%     | ↓                                   | ↓                                   |
| NI-5: Total % of adults receiving any care or support who rated it as excellent or good  | 75.5%   | 75.3%            | 70%     | 77%     | 82%     | ↑                                   | ↓                                   |
| NI-6: Percentage of people with positive experience of the care provided by their GP practice  | 69.7%   | 66.5%            | 85%     | 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 | 83.6%   | 78.1%            | 78%     | 76%     | 79%     | ↑                                   | ↓                                   |
| NI-8: Total combined % carers who feel supported to continue in their caring role  | 28.4%   | 29.7%            | 35%     | 37%     | 45%     | ↑                                   | ↓                                   |
| NI-9: Percentage of adults supported at home who agreed they felt safe   | 90.5%   | 79.7%            | 81%     | 82%     | 82%     | ↑                                   | ↓                                   |

Data from PHS release, 12 July 2022



## 4.3.2 Operational performance indicators

| National indicator   | 2022/23   | Scotland<br>2022/23 | 2021/22 | 2020/21 | 2019/20 | 2018/19  | 2017/18 | 2016/17 | Trend from<br>previous<br>year |
|--|-----------|---------------------|---------|---------|---------|----------|---------|---------|--------------------------------|
| NI-11: Premature mortality rate per 100,000 persons  | 333*      | 466*                | 338*    | 334*    | 259*    | 308*     | 301*    | 297*    | ↑                              |
| NI-12: Emergency admission rate (per 100,000 population) for adults  | 9,036**   | 11,629***           | 9,414   | 9,210   | 10,439  | 10,345   | 10,497  | 11,427  | ↑                              |
| NI-13: Emergency bed day rate (per 100,000 population) for adults  | 106,813** | 112,637***          | 108,448 | 96,914  | 105,544 | 110,0628 | 119,011 | 121,099 | ↑                              |
| NI-14: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)                    | 67**      | 107***              | 77      | 98      | 78      | 79       | 79      | 83      | ↑                              |
| NI-15: Proportion of last 6 months of life spent at home or in a community setting                                   | 88.3%**   | 89.8%***            | 89.5%   | 89.8%   | 88%     | 86%      | 85%     | 86%     | ↓                              |
| NI-16: Falls rate per 1,000 population aged 65+  | 23.6**    | 22.6***             | 25.8    | 21.5    | 22.6    | 23.4     | 22.4    | 21.2    | ↑                              |
| NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections                      | n/a       | 75.8%***            | 79.0%   | 84%     | 84%     | 84%      | 88%     | 88%     | ↓                              |
| NI-18: % of adults with intensive care needs receiving care at home  | n/a       | 64.9%*              | 65.2%*  | 58%*    | 57%*    | 64%*     | 64%*    | 63%*    | ↑                              |
| NI-19: Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)           | 415       | 919                 | 342     | 189     | 156     | 170      | 117     | 228     | ↓                              |
| NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | n/a       | 24.0%<br>(2019/20)  | n/a     | n/a     | 20.9%   | 20.8%    | 22.4%   | 22.2%   | ↑                              |

Data from PHS release, 11 May 2023. \*Calendar years.

\*\*Full year data not available for 2022/23. East Renfrewshire figure relates to 12 months Jan-Dec 2022.

\*\*\* Scotland fig is 2021/22.

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

| <b>National indicators in development</b>   |
|---|
| 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  | 2022/23 | Target 22/23 | 2021/22 | 2020/21 | 2019/20 | 2018/19 | 2017/18 | 2016/17 | 2015/16 | Trend from previous year |
|--|---------|--------------|---------|---------|---------|---------|---------|---------|---------|--------------------------|
| Number of emergency admissions (adults)  | 6,564   | 7,130        | 6,767   | 6,517   | 7,538   | 7,264   | 7,432   | 8,032   | 7,922   | ↑                        |
| Number of emergency admissions (all ages)  | 7,847   | 8,331        | 7,860   | 7,281   | 8,645   | 8,246   | 8,513   | 9,199   | 9,123   | ↑                        |
| Number of unscheduled hospital bed days (acute specialties) (adults)                     | 64,364  | 57,106       | 67,267  | 58,333  | 62,861  | 60,953  | 62,967  | 62,901  | 58,271  | ↑                        |
| Number of unscheduled hospital bed days (acute specialties) (all ages)                   | 66,726  | 58,899       | 67,058  | 59,593  | 59,764  | 64,407  | 64,769  | 64,455  | 60,064  | ↑                        |
| A&E attendances (adults)   | 17,355  | 18,335       | 16,877  | 13,697  | 20,159  | 20,234  | 19,344  | 18,747  | 18,332  | ↓                        |
| A&E attendances (all ages)   | 25,202  | 25,299       | 24,270  | 17,843  | 27,567  | 27,850  | 27,011  | 25,888  | 25,300  | ↓                        |
| Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity)     | 4,652   | 1,893        | 4,546   | 2,342   | 1,788   | 2,284   | 1,860   | 2,704   | 2,366   | —                        |
| % of last six months of life spent in Community setting (all ages)                       | n/a     | 86%          | 89.5%*  | 89.8%   | 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    | 96.7%   | 96.6%   | 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%   | 99.1%   | 99.2%   | 99.0%   | 99.0%   | 99.0%   | 99.0%   | ↑                        |

Data from PHS release, 8 June 2023. (MSG Indicators)






\*Provisional figure for 2021/22



#### 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 May 2023.



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 | Inspection Report   |
|------------------------|-------------------------|-----------------------------|------------------------|---------------------|------------------------------------|---|
| Adoption Service       | 11/10/2019              | 5                           | Not assessed           | 5                   | Not assessed                       | <br>Adoption Services - InspectionReport-305   |
| Barrhead Centre        | 23/02/2018              | 6                           | Not assessed           | Not assessed        | 6                                  | <br>Barrhead Centre - InspectionReport-296     |
| Fostering Service      | 11/10/2019              | 5                           | Not assessed           | 5                   | Not assessed                       | <br>Fostering Services - InspectionReport-306 |
| Care at Home           | 25/06/2021              | 4                           | Not assessed           | Not assessed        | Not assessed                       | <br>Care at Home - InspectionReport-309      |
| HSCP Holiday Programme | 26/07/2022              | 5                           | Not assessed           | 5                   | 4                                  | <br>Holiday Programme - InspectionReport-312 |


|                              |            |   |              |              |   |   |
|------------------------------|------------|---|--------------|--------------|---|---|
| Thornliebank Resource Centre | 07/04/2016 | 4 | Not assessed | Not assessed | 4 | <br>Thornliebank Resource Centre - In:   |
| HSCP Adult Placement Centre  | 25/10/2019 | 5 | Not assessed | 5            | 5 | <br>Adult Placement InspectionReport-306 |

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? |
|--|-------------------------|--|-----------------------------|-----------------------------|--------------------------|---------------------------------------|
| <br>Bonnyton House - InspectionReport-312 | 01/07/2022              | 4<br>(Good)                                | 4<br>(Good)                 | 5<br>(Very Good)            | 5<br>(Very Good)         | 4<br>(Good)                           |
| <br>Kirkton - InspectionReport-304      | 23/7/2019               | 5<br>(Very Good)                           | Not assessed                | Not assessed                | Not assessed             | 5<br>(Very Good)                      |

The quality framework for children and young people in need of care and protection, published in August 2019.

| Service | Date of Last Inspection | Evaluation of the impact on children and young people |  |  | Inspection Report |
|---------|-------------------------|---|--|--|-------------------|
|---------|-------------------------|---|--|--|-------------------|

|   |                |                  |  |  |   |
|---|----------------|------------------|--|--|---|
| Joint Inspection for children at risk of harm | 16 August 2022 | 6<br>(Excellent) |  |  | <br>East Renfrewshire<br>joint insp children anc |
|---|----------------|------------------|--|--|---|

Evaluation of the impact on children and young people - quality indicator 2.1

For our inspections of services for children at risk of harm, we are evaluating quality indicator 2.1. This quality indicator, as it applies to children and young people at risk of harm considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

Evaluation of quality indicator 2.1: Excellent

#### 4.6 Use of Directions during 2022-23

Directions are the means by which the Integration Joint Board tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan. Directions are a key aspect of governance and accountability between partners. Directions issued in 2022-23 are given below.

|            |                           |     |  |
|------------|---------------------------|-----|--|
| June 2022  | LD Day Services Transport | ERC | Direction issued to East Renfrewshire Council to adopt the agreed policy; whereby the provision of transport is based on assessed need in line with set criteria.  |
| March 2023 | Budget 2023/24            | ERC | Direction issued to East Renfrewshire Council to carry out each of the functions listed within the Integration Scheme in a manner consistent with: the existing policies of the Council and any relevant decisions of the Council in relation to the revenue |

|            |                |     |  |
|------------|----------------|-----|--|
|            |                |     | budget; and with the Integration Joint Board's strategic plan.   |
| March 2023 | Budget 2023/24 | NHS | Direction issued to NHSGGC to carry out each of the functions listed within the Integration Scheme in a manner consistent with: the existing policies of the Council and any relevant decisions of the Council in relation to the revenue budget; and with the Integration Joint Board's strategic plan. |

## Appendix One - National Outcomes

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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.





|   |   |
|---|---|
| <b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  | Performance and Audit Committee                                       |
| <b>Held on</b>  | 26 June 2023  |
| <b>Agenda Item</b>  | 10  |
| <b>Title</b>  | Specialist Learning Disability In Patients Performance Report 2022/23 |
| <p><b>Summary</b></p> <p>The purpose of this paper is to provide data on the performance of Specialist Learning Disability Inpatient Services with a particular focus on Admission and Discharge activity throughout 2022/23. The aim is to ensure visibility of the key issues for patients as well as highlighting areas for improvement.</p> |   |
| <b>Presented by</b>   | Tom Kelly, Head of Adult Services - Learning Disability and Recovery  |
| <p><b>Action Required</b></p> <p>Members of the 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**

**26 June 2023**

**Report by Chief Officer**

**SPECIALIST LEARNING DISABILITY INPATIENT SERVICES PERFORMANCE REPORT**

**PURPOSE OF REPORT**

1. The purpose of this paper is to provide data on the performance of Specialist Learning Disability Inpatient Services with a particular focus on Admission and Discharge activity throughout 2022/23. The aim is to ensure visibility of the key issues for patients as well as highlighting areas for improvement.

**RECOMMENDATION**

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

**BACKGROUND**

3. The vision for learning disability inpatient services:  
*'We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services.'*
4. This report focuses on activity relating to our Assessment and Treatment Services (Blythswood House and Claythorn House) which has 27 beds across the two sites. The service is available to people with a learning disability residing in 9 Health and Social care Partnerships, 6 of which are within the NHS Greater Glasgow and Clyde boundary and 3 of which are provided via service level agreements in areas outwith NHS GGC.
5. The data in this report has been collected from our bed management system, EMIS and TrakCare. There are some limitations in the data provided due to patients admitted in the previous years but not yet discharged being included in this report.

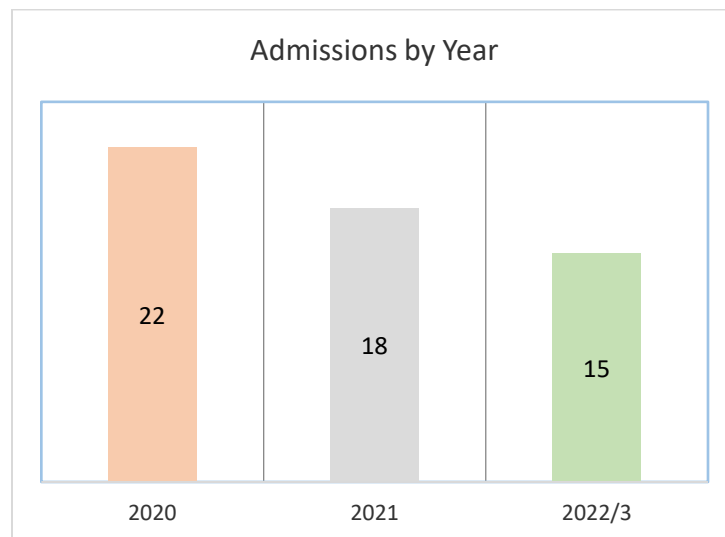
## REPORT

### Key Messages

6. The service continued to operate fully throughout various infection control measures in the recovery phases of COVID. Often resulting in intermittent closures to admissions and disruption including challenging absence levels similar to those experienced by the wider health and social care system.
7. In the previous year beds were mainly occupied by people who were admitted due to mental illness (58%). This year that figure dropped to 50% indicating an increase in admissions as a result of challenging behaviour which is not in keeping with the service vision.
8. Delayed discharge continued to create significant issues, with a number of patients having no discharge plan for a significant period of time nor a home to return to. The reasons for delay were due to no suitable accommodation and/or no providers in place and/or providers in place having real difficulty with recruitment which continues to affect current patients.
9. People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health.
10. There has been an increase in the number of admissions for young males.

### Overview of Activity in 2022/23

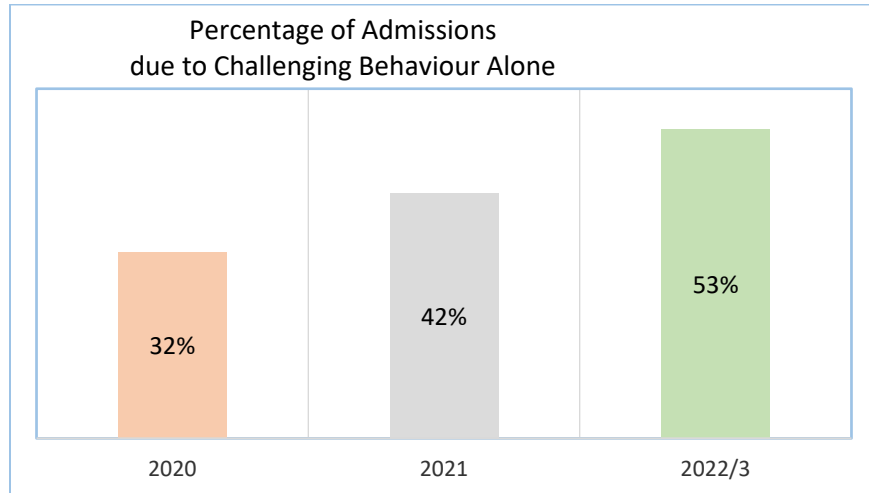
#### Admissions



11. In total 15 people were admitted in 2022/23. This is a reduction of 3 from the previous year and relates directly to a smaller number of discharges and increasing lengths of stay / delays. However more people were admitted than discharged due to the use of a contingency bed in Claythorn.

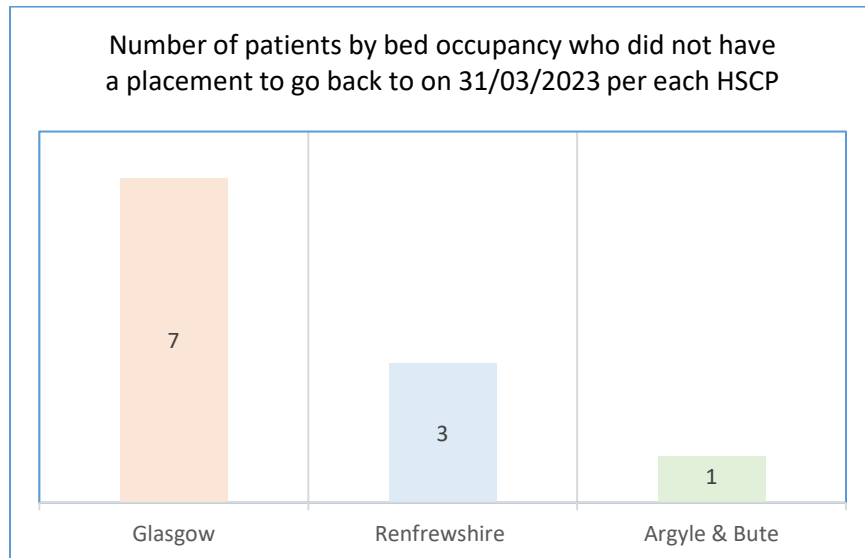
12. Of the total numbers of referrals received, 10 patients were admitted directly to the service (76%), the remaining people were initially admitted to general adult mental health and later transferred.

Reason for Admissions



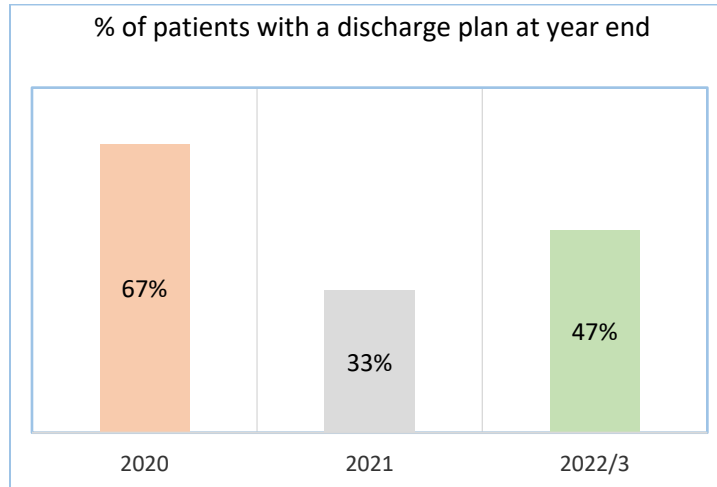
13. There was an increase in admissions due to challenging behaviour alone from previous years (53% compared to 42% in 2021). This is largely proving to be as a result of instability in community supports for a variety of reasons with staffing being a major concern.

Number of patients without a placement



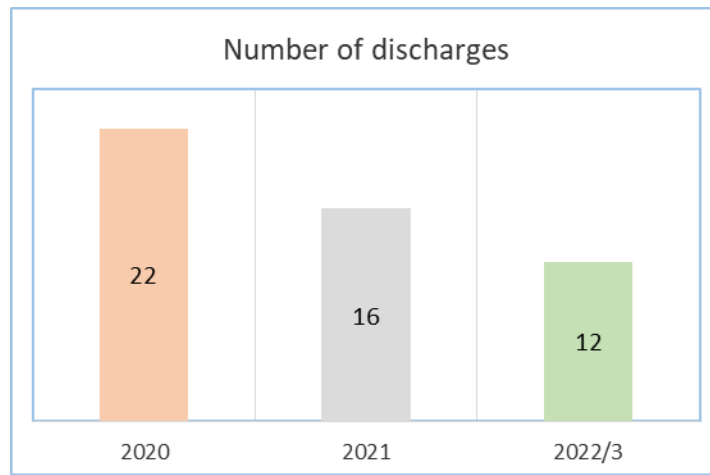
14. 11 inpatients on the 31/03/2023 did not have a discharge plan / community placement. This significantly reduces the ability of the service to successfully manage patient flow.

Patients with a discharge plan

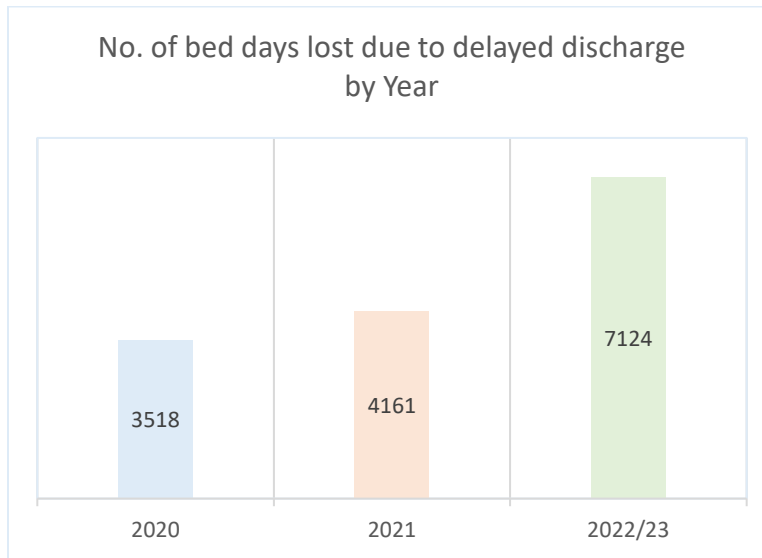


15. Only 47% of inpatients had a discharge plan on the 31/03/2023. This was a significant reduction in the number from the previous years of 67%. Some patients have been waiting a long and unacceptable time for discharge. One patient has been waiting to move out of learning disability hospital provision since March 2019.

Number of discharges



16. 12 patients were discharged in 2022/23 and sadly 2 people died while in our care. Discharges compared with previous years was 16 discharges in 2021 and 22 in 2020. One person discharged was re-admitted in the same year (2021) as a result of placement breakdown. The average length of stay for those patients discharged was 240 days if the person had a home to return to, if a new home and support is required the average is 2072 days (5.6) years.

Bed days lost

17. There was a 42% increase in beds days lost due to delayed discharge from 2021 to 2022/23.

HSCP Activity in 22/23

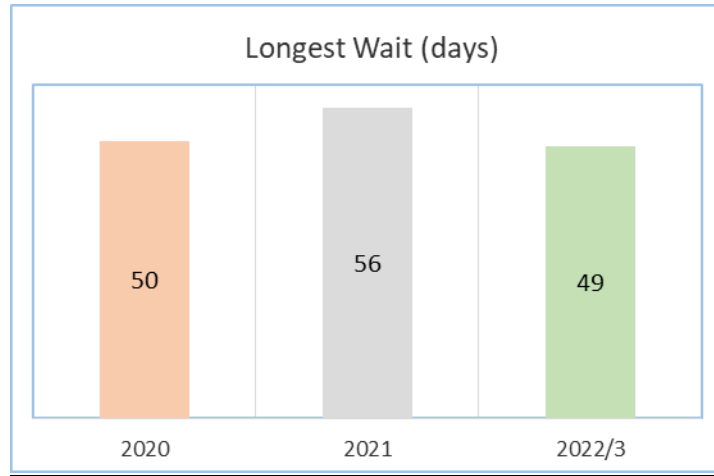
| HSCP                | Total Referrals | 2022/23 Admissions | 2022/23 Discharges |
|---------------------|-----------------|--------------------|--------------------|
| Argyll & Bute       | 0               | 0                  | 0                  |
| East Dunbartonshire | 2               | 0                  | 0                  |
| East Renfrewshire   | 3               | 1                  | 1                  |
| Glasgow             | 24              | 9                  | 6                  |
| Inverclyde          | 4               | 1                  | 3                  |
| Lanarkshire         | 0               | 0                  | 0                  |
| Renfrewshire        | 5               | 4                  | 4                  |
| West Dunbartonshire | 0               | 0                  | 2                  |
| <b>Total</b>        | <b>21</b>       | <b>15</b>          | <b>16</b>          |

Bed days lost by HSCP

| HSCP                | 2020        | 2021        | 2022/23     |
|---------------------|-------------|-------------|-------------|
| Argyll & Bute       |             | 0           | 0           |
| East Dunbartonshire |             | 0           | 0           |
| East Renfrewshire   |             | 28          | 0           |
| Glasgow             |             | 2100        | 6293        |
| Inverclyde          |             | 362         | 0           |
| Lanarkshire         |             | 0           | 0           |
| Renfrewshire        |             | 1091        | 831         |
| West Dunbartonshire |             |             | 580         |
| <b>Total Days</b>   | <b>3429</b> | <b>4161</b> | <b>7124</b> |



Waiting Times



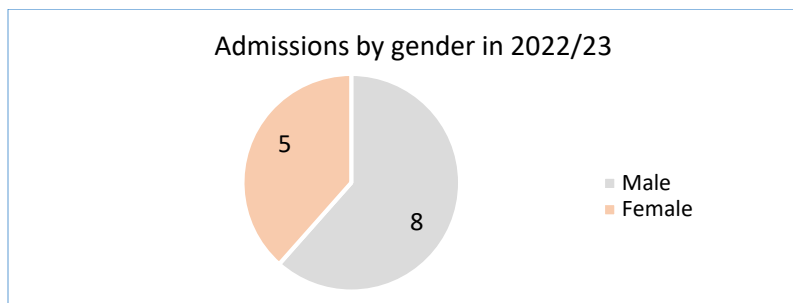
- 18. The longest wait for a bed was 49 days and this patient went first into a mental health bed before being transferred to a Learning Disability bed.
- 19. As a result of continuous occupancy, the service is often unable to directly admit people requiring specialist learning disability assessment and treatment.
- 20. A group of people were removed from the waiting list as admission was no longer required or an alternative had been established.

Mental Health Adult Services Admissions (with no LD bed transfer)

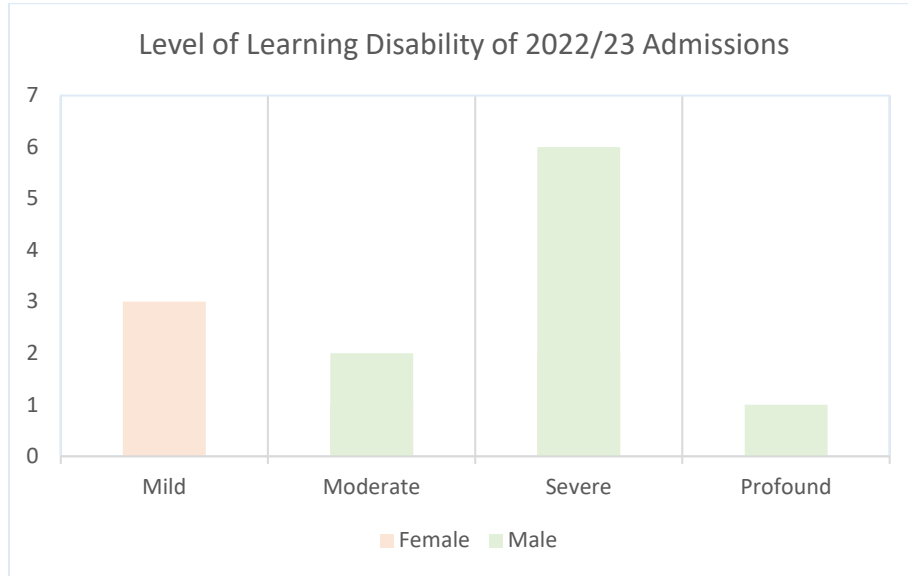
- 21. The LD service is aware of at least 10 patients with LD that were admitted to a mental health bed during 2022/23 that were then not transferred to a learning disability bed, and remained in a MH bed throughout their inpatient stay.
- 22. An additional 6 patients were discharged from mental health prior to transfer to LD bed.

Gender

- 23. There were slightly more male admissions in 2022/23 compared to females. This is different to 2021 when we had an increase in female admissions.
- 24. There has been a reduction in female admissions for challenging behaviour from 6 in 2021 to 0 in 2022/23. With an increase of 3 in males admitted for challenging behaviour.

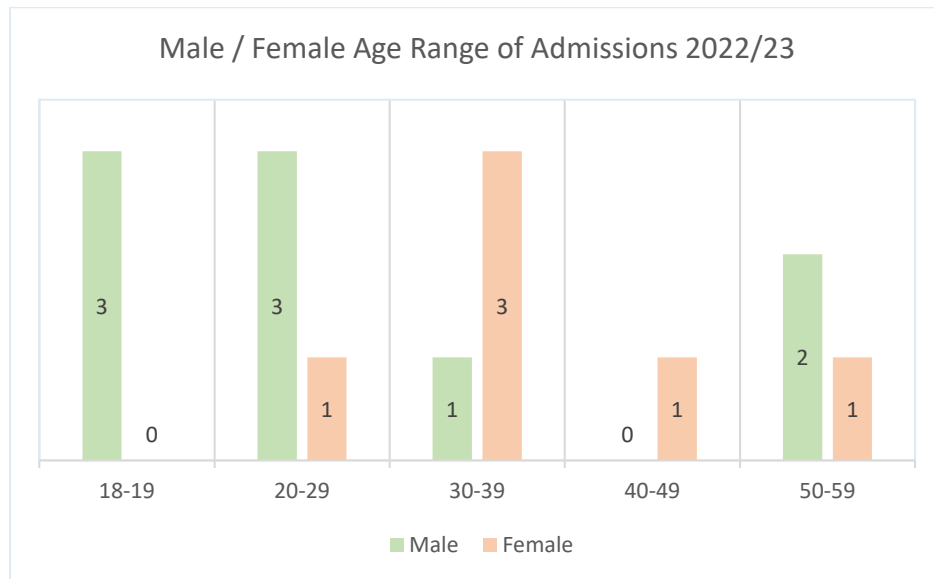


Level of learning disability



25. The level of learning disability was predominantly males with severe learning disability followed by mild for those people admitted in 2022/23. Only 2 people had a moderate learning disability and one person a profound learning disability.

Age range of patients admitted in 2022/23



26. There has been an increase in admissions of 18 year old male patients, 3 were admitted in 2022/23. Most patients admitted were in the age range of 18-39 with an average age of 33yrs but the service also admitted young men and older people up to the age of 59.

## CONCLUSIONS

27. NHS GGC HSCPs had committed to working together in 2019 to take forward a programme of redesign of inpatient services, the emphasis being on improving our responses in the community to reduce the use of inpatient beds when not clinically required. We had highlighted a need to review and improve performance in delayed discharge and have worked positively with Scottish Government to shape the original 'Coming Home' report in 2018 – this led to the publication of the recent 'Coming Home Implementation' 2022 report.
28. Alongside this, the allocation of the Community Living Change Fund aligns to NHS GGC ambitions to redesign services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. East Renfrewshire is leading on this work and have established a programme board which will provide strategic leadership and governance and direct the work of the community and inpatient redesign going forward. Avoiding admission and preventing placement breakdown is a key priority to addressing delayed discharges.
29. Performance has deteriorated across 2022/23 with fewer discharges and higher delays negatively impacting on our ability to admit directly to the LD service when this is appropriate.
30. HSCPs and third sector organisations report significant challenges in provider recruitment, staff retention, we are seeing the negative outcomes of in terms of discharge activity.
31. We are also seeing instability in community supports for similar reasons including turnover of staff having a negative impact where consistency in care and support is essential.
32. We have developed a multi-agency collaborative group, including all HSCPs, Commissioning, Third Sector and Housing colleagues. This has a delayed discharge work stream chaired by a third sector Chief Executive, the aim of this group is to encourage and influence different practice which may address some of the historical and more recent difficulties.
33. East Renfrewshire has also led on the Scottish Governments Implementation group with the Head of Service chairing the Dynamic Support Register sub group which will result in a nationally agreed pathway based on early intervention to avoid admission. This has been agreed by COSLA and Government and is to be launched to all Boards / HSCPs in May 2023.
34. As part of the inpatient redesign we are exploring alternatives to inappropriate admission and in 2022/23 the inpatient service provided day support as an alternative to admission. Due to the provider challenges the provider was unable to maintain this leading to full admissions.
35. We have developed a community and inpatient redesign group, chaired by inpatient and community colleagues. The aim of this group is to focus on local developments within the HSCPs developing enhanced community responses and identifying the impact local

developments will have on the inpatient redesign, take forward bed closure and alternatives to admission and the closure of our long stay unit.

## **RECOMMENDATIONS**

36. Members of the Performance and Audit Committee are asked to note and comment on the report.

## **REPORT AUTHOR AND PERSON TO CONTACT**

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Margaret Mason, Change Manager  
[margaret.mason2@ggc.scot.nhs.uk](mailto:margaret.mason2@ggc.scot.nhs.uk)

June 2023

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

22.06.2022: PAC Paper: Specialist Learning Disability Services Performance

18.03.2020: PAC Paper Specialist Learning Disability Services Performance

20.03.2019: PAC Paper: Performance Report – Specialist Learning Disability Service



|  |  |
|--|--|
| <b>Meeting of East Renfrewshire Health and Social Care Partnership</b>   | Performance and Audit Committee  |
| <b>Held on</b>   | 26 June 2023   |
| <b>Agenda Item</b>   | 11   |
| <b>Title</b>   | Audit Update   |
| <p><b>Summary</b></p> <p>This report provides Performance and Audit Committee with an update on:-</p> <ul style="list-style-type: none"> <li>• Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in March 2023</li> <li>• Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in March 2023</li> <li>• Summary of all open audit recommendations</li> </ul> |  |
| <b>Presented by</b>  | Lesley Bairden, Head of Finance and Resources<br>(Chief Financial Officer) |
| <p><b>Action Required</b></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**

**26 June 2023**

**Report by Chief Officer**

**AUDIT UPDATE**

**PURPOSE OF REPORT**

1. This report provides Performance and Audit Committee with an update on:
  - Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in March 2023
  - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in March 2023
  - Summary of all open audit recommendations

**RECOMMENDATION**

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

**BACKGROUND**

3. As agreed at the Performance and Audit Committee in June 2021 we continue to submit audit update reports to all meetings, including any new audit reports along with an overview of audit activity undertaken and an update on any outstanding recommendations since last reported.
4. Audit activity for the HSCP is provided in full and includes current open audit actions across the HSCP and also where a Health Board or Council wide recommendation impacts on the HSCP. Specific actions from IJB audits are also detailed.
5. East Renfrewshire Council's Chief Internal Auditor undertakes the internal audit role for the Integration Joint Board. Ernst and Young also undertake an audit of the IJB Annual Report and Accounts and produce an action plan should they have any recommendations.

6. East Renfrewshire Council’s internal audit assign the following risk ratings to their findings:

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

7. NHSGGC internal audit function is undertaken by Azets. They assign the following risk ratings to their findings:

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

**REPORT**

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

- 8. No new audits have been undertaken in relation to the Integration Joint Board since last reported to Performance and Audit Committee in March 2023.
- 9. Therefore the only outstanding recommendations relating specifically to the Integration Joint Board are from the Audit Scotland Annual Audit Plan which is attached at Appendix 1A. This will remain in place until our new Auditors, Ernst and Young, audit the Annual Report and Accounts in September.

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

10. Since last reported there has been 1 new audit which is included in this report.

**Self-Directed Support – Direct Payments (MB/1171/FM)**

11. The Audit of Self-Directed Support – Direct Payments was issued on 7<sup>th</sup> February 2023. As noted in March, this was not included in the previous update as the response had not been finalised at the time of writing.



12. The aim of the audit was to identify the processes established to make Direct Payments and to ensure that appropriate financial control is exercised over the purchasing of appropriate services to meet service users' outcomes. A total of 3 recommendations were made; 2 high and 1 medium.
13. The full audit report along with our response is included at Appendix 2A.

Recommendations from previous audits (Appendices 2B-2I)

14. At the March 2023 meeting, a total of 53 recommendations were reported; 25 open and 28 which the HSCP considered to be closed but were pending verification from internal audit. Of those 53 recommendations, a further 9 are now considered closed (pending verification).
15. An additional 3 recommendations have been added from the new audit detailed at appendix 2A, bringing the total number of audit actions to 56, with 19 open.
16. The table below summarises the total number of recommendations which impact on the HSCP which are either open, or have yet to be verified as implemented by internal audit. Further detail is included in the relevant appendix along with changes since last reported in each 'status' section.
17. Internal Audit will determine whether closed recommendations have been met when they undertake their follow-up audit and will identify expected timescales where possible. For HSCP specific audits, this is likely to be March 2024. For those audits which include HSCP recommendations as part of wider cross departmental audits, the follow-up timing will be dependent on response due dates from other Council departments.

| Audit Report and Appendix                                    |    | No. of actions closed since last reported | Recommendations    |   |  |            |
|--|----|---|--------------------|---|--|------------|
|  |    |   | Total no. for HSCP | Verified as implemented by Internal Audit | Considered implemented by HSCP (awaiting verification) | Total open |
| SDS – Direct Payments  | 2A | New                                       | 3                  | 0   | 0  | 3          |
| Ordering and Certification                                   | 2B | 2   | 4                  | 0   | 4  | 0          |
| Follow up of Business Operations and Partnerships Department | 2C | 0   | 2                  | 0   | 1  | 1          |
| Barrhead Centre  | 2D | 2   | 11                 | 0   | 5  | 6          |
| HSCP Follow-up   | 2E | 5   | 20                 | 0   | 12   | 8          |
| Debtors  | 2F | n/a                                       | 2                  | 0   | 2  | 0          |
| Environment Follow-up  | 2G | n/a                                       | 3                  | 0   | 3  | 0          |
| Fostering, Adoption and Kinship                              | 2H | 0   | 3                  | 0   | 2  | 1          |
| Payroll  | 2I | n/a                                       | 8                  | 0   | 8  | 0          |
| <b>TOTAL</b>   |    | <b>9</b>                                  | <b>56</b>          | <b>0</b>                                  | <b>37</b>  | <b>19</b>  |

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

18. At the time of writing, there has been no new NHS audits impacting on the HSCP since last reported.

## CONCLUSIONS

19. We will continue to report on all open audit recommendations relating to both the IJB and HSCP to provide assurance of control and enable oversight of previous audits and demonstrate progress.

## RECOMMENDATIONS

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

## REPORT AUTHOR AND PERSON TO CONTACT

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12 June 2023

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

PAC Paper: 29.03.2023 – Audit Update

[https://www.eastrenfrewshire.gov.uk/media/8943/Performance-and-Audit-Committee-Item-09-29-March-2023/pdf/Performance\\_and\\_Audit\\_Committee\\_Item\\_09\\_-\\_29\\_March\\_2023.pdf?m=638149225274330000](https://www.eastrenfrewshire.gov.uk/media/8943/Performance-and-Audit-Committee-Item-09-29-March-2023/pdf/Performance_and_Audit_Committee_Item_09_-_29_March_2023.pdf?m=638149225274330000)

PAC Paper: 23.11.2022 – Audit Update

[https://www.eastrenfrewshire.gov.uk/media/8446/Performance-and-Audit-Committee-Item-11-23-November-2022/pdf/Performance\\_and\\_Audit\\_Committee\\_Item\\_11\\_-\\_23\\_November\\_2022.pdf?m=638037783592100000](https://www.eastrenfrewshire.gov.uk/media/8446/Performance-and-Audit-Committee-Item-11-23-November-2022/pdf/Performance_and_Audit_Committee_Item_11_-_23_November_2022.pdf?m=638037783592100000)

PAC Paper: 22.09.2022 – Audit Update

[https://www.eastrenfrewshire.gov.uk/media/8181/Performance-and-Audit-Committee-Item-09-21-September-2022/pdf/Performance\\_and\\_Audit\\_Committee\\_Item\\_09\\_-\\_21\\_September\\_2022.pdf?m=637987495052000000](https://www.eastrenfrewshire.gov.uk/media/8181/Performance-and-Audit-Committee-Item-09-21-September-2022/pdf/Performance_and_Audit_Committee_Item_09_-_21_September_2022.pdf?m=637987495052000000)

PAC Paper: 22.06.2022 – Audit Update

[https://www.eastrenfrewshire.gov.uk/media/7782/Performance-and-Audit-Committee-item-10-22-June-2022/pdf/Performance\\_and\\_Audit\\_Committee\\_item\\_10\\_-\\_22\\_June\\_2022.pdf?m=637909081004700000](https://www.eastrenfrewshire.gov.uk/media/7782/Performance-and-Audit-Committee-item-10-22-June-2022/pdf/Performance_and_Audit_Committee_item_10_-_22_June_2022.pdf?m=637909081004700000)

PAC Paper: 16.03.2022 – Audit Update

[https://www.eastrenfrewshire.gov.uk/media/7490/PAC-Item-08-16-March-2022/pdf/PAC\\_Item\\_08\\_-\\_16\\_March\\_2022.pdf?m=637825962397570000](https://www.eastrenfrewshire.gov.uk/media/7490/PAC-Item-08-16-March-2022/pdf/PAC_Item_08_-_16_March_2022.pdf?m=637825962397570000)

PAC Paper: 22.09.2021 – Audit Update

[https://www.eastrenfrewshire.gov.uk/media/6842/PAC-item-07-22-September-2021/pdf/PAC\\_item\\_07\\_-\\_22\\_September\\_2021.pdf?m=637673822306700000](https://www.eastrenfrewshire.gov.uk/media/6842/PAC-item-07-22-September-2021/pdf/PAC_item_07_-_22_September_2021.pdf?m=637673822306700000)

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](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](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)

|                 |  |
|-----------------|--|
| <b>Appendix</b> | 1A   |
| <b>Title</b>    | Audit Scotland 2021/22<br>Action Plan                              |
| <b>Area</b>     | Internal Audit Activity relating to the Integration Joint<br>Board |
| <b>Status</b>   | No change since last reported<br>to PAC March 2023                 |

## Appendix 1A. Audit Scotland Action Plan

| No | Issue  | Risk  | Recommendation  | Agreed Management Action  | Responsible Officer     | Timing    | Comments  |
|----|--|---|---|---|-------------------------|-----------|---|
| 1  | <b>Financial sustainability – medium and longer-term financial planning</b>  |   |   |   |                         |           |   |
|    | <p>The medium-term financial plan presented to the Joint Board in March 2022 outlined financial challenges and uncertainties over the next five years to 2026/27, including the need to achieve savings through change and redesign.</p> <p>The 2022/23 financial plan outlined unfunded cost pressures of £3.147 million. The plan outlines that these costs will be met from identified savings of £0.272 million with the remaining balance of £2.875 million coming from the recovery and renewal programme and supported by budget phasing reserve.</p> | <p>There is a risk that East Renfrewshire Integration Joint Board will be unable to achieve a sustainable outturn position going forwards, particularly given the uncertainty around Covid-19 and increasing service demands.</p> | <p>The IJB should engage strategically with partner bodies to review future funding levels and service priorities to ensure service plans developed are affordable and deliver value for money.</p> | <p>The maturity of our IJB has allowed to us to not only recognise the long-standing financial challenges we face, but also take a pragmatic approach to our financial planning. The future uncertainties are unprecedented and still include understanding the impact Covid-19 on demand and complexity of need. The IJB recognised that the 2022/23 budget would again be an iterative process, with funding changes relating to Covid-19 and other initiatives emerging as the year progressed. The IJB also recognised;</p> <ul style="list-style-type: none"> <li>• that without support for Covid-19 costs, we would most likely need to invoke financial recovery planning.</li> <li>• that the reserves strategy in place, pre pandemic, to phase in savings would recommence</li> <li>• the pre-pandemic savings plans were significantly impacted by covid demands and policy changes.</li> </ul> <p>We continue with scenario planning, financial modelling and report the financial position to every IJB meeting. We will continue to work with our partners to articulate these challenges as part of our funding and performance discussions. The Scottish Government may determine some budget conditions that must be collectively met, usually a minimum contribution per partner along with any specific policy funding.</p> | Chief Financial Officer | 31-Mar-23 | A refreshed MTFP will be taken to IJB in June 2023 subject to agreement of the IJB Budget for 2023/24 being considered in March 2023. |

## Appendix 1A. Audit Scotland Action Plan

|   |   |  |  |   |                                |                  |   |
|---|---|--|--|---|--------------------------------|------------------|---|
| 2 | <p><b>General Reserve position</b></p> <p>The general reserve position at 31 March 2022 is £0.272 million, which is below the IJBs reserve strategy recommendation. The IJB reserves strategy recommends that the IJB hold uncommitted reserves of around 2% of the IJBs revenue budget.</p>  | <p>There is a risk that the uncommitted reserves held are not sufficient to meet longer-term financial pressures.</p>                                  | <p>The level of general reserves remains unchanged and is currently lower than the IJB's reserve policy target. The reserve policy should be reviewed, and appropriate action taken to bring the level of general reserves held into line with the</p> | <p>Whilst fully accepting we are not compliant with this policy this is a long-standing position for the IJB. As we have previously reported there is a tension between holding unallocated reserves when we have operated for a number of years with significant financial challenges. Our earmarked reserves strategy has allowed the IJB to prioritise service delivery. Without a significant increase in funding it is unlikely that the optimum 2% level of general reserve will be achieved. Given the future financial outlook it is unlikely there will be any opportunity to invest in our general reserve in the coming years.</p> | <p>Chief Financial Officer</p> | <p>31-Mar-23</p> | <p>Please see management actions - no change</p>  |
| 3 | <p><b>Key performance indicators</b></p> <p>The IJBs performance against the key performance indicators reflect the impact of Covid-19, however work is still ongoing to re-base these targets to ensure they reflect a realistic baseline position for the IJB to measure performance against. The IJB are currently working towards this, including establishing a working group to look at performance reporting however have noted this is a longer-term project.</p> | <p>There is a risk that the key performance targets and the IJBs performance against these are not aligned, as a result of the impact of Covid-19.</p> | <p>The IJB should continue to work on re-basing relevant targets, to ensure these reflect the impact of the pandemic and wider financial pressures facing the organisation on the IJBs performance.</p>  | <p>Whilst many of our performance indicators are national or part of a wider Greater Glasgow and Clyde suite of measures we will endeavour to re-base those where we can as we work through our recovery from the pandemic. Covid-19 has had a direct impact on people's health and wellbeing. We still do not understand where we are in a post Covid demand for services. The impact on health including long Covid may still take some time to manifest. This means our performance indicators may need revision over a longer period of time.</p>   | <p>Chief Financial Officer</p> | <p>31-Mar-23</p> | <p>The development of the new HSCP Strategic Plan for 2022-25 with associated implementation plan included the review of the performance framework and performance reporting in consultation with the PAC. This work has commenced and meetings convened. New reporting templates are being developed in consultation with PAC.</p> |

|                 |  |
|-----------------|--|
| <b>Appendix</b> | 2A   |
| <b>Title</b>    | Self-Directed Support – Direct Payments<br>MB/1171/FM  |
| <b>Type</b>     | East Renfrewshire Council Internal Audit<br>Activity relating to the Health and Social<br>Care Partnership |
| <b>Status</b>   | New  |

**Report on Audit of Self Directed Support – Direct Payments**

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Chief Auditor  
MB/1171/FM  
7 February 2023



## REPORT ON AUDIT OF SELF DIRECTED SUPPORT – DIRECT PAYMENTS

### 1. INTRODUCTION

*As part of the 2022/23 audit plan, a systems audit of Direct Payments was undertaken. The aim of the audit was to identify the processes established to make Direct Payments and to ensure that appropriate financial control is exercised over the purchasing of appropriate services to meet service users' outcomes.*

*Direct Payments are payments made directly to the HSCP service users that allow them to take control of their budget. Direct Payments are for service users that have been assessed as needing help from social services and who choose to arrange and pay for their own care and support services instead of receiving them directly from the HSCP*

*Direct payment annual budgeted expenditure (including direct payments respite) for the financial year 2022/23 is £4,938,456. Actual expenditure at period 8 is £4,689,072, although it should be noted that this covers payments up to 31 December 2022 as payments are made on a quarterly basis in advance. There are currently 401 service users in receipt of direct payments and the care packages range in value between £604 and £104,800 annually.*

*This audit was last carried out during 2018/19. Potential risks to the HSCP are that service users continue to be paid direct payments without review and payments received by service users are spent inappropriately.*

### 2. SCOPE

*The audit objectives were agreed with the Head of Finance and Resources prior to the start of the audit and are as follows:*

- All service users receiving self-directed support have been appropriately assessed
- All service users receiving self-directed support are identified and recorded
- Care packages are appropriately authorised
- Segregation of duties is maintained between those processing payments and authorising packages
- Sufficient checks are carried out on care receipts submitted and payments processed
- Appropriate budgetary control is exercised and sufficient management data is provided to support this.
- Guidance issued by the Scottish Government and COSLA during the coronavirus pandemic has been referred to where appropriate.

It should be noted that the scope of testing during the audit was somewhat limited. Due to covid and revised guidance issued by the Scottish Government, the HSCP paused the annual review process meaning that there was a lack of bank statements and associated receipts available for scrutiny and checks could not be carried out to confirm that direct payment expenditure was in accordance with service user's outcome agreements.

This audit has been conducted in conformance with Public Sector Internal Audit Standards.



### 3. **CONCLUSION**

*Direct payments continue to be recorded, paid and monitored using a spreadsheet which is not ideal. Reconciliations between the spreadsheet and the financial ledger are regularly carried out at the end of each period and were up to date and accurate at the time of the audit. Sample audit testing confirmed that service user's Direct Payment agreements are recorded on the CareFirst system and for each payment there was an authorised Service Agreement.*

*Operational procedures state that service user's financial records will be monitored and reviewed by the HSCP Finance Team. It was recommended and agreed at the time of the last audit that this would be done annually however, due to covid a comprehensive review has not been completed for several years. As noted above, testing could not be carried out to confirm that direct payment expenditure was in accordance with service user's outcome agreements.*

*The following recommendations are therefore made to improve existing controls.*

### 4. **FINDINGS AND RECOMMENDATIONS**

#### 4.1 **Review of receipts and evidence of outcomes**

*It was previously recommended during the last audit in 2018/19 that a financial review of all direct payment service users should be undertaken as soon as possible. It was also recommended that HSCP management should ensure at least annually that all direct payment service users have provided receipts to support expenditure and that any unspent monies are recovered.*

*A sample of 15 service users were selected and enquiries made to find out the date of the last financial review. The Finance Support officer advised that letters were sent in November 2021 to service users requesting bank statements for the months of March 2021 and July 2021 but it was decided in December 2021 to pause the review as the HSCP was still in response mode and the Scottish Government covid guidance was still in place.*

*The Finance Manager Care and Support advised that due to covid, service users were not able to use their funds in a usual way and were allowed a lot more leeway by the government on what funds could be spent on. In addition to this, the Finance Manager Care and Support explained that it was not only that service users were allowed more flexibility but also that Scottish Government Guidance indicated they should still try to make payments, where possible, to ensure continuity of income for the care providers and personal assistants in the sector, even if care had not been provided. Due to this guidance, the annual reviews were paused during covid, unless specifically directed by a social worker or manager to review a particular service user.*

*It is audit's view that the full years bank statements should be requested from service users to provide the full picture of how funding has been spent, rather than a snapshot of particular months. Some spending is likely to be non-recurring and would not be evident unless reviewing the full year's bank statements.*

*As a full financial review of all direct payment service users has not been complete for some time, there is little assurance available that direct payments expenditure is in accordance with service users' agreed care plans.*

## Recommendations

- 4.1.1** The financial review of direct payments should be completed as soon as possible.
- 4.1.2** The HSCP management should ensure going forward, that all direct payment service users have provided receipts to support expenditure and that any unspent monies are recovered on an annual basis.
- 4.1.3** Consideration should be given to reviewing the full years bank statements for each service user to ensure that the review is comprehensive and provides appropriate assurance regarding the use of public funds.

### 4.2 Authorisation of Care Packages

*A report provided by the CareFirst Team was reviewed and filters applied to identify any Option 1 service users who had a service agreement which was not authorised. This identified five service users with a service agreement that was not authorised on the CareFirst system. In three cases it was a timing issue and upon checking at a later date, the service agreement had been authorised prior to any payments being made for each of the service agreements.*

*In the one case it appeared that payments were still being made under an ended service agreement and the new service agreement still had not been authorised. The Finance Support Officer later confirmed that the new service agreement was not authorised until 21/11/22 and that the sum due backdated to 14/04/22 has only recently been processed. The Client Manager Care and Support advised that this can occasionally happen if for example the social worker is off sick and the service agreement is not authorised. In such cases, payments continue to ensure continuity of care until all changes are authorised. As the new service agreement has now been authorised and the backdated amounts processed, no recommendation is required.*

*In the final case, the service agreement could not be located on the CareFirst system and the Finance Officer advised that it was likely that this had been entered onto the system in error by a Social Worker and deleted prior to authorisation. As it was unauthorised, no payments would have been made against this service agreement.*

*As reasonable explanations were received for all unauthorised service agreements identified above, no recommendations are required.*

### 4.3 Authorising Care Packages and Payments

*Checks were performed across the whole population to confirm that a different officer has been involved at each of the following stages:*

- the care package entered onto the CareFirst system,*
- the care package authorised on the CareFirst system,*
- payment entered onto Integra,*
- payment authorised on Integra.*

*The results confirmed that there was appropriate segregation of duties across all stages of the process except for one case where the service agreement appeared to be entered onto the CareFirst system and authorised by the same officer. However, the Finance Manager*

*Care and Support advised that this was incorrect and that the case had been transferred between teams and this was why the requesting officers name was shown as both the person entering and authorising the service agreement. As such, no recommendations are required*

#### **4.4 Monitoring of Payments**

*It was reported in the last audit that the HSCP Finance Team accepted that the use of a spreadsheet is not the optimum method of recording or monitoring direct payments. Audit recommended that a review of the process be undertaken and that an alternative method should be implemented so that reliance on the spreadsheet database could cease.*

*The Finance Manager Care and Support advised that a review had been carried out along with the Senior Information Systems Officer which looked at potentially moving the payments on to the CareFirst system but it was concluded at the time that it was not feasible and there would not be sufficient assurance that the payments were correct if using the CareFirst system. The decision was taken to continue using the modified and improved spreadsheet.*

*It was noted that the project to replace the CareFirst system is underway and it is expected that the replacement system will be in use in approximately two years' time, at which point Direct Payments will be system based and the use of the spreadsheet to make payments will cease. As such, no recommendations are made at this time but audit will revisit this area in due course to establish progress made.*

#### **4.5 Guidance on Direct Payments**

*It was previously recommended that detailed and structured guidance should be produced to assist staff in assessing the appropriate use of direct payment option 1 funds. A process for recording and authorising instances where more creative use of direct payment funding is being considered should also be detailed. The Finance Manager Care and Support provided a comprehensive document titled "What can the Direct Payment be spent on – Practitioner Guide". This document lists examples of how service users can spend their budgets and gives examples of ways in which the direct payments should not be used.*

*A sample of fifteen Direct Payment service users were reviewed and it was noted that there were two separate cases where part of the child/young person's funding was being used to pay a specific service. In one case this had been questioned by social work and the issue had been addressed with the child/young person's carer, although it was not evident if any follow up checks had been carried out to ensure that there was no further expenditure on this specific service. In the other case, it was noted when reviewing the Child/Young Person's Plan that part of the SDS budget was to be used to pay for the specific service. This was budgeted at £1,500 per annum and was included in the Child/Young Person's outcome plan and was approved by the RAG (Resources Allocation Group). Whilst it is acknowledged that reliance must correctly be placed on the professional opinions and judgements of social workers, in Audit's view there is an apparent disparity between the two cases with the expenditure of funds on a specific service being allowed in one case but not in the other. It is also noted that once funds have been allocated they are not always spent in accordance with the outcome plan.*

*CIPFA Self Directed Support Part II para graph 70 guidance states that "Therefore in co-ordinating monitoring it should be recognised that the determination of whether a particular item of expenditure is appropriate for a specific supported person will ultimately be a judgement for the supported person and the social care professional to agree on. Authorities*

may however utilise guidelines or standard agreements as a basis for identifying expenditure items which are unexpected. Based on this finance staff can appropriately seek clarification on the use of public resources with the social care professional in order to support Best Value and accountability for public resources.”

*It is understood that direct payments provide service users with greater flexibility and control over their support package but the absence of a formal financial monitoring review indicates that the HSCP may not be able to fully account for the disbursement of these public funds by ensuring that they have been used to secure the care and support required by the service user and help in achieving their personal outcomes. It is important that disbursement of public funds is able to be defended in the case of potential challenge under judicial review.*

*Regular and complete financial reviews should assist in identifying payments such as those mentioned above and provide assurance that public funds are spent appropriately and in accordance with guidance. As a recommendation regarding financial review has been made above, no further recommendations are made.*

Chief Auditor  
7 February 2023

## Appendix 2A: Self Directed Support – Direct Payments (MB/1171/FM)

| Ref. / Risk Rating | Recommendation   | Comments (if appropriate)   | Timescale for completion  | Status | Latest Note |
|--------------------|--|---|---------------------------|--------|-------------|
| 4.1.1<br>(High)    | The financial review of direct payments should be completed as soon as possible.   | Already under way. This will be done in a phased approach to manage workload  | 30 June 2023              | Open   |             |
| 4.1.2<br>(High)    | The HSCP management should ensure going forward, that all direct payment service users have provided receipts to support expenditure and that any unspent monies are recovered on an annual basis.               | We will follow the CIPFA and Scottish Government guidance, which exempts some small spends etc. It is sometimes obvious from bank statements what spend is being incurred therefore receipts are not necessary. We will, however, implement a risk-based assessed approach to financial monitoring based on care package cost and previous history. Agreed that unspent monies should be recovered annually, in conjunction with a review by operational staff. | 30 June 2023 then ongoing | Open   |             |
| 4.1.3<br>(Med)     | Consideration should be given to reviewing the full years bank statements for each service user to ensure that the review is comprehensive and provides appropriate assurance regarding the use of public funds. | All users should receive a financial review, however this should be in line with CIPFA and Scottish Government guidance.  | 31 March 2024             | Open   |             |

Appendix 2B – Ordering and Certification Audit - MB1178NS

|                 |  |
|-----------------|--|
| <b>Appendix</b> | 2B   |
| <b>Title</b>    | Ordering and Certification (MB1178NS)  |
| <b>Type</b>     | East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership   |
| <b>Status</b>   | Changes since last reported to PAC March 2023:- <ul style="list-style-type: none"> <li>◆ 4.1.2 now considered closed</li> <li>◆ 4.1.3 now considered closed</li> </ul> |

**Appendix 2B – Ordering and Certification Audit - MB1178NS**

| Ref. / Risk Rating | Recommendation   | Comments (if appropriate)  | Timescale for completion | Status   | Latest Note   |
|--------------------|--|--|--------------------------|--|---|
| 4.1.1 (Med)        | All Directors should instruct employees with responsibility for ordering to ensure that approved suppliers are being used.   | We will issue a reminder to all employees responsible for ordering   | 28 February 2023         | Considered Closed (Pending verification by internal audit) | Email issued to Business Managers to cascade to those staff who process orders on Integra   |
| 4.1.2 (Med)        | All departments should monitor spend against suppliers and where thresholds have been breached the appropriate contract route should be followed to ensure best value is being achieved.             | Commissioning liaise with procurement regarding best value. Tolerance is managed in relation to social care agency spend to meet service requirements. | Ongoing                  | Considered Closed (Pending verification by internal audit) | Process established with Commissioning and Procurement to identify and action breached thresholds if applicable   |
| 4.1.3 (Med)        | Departments should ensure that contracts are reviewed to ensure that they are not allowed to expire and liaise with Procurement to allow appropriate action to be taken.                             | Commissioning have regular meetings with services and procurement to oversee contracts.  | Ongoing                  | Considered Closed (Pending verification by internal audit) | Process in place with Commissioning and services to monitor contracts. Commissioning and procurement have process in pace to review new and existing contracts. |
| 4.4.1 (Low)        | All Directors should instruct employees with responsibility for ordering to ensure that the appropriate reference is added to the order to evidence that a contract is being used for the purchases. | We will issue a reminder to all employees responsible for ordering as per 4.1.1  | 28 February 2023         | Considered Closed (Pending verification by internal audit) | As per 4.1.1 - Email issued to Business Managers to cascade to those staff who process orders on Integra including SOP for Purchase Order Entry                 |

Appendix 2C – Follow-up of Business Operations and Partnerships Audits - MB1177MB

|                 |  |
|-----------------|--|
| <b>Appendix</b> | 2C   |
| <b>Title</b>    | Follow-up of Business Operations and Partnerships Department Audits (MB1177MB)                       |
| <b>Type</b>     | East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership |
| <b>Status</b>   | No changes since last reported to PAC March 2023   |



**Appendix 2C – Follow-up of Business Operations and Partnerships Audits - MB1177MB**

| Ref. / Risk Rating | Recommendation   | Comments (if appropriate)  | Timescale for completion | Status                                   | Latest Note  |
|--------------------|--|--|--------------------------|--|--|
| 4.5.1<br>(Med)     | <p>Robust checks should be carried out by departments to ensure that the inventory records are accurate and that:</p> <ul style="list-style-type: none"> <li>• the assigned user details are accurate, up to date and only include names of current employees.</li> <li>• individual users do not have more than one mobile or one laptop</li> <li>• clarification is provided to ICT promptly of any devices on the lists which are no longer needed or which need to be re-assigned to a different employee</li> <li>• clarification is provided to ICT of the reasons for devices where a named employee is not assigned to it. (e.g. pool phone) and this should be noted on the inventory.</li> </ul> | A full review of this year's inventories will be undertaken to ensure each point has been addressed.                   | March 2023               | Considered closed (pending verification) | Laptops and mobile phones were included in a central HSCP inventory for 2022. These have now been included within service inventories for 2023. Business Managers have been asked to coordinate this across service areas. In addition a reminder was included in the Staff Bulletin that staff must notify when laptops are switched. |
| 4.6.1<br>(Med)     | Reports should be reviewed to ensure that only minimal SIM packages are provided for each employee and that employees are advised to return to work from council premises if they do not have adequate home broadband to meet work requirements.   | We will continue to review billing and address high users on an individual basis, with regular overview reports to SMT | December 2022            | Open                                     | Work is ongoing with this however the deadline has been revised as capacity constraints have restricted process.   |

Appendix 2D – Audit of Barrhead Centre (MB1173NS)

|                 |   |
|-----------------|---|
| <b>Appendix</b> | 2D  |
| <b>Title</b>    | Barrhead Centre<br>(MB1173NS)   |
| <b>Type</b>     | East Renfrewshire Council Internal Audit Activity relating to the<br>Health and Social Care Partnership   |
| <b>Status</b>   | Changes since last reported to PAC March 2023: <ul style="list-style-type: none"> <li>◆ 4.1.1 now considered closed</li> <li>◆ 4.1.2 now considered closed</li> <li>◆ 4.7.1 note updated</li> </ul> |

## Appendix 2D: Audit report on Barrhead Centre - MB1173NS

| Ref. / Risk Rating | Recommendation   | Comments (if appropriate)   | Timescale for completion | Status  | Latest Note  |
|--------------------|--|---|--------------------------|---|--|
| 4.1.1<br>(Low)     | Expenditure incurred should be recorded as one entry on the petty cash claim and not split across multiple entries.  | We are currently trialling prepaid cards with 8 members of staff and will review this by end of year. If successful this will be rolled out and will negate the need for frequent/high amount petty cash. Any residual use of petty cash will be within policy.   | 30 November 2022         | Considered Closed<br>(pending verification by internal audit) | Prepaid cards have now been rolled out to all staff (June 2023) and there is no need for petty cash to exceed the £25 limit.   |
| 4.1.2<br>(Low)     | If the expenditure incurred from petty cash is regularly exceeding the £25 limit the Chief Financial Officer or Chief Accountant should be asked to approve an increase in the limit.                                  | As above, the roll-out of prepaid cards should reduce the need for use of petty cash. However we will undertake a full review of petty cash activity and the volume of expenditure over £25. Should an increase be required, this will be submitted by the Service Manager. Other non-cash options will also be considered. | 30 November 2022         | Considered Closed<br>(pending verification by internal audit) | As above   |
| 4.2.1<br>(High)    | The Learning Disability Manager should ensure that the appropriate action is taken to ensure that bank signatories for the petty cash imprest are updated and access is gained to the account.                         | Contact will be made with bank to ensure current signatories are added and those that are obsolete deleted  | 30 November 2022         | Open  | Contact has been made with the bank and new forms provided which have been completed by new signatories. Relevant paperwork has been submitted to ERC Senior Treasury Officer to progress. |
| 4.2.2<br>(Med)     | A full review of bank accounts and the number of signatories should be carried out to ensure access is not at risk of being lost.  | A review will be undertaken by the Service Manager and the process to support will be refreshed.  | 30 November 2022         | Open  | Review undertaken Dec 2022. Signatories being progressed as above  |
| 4.3.1<br>(Med)     | The Business Support Assistant should ensure that all bank statements are available for review and that they are being received from the bank to allow for monthly reconciliations to be completed.                    | Business support will ensure process for storing bank statements is in place.   | 30 November 2022         | Open  | Bank statements for Barrhead Centre are addressed to Eastwood Park. This is in the process of being changed along with the updating of the signatories for this account.                   |
| 4.4.1<br>(Low)     | The Accountancy Manager should ensure that appropriate action is taken to process the emergency imprest claims to the financial ledger and the VAT elements are coded to allow subsequent inclusion in claims to HMRC. | The accountancy team are reviewing this and we aim to have VAT adjustment in place by the end of the calendar year.   | 31 December 2022         | Considered Closed<br>(pending verification by internal audit) | Journal entry to correct miscoding actioned.   |

## Appendix 2D: Audit report on Barrhead Centre - MB1173NS

|                 |  |   |                  |   |   |
|-----------------|--|---|------------------|---|---|
| 4.5.1<br>(Low)  | All record cards should be reviewed to ensure that appropriate information such as national insurance numbers and continuous service date are recorded.  | All paper copy record cards will be reviewed and updated whilst we explore options for online system.   | 30 November 2022 | Considered Closed<br>(pending verification by internal audit) | Review Completed 14.11.22   |
| 4.6.1<br>(Low)  | A review of the attendance record cards should be carried out for all periods of absence recorded and a check completed to ensure supporting documentation is held for all periods of absence. | As above.   | 30 November 2022 | Considered Closed<br>(pending verification by internal audit) | Review Completed 14.11.22   |
| 4.7.1<br>(High) | A full review of the funds held for client activities should be carried out and efforts made to ensure that these clearly show the amounts being held.   | We have agreed that Voluntary Action will manage these independent funds and are in the process of transfer.  | 31 March 2023    | Open  | A service user committee is being established by Voluntary Action East Renfrewshire (VAER) who will provide support around management of bank accounts.<br><br>Service users have been identified to be new signatories<br><br>HSCP Day Opportunities staff will have oversight of this to ensure spend is appropriate to the need to the relevant project and are liaising with VAER on account details. |
| 4.7.2<br>(High) | A clearer audit trail needs to be established so there is a clear link between the bank amounts and the balances held in each of the group spreadsheets.                                       | Will be included as part of the transfer to Voluntary Action. In the meantime transaction analysis will be maintained.  | 31 March 2023    | Open  | As above<br>Transaction analysis continues in the meantime  |
| 4.7.3<br>(Med)  | A column which calculates the running balance on a daily basis should be added to the spreadsheets used to record transactions for each of these groups.                                       | A column to calculate the running balance will be added to the spreadsheet, however these will no longer be required once the funds transfer to Voluntary Action. | 31 March 2023    | Open  | As above<br>In the meantime, a column to calculate running balance has been added as requested.   |

Appendix 2E – Follow-up of HSCP Audits - MB1168FM

|                 |  |
|-----------------|--|
| <b>Appendix</b> | 2E   |
| <b>Title</b>    | Follow-up of HSCP Audits<br>(MB1168FM)   |
| <b>Type</b>     | East Renfrewshire Council Internal Audit Activity relating to the Health<br>and Social Care Partnership  |
| <b>Status</b>   | <p>Changes since last reported to PAC March 2023:</p> <ul style="list-style-type: none"> <li>◆ 4.4.1 now considered closed</li> <li>◆ 4.4.2 now considered closed</li> <li>◆ 9.1.1 now considered closed</li> <li>◆ 9.1.2 now considered closed</li> <li>◆ 4.1.1 note updated</li> <li>◆ 4.1.2 note updated</li> <li>◆ 4.2.1 note updated</li> <li>◆ 4.2.2 note updated</li> </ul> |

## Appendix 2E: Follow-up of HSCP Audits - MB1168FM

| Ref. / Risk Rating | Recommendation  | Comments (if appropriate)   | Timescale for completion | Status | Latest Note  |
|--------------------|---|---|--------------------------|--------|--|
| 4.1.1<br>(High)    | 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.  | A new report will be developed following the imminent finance restructure which will allow time to allocate to this task. This will be circulated to operational managers with instruction on approval process. | 31 January 2023          | Open   | A report has been developed for managers to show varies to costs to assist with reviewing Service Agreements and amending where appropriate. This commenced June 2023 and will be issued monthly going forward |
| 4.1.2<br>(High)    | 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. | Once the new report has been developed, quarterly meetings will be re-established with operational managers to review.  | 31 March 2023            | Open   | As above. Quarterly meetings will be scheduled which will confirm varies based on the new report. It should be noted that timings of reviews may also be determined by the Supporting People Framework         |

## Appendix 2E: Follow-up of HSCP Audits - MB1168FM

|                |   |  |                  |  |  |
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| 4.2.1<br>(Low) | A review of the updating process for non-framework service agreements should take place to address the processing of varies where a rate has been approved to be paid but needs to be updated on a service agreement. Service agreements should be identified and subject to independent review and update prior to processing the next period invoice. | The contracts team will continue to work with all non-framework providers to obtain new rates. The timeframe for change in rates is dependent on a number of factors. Opening rates for the financial year will be confirmed in April however there will be changes throughout the year.<br><br>On receipt of new rates these will be passed to CareFirst to update the system.  | 30 April 2023    | Open   | A report has been developed to highlight rates that need updating on CareFirst. The new centralised approach will amend Service Agreements where appropriate (with operational managers separately approving) and will liaise with the commissioning team as required. Given operational capacity challenges we expect to complete a full review by September 2023 |
| 4.2.2<br>(Med) | Housekeeping checks should be implemented ensuring that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared.  | 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. Due to staff turnover the central updating of service agreements, which will ensure accurate information is recorded on the system, was unable to be progressed however this will be prioritised once the new Business Support Assistance is in place. | 31 March 2023    | Open   | Work is ongoing. New Business Support Assistant in post and has undertaken service agreement training. Housekeeping checks will be saved and reviewed by the Senior Finance Support Officer on a quarterly basis to identify if further action needs to take place. Will commence July 2023 for Q1 review.   |
| 4.3.1<br>(Med) | Operational Managers should be reminded that service agreements must be authorised as a priority to avoid backlogs in payments  | Reminders have been issued however another reminder will be issued to operational managers.<br><br>Managers receive a weekly report detailing service agreements awaiting authorisation.   | 30 November 2022 | Considered Closed (pending verification by internal audit) | Reminder has been issued   |

## Appendix 2E: Follow-up of HSCP Audits - MB1168FM

|                 |   |   |                  |  |   |
|-----------------|---|---|------------------|--|---|
| 4.3.2<br>(High) | Social workers should be instructed that updating the CareFirst system is essential and that this must be done before the service agreement commences where possible. | A reminder will be issued however it is not always possible to have service agreements in advance, for instance if care has to be arranged in an emergency situation or when care has been put in place pending assessment process. | 30 November 2022 | Considered Closed (pending verification by internal audit) | Reminder has been issued  |
| 4.4.1<br>(High) | Details of the risk based approach used to identify the care packages which are prioritised for an annual review should be documented and approved by the IJB.        | The majority of reviews have been undertaken. A policy will be developed through our clinical and care governance group outlining our approach to reviews and will be shared with IJB   | 31 March 2023    | Considered Closed (pending verification by internal audit) | The original comment predated the Supporting People Framework which was approved by the IJB in March 2023<br>Guidance has been developed which underpins the new Framework.                             |
| 4.4.2<br>(Med)  | Operational Managers need to review and prioritise cases to ensure that those most likely to have changed are addressed first   | As above  | 31 March 2023    | Considered Closed (pending verification by internal audit) | As above<br>Operational managers are currently taking forward reviews on a risk and needs basis. This is further underpinned by the new Supporting People Framework.                                    |
| 6.1.1<br>(Med)  | All Social Workers and Managers should be reminded of the requirement to ensure that all application forms are correctly authorised by the required officers.         | During the pandemic approvals were agreed via email. Going forward either wet signatures or email approval will be appended to all applications. The procedure will be reviewed and agreed with internal audit.                     | 30 November 2022 | Closed (pending verification by internal audit)            | All forms up to £50 will be authorised by TM (GR12) and any requests above £50 will be authorised by SM GR15 or above. Email authorisation will be appended where it is not possible to obtain physical |



## Appendix 2E: Follow-up of HSCP Audits - MB1168FM

|                |  |  |                  |  |   |
|----------------|--|--|------------------|--|---|
| 7.1.1<br>(Low) | Consideration should be given to amending the policy and procedures to state that places on the play-scheme will be prioritised on an assessment of need and any overdue debt will not be taken account of when allocating places.   | The policy will be reviewed  | 30 November 2022 | Open   | Over the next year Inclusive Support will be part of a wider review. A team manager has been appointed to undertake this review, and consideration will be given to both charging policy and redesign of services during this review. There was no charge for the service during the pandemic - all places were allocated free of charge. |
| 7.2.1<br>(Low) | Proof of closure of the Kirkton Bank Account should be provided to audit   | We will contact the Bank to obtain proof of closure  | 30 November 2022 | Considered Closed (pending verification by internal audit)   | Confirmation of closure received from bank  |
| 7.3.1<br>(Low) | Evidence that procedures covering payment of discretionary monies to carers are available and have been distributed to all 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. | Procedures have been reviewed and will be re-issued following final approval by Senior Management. | 30 November 2022 | Considered Closed (pending verification from internal audit) | Reviewed policy for both Kinship and Fostering discretionary payments. This has been shared with relevant staff   |
| 7.4.1<br>(Low) | The disposal of inventory forms should be signed by a manager/supervisor for all disposals.  | We will ensure all disposal forms are signed for the appropriate Business Manager for each area.   | 31 March 2023    | Considered Closed (pending verification by internal audit)   | Business Managers are responsible for inventories for their service areas and will ensure they sign any disposal forms. A reminder has been issued to this effect.  |

## Appendix 2E: Follow-up of HSCP Audits - MB1168FM

|                |  |   |                  |  |  |
|----------------|--|---|------------------|--|--|
| 8.1.1<br>(Low) | Management should ensure that the imprest named Bonnyton Resource Centre is returned if it is no longer required for Day Services.   | We may require this for Day Service when re-established however we will undertake a full review of all accounts | 31 March 2023    | Open   | The Bonnyton imprest will be closed.   |
| 8.3.1<br>(Med) | The bank signatories for the petty cash bank account should be reviewed and appropriate action taken to ensure that all accounts can continue to be accessed.                                | We will arrange for additional signatories for account when staff available on shift                            | 30 November 2022 | Open   | Forms have been completed for 3 additional signatories. However these need to be signed by the Service Manager who is currently absent. This should be resolved by end March |
| 8.3.2<br>(Med) | Proof that the Independent Funds bank account has been closed should be provided to audit. A final bank statement or confirmation of closure letter from the bank would be appropriate.      | We will contact the Bank to obtain proof of closure.  | 30 November 2022 | Open   | Contact has been made with the bank – we are awaiting confirmation of closure letter   |
| 8.4.1<br>(Med) | Management should carry out a review of all cash held at the location and take appropriate action to ensure that levels of cash held are minimal and only required for operational purposes. | A review will be undertaken.  | 31 December 2022 | Considered Closed (pending verification by internal audit) | Review completed January 2023 and level of cash held has decreased.  |

## Appendix 2E: Follow-up of HSCP Audits - MB1168FM

|                |  |   |                  |  |   |
|----------------|--|---|------------------|--|---|
| 9.1.1<br>(Med) | 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>Assessment and Review of Adult Carer Support Plans (ACSP) has now been incorporated into the wider assessment and process working group. The group have produced a combined assessment template, incorporating the outcomes assessment and the individual budget calculator, this also reflect engagement with the carer and discussion of the ACSP. Work is underway to link recording and referrals to the carers centre through carefirst to support compliance and improve reporting.</p> <p>The draft assessment was tested by Social Workers across adult services in the month of October. Analysis of this testing will be used to improve the assessment template before it is presented to the wider adults' services team for comment and implementation. Once agreed the assessment template will be used to develop a review template and support review of the ACSP in partnership with the carers centre.</p> | 31 March 2023    | Considered Closed (pending verification by internal audit) | <p>New ACSP process in place from May 23. Screening Group review all ACSP's with review dates agreed and recorded on Carefirst.</p> <p>All existing ACSP's not reviewed within the last 6 months will be prioritised for a review and if required, future review dates will be agreed and recorded on Carefirst using new process</p> |
| 9.1.2<br>(Low) | Officers should be instructed not to enter the date of the original ASCP as the review date on the CareFirst system. The review date should be set in accordance with the documented frequency.                                  | <p>HSCP ACSPs have review date set by allocated worker on Carefirst and review is recorded on Carefirst</p> <p>HSCP Carers 'Tracker' linked to Cared-for person's review will ensure each carer receiving a service has their outcomes reviewed and this is recorded in tracker</p> <p>A reminder will be issued regarding review dates, and will be supported by ongoing awareness raising (both informal communication and formal training) on ACSP process</p>   | 30 November 2022 | Considered Closed (pending verification by internal audit) | <p>New screening group will set the review date and record on carefirst</p> <p>Carers Newsletters being developed for staff to provide information on the role of the new Carers Lead, Carers Centre and Strategy as well as the ACSP process. The first newsletter was issued in June and is available <a href="#">here</a></p>      |

## Appendix 2E: Follow-up of HSCP Audits - MB1168FM

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|----------------|---|---|---------------|---|--|
| 9.1.3<br>(Med) | A system must be put in place to evidence that all carers recorded on the CareFirst system or within the Carers Centre records have been offered an ACSP in accordance with the Carers Eligibility Framework. | <p>Work is underway to link recording and referrals to the carers centre through carefirst to support compliance and improve reporting.</p> <p>Every carer newly referred to Carers Centre is offered an ACSP (400 in past year). The Carers Centre are installing a new management information system in January 2023 which will significantly improve data capture and reporting.</p> | 31 March 2023 | Closed (pending verification by internal audit) | <p>The Carers Centre has the delegated authority on behalf of the HSCP to offer carers an Adult Carer Support plan and to complete the plan should the carer agree. The offer and plan is recorded on the Carers' Centre's management information system.</p> <p>Support plans that meet the HSCP eligibility framework for support are recorded on Carefirst with a review date set at the time resources and support being agreed.</p> |
|----------------|---|---|---------------|---|--|

## Appendix 2F: MB1158FM - Debtors

|                 |   |
|-----------------|---|
| <b>Appendix</b> | 2F  |
| <b>Title</b>    | Debtors<br>MB/1158/FM   |
| <b>Type</b>     | East Renfrewshire Council Internal Audit Activity relating to the<br>Health and Social Care Partnership |
| <b>Status</b>   | No changes since last reported<br>All recommendations considered closed pending verification            |

## Appendix 2F: MB1158FM - Debtors

| Ref. / Risk Rating | Recommendation  | Comments (if appropriate)  | Timescale for completion | Status  | Latest Note  |
|--------------------|---|--|--------------------------|---|--|
| 4.2.1 (Med)        | Departments must ensure that invoices are raised in advance of the service being provided where possible to minimise the risk of bad debts.   | The HSCP invoices highlighted in the report relate to community alarm and residential services. These are always billed in arrears in the event of a death of a service user to allow us to bill for the correct period. | N/A                      | Closed (pending verification by internal audit) | Will be discussed with Chief Internal Auditor as part of follow up work.   |
| 4.2.2 (Low)        | To ensure that the charges being levied are clear to the customer, the exact period for which charges are being raised should be clearly stated on the invoice. This should include the start and end period. | This will be included depending on system limitations and further information can be provided to service users if required.  | N/A                      | Closed (pending verification by internal audit) | <p>We have explored system options and this is not possible with the current system. As there is an ongoing project to replace our case recording system we will consider this for future developments.</p> <p>Given the current set up has been in place for a significant number of years we would propose to continue as is in the interim. Where any service user or their family have an issue, we will of course address directly.</p> |

## Appendix 2G: MB1168NS – Follow up of Environment Department Audits

|                 |   |
|-----------------|---|
| <b>Appendix</b> | 2G  |
| <b>Title</b>    | Follow up of Environment<br>Department Audits<br>MB1166NS   |
| <b>Type</b>     | East Renfrewshire Council Internal Audit Activity relating to the Health<br>and Social Care Partnership |
| <b>Status</b>   | No changes since last reported<br>All recommendations considered closed pending verification            |

## Appendix 2G: MB1168NS – Follow up of Environment Department Audits

| Ref. / Risk Rating | Recommendation  | Comments (if appropriate)  | Timescale for completion  | Status                                   | Latest Note   |
|--------------------|---|--|---|--|---|
| 6.1.1<br>(Low)     | Where possible, there should be separation of duties between those who evaluate tenders and those who are responsible for writing the tender specification.   | Ensure new guidance for tenders is available to staff and that full understanding of requirements is clear.<br><br>Separation of duties will be allowed for where possible, recognising that for any specialist services this may not always be practical. | Guidance will be issued by August 2022 and support and training will be offered.<br><br>Implementation dependant on tender timescales | Considered closed (pending verification) | Updated guidance is available as part of the tender documentation and services will be supported to complete this by the Commissioning Team to ensure new guidance is adhered to.<br><br>One tender has been completed and 2 are currently underway using the new process |
| 6.1.2<br>(Low)     | 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.  | Ensure new guidance for tenders is available to staff, as above.<br><br>Strategic Planning, Performance & Commissioning Manager will co-ordinate and ensure checks are in place.   | Guidance will be issued by August 2022 and support and training will be offered.<br><br>Implementation dependant on tender timescales | Considered closed (pending verification) | Commissioning team have also identified separate service leads to undertake separate evaluations following completion of tender submissions.  |
| 6.2.1<br>(Low)     | 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. | This requirement will be included in all tender wording.   | Dependant on tender timescales  | Considered closed (pending verification) | Training is included as part of the development of the tender documentation/service specification   |



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| <b>Appendix</b> | 2H   |
| <b>Title</b>    | Fostering, Adoption and Kinship Care<br>(MB/1154/NS)   |
| <b>Type</b>     | East Renfrewshire Council Internal Audit Activity relating to<br>the Health and Social Care Partnership                |
| <b>Status</b>   | Changes since last reported to PAC March 2023: <ul style="list-style-type: none"><li>◆ Note updated at 1.2.1</li></ul> |

## Appendix 2H: MB1154NS – Fostering, Adoption and Kinship Care

| Ref. / Risk Rating | Recommendation   | Comments (if appropriate)  | Timescale for completion | Status   | Latest Note  |
|--------------------|--|--|--------------------------|--|--|
| 1.1.1<br>(Low)     | Procedures covering payment of discretionary monies to carers should be produced and distributed to all relevant staff in order that they are aware of typical examples of where discretionary payments may be made. | By their nature discretionary payments are based on the individual and specific needs of children in placement. Therefore payments are unique and not typical. This is consistent with the authority's statutory corporate parenting duty. Clarification of the approval process will be re-issued to managers as a reminder and will confirm the requirement of additional Head of Service sign off if a payment is above a value of £10,000. | August 2022              | Considered closed (pending verification by internal audit) | As per HSCP Follow-up Audit MB1168FM - 7.3.1 - Reviewed policy for both Kinship and Fostering discretionary payments. This has been shared with relevant staff |
| 1.1.2<br>(Low)     | A Standard Operating Procedure should be created and issued to all relevant staff documenting the steps involved from the start to end of a placement in care.   | We do agree a procedure should be used and the existing CareFirst guidance documents the steps from the start to end of a placement. The CareFirst Guidance will be re-issued to staff.  | August 2022              | Considered closed (pending verification by internal audit) | Carefirst guidance shared with internal audit 19.05.2022   |
| 1.2.1<br>(Low)     | An annual report should be presented and approved by the IJB detailing the carer rates to be paid for within each financial year.  | Either a specific report will be issued or this will be incorporated into the budget or revenue monitoring report depending on timing. The annual budget report to the IJB allows for budget increases for allowances.   | September 2022           | Open   | A paper detailing rates will be presented to the IJB in August 2023  |

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| <b>Appendix</b> | 2I   |
| <b>Title</b>    | Payroll<br>(MB/1151/FM)  |
| <b>Type</b>     | East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership |
| <b>Status</b>   | No change since last reported to PAC<br>All recommendations considered closed pending verification   |

## Appendix 2I: MB/1151/FM - Payroll

| Ref/Risk Rating | Recommendation   | Comments (if appropriate)  | Timescale for completion | Status   | Latest Note  |
|-----------------|--|--|--------------------------|--|--|
| 4.3.1<br>(High) | Line managers must ensure that the online leavers form is fully completed and submitted in advance of the employee leaving.  | A reminder will be issued to Managers. We have requested from HR colleagues whether a compliance report can be produced.   | May 2022                 | Considered closed (pending verification by internal audit) | Reminder issued to Managers 06.05.2022. System only able to report on who forms have been completed for. |
| 4.3.2<br>(Med)  | Line managers must ensure that the Exit Procedures Leavers Checklist is actioned and saved to Information at Work for all leavers.   | As above   | May 2022                 | Considered closed (pending verification by internal audit) | Reminder issued to Managers 06.05.2022. System unable to generate reports                                |
| 4.4.1<br>(Med)  | Line managers must ensure that all employees on 35 hours contracts or part-time contracts have worked 37 hours in the week before overtime at time and a half can be claimed.  | A reminder will be issued to Managers  | May 2022                 | Considered closed (pending verification by internal audit) | Reminder issued to Managers 06.05.2022   |
| 4.4.2<br>(Med)  | Line managers must ensure that care is taken to look at overtime claimed according to the week in which it was worked to ensure that the correct rate of pay is claimed.   | A reminder will be issued to Managers  | May 2022                 | Considered closed (pending verification by internal audit) | Reminder issued to Managers 06.05.2022   |
| 4.4.3<br>(Low)  | Line managers must ensure that where an employee at grade 10 or above is claiming overtime that the claim is authorised by an employee at grade 18 or above. Consideration must also be given to whether an overtime payment is appropriate or whether time off in lieu at plain time is more appropriate. | A reminder will be issued to Managers  | May 2022                 | Considered closed (pending verification by internal audit) | Reminder issued to Managers 06.05.2022   |
| 4.5.1<br>(Low)  | Double time should only ever be paid for hours worked on a public holiday and there should be no exceptions to this policy.  | The example quoted in the report was an exceptional circumstance in an unprecedented pandemic situation and this was agreed to ensure capacity to safely deliver services and protect our residents. The authorising manager has now left however this was discussed with trade unions at the time and steps put in place to ensure it would not happen again. | N/A                      |  |  |
| 4.10.1<br>(Low) | Line managers should be reminded of the managing absence policy and their responsibilities as managers.  | A reminder will be issued to Managers  | May 2022                 | Considered closed (pending verification by internal audit) | Reminder issued to Managers 06.05.2022   |
| 4.10.2<br>(Low) | Line managers must ensure that all absence documentation is filed in the appropriate manner promptly.  | A reminder will be issued to Managers  | May 2022                 | Considered closed (pending verification by internal audit) | Reminder issued to Managers 06.05.2022   |



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| <b>Meeting of East Renfrewshire Integration Joint Board</b>  | Performance and Audit Committee  |
| <b>Held on</b>   | 26 June 2023   |
| <b>Agenda Item</b>   | 12   |
| <b>Title</b>   | IJB Strategic Risk Register  |
| <p><b>Summary</b></p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p> |  |
| <b>Presented by</b>  | Lesley Bairden, Head of Finance and Resources<br>(Chief Financial Officer) |
| <p><b>Action Required</b></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**

**26 June 2023**

**Report by Chief Financial Officer**

**IJB STRATEGIC RISK REGISTER UPDATE**

**PURPOSE OF REPORT**

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

**RECOMMENDATION**

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

**BACKGROUND**

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

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

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 29 March 2023. Since last reported:-
  - No new risks have been added, however the Covid-19 and Recovery risk has been changed to a wider Business Continuity risk.
  - No risks have been removed
  - 4 risk scores have changed (Workforce, Care at Home, Business Continuity, IT,)
  - 1 risk remains red post mitigation (Financial Sustainability)
9. Risk control measures have been reviewed and updated to reflect any proposed mitigation which has been completed, or where the expected date for completion has been extended. There has also been some changes to wording throughout.
10. Members are asked to note the following:-

Death or significant harm to vulnerable individual (1)

11. Our Supporting People Framework was approved by the IJB in March and implementation began in April. The framework aims to minimise the need for formal support, by identifying the person's own strengths, assets, natural networks, technological supports and community resources and will allow the HSCP to support those who need services most, now and in the future.
12. We have developed an implementation action plan which takes account of the various pieces of work required with all stakeholders, and includes monitoring of operational delivery and risk.

Financial Sustainability

13. Whilst the scoring pre and post mitigation remains unchanged, the risks and mitigating actions have been updated following agreement of the 2023/24 budget and the refreshed medium term financial plan being presented to IJB in June.

Failure of a Provider

14. The current score for this risk continues to be high (12) given specific concerns with respect to local care homes. The HSCP is providing significant support to both care homes and continues to work closely with them to monitor and review risk and sustainability. The Care Inspectorate have served an improvement notice with respect to one care home, Establishment E, which sets out the improvement requirements to be made by the care home by 14 August 2023.
15. There are also uncertainties around the future of the National Care Home Contract and discussions remain ongoing. A national meeting has been convened for 20 June 2023 to consider the implications of a provider indicating withdrawal from the National Care Home Contract.



16. The Strategic Commissioning Plan which was shared with Performance and Audit Committee in March is currently under consultation and will be presented to the IJB in August.

Increase in frail/elderly Population

17. As noted above, as part of the implementation of the Supporting People Framework we have an action plan monitoring operational delivery and risk, including analysis of waiting lists, admissions and incidents.
18. Interim care winter planning funding has now ceased, however Care at Home and Enhancing Multi-Disciplinary Teams is recurring.

Workforce Planning and Change

19. Following interviews in June, we have been successful in appointing a Consultant within our Mental Health Team. We have therefore reduced the current score to 12 as we have reduced the likelihood from 'certain' to 'likely/probable'. The overall workforce risk does though remain high due to the ongoing capacity constraints and challenges within mental health services.
20. We will undertake a review of the mental health workforce by summer 2024.
21. We continue to offer a range of wellbeing activities for our staff and wider partners.

In-house Care at Home Service

22. The service is currently in a more stable position and is experiencing reduced levels of staff absence. Therefore we have reduced the score to 8 as the likelihood of service disruption has reduced.
23. Redesign work has been delayed due to service capacity issues, however the new proposal is due to be presented to the Senior Leadership Team in June.

Business Continuity, Covid-19 and Recovery

24. The accommodation group restarted in May with senior managers and key representation from our partners. We have also produced an Accommodation Strategy which will be presented to the IJB in June.
25. Given our current recovery position, we have stood down weekly HSCP resilience meetings and have reduced the current risk score to 9. Further work to review business continuity plans and undertake a desktop scenario is planned for the end of the year.
26. We continue to participate in partner resilience planning meetings.

Failures within IT System

27. The new ERC IT ticket system has improved the efficiency of logging and resolving ICT related issues and our Business Continuity plan details alternative methods of communication where necessary. There have been fewer incidents of critical information not being received in the last six months and as such we have reduced the current score to 4.

**Post Mitigation - Red and Significant Risks Exception Report**

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

Financial Sustainability

29. As noted above, pre and post mitigation remains unchanged, the risks and mitigating actions have been updated following agreement of the 2023/24 budget and the refreshed medium term financial plan being presented to IJB in June.
30. There remains risk that the HSCP could become unsustainable due to one of the following causes:
- Unable to deliver in full the existing savings on a recurring basis
  - Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies and savings
  - Implications from hosted services should current arrangements change
  - Prescribing volatility
  - Any unfunded Covid-19 costs will add to our pressures

Failure of a Provider

31. As noted above, there are specific concerns at present in respect to 2 local care homes.

**RECOMMENDATIONS**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

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0141 451 0746

June 2023

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

**PAC Paper: March 2023: IJB Strategic Risk Register Update**

[https://www.eastrenfrewshire.gov.uk/media/8944/Performance-and-Audit-Committee-Item-10-29-March-2023/pdf/Performance\\_and\\_Audit\\_Committee\\_Item\\_10\\_-\\_29\\_March\\_2023.pdf?m=638149225277500000](https://www.eastrenfrewshire.gov.uk/media/8944/Performance-and-Audit-Committee-Item-10-29-March-2023/pdf/Performance_and_Audit_Committee_Item_10_-_29_March_2023.pdf?m=638149225277500000)

**PAC Paper: November 2022: IJB Strategic Risk Register Update**

[https://www.eastrenfrewshire.gov.uk/media/8447/Performance-and-Audit-Committee-Item-12-23-November-2022/pdf/Performance\\_and\\_Audit\\_Committee\\_Item\\_12\\_-\\_23\\_November\\_2022.pdf?m=638037783595400000](https://www.eastrenfrewshire.gov.uk/media/8447/Performance-and-Audit-Committee-Item-12-23-November-2022/pdf/Performance_and_Audit_Committee_Item_12_-_23_November_2022.pdf?m=638037783595400000)

**PAC Paper: September 2022: IJB Strategic Risk Register Update**

[https://www.eastrenfrewshire.gov.uk/media/8183/Performance-and-Audit-Committee-Item-11-21-September-2022/pdf/Performance\\_and\\_Audit\\_Committee\\_Item\\_11\\_-\\_21\\_September\\_2022.pdf?m=637987495064500000](https://www.eastrenfrewshire.gov.uk/media/8183/Performance-and-Audit-Committee-Item-11-21-September-2022/pdf/Performance_and_Audit_Committee_Item_11_-_21_September_2022.pdf?m=637987495064500000)

**PAC Paper: June 2022: IJB Strategic Risk Register Update**

[https://www.eastrenfrewshire.gov.uk/media/7784/Performance-and-Audit-Committee-item-12-22-June-2022/pdf/Performance\\_and\\_Audit\\_Committee\\_item\\_12\\_-\\_22\\_June\\_2022.pdf?m=637909081010470000](https://www.eastrenfrewshire.gov.uk/media/7784/Performance-and-Audit-Committee-item-12-22-June-2022/pdf/Performance_and_Audit_Committee_item_12_-_22_June_2022.pdf?m=637909081010470000)

**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](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)

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## EAST RENFREWSHIRE INTEGRATION JOINT BOARD

## STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 06.06.2023

| ERC Ref | No. | Risk Status<br>S/C/N<br>(Same, Changed, New) | Risk<br>(Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)   | Risk Control Measures currently in Place<br>(need to be SMART e.g. detail of what type of training took place with dates in evidence column)  | Assessment of Risk<br>(As it is now) |                |  | Proposed Risk Control Measures<br>(should be SMART with detail included)  | Completion date for proposed Risk Control Measure | Assessment of Residual Risk<br>(with proposed control measures implemented) |                        |                  | Risk Owner  |
|---------|-----|--|---|---|--------------------------------------|----------------|--|---|---|---|------------------------|------------------|---|
|         |     |  |   |   | Risk Score                           | Overall rating |  |   |   | Likelihood (probability)<br>L   | Impact (Severity)<br>I | Risk Score (LxI) |   |
| n/a     | 1   | S  | <b>Death or significant harm to vulnerable individual</b>   |   |                                      |                |  |   |   |   |                        |                  |   |
|         |     |  | <p>Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> <li>- Loss of life or long term damage and impact on service user &amp; family.</li> <li>- Possible perception of failure of care.</li> <li>- Poor workforce morale.</li> <li>- Reputational damage.</li> </ul> | <p>Supporting People Framework (eligibility criteria) agreed.</p> <p>Social work and nursing professional leadership in place</p> <p>Operate within Clinical and Care Governance Framework</p> <p>ASP Quality Assurance Framework continues to be implemented and reported to APC</p> <p>Quality assurance of Adult Service Improvement Plans</p> <p>Senior Management rota for chairing ASP implemented</p> <p>Continual audit against compliance of MHO standards</p> <p>Professional supervision policy adopted for social work and social care staff.</p> <p>Review of rising demands and pressure points across health and care services.</p> <p>Rolling training programme.</p> |                                      |                |  | <p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p> <p>Implement any recommendations from the Joint Inspection of Adults at Risk of Harm (Report due 27.6.23)</p> | <p>30/09/2023</p> <p>30/09/2023</p>               |   |                        |                  | <p>Head of Adult Services / Chief Social Work Officer</p> |

|     |   |   |  |   |   |   |   |   |            |            |   |   |
|-----|---|---|--|---|---|---|---|---|------------|------------|---|---|
| 4.4 | 2 | S | <b>Scottish Child Abuse Inquiry</b>  |   |   |   |   |   |            |            |   |   |
|     |   |   | <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>Possible increase in 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 requested further information which was submitted in Jan-22. The Inquiry will begin to take evidence from Jun-22 onwards – it is unclear at this point whether ER will be cited to appear before the inquiry</p> <p>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> | 3 | 3 | 9 |   |            |            | 3 | 3 |
| 4.1 | 3 | S | <b>Child Protection, Adult protection and Multi-Agency Public Protection Arrangements</b>  |   |   |   |   |   |            |            |   |   |
|     |   |   | <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 in HSCP and rolled out across Council</p> <p>Regular reporting to COPP in place for adult, children and high risk offenders.</p>  | 2 | 4 | 8 | <p>Review programme of quality assurance and training</p> <p>Implement any recommendations from the Joint Inspection of Adults at Risk of Harm (Report due 27.6.23)</p> | 31/12/2023 | 30/09/2023 | 1 | 4 |

|  |   |                                 |   |    |   |   |   |   |    |                         |  |
|--|---|---------------------------------|---|----|---|---|---|---|----|-------------------------|--|
| 4  | C   | <b>Financial Sustainability</b> |   |    |   |   |   |   |    |                         |  |
| <p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget and/or unable to meet demand pressures for statutory services. This is further impacted by the diminished earmarked reserves held.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies &amp; savings.</p> <p>3) Unable to meet financial pressures within prescribing, including influence of GP prescribers, including demographic changes, economic and distribution factors.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation</p> <p>5) Financial risks relating to Covid-19 following cessation of support funding, There remains financial implications to the IJB with costs such as staff cover in any service where an outbreak of the virus impacts on capacity.</p> | <p>The CFO provides regular financial advice and reporting to IJB, including savings progress and operational cost pressures.</p> <p>Monitoring for COVID 19 related costs will be maintained following cessation of support funding so we can inform future planning..</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 partners.</p> <p>Medium Term Financial Plan latest revision June 2023</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including areas such as prescribing, hosted services, savings challenges and cost pressures from service delivery.</p> <p>The use of earmarked reserves allowed us to deal with prescribing and other costs volatility in any one year. This is diminished and we have limited reserves to support savings delivery over time.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHS GGC.</p> | 3                               | 4 | 12 | <p>Monitor hosted service arrangements – ongoing and longer.</p> <p>Refresh Medium Term Financial Plan for any significant changes during 2023/24 (including impact of fuel, utilities, pay award, prescribing short supply and other inflation costs) along with all other implications emerging or crystallising during the year.</p> <p>Continue to develop the tripartite financial planning discussions with partners as included in our Strategic Improvement Action Plan.</p> <p>Covid funding exit strategy is in place locally to manage the cessation of Covid support funding.</p> <p>Benchmark our local position with similar HSCP and / or national position and challenges</p> | <p>31/03/2025</p> <p>Ongoing</p> <p>Ongoing</p> <p>31/03/2023</p> | 3 | 4 | 12 | Chief Financial Officer |  |

|  |  |  |   |   |  |  |  |  |  |  |  |  |
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|  |  |  | The longer term financial impact is unclear<br><br>6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding. | Ongoing monitoring of wider economic factors and inflation impacts<br><br>Regular monitoring and planning combined with our reserves strategy, albeit diminishing, allows us to maximise funding streams. |  |  |  |  |  |  |  |  |
|--|--|--|---|---|--|--|--|--|--|--|--|--|

|     |   |   |  |   |   |   |    |   |            |                             |            |   |
|-----|---|---|--|---|---|---|----|---|------------|-----------------------------|------------|---|
| 5.2 | 5 | C | <b>Failure of a Provider</b>   |   |   |   |    |   |            |                             |            |   |
|     |   |   | <p>Risk of failure of a key care provider, including care home, care at home and other care providers due to significant care concerns financial instability, contractual status, staff recruitment and retention difficulties.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> <li>- disruption to service delivery</li> <li>- requirement to implement contingency plans</li> <li>- impact on individuals and families with potential disruption to care arrangements</li> </ul> | <p>Care Home assurance group meets weekly.</p> <p>Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support.</p> <p>We work with the Care Inspectorate and third sector to ensure robust action plans for improvement are in place.</p> <p>We have robust internal processes under ASP/Contract Monitoring and multi-agency procedures to focus on improvement and recovery.</p> <p>Where unavoidable we work with providers at risk to agree phased and managed approach to supporting service users, residents to access alternative safe care. .</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market. National Care Home Contract under negotiation</p> <p>We will work with the Scottish Government as part of national contingency planning in the event that providers indicate intention to</p> | 3 | 4 | 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> <p>Increased monitoring by Commissioning and Contracts service (reviewed jun-23)</p> <p>Review outcome of Care Inspectorate improvement notice and tailor HSCP support accordingly (Establishment E)</p> | 30/08/2023 | Ongoing (Review-30.09.2023) | 14/08/2023 | 3 |



|  |  |  |   |  |  |  |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|--|--|--|
|  |  |  | <p>withdraw from the national care home contract</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p> <p>Daily safeguarding as part of LSI into Establishment E</p> |  |  |  |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|--|--|--|

|          |          |  |  |          |          |          |  |  |          |          |          |                   |
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| <b>6</b> | <b>S</b> | <b>Access to Primary Care</b>  |  |          |          |          |  |  |          |          |          |                   |
|          |          | <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 posts and shortage of locums resulting in poor access for local residents.</p> <p>GP Practice accommodation capacity shortfall to provide care to increased list sizes and accommodate PCIP staff</p> <p>Increased GP Practice workload due to increasing population and increased demand post pandemic</p> | <p>Primary Care Improvement Plan agreed by IJB.</p> <p>Support Practices to amend catchment areas where appropriate</p> <p>Work with practices to maximise premises capacity to enable them to extend primary care team.</p> <p>Support Practices through use of GGC Escalation framework.</p> | <b>3</b> | <b>3</b> | <b>9</b> | <p>Work with planning department to consider impact and seek developer contributions to mitigate for new housing and care home developments.</p> <p>Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>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>Working with NHSGGC to support GP practice sustainability</p> <p>Participating in NHSGGC Property Strategy Group and developing local strategy</p> | <p>Ongoing (reviewed Mar 23)</p> <p>Ongoing (reviewed Mar 23)</p> <p>Ongoing (reviewed Mar 23)</p> <p>Ongoing (reviewed Mar 23)</p> <p>Ongoing (reviewed Mar 23)</p> | <b>3</b> | <b>2</b> | <b>6</b> | Clinical Director |

|     |   |   |   |  |   |   |    |   |            |   |   |   |
|-----|---|---|---|--|---|---|----|---|------------|---|---|---|
| 5.1 | 7 | S | <b>Increase in frail older population</b>   |  |   |   |    |   |            |   |   |   |
|     |   |   | <p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>   | <p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>Unscheduled Care Delivery Plan approved by IJB in March-22.</p> <p>Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources.</p> <p>New front door model manages level of demand launched Summer 22 making significant positive impact on waiting list for assessment</p> <p>Talking Points diverting people to community resources and building own assets.</p> <p>Project to support Care at Home redesign now live</p> <p>Supporting people framework implemented April 23</p> <p>Monitoring includes analysis of waiting lists, admissions and incidents.</p> | 3 | 3 | 9  | <p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p>   | 30/09/2023 | 3 | 2 | 6 |
|     | 8 | C | <b>Workforce Planning and Change</b>  |  |   |   |    |   |            |   |   |   |
|     |   |   | <p>Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience.</p> <p>Risk of further reduction in workforce capacity due to industrial action</p> <p>Risk to staffing availability due to covid</p> | <p>Workforce planning group in place and includes 3<sup>rd</sup> / independent sector reps</p> <p>HSCP management team actively review all requests to recruit in line with our workforce plan</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Savings, Recovery and Renewal Programme monitors spend and efficiencies</p>  | 3 | 4 | 12 | <p>Medium term cover arrangements in place for MH, however longer term recruitment plan to be developed board wide and we continue to work closely with the associate medical director.</p> <p>Strengthen reporting arrangements around SSSC registrations. <i>(Recommendations from the short-life working group established Mar-22 – to be implemented)</i></p> | 31/08/23   | 2 | 4 | 8 |

|     |    |   |  |   |   |   |   |            |   |   |   |                    |
|-----|----|---|--|---|---|---|---|------------|---|---|---|--------------------|
|     |    |   | <p>HSCP 3 year Workforce Plan developed</p> <p>Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re-advertising vacant posts and close monitoring.</p> <p>HSCP Staff Wellbeing programme in place</p> <p>Business Continuity plans support critical service prioritisation where required and cover a range of events including possible industrial action.</p>   |   |   |   | Undertake redesign of mental health workforce             | 30/06/2024 |   |   |   |                    |
| 2.2 | 10 | S | <b>Increase in children &amp; adults with additional support needs</b>   |   |   |   |   |            |   |   |   |                    |
|     |    |   | <p>Increase in the number of children and adults with additional support requirements leading to a rise in demand which impacts on our ability to provide services</p> <p>Advanced Practitioner post to improve practice across adult and children services in preparing young people with additional support needs for adulthood.</p> <p>Analysis of demographic changes and increased financial forecasting.</p> <p>Education Resource Group manage specialist resources and admission to specialist provision.</p> <p>Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.</p> <p>The new Transitions service is fully recruited and strategy implemented. Transitions is also included in R&amp;R Programme</p> | 3 | 3 | 9 | Implementation of Supporting People Framework action plan | 30/07/2023 | 3 | 2 | 6 | Chief Officer HSCP |

|     |    |   |  |  |   |   |   |  |  |   |   |   |                     |
|-----|----|---|--|--|---|---|---|--|--|---|---|---|---------------------|
| 5.3 | 11 | C | <b>In-House Care at Home Service</b>   |  |   |   |   |  |  |   |   |   |                     |
|     |    |   | <p>Ongoing pressures and limited service capacity impacts on service delivery and quality standards<br/>Impact on service users and carers</p>   | <p>Increased resource to support robust absence management. Due to significant absence numbers</p> <p>Single base operating for Care at Home</p> <p>Ongoing quality assurance and monitoring activity.</p> <p>Frontline recruitment ongoing</p> <p>Increased OT resource to maximise outcomes and reduce supports required</p> <p>New scheduling system (Total Mobile) in place</p> <p>Project to support Care at Home redesign went live in December 2022</p> <p>Use of intermediate care beds to allow discharge from hospital</p> <p>Enhanced management oversight of hospital discharge</p>            | 2 | 4 | 8 | <p>Finalise proposed future service model for presentation to the Senior Leadership Team</p> <p>Conclude work to realign staff work patters in order to maximise resource</p> <p>Continuation of Total Mobile implementation</p> | <p>30/06/2023</p> <p>30/06/2023</p> <p>Ongoing</p> | 2 | 3 | 6 | Chief Officer HSCP  |
|     | 12 | S | <b>Failures within IT System</b>   |  |   |   |   |  |  |   |   |   |                     |
|     |    |   | <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>New ICT ticket system which has made it easier and improved the speed of releasing blocked emails.</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</p> | 2 | 2 | 4 | <p>Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure.</p>   | TBC  | 2 | 1 | 2 | IT Business Partner |

|  |  |  |   |  |  |  |  |  |  |  |  |  |
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|  |  |  | <p>some of the technical complexity with regards to email blocking.</p> <p>HSCP continue to work with ICT BRMs for both partner organisations to highlight and address both intermittent and known ICT issues</p> <p>Business Continuity Plans outline alternative arrangements should there be an issue in relation to IT network.</p> |  |  |  |  |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|--|--|--|--|

| 13 | C | BUSINESS CONTINUITY, COVID19 & RECOVERY   |  |          |          |          |   |   |  |          |          |          |  |
|----|---|---|--|----------|----------|----------|---|---|--|----------|----------|----------|--|
|    |   | <p>The significant impact of an emergency crisis on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.</p> | <p>Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC &amp; NHSGGC) response and recovery.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including Care Homes.</p> <p>Accommodation group oversees strategy and demand, both planned and unplanned ensuring continued service delivery, both day to day and in the event of an emergency.</p> <p>Annual assurance statement to IJB as Category 1 responder.</p> <p>Well established covid procedures are in place and can be escalated if necessary.</p> |          |          |          | <p>Undertake annual review of Business Continuity Plans</p> <p>Review and identify additional staff to be trained to ensure sufficient trained Incident Officers and Loggists</p> <p>Undertake emergency scenario desktop exercise.</p> | <p>31/12/2023</p> <p>31/12/2023</p> <p>31/12/2023</p> |  |          |          |          |  |
|    |   |   |  | <b>3</b> | <b>3</b> | <b>9</b> |   |   |  | <b>2</b> | <b>3</b> | <b>6</b> |  |

|  | 14 | C | ANALOGUE TO DIGITAL SWITCHOVER   |  |   |   |   |   |                               |   |   |   |  |
|--|----|---|--|--|---|---|---|---|-------------------------------|---|---|---|--|
|  |    |   | <p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p> | <p>Programme board established and full project team in place to take forward the transition from analogue to digital.</p> <p>HSCP representation on programme board.</p> <p>Analogue to digital implementation plan.</p> <p>ARC (Alarm Receiving Centre) system procured Nov 21</p> <p>Decision made re first tranche of dispersed alarm units</p> <p>Recruited HSCP Senior User</p> <p>Digital ARC went live October 2022.</p> | 3 | 3 | 9 | <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> <p>Monitoring global supply issues in relation to chip shortages</p> | <p>Ongoing</p> <p>Ongoing</p> | 2 | 3 | 6 |  |



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| <b>Meeting of East Renfrewshire Health and Social Care Partnership</b>   | Performance and Audit Committee  |
| <b>Held on</b>   | 26 June 2023   |
| <b>Agenda Item</b>   | 13   |
| <b>Title</b>   | CIPFA Financial Management Code  |
| <p><b>Summary</b></p> <p>To update the Performance and Audit Committee on the CIPFA Financial Management Code as it applies to all local government bodies, including Integration Joint Boards (IJB) and to provide a self-assessment for compliance.</p>                                    |  |
| <b>Presented by</b>  | Lesley Bairden, Head of Finance and Resources<br>(Chief Financial Officer) |
| <p><b>Action Required</b></p> <p>The Performance and Audit Committee is asked to:</p> <ul style="list-style-type: none"> <li>• note the requirements of the code</li> <li>• note and comment on the self-assessment compliance and actions to support development and improvement</li> </ul> |  |

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**26 June 2023**

**Report by Chief Financial Officer**

**CIPFA FINANCIAL MANAGEMENT CODE**

**PURPOSE OF REPORT**

1. The purpose of this report is to update the Performance and Audit Committee on the CIPFA Financial Management Code as it applies to all local government bodies, including Integration Joint Boards (IJB) and to provide a self-assessment for compliance and any areas for development and improvement.
2. CIPFA is the Chartered Institute of Public Finance & Accountancy and is one of several professional accountancy bodies in the United Kingdom.

**RECOMMENDATION**

3. The Performance and Audit Committee is asked to note the report.
  - note the requirements of the code
  - note and comment on the self-assessment compliance and actions to support development and improvement

**BACKGROUND**

4. The financial challenges we are facing in 2023/24 and beyond are not unique to the IJB and our local position reflects the national financial outlook. The budget set for 2023/24 is predicated on the delivery of significant savings whilst reserves are diminishing. Good financial management is fundamental to support the ongoing sustainability challenges for East Renfrewshire IJB.
5. CIPFA has published a Financial Management Code which is designed to support good practice in financial management and to assist local authority bodies in demonstrating their financial sustainability.

**REPORT**

6. The Financial Management Code is a series of financial management standards which set out the professional standards needed if an IJB is to meet the minimal standards of financial management acceptable to meet fiduciary duties to taxpayers and customers.
7. Since these are minimum standards CIPFA's judgement is that compliance with them is obligatory if an IJB is to meet its statutory responsibility for sound financial administration. Beyond that, CIPFA members must comply with this as one of their professional obligations.

8. The Code recognises the range and diversity of organisations within the public sector and that it cannot be prescriptive; it is for each organisation to determine what is right for them in order to comply.
9. There are six principles against which IJB's financial management practices should be assessed. The principles have been designed to focus on an approach that will assist in determining whether, in applying standards of financial management, the IJB is financially sustainable.
  1. Organisational **leadership** – demonstrating a clear strategic direction based on a vision in which financial management is embedded into organisational culture.
  2. **Accountability** – based on medium-term financial planning that drives the annual budget process supported by effective risk management, quality supporting data and whole life costs.
  3. Financial management is undertaken with **transparency** at its core using consistent, meaningful and understandable data, reported frequently with evidence of periodic officer action and elected member decision making.
  4. Adherence to professional **standards** is promoted by the leadership team and is evidenced.
  5. Sources of **assurance** are recognised as an effective tool mainstreamed into financial management, including political scrutiny and the results of external audit, internal audit and inspection.
  6. The long-term **sustainability** of local services is at the heart of all financial management processes and is evidenced by prudent use of public resources.
10. The self-assessment at Appendix 1 sets out the series of questions (A to Q) that we will benchmark against, details what we are currently doing and identifies areas for development.

## CONCLUSIONS

11. The IJB is compliant with the Financial Management Code and the self-assessment at Appendix 1 evidences this. The assessment also shows areas where development will improve our or enhance our performance.
12. Appendix 3 shows where each question maps to across the six principles listed above.

## RECOMMENDATIONS

13. The Performance and Audit Committee is asked to:
  - note the requirements of the code
  - note and comment on the self-assessment compliance and actions to support development and improvement note the report.

**REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)  
[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)  
0141 451 0748

16 June 2023

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

None

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## CIPFA Financial Management Code – Self Assessment and Action Plan

| FM Ref  | Requirement   | What we are currently doing   | Areas for Development |
|---|---|---|-----------------------|
| <b>1. The responsibilities of the chief finance officer and leadership team</b> |   |   |                       |
| A   | The leadership is able to demonstrate that the services provided by the IJB provide value for money | <ul style="list-style-type: none"> <li>• The IJB has the following in place to ensure best value:-               <ul style="list-style-type: none"> <li>• Regular reports to the IJB and the Performance &amp; Audit Committee (PAC) in relation to financial performance</li> <li>• Quarterly performance reports to PAC show progress against the 9 national outcomes</li> <li>• The IJB has a Reserves Policy and application and creation of reserves is clearly set out in finance reports.</li> <li>• All reports to the IJB and / or PAC requiring decisions are clear and include, where relevant:-                   <ul style="list-style-type: none"> <li>○ Options available</li> <li>○ Implications for people</li> <li>○ Equality impacts</li> <li>○ Financial and legal implications</li> <li>○ Risk</li> <li>○ Results of consultations if required</li> <li>○ Identification of risk and mitigations</li> </ul> </li> <li>• PAC receive an annual report on commissioned services</li> <li>• Inspection and internal / external audit reports are routinely presented</li> <li>• The Savings, Recovery and Renewal (SRR) programme capturing change activity is reported to each IJB with a focus on delivering benefits as well as savings</li> </ul> </li> </ul> |                       |

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|   |   | <ul style="list-style-type: none"> <li>• As part of the annual accounts audit, external Audit assess these arrangements to ensure best value is delivered for the IJB.</li> </ul>  |   |
| B | The IJB complies with the CIPFA Statement on the Role of the Chief Finance Officer (CFO) in Local Government (2016) | <ul style="list-style-type: none"> <li>• The CFO is a key member of the HSCP's Senior Management Team and is the IJB's Section 95 Officer.</li> <li>• The CFO is actively involved in all material business decisions and offers challenge and influence on decisions made. This is evidenced through the CFO's attendance and participation at key business meetings such as the IJB and PAC pre-agendas and meetings, HSCP Management meetings, Savings, Recovery and Renewal programme board, Chief Officer bi-annual performance review meetings, national CFO executive and section meetings, attendance at partner strategic and operational meetings.</li> <li>• The CFO champions the promotion and delivery of good financial management. This is reflected in the management structure within the organisation and the reporting of financial performance to all key management groups, including the Extended Senior Management Team and the Joint Staff Forum.</li> <li>• The IJB's Financial Regulations clearly outlines the role and responsibilities of the CO, CFO and all budget holders in relation to financial management.</li> <li>• The CFO is a professionally qualified accountant with significant experience as a CFO. The HSCP's finance team is suitably resourced and experienced in support of the CFO undertaking their role.</li> </ul> | Continue development opportunities for Depute CFO and continue to build on recent Finance service structure changes to move towards a fully integrated finance team |

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|   |  | <ul style="list-style-type: none"> <li>• Our Finance &amp; Resources structure includes a Depute CFO post to support resilience and succession planning.</li> </ul>   |   |
| <b>2. Governance and financial management style</b> |  |   |   |
| C   | The leadership team demonstrates in its actions and behaviours responsibility for governance and internal control. | <ul style="list-style-type: none"> <li>• The IJB and the HSCP management team have a clear commitment and shared vision to deliver the outcomes in our strategic plan 2022–25.</li> <li>• With a long standing history of integration we are have a mature and well developed approach, underpinned by appropriate policies and codes of conduct.</li> <li>• The importance of governance and internal controls is reflected in the IJB constitution, policies and reporting and in that of our partner bodies; schemes of delegation define the responsibilities for all staff members and establishes the levels at which financial management responsibilities lie in terms of decisions and approvals of spend.</li> <li>• An annual assessment of compliance with governance and internal controls is undertaken by the Chief Officer and her team for both partner bodies as part of the annual assurance for both internal and external auditors. This in turn supports the Annual Governance Statement for the IJB annual report and accounts as well as those of our partners.</li> <li>• Internal audit reviews provide assurance on a range of internal controls and all reports with any associated recommendations are reported to the Performance and Audit Committee.</li> </ul> | Continue to progress existing open audit recommendations and report new activity. |

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|   |  | <ul style="list-style-type: none"> <li>Annually our external auditors assess our arrangements to ensure they are appropriate and operate effectively. The most recent audit concluded that there were no issues with arrangements in place.</li> </ul>  |   |
| D | The IJB applies CIPFA/SOLACE "Delivering Good Governance in Local Government: Framework (2016)". | <ul style="list-style-type: none"> <li>The IJB has adopted governance arrangements consistent where appropriate with the six principles of the CIPFA/SOLACE framework "Delivering Good Governance in Local Government Framework" or "Local Code". The system of internal control is designed to manage risks to a reasonable level based on a risk based approach.</li> <li>The Annual Governance Statement outlines how the IJB has complied with its Local Code. The statement for 2021/22 confirmed there were no new significant governance concerns, but identified actions we would take in 2022/23. The annual report and accounts for 2022/23 updates on the progress/completion of these actions and identifies new or ongoing actions moving into 2023/24.</li> </ul> | Continue to review the action plan in the Annual Governance Statement and consider whether any developments could enhance presentation.   |
| E | The Financial Management style of the IJB supports financial sustainability                      | <ul style="list-style-type: none"> <li>The IJB's financial management style can be described as 'enabling transformation' using the CIPFA FM Financial Management hierarchy Model.</li> <li>Financial Sustainability is recognised as a key strategic risk within the IJB's Strategic Risk Register. The risk and mitigating actions are reviewed at every meeting of the Performance and Audit Committee.</li> <li>The IJB has set a balanced budget each year since 2015/16 and implemented a reserves strategy to recognise and supported pressures. This has served us well however reserves are now diminishing.</li> </ul>  | <p>Recognising the challenging budget set for 2023/24, the Medium Term Financial Plan 2023/24 to 2027/28 reflects the current challenging landscape. This will be reviewed and updated as part of the 2024/25 budget setting process, if not before.</p> <p>The delivery of £7m savings in 2023/24 is fundamental to financial sustainability and progress will</p> |



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|  |  | <ul style="list-style-type: none"> <li>• The IJB has a framework in place to manage its financial affairs including:- <ul style="list-style-type: none"> <li>• Financial regulations and Standing Orders</li> <li>• Reserves Strategy</li> <li>• Medium Term Financial</li> <li>• Partner Schemes of Delegation</li> <li>• Financial regulations and Standing Orders of both Partner Bodies</li> </ul> </li> <li>• The Savings, Recovery and Renewal (SRR) programme captures all strategic projects and change and recognises the cross cutting nature of some savings, in particular our Supporting People programme. There is solid governance in place and the Chief Officer and her team are the programme board. This in turn supports a culture of continuous improvement and feeds into routine reporting and development including implementation of our strategic plan.</li> <li>• The finance and commissioning teams support all services with input into the SRR, as well as supporting everyday operational matters.</li> <li>• The CFO presents regularly to the IJB, Performance and Audit Committee, the management team, the Joint Staff Forum through scheduled meetings and seminar sessions.</li> <li>• The Medium Term Financial Plan considers the sustainability of the IJB over the medium term, including scenarios showing costs pressures and potential funding over low, medium and high scenarios. The plan provides the detail of assumptions risks and sensitivity.</li> </ul> | <p>continue to be reported to each meeting of the IJB.</p> <p>We need to continue to develop strategic financial discussions with both partners to ensure the demographic, demand and cost pressures the IJB face are fully evidenced and communicated.</p> |
|--|--|--|---|

| 3. Medium to long term financial management |  |  |   |
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| F   | The IJB has carried out a credible and transparent financial resilience assessment | <ul style="list-style-type: none"> <li>• All financial monitoring reports to the IJB are prepared on a projected outturn basis, including early identification of key risks, use of reserves, savings progress and any budget virement to support clear decision making in year and to inform forward planning.</li> <li>• The Medium Term Financial Plan considers the sustainability of the IJB over the medium term, including an assessment of funding, cost and demand pressures and the risks over the medium term.</li> <li>• The Medium Term Financial Plan includes sensitivity analysis which identifies the implications if planning assumptions change and what the impact of this would be for the financial position of the partnership.</li> <li>• The Medium Term Financial Plan describes the key issues and challenges for the IJB, with some national context, to allow us to deliver financial sustainability over the medium term (please see section E above). It also recognises the scale of the financial gap is so significant that there needs to be ongoing discussions with partner bodies in relation to funding.</li> <li>• The budget set for 2023/24 identified a number of risks in relation to the level of inflation, demand and is predicated on delivery a significant level of savings. It is difficult to see how any further saving of similar magnitude could be sustained.</li> <li>• The IJB has an established Reserves Policy which is reviewed annually.</li> </ul> | <p>The unaudited annual report and accounts for 2022/23 show the diminishing reserves balance for the IJB.</p> <p>As in section E above ongoing discussion with our partners is fundamental to ensure there is full understanding of the financial situation.</p> |

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| G | <p>The IJB understands its prospects for financial sustainability in the longer term and has reported this clearly to members.</p> | <ul style="list-style-type: none"> <li>• The IJB's Annual Budget, Annual Report and Accounts, Medium Term Financial Plan and Strategic Risk Register all reflect financial sustainability as a risk. These are subject to regular review to ensure the reported position and associated assumptions remain robust.</li> <li>• The regular revenue monitoring reporting to the IJB will flag early and changes and if significant will trigger a review of the Medium Term Financial Plan in year. The revenue monitoring reporting informs forward financial planning.</li> <li>• The information in the medium term financial plan also informs other key strategic reports and plans, such as the Strategic Plan, Annual Performance Report and Strategic Commissioning Plan</li> <li>• Seminars with the IJB, internal and external consultation on the budget and regular sessions with the management team are undertaken to support the annual budget setting process.</li> <li>• Regular discussion also takes place with our Trades Union colleagues</li> </ul> |  |
| H | <p>The IJB complies with the CIPFA Prudential Code for Capital Finance in Local Authorities</p>                                    | <ul style="list-style-type: none"> <li>• This is not relevant as the IJB does not have capital programmes or borrowing powers. All assets belong to our partners.</li> </ul>  |  |
| I | <p>The IJB has a rolling multi-year medium-term financial plan consistent with sustainable service plans.</p>                      | <ul style="list-style-type: none"> <li>• The IJB has a Medium Term Financial Plan which reviewed and updated each year.</li> <li>• This is underpinned, is informed by and in turn informs a range of strategies such as our commissioning plan,</li> </ul>   |  |

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|                             |  | <p>workforce plan, accommodation strategy; all of which support delivery of the IJB's Strategic Plan.</p> <ul style="list-style-type: none"> <li>• The Medium Term Financial Plan is prepared in conjunction with all service areas and reflects all significant demand and cost pressures being experienced both at a local and national level.</li> <li>• Please see Section E above.</li> </ul>  |  |
| <b>4. The annual budget</b> |  |   |  |
| J                           | The IJB complies with its statutory obligations in respect of the budget setting process.  | <ul style="list-style-type: none"> <li>• The IJB is fully aware of the need to set a balanced budget as established in s108 (2) of the Local Government (Scotland) Act 1973 and s93 (3) of the Local Government Finance Act 1992. The need to meet this requirement is set out within the annual budget report.</li> <li>• A balanced budget was agreed by the IJB on 27 March 2023 for 2023/24.</li> </ul>   |  |
| K                           | The budget report includes a statement by the CFO on the robustness of the estimates and the statement on the adequacy of the proposed financial reserves. | <ul style="list-style-type: none"> <li>• The requirement for a CFO statement in relation to this is a specific legislative requirement in England and Wales, but not in Scotland.</li> <li>• The 2023/24 Budget report includes detail on the cost pressures faced by the IJB, the available funding to offset, the associated funding gap and savings proposals to close the gap. The risks and implications are clearly set out. At the IJB seminar sessions this information is discussed in greater detail.</li> <li>• The Medium Term Financial Plan includes sensitivity analysis which demonstrates the implications if estimates</li> </ul> |  |

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|  |  | <p>differ from assumptions and the potential impact this could have on IJB finances.</p> <ul style="list-style-type: none"> <li>• The IJB has a Reserves Policy which is based on CIPFA guidance and recommended practice. The IJB general reserve 0.2% is well below the agreed policy level of 2% and the history and rationale for this has been discussed at length at each annual audit.</li> </ul>  |  |
| <p><b>5. Stakeholder engagement and business cases</b></p> |  |   |  |
| <p>L</p>   | <p>The IJB has engaged where appropriate with key stakeholders in developing its long-term financial strategy, medium-term financial plan and annual budget.</p> | <ul style="list-style-type: none"> <li>• The IJB promotes consultation with a range of stakeholders, including those with lived experience and we have a well-established engagement network.</li> <li>• Comprehensive engagement with all stakeholders is standard when developing the strategic plan which determines the strategic priorities which the IJB sets out to deliver over the medium term, the strategic commissioning plan, the annual budget etc. This engagement promotes partnership working and ensures stakeholders have input on their priorities.</li> <li>• The IJB undertook a month long engagement with stakeholders when developing the 2023/24 budget, this included our partner bodies.</li> <li>• Stakeholders are well represented on the IJB and participate in all seminars.</li> <li>• In preparing the annual budget each year, the Chief Officer and Chief Financial Officer engage with both partner bodies to ensure that pressures are fully understood as well as the implications of changes to funding for services.</li> </ul> |  |

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|                                  |   | The Chief Officer is a member of both partner bodies' corporate management teams.  |  |
| M                                | The IJB uses an appropriate documented option appraisal methodology to demonstrate the value for money of its decisions.                                | <ul style="list-style-type: none"> <li>As part of the annual budget process consideration is given to options for savings. This process includes a detailed assessment of impacts for service users, patients, staff as well as other operational delivery and financial risks. Where relevant this will also include a consideration of options and a recommendation in relation to the preferred option.</li> <li>The Savings, Recovery and Renewal programme uses clear and transparent project methodology to support major projects and service redesign. This includes options appraisals where relevant.</li> </ul> |  |
| <b>6. Performance monitoring</b> |   |  |  |
| N                                | The leadership team takes action using reports, enabling it to identify and correct emerging risks to its budget strategy and financial sustainability. | <ul style="list-style-type: none"> <li>The Annual Budget and Medium Term Financial Plan are prepared in conjunction with the senior management team so that all known and emerging issues and risks are captured.</li> <li>Staff communication bulletins ensure colleagues are aware of all issues and promote involvement requesting ideas for savings and how we could do things differently.</li> <li>The Strategic Risk Register for the IJB is informed by service operational risk and contingency planning. This also informs the HSCP aspects of our partners risk registers.</li> </ul>                           | Regular monitoring of the impact of the Supporting People Framework during 2023/24 is required to assess progress, impact and savings. |

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|  |  | <ul style="list-style-type: none"> <li>• Regular financial and performance reporting identify early issues and where required more detailed work will be undertaken as required.</li> <li>• Significant changes such as the Supporting People Framework are regularly discussed at the senior management and extended management team and supported by a number of development and information sessions for staff.</li> </ul>  |  |
| O                                      | The leadership team monitors the elements of its balance sheet that pose a significant risk to its financial sustainability.   | <ul style="list-style-type: none"> <li>• The financial reporting to the IJB includes detail on reserves (being the key element of the balance sheet) and shows the opening balance, in year use, in year additions and the projected balance along with notes on use and commitments. Any decisions on change of use or new reserves is requested to the IJB as part of financial reporting governance.</li> <li>• Debtor and creditor balances are regularly reviewed.</li> </ul>   |  |
| <b>7. External Financial Reporting</b> |  |  |  |
| P                                      | The CFO has personal responsibility for ensuring that the statutory accounts provided to the local IJB comply with the Code of Practice on Local IJB Accounting in the United Kingdom. | <ul style="list-style-type: none"> <li>• The IJB's CFO is responsible for the preparation of the annual report and accounts in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom and by the deadlines set in legislation. These responsibilities are set within the Statement of Responsibilities included in the annual accounts, which is signed by the CFO.</li> <li>• The CFO is and Depute CFO are the key contributors to the production of the accounts and ensure those supporting them have access to the Code of Practice and are suitably trained and professionally qualified.</li> </ul> |  |

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|   |   | <ul style="list-style-type: none"> <li>• These responsibilities of the CFO are set out in statute (s95 of the Local Government (Scotland) Act 1973) are also included in the CFO's job description.</li> <li>• To date the IJB has met all of its statutory reporting deadlines for the submission of draft accounts to the external auditor by 30 June each, despite significant challenges during the pandemic.</li> <li>• The IJB has consistently received an unqualified opinion from the external auditor from the audit of its Annual Accounts since established in 2015/16.</li> </ul>  |  |
| Q | The presentation of the final outturn figures and variations from budget allow the leadership team to make strategic financial decisions. | <ul style="list-style-type: none"> <li>• The financial monitoring reporting to the IJB is based on the projected outturn for the year. This promotes early indication of issues and / or pressures and allows informed decision making.</li> <li>• The financial monitoring report provides a variance analysis across all services and also details reasons for any significant changes in the projected outturn position for each service since that last reported.</li> <li>• The focus on the projected outturn for each service informs budget planning for the year ahead.</li> <li>• The IJB's financial outturn for the year is presented to the Performance and Audit Committee and the IJB as part of the unaudited annual report and accounts and considers any material variation from the position as last reported.</li> <li>• Information from the final outturn informs ongoing budget monitoring work for the following financial year.</li> </ul> |  |



| Leadership  | Accountability  | Transparency  | Standards   | Assurance  | Sustainability   |
|---|---|---|---|--|--|
| <ul style="list-style-type: none"> <li>•A. The leadership team is able to demonstrate that the services provided by the authority provide value for money</li> <li>•B. The authority complies with the CIPFA statement on The Role of the Chief Financial Officer in Local Government   CIPFA</li> <li>•O. The leadership team monitors the elements of its balance sheet that post a significant risk to its financial sustainabilities</li> </ul> | <ul style="list-style-type: none"> <li>•D. The authority applies the CIPFA/SOLACE Delivering Good Governance in Local Government Framework (2016)</li> <li>•P. The chief finance officer has personal and statutory responsibility for ensuring that the statement of accounts produced by the local authority complies with the reporting requirements of the Code</li> <li>•Q. The presentation of the final outturn figures and variations from budget allows the leadership team to make strategic financial decisions</li> </ul> | <ul style="list-style-type: none"> <li>•L. The authority has engaged where appropriate with key stakeholders in developing its long term financial strategy, medium term financial plan and annual budget</li> <li>•M. The authority uses an appropriate documented option appraisal methodology to demonstrate the value for money of its decisions</li> </ul> | <ul style="list-style-type: none"> <li>•H. The authority complies with the CIPFA Prudential Code for Capital Finance in Local Authorities</li> <li>•J. The authority complies with its statutory obligations in respect of the budget setting process</li> <li>•K. The budget report includes a statement by the chief financial officer on the robustness of the estimates and a statement on the adequacy of the proposed financial reserves</li> </ul> | <ul style="list-style-type: none"> <li>•C. The leadership team demonstrates in its actions and behaviours responsibility for governance and internal control</li> <li>•F. The authority has carried out a credible and transparent financial resilience assessment</li> <li>•N. The leadership team takes action using reports enabling it to identify and correct emerging risks to its budget strategy and financial sustainability</li> </ul> | <ul style="list-style-type: none"> <li>•E. the financial management style of the authority supports financial sustainability</li> <li>•G. The authority understands its prospects for financial sustainability in the longer term and has reported this clearly to members</li> <li>•I. The authority has a rolling multi year medium term financial plan consistent with sustainable service plans</li> </ul> |

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