TO: **MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD PERFORMANCE AND AUDIT COMMITTEE**

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD - PERFORMANCE AND AUDIT COMMITTEE

A meeting of the East Renfrewshire Integration Joint Board Performance and Audit Committee will be held on **Wednesday 22 November 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

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD
PERFORMANCE & AUDIT COMMITTEE
WEDNESDAY 22 NOVEMBER 2023 AT 9.00 am

VIRTUAL MEETING VIA MICROSOFT TEAMS

<u>AGENDA</u>

1   **Apologies for absence.**

2.   **Declaration of Interests.**

3.   **Minute of meeting of 27 September 2023 (copy attached, pages 3 – 8).**

4.   **Matters Arising (copy attached, pages 9 – 10).**

5.   **Rolling Action Log (copy attached, pages 11 – 14).**

6.   **Mid Year Performance Update 2023-24 (copy attached, pages 15 – 40).**

7.   **Bonnyton House Care Home Inspection Report (copy attached, pages 41 – 56).**

8.   **Audit Scotland Report: Adult Mental Health (copy attached, pages 57 – 116).**

9.   **Audit Update (copy attached, pages 117 – 162).**

10.   **IJB Strategic Risk Register (copy attached, pages 163 – 176).**

11.   **Calendar of Meetings 2024 (copy attached, pages 177 – 180).**

NOT YET ENDORSED AS A CORRECT RECORD

<div style="border:1px solid black">**AGENDA ITEM No. 3**</div>

**Minute of the Virtual Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 1.00pm on Wednesday 27 September 2023**

PRESENT

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

IN ATTENDANCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Ian McLean	Accountancy Manager
Julie Murray	Chief Officer – IJB
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Grace Scanlin	Ernst & Young
Colin Sweeney	Democratic Services Manager (ERC)

APOLOGIES FOR ABSENCE

Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Rob Jones	Ernst & Young

DECLARATIONS OF INTEREST

1.   There were no declarations of interest intimated.

MINUTES OF PREVIOUS MEETING

2.   The Committee considered and approved the Minute of the meeting of 26 June 2023, subject to the spelling of Anne Marie Kennedy's name being corrected.

MATTERS ARISING

3.   The Committee considered a report providing an update on matters arising from the discussions that had taken place at the previous meeting, held in June 2023.

In response to a question around the Learning Disability Inpatient Performance report, the Chief Officer noted she had not received any response from other partnerships but had suggested they may wish to take the report to their own respective audit committees. The

Chief Officer also noted that the topic is on other board agendas so will hopefully be subject to further discussion.

The committee noted the report.

ROLLING ACTION LOG

4.   The Committee considered the rolling action log, which detailed all actions, including those completed since the previous meeting held on 26 June 2023.

Commenting on the report, the Chief Financial Officer advised that Committee that, since June 2023, Actions 58, 65, 69 and 70 had closed.

In respect of Actions 64 (CIPFA Financial Management Code), it was reported there was a deadline of March 2024 for updates on those areas identified for potential improvement. It was recognised that some timescales would be longer-term.

In respect of Action 31 (Internal Audit Annual Report 2020-21 and Internal Audit Plan 2021-22), it was reported that this remained with Police Scotland, and that an update had been requested. Officers were aware there has been a change in personnel within the police.

The Committee noted the report.

INTERNAL AUDIT ANNUAL REPORT 2022/23

5.   The Committee considered the Chief Internal Auditor's Annual Report for 2022/23, which contained an independent opinion on the adequacy and effectiveness of the governance, risk management and internal controls. The main purpose of which is to provide an assurance statement based on the work carried out relevant to the IJB. The Chief Internal Auditor concluded that reasonable assurance can be placed on the framework operated in East Renfrewshire Integration Joint Board in the year to 31 March 2023.

During discussion it was suggested that some of the audit reports the Committee received in relation to governance and procedures were quite light and questioned whether the Committee should be asking for more detail in reports moving forward.

Jacqueline Forbes suggested it may be worthwhile benchmarking against some other IJBs in terms of the level of detail within audit reporting. It was confirmed that all activity is reported to the Committee however should Members have any specific areas they would like considered in future to contact the Chief Internal Auditor as it may be worth being more proactive in terms of how we want to use audit days. It was noted that in terms of the Council's audit function, any audits impacting the HSCP are shared within the regular audit updates to Performance and Audit Committee along with details of NHS audits undertaken by Azets.

The Chief Financial Officer provided further assurance that should the HSCP have any specific concerns, the Council's Chief Auditor would make time, on request, for any investigative work needed.

The Committee:

(i)   Noted the contents of internal audit's annual report 2022/23; and

(ii)   Noted the annual assurance statement and the conclusion that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2022/23.

UNAUDITED ANNUAL REPORT ACCOUNTS 2022/23 AND ISA 580 INDEPENDENT AUDITORS REPORT

6.   Grace Scanlin from Ernst & Young presented the independent auditors report which gave an overview of the external audit annual report for the year ending 31 March 2023. This summarised the key findings and conclusions from the audit of the IJB. The report remains provisional until the accounts are signed.

Grace Scanlin highlighted the key issues and noted that whilst there was a net underspend for the year, financial sustainability was a red risk relating to the recommendation to work with partners to achieve a more sustainable financial position. There was one minor recommendation reflecting hosted services. In conclusion the reporting arrangements were good; that best value was achievable and that fees had been set in line with the Scottish Government's expectations.

Anne Marie Monaghan was pleased that the audit gave a clean bill of health despite the red rating around financial sustainability. The pressures we have are not in relation to poor management of finances but are a result of insufficient funding to meet service demand.

Jacqueline Forbes echoed Anne Marie Monaghan's comments and was reassured that the new auditors highlighted the issues the Board expected.

The Committee noted the report.

AUDITED ANNUAL REPORT AND ACCOUNTS 2022-2023

7.   The Committee considered a report which provided an overview of the audited annual report and accounts for the Integration Joint Board covering the period 1 April 2022 to 31 March 2023.

The Chief Financial Officer was very pleased to report the annual report and accounts were unqualified, had been properly prepared, met legislative requirements, addressed best value and that appropriate governance was in place. She said that the main messages from Ernst & Young were set out in the table at paragraph 13 of the report. It was confirmed that since the report was written, the Best Value comment was no longer RAG rated so all areas were Green with the exception of financial sustainability. Discussion on the financial position is ongoing with partners.

The two recommendations made by Ernst & Young were detailed at paragraph 18 along with the HSCP responses and it was noted that the Chief Officer and Chief Financial Officer would continue to engage with partners in relation to the current and future years.

The main messages included in the report remained unchanged since that reported in June and the detail was summarised at paragraph 24.

The HSCP's level of general reserves remained below the level set in the reserves strategy and this had been discussed at length in prior years.

Following this meeting, the Chair would confirm this Committee's decision on the recommendations in the report, with any pertinent comments, to the chair of the IJB.

Finally, colleagues were thanked for their input into the annual report and accounts. There was a significant amount of work behind the scenes to ensure statutory obligations were met and to support the audit process. Similarly, thanks went to Grace Scanlin and her colleagues, for taking the time to get to know the business as part of the audit.

The Committee:

a) Agreed the audited annual report and accounts be remitted to the Integration Joint Board for approval; and

b) Noted the summary overview of financial performance document for 2022/23 prior to publication on the IJB website.

INTERNAL AUDIT PLAN 2023/24

8. The Chief Internal Auditor presented her internal audit plan for 2023/24 which has been developed following consultation with the Chief Financial Officer. The Chief Auditor noted that no specific IJB audit was planned but that 11 days had been set aside if needed and in reference to the earlier discussion advised she would be happy to consider any suggested areas for audit.

The Chief Internal Auditor also advised the service is currently working on a payroll audit. Whilst not specific to the HSCP, any associated recommendations would be brought to the Committee. Jacqueline Forbes noted that it was reassuring that these things are being looked at.

The Committee approved the plan.

PERFORMANCE REPORT – QUARTER 1

9. The Committee considered a report providing an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. The report includes available data for quarter 1, along with more detailed exception reports for two performance indicators. The format for exception reports have been developed in partnership with Committee members at the working group and provide more detailed discussion on performance trends.

As previously reported to the Committee, the performance system remains in development however the Planning and Performance Team have set out requirements for HSCP level reporting with the aim of introducing more flexibility and automation which should be in place for our mid-year report.

It was noted that the HSCP continues to operate at a high level of performance across service areas, including many that continue to face significant challenges and pressures.

There was discussion on a number of targets and a questioned raised in relation to 1:1 therapists rather than online treatment and whether any stats were available and whether there were any difference between areas.

The Committee were pleased with the new format of the report which is much improved and they welcomed the new exception reporting templates which show 'what good looks like'.

COMMISSIONED SERVICES ANNUAL UPDATE

10. The Committee considered a report providing an annual update on commissioned services and the contract and commissioning arrangements in place to support service delivery.

Margaret Phelps provided an overview of engagement activity and annual spend giving a summary of the HSCP position.

Anne Marie Monaghan noted the report was very helpful and was supportive of the collaborative commissioning approach.

Anne Marie Kennedy expressed her thanks for the work undertaken with the third sector.

The Committee noted the report.

AUDIT UPDATE

11.   The committee considered a report providing an update on new audit activity relating to the IJB and HSCP since last reported to the committee in June 2023, and summarising all open audit recommendations. Accompanying the report was a series of appendices containing information relating to specific audit activity within the IJB and HSCP.

In response to Jacqueline Forbes question around the verification process, the Chief Auditor confirmed that follow-up work is undertaken in a certain order and where there are Council wide audits these would not be followed up until all department's implementation dates had passed, however these are generally done within a year of the original audit. She further confirmed that a follow-up of the Council's Environment department audits are currently underway which will include the recommendations noted in appendix 2J. A follow up of HSCP specific audits will also be undertaken once all implementation dates have passed.

The Committee noted the report.

POLICY UPDATE

12.   The Committee considered the annual policy update which details timeframes for review of IJB policies and governance documents.

It was noted that the Integration Scheme is currently under review and will be considered by the health board and local authority in October. There are no significant changes and if approved, the scheme will go for consultation and feedback will be used to make necessary revisions before being presented for final approval.

A copy of the report to Council will be shared with the IJB for information.

The Committee noted the report.

IJB STRATEGIC RISK REGISTER

13.   The committee considered an update report on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report. The Chief Financial Officer noted that since last reported to the committee in June, no new risks had been added and no existing risks had been removed. Details of the changes, which included one score being increased, are contained within the report. It was noted that financial sustainability remains red post mitigation reflecting the ongoing challenges and that failure of a provider, although amber, was included in the exception report given the volatility in the market. Whilst the particular concerns in relation to 3 local care homes have improved, we remain alert as the system is in such crisis.

Anne Marie Monaghan queried how many providers have handed back care packages. Exact details were not available however the Intensive Services Manager advised that we

have not had a full service handback for a number of years; only specific packages which is usually due to staffing issues. Given the good working relationships, partners are usually able to honour notice periods which is important for those who use our services.

Anne Marie also asked whether we had done everything we possibly can in relation to the historic abuse and was assured by the Chief Officer that all appropriate actions have been taken.

The Committee noted the report.

DATE OF NEXT MEETING

14. It was reported that the next meeting of the committee would be held on Wednesday 22 November 2023 at 9am.

CHAIR

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire COUNCIL

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 November 2023
Agenda Item	4
Title	Matters Arising

Summary

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 27 September 2023.

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

Action Required

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

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

22 November 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 27 September 2023.

RECOMMENDATION

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

REPORT

Annual Report and Accounts

3.   The annual report and accounts was remitted to the Integration Joint Board where it was subsequently approved.

Integration Scheme

4.   An update on work to review the Integration Scheme between East Renfrewshire Council and NHS Greater Glasgow and Clyde is included on the Integration Joint Board agenda on 22 November 2023. The draft revised Integration Scheme was approved by East Renfrewshire Council for consultation at its meeting on 25 October 2023.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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

8 November 2023

IJB Chief Officer: Julie Murray

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 November 2023
Agenda Item	5
Title	Rolling Action Log

Summary

The attached rolling action log details all actions, including those which have been completed since the meeting on 27 September 2023.

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

Action Required

Performance and Audit Committee members are asked to note progress.

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ACTION LOG: Performance and Audit Committee (PAC)   November 2023

No	Meeting Date	Agenda Item	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
73	27.09.2023	Annual Report and Accounts	Remit the annual report and accounts to the IJB for approval	Chief Financial Officer	CLOSED	Sep-23	The annual report and accounts was approved by the IJB on 27 September 2023
72	27.09.2023	Internal Audit Plan 2023/24	Arrangements should now be made for the implementation of the audit plan. PAC members to advise the Chief Internal Auditor should they have specific areas they would like to be considered for future audits.	Chief Internal Auditor	CLOSED	Nov-23	Progress will be reported throughout the year
71	27.09.2023	Policy Update	A copy of the Council report on the changes to the Integration Scheme to be shared with the IJB	Chief Officer	CLOSED	Nov-23	A report is included on the IJB agenda (22.11.2023; Item 13)
64	29.03.2023	CIPFA Financial Management Code	Ensure the areas for development identifed as part of our self assessment action plan are implemented.	Chief Financial Officer	OPEN	Mar-24	A date of March 2024 has been identifed however some actions may be longer term.
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 November 2023

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 November 2023
Agenda Item	6
Title	Mid-Year Performance Update 2023-24

Summary

This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where mid-year data is available for strategic performance indicators this is included. The report includes exception reporting for two Performance Indicators, providing more detailed discussion of performance for these measures.

Exception reports are reports delving further into the performance of specific measures and mitigation or reasoning for current performance. They look at projected information on how to maintain or improve on current performance.

Presented by	Steven Reid Policy, Planning and Performance Manager

Action Required

Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Update 2023-24.

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

22 November 2023

Report by Chief Officer

MID-YEAR PERFORMANCE UPDATE 2023-24

PURPOSE OF REPORT

1. This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where mid-year data is available for strategic performance indicators this is included. The report also includes more detailed exception reports for two key performance indicators.

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Update 2023-24.

BACKGROUND

3. The Performance and Audit Committee (PAC) regularly reviews performance reports in order to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan. These reports provide data on the agreed performance indicators in our performance framework and are presented quarterly and at mid and end-year.

4. We continue to work with members of the PAC to improve the format and content of our performance reports including the introduction of 'exception' reporting format in line with recommendations from our working group. For this current report, in addition to our full report on progress against our key performance indicators (Appendix One), we have included two exception reports (Appendix Two) giving more detailed discussion on performance trends for the following measures:
    *   Percentage of people whose care need has reduced following reablement
    *   Total number of Alcohol Brief Interventions (ABIs) delivered

5. The exception reports cover:
    *   Purpose of the indicator – *explanation and how we use it to improve*
    *   What does good look like? – *long-term objective for this area of activity*
    *   Current status of measure – *current position including visualisation of data*
    *   Reason/explanation for current performance – *understanding why performance is an exception*
    *   Mitigating action – *approaches (with timescales) that will improve performance*
    *   Investment – *current / required resources to deliver expected performance*
    *   Context and benchmarking – *relevant comparative data if available*

6. For all indicators in our reporting, we aim to show clear visualisation of performance trends against targets with charts. As we develop our reporting (and particularly for our core/exception indicator set) we intend to incorporate future performance projections against forward targets to show intended trajectories in our charts.

REPORT

7. As expected, the mid-year performance update provides a smaller number of data updates compared with end-year. The report includes data for mid-year and any updated end-year data for indicators from our Strategic Plan that have not previously been reported to the Committee. The report provides charts for all measures. Each measure is presented with a RAG status in relation to the target for the reporting period (where a target is set), along with trend arrows (showing 'up' for improvement) and commentary on performance. Many of the data trends continue to reflect the unique circumstances faced by local health and social care services since the Covid-19 pandemic. Explanations of any notable shifts in performance are included in the commentary text.

8. The report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Strategic Plan 2022-25:
    *   Working together with children, young people and their families to improve mental and emotional wellbeing
    *   Working together with people to maintain their independence at home and in their local community
    *   Working together to support mental health and wellbeing
    *   Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time
    *   Working together with people who care for someone ensuring they are able to exercise choice and control
    *   Working together on effective community justice pathways that support people to stop offending and rebuild lives
    *   Working together with individuals and communities to tackle health inequalities and improve life chances
    *   Working together with staff across the partnership to support resilience and wellbeing
    *   Working together to protect people from harm

9. The final section of the data report contains a number of organisational indicators relating to our staff and customers.

10. The HSCP continues to operate at a high level of performance across service areas, including many that continue to face significant challenges and pressures. During the current period of reporting, staff have continued to deliver services to support the residents of East Renfrewshire.

11. Performance highlights include:
    *   We are continuing to see very positive performance on **CAMHS waiting times.** At mid-year, 99% of all children had been waiting less than 18 weeks, improving from 98% in the previous 6 months, and continuing to exceed our target (90%). The longest waiting times have been steadily reducing and we are now meeting our target for the period.
    *   Supporting **independence** - a high proportion of service users (90%) continue to report that 'living where/as you want to live' needs are being met – up from 89% for the previous 6 months
    *   In the last 6 months, **Reablement** performance has improved significantly with 63% of care needs reduced following period of reablement – up from 47% and now ahead of target (60%). This improvement has followed a challenging period with significant demand pressures and staffing issues for the service. More detail on this measure is given in the exception report at Appendix Two.
    *   We are continuing to see improving performance on waiting times for **psychological therapies** with the percentage of people waiting no longer than 18 weeks increasing from 83% to 91% in the reporting period. This follows successful recruitment into the service.

- We are also seeing positive performance on waiting times for **drug and alcohol recovery** services - with 97% of people seen within three weeks – up from 96% (target 90%).
- The delivery of **Alcohol Brief Interventions** (ABIs) in community settings have increased and we are ahead of target following investment in a local pilot project. More detail on this measure is given in the exception report at Appendix Two.
- Minimising hospital **discharges with delay** (and bed days lost to delays) continue to be an area of focused activity for the partnership and we have seen improved performance compared with the previous 6 months. However, delays can rise to levels higher than acceptable during the year and we remain focused on supporting people to return home or into alternatives in the community.
- We continue to perform very well for completion of **Community Payback Orders** with 100% completed in within court timescales in the last 6 months. However, commencement timescales declined during the period.
- Latest data for **breastfeeding** rates in our most disadvantaged neighbourhoods (2022/23) shows that rates have improved for the second year running, following significant challenges in delivering support during the pandemic.
- Our support for women and children affected by **domestic violence** continues with high numbers of support users (90%) reporting improved personal safety and wellbeing outcomes.
- The results of our iMatter staff survey show improved scores in relation to support for learning, involvement in decisions and support for **staff health and wellbeing** from managers.
- We have seen significant improvement in **absence rates** for our Council-employed staff and are now ahead of our target for the 6 month period thanks to targeted support and improved absence among Care at Home staff. NHS staff absence has improved slightly but remains higher than expected.

12. Areas that remain challenging include:
- Unplanned **hospital admissions** and **A&E attendances** have both increased in the 6 month period, and A&E attendances are now exceeding our target. We are also continuing to see an increase in attendances and admissions from our care homes. In response, we are working closely with local care home to embed a Care Homes Falls Pathway and developing the alignment of OTs, physios and other Allied Health Professionals with our care homes.
- The number of people accessing support through **Self-directed Support** (SDS) Options 1 and 2 has reduced in the past 6 months. However, the overall trend is stable and latest data shows that the proportion of our social care spend going through SDS has been increasing and is in line with the national average. Supporting choice and control remains a strategic priority for the HSCP.
- We continue to see declining performance in our measure of satisfaction for **unpaid carers** during the period. This is reflecting the pressures that our unpaid carers are experiencing.
- Latest data (2022/23) shows a decline in **palliative care** performance as measured by the proportion of last 6 months of life spent at home or in a community setting.

RECOMMENDATION

13. Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Update 2023-24.

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid, Policy, Planning and Performance Manager
Steven.Reid@eastrenfrewshire.gov.uk

9 November 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

27.09.2023 - Performance and Audit Committee, Performance Update – Quarter 1, 2023/24
https://www.eastrenfrewshire.gov.uk/media/9545/PAC-Item-10-27-September-2023/pdf/PAC_Item_10_-_27_September_2023.pdf?m=638306523822170000

26.06.2023 - Performance and Audit Committee, HSCP Annual Performance Report 2022/23
https://www.eastrenfrewshire.gov.uk/media/9264/PAC-Item-09-26-June-2023/pdf/PAC_Item_09_-_26_June_2023.pdf?m=638227830052970000

Appendix One

HSCP Strategic Plan – 2023-24 Mid-Year

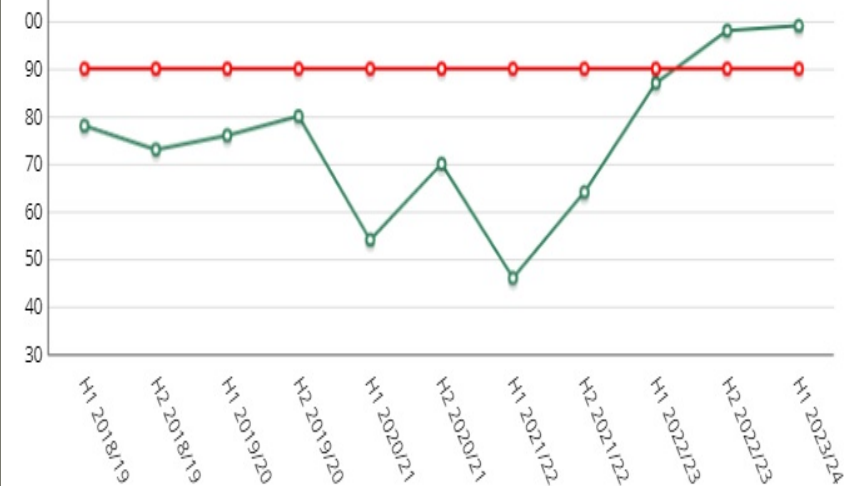**Report Author:** Ian Smith / Steven Reid
Generated on: November 2023

Key:

Green	performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)

Trend arrows point upwards where there is <u>improved</u> performance (incl. where we aim to decrease the value).
* INCREASE/DECREASE in PI description gives the <u>intended</u> direction of travel for the indicator

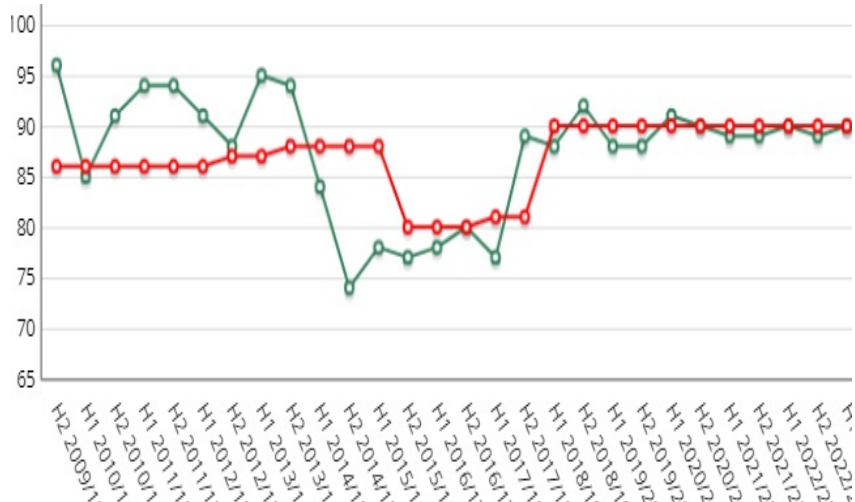| *1. Working together with children and their families to improve mental well-being* |
|---|

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral	H1 2023/24	99%	90%	Green	(improving)		Weekly average for first six months of 2023/24. An increase in performance from the previous six months (98%)

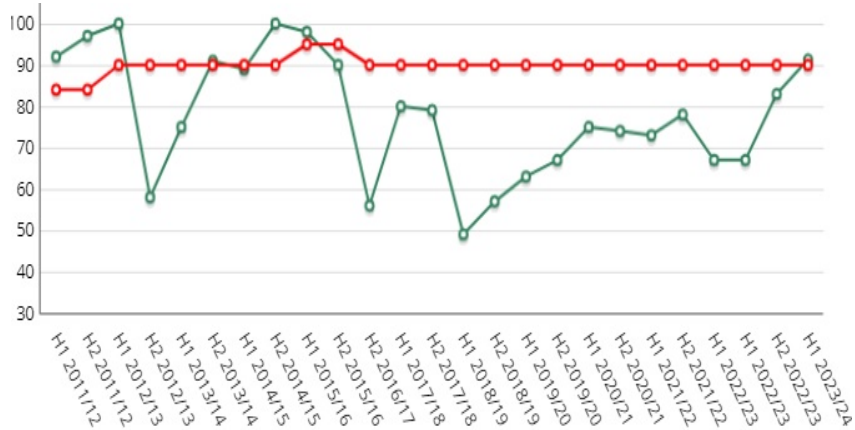| Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - Child & Adolescent Mental Health - longest wait in weeks at month end	H1 2023/24	18	18	Red	(improving)		Average longest wait in first six months of 2023/24 was 18 weeks, which is a significant improvement on the same period last year (33 weeks)

2. Working together with people to maintain their independence
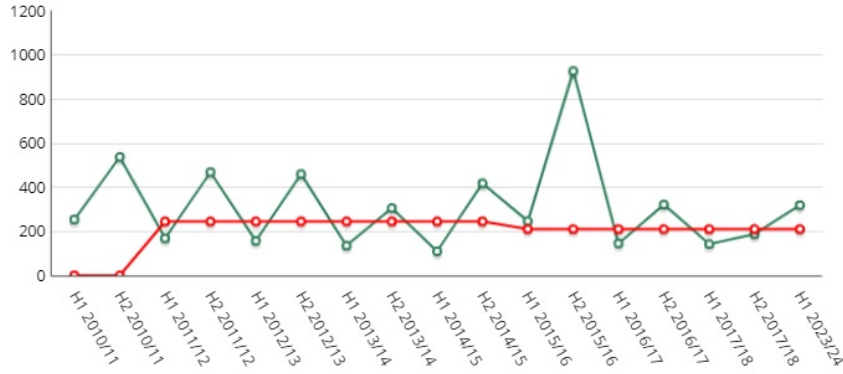
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Number of people self-directing their care through receiving direct payments and other forms of self-directed support.	H1 2023/24	458	600	Red	(declining)		Data calculated from the Social Care returns. Quarterly average for first six months of 2023/24 against an annual target of 600. This is down slightly on the previous six months outturn of 479.

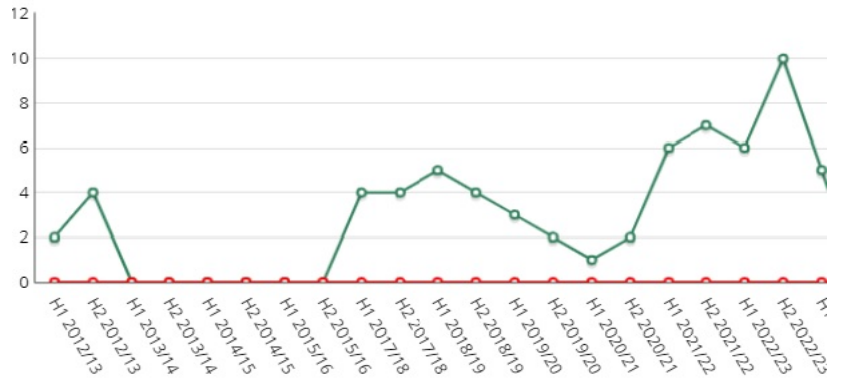| Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Percentage of those whose care need has reduced following re-ablement / rehabilitation	H1 2023/24	63%	60%	Green	(improving)		In the first six months of 2023/24 a total of 53 of 87 clients were discharged with reduced needs. This is up from 47% in the previous period.
INCREASE - Percentage of people aged 65+ who live in housing rather than a care home or hospital	2022/23	96.7%	97%	Green	(improving)		Data to March 2023 released June 2023. (Source: Scottish Government MSG, June 2022). Target reviewed with no change being required (97%) as agreed by Head of Adult Services, Communities and Well-Being July 2023.
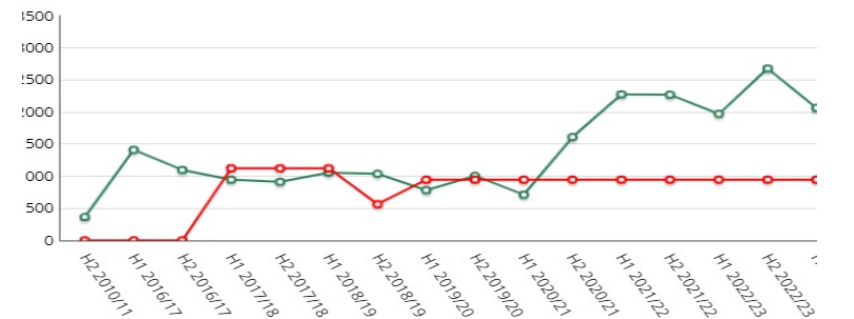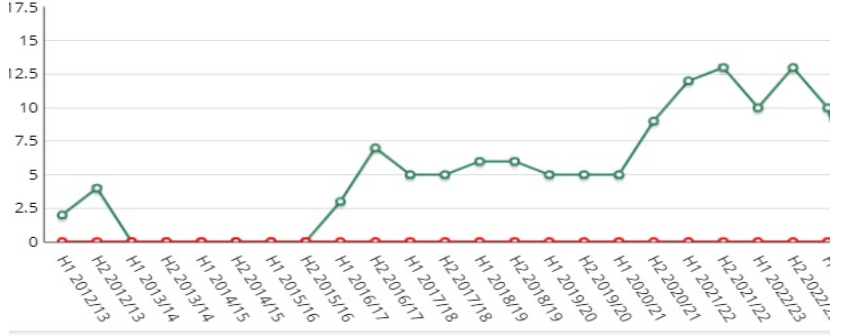
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - People reporting 'living where you/as you want to live' needs met (%)	H1 2023/24	90%	90%	Green	(improving)		In the first six months of 2023/24 of the total 388 valid responses 350 reported their needs met.

3. Working together to support mental health and well-being
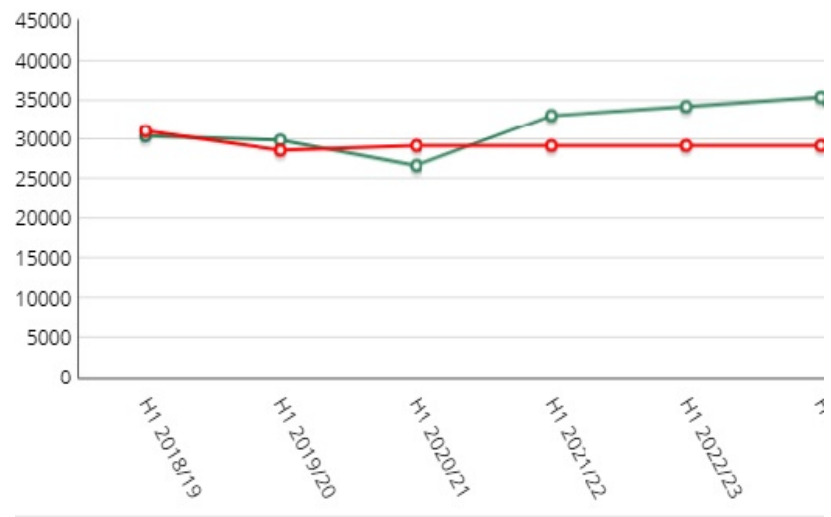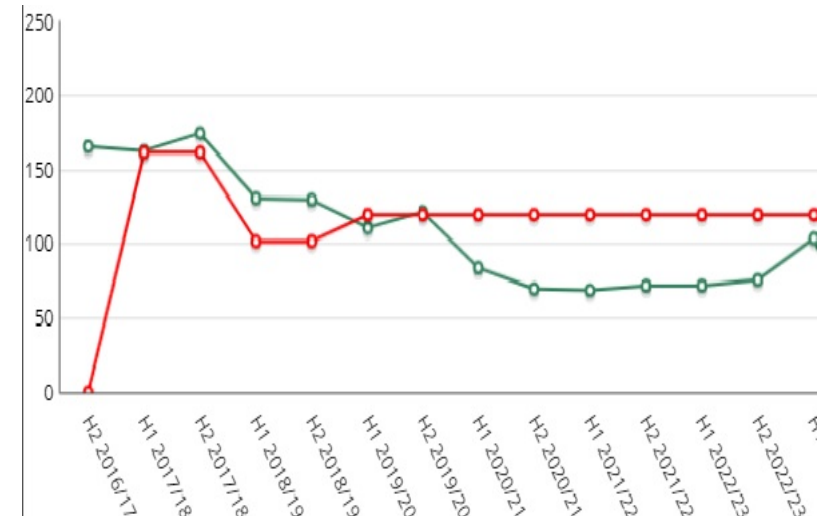
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Percentage of people waiting no longer than 18 weeks for access to psychological therapies	H1 2023/24	91.3%	90%	Green	(improving)		Team is showing an increase and an average of 91.3% against the 90% wait time to treatment target since 1 April 23. The target is monitored weekly and target has been met except on 6 individual weeks, during high staffing absences
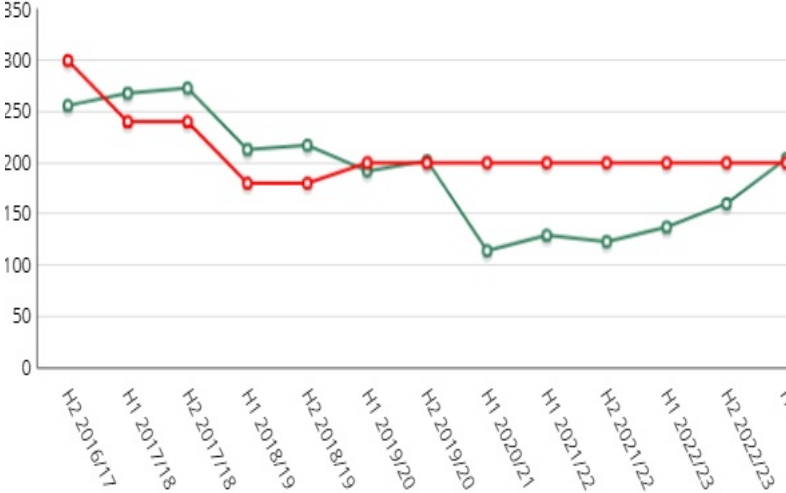
Description	Data Period	Current Value	Target	Traffic Light	Trend		Latest Note
INCREASE - Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks.	H1 2023/24	97%	90%	Green	(improving)		At end of quarter 2 (half year) East Renfrewshire has 97% of people with alcohol and drug problems accessing recovery focused treatment within three weeks. Our recording covers Glasgow Council on Alcohol and RCA Trust
INCREASE – Total number of alcohol brief interventions delivered in community settings, in line with SIGN 74 guidelines.	H1 2023/24	319	210	Green	(improving)		The number of Alcohol Brief Interventions undertaken in East Renfrewshire has increased significantly as Glasgow Council on Alcohol has been commissioned to deliver a 12 month pilot programme of community outreach and events - activity has focused on leisure centres, libraries, food banks, community centres and Voluntary Action East Renfrewshire. Part of the pilot will also include training local staff to undertake ABIs to increase local capacity. Quarter 1 saw 171 Alcohol Brief Interventions being completed and Quarter 2 had 148 making half yearly total of 319 completed ABI's delivered within East Renfrewshire.
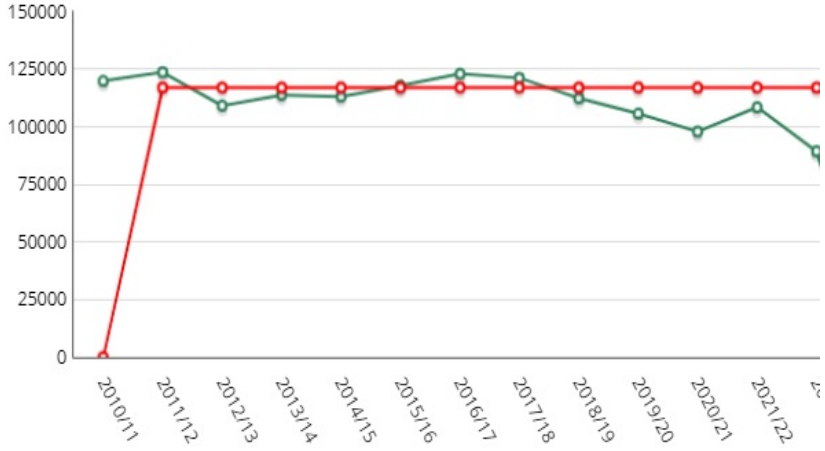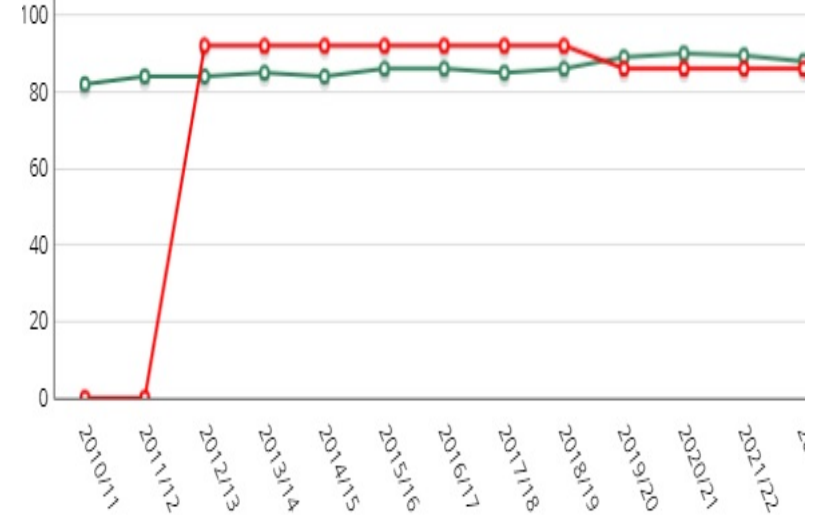
4. Working together to meet people's healthcare needs

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - Delayed discharge: people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (Ave number delayed NHSGGC Acute & MH weekly data)	H1 2023/24	5	0	Red	⬆ (improving)		Weekly average over the first six months of 2023/24. Compares to an average of ten in the previous six months (i.e. the last six months of 2022/23)
DECREASE - Delayed discharges bed days lost to delayed discharge (PHS)	H1 2023/24	2,064	946	Red	⬆ (improving)		Latest data to September 2023. Down from 2,680 bed days in the previous six months. (Source: PHS, November 2023)
DECREASE - people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (PHS data)	H1 2023/24	10	0	Red	⬆ (improving)		Figure relates to the annual monthly average in first six months of 2023/24. This has fallen from 13 in the previous six months. (Source: PHS November 2023)
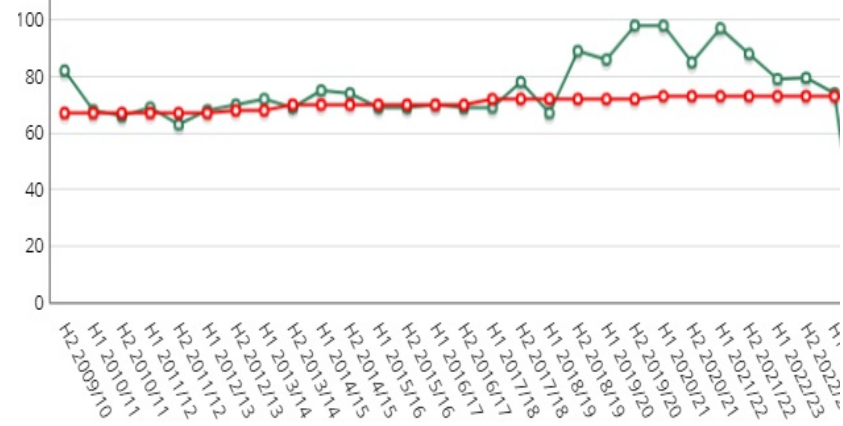
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - Number of Emergency Admissions: Adults (NHSGGC data)	H1 2023/24	3,294	3,564	Green	(declining)		Admissions in the first six months of 2023/24 have increased on the previous period (3,126) though still remain below target.
DECREASE - No. of A&E Attendances (excl MIU) (NHSGGC data)	H1 2023/24	11,316	9,166	Red	(declining)		Data from the first six months of 2023/24 is up from (10,921) in the previous period and is significantly up on the corresponding period last year (5,868).

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - Occupied Bed Days (Adult – non-elective) (NHSGGC data)	H1 2023/24	35,320	29,110	Red	⬇ (declining)		The figure for the first six months of 2023/24 has increased on the same period last year (34,117) Source: NHSGGC, Sep 2023. Target reviewed for 2023/24 with no change required (58,220) as agreed by Head of Adult Services, Communities and Well-Being July 2023.
DECREASE - Emergency Admissions from Care Homes (NHSGGC data)	H1 2023/24	104	120	Green	⬇ (declining)		Hospital admissions from Care Homes have increased significantly in the first six months of 2023/24, up from 76 in the previous period.
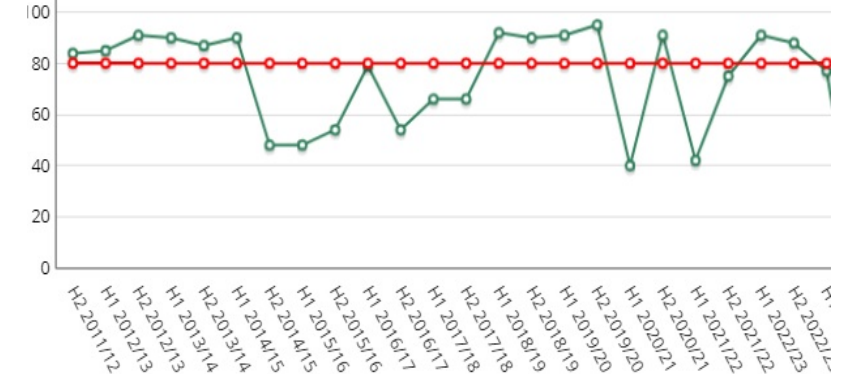
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - A & E Attendances from Care Homes (NHSGGC data)	H1 2023/24	204	200	Amber	(declining)		In the first six months of 2023/24 there were 204 attendances at A&E from Care Homes, this is up from 160 in the previous six months and is marginally above target.
DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-12: Emergency admission rate (per 100,000 population) for adults	2022/23	2,161		Data Only	(improving)		Latest available data May 2023. Down from 9,414 in 2021/22. Annual outturn calculated with interim data for Qtr 3 and 4. (Source: Public Health Scotland)

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-13: Emergency bed day rate (per 100,000) for adults	2022/23	89,287	117,000	Green	(improving)		Latest available data at May 2023, annual outturn calculated with interim data for Qtr 3 and 4 (Source: Public Health Scotland)
INCREASE - Health and Social Care Integration - Core Suite of Indicators NI-15: Proportion of last 6 months of life spent at home or in a community setting	2022/23	88%	86%	Green	(declining)		Latest data at May 2023, annual outturn calculated on interim data for Qtr 3 and 4. Down from 89.5% in 2021/22. (Source: Public Health Scotland)

5. Working together with carers to be able to exercise choice and control
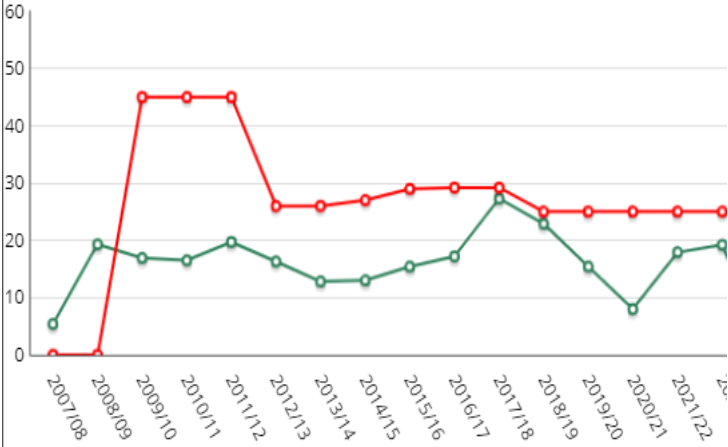
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - People reporting 'quality of life for carers' needs fully met (%)	H1 2023/24	74%	73%	Green	(declining)		In the first six months of 2023/24 of the total 81 valid responses 60 reported their needs met. Down from 79.5% in the previous six months.

6. Working together with our partners to support people to stop offending
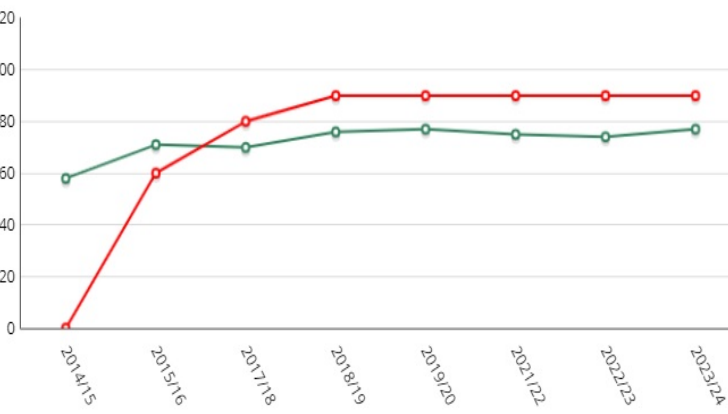
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Community Payback Orders - Percentage of unpaid work placements commencing within 7 days	H1 2023/24	77%	80%	Amber	(declining)		In the first six months of 2023/24 thirty of thirty nine work placements commenced within 7 days. This is down from 88% in the previous six months.
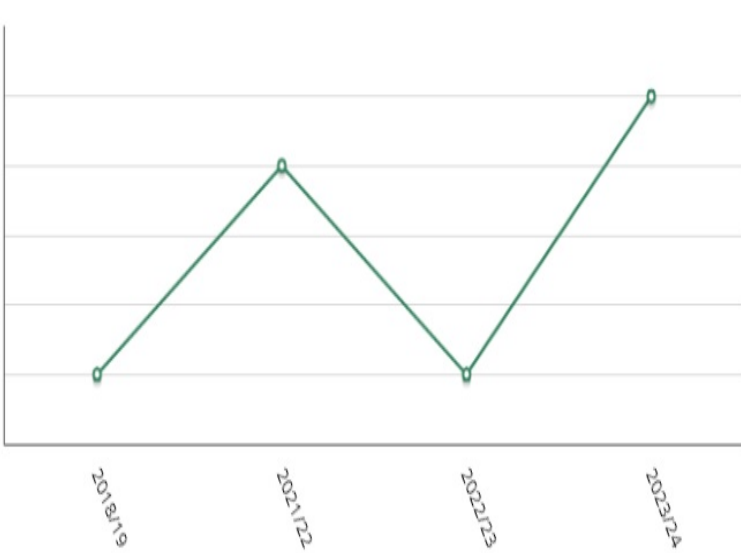
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.	H1 2023/24	100%	80%	Green	(improving)		All unpaid work placements were completed within Court timescales in the first six months of the year. Up from 91% in the previous six months
INCREASE - Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending?	H1 2023/24	100%	100%	Green	(no change)		In the first six months of 2023/24 of the four Survey forms returned all said their Orders had helped them to look at how to stop offending

7. Working together with individuals and communities to tackle health inequalities

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Breastfeeding at 6-8 weeks in 20% most deprived (SIMD 1) data zones.	2022/23	19.2%	25%	Red	(improving)		This is an increase for the second year running, though this measure applies to a very small population so is highly sensitive. The drop off rate between first visit and 6-8 weeks is very low. Our comparator authority, East Dunbartonshire continues to see a higher rate in SIMD 1, with 26.3%, however East Renfrewshire continues to be higher in SIMD 2, with 29.3%. The gap between the most affluent (SIMD 5) and the most deprived (SIMD 1) areas, has decreased for the third year in a row from 36.6% in 2019/20 to 25.7% in 2022/23. (Source: Public Health Scotland Infant Feeding Dashboard, Nov 2023)

8. Working together with staff across the partnership to support resilience and well-being
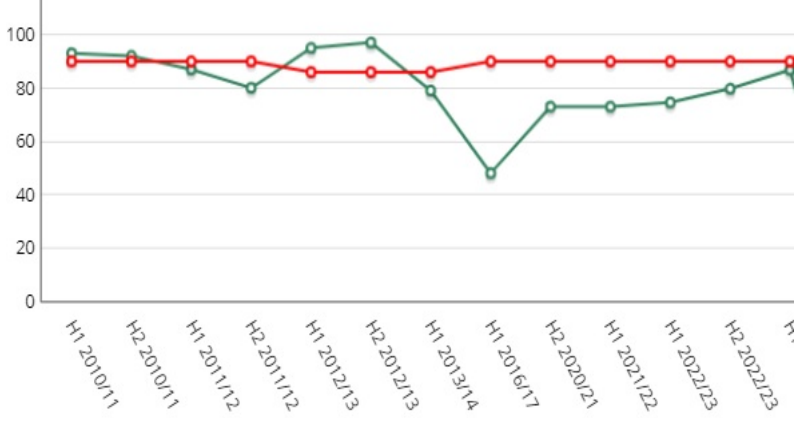
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - % Staff who report 'I am given the time and resources to support my learning growth' in iMatter staff survey.	2023	77%	90%	Red	(improving)		Average score based on 655 responses, iMatter Survey Report 2023. Although we are missing target for this measure, performance was consistent with the previous surveys.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - % Staff who report "I feel involved in decisions in relation to my job" in iMatter staff survey.	2023	75%		Data Only	(improving)		Based on 655 responses, iMatter Survey Report 2023. This is consistent with performance in 2022 (71%)
INCREASE - % Staff who report "their manager cares about my health and well-being" in iMatter survey	2023	89%		Data Only	(improving)		Based on 655 responses, iMatter Survey Report 2023. This continues to be a very positive score and is the same as pre-pandemic levels. Health & Wellbeing continues to be a focussed priority.
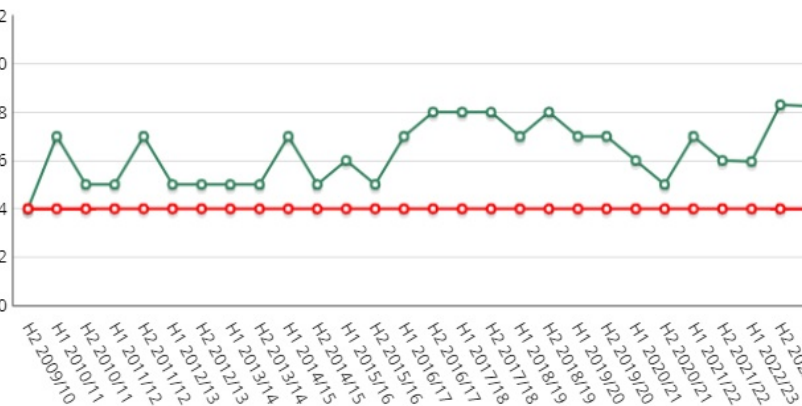
9. Protecting people from harm						
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Domestic abuse - % change / improvement in women's safety and wellbeing outcomes	H1 2023/24	90%	85%	Green	(no change)		In total 553 women and children were supported compared to 593 in the same period last year. Following significant increase in helpline calls and drop-in post pandemic the service is now seeing a move back to levels experienced pre-Covid. Women's Aid report significant change and improvement across all reported outcomes 98 reviews were completed with 90% of women assessed noting improvement in progress in their outcomes. Reduction in risk is reflected in the significant increases in the areas of safety with 90% improvement, health & wellbeing 82%, and empowerment and self-esteem 82%
INCREASE - People agreed to be at risk of harm and requiring a protection plan have one in place	H1 2023/24	100%	100%	Green	(no change)		All people who are identified as being at risk of harm have a protection plan in place where required. This has been the historically consistent position.
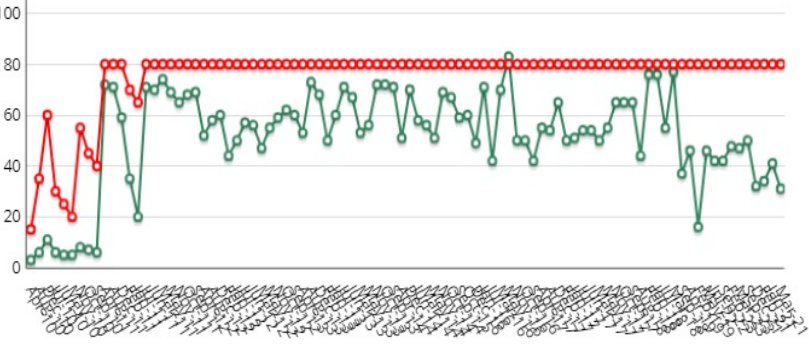
10. Organisational outcomes

10.2 Efficiency

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Payment of invoices: Percentage invoices paid within agreed period (30 days)	H1 2023/24	86.8%	90%	Amber	(improving)		Of the 9,745 invoices paid in the first six months of the year 8457 were paid within 30 days.

10.3 Our people

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - Percentage of days lost to sickness absence for HSCP NHS staff	H1 2023/24	8.25%	4.0%	Red	(improving)		Average of available data for the first six months of 2023/24. This represents a slight improvement on the previous six months (8.31%)

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - Sickness absence days per employee - HSCP (LA staff)	H1 2023/24	5.9	6.2	Green	(improving)		In the first six months of 2023/24 absence was 5.9 days lost per employee (Qtrly average) this is down from 7.64 in the previous six months.
INCREASE - Percentage of NHS staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System	Sept 2023	50%	80%	Red	(declining)		Due to the pressures of the pandemic KSF became lower priority over the past 2 years. The KSF Lead sends out monthly communications to managers to increase compliance. Additional training has also been made available as refresher courses for reviewers. Increasing steadily over previous 4 months. Aiming for 60% reduced target by 31st December 2023.
INCREASE - iMatter Response Rate - HSCP	July 2023	57%		Data Only	(declining)		iMatter response rate at July 2023, down from 67% in 2022/23.

Appendix Two – Exception Reports

Reablement indicator - Percentage of people whose care need has reduced following reablement

Purpose of the indicator The measure sets a standard of 60% of all service users who receive input from the Reablement service to be rehabilitated where the level of support required after discharge from the service has reduced. It is used to measure how successful the service is at using Occupational Therapy input and care workers using Reablement methods to allow service users to be more independent in elements of daily living and personal care.
What does good look like? As many people as possible, after a period of intense reablement input, require little or no support which means that the need for ongoing care at home services is greatly reduced. This allows people of East Renfrewshire to remain as independent as possible in their own home upon discharge from hospital or a period of need when referred to the service.
Current status of measure This exception report is based on the level of need following discharge from the Reablement service. Currently the target is that 60% of people will require less support upon discharge from the service. Overall performance for 2022/23 was 48%, significantly missing target, however we have seen performance improve for the latest mid-year reporting period. At the point of reporting at the end of September 2023 the current status of the service is 61% of discharges have reduced or no service. The target rate has been achieved for the last two quarters.
Reason/explanation for current performance As the reablement service was initially established, the number of service users who accessed support was limited. Service users were screened for suitability to the service and whether there was potential for the person to be re-abled. During this period, performance was consistently ahead of target as the service was focused on service users with higher levels of suitability and potential for successful outcomes. As the service developed, reablement has been made available to a wider group of people with varying levels of potential for successful outcomes. Over the period since the start of the pandemic, the annual number of reablement service users (closed cases) dropped significantly from 300 in 2019/20 to 126 in 2022/23. Last
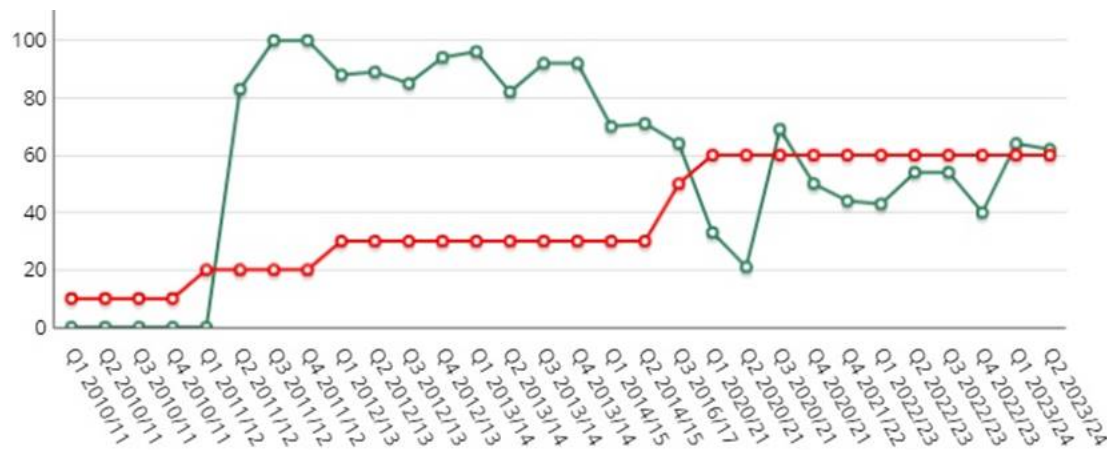
year, of the 126 total cases, 61 (48%) were closed with the service user requiring a reduced or withdrawn care package. This compares with 2021/22 where, of 156 reablement cases, 94 (60%) were closed with reduced or no care package.

In the last few years, East Renfrewshire care at home service has experienced unprecedented demand pressures with higher levels of care need and complexity among the people we work with. Between March 2020 and March 2023, the average size of care at home packages increased from just over 7 hours to nearly 8.5 hours per week. 14% of our service users now require support from two or more carers; up from 9% in February 2020. At the same time, the service has experience issues with recruitment and retention and pressures as a result of staff absence. This was particularly the case during quarter 3 of 2022/23 where staffing issues were so significant that we had to reduce service levels to some existing care at home clients and were limited in our ability to accept new packages of care. These issues significantly impacted our capacity to accept reablement referrals during the year.

In addition, we are seeing that as a result of higher levels of complexity and need, and increased pressure to discharge people as early as possible, people are leaving hospital with higher levels of frailty and less potential for successful outcomes through reablement.

In summary, increased pressures on care at home services through higher demand and staff capacity issues, and higher levels of frailty and complexity among people return to the community from hospital, have reduced our capacity to deliver reablement and we have not been able to achieve the level of outcomes for individuals seen in previous years.

Mitigating action

The service is working hard to address capacity issues and we are seeing improved performance in the first six months of 2023/24. Care at home staff on long-term absence have returned to work and we successfully recruited to our Band 3 Health Care Assistant within the team. For the half year April to September 2023/24 our performance was at 63%. Of the 87 reablement service users discharged during the period, 53 were discharged with no or reduced service. This is up from 47% in the previous six month period and projected to sustain the measure above target of 60% in the coming year.

Although the measure has maintained at above the target level, the number of service users going through the service has reduced over the last quarter with increased absence of Occupational Therapists reducing the capacity of service users that are able to be assessed through the service.

Investment

Investment of recruitment of two Band 3 Healthcare Assistants has allowed more intense rehabilitation to take place with more visits taking place with service users. This in turn has helped to reduce timescales between referral to the service and initial visits which makes the reablement process a more positive experience and stops services being embedded before the input of rehabilitation and stops service users becoming dependent on services.

Context and benchmarking

This is a local measure and we do not have directly comparable data from other partnerships or nationally. The pressures that the service has faced in relation to demand and workforce pressures have been experienced across the social care sector in Scotland since the pandemic.

Recovery indicator - Total number of Alcohol Brief Interventions (ABIs) delivered in community settings

Purpose of the indicator The mandatory reporting requirement and performance measure for the Alcohol Brief Intervention Local Delivery Plan standard (HEAT Target) is the total number of alcohol brief interventions (ABIs) delivered by setting. East Renfrewshire HSCP is responsible for delivering ABIs in "wider community settings". Alcohol Brief Interventions are a short, evidence-based, structured conversation about alcohol consumption with a patient/client that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.
What does good look like? East Renfrewshire's annual target for this measure is 419 Alcohol Brief Interventions per year. This equates to a quarterly target of 105. East Renfrewshire's delivery of ABIs contributes to overall health board targets. Alcohol Brief Interventions are an evidence-based early intervention tool that encourages adults to keep their alcohol consumption below harmful levels. Ultimately we want this type of low level intervention available to as many residents as possible as part of a community-wide approach to prevent alcohol-related harm.
Current status of measure For the half year period 1 April to 30 September 2023, East Renfrewshire recorded 319 ABIs delivered. 76% of the annual target has been achieved to date.
Reason/explanation for current performance In order to improve performance on this PI, and address any potential increases in alcohol consumption and harm due to the impact of the pandemic, the East Renfrewshire Alcohol and Drug Partnership (ADP) allocated funding to a 12 month pilot with Glasgow Council on Alcohol (GCA). GCA deliver ABIs in community settings as well as alcohol counselling. The service targets adults aged 16 and over in community settings such as supermarkets, libraries and other public buildings. During the 12 months of the contract to end September 2023, GCA rapidly increased the numbers of ABIs delivered and are now exceeding East Renfrewshire's ABI target, as shown below. Alcohol Brief Interventions Delivery - East Renfrewshire Q3 Oct-Dec 22/23: 18, Q4 Jan-Mar 22/23: 173, Q1 April June 23/24: 171, Q2 Jul-Sept 23/24: 148. Quarterly Target: 105.
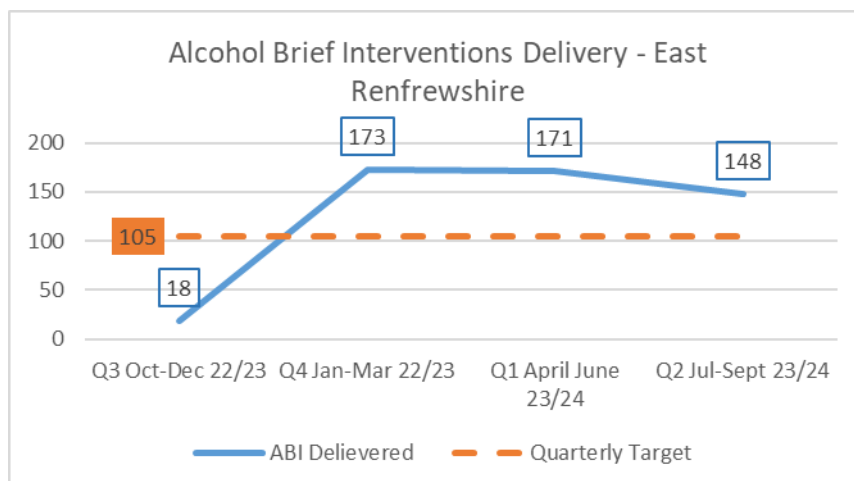
Mitigating action

The Glasgow Council on Alcohol pilot has led to significant improvement in performance against this PI and has now been extended for a further six months to the end of March 2024. This level of ABI delivery is expected to be maintained or exceeded. There is currently no funding to continue the service in 2024-25 and there is a risk of a future decline in performance.

To mitigate this, part of the GCA contract has included training for staff on the delivery of ABIs within key settings, such as community link workers within GP practices, social work, health improvement and third sector services. Key officers have also received "Training for Trainers" and will continue to deliver ABI training to staff groups.

Support is also available and being accessed from NHSGGC health improvement team responsible for ABI delivery, including sharing good practice and effective models of delivery.

HSCP lead officers are developing plans for maintaining local delivery of ABIs via training provision, upskilling of staff, and coordination of delivery in community settings. Details of this will be included in the Alcohol and Drug Strategy 2023-26.

Investment

Investment in the contract with GCA (£67,000 over 18 months) has led to improvements in ABI delivery. This investment has also funded local capacity building and upskilling of staff to enable local staff to deliver ABIs.

Context and benchmarking

East Renfrewshire last met this target in 2016-17. For the period 2017-18 to 2020-21 East Renfrewshire performance dropped to low levels, due to a reduction in capacity to undertake ABIs in community settings. In 2020-21, no ABIs were undertaken due to the Covid pandemic and associated restrictions.

East Renfrewshire is performing well relative to the other HSCPs within the health board area as shown below:

HSCP/ADPs	No. ABIs - Wider Settings	Target for Year	Percentage (of target) Achieved
East Dunbartonshire	198	487	41%
East Renfrewshire	319	419	76%
Glasgow City	5686	5066	112%
Inverclyde	0	612	0%
Renfrewshire	0	1116	0%
West Dunbartonshire	287	688	42%

Each HSCP area uses different delivery models that may be commissioned or delivered by HSCP services.

AGENDA ITEM No. 7

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire COUNCIL

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 November 2023
Agenda Item	7
Title	Bonnyton House Care Home Inspection Report

Summary

This paper provides an overview of the report from our recent Care Inspectorate inspection at Bonnyton House which was published on 27th October 2023.

Presented by	Julie Murray, Chief Officer

Action Required

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

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

22 November 2023

Report by Chief Officer

Bonnyton House Care Home Inspection Report

PURPOSE OF REPORT

1. To provide Performance and Audit Committee members with an overview of the findings from our recent inspection at Bonnyton House which was undertaken by the Care Inspectorate in September 2023, and their report published on 27th October 2023.

RECOMMENDATION

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

BACKGROUND

3. The Care Inspectorate is the scrutiny body which supports improvement and ensures the quality of care in Scotland meets high standards. In evaluating quality, they use a six point scale where 1 is unsatisfactory and 6 is excellent.

4. The Care Inspectorate undertook an unannounced inspection of Bonnyton House over 21st and 22nd September 2023. Their findings were published on 27th October 2023.

5. In preparation for the inspection the Care Inspectorate reviewed information about the service, including previous inspection findings, registration information, information submitted by the service and intelligence gathered since their last inspection which took place in June 2022.

REPORT

6. During the inspection, Inspectors spoke with 8 residents, 4 family members or friends and 7 members of staff.

7. Key messages from the inspection were that:-
   - The care home was clean, comfortable and homely.
   - People were well cared for with their health and wellbeing needs met.
   - The staff team were dedicated and knowledgeable about people being cared for.
   - Some outstanding areas of refurbishment need to be completed.

8. The inspection focused on two areas and awarded grades of 4 (good) in their evaluation of the following areas:
   - How well do we support people's wellbeing
   - How good is our leadership

9. We were pleased to hear that the Care Inspectorate found residents to be well cared for and treated with kindness, compassion and dignity. Comments from residents included:-

   "It is very comfortable and very, very good. It couldn't be any better",

   "Its lovely here, it's so clean and comfortable"

10. Staff communication and good team working was also praised and it was noted that feedback from visiting professionals, staff and families indicated that management were very approachable and supportive.

11. The Care Inspectorate noted that there was no activity coordinator however acknowledged that the staff team worked well keeping people engaged throughout the day with meaningful activities. The Activity Coordinator post is currently being recruited to.

12. Whilst there were no recommendations made, two areas for improvement were identified during the inspection and these are detailed in the table below along with our planned action.

Inspection Area	Areas for Improvement	Health and Social Care Standard	Action
How well do we support people's wellbeing?	In order to promote peoples dignity and privacy the provider should ensure that people visiting loved ones have access to facilities, including, but not limited to, visitors toilets.	'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).	Visitor toilets will be included as part of the extended refurbishment process. No timeline at present for works to commence.
How good is our leadership?	To show accountability and inform service improvements the manager should set target dates and identify people responsible for improvements within the service improvement plan.	'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).	Service plan to be reviewed and target dates and responsible people/departments to be added. November 2023

13. The report also confirmed that the five areas for improvement made during the previous inspection had all been met.

14. The table below provides an overview of the previous inspections under the same framework for comparison.

	October 2023	July 2022	November 2019	November 2018
How well do we support people's wellbeing?	4 – Good	4 – Good	3 – Adequate	4 – Good
How good is our leadership?	4 – Good	4 - Good	3 – Adequate	3 – Adequate
How good is our staff team?	n/a	5 – Very Good	3 – Adequate	4 – Good
How good is our setting?	n/a	5 – Very Good	3 – Adequate	3 – Adequate
How well is our care and support planned?	n/a	4 – Good	3 – Adequate	3 – Adequate
Recommendations made	0	0	3	4
Areas for improvement identified	2	5	4	3

CONCLUSIONS

15. This most recent inspection demonstrates the continued focus on the provision of a high standard of care by a competent and well managed staff team.

16. The service is currently performing to a good standard and continues to develop ways to improve the service to promote good outcomes for residents.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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7 November 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Report: 21.09.2022 – Item 07. Bonnyton House Care Home Inspection Report
https://www.eastrenfrewshire.gov.uk/media/8179/Performance-and-Audit-Committee-Item-07-21-September-2022/pdf/Performance_and_Audit_Committee_Item_07_-_21_September_2022.pdf?m=637987495045870000

Bonnyton House - Busby
Care Home Service

Bonnyton House
Oliphant Crescent
Busby
Glasgow
G76 8PU

Telephone: 01415 774 845

Type of inspection:
Unannounced

Completed on:
26 September 2023

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2003045155

About the service

Bonnyton House - Busby is situated in a quiet residential area of Busby and provides care and support for up to 34 older people, with physical and cognitive impairment, including, six places for respite and short-term rehabilitation. The service is provided by East Renfrewshire Council and is within close proximity to local amenities and transport links.

The home is purpose-built and has three units over two levels with a passenger lift providing access to the first floor. Each room has en suite facilities and personal shower. There is one large lounge and dining room to cover two of the units and a smaller lounge and dining room covering the other unit.

The ground floor provides unrestricted access into the enclosed patio area, with seated areas for people who live there to use, and another two small garden areas outside that people and their visitors can use.

At the time of this inspection, there were 23 people residing in Bonnyton.

About the inspection

This was an unannounced inspection which took place on 21 and 22 September 2023. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with eight people using the service
- spoke with four of their family or friends
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The care home was clean, comfortable and homely.

- People were well cared for with their health and wellbeing needs met.

- The staff team were dedicated and knowledgeable about people being cared for.

- Some outstanding areas of refurbishment need to be completed.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?   4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed that people were treated with kindness, compassion, and dignity. Staff took time to make sure that people were happy and quickly addressed any needs for people in a warm and caring manner. We saw that staff were focused on achieving the best outcomes for people and that people experiencing care were listened to.

People were seen by us to be well presented and well cared for.

There was a stable staff team in place who knew people well and as such they were able to anticipate peoples needs as well as detect changes in peoples individual wellbeing and presentation.

Appropriate arrangements were in place to support individuals who were unable to express their choices and decisions, for example Power of Attorney (POA) or Guardianship. This meant that people had input from loved ones to the care they experienced.

Food was of good quality and we saw that for people who had a change of mind of their first choice then alternative options were provided. People were encouraged and supported with eating and drinking in a kind and dignified way, and there were staff in each dining room to provide support and assistance for those who needed it. Overall, the dining experience was a quiet, pleasant and relaxed event that provided a comfortable social experience for people.

There were snack fridges in each unit as well as prominent areas where people could freely access hydration and this meant that people could be comfortable with regards to dietary needs at any time of the day.

Peoples specific dietary needs were assessed using a recognised risk assessment tool. This helped ensure that individuals with specific requirements were given appropriate diets and fluids to suit their needs.

People living there told us they were happy to be there and that they enjoyed it. One person told us that they had been there for two years and "it is very comfortable and very very good. It couldn't be any better", whilst another told us "Its lovely here, its so clean and comfortable", meaning that people experienced good wellbeing.

To meet people's medical needs, the service had a safe, well-managed medication system. For example, staff had received training and had clear guidance to support this task safely. There was good oversight of medication management, and we were confident that people's medication needs were being regularly reviewed and monitored.

We looked at a sample of care plans and found that the information they contained was person-centred and helped guide staff as to the care each person required, their individual preferences, likes and dislikes. This enabled staff to support people in keeping with their known wishes.

Risk assessments were generally up-to-date and there was a range of assessment tools and charts in place to monitor people's health to external professionals when required, examples of these were to the Community Mental Health Team (CMT), District Nurse, Physiotherapist, Dentist and Optician. This meant that people could feel confident that their care was being provided by the right people and professionals.

There was effective communication between staff, and information was handed over well.

The visiting health professional we spoke with told us that communication with staff was good and that she was able to get the required information from staff before attending to an individual. She was satisfied that staff were competent and able to carry out treatment plans, and that they would pass on relevant information to relatives.

We spoke to family members and friends and they all felt that their loved ones received the best care possible. One family member told us that "the personal care here is marvellous".

We were told by families that communication was good between the staff team, managers and themselves. Families and friends told us that they felt things could change for the better if there were more areas available for visiting their loved ones. At the time of inspection visits were only taking place in peoples private bedrooms. This meant that there were no private toilet facilities available for people. Visitors felt that as bedrooms/bathrooms were used for personal care they were not always comfortable in having no other facilities available. We spoke with the manager about toilet facilities and she told us that visitors toilets were part of the extended refurbishment process that had still not been completed, though it was ongoing. (See area for improvement 1).

We highlighted with the manager the lack of visiting areas and she was able to show us that this was being developed. We also discussed the use of the large dining area for visiting at times when it was not in use. Before the inspection was completed people being cared for had been consulted on the use of the dining room for visiting and had agreed to being able to use it with visitors outwith meal times. By doing this we saw that the service had a supportive and inclusive approach towards people, and that they were consulted on decisions within their own home.

There was no individual person in place to provide activities for people, however we did see that the staff team worked well at keeping people engaged throughout the day. Meaningful activity is important to people and known to benefit peoples wellbeing and this was why staff continued to support people to become involved. We observed staff taking time to talk with people, and staff deployment took account of the need for staff presence in communal areas. This supported people's safety and supported conversation and interaction.

There was private transport available to allow outings for people twice a week. These varied from individual outings to small group outings, and could be to places on interest, the local community, lunch or shopping trips. This meant that people had opportunities to participate in recreational, social, learning and physical activities both indoors and outdoors.

We spoke with the manager about the possibility of having an individual staff member identified with responsibilities for meaningful activity and she told us that it had now been agreed that an activity coordinator would be appointed.

People living in the care home had good connections with the local community, including local churches, local nursery schools and older children.

People were kept safe in different areas in that there were push button keypads used to get between units. There was also a safety keypad where people had access to their bedrooms and toilet from the dining/ lounge area. This was a barrier in allowing freedom of movement. We discussed this with the manager and arrangements were made for it to be deactivated imminently.

We saw that throughout the care home there was Personal Protective Equipment (PPE) well placed and plentiful throughout all the units and that Infection Prevention and Control (IPC) was used well. This meant that people living there were at less risk of infection.

Areas for improvement

1. In order to promote peoples dignity and privacy the provider should ensure that people visiting loved ones have access to facilities, including, but not limited to, visitors toilets.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

How good is our leadership?　　　4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes people and clearly outweighed areas for improvement.

The service benefits from a range of quality assurance systems including, but not limited to, falls monitoring, care plan audits and medication audits, all of which are carried out at an appropriate frequency. It could be seen in these audits that where any issues arose further input took place from managers, and audit results improved. The management team were responsive to feedback and this meant there was an ongoing process of continual improvement within the service that impacted positively on people experiencing care.

The manager kept good oversight of staff training, supervisions and registration with professional bodies. We saw that supervision was being carried out in line with the provider's policy and we saw evidence that staff were being encouraged to keep up-to-date with their training. There was mandatory training in place for any new staff as well as training that had to be updated and refreshed on an annual basis. Completion of training by all staff was regularly monitored by the manager and the team leader. We were satisfied that the services quality assurance processes were effective in having a positive impact on outcomes for people.

The service development plan was of a good standard and was partly informed by feedback from relatives and people experiencing care. It identified areas covering what the service does well and what it would want to do better. We discussed this with the manager and advised that a target date should be set for achievement with an identified person being responsible. (See area for improvement 1).

Feedback from visiting professionals, staff and families indicated that management were very approachable and supportive, and we heard that there was good team working. There was a positive culture and ethos of improvement and development. This was led by the management team, but staff at all levels were able to describe and demonstrate it. We saw a respectful and supportive team who shared the aims and values of the service. This meant that people experiencing care were supported by a dedicated and positive workforce.

Areas for improvement

1. To show accountability and inform service improvements the manager should set target dates and identify people responsible for improvements within the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that people fully enjoy their mealtime experience, the manger should minimise the number of extraneous staff in the dining area at mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (HSC 1.35)

This area for improvement was made on 17 August 2022.

Action taken since then

The number of staff in the dining room at mealtimes has now been reduced. Medication had previously been administered in the dining room , and this meant that extra staff had to be in and around the dining area. A discussion took place to with managers and staff to see how they could meet the area for improvement and it was decided to change the process. The new process is now that people receive their medication in their own rooms, or in another place of their choice.

This area for improvement has been met.

Previous area for improvement 2

To ensure that arrangements for visiting or outings are in line with best practice guidance the manager should review the current arrangements to ensure that any barriers or restrictions to visiting or outings are in line with relevant guidance and the reasons for any restrictions are clearly communicated to visitors.

This is to ensure that care and support is consistent with the Scottish government document "Open with Care: supporting meaningful contact in adult care homes – principles" guidance and the Health and Social Care Standards (HSC) which state "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing." (2.18)

This area for improvement was made on 17 August 2022.

Action taken since then
The care home follows guidance provided by The Scottish Government on supporting meaningful connection for people living in care homes. There has now been a removal of restrictions within the care home and outings are no longer limited or restricted. There are options for outings in either the minibus, electric car or adapted car.

This area for improvement has been met.

Previous area for improvement 3

The management team should ensure that staff use PPE in accordance with current guidance and best practice. The correct terminology should be used when referring to processes contained in IPC guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

This area for improvement was made on 17 August 2022.

Action taken since then
We could see that the team leader within the service carries out regular audits on Personal Protective Equipment (PPE) use. They also provide regular training for staff regarding infection prevention and control, as well as how to use Personal Protective Equipment (PPE) appropriately. This includes how to put it on, how to take it off and how to dispose of it.

This area for improvement has been met.

Previous area for improvement 4

To inform improvements to the service, the service should:

a) develop its quality assurance activity by encouraging feedback and participation from people who use the service and their relatives.
b) record quality assurance actions in a way that evidences how feedback from relatives and people using the service has informed the actions in the plan. This should include how people who gave their views were responded to.
c) record the actions in the service plan in a way that demonstrates how they have improved outcomes for people who use the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership." (HSCS 4.7) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8)

This area for improvement was made on 17 August 2022.

Action taken since then
The service used feedback from people using the service and their relatives and friends to develop the service improvement plan.
These areas have been highlighted in the current service development plan.
The plan is clearly written and recorded showing any improvements that have been made.
A new and updated quality questionnaire has since been developed and will be used in future consultations, as well as a news letter being sent to people which will include results of their input and how it has improved outcomes for people.

This area for improvement has been met.

Previous area for improvement 5

To ensure that care plans are person centred the service should ensure that:

a) When care is reviewed, the information should be updated clearly, agreed actions should be recorded, and the completion of the actions should be recorded in a way that is easy to track.
b) When people have been offered support and have declined, this should be recorded.

 This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: (HSCS 1.15) and "Assessment and personal planning reflects people's outcomes and wishes (HSCS 5.1).

This area for improvement was made on 17 August 2022.

Action taken since then
Care plans were examined by us and we saw that they take place on a six monthly basis. They are then updated accordingly showing clear updates. Care plan reviews and other information are easy to access within each care plan.
We could also see that it was clearly recorded where people had been offered supports but had chosen to decline it.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire COUNCIL

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 November 2023
Agenda Item	8
Title	Audit Scotland Report: Adult Mental Health

Summary

The purpose of this report is to share the recent Audit Scotland report on adult mental health in Scotland, which was prepared and published by Audit Scotland in September 2023.

The report makes a number of recommendations for Integration Joint Boards, NHS Board, Council and the Scottish Government.

Presented by	Tom Kelly, Head of Adult Services: Learning Disability and Recovery

Action Required

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

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

22 November 2023

Report by Chief Officer

AUDIT SCOTLAND REPORT: ADULT MENTAL HEALTH

PURPOSE OF REPORT

1. The purpose of this report is to share and provide local context to the recent Audit Scotland report on adult mental health in Scotland, which was prepared and published by Audit Scotland in September 2023 and makes a number of recommendations for Integration Joint Boards, NHS Board, Council and the Scottish Government.

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 September 2023 published a report on Adult Mental Health which is included at Appendix 1 for information. This performance audit looks at how effectively mental health services for adults in Scotland are being delivered and focuses on progress made since the Scottish Government published its Mental Health Strategy 2017–2027.

REPORT

5. Detail relating to each of the recommendations is contained within the Audit Scotland Report itself, this report summarises the four key messages from the report and provides an overview of East Renfrewshire context and approach including where our delivery of services is aligned to Board wide strategy and work with our fellow HSCPs.

6.   The Audit Scotland report says:

- Funding for adult mental health services has increased significantly since 2017. But a lack of data makes it hard to see what impact this increased spending has had. Accessing services remains slow and complicated for many people. The Covid-19 pandemic made this situation worse, particularly limiting access to face-to-face support. NHS boards are still not all routinely offering face-to-face appointments as a choice. The mental health workforce is under pressure, with high vacancy rates and turnover. And progress towards increasing the mental health support available from primary care, which is essential to improving access and relieving pressure on specialist services, has been delayed.

- Accessing mental healthcare is more difficult for some people, for instance people from ethnic minorities, people living in rural areas and people living in poverty. People living in the most deprived areas are also three times more likely to end up in hospital for mental health issues than those in the least deprived areas. This is a long-standing problem and progress in tackling it has been slow. Mental health services cannot address this alone, and they are not yet working closely enough with other sectors, such as housing, welfare, and employability support services, to address and prevent some of the causes of poor mental health.

- The Scottish Government does not have sufficient oversight of most adult mental health services because of a lack of information. It does not measure the quality of care or the outcomes for people receiving it. The Scottish Government focuses on only waiting times for psychological therapies to assess how adult mental health and wellbeing services are performing. Performance against this measure has improved, but NHS boards are still struggling to meet waiting times standards. The system is fragmented, and accountability is complex, with multiple bodies involved in funding and providing mental health services. This causes complications and delays in developing services that focus on individuals' needs.

- The Scottish Government's progress against commitments in its Mental Health Strategy 2017–2027 is mixed. It has since made further financial, operational and workforce commitments, but it is not currently on track to achieve them. These include increasing mental health funding by 25 per cent, ensuring that ten per cent of front-line health spending is on mental health, and giving all GP practices access to primary care mental health and wellbeing services.

7.   The report is arranged into four parts:-
   - Part 1. Access to mental health support and services
   - Part 2. Progress towards improving mental health services
   - Part 3. How well resources for adult mental health are managed
   - Part 4. Plans and strategic direction.

8.   Findings and recommendations are based on evidence gathered through document review, data analysis, interviews and focus groups as well as more in-depth fieldwork in Grampian, Aberdeenshire and Moray, and Lanarkshire to better understand local pressures and challenges, and to highlight areas of good practice.

9. The report noted that supporting and improving mental health and wellbeing is a significant public health challenge that requires a coordinated response from a wide range of organisations. The report makes a number of recommendations for Scottish Government, Integration Joint Boards, NHS Boards and Councils to take forward. They recommended that:-

    ➢ The Scottish Government should:
      - *implement the recommendations of the independent evaluation of the Distress Brief Intervention (DBI) programme as part of rolling out the DBI programme across Scotland by March 2024*
      - *before the end of 2023, publish its guidance on measuring and evaluating outcomes from mental health and wellbeing services in primary care, which was expected to be published in April 2022*
      - *publish a costed delivery plan, as soon as possible, setting out the funding and workforce needed to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026, including how these services will work with other sectors to provide holistic, person-centred support*
      - *in the next 12 months, work with Public Health Scotland to start routinely publishing, at least quarterly, how the Scottish Government's psychological therapies specification and quality standards for secondary mental health services are improving the experiences and outcomes for people who use these services.*
      - *in the next 12 months, work with Public Health Scotland to start routinely publishing psychological therapies performance at Health and Social Care Partnership (HSCP) level as well as NHS board level to improve transparency and accountability for psychological therapies services.*

    ➢ Scottish Government and Integration Joint Boards (IJBs) should:
      - *urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that:*
        - *service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand*
        - *information can be shared between health and social care partners more easily*
        - *they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact.*

10. Within East Renfrewshire our Mental Health and Recovery Planning Group recognises the importance of quantitative and qualitative data to assist in planning both in terms of workforce and in service delivery with a particular focus on improving patient experience.

11. As an example our local data capture goes beyond compliance with psychological therapies and we have created a local dashboard which measures demand and capacity, we have also undertaken work to better understand where patients are accessing multiple services in an effort to highlight where better integration is needed to increase efficiency and achieve a smoother journey across the service areas. This is in turn is assisting us to make service changes to both pathways and workforce deployment / recruitment and future planning.

> ➢ IJBs, HSCPs and NHS boards should:
> - *provide people with a choice about whether they access mental health services remotely or face-to-face, in line with the commitment in the Digital Health and Care Strategy.*

12. In East Renfrewshire the advent of wider digital access as a result of the pandemic has largely been positive. Prior to the pandemic this was not an option for patients but we recognise this does not suit everyone, staff included. We have continued to offer choice of appointments, there are however occasions where this may be limited based on a range of factors such as infection control but, we work to ensure when contingencies are required we quickly return to normal operations.

> ➢ IJBs and councils should:
> - *urgently improve how mental health, primary care, housing, employability, and welfare support services work together to address and prevent the causes of poor mental health, by developing shared goals and targets, sharing data and jointly funding services.*

13. Integration, working together and collaboration is at the heart of what we do in East Renfrewshire and our Mental Health and Recovery Planning Group is made up of a wide range of services from within and outwith the mental health setting. However there is always more to do and we recognise this. Our strategic planning incorporates the importance of stronger integrated and partnership working but this is something which is achieved by close operational links and day to day management which is a key focus for us.

14. In addition to the points above, East Renfrewshire is working on a range of priorities which are aligned to the recommendations made in the audit Scotland report, including:-
    - Our Peer Support and Lived experience panels are now embedded and helping us to shape all local services.
    - Progress has been made against the NHS Greater Glasgow and Clyde Mental Health Strategy 2018 – 2023 which has been refreshed for 2023-2028. An update on the refresh is being presented to the IJB at its meeting on 22 November 2023 which includes further detail on the ongoing work to support the delivery of the strategy at a local level.
    - During the pandemic we established a number of remote services and we continue to offer these alongside face to face and group appointments.
    - Our workforce planning is taking account of the recruitment and retention issues experienced by all HSCPs. We have developed a local plan to take account of imminent retirements of senior staff with a focus on how we build resilience and prepare for these changes. We are also looking at the roles and skill mix for all professions and have managed a very challenging situation in relation to medical staff vacancies by investing other disciplines such as pharmacy.
    - We have, by investing in local staff development increased our Mental Health Officer numbers and aim to continue this approach.
    - We are working to take forward the Distress Brief Interventions programme with a view to investing funding with our third sector partners.

CONCLUSIONS

15. There is, without question, multiple areas of activity related to improvement in mental health services at a national, NHS Board and local level. This can be challenging to navigate for a smaller HSCP. This is particularly challenging when funding is ring fenced and there is limited flexibility to focus on local issues which may differ from other areas. We can however, because of our size link quickly and effectively with internal and external partners and this has stood us in good stead.

16. An important measure is our admissions to inpatient mental health services which is relatively low, we have also not experienced any delayed discharges in Mental Health for a considerable period which demonstrates our commitment to supporting people at home and ensuring that when hospital is needed people are supported to get home as soon as they are ready.

17. The report acknowledges that the independent review of mental health law in Scotland which published its final report in September 2022, along with the Scottish Government's response in June 2023 may lead to changes in mental health law in future, this will require significant implementation.

18. The Audit Scotland Report provides a useful overview of services across Scotland and provides us with key information on which to benchmark ourselves. Our Mental Health and Recovery Planning and Adult Services Governance Groups will take account of the recommendations set out here, we will continue to work with Board wide colleagues on wider NHS GGC strategy and on the wide range of directives we receive from Scottish Government. We will however continue to put this in the context of what matters to the people of East Renfrewshire and our HSCP Strategic Plan reflects our mental health and recovery priorities based on the needs and priorities of the population.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Tom Kelly, Head of Adult Services: Learning Disability and Recovery
tom.kelly@ggc.scot.nhs.uk

1 November 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS
IJB Paper: 22.11.2023: A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023-2028

Adult mental health

ACCOUNTS COMMISSION

AUDITOR GENERAL

Contents

Audit team

The core audit team consisted of: Leigh Johnston, Eva Thomas-Tudo, Claire Tennyson and Jason Carter, with support from other colleagues and under the direction of Mark MacPherson.

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Key facts

About **one in four people** experience mental health problems in any given year.

People with lifelong mental illnesses are more likely to die **15-20 years** prematurely because of physical health problems.

80.8 per cent of people started psychological therapies within 18 weeks of being referred for treatment in 2022/23.

2,742 people waited more than a year to start psychological therapies in 2022/23.

£8.8 billion was the reported cost of poor mental health to the Scottish economy in 2019.

NHS boards spent **£1.2 billion** on adult mental health in 2021/22.

Councils spent **£224.7** million on adult mental health in 2021/22.

The Scottish Government's Mental Health Directorate budget is **£290.2 million** in 2023/24.

Key messages

1 Funding for adult mental health services has increased significantly since 2017. But a lack of data makes it hard to see what impact this increased spending has had. Accessing services remains slow and complicated for many people. The Covid-19 pandemic made this situation worse, particularly limiting access to face-to-face support. NHS boards are still not all routinely offering face-to-face appointments as a choice. The mental health workforce is under pressure, with high vacancy rates and turnover. And progress towards increasing the mental health support available from primary care, which is essential to improving access and relieving pressure on specialist services, has been delayed.

2 Accessing mental healthcare is more difficult for some people, for instance people from ethnic minorities, people living in rural areas and people living in poverty. People living in the most deprived areas are also three times more likely to end up in hospital for mental health issues than those in the least deprived areas. This is a long-standing problem and progress in tackling it has been slow. Mental health services cannot address this alone, and they are not yet working closely enough with other sectors, such as housing, welfare, and employability support services, to address and prevent some of the causes of poor mental health.

3 The Scottish Government does not have sufficient oversight of most adult mental health services because of a lack of information. It does not measure the quality of care or the outcomes for people receiving it. The Scottish Government focuses on only waiting times for psychological therapies to

assess how adult mental health and wellbeing services are performing. Performance against this measure has improved, but NHS boards are still struggling to meet waiting times standards. The system is fragmented, and accountability is complex, with multiple bodies involved in funding and providing mental health services. This causes complications and delays in developing services that focus on individuals' needs.

4 The Scottish Government's progress against commitments in its Mental Health Strategy 2017–2027 is mixed. It has since made further financial, operational and workforce commitments, but it is not currently on track to achieve them. These include increasing mental health funding by 25 per cent, ensuring that ten per cent of front-line health spending is on mental health, and giving all GP practices access to primary care mental health and wellbeing services.

Recommendations

The Scottish Government should:

- implement the recommendations of the independent evaluation of the Distress Brief Intervention (DBI) programme as part of rolling out the DBI programme across Scotland by March 2024 (Case study 1, page 21)

- before the end of 2023, publish its guidance on measuring and evaluating outcomes from mental health and wellbeing services in primary care, which was expected to be published in April 2022 (paragraph 30)

- publish a costed delivery plan, as soon as possible, setting out the funding and workforce needed to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026, including how these services will work with other sectors to provide holistic, person-centred support (paragraphs 31 , 32 and 43)

- in the next 12 months, work with Public Health Scotland to start routinely publishing, at least quarterly, how the Scottish Government's psychological therapies specification and quality standards for secondary mental health services are improving the experiences and outcomes for people who use these services (paragraph 52)

- in the next 12 months, work with Public Health Scotland to start routinely publishing psychological therapies performance at Health and Social Care Partnership (HSCP) level as well as NHS board level to improve transparency and accountability for psychological therapies services (paragraph 55).

The Scottish Government and Integration Joint Boards (IJBs) should:

- urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that:

  – service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand (paragraphs 14 , 90 and 97)

  – information can be shared between health and social care partners more easily (paragraphs 56–58)

  – they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact (paragraphs 97–99).

IJBs, HSCPs and NHS boards should:

- provide people with a choice about whether they access mental health services remotely or face-to-face, in line with the commitment in the Digital Health and Care Strategy (paragraphs 25 and 26).

IJBs and councils should:

- urgently improve how mental health, primary care, housing, employability, and welfare support services work together to address and prevent the causes of poor mental health, by developing shared goals and targets, sharing data and jointly funding services (paragraphs 42 and 43).

Introduction

Background

1. Supporting and improving mental health and wellbeing is a significant public health challenge that requires a coordinated response from a wide range of organisations. There is a need to focus on prevention and early intervention while maintaining access to specialist services for those with severe mental health issues. This is a difficult balance to achieve.

2. Mental health problems are very common. About one in four people experience mental health problems in any given year.[1] The Covid-19 pandemic brought additional pressures on the population's mental health (paragraph 15). National lockdowns meant that people were more isolated from family and friends, and access to support and services was impacted.

3. The Scottish Government and the Convention of Scottish Local Authorities (COSLA) identified mental wellbeing as one of six public health priorities for Scotland in 2018.[2] The Scottish Government aimed to give equal priority to physical health and mental health in its Mental Health Strategy 2017–2027.[3] It reported that people with lifelong mental illnesses are more likely to die 15-20 years prematurely.

4. The Mental Health Foundation reported that poor mental health cost the Scottish economy £8.8 billion in 2019.[4] Most of these costs were not incurred by the healthcare sector. For example, 72 per cent can be accounted for by the lost productivity of people living with mental health conditions and costs incurred by unpaid informal carers. £8.8 billion is also likely to be a significant underestimate because of a lack of data. For instance, the figure does not include costs associated with the impact of poor mental health on areas including the criminal justice system, housing, and addictions services.

About this report

5. This report has been prepared on behalf of the Auditor General for Scotland and the Accounts Commission. In 2018, we reported on children and young people's mental health and made a commitment to further audit work on mental health-related issues. This performance audit focuses on mental health services for adults in Scotland.

6. The overall aim of the audit is to answer the question: How effectively are adult mental health services across Scotland being delivered? We have focused on the progress made since 2017, when the Scottish Government published its Mental Health Strategy 2017–2027. This report is in four parts:

- Part 1. Access to mental health support and services
- Part 2. Progress towards improving mental health services
- Part 3. How well resources for adult mental health are managed
- Part 4. Plans and strategic direction.

7. Our findings and recommendations are based on evidence gathered through document review, data analysis, interviews and focus groups. We also carried out more in-depth fieldwork in three geographical areas to better understand local pressures and challenges, and to highlight areas of good practice. These areas were: Grampian – Aberdeen City, Aberdeenshire and Moray; Lanarkshire – North Lanarkshire and South Lanarkshire; and the Scottish Borders. Appendix 1 sets out more detail on our audit methodology.

8. We carried out three focus groups with people with lived experience of mental health problems. We have included quotes from these focus groups throughout the report to help illustrate our audit findings. We would like to thank the participants of these focus groups, and Vox Scotland and the Health and Social Care Alliance Scotland for facilitating the focus groups.

9. The audit focused on mental health support and services for adults in Scotland. The audit was not able to look in detail at specific mental health conditions, or significant topics that require distinct, specific types of support, such as:

- transitions between services for children and young people to adult mental health services
- dementia care
- mental healthcare for prisoners.

10. The independent review of mental health law in Scotland published its final report in September 2022.[5] The Scottish Government published its response to the recommendations in June 2023.[6] This may lead to changes in mental health law, but in this audit we have examined mental health services as they currently stand.

1. Access to mental health support and services

The support that people need for their mental health varies considerably

11. Mental health problems are very common and have a considerable impact on people's lives. These problems can vary from poor mental wellbeing and periods of emotional distress to severe and persistent, diagnosable mental illness. Many factors affect people's mental health including genetics, life experiences, upbringing and environment. For instance, experiencing poverty, homelessness, and living in poor-quality housing all increase the risk of having mental health problems (paragraph 37).

12. The support that people need can also vary considerably, and not all mental health problems require a medical response. Adults access mental health support and services in a variety of settings. Exhibit 1 (page 11) outlines some of the main types of mental health support available in Scotland, although the services available vary throughout the country.

13. The system is complex (paragraphs 56–57). Services are provided by HSCPs, NHS boards, councils and the charity and voluntary sectors. Integration Joint Boards (IJBs) are responsible for planning, commissioning, and monitoring adult mental health services provided in the community and in hospitals. Some IJBs are also responsible for secure mental health services, with NHS boards having that responsibility in other areas.

Exhibit 1.
Examples of mental health support in Scotland
Support for mental health problems varies from self-help to support mental wellbeing, through to highly specialised treatment for severe and enduring mental illnesses.

Patient journey

Prevention and mental wellbeing – Self-help

Support for the population's mental wellbeing.

Types include:

- Promotion of mental wellbeing
- Websites such as NHS inform and Clear Your Head
- Helplines such as Samaritans and Breathing Space
- Community-based activities and peer support groups
- Wider support such as employability and homelessness services.

Primary care – Mostly self-referral

Usually the first points of access for people seeking help for their mental health.

Types include:

- Appointments with GPs and other primary care staff
- NHS 24 Mental Health Hub
- Some psychological therapies
- Distress Brief Interventions Case study 1.

Secondary care – Requires a referral from primary care

Treatment for people with longer-term or complex mental health conditions that cannot be managed by their GP or other primary care services.

Types include:

- Psychiatry services
- Psychology services
- Inpatient mental healthcare
- Community mental health services
- Crisis resolution services.

Tertiary care – Highly specialised treatment

Highly specialised treatment for people with complex mental illnesses that cannot be managed by primary or secondary services.

Types include:

- Forensic psychiatry – for people who have been, or are at risk of being, violent
- Specialist perinatal mental health services
- Specialist clinics for specific disorders such as eating disorders, mood disorders and personality disorders.

Source: Audit Scotland

The Scottish Government, IJBs and others have insufficient data to fully understand demand for mental healthcare

14. Comprehensive, good-quality data is essential for assessing demand and planning services. Information about demand for mental healthcare in Scotland only covers people already accessing, or trying to access, some mental health services. The Scottish Government estimated that only one in three people who would benefit from treatment for a mental illness was receiving it.[7] This means there is potentially much higher demand for mental health support and services than the available data shows. For instance:

- Data is not available to determine how many people have severe and enduring mental health conditions in Scotland.[8]

- Information is not available to accurately assess demand for mental health support in primary care in Scotland, but it is likely that demand is high. In 2018, a survey of more than 1,000 GPs across England and Wales estimated that 41 per cent of appointments relate to mental health.[9]

- Community mental health teams (CMHTs) provide specialist mental health services, but information on demand, such as referrals and caseloads, is not routinely collected.

- No information is available that shows demand for psychiatric services. The number of appointments taking place is published, but no information is available on the number of referrals, the number of people on waiting lists, how long people are waiting for treatment or the length of treatment.

- The quality, completeness and consistency of NHS boards' submissions to the psychological therapies data set vary significantly, affecting the robustness of information that is available.

There are indications that demand for mental healthcare has increased

15. The Covid-19 pandemic had a detrimental impact on the population's mental health. Results from the Scottish Health Survey showed that mental wellbeing among adults was lower in 2021 than in 2019, and that 22 per cent of adults may have a psychiatric disorder, an increase from 17 per cent in 2019.[10]

16. Referrals to psychological therapies and admissions to inpatient mental healthcare have remained broadly stable since 2017/18. But other measures show that demand for mental healthcare has increased:

- The number of people detained using the Mental Health Act because of an urgent need for treatment for a mental health

disorder increased from 104 to 120 per 100,000 people between 2017/18 and 2021/22. It peaked in 2020/21 during the pandemic.[11]

- The number of police incidents relating to mental health increased by 62 per cent between 2018 and 2022, from 14,394 incidents to 23,259.[12] [13]

- The Scottish Association for Mental Health (SAMH) reported a 50 per cent increase in demand for its information service during the pandemic.[14]

- The number of calls to NHS 24's 111 Mental Health Hub increased by 436 per cent between 2019/20 and 2022/23, from an average of 2,136 calls per month, to an average of 11,457 calls per month. The increase can partly be explained by its expansion from operating eight hours per day to 24 hours per day from July 2020.[15]

17. Referrals for psychological therapies decreased temporarily at the start of the pandemic, but this could have been caused by a reduction in the availability of services during this time and fewer people contacting their GPs.

'Waiting lists even pre-Covid were really ridiculous and at the moment waiting lists are horrendous… a lot of services have been withdrawn or shut down, it's leaving a lot of really vulnerable people with no help and support.'
Focus group participant

Accessing mental health services is slow and complicated for many people

18. Many people find accessing mental health and wellbeing services to be a slow and complicated process. SAMH surveys found that six out of ten people who had tried to access mental health support from their GP or specialist services since March 2021 reported facing challenges.[16]

19. People typically access mental health support in Scotland by visiting GPs for support and onward referral to specialist services. This can be slow, and many people who need mental health support do not meet the thresholds for specialist services. Moreover, the availability and awareness of other support, such as primary care mental health services (paragraphs 27–33), third sector services and peer support, varies across Scotland.

'People seem to go for appointments and be put onto a pathway. That pathway either comes abruptly to an end, through no fault of anyone's – perhaps funding runs out, or one pathway leads to another pathway, but nothing seems to lead anywhere.'

'I was on the waiting list for two years to see a psychologist. I wasn't aware if there were any other people within the NHS I could see or if there was any other help, I was just told about the psychologist.'

'I do really like working with my clinical psychologist but in terms of getting the support in the first place and the waiting times, I found that very, very difficult and it was not a good experience for me.'

Focus group participants

20. People can get information about mental health services through websites such as NHS Inform – Scotland's national health information service – or through third sector organisations such as Samaritans or SAMH. But people can find accessing this information difficult, particularly when they are experiencing poor mental health. Results from a SAMH survey estimated that 800,000 adults in Scotland do not know where to go to get help for their mental health.[17]

'I've asked and asked and I'm getting no help anywhere whatsoever.'

'I think I know more about what's out there than my GP does, even though she's sympathetic and she does her best to help. I just don't know what's out there or what can best help me.'

'I got referred to a community psychiatric nurse but got a letter a couple of weeks later to say that it had been rejected so I was left in the middle of the pandemic looking at all these services online just totally overwhelmed.'

Focus group participant

The Covid-19 pandemic led to a reduction in access to services, particularly face-to-face support

21. Access to mental health services decreased during the Covid-19 pandemic. The number of appointments across a range of mental health services dropped significantly during the first few months of the pandemic (Exhibit 2, page 16). For most services, this has since recovered to at least pre-pandemic levels. For general psychiatry however, the number of appointments has decreased again since mid-2021, after an increase between July 2020 and June 2021. Data is not available to explain this decrease (paragraph 14), for example, whether it is caused by decreasing demand or capacity. The Royal College of Psychiatrists told us that demand for psychiatry services is high.

22. During the pandemic, face-to-face support was offered only where clinically necessary. SAMH published two reports covering the experiences of people trying to access mental health support during the pandemic. The first one found that there was widespread loss of face-to-face support during the pandemic.[18] The second report, based on surveys carried out in late 2021 and early 2022, found that most mental health support was still being provided remotely.[19] In 2022, most psychological therapies appointments took place digitally or by telephone (Exhibit 3, page 17).

23. Views about receiving mental health care and treatment remotely are mixed. SAMH reported that more than three-quarters of people felt that face-to-face support was far better than remote options, both telephone and video consulting.[20] We found that remote options worked well for some people in our focus groups, but not for others.

'You've got vulnerable people who are desperate to access treatment, but they don't want to access treatment because it's being done online when they don't want to do it online. You have to give people the choice.'

'I did find it good because with my disability it's really hard to leave the house. So in some ways it was actually really good to have it and still physically see them and talk to them. But it's also difficult because of connection issues.'

'Being online can be good because it does allow you a bit more flexibility.'

Focus group participants

Exhibit 2.
Mental health services activity
Activity across a range of mental health services decreased during the first few months of the Covid-19 pandemic but most have since returned to at least pre-pandemic levels.

	October to December 2017	March to June 2020	October to December 2022	Percentage change
General psychiatry	52,794		52,276	**-1%**
Psychiatry of old age	15,574		16,512	**6%**
Forensic psychiatry	627		1,000	**59.5%**

	April to June 2017	March to June 2020	January to March 2023	
Psychological therapies	12,028		19,177	**59.4%**

	2016/17	2019/20	2021/22	
Inpatient mental healthcare	44,310		49,180	**11%**
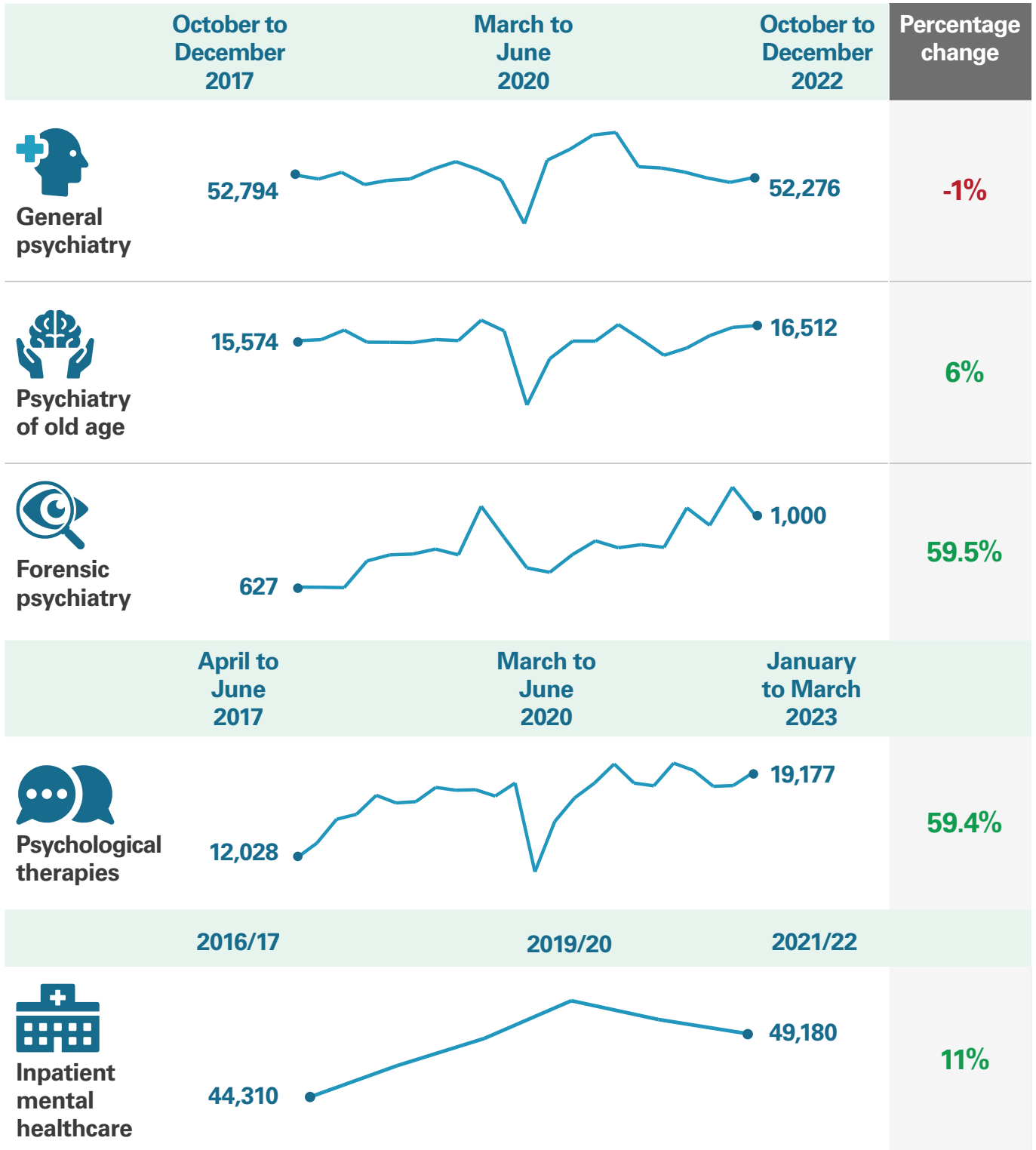
Note: Psychological therapies only includes new appointments; psychiatry specialties include new and return appointments.

Source: Audit Scotland and Public Health Scotland

Exhibit 3.
Psychological therapies appointment types in 2022
The known proportion of appointments taking place remotely varies widely across NHS boards.

NHS Board	Face-to-face	Telephone or Video
Scotland	40%	55%
NHS Ayrshire and Arran	86%	14%
NHS Borders	16%	84%
NHS Dumfries and Galloway	29%	71%
NHS Fife	36%	56%
NHS Forth Valley	52%	48%
NHS Grampian	49%	51%
NHS Greater Glasgow and Clyde	41%	56%
NHS Highland	42%	58%
NHS Lanarkshire	32%	68%
NHS Lothian	31%	21%
NHS Orkney	6%	94%
NHS Shetland	64%	36%
NHS Tayside	59%	41%
NHS Western Isles	9%	74%

■ Face-to-face   ■ Telephone or Video

Note: NHS Ayrshire and Arran includes data from August to September 2022. Some appointment types are unknown, and so totals may not add up to 100 per cent. NHS Lothian has a particularly high rate of unknown appointment types because of limitations with how their systems recorded this information. The full list of data quality issues can be found in Public Health Scotland's Psychological Therapies Waiting Times data quality publication (March 2023).

Source: Audit Scotland and Public Health Scotland

Remote options have increased access but not all NHS boards routinely offer face-to-face appointments as a choice

24. The Scottish Government has committed to expanding digital mental health services and self-help resources and increasing access to evidence-based psychological therapies and other support.[21] There are also examples of new services being set up that will be provided entirely remotely, such as the Renew service in the Scottish Borders. Renew is a remote primary care service that offers assessment and treatment for patients experiencing mild to moderate anxiety and depression.

25. The Scottish Government and COSLA's Digital Health and Care Strategy (2021) states that people will not be forced to use a digital service if it is not right for them. However, NHS boards reported a range of factors that affected the type of appointment that was offered, including the availability of clinical space, clinical need, and whether people are affected by digital exclusion.[22]

26. Increasing access to mental health support and services is necessary and welcome. But the Scottish Government, NHS boards and others who provide services must ensure that people are routinely given a choice about whether they access services remotely or face-to-face.

Increasing the availability of mental health and wellbeing services in primary care is essential for improving access

27. GPs and wider teams based in primary care play a key role in providing mental healthcare. An estimated 41 per cent of GP appointments involve a mental health issue (paragraph 14). Increasing the availability of mental health and wellbeing services in primary care could help to prioritise prevention and early intervention and decrease pressure on specialist services.

'My GP has done more for me than most psychiatrists have, and she's not a trained psychiatrist. That tells me it's not necessarily to do with the training and the qualifications that these people have.'
Focus group participant

28. The Royal College of General Practitioners told us that GPs need more support to address the mental health needs of patients. At March 2022, only 45 per cent of GP practices across Scotland reported having full access to mental health workers, and 66 per cent reported having full access to **community link workers**.[23] This information was not available in the 2023 publication – GP practices were only asked whether they had any access to these workers, this could vary from minimal access to

Community link workers work with GP practices to help patients access non-medical support for personal, social, emotional and financial issues.

full access. At March 2023, 17 per cent of GP practices across Scotland reported having no access to mental health workers, and 20 per cent reported having no access to community link workers (down from 22 per cent and 24 per cent respectively in March 2022).[24]

'My GP surgery does have a counsellor who works alongside the GP practice but it's mainly working with people who have addiction issues, rather than people with other emotional or psychological issues. More multi-disciplinary team support like that in GP practices would help free up NHS hospital services for people who are more seriously ill.'
Focus group participant

29. The Scottish Government has committed to ensuring that every GP practice has access to a mental health and wellbeing service by 2026.[25] In January 2022, the Scottish Government issued planning guidance to IJBs on developing mental health and wellbeing in primary care services (MHWPCS).[26]

30. The planning guidance outlined that MHWPCS should offer assessment, advice, support, and treatment, provided by a multidisciplinary team. A key part of this guidance that would set out how to measure and evaluate outcomes from MHWPCS was expected to be published in April 2022, but it has still not been published. The Scottish Government should publish this as soon as possible. This is important, as it will allow data to be collected on how these services are improving people's mental health and whether they are supporting the aims of the General Medical Services contract to refocus GPs' roles as expert medical generalists.[27]

31. The planning guidance states that funding for MHWPCS is intended mainly for employing new staff and not for providing additional space to accommodate teams. Two of our in-depth fieldwork sites, North Lanarkshire and Moray, have expressed concerns about a lack of accommodation for their mental health primary care teams. This makes it difficult for staff to complete routine tasks, such as seeing clients and managing caseloads.

32. The Scottish Government's Emergency Budget Review (EBR) delayed progress towards increasing the number of mental health workers and link workers in primary care. It cut funding for improving primary care services by £65 million and mental health funding by £38 million in 2022/23.[28] The Scottish Government should publish a costed delivery plan that sets out the funding and workforce that will be needed to achieve its aim of establishing sustainable and effective MHWPCS across Scotland by 2026.

33. Initiatives across Scotland have successfully increased both in-person and remote access to mental health support in primary care. Examples include the Distress Brief Intervention (DBI) programme (Case study 1, page 21) and the NHS 24 111 Mental Health Hub. The hub was established in 2019 but expanded considerably during the Covid-19 pandemic.

Accessing mental healthcare is disproportionately more difficult for some people

34. Some people, such as people with complex care needs and people with severe and enduring mental health problems, experience inequality in accessing mental healthcare. For example:

- The Mental Welfare Commission reported that some GPs found that referrals to psychiatry services were rejected in the case of patients with substance misuse problems. GPs were advised to refer these patients to addictions services, even when the patient's main problem is their mental illness.[29]

- The Scottish Mental Illness Stigma Study found that people with severe and enduring mental health problems experienced stigma and discrimination when trying to access mental healthcare. For instance, 71 per cent of respondents felt that they had been unfairly denied help for their mental illness because of stigma.[30]

35. Some groups also face practical barriers to accessing mental health and wellbeing services. For instance, access to specialist services in sign language, for people with hearing problems, is limited.[31] Mental health services are less accessible for minority ethnic groups because of language and cultural barriers to communication.[32] Long journeys and limited internet connectivity can make access for rural communities difficult.

'If you live in a rural community or outside of a catchment area you have no services available. You try to access the services where they are available but you're up against a brick wall.'

'Mental health services should be available to everybody when they need it. I wouldn't go around with a broken leg for 20 years, it just wouldn't happen, but you can have mental ill-health for that amount of time. It shouldn't be any different. Mental health should be treated the same as any other part of your body, which just now it isn't.'

Focus group participants

Case study 1.
The Distress Brief Intervention (DBI) programme

The DBI programme is effective at supporting people experiencing distress.

The Scottish Government developed the DBI programme as it recognised that there was a lack of support available for people experiencing distress, who did not require an emergency medical response. The Scottish Government tested the DBI programme between November 2016 and March 2021 across four sites: Aberdeen, Inverness, Lanarkshire, and the Scottish Borders.

The DBI programme takes a two-level approach. Level 1 interventions are provided by trained front-line staff from primary care, Police Scotland, the Scottish Ambulance Service (SAS), Accident and Emergency departments (A&E) and NHS 24. Level 1 interventions aim to help people to cope with their immediate distress and offers the opportunity to be referred within 24 hours to a Level 2 intervention. Level 2 interventions are provided by trained third sector staff who work with individuals, for up to 14 days, to provide support and a personalised action plan for distress management. During the intervention, staff can help people access other services for follow-up support.

An independent evaluation of the DBI programme pilot reported that DBIs work well for most people. Distress decreased during the DBI for 90 per cent of people. A key strength of the DBI programme was its ability to be tailored to individuals' needs, and the Scottish Government's DBI central team was essential to the programme's success. This team coordinated services and communication, and enabled problem-solving.

The evaluation also identified some challenges, including that some existing operational systems could not include DBI referrals. Some staff of existing services doubted the added value of the DBI programme and saw it as a replacement for more specialist services that they considered of greater value. Convincing existing services of the value of the DBI programme is likely to be an ongoing challenge during wider rollout, and effective engagement with them will be important for success.

The DBI programme is now being rolled out nationally. The Scottish Government expects NHS boards to have embedded the DBI programme by March 2024. However, the Scottish Government will no longer provide local areas with dedicated funding for the programme, so partners will be expected to fund this using existing budgets. This creates the risk that the quality and availability of the DBI service could vary across the country, as partners manage increasingly tight budgets.

The Scottish Government and partners involved in providing DBIs should implement the recommendations of the independent evaluation as part of the programme's roll-out across Scotland.

Source: Audit Scotland and Scottish Government

36. People with mental health problems also experience inequality in accessing physical healthcare. People with lifelong mental illness have a 15–20-year-shorter life expectancy because of physical health problems.[33] The Royal Pharmaceutical Society reported that reasons for this include poorer access to, or uptake of, physical healthcare.[34]

Mental health inequality is a long-standing problem and progress addressing this has been slow

37. Many inequalities in mental health arise because of inequalities in society. For instance, the Mental Health Foundation reported that experiencing poverty, homelessness, living in poor-quality housing and having limited access to green space all increase the chances of having a mental health problem.[35] Experiencing prejudice, discrimination, bullying and social exclusion also increases the risk.

38. Mental health inequalities are a long-standing problem and have been made worse by the Covid-19 pandemic and cost-of-living crisis.[36] The Mental Health Foundation reported that the cost-of-living crisis could have a negative effect on mental health on a similar scale to the Covid-19 pandemic. Our Local government in Scotland overview 2023 highlighted that persistently high levels of poverty and financial hardship is increasing pressure on local services, at a time when councils' finances are under severe strain. Some people have a much greater risk of experiencing poor mental health. Exhibit 4 (page 23) provides some examples of this.

Exhibit 4.
Examples of mental health inequalities
Some people are at greater risk of experiencing poor mental health.

Deprivation

People living in the most deprived areas are three times more likely to receive inpatient mental healthcare than people living in the least deprived areas.

Deprivation

39% of emergency detentions using the Mental Health Act happened to people from the 20% most deprived areas of Scotland

Long-term illness

Mental wellbeing is lower among people with a long-term illness that limits their activities than for people with no long-term illness.

Young people

Younger people are more likely to experience anxiety – 22% of people aged 25-34 years reported experiencing at least two symptoms of anxiety, compared with 6% of people aged 65-74 years.

LGBT+

54% of LGBT+ people have a self-reported mental health problem.

Learning disabilities

Mental ill health is significantly more prevalent in adults with learning/intellectual disabilities than in the general population.

Note: In the Scottish Health Survey 2021, long-term conditions are defined as a physical or mental health condition or illness lasting, or expected to last, 12 months or more.

Source: Audit Scotland, Mental Health Foundation, See Me, Mental Welfare Commission, Scottish Government, NHS Greater Glasgow and Clyde, NHS Lothian and Public Health Scotland, Scottish Learning Disabilities Observatory

39. The Scottish Government recognises the importance of addressing inequalities in mental health, but the impact of its commitments is not always clear:

- Its Mental Health Strategy 2017–2027 highlights the importance of taking a human rights-based approach (HRBA) to the actions set out in the strategy and improving access to mental health services for people most in need. But the Scottish Government is not clear about how it will adopt a HRBA in practice. For example, there is limited reference to incorporating the voices of lived experience throughout the commitments in the strategy.

- Its Mental Health Transition and Recovery Plan (MHTRP), published in October 2020, aims to tackle inequalities through actions targeting employment, socio-economic inequalities and women and girls' mental health.[37] However, the plan did not outline timescales for all the actions and the Scottish Government has not carried out a review of progress towards meeting the plan's objectives.

40. In 2021/22 the Scottish Government allocated £21 million, through the Communities Mental Health and Wellbeing Fund (CMHWF), to support some of the aims of the MHTRP. Third Sector Interfaces were responsible for distributing this funding. One of the key aims of the CMHWF is to prioritise 'at risk' groups, such as women, adults with a long-term health condition or disability and people facing socio-economic disadvantage. The Scottish Government allocated a further £15 million for 2022/23 and £15 million for 2023/24.

41. The Scottish Government has made good progress in considering mental health equalities and human rights in policy and practice:

- It established a Mental Health Equalities Forum in February 2021, which aimed to ensure that equality and human rights are a central part of mental health policy and provision of services. The forum has contributed to key pieces of work, such as the CMHWF.

- It also developed internal equality champions in its **Mental Health Directorate** to raise awareness of mental health inequalities. It has not yet, however, shown that mental health inequalities are being considered enough outside of the Mental Health Directorate.

The Scottish Government's Mental Health Directorate leads on mental health policy and on delivering the Scottish Government's commitments relating to mental health.

The social factors that lead to poor mental health must be addressed to decrease mental health inequalities

42. Mental health services cannot address mental health inequalities alone. They need to work more closely with other sectors, such as housing, employment, and welfare support, to address and prevent the causes of poor mental health. To do this effectively, these sectors need to develop shared goals and targets, share data and information, and

jointly fund services. This work should be informed by people with lived experience of mental health issues and the third sector.

'People develop addictions or mental health issues because of unemployment or poverty or other social issues. It's important to recognise the more holistic influences on our mental, emotional, and physical health and wellbeing and start to address them properly.'
Focus group participant

43. Primary care services have an important role to play. It is vital that work to increase MHWPCS (paragraphs 27–33) involves considering how these services will work jointly with other sectors to provide holistic, person-centred support. Scotland could also learn from good practice around the world, such as the person-centred model used in Trieste, Italy (Case study 2, page 26).

44. The Scottish Government and COSLA recognise the need for a more collaborative approach. In June 2023, they signed up to a new agreement that aims to support better joint working.[38] It sets out how the Scottish Government and councils will work together, including by focusing on achieving better outcomes, collaborating as early as possible on relevant policy areas and increasing the flexibility of how funding can be spent on local priorities. This agreement has the potential to enable a more joined-up approach in areas such as mental health, but it is too soon to see how well this will work in practice.

Case study 2.
Trieste model of mental healthcare

The Trieste model provides timely, person-centred and holistic mental healthcare.

The public, community-based mental healthcare system in Trieste, Italy, takes a person-centred, human rights-based approach to care. It has been recognised by the World Health Organization as an example of best practice.[39] [40]

The main point of entry into mental health services in Trieste is through a network of community mental health centres (CMHCs). They operate 24 hours a day and provide holistic, comprehensive mental health support for anyone who asks for it. There are no waiting lists and no referral criteria – anyone can access this support.

CMHCs provide services including walk-in clinics, home treatment, day care, psychological and social support, medication, overnight crisis care, rehabilitation services and residential services including supported housing. Use of inpatient care is very low, people are supported in their own homes and neighbourhoods as much as possible.

The Trieste model recognises the value of including people in daily activities in their communities and of interpersonal relationships. CMHCs have links with other services, community organisations and peer and social networks, and connect people with education and employment opportunities and recreational activities.

Each person using a CMHC is assigned a small multidisciplinary group of staff responsible for their care and support. Services are provided by a range of professionals, including psychiatrists, psychologists, social workers and nurses, and involve family members, friends, volunteers, and local organisations.

People are actively involved in their own care. They help to develop personalised care plans, which consider a wide range of needs, not only clinical needs, including housing support, personal hygiene, finances and work.

The model has improved user satisfaction and health outcomes for people with mental health conditions. Suicide rates and involuntary admissions have fallen, and stigma about mental health has decreased. The CMHC network is also significantly cheaper than the service provided before, costing just 37 per cent of the cost of the asylum it replaced.

Source: Audit Scotland and the World Health Organization

2. Progress towards improving mental health services

Waiting times for psychological therapies have improved but NHS boards are still struggling to meet waiting times standards

45. Scotland's performance against the national waiting times standard for patients referred to psychological therapies being seen within 18 weeks has improved from 76.5 per cent to 80.8 per cent between 2017/18 and 2022/23 (Exhibit 5, page 28). But it remains below the standard of 90 per cent. Despite an overall improvement in performance, the number of people who waited over a year to start treatment more than doubled from 1,171 people in 2017/18 to 2,742 in 2022/23. Numbers steadily increased from 2017/18, peaking in 2020/21, during the pandemic, at 3,837 people.

46. The proportion of people who waited over a year to start psychological therapies varies considerably between NHS boards. In 2022/23, 17.6 per cent of patients waited over a year in NHS Forth Valley, compared with zero per cent in NHS Lanarkshire and NHS Orkney.

'It's almost like you have to predict when you're going to be ill. If you go to your GP and ask to be referred for something like talking therapies, you need help at that point not two years later.'
Focus group participant

47. The Scottish Government has been providing support to NHS boards to help them meet the psychological therapies waiting times standards, particularly to help them address long waits. It identified four NHS boards in spring 2022 in need of tailored support: NHS Forth Valley, NHS Grampian, NHS Highland and NHS Lothian. The Scottish Government told us that the tailored support for the identified boards had started but work in Grampian was delayed because of a vacant position of director of psychology (Case study 3, page 30).

Exhibit 5.
Psychological therapies waiting times performance: percentage of patients seen within 18 weeks 2017/18–2022/23
Most NHS boards have improved their waiting times performance since 2017/18 but are still struggling to reach the 90 per cent standard.

	2017/18	2022/23	Percentage point change	
			2017/18 to 2022/23	2021/22 to 2022/23
Scotland	76.5%	80.8%	4.2	-3.7
NHS Ayrshire and Arran	81.2%	87.6%	6.3	-2.3
NHS Borders	62.3%	84.3%	22.1	-1.3
NHS Dumfries and Galloway	72.7%	69.1%	-3.6	-10.1
NHS Fife	70.2%	74.6%	4.4	-7.5
NHS Forth Valley	56.1%	67.7%	11.6	3.0
NHS Grampian	65.6%	68.8%	3.2	-15.1
NHS Greater Glasgow and Clyde	93.3%	86.8%	-6.5	-5.4
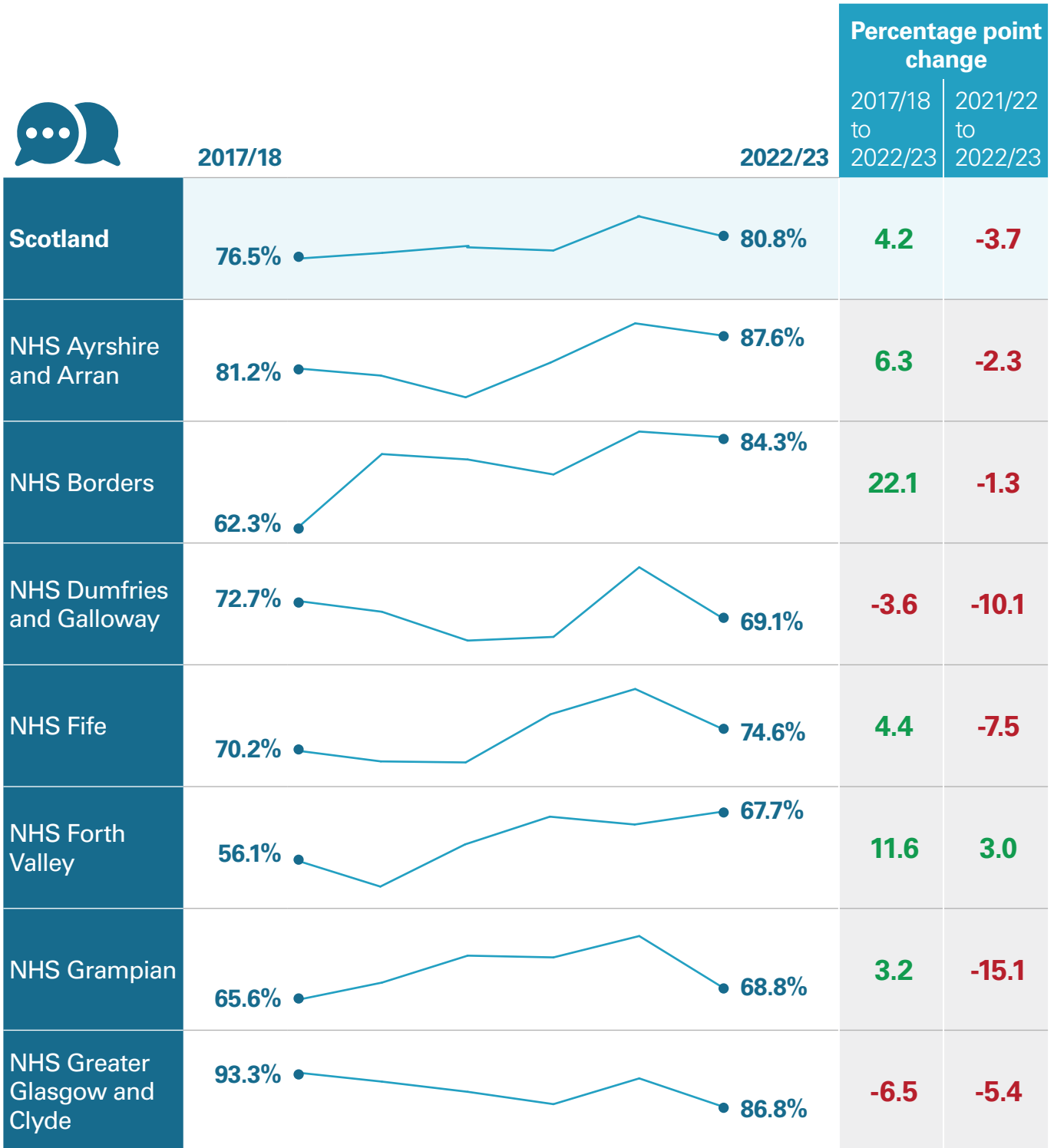
	2017/18	2022/23	Percentage point change	
			2017/18 to 2022/23	2021/22 to 2022/23
NHS Highland	85.3%	87.4%	2.1	-1.2
NHS Lanarkshire	81.6%	84.9%	3.2	0.8
NHS Lothian	69.5%	78.7%	9.2	0.2
NHS Orkney	60.2%	93.9%	33.6	19.1
NHS Shetland	56.3%	62.4%	6.1	13.0
NHS Tayside	59.6%	82.1%	22.5	-6.1
NHS Western Isles	89.6%	83.3%	-6.3	-6.4

Note: From April 2019 NHS Ayrshire and Arran has been reporting on only psychological therapies as defined by Public Health Scotland, with wider services included before April 2019. NHS Greater Glasgow and Clyde, NHS Orkney and NHS Tayside did not submit all data for every month in 2017. The full list of data quality issues can be found in Public Health Scotland's Psychological Therapies Waiting Times data quality publication (June 2023).

Source: Audit Scotland and Public Health Scotland

Case study 3.
Grampian's psychological therapies performance

A review of psychological services across Grampian was delayed, but improvement work is now under way.

Grampian's performance against the psychological therapies waiting times standard has improved slightly, from 65.6 per cent of people being seen within 18 weeks in 2017/18 to 68.8 per cent in 2022/23. This is still lower than the Scottish average. Like in many other board areas, the number of people experiencing long waits in NHS Grampian increased between 2017/18 and 2022/23. In 2017/18, 25 people waited more than a year to be seen, increasing to 181 in 2022/23. Grampian has since made good progress with reducing long waits throughout 2023.

A review of psychological services was delayed because the director of psychology position was vacant for two years, but this work has now started. The position has now been filled on an interim and part-time basis. The director of psychology from NHS Lothian is supporting the NHS Grampian interim director.

NHS Grampian established a Psychological Therapies Improvement Board in September 2022 to monitor progress with Grampian's psychological therapies improvement plan. The plan identified actions that needed to be taken to meet the national waiting times standard for psychological therapies, with a particular focus on addressing long waits. The plan highlighted several risks to achieving the waiting times standard, including demand pressures and recruitment and retention challenges, particularly for clinical psychologist posts.

NHS Grampian also faced issues with the quality of its psychological therapies data. For instance, some areas were not entering details of psychological therapies appointments into the waiting times data set. NHS Grampian has been working to improve the quality of the data. For instance, it is rolling out a new system for recording and reporting activity data. It expects to complete this rollout by 2024. This will improve the reliability of the data and make it possible to monitor other things, such as length of treatment.

Source: Audit Scotland, Public Health Scotland and NHS Grampian

The Scottish Government does not measure the quality of mental healthcare or the outcomes for people receiving it

48. The Scottish Government does not measure the quality of services or outcomes for people receiving mental healthcare. For instance, it does not track whether services or interventions improve people's mental health and wellbeing. There are some examples of local services measuring mental health outcomes, but this is not happening routinely across Scotland:

- Aberdeenshire's Mental Health Improvement and Wellbeing service uses a tool to assess progress in outcome measures including patients' lifestyle, family and friends and feeling positive, following targeted work with a community link worker.

- Lanarkshire's Assessment Plus service uses clinical outcome measures, such as level of psychological distress, before and after the patient receives support from an assistant psychologist for up to four sessions. An internal evaluation found that it was effective in improving patients' symptoms.

49. Scotland can learn from performance measures used elsewhere. For instance, NHS England uses a 'recovery rate' to assess a person's experience of anxiety or depression after a talking therapy service, with the target that a minimum of 50 per cent of people who complete a course of treatment should recover.[41]

The Scottish Government lacks sufficient oversight of most adult mental health services

50. The Scottish Government does not have sufficient oversight of most adult mental health services because of a lack of information. The only national performance measure of adult mental health services is waiting times for psychological therapies. This means that insufficient focus is given to the wide range of mental health support and services that people with mental health problems rely on.

51. The Scottish Government recognises that psychological therapies waiting times do not provide sufficient information to assess how well adult mental health services are performing. It has been working to improve the way performance is measured and to improve the experiences of and outcomes for people accessing psychological therapies and secondary mental health services. To do this, it is developing the following:

- **National specification for psychological therapies and interventions (psychological therapies specification)** – this aims to ensure that people who use these services receive the right information, care and support, at the right time, with the

individual being involved in decisions. Measuring the quality of services is a key aim of the specification.

- **Quality standards for adult secondary mental health services** – these aim to ensure that secondary mental health services meet the needs of everyone. The standards are focused on key themes including access to services; assessment, care planning, treatment, and support; moving between and out of services; workforce; and governance and accountability, that is, the way services are managed and who is accountable for this.

52. The psychological therapies specification and the quality standards are expected to be published in autumn 2023. The Scottish Government must work with NHS boards and HSCPs to embed these and start routinely publishing data on their impact on patients' outcomes.

53. These pieces of work have the potential to improve transparency about how psychological therapies and secondary mental health services are performing. The Scottish Government must also improve its oversight of mental health support provided in primary care (paragraph 30) and by the third sector.

Limited information about the performance of mental health services affects the extent to which IJBs are held accountable

54. The Scottish Government's lack of oversight of most adult mental health services means that there is limited transparency and accountability nationally for how they are performing. Even for psychological therapies services, where more performance information is available than for most adult mental health services, the Scottish Government does not attribute accountability to the appropriate bodies. The Scottish Government holds NHS boards accountable, even though IJBs are responsible for planning, funding and overseeing the provision of these services, and operationally they are managed by HSCPs. For instance:

- Public Health Scotland publishes psychological therapies data by NHS board area, meaning IJBs are not held publicly accountable for psychological therapies waiting times performance

- the Scottish Government identified NHS board areas for tailored support, rather than IJB areas, that were struggling to meet waiting times standards

- the Scottish Government provided funding so that all NHS boards could have a director of psychology who is professionally responsible for psychological therapies services.

55. The Scottish Government should work with NHS boards and IJBs to improve accountability arrangements, by scrutinising services

performance at the appropriate level, and publishing performance data of mental health services, including psychological therapies waiting times, at HSCP level as well as NHS board level. This would:

- allow people to see how mental health services in their local area are performing, making it easier to hold IJBs to account

- make it easier to identify where additional support and resources are needed the most, for example if one HSCP area has consistently higher waiting times than others.

Adult mental health services are fragmented, making it more difficult to develop person-centred services

56. Multiple organisations are involved in planning, funding and providing adult mental health services, including IJBs, HSCPs, NHS boards, councils and third sector organisations. Challenges that arise from this fragmented structure, including issues with information sharing and complicated governance and approval processes, make it more difficult to develop and provide person-centred services.

57. The arrangements for managing and providing adult mental health services in our in-depth fieldwork sites vary, but we identified some common challenges. Some of these challenges are not specific to mental health services. For example, representatives across our in-depth fieldwork sites told us the following:

- The roles and responsibilities of health and social care partners are not always clearly distinct. This means that there is a lot of duplicate reporting through different governance and approval routes, which is inefficient, delays improvement projects, and delays patients' access to appropriate support.

- Sharing data and information between health and social care partners is a barrier and can cause significant delays to improvement projects in some areas. Problems arise when health and social care partners use different IT systems that are incompatible with each other. This makes truly integrated working more difficult.

58. Sharing data is a long-standing problem. In our 2018 report, Health and social care integration: Update on progress, we recommended that the Scottish Government address problems with data and information sharing, recognising that national solutions are needed. The Scottish Government has planned improvements as part of the development of the National Care Service, but these improvements will take several years to implement.

59. Case study 4 (page 34) summarises the progress made in Tayside since an independent inquiry into mental health services identified issues across a range of themes, including complex and unclear governance arrangements and challenging relationships between partners.

Case study 4.
Independent inquiry into mental health services at NHS Tayside

Complex governance arrangements and challenging relationships between partners were identified in the independent inquiry of NHS Tayside's mental health services.

In September 2018, NHS Tayside commissioned an independent inquiry into mental health services, following widespread concerns raised in the Scottish Parliament in May 2018 regarding the accessibility, safety and standard of Tayside's mental health services. In February 2020, the independent inquiry published its final report, which made 51 recommendations across five themes:

- **Strategic service design** – services had focused on inpatient services and short-term issues, to the detriment of wider community services, and less priority had been given to early intervention and prevention.

- **Clarity of governance and leadership responsibility** – governance arrangements for the planning and provision of services were complex and unclear.

- **Engaging with people** – staff, including in the third sector, and patients and carers felt that they were not listened to or respected.

- **Learning culture** – there was a culture of blaming and attributing fault rather than fostering a supportive environment for staff.

- **Communication** – trust between partners, staff, patients, families, carers and communities had broken down.

In October 2021, the Scottish Government appointed an independent oversight and assurance group to assess the progress towards addressing the issues that were identified. The group's final report, published in January 2023, found that good progress had been made in some areas. It noted significant changes to the leadership of mental health services, with a new integrated leadership group that is working well.

In addition, it found that reviewing and revising the three integration schemes across Tayside improved the clarity of health and social care partners' roles and responsibilities for mental health services. The planning and commissioning for inpatient mental health services is delegated to the three IJBs, and one IJB has taken a leading role in coordinating this across Tayside.

The report also outlined areas where little progress had been made, including an urgent need to improve governance and public performance reporting, and to develop greater trust with communities.

Source: Audit Scotland, The Independent Inquiry into Mental Health Services in Tayside and the Independent Oversight and Assurance Group on Tayside's Mental Health Services

The Scottish Government's progress towards implementing its Mental Health Strategy 2017–2027 is mixed

60. The Scottish Government's Mental Health Strategy 2017–2027, published in March 2017, aims to 'prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems'. Of the 40 actions in the strategy, 25 relate to adult mental health.

61. The strategy has a clear ambition but the intended outcomes of most of the strategy's actions are not clear. For instance, actions that commit funding or support do not make it clear what impact this funding or support is intended to have. Many actions do not include planned completion dates, which makes it difficult to assess whether the Scottish Government is on track to achieve them.

62. The Scottish Government has published three progress reports, the second of which was published in November 2019, just before the start of the Covid-19 pandemic. At this time, the Scottish Government reported that nine of the 25 actions relating to adult mental health had been completed. The Scottish Government is not clear in these progress reports about the impact of completing many of these actions or how they have contributed to achieving the overarching aim of the strategy. For instance:

- **Action 15: Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings**. By April 2022, 958.9 whole time equivalent (WTE) staff were recruited using Action 15 funding, exceeding its target. The Scottish Government is not, however, able to demonstrate that this has achieved the ambition of giving all A&Es, every police custody suite, and prisons, access to dedicated mental health staff. It did not achieve the aim in relation to all GP practices. In March 2022, 22 per cent of GP practices in Scotland had no access to mental health workers.[42]

- **Action 29: Work with partners who provide smoking cessation programmes to target those programmes towards people with mental health problems.** Guidance, developed by Action on Smoking and Health (Scotland), was issued to all NHS boards, and training was being provided for staff. Progress reports do not make clear what difference this has made to the number of people with mental health problems who smoke.

- **Action 38: Develop a quality indicator profile in mental health which will include measures across six quality dimensions – person-centred, safe, effective, efficient, equitable and timely.** The quality indicator profile was launched in 2018. The second progress report committed to regularly report on all 30 quality indicators by January 2021. In the latest release in April 2023 however, just 19 indicators were published, and just 12 of those included updated data. The publication is marked as experimental and there are several data quality problems. It is not clear when these indicators will be sufficiently robust and regularly reported.

63. In some cases, the Scottish Government has gone further than its commitments in the 2017–2027 strategy. For instance, the Scottish Government has made a lot of progress in improving perinatal mental health services across Scotland (Case study 5, page 37).

64. The Covid-19 pandemic affected the progress and priorities of the strategy. The Scottish Government published its MHTRP in October 2020. This included more than 100 actions, including updated outstanding actions from the 2017–2027 strategy. It is not clear what progress has been made towards the commitments in the MHTRP (paragraph 39). In its third progress report, published in March 2021, the Scottish Government outlined five actions from the 2017–2027 strategy that it continued to prioritise during the pandemic. Three of these relate to adult mental health.

Case study 5.
Perinatal and infant mental health

Access to perinatal and infant mental health support has improved since 2019.

Perinatal mental health problems are very common and include a wide range of conditions, from postnatal depression to postnatal psychosis. They are estimated to affect up to one in five mothers, and one in ten fathers. Ten to 22 per cent of babies and young children are also estimated to experience mental health problems.

In March 2019, the Scottish Government committed £50 million, across four years, to improve perinatal and infant mental health services in Scotland. The Perinatal and Infant Mental Health Programme Board was established to oversee and manage this investment until 2023.

By December 2022, over £18 million had been allocated to fund 23 new perinatal and infant mental health services and expand four existing services. A further 11 services were in development. The Scottish Government has not published information on the remaining £32 million. From 2023, NHS boards will receive £8 million in recurring funding for these services.

In October 2020, the Scottish Government launched the Perinatal and Infant Mental Health (PIMH) fund. This fund provided 34 charities with a total of £2.5 million to provide one-to-one and group-based support to parents, carers, and new babies between October 2020 and March 2023. An additional £1 million has been committed for 2023/24. Feedback from Inspiring Scotland from early 2022 showed that the PIMH fund is helping charities make a difference in people's lives:

- 5,444 people have been supported

- 86 per cent of people said that they were less isolated

- 77 per cent of people felt better able to meet the needs of their infants and children

- 80 per cent of parents and carers received information or training about building a warm relationship with their infants.

Although the availability of perinatal and infant mental healthcare has improved across Scotland, a 2023 report from the Maternal Mental Health Alliance found that only two out of 14 boards currently meet UK-wide quality standards for specialist perinatal mental healthcare. Since the Programme Board formally ended in March 2023, it is unclear how future service improvements will be monitored.

Source: Audit Scotland, Scottish Government, Inspiring Scotland, and the Maternal Mental Health Alliance

3. How well resources for adult mental health are managed

Adult mental health spending has increased since 2017/18

65. In 2021/22, NHS boards reported that they spent £1.2 billion on adult mental health services, a 16 per cent increase in real terms since 2017/18 Exhibit 6.[43] In 2021/22, councils reported that they spent £224.7 million on adult mental health services, a 14 per cent increase in real terms since 2017/18.

66. These figures do not include spending by NHS 24 and SAS. NHS 24 recorded that it spent £10.8 million in 2022/23, a 472 per cent increase since 2017/18 in real terms.[44] SAS recorded that it spent £570,877 in 2021/22, a 253 per cent increase since 2019/20 in real terms.[45] NHS 24 and SAS spending on mental health has increased significantly in recent years because they have expanded the mental health services that they provide. The estimated cost to policing of incidents relating to mental health in Scotland is £14.6 million per year.[46]

Exhibit 6.
NHS boards spending on adult mental health services 2017/18–2021/22
Spending on adult mental health services has increased in real terms.
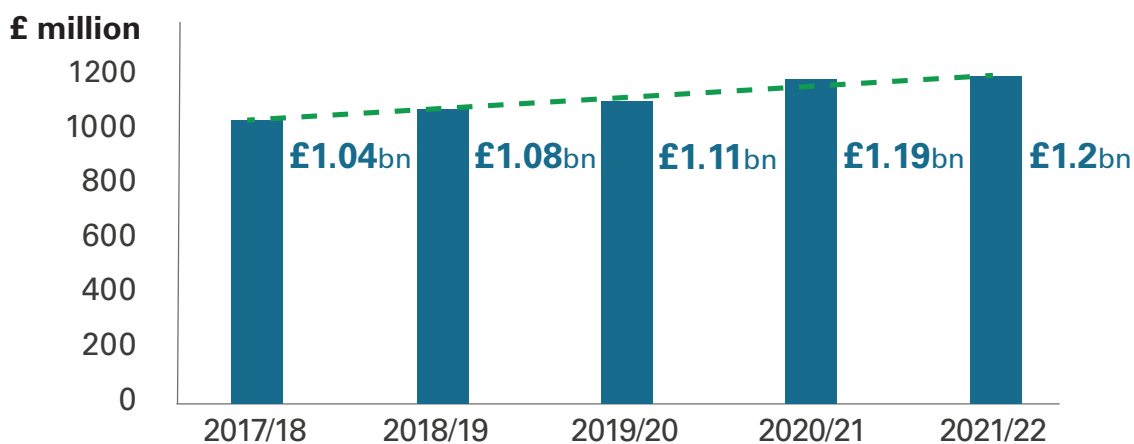
Note: A small proportion of the totals presented include spending on children and young people's mental health; information is not available to split this spending between child and adult services. Spending data for clinical psychology is not available for 2020/21 and 2021/22, so is not included in totals for those years. This accounted for five per cent of total spending in 2019/20.

Source: Audit Scotland and Public Health Scotland

67. The Scottish Government has set the target that, by 2026, ten per cent of front-line health spending by NHS boards should be on mental health services (paragraph 92). In their 2023/24 Annual Delivery Plans, NHS boards were required to include their current percentage of frontline spending on mental health, and their planned trajectory towards the ten per cent target. However, NHS boards highlighted challenges in completing this work. For instance, the Scottish Government did not define front-line spending and mental health spending in guidance to NHS boards, so boards were not clear about what spending should be included. Further work is therefore taking place to collect and collate the information from NHS boards.

Limited data and inconsistency in how spending is categorised make it difficult to track spending on adult mental health

68. Long-standing issues with the availability, consistency and quality of data make it difficult to track spending on adult mental health. For instance, there is variation in the way that mental health spending is reported, and detailed spending data has not been available since 2019/20 because of pressures caused by the Covid-19 pandemic. These issues need to be addressed. More detail about these issues can be found in Appendix 2.

69. Public Health Scotland should include spending by all services that provide adult mental healthcare in its reporting of NHS spending on adult mental health. This should include spending on clinical psychology and spending by NHS 24 and SAS. This will enable the Scottish Government to report more accurately on progress towards meeting its commitment to increase spending on mental health.

'There's all this information about X amount of money has been allocated to whatever service it is, and it sounds like an astronomical figure and yet you wonder how that money is spent and where that money goes, and what accountability there is for those spending decisions.'
Focus group participant

The Scottish Government has significantly increased funding for mental health and wellbeing

70. Between 2017/18 and 2023/24, the Scottish Government's Mental Health Directorate budget increased significantly, from £63.6 million to £290.2 million, a 356 per cent increase in real terms (Exhibit 7, page 40). This budget is used to fund national programmes and commitments, such as the Scottish Mental Health Law Review and the Mental Health Recovery and Renewal Fund.

71. The Scottish Government allocated £120 million Recovery and Renewal funding in 2021/22 to support the commitments in the MHTRP. Examples of this include:

- £21 million for supporting community mental health and wellbeing through the CMHWF (paragraph 40)

- £9 million for psychological therapies

- £4.5 million for emergency Covid funding for eating disorders

- £1.5 million for mental health and wellbeing services in primary care.

72. Initially, this funding was provided on a one-off basis. This made it difficult to fill vacancies as many positions were available only on a fixed-term basis, which can be less desirable to applicants. The funding has now been incorporated into the recurring mental health budget and represents a significant increase in overall funding for mental health.

73. In November 2022, the Scottish Government announced a £38 million reduction in its Mental Health Directorate's budget for 2022/23 as part of the EBR (paragraph 32). This means that the budget was 13 per cent lower, in real terms, than in 2021/22. The Scottish Government is considering the implications of these funding cuts on work to achieve waiting times standards, and on progressing the commitments within the new mental health strategy.

Exhibit 7.
The Scottish Government's Mental Health Directorate budget 2017/18–2023/24 in real terms
The Scottish Government's Mental Health Directorate budget has increased substantially.
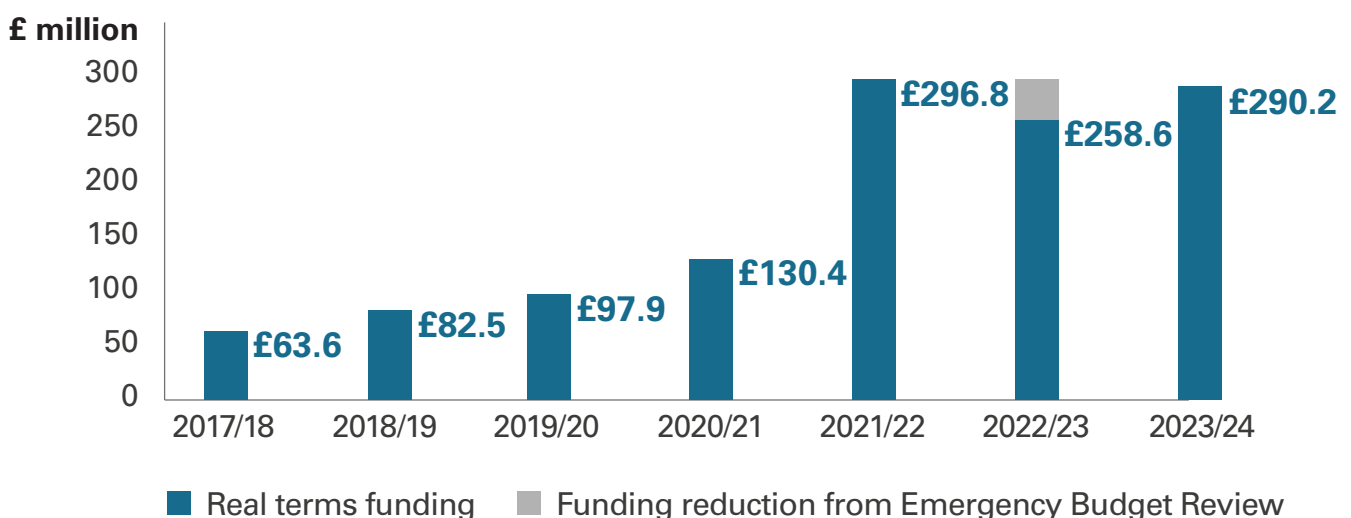
Note: Mental health funding reduced by £39 million in real terms in 2022/23 (£38 million in cash terms) as part of the emergency budget review.

Source: Audit Scotland and Scottish Government

Spending on medicines used for mental health has decreased over the last five years

74. NHS boards report on five types of medicines that are used to treat mental health problems. These are hypnotics and anxiolytics; drugs used in psychosis and related disorders; anti-depressant drugs; drugs for attention deficit hyperactivity disorder; and drugs for dementia.[47] Spending on mental health prescribing should be interpreted with caution, as medicines used for mental health problems can also be used to treat other conditions.

75. Spending on mental health medicines within the community fell in real terms from £117.7 million in 2017/18 to £90.4 million in 2021/22.[48] [49] More items were dispensed in 2021/22, meaning that the fall in spending was caused by a decrease in the cost of these medicines. For instance, the cost per item for antipsychotics and related drugs was significantly higher in 2017/18 because of shortages of these medicines. Anti-depressants account for 43 per cent of total spending on mental health prescribing, a total of £38.8 million in 2021/22.

Recruitment difficulties and high vacancy and turnover rates are putting pressure on the mental health workforce

76. Between 2017 and 2023, the WTE workforce increased for mental health nursing and psychological services roles, but the number of WTE general psychiatrists decreased (Exhibit 8, page 42). In addition, the estimated shortfall in WTE mental health officers (MHO) doubled between 2017 and 2021.[50]

77. Pressure on staff is increasing because of high vacancy and turnover rates and difficulties in filling vacancies Exhibit 8. Recent decreases in vacancies are only partly explained by increases in the number of WTE employed. NHS boards are having to compete with one another to recruit people for these roles. For example, there is a national shortage of psychologists and vacancies for general psychiatry consultants are the highest of all medical and dental consultant roles in Scotland. The Royal College of Psychiatrists also raised concerns that most NHS boards rely on locums who are not consultants to fill vacant consultant psychiatry posts.

78. Vacancies for mental health nurses have more than doubled between March 2017 and March 2023, and the turnover rate has reached a record high. The Scottish Government told us that not enough students are coming into mental health nursing despite an increase in funded places. The third sector also plays an important role in providing mental health services, but short-term funding and contracts affects their ability to recruit and retain staff.[51]

Exhibit 8.
The mental health workforce: March 2017 – March 2023
The mental health nursing and psychological services workforce has grown since March 2017, but so have the number of vacancies.

Mental Health Nursing Staff (WTE)

March 2017
9,466

March 2023
9,923
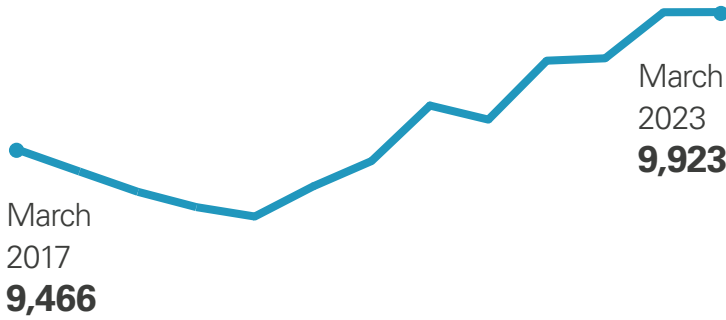
8% Vacancy Rate

12% Turnover Rate

Vacancies (WTE)

March 2017
381

March 2023
868

Psychological Services Staff (WTE)

March 2017
1,097

March 2023
1,538
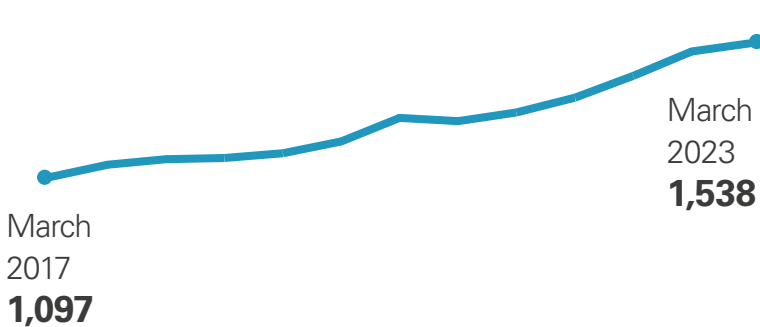
9% Vacancy Rate

10% Turnover Rate

Vacancies (WTE)

March 2017
82

March 2023
157

General Psychiatrists (WTE)

March 2017
330

March 2023
316
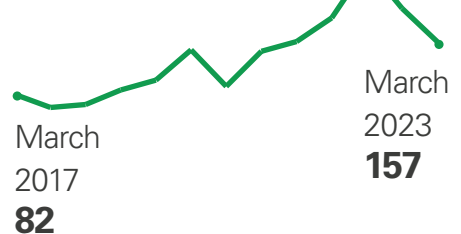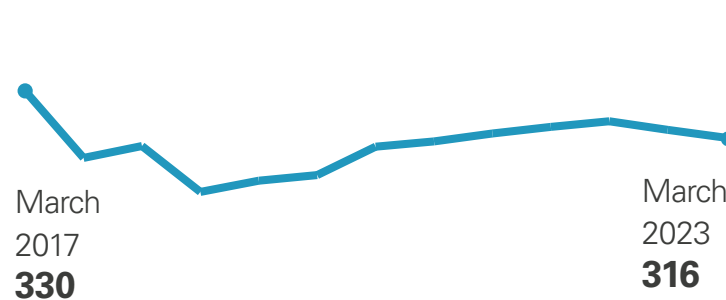
9.5% Vacancy Rate

9% Turnover Rate

Vacancies (WTE)

March 2017
36

March 2023
33
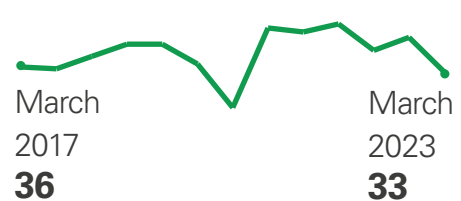
Note: Data collection of nursing and midwifery and consultant vacancies was disrupted during the Covid-19 pandemic. Some data providers were not able to supply this data, therefore figures for mental health nursing and general psychiatrists will be under-reported.

Source: Audit Scotland and NHS Education for Scotland (NES)

3. How well resources for adult mental health are managed | 43

79. The workforce plans of our in-depth fieldwork sites reflect these pressures. Borders is having difficulty recruiting to psychiatry posts and is relying on locums to fill gaps.[52] Grampian is relying on locums to provide inpatient mental health services, and its spending on agency mental health nurses has increased.[53] Lanarkshire has concerns about its ability to recruit to psychiatry, psychology and mental health nursing posts.[54] It has also struggled to recruit nursing and dietetics staff to offer specialist treatment for adults with eating disorders.

80. The Scottish Government has not made progress with its commitment to help councils to address the shortfall in MHO capacity.[55] From 2019 to 2022, the Scottish Government provided £1.89 million in funding to councils to train an additional 47 WTE MHOs. In 2021/22, a further £2.78 million was allocated to increase available MHO capacity by 53 WTE. Despite additional funding, the estimated shortfall grew. The Scottish Government has allocated a further £3.71 million in 2022/23 to address the shortfall.

Some progress has been made with investing in innovative workforce roles

81. Since 2017, the Scottish Government has made progress towards reforming mental health services by investing in new mental health workforce roles. These new roles include:

- enhanced psychological practitioners, who are trained on a six-month graduate-level course to provide psychological interventions for mild to moderate mental health difficulties

- trained DBI staff from the third sector, who provide timely and efficient help for people experiencing distress (Case study 1, page 21)

- psychological wellbeing practitioners, who provide telephone-based support at the NHS 24 111 Mental Health Hub

- community link workers, who help patients to access a range of local, non-clinical services in the community to get support for issues that affect their mental health or wellbeing (for example financial or housing issues).

82. Our in-depth fieldwork sites are also introducing innovative workforce roles that could improve the way services are provided. Borders is introducing advanced nurse mental health practitioners and has already introduced peer support workers with lived experience of mental health problems. Aberdeen City has introduced a wellbeing practitioner as part of its GP practice-based mental health and wellbeing service and wants to expand this role further. Lanarkshire is planning to develop a remote psychological therapies team to help address difficulties with recruitment. It is too soon to be able to assess what impact these roles are having.

Gaps in mental health workforce data limit the ability to effectively plan future workforce needs

83. Data on the mental health workforce in Scotland is fragmented and limited to only some roles providing mental healthcare. For instance, data on the mental health workforce in primary care, community mental health teams and the third sector is not routinely collected.

84. The Scottish Government commissioned the NHS Benchmarking Network to establish a baseline position on the composition of Scotland's adult mental health workforce. This one-off piece of work found that, in March 2021, 12,351 WTE mental health staff were working across Scotland's 14 regional NHS boards. This includes staff in adult mental health inpatient services, adult community mental health services and psychological services. It does not include staff working in primary care and Child and Adolescent Mental Health Services.[56]

85. The Scottish Government has asked NHS Education for Scotland (NES) to develop a dedicated NHS mental health workforce statistical publication. This would cover all staff involved in providing mental healthcare across the NHS, including primary care staff. NES would then look into ways of collecting and publishing data on mental health staff in social care and the third sector.

86. This work would significantly improve the information available on, and understanding of, the mental health workforce in Scotland, enabling more effective planning and monitoring. The NHS statistical publication was originally expected to be completed in 2023 but has been delayed. The Scottish Government has not provided NES with funding for this work because of reductions in funding following the EBR. NES told us that this work, once under way, will take about two years to complete.

Workforce planning for mental health roles remains inadequate

87. Workforce planning for mental health roles has not improved since the publication of the Mental Health Strategy in 2017. The Scottish Government and COSLA's Integrated Workforce Plan for Health and Social Care (2019) only includes modelling for how demand for MHOs and clinical psychologists is likely to grow.[57] But this modelling is flawed:

- It does not consider the difference between the time available for MHO work by exclusive MHOs, who work on only MHO duties, and by non-exclusive MHOs, who have other social work duties. This means that the number of WTE MHOs needed to meet shortfalls is likely to be significantly greater than predicted in the plan.

- For clinical psychologists, it assumes an unrealistically low rate of annual growth in demand for psychological therapies, of 2.5 per cent, despite the historical trend of demand growing by an average of four per cent each year since 2013.

88. The workforce plans of our in-depth fieldwork sites do not provide clear or detailed projections of the size or composition of the mental health workforce that will be needed in the future.

89. The Scottish Government plans to publish a mental health workforce action plan setting out immediate, medium- and longer-term actions for the mental health workforce, and timeframes for achieving outcomes. Its approach to workforce planning will be based on the National Workforce Strategy for Health and Social Care in Scotland – to plan, attract, train, employ and nurture.[58]

90. The Scottish Government's mental health workforce action plan should be informed by modelling of the numbers and roles of mental health workers that will be needed across primary and secondary care and the third sector. This modelling should include estimated numbers of staff for newly created roles, such as community link workers.

4. Plans and strategic direction

The Scottish Government has made ambitious commitments, but it is not on track to achieve them

91. The Scottish Government has made ambitious commitments relating to adult mental health services. For example, it has committed to significantly increasing funding for mental health, and to ensuring that all GP practices have access to primary care mental health and wellbeing services by 2026 (paragraphs 27–33).

92. The Scottish Government has committed to increasing the Mental Health Directorate budget by 25 per cent and ensuring that ten per cent of the front-line NHS budget is spent on mental health by the end of the current parliament, in 2026.[59] [60] The Scottish Government is facing considerable financial constraints (paragraph 96), and it is not currently on track to meet these commitments:

- Before accounting for inflation, the Scottish Government's Mental Health Directorate budget would need to reach £342 million by 2026/27. But the 2022/23 and 2023/24 budgets are lower than it projected would be needed to meet this target.

- The Scottish Government's own projections showed that mental health spending would decrease as a proportion of front-line NHS spending by 2026, from 9.8 per cent in 2021/22 to nine per cent in 2026/27.

93. The Scottish Government and COSLA published a new, joint, mental health and wellbeing strategy in late June 2023. The strategy outlines its vision 'of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible'.[61] The strategy being published jointly is a positive and promising development. It recognises the importance of a whole-system approach to supporting mental health and wellbeing and provides a foundation for better joint working.

94. The strategy sets out high-level outcomes and priorities to support the delivery of its vision. But there is no detail in the strategy about how and when the priorities will be achieved. The Scottish Government plans to publish a delivery plan and mental health workforce plan to set out this detail. These documents are not expected to be published until autumn 2023.

95. In these documents, the Scottish Government needs to be transparent and realistic about what it can achieve, particularly given that the Scottish Government, IJBs, NHS boards and councils are facing increasingly tight budgets. The messages in our NHS in Scotland 2022 report and Local government in Scotland overview 2023 were similar, and our Integration Joint Boards financial analysis 2021/22 report also outlined the financial challenges that IJBs are facing.

96. Our briefing paper, Scotland's public finances: challenges and risks, reported that the Scottish Government will face difficult choices setting the 2023/24 budget. It highlights that a balance must be struck between short-term necessities and longer-term priorities. It also states that the Scottish Government will need to revisit its priorities if the economic and fiscal conditions worsen.

The lack of comprehensive, good-quality financial, workforce and operational data makes it difficult for the Scottish Government and others to make informed decisions about priorities

97. In this report, we have highlighted the impact of limited or poor-quality financial, workforce and operational data. The Scottish Government should work with health and social care partners and the third sector to address this, to enable it to make informed decisions about priorities. This will allow the Scottish Government to effectively monitor its progress against the commitments in its new strategy. Improvement work should focus on demonstrating how it is measuring and monitoring:

- the quality of mental health services and patient outcomes

- what difference investment is making to patient outcomes

- how much is being invested in preventative programmes of work and the impact of this on demand for mental health and wellbeing support.

98. The Scottish Government and health and social care partners should learn from NHS England, which publishes more detailed information on mental health services regularly. Although data quality and completeness are still problems that NHS England needs to address, information is now routinely published on service activity and performance, spending and inequalities.[62] For example, NHS England publishes a mental health dashboard that covers:

- access to, and associated spending on, a range of mental health services, including talking therapies, perinatal mental health services, crisis and acute care, and uptake of physical health checks

- a recovery rate for patients accessing talking therapies (paragraph 49) which demonstrates the proportion of people accessing this service who recover following treatment

- progress towards its commitment to increase the share of mental health spending, indicated by local spending on mental health and the proportion of areas that are meeting the commitment.

99. The Scottish Government and health and social care partners should consider how they can incorporate similar measures as part of regular reporting of activity, performance and spending on mental health services.

Endnotes

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8   The Scottish Mental Illness Stigma Study, Mental Health Foundation and See Me, September 2022.

9   GP mental health training survey summary, Mind, 2018.

10 Scottish Health Survey 2021 edition, Scottish Government, November 2022.

11 Mental Health Act monitoring report 2021-22, Mental Welfare Commission, November 2022.

12 Freedom of Information response, Police Scotland, February 2023.

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60 NHS Recovery Plan 2021–2026, Scottish Government, August 2021.

61 Mental Health and Wellbeing Strategy, Scottish Government and COSLA, June 2023.

62 Progress in improving mental health services in England, National Audit Office, December 2022.

Appendix 1
Audit methodology

This performance audit covers the whole system of adult mental health and wellbeing services in Scotland, including the services provided by NHS boards, HSCPs, councils and their partners. It covers:

- access to mental health and wellbeing support

- progress towards improving mental health and wellbeing services

- how well resources for mental health services are managed

- plans and strategic direction for mental health and wellbeing services.

Our findings are based on evidence from sources that include:

- the Scottish Government's Mental Health Strategy 2017–2027 and associated documents

- other relevant Scottish Government strategies, plans and internal documents

- activity and performance data published by Public Health Scotland

- workforce data published by NHS Education for Scotland

- publicly available information, including Mental Welfare Commission reports, third sector organisation reports and survey results

- interviews with stakeholders from organisations including the Scottish Government, Public Health Scotland, the Mental Welfare Commission, Royal College of General Practitioners, Royal College of Psychiatrists, NHS boards, HSCPs, the third sector and councils

- Three focus groups with people with lived experience of mental health problems, and two focus groups with community link workers.

We also carried out more in-depth fieldwork in three areas to gain a better understanding of local pressures and challenges, and to identify areas of good practice. We covered mental health and wellbeing services provided by the NHS boards, HSCPs and councils across these areas. We interviewed staff and reviewed local documentation and data. The in-depth fieldwork sites were:

- Grampian: Aberdeen City, Aberdeenshire and Moray

- Lanarkshire: North Lanarkshire and South Lanarkshire

- Scottish Borders.

Appendix 2

Problems with the quality of data reporting on mental health spending

NHS spending data

NHS spending is reported annually by Public Health Scotland, using submissions from NHS boards. The information submitted by boards and how this spending is categorised vary. Many of the categories have not been updated for many years, so no longer reflect the way that services are being provided. Submissions were much less detailed than usual in 2020/21 and 2021/22 because of pressures caused by the Covid-19 pandemic. For instance, data on spending on clinical psychology is not available for these years, which means that reported spending on adult mental health is not comparable with previous years.

Councils' spending data

The Local Financial Return (LFR) data set on social work includes spending on mental healthcare for adults aged 18-65. The Scottish Government and councils have identified problems with the quality of this data. There are no criteria for what should be included under adult mental health and councils' submissions are based on best estimates. There is possible duplication between data recorded on adult mental health and other categories, such as adults with learning disabilities. Information is also not available on how much is spent on mental healthcare for adults aged over 65 years. In 2021/22, information on specific services within the adult social care data set, including spending on adults with mental health needs, was published separately because of data quality concerns. It was recognised as less robust than the rest of the LFR.

IJB spending data

The level and detail of data on spending on adult mental health and wellbeing services in IJBs annual accounts vary across Scotland. Some IJBs record mental health within the same category as spending on other services, such as large hospital services, and addictions services. This means it is not possible to use IJB accounts information for reporting spending on adult mental health and wellbeing across Scotland.

Adult mental health

-

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire COUNCIL   **NHS** Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 November 2023
Agenda Item	9
Title	Audit Update

Summary

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 September 2023
- Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in September 2023
- A summary of all open audit recommendations

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

Action Required

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

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

22 November 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 September 2023
    *   Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in September 2023
    *   A summary of all open audit recommendations

RECOMMENDATION

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

BACKGROUND

3. As agreed at the Performance and Audit Committee in June 2021 we continue to submit audit update reports to all meetings, including any new audit reports along with an overview of audit activity undertaken and an update on any outstanding recommendations since last reported.

4. Audit activity for the HSCP is provided in full and includes current open audit actions across the HSCP and also where a Health Board or Council wide recommendation impacts on the HSCP. Specific actions from IJB audits are also detailed.

5. East Renfrewshire Council's Chief Internal Auditor undertakes the internal audit role for the Integration Joint Board. Ernst & Young also undertake an audit of the IJB Annual Report and Accounts and produce an action plan should they have any recommendations.

6. East Renfrewshire Council's internal audit assign the following risk ratings to their findings:

High	- Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole. - Corrective action must be taken and should start immediately.
Medium	- There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole. - Corrective action should be taken within a reasonable timescale.
Low	- Area is generally well controlled or minor control improvements needed. - Lower level controls absent, not being operated as designed or could be improved
Efficiency	These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice.

7. NHSGGC internal audit function is undertaken by Azets. They assign the following risk ratings to their findings:

4	Very high risk exposure - major concerns requiring immediate senior management attention.
3	High risk exposure - absence / failure of key controls.
2	Moderate risk exposure - controls not working effectively and efficiently.
1	Limited risk exposure - controls are working effectively but could be strengthened.

REPORT

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

8. Since last reported, the Ernst & Young action plan from their annual audit report for the year ending 31 March 2023 is included at Appendix 1a. This supersedes the previous Audit Scotland action plan.

9. There has been no other audit activity relating specifically to the Integration Joint Board.

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.

Audit of Thornliebank Resource Centre (MB/1192/NS)

11. The HSCP Audit of Thornliebank Resource Centre was issued on 28th August 2023 with 13 recommendations.

12. The audit report along with our response is included at Appendix 2A.

Recommendations from previous audits (Appendices 2B-2J)

13. At the September 2023 meeting, a total of 57 recommendations were reported; 14 open and 43 which the HSCP considered to be closed but were pending verification from internal audit. We are pleased to report that Internal Audit have confirmed 5 recommendations closed as part of the Council wide follow up work on Debtors and Environment follow-up audits.

14. Of the 13 new recommendations from the Thornliebank audit detailed at appendix 2A, 11 are considered closed, pending verification.

15. The table below summarises the total number of recommendations which impact on the HSCP which are either open, have been verified as closed or are yet to be verified by internal audit. Further detail is included in the relevant appendix along with changes since last reported in each 'status' section.

Audit Report and Appendix		No. 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
Thornliebank Resource Centre	2A	11 (New)	13	0	11	2
Debtors	2B	0	1	0	1	0
SDS – Direct Payments	2C	0	3	0	0	3
Ordering and Certification	2D	0	4	0	4	0
Follow up of Business Operations and Partnerships Department	2E	0	2	0	1	1
Barrhead Centre	2F	0	11	0	7	4
HSCP Follow-up	2G	0	20	0	14	6
Debtors	2H	0	2	2	0	0
Environment Follow-up	2I	0	3	3	0	0
Fostering, Adoption and Kinship	2J	0	3	0	3	0
Payroll	2K	0	8	0	8	0
TOTAL		**11**	**70**	**5**	**49**	**16**

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

16. There is no new NHS related audit impacting on the HSCP.

CONCLUSIONS

17. 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

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

REPORT AUTHOR AND PERSON TO CONTACT

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Lesley.Bairden@eastrenfrewshire.gov.uk

8 November 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: 27.09.2023 – Audit Update
https://www.eastrenfrewshire.gov.uk/media/9547/PAC-Item-12-27-September-2023/pdf/PAC_Item_12_-_27_September_2023.pdf?m=638306523832370000

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Appendix	1A
Title	Ernst & Young 2022/23 Action Plan
Type	Internal Audit Activity relating to the Integration Joint Board
Status	New

No	Finding / Risk	Grade	Recommendation	Management Action	Responsible Officer	Timing	Comments
1	**Hosted Services**						
	East Renfrewshire IJB hosts two services on behalf of other IJBs within the NHS Greater Glasgow and Clyde area. We noted that in practice there are no arrangements in place to document and maintain review of operational responsibilities.	Grade 2	The IJB should ensure that operational arrangements are documented and maintained for hosted services	Along with the other IJBs within NHSGGC we will review the arrangements and processes to support reporting on Hosted Services	Chief Financial Officer	31-Mar-24	Work is progressing with the Chief Financial Officers across NHS GGC in preparation for 2023/24 accounts.
2	**Medium Term Financial Plan**						
	We note that under the level of current financial pressures, there is a risk that the IJB's General Reserves will be exhausted during 2023/24. There is therefore a need to work with partners to develop a sustainable funding position.	Grade 1	There is an urgent need to work with partners to develop a sustainable funding position.	The current reporting to the IJB recognises the unprecedented financial challenges we are facing and that we are likely to deplete earmarked and general reserves during 2023/24. The IJB recognises the importance of the ongoing funding discussions with our partners that the Chief Officer and Chief Financial Officer are engaged in.	Chief Financial Officer	31-Mar-24	The Chief Officer and Chief Financial Officer are engaged in ongoing discussions with partners.

Classification of recommendations

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

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

Appendix	2A
Title	Thornliebank Resource Centre MB/1192/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	NEW Issued 28/08/2023 A further 2 recommendations are considered closed since the response was submitted to Internal Audit

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REPORT ON AUDIT OF THORNLIEBANK RESOURCE CENTRE

Contents	Page No
Introduction	1
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General Conclusion	1
Findings & Recommendations	2-5
Action Plan	6-7

Chief Auditor
MB/1192/NS
28 August 2023

East **R***enfrewshire*
COUNCIL

REPORT ON AUDIT OF THORNLIEBANK RESOURCE CENTRE

1. **INTRODUCTION**

    As part of the Annual Audit Plan for 2023/24, a regularity audit of the Thornliebank Resource Centre was carried out. Budgeted income for 2023/24 for Thornliebank Resource Centre is £104,939 with an overall net expenditure budget of £718,840.

    The main risk associated with this area are that if the correct procedures are not in place for the income generated in respect of services operated by the clients, namely the committee fund and Brew Crew, there may not be appropriate documentation in place to ensure all money can be accounted for.

    The previous audit of the Resource Centre was issued in August 2017 and at that time the main weaknesses related to the petty cash imprest, absence records and documentation held to support client monies activities. Client monies are no longer administered from this location.

    The co-operation and assistance given to the auditor during the audit is gratefully acknowledged.

2. **SCOPE**

    The scope of the audit was to ensure that all income and expenditure is correctly accounted for and proper financial records are maintained. Audit testing covered the period April 2022 to July 2023. The audit focussed on the following areas:

    - Petty cash
    - Purchasing and Purchasing Cards
    - Staff existence and absence monitoring checks
    - Security Checks
    - Miscellaneous Income

    This audit has been conducted in conformance with the Public Sector Internal Audit Standards.

3. **GENERAL CONCLUSION**

    The records held at the centre were generally well maintained and there was supporting documentation to support the amounts being incurred from the petty cash imprest in relation to service user activities. However, there is scope to improve the audit trail in relation to these expenses as in the majority of cases there was no description for the expense on the claim for reimbursement and transactions are not dated.

    A review of employee record cards and subsequent checks on recorded absence for 2022 and 2023 showed that there were some periods of absence for which the appropriate absence forms had not been completed and in the cases where triggers had been breached there was no evidence to supporting an Absence Review meeting taking place.

    Since the last audit, the Resource Centre staff have been issued with purchasing cards to reduce the need for cash when out on activities with Service Users. Records have been developed by Business Support and whilst these provide a good audit trail for expenditure being incurred there is scope to improve the documentation to evidence management review of the card activity.

    The following recommendations are made and require to be addressed.

4.   **FINDINGS AND RECOMMENDATIONS**

        PETTY CASH IMPREST

4.1   **Completion of Claims for Reimbursement**

The petty cash claims for the period 08/12/2022 to 10/07/2023 were reviewed and it was noted that there is no description showing for any of the amounts incurred within the claim period and there are also no dates to show when the transaction took place.

It is acknowledged that all of the transactions have been cross referenced to a supporting receipt. However the claim for reimbursement should provide a summary of transactions to allow expenditure to be verified without the need to review all receipts.

Recommendation

> *4.1.1   All future claims for reimbursement forms should be fully completed with all transactions dated and a description of what has been purchased should be provided.*

4.2   **Splitting of Receipts**

The review of the claims for reimbursement showed evidence that receipts are being split to ensure that the £25 limit is not being breached. In one case the voucher had actually been marked to state that "staff forgot to split shopping".

Further investigation of the expenditure showed that the amounts had been incurred for shopping and there were no individual items over the £25 limit and that the receipts had been split based on previous internal departmental advice given to the centre management regarding the £25 limit.

The Petty Cash Procedures state that "*The upper limit in respect of individual items of expenditure shall be £25 unless authorised by the Chief Financial Officer or the Chief Accountant.*"

However this does not mean that large amounts can be spent from the imprest as the procedures also state that "*Payments from imprest accounts shall be limited to minor items of expenditure.*"

The review of Claim Number 3 covering the period 23/05 to 13/06/2023 showed that there were two receipts for £32.18 which were for repairs to the flooring within the centre. These are both over the £25 limit and are not deemed to be appropriate expenditure for the imprest and should have been carried out via the purchasing system.

Recommendations

> *4.2.1   All employees should be instructed that receipts must not be split to avoid breaching the limit set for individual items of expenditure.*
>
> *4.2.2   All future purchases should be on minor items of expenditure and not used for items that should be procured via the purchasing system.*

4.3   **Imprest Level**

The centre currently hold an imprest of £800 which is an historical level based on a period where there was far greater use of cash for service user activities etc.

Over the last year employees have been issued with purchasing cards to use to cover items of expenditure that historically would have been carried out using cash and therefore the requirement to hold such a high imprest is no longer appropriate.

A review of the petty cash claims submitted during 2022/23 showed that the average claim totalled £172.66 or 22% of the overall imprest held.

Recommendation

4.3.1   Management should review the imprest and reduce the amount held to a more appropriate level.

EMPLOYEE EXISTENCE AND ABSENCE MONITORING

4.4   **Completion of Absence Paperwork**

The attendance record cards held at the centre were reviewed for periods of absence and for each period shown, management were requested to provide supporting paperwork to verify that the requirements of the Maximising Attendance guidance were being followed.

Overall, there were 10 period of absence reviewed and it was noted that in 4 cases (out of 8) there was no evidence of a Return to Work form being completed and in 2 cases (out of 6) no "fit notes" had been uploaded to the i-trent system.

It is recognised that in one case where there was no return to work form, the employee was on secondment to another section within HSCP so the management within Thornliebank had no control over this period.

The absences were also reviewed to determine if one of the absence triggers had been breached and this highlighted 5 cases where an absence review should have been completed. In 2 of these cases there was no evidence on i-trent that an Absence Review Meeting had taken place.

Recommendation

4.4.1   Management must ensure that all paperwork required by the Maximising Attendance guidance is completed and uploaded to i-trent as evidence of compliance.
4.4.2   It is essential that Maximising Attendance guidance is fully adhered to and Return to Work and Absence Review meetings are held in every applicable case.

FUNDS HELD IN CENTRE

4.5   <u>**Level of Cash Held and Banking of Income**</u>

Discussions with Management highlighted that over the winter months the centre operated a "pop up" café as part of the warmer places initiative. This proved to be successful and as a result they have continued to operate this.

There are no set charges for the food and drink offered at the café but donations have been accepted. At the time of the audit, the records held for this initiative showed that there was total of £414.89 held in the safe. This cash was counted and could be agreed to the records.

Management confirmed that the cash was being held as they were not sure what to do with it as it is not an official part of the service being provided and therefore not appropriate to bank within the committee bank account but they were also not sure if it was appropriate to remit to the Council.

Recommendation

4.5.1   Management should engage with HSCP Finance to determine the best course of action for the income generated as part of the pop up café to allow the total level of cash being held to be reduced to a more appropriate level.

PURCHASING CARDS

4.6   <u>**Purchasing Card Records**</u>

All employees with responsibility for taking service users out on activities have been issued with a purchasing card to cover staff expenses incurred. Management have also been issued with cards to allow them to purchase provisions required for lunches within the centre.

At the time of the cards being issued, no records were provided to Business Support to allow them to monitor card activity and as such the Business Support Team at Barrhead and Thornliebank devised a record card for each cardholder which is used to record the date of the transaction, amount spent as well as a description/reason for the expenditure. There are also columns for the cardholder to sign, show a receipt has been received and that it has been uploaded to the card system.

A review of the cards showed that the card number was incorrectly shown for one employee and not shown at all for another and in another two cases the record had not been fully completed in relation to receipts being submitted or uploaded to the system.

It was also noted that in one case there was a transaction on the record card that had never been charged for on the card statements.

It would be beneficial if a column was added to the record of expense form for the worker to add the name of the client and activity being undertaken that required them to use the card that had been issued to them.

Recommendations

4.6.1   The Business Support Team should review the record cards held and ensure that they are all accurate in relation to card information.

4.6.2   The Business Support Team should carry out periodic checks on the cards to ensure that all receipts have been submitted and that all transactions are appearing on the monthly statements. In addition a check should be carried out that all transactions on the monthly statements are shown on the record cards.

4.6.3   A column should be added to the record of expense form for the worker to add the name of the client and activity being undertaken to improve transparency of card use.

4.7   **Management Review of Card Activity**

The Purchasing Cards are issued by the Chief Executive's Business Unit who are the overall administrators of the system.

It was verified that the Business Unit will receive copies on the monthly statements and are also able to view receipts that have been uploaded to the system. However it was also verified that they are not required to do any regular checks on card use or verify statements are accurate.

Discussions at the location verified that there are no regular checks on card activity, receipts or monthly statements by management.

Recommendations

4.7.1   A system of regular checks should be implemented by management to ensure that receipts are being received and uploaded and that expenditure being incurred is appropriate for the needs of the service.

4.7.2   Management should carry out reviews of the monthly statements for each of the cardholders.

4.7.3   The record cards held for each cardholder should be amended to allow for management to initial or sign that they have carried out a review of receipts and statements.

Chief Auditor
28 August 2023

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Low)	All future claims for reimbursement forms should be fully completed with all transactions dated and a description of what has been purchased should be provided.	Staff have been reminded of Council procedure. If full receipts not available full spend will be documented on petty cash voucher form.	31-Aug-23	Considered closed (pending verification from internal audit)	
4.2.1 (Low)	All employees should be instructed that receipts must not be split to avoid breaching the limit set for individual items of expenditure.	Introduction of purchase cards in June 2023 has stopped this practice from happening.	N/A	Considered closed (pending verification from internal audit)	
4.2.2 (Low)	All future purchases should be on minor items of expenditure and not used for items that should be procured via the purchasing system.	As above. Appropriate use of procurement procedures enforced with staff.	31-Aug-23	Considered closed (pending verification from internal audit)	
4.3.1 (Low)	Management should review the imprest and reduce the amount held to a more appropriate level.	The imprest has been reviewed and it has been agreed this will reduce to £350. Arrangements being made to make withdrawal and deposit to ERC collection hall.	31-Oct-23	Considered closed (pending verification from internal audit)	£450 was deposited to the collection hall on 4th October 2023, reducing the imprest balance to £350
4.4.1 (High)	Management must ensure that all paperwork required by the Maximising Attendance guidance is completed and uploaded to iTrent as evidence of compliance.	iTrent and Information at Work refresher training to be undertaken by all staff responsible for managing attendance. Training sessions have been arranged with HR	31-Oct-23	Open	A number of lunch and learn sessions have taken place with HR, and these are ongoing until 4th December 2023.
4.4.2 (Med)	It is essential that Maximising Attendance guidance is fully adhered to and Return to Work and Absence Review meetings are held in every applicable case.	As per 4.4.1	31-Oct-23	Open	As above
4.5.1 (Med)	Management should engage with HSCP Finance to determine the best course of action for the income generated as part of the pop up café to allow the level of cash being held to be reduced to a more appropriate level.	Funds are now being paid into the Brew Crew account as donations as agreed with HSCP Finance.	31-Aug-23	Considered closed (pending verification from internal audit)	

Audit of Thornliebank Resource Centre - MB/1192/NS

4.6.1 (Low)	The Business Support Team should review the record cards held and ensure that they are all accurate in relation to card information.	Business support have been instructed to review all record cards.	31-Aug-23	Considered closed (pending verification from internal audit)	
4.6.2 (Med)	The Business Support Team should carry out periodic checks on the cards to ensure that all receipts have been submitted and that all transactions are appearing on the monthly statements. In addition a check should be carried out that all transactions on the monthly statements are shown on the record cards.	Procedures have been amended to reflect these recommendations	31-Aug-23	Considered closed (pending verification from internal audit)	
4.6.3 (Low)	A column should be added to the record of expense form for the worker to add the name of the client and activity being undertaken to improve transparency of card use.	P numbers will be added to the record of expense form.	31-Oct-23	Considered closed (pending verification from internal audit)	This has been added to the record of expense
4.7.1 (Med)	A system of regular checks should be implemented by management to ensure that receipts are being received and uploaded and that expenditure being incurred is appropriate for the needs of the service.	As per 4.6.2	31-Aug-23	Considered closed (pending verification from internal audit)	
4.7.2 (Med)	Management should carry out reviews of the monthly statements for each of the cardholders.	As per 4.6.2	31-Aug-23	Considered closed (pending verification from internal audit)	
4.7.3 (Med)	The record cards held for each cardholder should be amended to allow for management to initial or sign that they have carried out a review of receipts and statements.	As per 4.6.2	31-Aug-23	Considered closed (pending verification from internal audit)	

Appendix	2B
Title	Debtors MB/1188/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.09.2023 All recommendations considered closed

Audit of Debtors - MB/1188/NS

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.5.1 (High)	All Managers should be instructed that they must notify the system administrator immediately of all leavers to allow system access to be removed promptly.	We will remind staff of the various actions to be taken when processing a leaver.	31/08/2023	Considered Closed (Pending verification by internal audit)	An integra system alert was sent to all integra users. We have also circulated to our Extended SMT to ensure that managers are aware of the process and steps to take.

Appendix	Title	Type	Status
2C	Self-Directed Support – Direct Payments MB/1171/FM	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership	Changes since last reported to PAC 27.09.2023: 4.1.1 note updated

Audit of Self Directed Support – Direct Payments - MB/1171/FM

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	The financial review of direct payments should be completed as soon as possible.	Already under way. This will be done in a phased approach to manage workload	30-Jun-23	Open	All direct payment recipients have been contacted for a financial review. Information received has been scanned onto carefirst and social work managers directed to review where appropriate. Reminders were sent to those who didn't respond in August 2023. This review work is ongoing and will sit alongside reviews under the Supporting People Framework. Cases where we have had no response have been referred to operational management to follow up
4.1.2 (High)	The HSCP management should ensure going forward, that all direct payment service users have provided receipts to support expenditure and that any unspent monies are recovered on an annual basis.	We will follow the CIPFA and Scottish Government guidance, which exempts some small spends etc. It is sometimes obvious from bank statements what spend is being incurred therefore receipts are not necessary. We will, however, implement a risk-based assessed approach to financial monitoring based on care package cost and previous history. Agreed that unspent monies should be recovered annually, in conjunction with a review by operational staff.	30 June 23 then ongoing	Open	As above. Balances are being highlighted to care managers and recovery of unspent funds will follow review.
4.1.3 (Med)	Consideration should be given to reviewing the full years bank statements for each service user to ensure that the review is comprehensive and provides appropriate assurance regarding the use of public funds.	All users should receive a financial review, however this should be in line with CIPFA and Scottish Government guidance.	31-Mar-24	Open	Where there is evidence of inappropriate spending, full receipts will be asked for.

Appendix	2D
Title	Ordering and Certification MB/1178/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.09.2023 All recommendations considered closed

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Med)	All Directors should instruct employees with responsibility for ordering to ensure that approved suppliers are being used.	We will issue a reminder to all employees responsible for ordering	28-Feb-23	Considered Closed (Pending verification by internal audit)	Email issued to Business Managers to cascade to those staff who process orders on Integra
4.1.2 (Med)	All departments should monitor spend against suppliers and where thresholds have been breached the appropriate contract route should be followed to ensure best value is being achieved.	Commissioning liaise with procurement regarding best value. Tolerance is managed in relation to social care agency spend to meet service requirements.	Ongoing	Considered Closed (Pending verification by internal audit)	Process established with Commissioning and Procurement to identify and action breached thresholds if applicable
4.1.3 (Med)	Departments should ensure that contracts are reviewed to ensure that they are not allowed to expire and liaise with Procurement to allow appropriate action to be taken.	Commissioning have regular meetings with services and procurement to oversee contracts.	Ongoing	Considered Closed (Pending verification by internal audit)	Process in place with Commissioning and services to monitor contracts. Commissioning and procurement have process in 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-Feb-23	Considered Closed (Pending verification by internal audit)	As per 4.1.1 - Email issued to Business Managers to cascade to those staff who process orders on Integra including SOP for Purchase Order Entry

Appendix	Title	Type	Status
2E	Follow-up of Business Operations and Partnerships Department Audits MB/1177/MB	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership	Changes since last reported to PAC 27.09.2023: 4.6.1 note updated

Follow up of Business Operations Partnership Department Audits - MB/1177/MB

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.5.1 (Med)	Robust checks should be carried out by departments to ensure that the inventory records are accurate and that: • the assigned user details are accurate, up to date and only include names of current employees. • individual users do not have more than one mobile or one laptop • clarification is provided to ICT promptly of any devices on the lists which are no longer needed or which need to be re-assigned to a different employee • clarification is provided to ICT of the reasons for devices where a named employee is not assigned to it. (e.g. pool phone) and this should be noted on the inventory.	A full review of this year's inventories will be undertaken to ensure each point has been addressed.	Mar-23	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 (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	Dec-22	Open	Work is ongoing with this however the deadline has been revised as capacity constraints have restricted process. This has been amalgamated with a wider review of equipment which is a work in progress and expect to complete by December 2023. This work is happening in conjunction with contract changes which will also reduce costs.

Appendix	2F
Title	Barrhead Centre MB/1173/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC 27.09.2023:

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (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-Nov-22	Considered Closed (pending verification by internal audit)	Prepaid cards rolled out to all staff (June 2023). There is no need for petty cash to exceed the £25 limit.
4.1.2 (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 by required, this will be submitted by the Service Manager. Other non-cash options will also be considered.	30-Nov-22	Considered Closed (pending verification by internal audit)	As above
4.2.1 (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-Nov-22	Considered Closed (pending verification by internal audit)	The petty cash account signatories have now been updated and the service is able to access the account
4.2.2 (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-Nov-22	Considered Closed (pending verification by internal audit)	Review undertaken Dec 2022. Signatories have now been updated as per 4.2.1 above
4.3.1 (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-Nov-22	Open	A change of address request has been submitted to the bank. We await a response.

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.4.1 (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-Dec-22	Considered Closed (pending verification by internal audit)	Journal entry to correct miscoding actioned.
4.5.1 (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-Nov-22	Considered Closed (pending verification by internal audit)	Review of record cards completed 14.11.22
4.6.1 (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-Nov-22	Considered Closed (pending verification by internal audit)	As above

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.7.1 (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-Mar-23	Open	A service user committee is being established by Voluntary Action East Renfrewshire (VAER) who will provide support around management of bank accounts. Service users have been identified to be new signatories 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. An appointment with the bank is arranged for 20/09/23 when it is expected funds will transfer and account will be closed.
4.7.2 (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-Mar-23	Open	As above. Transaction analysis continues in the meantime
4.7.3 (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-Mar-23	Open	As above. In the meantime, a column to calculate running balance has been added as requested.

Appendix	2G
Title	Follow-up of HSCP Audits MB/1168/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.09.2023

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (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-Jan-23	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 (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-Mar-23	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.
4.2.1 (Low)	A review of the uprating process for non-framework service agreements should take place to address the processing of varies where a rate has been approved to be paid but needs to be updated on a service agreement. Service agreements should be identified and subject to independent review and update prior to processing the next period invoice.	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.

On receipt of new rates these will be passed to CareFirst to update the system. | 30-Apr-23 | 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 end September 2023. |

Ref	Recommendation	Management Response	Target Date	Status	Update
4.2.2 (Med)	Housekeeping checks should be implemented ensuring that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared.	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-Mar-23	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. Capacity issues within the finance team have meant this work was delayed until 31st October 2023, however long term absence continues.
4.3.1 (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. Managers receive a weekly report detailing service agreements awaiting authorisation.	30-Nov-22	Considered Closed (pending verification by internal audit)	Reminder has been issued
4.3.2 (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 arranged in an emergency situation or when care has been put in place pending assessment process.	30-Nov-22	Considered Closed (pending verification by internal audit)	Reminder has been issued
4.4.1 (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-Mar-23	Considered Closed (pending verification by internal audit)	The original comment predated the Supporting People Framework which was approved by the IJB in March 2023 Guidance has been developed which underpins the new Framework.

Follow-up of HSCP Audits - MB/1168/FM

Ref	Recommendation		Date	Status	Comment
4.4.2 (Med)	Operational Managers need to review and prioritise cases to ensure that those most likely to have changed are addressed first	As above	31-Mar-23	Considered Closed (pending verification by internal audit)	As above. 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 (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-Nov-22	Closed (pending verification by internal audit)	All forms up to £50 will have 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
7.1.1	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-Nov-22	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 (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-Nov-22	Considered Closed (pending verification by internal audit)	Confirmation of closure received from bank

Ref	Recommendation	Management Response	Date	Status	Update
7.3.1	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-Nov-22	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 (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-Mar-23	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.
8.1.1 (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-Mar-23	Closed (pending verification by internal audit)	The imprest account has been closed and funds returned.
8.3.1 (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-Nov-22	Closed (pending verification by internal audit)	Bank signatories have been updated and there are now 8 signatories on the account to allow for continual access.
8.3.2 (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-Nov-22	Open	Contact has been made with the bank – we are awaiting confirmation of closure letter

Follow-up of HSCP Audits - MB/1168/FM

8.4.1 (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-Dec-22	Considered Closed (pending verification by internal audit)	Review completed January 2023 and level of cash held has decreased.
9.1.1 (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.	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.

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. | 31-Mar-23 | Considered Closed (pending verification by internal audit) | New ACSP process in place from May 23. Screening Group review all ACSP's with review dates agreed and recorded on Carefirst.

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 |

Ref	Recommendation	Date	Status	Response	Update
9.1.2 (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.	30-Nov-22	Considered Closed (pending verification by internal audit)	HSCP ACSPs have review date set by allocated worker on Carefirst and review is recorded on Carefirst. 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. 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	New screening group will set the review date and record on carefirst. 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 here
9.1.3 (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.	31-Mar-23	Closed (pending verification by internal audit)	Work is underway to link recording and referrals to the carers centre through carefirst to support compliance and improve reporting. 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	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. 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.

Appendix	2H
Title	Debtors MB/1158/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	CLOSED All recommendations verified as implemented by internal audit

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 (verified 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 (verified by internal audit)	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. 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.

Appendix	Title	Type	Status
2I	Follow up of Environment Department Audits MB/1166/NS	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership	CLOSED All recommendations verified as implemented by internal audit

Follow up Audit of Environment Department - MB/1166/NS

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
6.1.1 (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.	Guidance will be issued by August 2022 and support and training will be offered.	CLOSED (verified by internal audit)	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.
		Separation of duties will be allowed for where possible, recognising that for any specialist services this may not always be practical.	Implementation dependant on tender timescales		One tender has been completed and 2 are currently underway using the new process
6.1.2 (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.	Guidance will be issued by August 2022 and support and training will be offered.	CLOSED (verified by internal audit)	Commissioning team have also identified separate service leads to undertake separate evaluations following completion of tender submissions.
		Strategic Planning, Performance & Commissioning Manager will co-ordinate and ensure checks are in place.	Implementation dependant on tender timescales		
6.2.1 (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	CLOSED (verified by internal audit)	Training is included as part of the development of the tender documentation/service specification

Appendix	2J
Title	Fostering, Adoption and Kinship Care MB/1154/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.09.2023 All recommendations considered closed

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
1.1.1 (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.	Aug-22	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 (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.	Aug-22	Considered closed (pending verification by internal audit)	Carefirst guidance shared with internal audit 19.05.2022
1.2.1 (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.	Sep-22	Considered closed (pending verification by internal audit)	A paper detailing rates was presented and agreed at the IJB in August 2023

Appendix	2K
Title	Payroll MB/1151/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.09.2023 All recommendations considered closed

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.3.1 (High)	Line managers must ensure that the online leavers form is fully completed and submitted in advance of the employee leaving.	A reminder will be issued to Managers. We have requested from HR colleagues whether a compliance report can be produced.	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022. System only able to report on who forms have been completed for.
4.3.2 (Med)	Line managers must ensure that the Exit Procedures Leavers Checklist is actioned and saved to Information at Work for all leavers.	As above	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022. System unable to generate reports
4.4.1 (Med)	Line managers must ensure that all employees on 35 hours contracts or part-time contracts have worked 37 hours in the week before overtime at time and a half can be claimed.	A reminder will be issued to Managers	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.4.2 (Med)	Line managers must ensure that care is taken to look at overtime claimed according to the week in which it was worked to ensure that the correct rate of pay is claimed.	A reminder will be issued to Managers	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.4.3 (Low)	Line managers must ensure that where an employee at grade 10 or above is claiming overtime that the claim is authorised by an employee at grade 18 or above. Consideration must also be given to whether an overtime payment is appropriate or whether time off in lieu at plain time is more appropriate.	A reminder will be issued to Managers	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022

4.5.1 (Low)	Double time should only ever be paid for hours worked on a public holiday and there should be no exceptions to this policy.	The example quoted in the report was an exceptional circumstance in an unprecedented pandemic situation and this was agreed to ensure capacity to safely deliver services and protect our residents. The authorising manager has now left however this was discussed with trade unions at the time and steps put in place to ensure it would not happen again.	N/A		
4.10.1 (Low)	Line managers should be reminded of the managing absence policy and their responsibilities as managers.	A reminder will be issued to Managers	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.10.2 (Low)	Line managers must ensure that all absence documentation is filed in the appropriate manner promptly.	A reminder will be issued to Managers	May-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022

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AGENDA ITEM No. 10

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

East Renfrewshire
COUNCIL

NHS
Greater Glasgow
and Clyde

Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	22 November 2023
Agenda Item	10
Title	IJB Strategic Risk Register

Summary

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

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

Action Required

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

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

22 November 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)
Impact		**Minor** 1	**Significant** 2	**Serious** 3	**Major** 4

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

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

REPORT

7.   The Strategic Risk Register is a 'live' document; the latest version is attached at Appendix 1.

8.   The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place on 27 September 2023. Since last reported:-

   ▪   No new risks have been added
   ▪   No risks have been removed
   ▪   No risk scores have changed
   ▪   1 risk remains red post mitigation (Financial Sustainability)

9.   Risk control measures have been reviewed and updated to reflect any proposed mitigation which has been completed, or where the expected date for completion has been extended.

10.   Members are asked to note the following:-

Death or significant harm to vulnerable individual

11.   Implementation of the Supporting People Framework remains underway.

12.   Only 4 minor recommendations were made from the Joint inspection of Adult Support and Protection (ASP) which have been incorporated into our ASP Improvement Plan. Therefore the proposed mitigating action has been updated to reflect the implementation of the wider improvement plan. It is anticipated that all actions within the plan will be implemented by March 2025.

Failure of a Provider

13.   Enhanced monitoring of Establishment E, involving a multi-disciplinary team ended on 8th November and we have reverted to regular monitoring through the commissioning and contracts team.

Workforce Planning and Change

14.   The latest iteration of our workforce plan us being reported to the Integration joint board at its meeting on 22nd November 2023. The voluntary severance and early retirement exercise is ongoing.

In-house Care at Home Service

15.   All new care at home frontline posts are now being advertised with the new work patterns and the majority of existing staff have also migrated to the new pattern.

16.   Absence rates within the service have reduced to 9% and will continue to be closely monitored.

Business Continuity, Covid-19 and Recovery

17.   Workshops are taking place to support services to update their Business Impact Assessments which feed into the wider HSCP Business Continuity Plan.

Post Mitigation - Red and Significant Risks Exception Report

18. 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

19. 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 remain within operational budget as a result of demand and capacity pressures
     ▪ Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies and savings
     ▪ Implications from hosted services should current arrangements change
     ▪ Prescribing volatility
     ▪ Any unfunded Covid-19 costs will add to our pressures

20. Discussions with partners are ongoing recognising the audit recommendation around financial sustainability.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
lesley.bairden@eastrenfewshire.gov.uk
0141 451 0746

8 November 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: June 2023: IJB Strategic Risk Register Update
https://www.eastrenfrewshire.gov.uk/media/9267/PAC-Item-12-26-June-2023/pdf/PAC_Item_12_-_26_June_2023.pdf?m=638227830063400000

IJB Paper: January 2020: IJB Risk Management Policy and Strategy
https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 08.11.2023

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner
					Risk Score 11-16 HIGH / 5-10 MEDIUM / 1-4 LOW								
					Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI)			Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI)	
n/a	1	C	**Death or significant harm to vulnerable individual**										
			Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions.

Consequences could include:
- Loss of life or long term damage and impact on service user & family.
- Possible perception of failure of care.
- Poor workforce morale.
- Reputational damage. | Supporting People Framework (eligibility criteria) agreed.

Social work and nursing professional leadership in place

Operate within Clinical and Care Governance Framework

ASP Quality Assurance Framework continues to be implemented and reported to APC

Quality assurance of Adult Service Improvement Plans

Senior Management rota for chairing ASP implemented

Continual audit against compliance of MHO standards

Professional supervision policy adopted for social work and social care staff.

Review of rising demands and pressure points across health and care services.

Rolling training programme. | 3 | 3 | 9 | Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk

Fully implement ASP improvement plan | 30/09/2023

31/03/2025 | 2 | 3 | 6 | Head of Adult Services / Chief Social Work Officer |

4.4	2	S	**Scottish Child Abuse Inquiry**										
			Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care. Possible increase in demand of access to records and potential claims against the Council as Inquiry work progresses	Adult Protection Committee and Child Protection Committee have been sighted on these issues. 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 Key learning from S21 work shared with managers Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.	3	3	9			3	3	9	Chief Social Work Officer
4.1	3	C	**Child Protection, Adult protection and Multi-Agency Public Protection Arrangements**										
			Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPA) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.	The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues. "Safe Together" model implemented in HSCP and rolled out across Council Regular reporting to COPP in place for adult, children and high risk offenders.	2	4	8	Review programme of quality assurance and training Fully implement ASP improvement plan	31/12/2023 31/03/2025	1	4	4	Chief Social Work Officer

4	S	**Financial Sustainability**												
		Risk of being unsustainable due to one of the following causes: 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. This will require in year funding discussions with partners 2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies & savings. 3) Unable to meet financial pressures within prescribing, including influence of GP prescribers, including demographic changes, economic and distribution factors. 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 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 CFO provides regular financial advice and reporting to IJB, including savings progress and operational cost pressures. Monitoring for COVID 19 related costs will be maintained following cessation of support funding so we can inform future planning. Budget seminars are held with IJB Members. 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. Medium Term Financial Plan latest revision June 2023 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. 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. Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGGC.	3	4	12	Monitor hosted service arrangements – ongoing and longer. 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. Continue to develop the tri-partite financial planning discussions with partners as included in our Strategic Improvement Action Plan. Covid funding exit strategy is in place locally to manage the cessation of Covid support funding. Benchmark our local position with similar HSCP and / or national position and challenges Implement actions from local prescribing action plan	31/03/2025 Ongoing Ongoing 31/03/2023 30/09/2023 31/03/2024	3	4	12	Chief Financial Officer

			the virus impacts on capacity. The longer term financial impact is unclear 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 Regular monitoring and planning combined with our reserves strategy, albeit diminishing, allows us to maximise funding streams.			🟥					🟥	

5.2	5	C	Failure of a Provider										
			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. Consequences could include: - disruption to service delivery - requirement to implement contingency plans - impact on individuals and families with potential disruption to care arrangements	Care Home assurance group meets weekly. Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support. We work with the Care Inspectorate and third sector to ensure robust action plans for improvement are in place. Robust internal processes under ASP/Contract Monitoring and multi-agency procedures to focus on improvement and recovery. Where unavoidable we work with providers at risk to agree phased and managed approach to supporting service users, residents to access alternative safe care. . Work with Scottish Government, Scotland Excel and Cosla on care home market. National Care Home Contract under negotiation We will work with the Scottish Government as part of national contingency planning in the event that providers indicate intention to	3	4	12	Implement the commissioning plan including reshaping and redesign of services. Increased monitoring by Commissioning and Contracts service (reviewed Nov-23)	31/03/2024 Ongoing Review-31/03/2024		3	3	9	Chief Financial Officer / Heads of Service

			Controls	L	I	Score	Actions	Timescale	L	I	Score	Owner
			withdraw from the national care home contract Scotland Excel framework provides larger provider base to mitigate risk. Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support. Daily safeguarding as part of LSI into Establishment E Revised strategic Commissioning plan developed (approved by IJB August 2023)			🟥					🟨	

6 | S | Access to Primary Care

No	S		Risk	Controls	L	I	Score	Actions	Timescale	L	I	Score	Owner
			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. Inability to recruit posts and shortage of locums resulting in poor access for local residents. GP Practice accommodation capacity shortfall to provide care to increased list sizes and accommodate PCIP staff Increased GP Practice workload due to increasing population and increased demand post pandemic	Primary Care Improvement Plan agreed by IJB. Support Practices to amend catchment areas where appropriate Work with practices to maximise premises capacity to enable them to extend primary care team. Support to Practices through use of GGC Escalation framework.	3	3	9	Work with planning department to consider impact and seek developer contributions to mitigate for new housing and care home developments. 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. Signpost new residents to Practices registering patients for postcode area. Exploring revenue funded solutions around GP space in Newton Mearns and Neilston. Working with NHSGGC to support GP practice sustainability Participating in NHSGGC Property Strategy Group and developing local strategy	Ongoing (reviewed Sep 23) Ongoing (reviewed Sep 23) Ongoing (reviewed Sep 23) Ongoing (reviewed Sep 23) Ongoing (reviewed Sep 23) Ongoing (reviewed Sep 23)	3	2	6	Clinical Director

5.1	7	S	Increase in frail older population											
			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.	Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people. Unscheduled Care Delivery Plan approved by IJB in March-22. Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources. New front door model manages level of demand launched Summer 22 making significant positive impact on waiting list for assessment Talking Points diverting people to community resources and building own assets. Project to support Care at Home redesign now live Supporting people framework implemented April 23 Monitoring includes analysis of waiting lists, admissions and incidents.	4	3	12	Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk Strengthen management oversight of equipment requests	30/09/2023 Ongoing (Review 31/03/24)	3	3	9	Chief Officer HSCP
	8	S	Workforce Planning and Change											
			Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience. Risk of further reduction in workforce capacity due to factors such as morale, burnout, industrial action and covid	Workforce planning group in place and includes 3rd / independent sector reps HSCP management team actively review all requests to recruit in line with our workforce plan Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency). Savings, Recovery and Renewal Programme monitors spend and efficiencies	3	4	12	Implement local mental health interim workforce plan Review voluntary redundancy expressions of interest and conclude process Strengthen reporting arrangements around SSSC registrations. (*Recommendations from the short-life working group established Mar-22 – to be implemented*)	31/12/2024 31/03/2024	2	4	8	Chief Officer HSCP

				HSCP 3 year Workforce Plan developed									
				Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re-advertising vacant posts and close monitoring.									
				HSCP Staff Wellbeing programme in place									
				Business Continuity plans support critical service prioritisation where required and cover a range of events including possible industrial action.									
				Interim MH workforce plan developed August 2023									
2.2	**10**	**S**	**Increase in children & adults with additional support needs**										
			Increase in the number of children and adults with additional support requirements leading to a rise in demand which impacts on our ability to provide services	Advanced Practitioner post to improve practice across adult and children services in preparing young people with additional support needs for adulthood. Analysis of demographic changes and increased financial forecasting. Education Resource Group manage specialist resources and admission to specialist provision. Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist. The new Transitions service is fully recruited and strategy implemented. Transitions is also included in R&R Programme Supporting People Framework (eligibility criteria) developed and approved by IJB 29.03.2023	3	3	9	Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk	30/09/2023		3	2	6	Chief Officer HSCP

5.3	11	C	In-House Care at Home Service											
			Ongoing pressures and limited service capacity impacts on service delivery and quality standards Impact on service users and carers	Increased resource to support robust absence management. Single base operating for Care at Home Ongoing quality assurance and monitoring activity. Winter frontline recruitment commenced Increased OT resource to maximise outcomes and reduce supports required New scheduling system (Total Mobile) in place Proposed service model agreed by DMT and Programme Board established which will provide oversight to care at home redesign Use of intermediate care beds to allow discharge from hospital Enhanced management oversight of hospital discharge			2	4	8	Conclude work to realign staff work patters in order to maximise resource Continuation of Total Mobile implementation Progress implementation of new practice model in line with organisational change Conclude Care at Home redesign by April 2024	30/11/2023 Ongoing Ongoing 30/04/2024	2	3	6	Chief Officer HSCP
	12	S	Failures within IT System											
			Critical information not been received due to failures in IT system Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.	Specific email addresses can be added to whitelist if required. Emails can be manually released. 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. New ICT ticket system which has made it easier and improved the speed of releasing blocked emails. Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway solution) concluded 14.4.20 with			2	2	4	Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure.	TBC	2	1	2	IT Business Partner

			changes to rules that should reduce some of the technical complexity with regards to email blocking. HSCP continue to work with ICT BRMs for both partner organisations to highlight and address both intermittent and known ICT issues Business Continuity Plans outline alternative arrangements should there be an issue in relation to IT network.									

	13	S	BUSINESS CONTINUITY, COVID19 & RECOVERY									
6			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.	Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly. HSCP represented at local and national groups as well as integral part of our partners (ERC & NHSGGC) response and recovery. Increased communication and intelligence sharing with partners other statutory bodies implemented. Ongoing engagement and reporting with partner providers including Care Homes. 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. Annual assurance statement to IJB as Category 1 responder. Well established covid procedures are in place and can be escalated if necessary.	3	3	9	Undertake annual review of Business Continuity Plans Review and identify additional staff to be trained to ensure sufficient trained Incident Officers and Loggists Undertake emergency scenario desktop exercise.	31/12/2023 31/12/2023 31/12/2023	2	3	6

14	S	ANALOGUE TO DIGITAL SWITCHOVER									
6			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.	Programme board established and full project team in place to take forward the transition from analogue to digital. HSCP Head of Service chairing programme board. Analogue to digital implementation plan. Digital ARC went live October 2022. Local Risk assessment group established summer 2023 which looks for solutions to and developing a contingency plan	3	3	9	There is a Capital Project with our partner East Renfrewshire Council to manage replacement of analogue devices and peripherals within people's houses. Monitoring global supply issues in relation to chip shortages Complete installation of all digital alarm units	Ongoing Ongoing 31/01/2025	2	3	6

Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 November 2023
Agenda Item	11
Title	Calendar of Meetings 2024

Summary

Proposed 2024 meeting dates for Performance and Audit Committee.

Presented by	Lesley Bairden, Chief Financial Officer

Action Required

Members are asked to approve the proposed 2024 meeting dates for Performance and Audit Committee.

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

22 November 2023

Report by Chief Officer

CALENDAR OF MEETINGS 2024

PURPOSE OF REPORT

1. To seek approval of proposed meetings dates for the committee for 2024.

RECOMMENDATION

2. Members are asked to approve the proposed 2024 meeting dates for Performance and Audit Committee.

REPORT

3. At the meeting of the Integration Joint Board (IJB) on 27 September 2023, the 2024 calendar of meetings for the IJB was approved.

4. Traditionally, for committee members' convenience and to maximise attendance, meetings of the Performance and Audit Committee have taken place immediately prior to the IJB on March, June, September and November dates.

5. Therefore the following meeting dates are proposed for the Committee for 2024:

   Wednesday 27th March at 9am
   Wednesday 26th June at 1pm (including draft accounts)
   Wednesday 25th September at 1pm (including annual accounts)
   Wednesday 20th November at 9am

6. Meetings in June and September will take place in the afternoon to accommodate those members of the IJB who also serve on Glasgow IJB, which has already scheduled morning meetings on those two days.

RECOMMENDATIONS

7. Members are asked to approve the proposed 2024 meeting dates for Performance and Audit Committee.

REPORT AUTHOR AND PERSON TO CONTACT

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7 November 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 27.09.2023 – Calendar of Meeting
https://www.eastrenfrewshire.gov.uk/media/9533/IJB-Item-15-27-September-2023/pdf/IJB_Item_15_-_27_September_2023.pdf?m=638303735246300000

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