



Date: 20 March 2024
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Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD - PERFORMANCE AND AUDIT COMMITTEE

A meeting of the East Renfrewshire Integration Joint Board Performance and Audit Committee will be held on **Wednesday 27 March 2024 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 barry.tudhope@eastrenfrewshire.gov.uk or lesleyann.burns@eastrenfrewshire.gov.uk

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

WEDNESDAY 27 MARCH 2024 AT 9.00 a.m.

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

1. Apologies for absence
2. Declarations of interest
3. Minute of last meeting held 22 November 2023 (pages 3 – 8)
4. Matters Arising (pages 9 – 10)
5. Rolling Action Log (pages 11 – 14)
6. Ernst and Young Provisional Annual Audit Plan year ended 31 March 2024 (pages 15 – 50)
7. Performance Update – Quarter 3 (pages 51 – 76)
8. Audit Update (pages 77 – 120)
9. IJB Strategic Risk Register (pages 121 – 136)
10. Care at Home Inspection Report (pages 137 – 154)

**Minute of the Virtual Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on Wednesday 22 November 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
Councillor David Macdonald	East Renfrewshire Council co-opted 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)
Lesleyann Burns	Assistant Committee Services Officer (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Julie Murray	Chief Officer – IJB
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Grace Scanlin	Ernst & Young

APOLOGIES FOR ABSENCE

Councillor Caroline Bamforth	East Renfrewshire Council
Rob Jones	Ernst & Young

DECLARATIONS OF INTEREST

1. There were no declarations of interest.

MINUTES OF PREVIOUS MEETING

2. The Committee considered and approved the Minute of the meeting of 27 September 2023.

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 27 September 2023.

The committee noted the report.

NOT YET ENDORSED AS A CORRECT RECORD**ROLLING ACTION LOG**

4. The Committee considered the rolling action log, which detailed open actions, and those completed since the previous meeting held on 27 September 2023.

Commenting on the report, the Chief Financial Officer confirmed 3 actions had been closed since reported in September.

The Committee noted the report.

MID YEAR PERFORMANCE REPORT

5. 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 and included two exception reports providing more detail on measures and trends in relation to reablement and alcohol brief interventions where we are performing well.

The Policy, Planning and Performance Manager noted that despite the ongoing challenges, the HSCP continues to perform well in a number of areas, including CAMHs waiting times, psychological therapies, breast feeding rates, and supporting people affected by domestic violence, amongst others. Results from our iMatter staff survey show improved scores in relation to support for staff wellbeing and absence rates are improving, particularly for our Council employed staff.

There are also areas presenting challenges and these include an increase in admissions and attendances at A&E, however there is an error in the report as the number of attendances also includes minor injuries. Our admissions are 5% lower than pre pandemic levels and our attendances are 6% lower. We are also seeing an increase in admissions from care homes.

Other challenges include a decline in unpaid carer satisfaction and palliative care, as well as a reduction in the uptake of SDS options 1 and 2, however the overall trend is stable and our proportion of SDS is in line with national average.

Anne Marie Monaghan commented that given our strategy is to review levels of support, the reduction could be a good indicator based on our strategy however we need to understand that this reflects the outcomes we are looking for and it was agreed that this would be an exception report for the next meeting of the Committee as suggested by the Chief Officer.

Lynsey Allan noted that the increase in attendance and admissions seemed contradictory to information reported at the recent care home managers meeting. The Policy, Planning and Performance Manager confirmed that the same data is used for reporting however as this report is looking at mid-year data, it is likely due to the timing of reporting. Steven agreed to check data and confirm with Lynsey.

The Chief Officer advised that the HSCP are providing targeted support to those care homes which have higher than average rates of attendance.

Anne Marie Monaghan acknowledged the improvements in performance, particularly in relation to CAMHS and noted that staff should be commended. The Chair was also pleased to see breastfeeding rates increasing and passed on her thanks to those involved in producing the report.

Commenting on the admissions and attendances from care homes, the Chair suggested the Committee look at this area at the next meeting and if required an exception report be requested thereafter. The Chair noted her thanks for improvement and format of the graphs included in the report.

NOT YET ENDORSED AS A CORRECT RECORD

Jacqueline Forbes queried why the response rate for iMatter had declined and it was noted that in the past our frontline care at home staff were given paper copies, however this year it changed to mobile links and we will consider the best way to do this next year. There was also recognition that a number of other surveys were happening simultaneously.

The Committee noted the report.

BONNYTON HOUSE CARE HOME INSPECTION REPORT

6. The Committee considered a report providing an overview of the inspection at Bonnyton House which was undertaken by the Care Inspectorate in September 2023.

The Chief Officer advised that the inspection focused on 2 areas and gradings remained unchanged and were rated as good. Unfortunately we missed out on a 'very good' as we didn't have an activity coordinator in place due to long term absence however we are now recruiting to this post. There are also plans for some refurbishment work.

She noted that overall we were pleased with the report which included some nice quotes from residents. She also noted that the Manager retired last month and we will look at recruitment alongside the wider redesign of intensive services.

The Chair expressed her appreciation of the staff and the positive inspection was a nice retiral for the Care Home Manager. Anne Marie Monaghan was pleased to see improvements and consistency with past inspections.

Councillor MacDonald asked whether there had been a change in the overall capacity compared to before covid and it was confirmed that although the overall capacity remains the same the configuration has changed; there has been a reduction in the number of long term beds to provide more capacity for short term rehabilitation.

The Committee noted the report and asked that their thanks be passed to all staff in the service.

AUDIT SCOTLAND REPORT: ADULT MENTAL HEALTH

7. The Committee considered a report which provided an overview of the Audit Scotland report on adult mental health in Scotland, published in September 2023 and sets out the local context in relation to the recommendations for Integration Joint Boards, NHS Boards, Councils and the Scottish Government.

The Head of Adult Services: Learning Disability and Recovery gave a broad overview of the recommendations and any local impact including work across NHS Greater Glasgow and Clyde. He noted that the recommendations were reflective of lived experience feedback.

He further added, that locally, we have improved data capture through planning groups and the development of a dashboard, which shows levels of activity in terms of new demand and discharges.

An area of challenge remains around recruitment and retention and local mitigation includes succession planning as part of our workforce plan.

Commenting on the report, the Chair noted it was great to see that we are already doing some of the work in East Renfrewshire.

The Committee noted the report

NOT YET ENDORSED AS A CORRECT RECORD**AUDIT UPDATE**

8. The committee considered a report providing an update on audit activity relating to the IJB and HSCP since last reported to the committee in September 2023, and summarising all open audit recommendations. Accompanying the report was a series of appendices providing further detail.

The Chief Financial Officer advised there hadn't been a huge amount of activity since last reported in September however was pleased to report that 5 actions had been verified as closed through internal audit follow up work therefore Debtors and Environment audits would no longer feature in future reports.

She further added that from the 13 new audit recommendations from the audit of Thornliebank Resource Centre, 11 were considered closed pending verification.

Jacqueline Forbes noted that some of the actions refer to instruction to staff but there is no further detail in terms of the follow through to ensure this is actually in place.

It was confirmed that when internal audit undertake follow-up work, this includes fresh sampling to ensure recommendations have been actioned, however further consideration will be given as to how the HSCP undertake spot checks and report on this, without duplicating audit work.

The Head of Adult Services: Learning Disability and Recovery commented on the importance of audit recommendations and that consideration will be given to ensure this is a standing item on service management meetings.

The Chief Auditor advised that Internal Audit are currently undertaking follow up work of Payroll and Business Operations and Partnerships audits, meaning the number of recommendations will hopefully reduce in the next report to this Committee.

The Committee noted the report.

IJB STRATEGIC RISK REGISTER

9. 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 September, no new risks had been added and no existing risks had been removed.

The Chief Financial Officer reiterated that financial sustainability remains red post mitigation and is likely to remain so for some time, and that further discussion would take place at the Integration Joint Board on our financial position. She added that on a more positive note care at home absence rates have significantly reduced.

Anne Marie Monaghan reiterated that financial sustainability has been a known major challenge for some time so comes as no surprise and wished to put on record that this is not about poor financial management as we are doing a tremendous job, but is due to lack of funding. This is a difficult position, and the reality is we don't have enough money.

The Chair echoed the comments.

The Committee noted the report.

CALENDAR OF 2024 MEETINGS

NOT YET ENDORSED AS A CORRECT RECORD

10. The Committee considered a report proposing the Committee dates for the calendar year 2024.

Commenting on the report, the Chief Financial Officer noted that some meetings will be held in the afternoon to accommodate statutory deadlines where meetings clash with other IJBs. She advised that diary invites would be issued for the year.

Anne Marie Kennedy asked whether there are plans to hold any future meetings in person as she felt discussion opportunities were lost on Teams Meetings in comparison to in person.

Anne Marie Monaghan recognised how efficient online meetings are and this is a better use of time and advocated for online meetings to continue. She also noted that given winter is approaching this may not be the best time to move to in person and this could be considered in spring.

The Chief Officer advised that the HSCP do not have the capability to appropriately service hybrid meetings and do not have the funding to invest in this at this time. She also reminded the Committee that Health Board non-executive members often incur significant travel.

DATE OF NEXT MEETING

11. It was reported that the next meeting of the committee would be held on Wednesday 27th March 2024 at 9am.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	27 March 2024
Agenda Item	4
Title	Matters Arising
<p>Summary</p> <p>The purpose of this paper is to update members of the Performance and Audit Committee on progress regarding matters arising from the discussion which took place at the meeting of 22 November 2023.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee members are asked to note the contents of the report.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

27 March 2024

Report by Chief Financial Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To update the Performance and Audit Committee on progress regarding matters arising from the discussion that took place at the meeting of 22 November 2023.

RECOMMENDATION

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

REPORT

Performance Report

3. Data in relation to A&E admissions and attendance from care homes is not currently included in the quarter 3 report as the source data is being verified.

Audit Update

4. At the last Performance and Audit Committee there was discussion on the follow through of actions, particularly where this involves staff instruction. The default position will remain that verification of all recommendation will be undertaken by Internal Audit. For those actions where we have issued staff instruction, we will develop a rolling schedule of reminders through our staff bulletin to maintain a level of awareness. In addition, audit recommendations will be included on management team agendas.

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

13 March 2024

IJB Chief Officer: Julie Murray



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
<p>Summary</p> <p>The attached rolling action log details all actions, including those which have been completed since the meeting on 27 September 2023.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee members are asked to note progress.</p>	

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ACTION LOG: Performance and Audit Committee (PAC)

March 2024

No	Meeting Date	Agenda Item	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
77	22.11.2023	Mid Year Performance	Policy, Planning and Performance Manager to confirm the same data source for attendance and admissions with Lynsey Allan.	Policy, Planning and Performance Manager	CLOSED	Feb-24	This has been confirmed with Lynsey Allan.
76	22.11.2023	Mid Year Performance	The Chair suggested the Committee look at admissions and attendances from care homes at the next meeting and if required an exception report be requested thereafter.	Policy, Planning and Performance Manager	OPEN	Mar-24	This has been deferred as the source data in being reviewed.
75	22.11.2023	Mid Year Performance	SDS Exception report to be included in next performance report	Policy, Planning and Performance Manager	CLOSED	Mar-24	Included in performance report to PAC 27.03.24
74	22.11.2023	Audit Update	Further consideration will be given as to how the HSCP undertake spot checks of audit recommendations and report this to PAC, without duplicating audit work.	Chief Financial Officer	OPEN	Mar-24	Update included in Matters Arrising 27.03.24
64	29.03.2023	CIPFA Financial Management Code	Ensure the areas for development identified as part of our self assessment action plan are implemented.	Chief Financial Officer	OPEN	Mar-24	A date of March 2024 has been identified 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 January 2024

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East Renfrewshire Integration Joint Board

[Provisional] Annual Audit Plan
Year Ended 31 March 2024

27 March 2024

This report

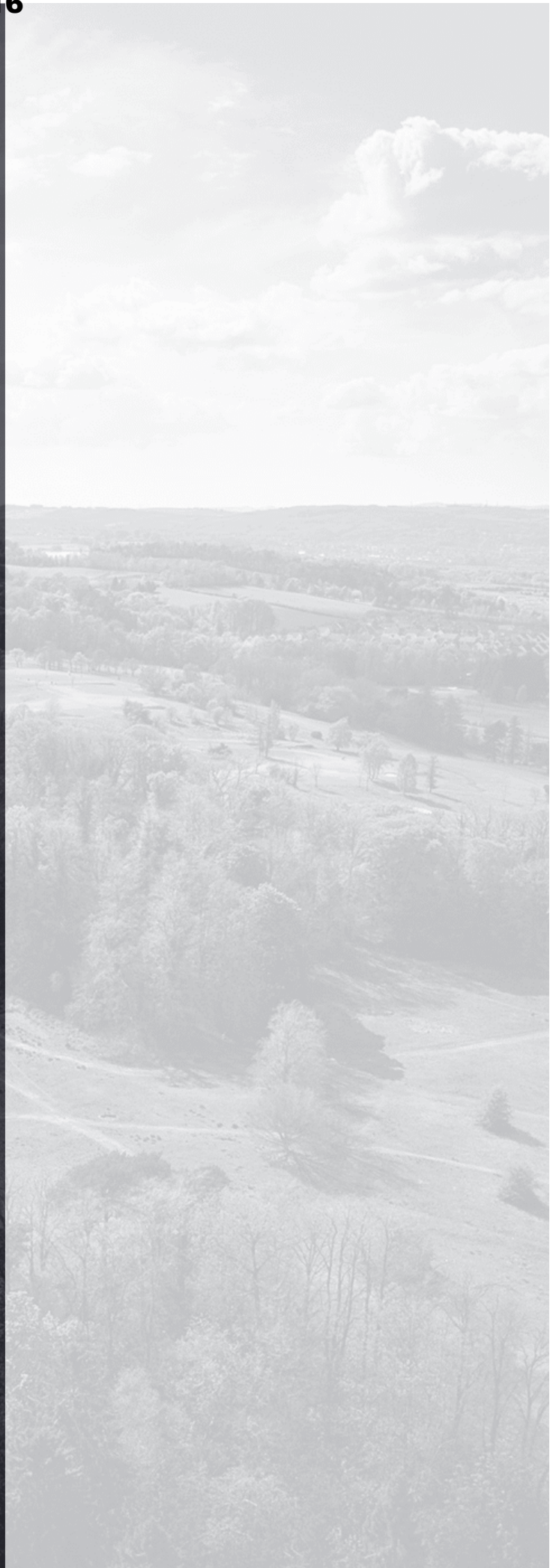
This report has been prepared in accordance with Terms of Appointment Letter, through which Audit Scotland and the Accounts Commission have appointed us as external auditor East Renfrewshire Integration Joint Board for financial years 2022/23 to 2026/27.

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

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

Accessibility

Our report will be available on Audit Scotland's website and we have therefore taken steps to comply with the Public Sector Bodies Accessibility Regulations 2018.



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1. Executive Summary	Summarises the key risks and audit approach for the 2023/24 audit	04
2. Sector developments	Provides a summary of recent accounting and audit developments that are relevant to the Board	07
3. Financial Statements Risks	A summary of our audit approach, materiality and the key risks that we have identified in relation to the financial statements audit.	09
4. Best Value and Wider Scope Audit	<p>Our risk assessment and audit approach for reviewing the Board's compliance with the wider public audit scope areas:</p> <ul style="list-style-type: none"> ▶ Arrangements to secure sound financial management; ▶ The regard shown to financial sustainability; ▶ Clarity of plans to implement the vision, strategy and priorities of the Board, and the effectiveness of governance arrangements for delivery; and ▶ The use of resources to improve outcomes. <p>Annual Best Value audit work is integrated with wider scope annual audit work.</p>	15
Appendices	<p>Undertake statutory duties, and comply with professional engagement and ethical standards:</p> <p>Appendix A: Code of Audit Practice: responsibilities</p> <p>Appendix B: Auditor Independence</p> <p>Appendix C: Required communications with the Performance and Audit Committee</p> <p>Appendix D: Timing of communications and deliverables</p> <p>Appendix E: Audit fees</p> <p>Appendix F: Prior year recommendations</p> <p>Appendix G: Additional audit information</p>	21

1. Executive summary

Purpose of our plan

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

This Annual Audit Plan, prepared for the benefit of senior management and the Performance and Audit Committee, sets out our proposed audit approach for the audit of the financial year ended 31 March 2024. In preparing this plan, we have continued to develop our understanding of the IJB through:

- ▶ Regular discussions with management,
- ▶ Review of key documentation, including Board and committee reports; and
- ▶ Our understanding of the environment in which the Board is currently operating.

Our audit quality ambition is to consistently deliver high-quality audits that serve the public interest. A key objective of our audit reporting is to add value by supporting the improvement of the use of public money. We aim to achieve this through sharing our insights from our audit work, including observations around where the Board employs best practice and where processes can be improved. As we note in Appendix F, we will follow up each recommendation throughout our appointment to ensure implementation.

We use data insights where possible to form our audit recommendations to support the

IJB in improving its practices around financial management and control, and in aspects of the wider scope dimensions of audit. These are highlighted throughout our reporting together with our judgements and conclusions regarding arrangements.

After consideration by the Board’s Performance and Audit Committee, the finalised plan will be provided to Audit Scotland and published on their website.

Scope and Responsibilities

We undertake our audit in accordance with the Code of Audit Practice (the Code), issued by Audit Scotland in June 2021; International Standards on Auditing (UK); relevant legislation; and other guidance issued by Audit Scotland. The Code sets out the responsibilities of both the IJB and the auditor, more details of which are provided in Appendix A.

Independence

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

Our key contacts:

Rob Jones, Engagement Partner
rjones9@uk.ey.com

Grace Scanlin, Senior Manager
grace.scanlin@uk.ey.com

Financial Statements audit

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

- ▶ whether they give a true and fair view, in accordance with applicable law and the 2023/24 Code of Accounting Practice, of the income and expenditure of the IJB for the year ended 31 March 2024 and;
- ▶ have been properly prepared in accordance with IFRSs, as interpreted and adapted by the 2023/24 Code; and
- ▶ whether they have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

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

We are required to plan our audit to determine with reasonable confidence whether the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the

amount and the nature of the misstatement. Our key considerations and materiality values are set out in Exhibit 1, below.

Wider Scope and Best Value

As public sector auditors, our responsibilities extend beyond the audit of the financial statements. The Code of Audit Practice (2021) requires auditors to consider the arrangements put in place by the Board to meet their Best Value obligations as part of our proportionate and risk-based wider-scope audit work. This requires consideration of:

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

Best Value considerations will be integrated with our wider scope annual audit work. We will report on how the IJB demonstrates that it has Best Value arrangements in place to secure continuous improvement.

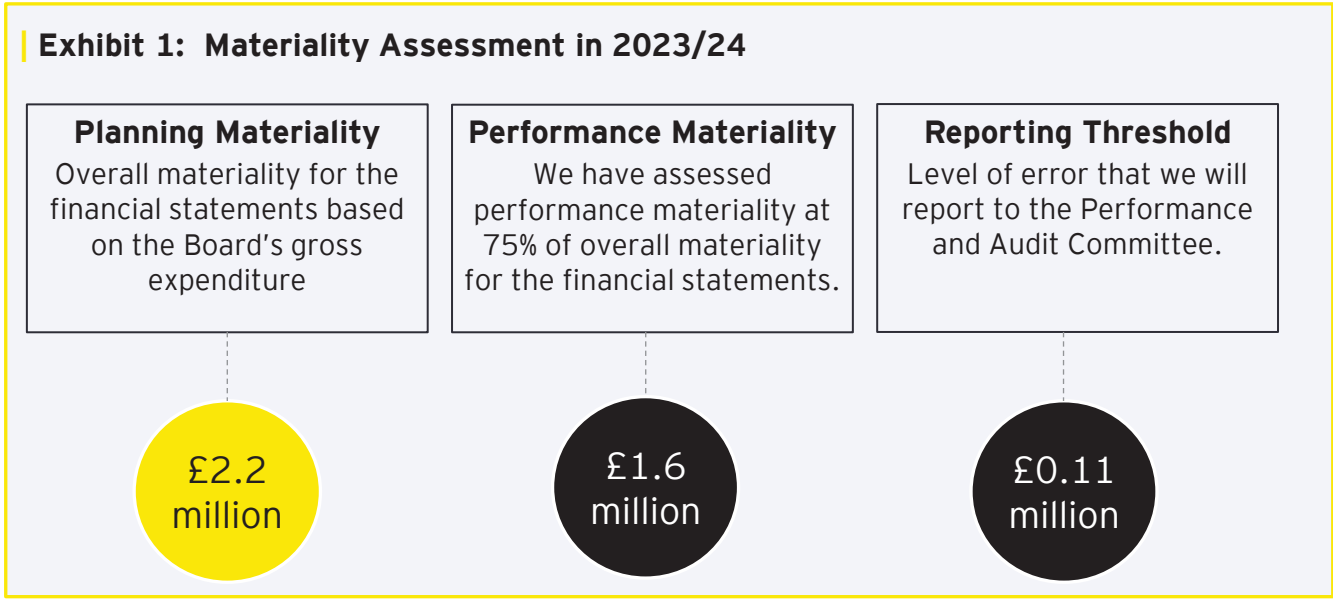


Exhibit 2: Summary of significant risks identified for the audit in 2023/24

One significant risk impacting the audit of financial statement has been identified in Section 3:

<p>Risk of fraud in expenditure, including through management override</p>	<p>Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.</p> <p>Management is in a unique position to perpetrate fraud due to the ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that would otherwise appear to be operating effectively.</p> <p>As a result of the nature of funding to the IJB from the Council or NHS, we have rebutted the assumed fraud risk in respect of income.</p>
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One area of audit focus has been identified that impacts wider scope audit in Section 4:

<p>Development of sustainable and achievable medium term financial plans</p>	<p>In our 2022/23 annual audit report, we noted significant pressures on the IJB's General Reserve. Our assessment reflected the ongoing challenges facing the IJB and its partners and considers the level of risk and uncertainty outside the IJB's control.</p> <p>At 31 March 2023, the IJB's uncommitted reserve was £0.272 million, representing around 0.19% of expenditure. Other earmarked and ring-fenced reserves carried forward totalled £5.7 million. The IJB's smoothing reserve for fluctuations in prescribing costs and transition funding to support Learning Disability bed model redesign were both fully used in 2022/23. As a result, we highlighted that the reserves were at significant risk in 2023/24.</p> <p>In November 2023, the IJB signalled that the Supporting People framework was not achieving the savings expected, and that further areas of overspend meant there was a projected overspend of £5.6 million. At that time, the eligibility threshold for social care was raised to substantial and critical care only. The Chief Officer and Chief Financial Officer also met with Partners to initiate financial recovery procedures. As a result, East Renfrewshire Council has provided additional financial support via covid funding and have committed to additional non-recurring funding. Discussions are also ongoing with health partners.</p> <p>The January report shows a reduction in the overspend to £5.4 million, before the application of £0.7 million covid funding. The IJB's total reserves are currently forecast to fall to £1.6 million by 31 March 2024 presenting a continuing, significant risk.</p>
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2. Sector developments

Introduction

In accordance with the principles of the Code, our audit work considers key developments in the sector. We obtain an understanding of the strategic environment in which the Board operates to inform our audit approach.

National Care Service Bill

In early December 2023, the Minister for Social Care, Mental Wellbeing and Sport wrote to the Finance and Public Administration Committee (FPAC) to provide relevant updates on plans for the National Care Service (NCS) Bill.

The information provided to the FPAC included:

- ▶ Details of proposed changes to structures and governance following negotiations with COSLA, and responses to concerns raised by the FPAC in its Stage 1 report
- ▶ An updated and revised Financial Memorandum showing costs associated with two alternative new scenarios; and
- ▶ A Programme Business Case.

There are 3 main changes that the Scottish Government (SG) intends to reflect through amendments to the NCS Bill at Stage 2 of the Parliamentary process:

- ▶ Shared accountability, as agreed with COSLA. As a result, local authorities “will retain responsibility for all current functions and the delivery of social work and social care services” and there will be

no transfer of staff or assets;

- ▶ Reform of Integration Authorities instead of the creation of local Care Boards
- ▶ The establishment of a joint NCS National Board, to which Integration Authorities will be accountable, with responsibility for management of the shared accountability framework and high-level functions such as standards and guidance, performance monitoring, and national commissioning and procurement.

The Scottish Government also outlined intentions to grant powers to Scottish Ministers to provide direct funding to reformed Integration Authorities.

Significantly, full implementation of the NCS has been delayed by 3 years, from the initial target of 2025/26 (by the end of the current parliamentary term) to 2028/29.

A number of other areas remain subject to consideration, including:

- ▶ The appointment of independent Chairs of each reformed Integration Authority, instead of the Chair being a representative of either local government or the NHS;
- ▶ Making use of powers in the existing (2014) legislation such as allowing authorities to directly employ Chief Officers and other staff and enabling greater cooperation and pooling of resources across Integration Authority boundaries.

The revised Financial Memorandum (FM) provides updated costs under two different scenarios:

1. The Bill as introduced being taken forward with no significant changes.
2. The revised plans including not establishing local care boards or transferring staff and assets.

The memorandum indicates:

- ▶ The changes intended to be made at Stage 2 are expected to save between £249 million and £1,276 million in total between now and 2031/32, compared to scenario 1; and
- ▶ Almost half (£581 million) of this upper estimate for costs saved is accounted for by the saving resulting from not establishing and running up to 31 local care boards.

Creation of the new NCS National Board will be modelled on the basis of creating a new public body with its own operational staff complement, at an annual cost of £4-6 million.

Integration Joint Board Financial Analysis

In April 2023, Audit Scotland prepared its most recent financial analysis of IJBs, based on the financial position at 2021/22 and the outlook for 2022/23. This highlighted that challenges such as increasing demand for services, recruitment and retention issues and financial pressures were threatening the sustainability of social care services. As a result, Audit Scotland has signalled that an IJB Finance and Performance Report will be prepared by summer 2024 to provide an updated focus on:

- ▶ the context and challenges for IJBs
- ▶ performance against national health and wellbeing outcomes and targets alongside

other publicly available performance information;

- ▶ the financial performance of IJBs in 2022/23 and the financial outlook for IJBs in 2023/24 and beyond; and
- ▶ the effectiveness of arrangements in commissioning and procuring social care services in IJBs.

The report will set out a 'spotlight' focus on commissioning and procurement of social care in the report, including the identification of good practice, to ensure the quality, availability and sustainability of the social care services that communities and individuals need.

Scottish budget

In December 2023, the Scottish Government published the Scottish Budget. The budget addressed plans only for 2024/25, in contrast to the commitment in the Verity House Agreement, to provide multi-year spending plans.

- ▶ The budget included announcements that the Scottish government will:
- ▶ Provide funding of £144 million to fund the announced Council Tax freeze;
- ▶ Provide an inflationary increase in the Scottish Child Payment, to £26.70 per week from April 2023; and
- ▶ An additional £550 million for NHS boards.

Other specific funding for the local government sector includes funding for social care and childcare workers in commissioned services to be paid at least £12 per hour from April 2024. The health settlement is likely to result in additional unfunded pressures for the IJB in 2024/25, including inflationary costs associated with prescribing.

| NHS in Scotland 2023

In February 2024, the Auditor General for Scotland published his annual report on the NHS in Scotland. The report noted that significant service transformation is required to ensure the financial sustainability of Scotland's health service. Rising demand, operational challenges and increasing costs have added to the financial pressures on the NHS and, without reform, its longer-term affordability.

The overall health and social care budget for 2023/24 was set at £19.1 billion, representing over one-third of the total Scottish budget and 38% of the discretionary budget, although in-year changes reduced this to £18.9 billion. This means, in real terms, there was a small annual reduction in the health budget of 0.2 per cent. However, this relates mainly to increases in the annual transfers of social care funding to the local government portfolio to support social care and mental health service delivery. In 2022/23, territorial boards delegated £7.2 billion directly to Integration Authorities, 49% of their budgets.

The report notes that NHS Boards have been impacted by significant cost pressures in 2022/23, including the same impacts as IJBs have faced in relation to staff and prescribing costs increasing alongside inflation. Prescribing drug costs alone grew by £2.1 billion in 2022/23.

The commentary on performance includes an assessment that delayed discharges remain high. This puts pressure on the whole health and social care system and results in poorer experiences and poorer outcomes for individuals.

The Scottish Government developed a Delayed Discharge and Hospital Occupancy Plan early in 2023 and issued it to boards in March. The plan is evidence-based and promotes known good practice in terms of discharge planning and whole-system working. Implementing the plan, however, has not managed to free up as much capacity in hospitals as was anticipated.

The number of people whose discharge has been delayed is still higher than pre-pandemic. The average length of stay associated with all inpatient discharges, delayed or otherwise, has increased in recent years. This is particularly the case for those patients admitted as an emergency (7.6 days in 2022/23 versus 6.6 days in 2019/20).

Alongside work to reduce attendances, admissions and length of hospital stay, some boards are implementing continuous flow models to try to improve patient flow and prevent overcrowding in A&E departments. The report draws upon NHS Greater Glasgow and Clyde's GlasFLOW model as an example.

This system uses a regular schedule of patient moves from A&E to inpatient wards, in line with expected discharges from hospital. A&E staff report that this model has allowed responsibility and risk to be shared across the hospital system, but have stressed that it is 'not a magic bullet'. The board also noted that the model is supported by other programmes such as Discharge without Delay.

3. Financial statements: Our approach and assessment of significant risks

Introduction

The publication of the annual financial statements allow the Board to demonstrate accountability for, and its performance in the use of its resources. They are prepared in accordance with proper accounting practice, which is represented by the 2023/24 Code of Practice on Local Authority Accounting in the United Kingdom (“the Code”).

Our responsibilities

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

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

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

Other Statutory Information

The management commentary and narrative reporting within the financial statements continues to be an area of increased scrutiny as a result of rising stakeholder expectations, including continuing interest by the Financial Reporting Council.

Audit approach

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

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

Our audit involves:

- ▶ Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud, error or design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board’s internal control.

| **Audit Approach continued**

- ▶ Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- ▶ Concluding on the appropriateness of management's use of the going concern basis of accounting. Evaluating the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- ▶ Obtaining sufficient appropriate audit evidence to express an opinion on the financial statements.
- ▶ Reading other information contained in the financial statements to form assessment, including that the annual report is fair, balanced and understandable.
- ▶ Ensuring that reporting to the Performance and Audit Committee appropriately addresses matters communicated by us and whether it is materially consistent with our understanding and the financial statements.
- ▶ We rigorously maintain auditor independence (refer to Appendix B).

| **Materiality**

For planning purposes, materiality for 2023/24 has been set at £2.2 million (2022/23: £2 million). This represents 1%

of the Board's gross expenditure (Exhibit 3). Materiality will be reassessed throughout the audit process and will be communicated to the Performance and Audit Committee within our annual audit report.

Our 2023/24 assessment concluded that gross operating expenditure remains the most appropriate basis for determining planning materiality for the Board.

Our evaluation requires professional judgement and so takes into account qualitative as well as quantitative considerations.

| **Specific materialities**

We consider all accounts and disclosures within the financial statements individually to ensure an appropriate materiality is used. In determining their materiality, we consider both the qualitative and quantitative factors that could drive materiality for the users of the financial statements. Accordingly we determine it is appropriate to use lower levels of materiality for some areas of the financial statements, including:

- ▶ **Remuneration report** - given the sensitivity around the disclosure of senior staff remuneration we apply a lower materiality threshold to our audit consideration around the remuneration report and related disclosures.
- ▶ **Related party transactions** - which are considered material when they are material to either party in the transaction. We do not apply a specific materiality but consider each transaction individually.

We have provided supplemental information about audit materiality in Appendix F.

Exhibit 3: Our assessment of materiality in 2023/24

Element	Explanation	Value
Planning materiality	<p>The amount over which we anticipate misstatements would influence the economic decisions of a user of the financial statements.</p> <p>This represents 1% of the Board's Gross Expenditure.</p> <p>In 2022/23 this was set at £2 million.</p>	£2.2 million
Performance materiality	<p>Materiality at an individual account balance, which is set to reduce the risk that the aggregate of uncorrected and undetected misstatements exceeds Planning Materiality to an acceptably low level.</p> <p>We have set it at 75% of planning materiality. In 2022/23, this was set at £1 million (50% of Planning Materiality).</p>	£1.6 million
Reporting level	<p>The amount below which misstatements whether individually or accumulated with other misstatements, would not have a material effect on the financial statements.</p> <p>This is set at 5% of planning materiality.</p>	£0.11 million

Our response to significant risks

Introduction

Auditing standards require us to make communications to those charged with governance throughout the audit. At East Renfrewshire Integration Joint Board, we have agreed that these communications will be to the Performance and Audit Committee. The financial statements and our annual audit report will also be reported to the Board.

One of the key purposes of our annual audit plan is to communicate our assessment of the risk of material misstatement in the financial statements.

We are required to plan our audit to determine with reasonable confidence whether the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement

We set out in the following sections the significant risks (including fraud risks

denoted by *) that we have identified for the current year audit, along with the rationale and expected audit approach. In 2023/24 we have identified one significant risk:

- ▶ Risk of fraud in expenditure recognition,, including through management override of control*

Other than expenditure recognition, we have not identified any specific areas where management override will manifest as a significant fraud risk, however we will continue to consider this across the financial statements throughout the audit.

The risks identified may change to reflect any significant findings or subsequent issues we identify during the audit. We will provide an update to the Performance and Audit Committee if our assessment changes significantly during the audit process.

1. Risk of fraud in revenue and expenditure recognition*

Financial statement impact

The relevant 2022/23 account balance in the audited financial statements was:

- ▶ Cost of services: £157.4 million.

What is the risk?

Under ISA 240 there is a presumed risk that income may be misstated due to improper recognition of income. In the public sector, this requirement is modified by Practice Note 10, issued by the Financial Reporting Council, which means we also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

As a result of the publicly available nature of funding to the IJB from the Council or NHS, we have rebutted the assumed fraud risk in respect of income.

For expenditure we associate the recognition risk to the completeness and occurrence of expenditure incurred by the IJB in commissioning services, and any associated creditor balances held by the IJB at yearend, in particular through management override of controls.

What work will we perform?

We will:

- ▶ Inquire of management about risks of fraud and the controls to address those risks;
- ▶ Consider the effectiveness of management's controls designed to address the risk of fraud;
- ▶ Understand the oversight given by those charged with governance of management's processes over fraud;
- ▶ Challenge management around how the IJB gains assurance over the expenditure incurred by its partner bodies, so that it can account for the recognition of expenditure to those bodies.

We will perform mandatory procedures regardless of specifically identified fraud risks, including:

- ▶ Substantively testing income and expenditure transactions as appropriate and material;
- ▶ Consideration of any new revenue streams and accrued income due to receipt of grant income, and its accounting arrangements against existing policies and LASAAC guidance;
- ▶ Testing the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements;
- ▶ Assess accounting estimates for evidence of management bias; and
- ▶ Evaluate the business rationale for significant unusual transactions.

We will also obtain supporting documentation through independent confirmations of the expenditure incurred by the IJB's partners and their auditors, in line with the protocols set out by Audit Scotland for 2023/24 audits. We will consider whether we need to perform any other specific audit procedures throughout the audit.

Going Concern

Audit requirements

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

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

Under ISA (UK) 570, we are required to undertake challenge of management's assessment of going concern, including testing of the adequacy of the supporting evidence we obtained. In light of substantial financial pressures facing the IJB, including the cost of living crisis, inflationary pressures, and other demand pressures such as prescribing, we place increased focus on management's assertion regarding the going concern basis of preparation in the financial statements, and particularly the need to report on the impact of financial pressures on the Board and its financial sustainability.

Our work on going concern requires us to:

- ▶ challenge management's identification of events or conditions impacting going concern, more specific requirements to

test management's resulting assessment of going concern, an evaluation of the supporting evidence obtained which includes consideration of the risk of management bias;

- ▶ challenge management's assessment of going concern, thoroughly test the adequacy of the supporting evidence we obtain and evaluate the risk of management bias. Our challenge will be made based on our knowledge of the Board obtained throughout our audit;
- ▶ Consider and challenge management expectations in relation to the ability to respond to future budget gaps, and/or the maintenance of general reserves, and support from partner bodies;
- ▶ conduct a stand back requirement to consider all of the evidence obtained, whether corroborative or contradictory, when we draw our conclusions on going concern; and
- ▶ necessary consideration regarding the appropriateness of financial statement disclosures around going concern.

We continue to monitor the Scottish Government's plans to progress the National Care Service (Scotland) Bill, but due to the anticipated continuation of service provision, alongside updated expectations on timetable, the going concern basis of accounting will continue to be appropriate for the Board.

Where the IJB projects to run out of reserves within the going concern period, we will conduct enhanced procedures including, where necessary, letters of comfort from the Board's partners.

4. Best Value and Wider Scope Audit

Introduction

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

Risk assessment and approach

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

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

The Code of Audit Practice requires that, in addition to financial statement significant risks, auditors are required to identify significant risks within the wider scope dimensions as part of our planning risk assessment. We consider these risks, identified as “areas of wider scope audit focus”, to be areas where we expect to direct most of our audit effort, based on:

- ▶ our risk assessment at the planning stage, including consideration of Audit Scotland’s Code of Audit Practice Supplementary Guidance (February 2023); and

- ▶ the identification of any national areas of risk within Audit Scotland’s annual planning guidance.

Any changes in this assessment will be communicated to the Performance and Audit Committee.

Our wider scope audit work, including follow up of prior year findings, and the judgements and conclusions reached in these areas, contribute to the overall assessment of and assurance over the achievement of Best Value.

Best Value

The Code explains the arrangements for the audit of Best Value in Integration Joint Boards.

Annual Best Value audit work in IJBs is to be integrated with wider scope annual audit work. We will report on how the IJB demonstrates and reports that it has Best Value arrangements in place, to secure continuous improvement.

The Accounts Commission does not require the Controller of Audit to report to the Commission on each IJB’s performance on its Best Value duty. However, the findings from our wider scope work will provide assurance on key aspects of the Best Value themes.

Financial Sustainability



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

In our 2022/23 annual audit report, we noted significant pressures on the IJB's reserves position. Our assessment reflected the ongoing challenges facing the IJB and its partners and considers the level of risk and uncertainty outside the IJB's control.

At 31 March 2023, the IJB's uncommitted reserve was £0.272 million, representing around 0.19% of expenditure (against a target of 2%).

Total reserves fell significantly in 2022/23, as the IJB's smoothing reserves for fluctuations in prescribing costs and transition funding to support Learning Disability bed model redesign were both fully used in 2022/23. The remaining earmarked and ring-fenced reserves carried forward totalled £5.7 million and as a result, we highlighted that the IJB's reserves were at significant risk in 2023/24.

The IJB considered an update to the medium term financial plan in June 2023. Taking projected funding uplifts into account, the IJB estimated that the shortfall in funding to 2027/28 may be £16.1 million based on the medium modelled scenario. A savings requirement of £7.06 million was set in the 2023/24 budget. The IJB signalled that funding may not be sufficient to meet the increasing

demands for services, and that financial recovery planning may need to be invoked.

The Board's most recent Medium Term Financial Plan (June 2023) set out two key components to delivering the required savings:

- ▶ The implementation of a Supporting People Framework to prioritise and target resources; and
- ▶ The IJB's Savings, Recovery and Renewal programme.

However, in November 2023, the IJB signalled that the Supporting People framework was not achieving the savings expected, and that further areas of pressure meant there was a potential overspend for 2023/24 of £5.6 million.

The projected overspend at November 2023, including savings at risk was 3.2 million; and the specific additional prescribing overspend was £2.4 million

At that time, the eligibility threshold for social care was raised to substantial and critical care only, offsetting the projected overspend by £1.2 million. The IJB has also elected to use earmarked reserves (£0.3 million) where appropriate rather than draw upon the general reserves.

The Chief Officer and Chief Financial Officer met with Partners to initiate

financial recovery procedures in November 2023. As a result, East Renfrewshire Council has provided additional financial support via covid funding (£0.7 million). In addition, non-recurring funding (£0.85 million) has been provided to support short term initiatives.

The IJB has subsequently approved a voluntary severance programme for staff employed by the Council which will take effect from 1 April 2024, and is expected to reduce costs by £0.8 million.

Despite this intervention, the IJB's total reserves are projected to fall from £6 million on 31 March 2023 to £1.6 million by 31 March 2024.

Our response

We have identified a wider scope area of audit focus in Exhibit 4 in respect of financial sustainability. Our assessment of the Board's financial sustainability arrangements, will focus on:

- ▶ The IJB's approach to bridging the funding gap in 2024/25 and mitigating actions in the event that general reserves are exhausted;
- ▶ Monitoring the impact of the Supporting People Framework and the IJB's Recovery and Renewal Programme; and
- ▶ A follow up review of the IJB's updated Medium Term Financial planning, with a focus on the implications for reserves balances (Appendix F).

Exhibit 4: Financial sustainability area of focus

Development of sustainable and achievable medium term financial plans

At 31 March 2023, the IJB's uncommitted reserve was £0.272 million, representing around 0.19% of expenditure. Other earmarked and ring-fenced reserves carried forward totalled £5.7 million. The IJB's smoothing reserve for fluctuations in prescribing costs and transition funding to support Learning Disability bed model redesign were both fully used in 2022/23. As a result, we highlighted that the reserves were at significant risk in 2023/24.

In November 2023, the IJB signalled that the Supporting People framework was not achieving the savings expected, and that further areas of overspend meant there was a projected overspend of £5.6 million. At that time, the eligibility threshold for social care was raised to substantial and critical care only. The Chief Officer and Chief Finance Officer also met with Partners to initiate financial recovery procedures. As a result, East Renfrewshire Council has provided additional financial support and discussions are ongoing with health partners.

The most recent forecast reduces the projected overspend to £5.4 million, before the council non-recurring Covid funding of £0.7 million is applied. The IJB's total reserves are forecast to fall to £1.6 million by 31 March 2024 presenting a continuing, significant risk.

Financial Management



Financial management means having sound budgetary processes. Audited bodies require the ability to understand the financial environment and whether internal controls are operating effectively. Auditors consider whether the body has effective arrangements to secure sound financial management. This includes the strength of the financial management culture, accountability and arrangements to prevent and detect fraud, error and other irregularities, bribery and corruption.

Our 2022/23 Annual Audit Report did not identify any significant internal control weaknesses which could affect the Board's ability to record, process, summarise and report financial and other relevant data to result in a material misstatement in the financial statements. We concluded that budget monitoring arrangements were effective throughout the financial year.

The IJB is reliant on the systems of its partner bodies, NHS Greater Glasgow and Clyde, and East Renfrewshire Council, for its key financial systems, including ledger and payroll. All IJB transactions are processed through the respective partners' systems and all controls over those systems are within the partner bodies rather than the IJB. As a result, we consider the monitoring and reporting arrangements from partner bodies.

We note within "Financial Sustainability" that the scale of the financial challenge is significantly higher than in prior years. The Board's most recent financial monitoring report, presented to the January 2024 Board meeting, notes the significant impact of demand pressures. At this stage, the IJB projects that net expenditure will be £5.6 million higher than budget, an improvement of £0.2 million on previous forecasts. Addressing savings is now a key focus of day to day financial management.

Critically, the Board's Supporting People Framework and savings programme have not delivered the levels of savings expected or required.

In 2022/23 we noted an area for improvement in relation to the management of hosted services across the NHS Greater Glasgow and Clyde area (Appendix F).

Our response

Our assessment of the Board's financial management arrangements, will focus on:

- ▶ The assessment of arrangements to ensure systems of internal control are operating effectively, drawing upon our ISA 315 work with the IJB's partners;
- ▶ Consideration of the IJB's response to document and maintain review of operational responsibilities for individual hosted services;
- ▶ Ongoing consideration of the IJB's financial monitoring reports, including actions taken in relation to recovery planning; and
- ▶ Monitoring the risk assessment and achievement of savings against plans (linked to our work on financial sustainability).

Vision, Leadership and Governance



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

The Board approved its Strategic Plan 2022-2025 in March 2022, based on consultation with key stakeholders, including its health and local authority partners. The Strategic Plan is supported by the Medium Term Financial Plan, including the range of actions in place to support the Board's financial position as part of the Supporting People Framework and the Savings, Renewal and Recovery programme. The IJB also approved the Workforce Plan 2022-25 in November 2022.

We concluded that governance arrangements worked well throughout 2022/23 and that the Annual Governance Statement was in line with our understanding of the organisation. In common with other IJB's, the Integration Scheme had not been updated in line with the expectations of the Public Bodies (Joint Working) (Scotland) Act 2014 as a result of the impact of the pandemic and uncertainty in response to the National Care Service Bill. At the time of the 2022/23 audit, the IJB's partners had commenced the review and have subsequently begun a consultation process. This will allow an updated version to be submitted to the Scottish Government in 2024/25.

In 2022/23 there were no unsatisfactory internal audit opinions issued in relation to the IJB and no outstanding recommendations. As a result, the Chief Internal Auditor concluded that "reasonable assurance can be placed on the framework of governance, risk management and internal controls."

Our response

Our assessment of the Board's arrangements in 2023/24 will focus on:

- ▶ Consideration of the disclosures within the Governance Statement, including any findings from the annual review of the effectiveness of the system of internal control and the quality of data used throughout the organisation;
- ▶ Follow up of the IJB's compliance with Public Sector Equality Duties;
- ▶ The progress to update and agree a revised Integration Scheme;
- ▶ Review of the coverage of internal audit arrangements during 2023/24, including any significant findings identified and the work done to address issues identified; and
- ▶ Consideration of the quality of reporting and information provided to key decision makers, and evidence of effective challenge and scrutiny.

Use of Resources



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

A comprehensive Performance Framework is in place to support the Strategic Plan both operationally within the HSCP. Quarterly Performance Reports are also produced for scrutiny at the Performance and Audit Committee (PAC). The reports include visual charts to demonstrate outcomes against targets. In 2022/23, management also developed an approach to exception reporting to the PAC for indicators that are off target.

Each IJB is required to produce an Annual Performance Report, usually by 31 July of each year. The 2022/23 Annual Performance Report, considered by the IJB in June 2023, highlighted the IJB achieved 54% of the targets that it set for 2022/23.

The Annual Report noted significant pressures in the Care at Home service during the year, describing the service at reaching crisis point in December 2022.

In the IJB's mid-year report (November 2023), performance remains mixed. Positive performance has been seen on a range of measures including:

- ▶ The achievement of target on Child and Adolescent Mental Health waiting times (99% against the 90% target);
- ▶ The percentage of individuals whose care need has reduced following rehabilitation is now exceeding target at 63%; and

- ▶ Improvement in sickness absence rates, particularly for Care at Home staff (5.9 days, down from 7.64 days).

However, significant performance challenges remain:

- ▶ Unplanned hospital admissions and A&E attendances have both increased, and A&E attendances are now exceeding target; and
- ▶ The number of people accessing support through Self-directed Support (SDS) has reduced.

Our response

Our assessment of the Board's arrangements in 2023/24 will focus on:

- ▶ Performance outcomes in 2023/24, including the Annual Performance Report due by 31 July 2024; and
- ▶ The effectiveness of performance scrutiny arrangements.

We will also review the IJB's arrangements for considering national reports, including evaluating the findings and implementing recommendations, such as reports from the Care Inspectorate.

Appendices

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Code of audit practice:
Responsibilities

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the Performance and Audit
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Timeline of communications
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Code of audit practice: Responsibilities

Audited Body Responsibilities

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

| Corporate governance

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

| Financial statements and related reports

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

- ▶ preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation;
- ▶ maintaining accounting records and working papers that have been prepared to an acceptable professional standard and that support their accounts and related reports disclosures;
- ▶ ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in

accordance with the appropriate authority

- ▶ preparing and publishing, along with their financial statements, related reports such as an annual governance statement, management commentary (or equivalent) and a remuneration report in accordance with prescribed requirements
- ▶ ensuring that the management commentary (or equivalent) is fair, balanced and understandable.

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

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

| Standards of conduct for prevention and detection of fraud and error

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

A Code of audit practice: Responsibilities continued

| Maintaining a sound financial position

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

- ▶ such financial monitoring and reporting arrangements as may be specified;
- ▶ compliance with any statutory financial requirements and achievement of financial targets;
- ▶ balances and reserves, including strategies about levels and their future use;
- ▶ how they plan to deal with uncertainty in the medium and longer term; and
- ▶ the impact of planned future policies and foreseeable developments on their financial position.

| Responsibilities for Best Value, community planning and performance

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

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

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

- ▶ efficiency
- ▶ effectiveness

- ▶ economy
- ▶ the need to meet the equal opportunity requirements.

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

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

The Scottish Government's Statutory Guidance on Best Value (2020) requires

bodies to demonstrate that they are delivering Best Value in respect of seven themes:

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

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

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

A

Code of audit practice: Responsibilities continued

| Internal audit

Public sector bodies are required to establish an internal audit function as a support to management in maintaining effective systems of control and performance. With the exception of less complex public bodies the internal audit programme of work is expected to comply with the Public Sector Internal Audit Standards and, other than local government, requirements set out in the Scottish Public Finance Manual.

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

Appointed Auditors' Responsibilities

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

These are to:

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

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

B Independence Report

Introduction

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

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

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

Required Communications

| Planning Stage

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

and independence.

| Final Stage

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

We confirm that we have undertaken client and engagement continuance procedures, including our assessment of our continuing independence to act as your external auditor.

C Required communications

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

C Required communications

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

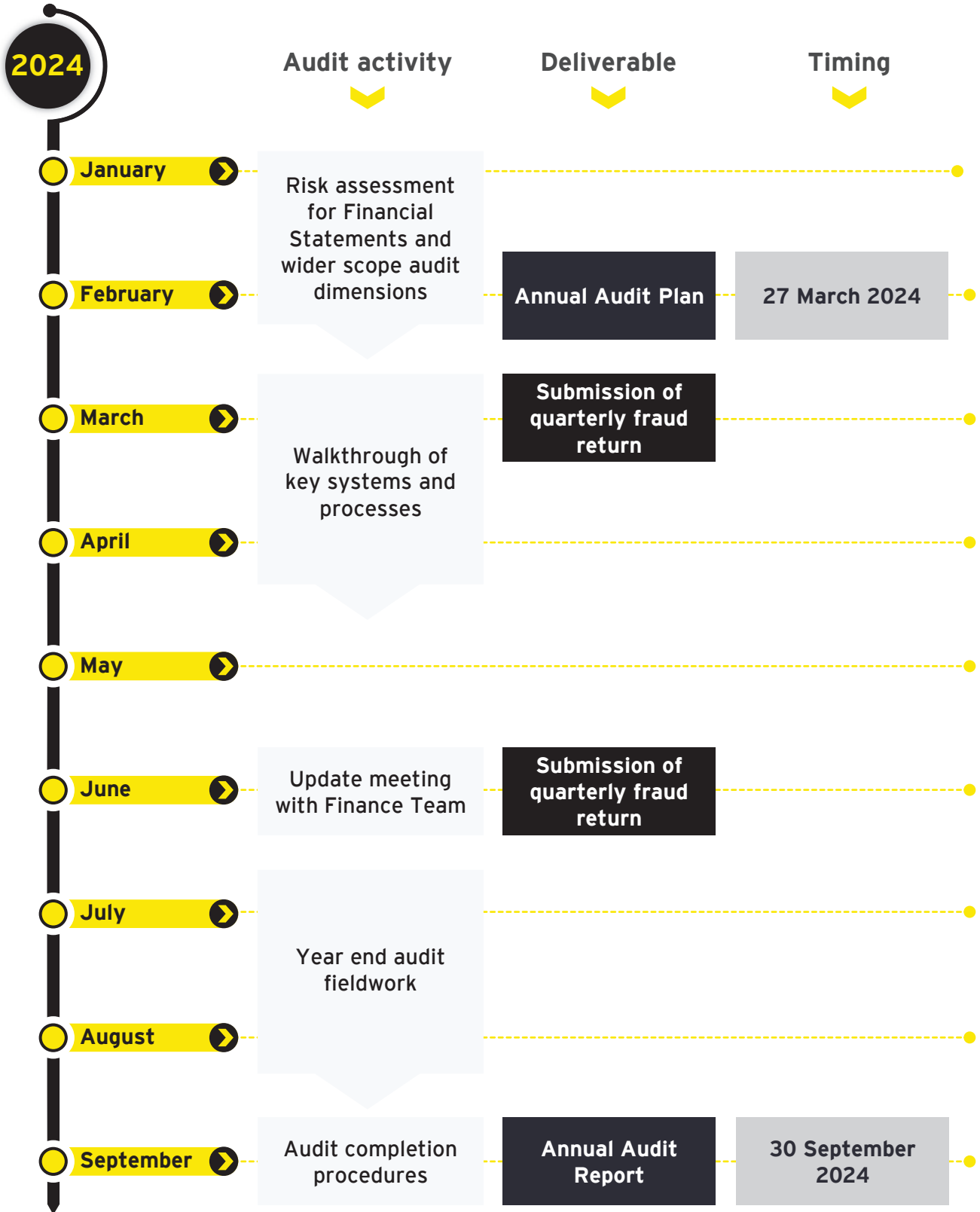
C Required communications

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

C Required communications

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

D Timeline of communication and deliverables



E Audit Fees

2023/24 Fees

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

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

The expected fee, set by Audit Scotland, assumes that the Board has well-functioning controls, an effective internal audit service, and an average risk profile.

Note 1

Where auditors identify that additional work is required because of local risks and circumstances in a body, the auditor may negotiate an increase to auditor remuneration by up to 10% of auditor remuneration. We will agree a timetable and expectations for the audit with management. Should additional audit requirements arise, due to delays or emerging areas of risk, we will raise these with management through the course of the audit and agree variations as appropriate, and report the final position to the Performance and Audit Committee within our Annual Audit Report.

F Prior year audit recommendations

As part of our annual audit procedures we will follow up the specific recommendations made within our 2022/23 Annual Audit Report. The two recommendations from prior year are outlined below, along with the response from management.

No.	Findings and / or risk	Recommendation / grading	Management response / Implementation timeframe
1.	<p>Hosted Services</p> <p>East Renfrewshire IJB hosts two services on behalf of other IJBs within the NHS Greater Glasgow and Clyde area. We noted that in practice there are no arrangements in place to document and maintain review of operational responsibilities.</p>	<p>The IJB should ensure that operational arrangements are documented and maintained for hosted services.</p> <p style="text-align: right;"><i>Grade 2</i></p>	<p>Response: Along with the other IJBs within NHSGGC we will review the arrangements and processes to support reporting on Hosted Services</p> <p>Responsible officer: Chief Financial Officer</p> <p>Implementation date: 31 March 2024</p>
2.	<p>Medium Term Financial Plan</p> <p>We note that under the level of current financial pressures, there is a risk that the IJB's General Reserves will be exhausted during 2023/24. There is therefore a need to work with partners to develop a sustainable funding position.</p>	<p>There is an urgent need to work with partners to develop a sustainable funding position.</p> <p style="text-align: right;"><i>Grade 1</i></p>	<p>Response: The current reporting to the IJB recognises the unprecedented financial challenges we are facing and that we are likely to deplete earmarked and general reserves during 2023/24.</p> <p>The IJB recognises the importance of the ongoing funding discussions with our partners that the Chief Officer and Chief Financial Officer are engaged in.</p> <p>Responsible officer: Chief Financial Officer</p> <p>Implementation date: 31 March 2024</p>

G Additional audit information

Introduction

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

Our responsibilities under auditing standards

- ▶ Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
 - ▶ Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.
 - ▶ Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
 - ▶ Conclude on the appropriateness of the going concern basis of accounting.
 - ▶ Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
 - ▶ Read other information contained in the financial statements, the Performance and Audit Committee reporting appropriately addresses matters communicated by us to the Committee and reporting whether it is materially inconsistent with our understanding and the financial statements; and
 - ▶ Maintaining auditor independence.
- ### Purpose and evaluation of materiality
- ▶ For the purposes of determining whether the accounts are free from material error, we define materiality as the magnitude of an omission or misstatement that, individually or in the aggregate, in light of the surrounding circumstances, could reasonably be expected to influence the economic decisions of the users of the financial statements. Our evaluation of it requires professional judgement and necessarily takes into account qualitative as well as quantitative considerations implicit in the definition. We would be happy to discuss with you your expectations regarding our detection of misstatements in the financial statements.
 - ▶ Materiality determines the locations at which we conduct audit procedures and the level of work performed on individual account balances and financial statement disclosures.
 - ▶ The amount we consider material at the end of the audit may differ from our initial determination. At this stage it is not feasible to anticipate all of the circumstances that may ultimately influence our judgement about materiality. At the end of the audit we will form our final opinion by reference to all matters that could be significant to users of the accounts, including the total effect of the audit misstatements we identify, and our evaluation of materiality at that date.

G Additional audit information continued

Audit Quality Framework / Annual Audit Quality Report

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

This report

This report has been prepared in accordance with Terms of Appointment Letter from Audit Scotland through which the Auditor General has appointed us as external auditor of East Renfrewshire Integration Joint Board for financial years 2022/23 to 2026/27.

This report is for the benefit of the Board and is made available to the Accounts Commission and Audit Scotland (together the Recipients). This report has not been designed to be of benefit to anyone except

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

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

Complaints

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

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

EY | Building a better working world

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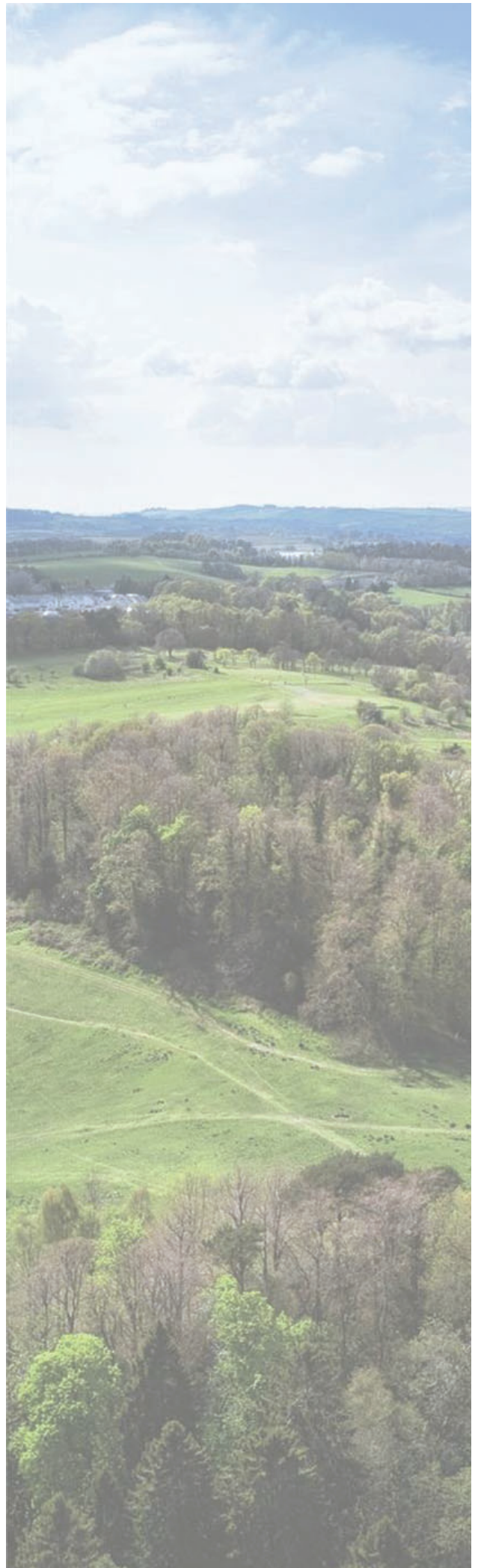
ED NONE



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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	27 March 2024
Agenda Item	7
Title	Performance Update – Quarter 3, 2023-24
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where Quarter 3 (October – December 2023) data is available for strategic performance indicators this is included. The report includes exception reporting for three Performance Indicators (PIs), providing more detailed discussion of performance for these measures. Exception reports delve further into the performance of specific measures and mitigation or reasoning for current performance.</p>	
Presented by	Steven Reid Policy, Planning and Performance Manager
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2023-24.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****27 March 2024****Report by Chief Officer****QUARTER 3 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 Health and Social Care Partnership (HSCP) Strategic Plan 2022-2025. Where Quarter 3 data is available for strategic performance indicators this is included. The report also includes more detailed exception reports for three key performance indicators.

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the Quarter 3 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. Data availability is significantly more limited at quarters one and three with many performance indicators being reported on a 6-monthly cycle.
4. As with previous performance updates, in addition to our full report on progress against our key performance indicators (Appendix 1), we have included two exception reports (Appendix 2) giving more detailed discussion on performance trends for the following measures:
 - Sickness absence days per employee - HSCP (ERC staff)
 - Percentage of days lost to sickness absence for HSCP (NHS staff)
(N.B. the absence PIs are discussed in one report)
 - Number of people self-directing their care through receiving direct payments and other forms of self-directed support
5. The exception reports cover:
 - Purpose of the indicator – *explanation and how we use it to improve*
 - What does good look like? – *long-term objective for this area of activity*
 - Current status of measure – *current position including visualisation of data*
 - Reason/explanation for current performance – *understanding why performance is an exception*
 - Mitigating action – *approaches (with timescales) that will improve performance*
 - Investment – *current / required resources to deliver expected performance*
 - Context and benchmarking – *relevant comparative data if available*

REPORT

6. The main data report includes available data for Quarter 3 (October to December 2023) for indicators from our Strategic Plan and any updated data relating to end-year (or earlier) that have not previously been reported to the Committee. The report provides charts for all measures. The report presents each measure with a RAG status in relation to the target for the reporting period (where a target is set), along with trend arrows (showing 'up' for improvement) and commentary on performance. Explanations of any notable shifts in performance are included in the commentary text.
7. The report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Strategic Plan 2022-25:
 - Working together with children, young people and their families to improve mental and emotional wellbeing
 - Working together with people to maintain their independence at home and in their local community
 - Working together to support mental health and wellbeing
 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time
 - Working together with people who care for someone ensuring they are able to exercise choice and control
 - Working together on effective community justice pathways that support people to stop offending and rebuild lives
 - Working together with individuals and communities to tackle health inequalities and improve life chances
 - Working together with staff across the partnership to support resilience and wellbeing
 - Working together to protect people from harm
8. The HSCP continues to operate at a high level of performance across service areas, including many that continue to face significant challenges and pressures. During the current period of reporting, we have seen improving performance for 71% of the indicators where data was available.
9. Performance highlights include:
 - We continue to see excellent performance on **CAMHS waiting times**, reflecting the promotion of alternative supports for young people. At Q3, 99.6% of all children had been waiting less than 18 weeks, and we have exceeded our target (90%) for the past five quarters. Although the longest waiting time rose in Q3 we continue to perform within target.
 - Supporting **independence** and **rebalancing care** – latest data shows that we are meeting our target and performing ahead of the national average for the percentage of people age 65+ with intensive care needs receiving care at home (62.5%). A high proportion of service users (93%) continue to report that their 'living where/as you want to live' needs are being met. We also perform better than the Scottish average for spending on Self-directed Support (SDS) Options One and Two as a proportion of total spend on adult services. More detail on SDS performance is given in the exception report at Appendix 2.
 - Although we saw a lower number of people coming through our **reablement** service in Q3, 63% were discharged with reduced levels of care need following the intervention.
 - The number of **alcohol brief interventions** increased during the quarter and we are on course to meet our target for the financial year.

- Emergency **hospital admissions** decreased during the quarter and we are within our agreed targets. Latest data shows that unplanned hospital bed days also decreased during the reporting period.
- The proportion of **unpaid carers** reporting that their quality of life needs were being met increased from 88% to 93% during the quarter.

10. Areas that remain challenging include:

- We saw a reduction in the percentage of people **accessing psychological therapies** within 18 weeks from 91% to 84%, falling below our target (90%). This was due to staffing issues. Targeted action is taking place including additional support from NHSGGC.
- Performance on waiting times for **alcohol and drug recovery services** also declined. The percentage of people accessing recovery-focused treatment within 3 weeks dropped from 97% to 84%, reflecting staff absence during the quarter. It is predicted that performance will return to target in the next quarter as staffing levels return to normal.
- Minimising hospital **discharges with delay** (and bed days lost) continued to be a challenge for the partnership during the reporting period, averaging 9 a week (excluding adults with incapacity (AWI)) – up from 5 in the previous quarter. This remains an area of focused activity to support people to return home or into alternatives in the community.
- During the quarter we missed our target for the percentage of **Community Payback Orders** commencing within 7 days. However, we saw improvement in performance from 68% in Q2 to 73% in Q3. One unpaid work placement (of 14) was not completed within the Court timescale meaning that performance declined to 93% (from 100% in Q2).
- We are missing our target for the payment of **invoices** within 30 days: 83% for Q3 (target 90%).
- Sickness **absence** continues to be an issue for the partnership and we are above our target for both NHS and local authority staff. However, for both groups of staff, we saw improvement in absence rates during Quarter 3. Absence panels are in place and support is targeted to service areas with highest levels of absence. We continue to deliver health and wellbeing support to our staff. More detail on our absence performance is given in the exception report at Appendix 2.

RECOMMENDATION

11. Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2023-24.

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid, Policy, Planning and Performance Manager

Steven.Reid@eastrenfrewshire.gov.uk

March 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC 22.11.23 HSCP Mid-year Performance Update 2023-24

eastrenfrewshire.gov.uk/media/9742/PAC-Item-06-Mid-Year-Performance-Update/pdf/PAC_Item_06_Mid-Year_Performance_Update.pdf?m=1699875488030

Appendix 1

HSCP Strategic Performance Report – 2023-24 Quarter 3



Key:

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

Trend arrows point upwards where there is improved performance (incl. where we aim to decrease the value).


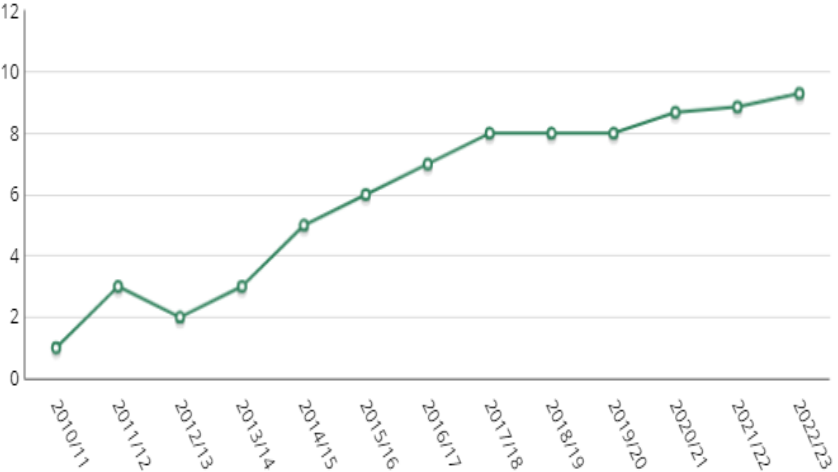

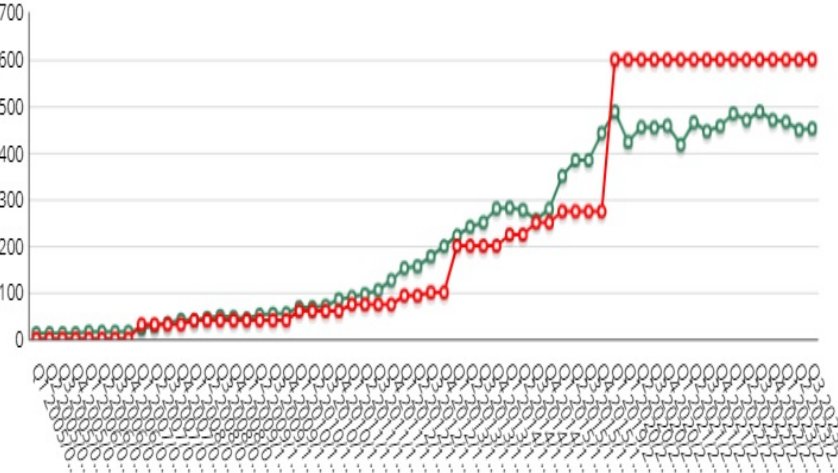
1. Working together with children and their families to improve mental well-being


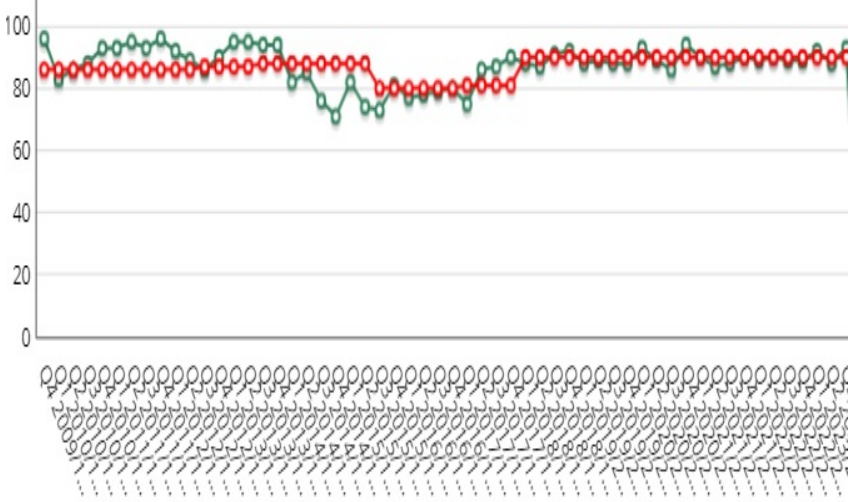
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note																																												
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (AIM TO INCREASE)	Qtr 3 2023/24	99.6%	90%	Green	(no change)	<table border="1"> <caption>Chart Data (Estimated)</caption> <thead> <tr> <th>Quarter</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>Q2-2018/19</td><td>78</td></tr> <tr><td>Q3-2018/19</td><td>75</td></tr> <tr><td>Q4-2018/19</td><td>72</td></tr> <tr><td>Q1-2019/20</td><td>75</td></tr> <tr><td>Q2-2019/20</td><td>78</td></tr> <tr><td>Q3-2019/20</td><td>85</td></tr> <tr><td>Q4-2019/20</td><td>75</td></tr> <tr><td>Q1-2020/21</td><td>50</td></tr> <tr><td>Q2-2020/21</td><td>58</td></tr> <tr><td>Q3-2020/21</td><td>78</td></tr> <tr><td>Q4-2020/21</td><td>60</td></tr> <tr><td>Q1-2021/22</td><td>50</td></tr> <tr><td>Q2-2021/22</td><td>40</td></tr> <tr><td>Q3-2021/22</td><td>58</td></tr> <tr><td>Q4-2021/22</td><td>68</td></tr> <tr><td>Q1-2022/23</td><td>58</td></tr> <tr><td>Q2-2022/23</td><td>90</td></tr> <tr><td>Q3-2022/23</td><td>98</td></tr> <tr><td>Q4-2022/23</td><td>95</td></tr> <tr><td>Q1-2023/24</td><td>98</td></tr> <tr><td>Q2-2023/24</td><td>99.6</td></tr> </tbody> </table>	Quarter	Value (%)	Q2-2018/19	78	Q3-2018/19	75	Q4-2018/19	72	Q1-2019/20	75	Q2-2019/20	78	Q3-2019/20	85	Q4-2019/20	75	Q1-2020/21	50	Q2-2020/21	58	Q3-2020/21	78	Q4-2020/21	60	Q1-2021/22	50	Q2-2021/22	40	Q3-2021/22	58	Q4-2021/22	68	Q1-2022/23	58	Q2-2022/23	90	Q3-2022/23	98	Q4-2022/23	95	Q1-2023/24	98	Q2-2023/24	99.6	Weekly average for Qtr 3 2023/24, this is down marginally on the previous Qtr (100%) but remains above target (90%).
Quarter	Value (%)																																																		
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Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Child & Adolescent Mental Health - longest wait in weeks at month end (AIM TO DECREASE)	Qtr 3 2023/24	16	18	Green	↓ (declining)		Longest wait at end of Qtr 3 is showing improved performance but remains below target (16 weeks).


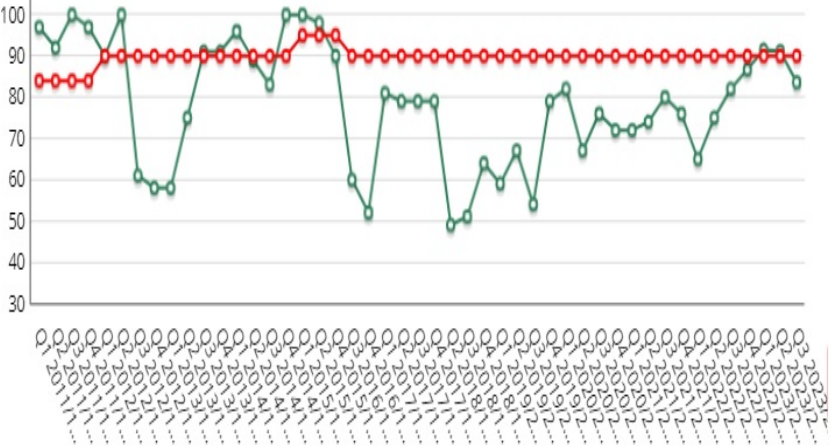

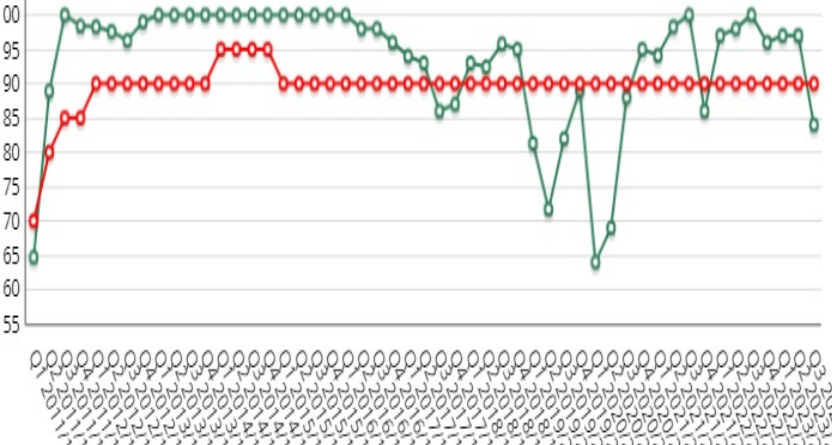
2. Working together with people to maintain their independence

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. (AIM TO INCREASE)	Annual Data Only 2022/23	62.5%	62%	Green	↓ (declining)		The LGBF data shows that our performance has dropped slightly compared with the previous year (64%) but we continue to perform ahead of target. This compares to a national average of 61.5% The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues. (Source: Improvement Service Feb 2024).

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Direct payments spend on adults 18+ as a % of total social work spend on adults 18+ (AIM TO INCREASE)	Annual Data Only 2022/23	9.3%	Data Only		 (improving)		Latest available data for this indicator at Feb 2024. We continue to perform well on this measure. % spend on SDS continued to improve (up from 8.9% for 2021/22) This compares to a national average of 8.7%. (Source: Improvement Service)
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (AIM TO INCREASE)	Qtr 3 2023/24	452	600	Red	 (improving)		Data calculated from the Social Care returns shows a total of 452 people were in receipt of SDS 1 and 2 Option payments in Qtr 3. A further 688 people were covered under SDS Option 3.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of those whose care need has reduced following reablement / rehabilitation (AIM TO INCREASE)	Qtr3 2023/24	63%	60%	Green	 (improving)		We continue to perform above target and improved slightly on the previous quarter (62%). Numbers of service users going through reablement reduced in Q3 due to staff absence. Only 8 discharges in this period but this will increase again going into Q4 with return of staff availability.
People reporting 'living where you/as you want to live' needs met (%) (AIM TO INCREASE)	Qtr 3 2023/24	93%	90%	Green	 (improving)		In Qtr 3 of the total 97 valid responses 90 reported their needs met. Performance is up on Qtr 2 (88%).


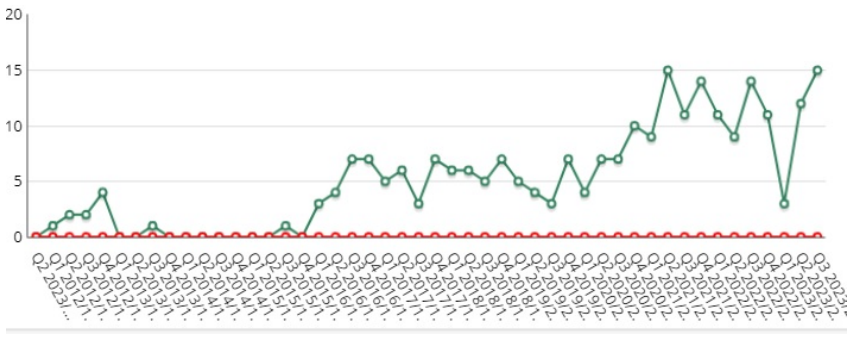

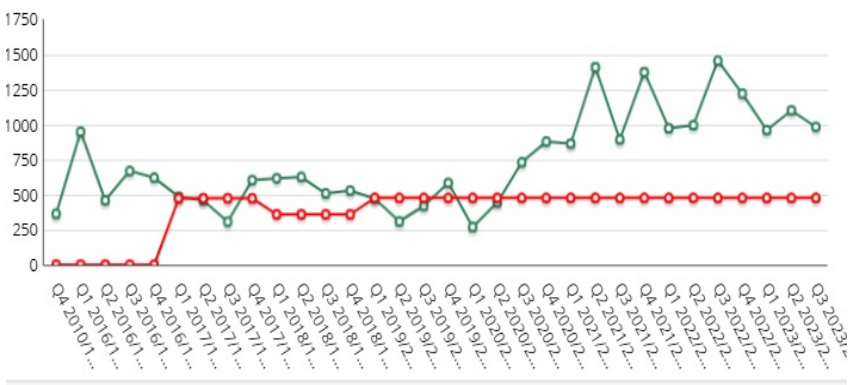

3. Working together to support mental health and well-being

Description	Data Period	Current Value	Target	Traffic Light	Trend		Latest Note
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (AIM TO INCREASE)	Qtr 3 2023/24	83.6%	90%	Red	 (declining)		During Quarter 3 the % of people starting psychological therapy within 18 weeks has reduced to 83.6% from 91.1% in Quarter 2. This is due to staffing issues across all services and vacancies outstanding. Psychologists from Glasgow central services are providing additional sessions where required and wait time is recorded weekly, highlighting long waits or patients about to breach target, to ensure all teams are aware of current waiting time for their service.
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. (AIM TO INCREASE)	Qtr 3 2023/24	84%	90%	Red	 (declining)		Within ADRS the current % wait time to treatment had dropped to 84% from 97% in the previous quarter. This is just below the national target of 90% and was due to 10 long waits. Performance on this target is reported on a quarterly basis and there have only been two quarters since April 2021 that the target has not been met. Current staffing absence levels within the team have affected the ability to meet the target this quarter however it is predicted performance will meet the target next quarter.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. (AIM TO INCREASE)	Qtr 3 2023/24	125	105	Green	↑ (improving)		East Renfrewshire has a target of delivering 419 Alcohol Brief Interventions per financial year which requires 105 to be delivered per quarter. Glasgow Council on Alcohol deliver ABIs for East Renfrewshire and in Q3 achieved 125, above the target. This was an increase on the previous quarter of 102 ABIs and it is expected the annual target will be met for 2023-24.

4. Working together to meet people's healthcare needs


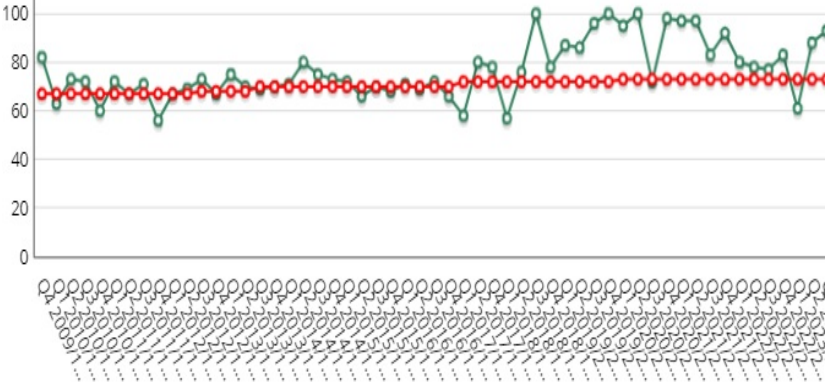
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Delayed discharge: people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (Ave number delayed NHSGGC Acute & MH weekly data) (AIM TO DECREASE)	Qtr 3 2023/24	9	0	Red	↓ (declining)		Weekly average for Qtr 3 2023/24 was 9 delays. Up from an average of five in Qtr 2.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (PHS data) (AIM TO DECREASE)	Qtr 3 2023/24	15	0	Red	 (declining)		Monthly average of latest available data (Oct-Nov 2023 only). Compares to 12 in previous Qtr 2. (Source: Public Health Scotland, Jan 2024)
Delayed discharges (PHS) bed days lost to delayed discharge (AIM TO DECREASE)	Qtr 3 2023/24	985	477	Red	 (improving)		Data available for Oct and Nov 2023 only. (Source: Public Health Scotland, Jan 2024)
Number of Emergency Admissions: Adults (NHSGGC data) (AIM TO DECREASE)	Qtr 3 2023/24	1,607	1,782	Green	 (improving)		Hospital admissions continue to decline, down from 1,644 in Quarter 2, and ahead of target.


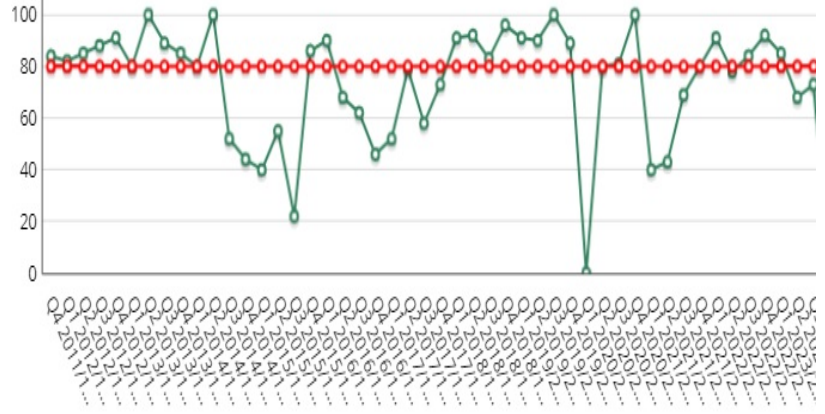
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Number of Emergency Admissions: Adults (MSG data) (AIM TO DECREASE)	Qtr 2 2023/24 (Latest)	1,730	1,781	Green	↑ (improving)		Latest data to Sep 2023, monthly data corrected back to April 2023. Down from 1,804 admissions in previous Qtr 1. (Source: Scottish Govt, MSG Feb 2024)
No. of A & E Attendances - Adults (MSG data) (AIM TO DECREASE)	Qtr 2 2023/24 (Latest)	4,818	4,584	Red	↓ (declining)		Latest data to Sep 2023, released Feb 2024. Up from 4,634 attendances in Qtr 1. (Source: Scottish Govt, MSG)

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
No. of A&E Attendances (excl MIUs) (NHSGGC data) (AIM TO DECREASE)	Qtr 3 2023/24	2,924	4,583	Green	↑ (improving)	<p>The chart displays quarterly A&E attendances from Q2 2023/24 to Q3 2023/24. The y-axis represents the number of attendances, ranging from 0 to 8000. A red line indicates the current data for Q3 2023/24, which is 2,924. A green line shows historical data from previous quarters. The target value is 4,583. The current value is significantly below the target, indicating an improvement.</p>	In quarter 3 A&E attendances fell from 3,160 in the previous quarter and we remain within target.
Unscheduled Hospital (Acute) Bed Days: Adults (18+) (AIM TO DECREASE)	Qtr 2 2023/24 (Latest)	16,555	14,715	Red	↑ (improving)	<p>The chart displays quarterly unscheduled hospital bed days for adults (18+) from Q3 2018/1 to Q2 2023/24. The y-axis represents the number of bed days, ranging from 0 to 25000. A red line indicates the current data for Q2 2023/24, which is 16,555. A green line shows historical data from previous quarters. The target value is 14,715. The current value is above the target, indicating a need for improvement.</p>	Latest provisional data to Sep 2023, released Feb 2024. Data corrected back to Jan 2023. (Source: Scottish Govt, MSG)

5. Working together with carers to be able to exercise choice and control

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People reporting 'quality of life for carers' needs fully met (%) (AIM TO INCREASE)	Qtr 3 2023/24	93%	73%	Green	 (improving)		In Qtr 3 of the total 28 valid responses 26 reported their needs met. Performance is up from 88% in Qtr 2.


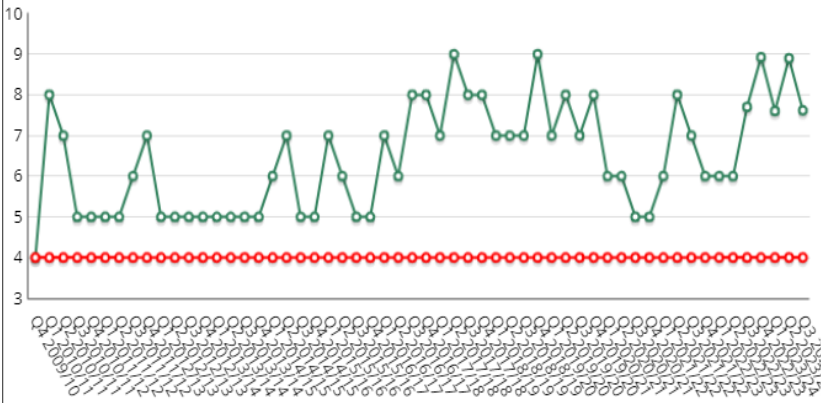

6. Working together with our partners to support people to stop offending


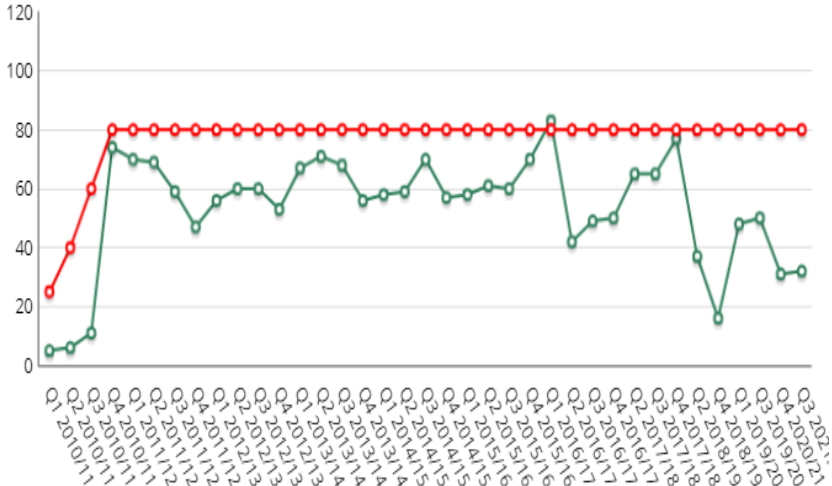
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Community Payback Orders - Percentage of unpaid work placements commencing within 7 days (AIM TO INCREASE)	Qtr 3 2023/24	73%	80%	Red	 (improving)		Fourteen out of nineteen unpaid work placements commenced within 7 days.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Community Payback Orders - Percentage of unpaid work completions within Court timescale. (AIM TO INCREASE)	Qtr 3 2023/24	93%	80%	Green	↓ (declining)		Thirteen of fourteen unpaid work placements were completed within Court timescales in Qtr 3.

Organisational measures

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Payment of invoices: Percentage invoices paid within agreed period (30 days) (AIM TO INCREASE)	Qtr 3 2023/24	83.1%	90%	Red	↓ (declining)		Data to Dec 2023. Both the volume of invoices received and long-term staff absences in the team remain challenging, and the volume will likely continue until a replacement care system is in place. Additional challenges in Q3 around connectivity in the office (EHCC) and the availability of the CareFirst Finance screens have added to staff downtime.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Percentage of days lost to sickness absence for HSCP NHS staff (AIM TO DECREASE)	Qtr 3 2023/24	7.62%	4.0%	Red	 (improving)		Absence remains high, as expected during winter months and work continues to support maintaining attendance at work through NHS Absence Panels.
Sickness absence days per employee - HSCP (LA staff) (AIM TO DECREASE)	Qtr 3 2023/24	5.52	4.2	Red	 (improving)		Absence has decreased moving in to Quarter 3. This can be attributed to the continued additional absence management support that has been implemented within Intensive Services. The support has included the introduction of absence panels, training provision and additional HR and management support, all of which have shown positive results. By continuing this focus on attendance across the HSCP and particularly in Intensive Services, through early intervention to support employees during periods of absence, it is anticipated to continue to see a decrease in absence rates moving into Quarter 4.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Percentage of NHS staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System (AIM TO INCREASE)	Jan 24	55%	60%	Red	 (improving)	 <p>The chart displays the percentage of NHS staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System from Q1 2010/11 to Q3 2020/21. The y-axis represents the percentage, ranging from 0 to 120. The x-axis shows quarterly periods. A red line indicates the current value of 55% in Q3 2020/21, which is below the 60% target. A green line shows historical data, which has generally fluctuated between 40% and 80% over the period. A horizontal red line at 60% represents the target.</p>	KSF compliance has been steadily increasing over the past 12 months. The KSF Lead sends out monthly communications to managers to increase compliance. Additional training for reviewers took place in February 24. Aiming for 60% reduced target by June 2024.

Appendix 2 – Exception Reports

Sickness absence days per employee - HSCP (LA staff)

Percentage of days lost to sickness absence for HSCP NHS staff

Purpose of the indicators

The HSCP has two separate indicators showing the level of staff sickness absence for Council-employed and NHS-employed staff groups. We use the performance indicators to regularly monitor overall absence levels. We also use more detailed staff absence data to identify trends such as absence by service location and reasons for absence.

For HSCP Council employees, the current indicator is 'Working Days Lost to sickness absence per FTE'. There were no agreed absence targets for the Council for 2023/24 however indicative targets have been set for the purpose of absence performance and for internal management oversight.

For HSCP NHS employees, the current indicator is 'Percentage of total days lost to sickness absence'. The NHS absence target is 4% (temporary 5% until March 2024) to ensure safe staffing levels.

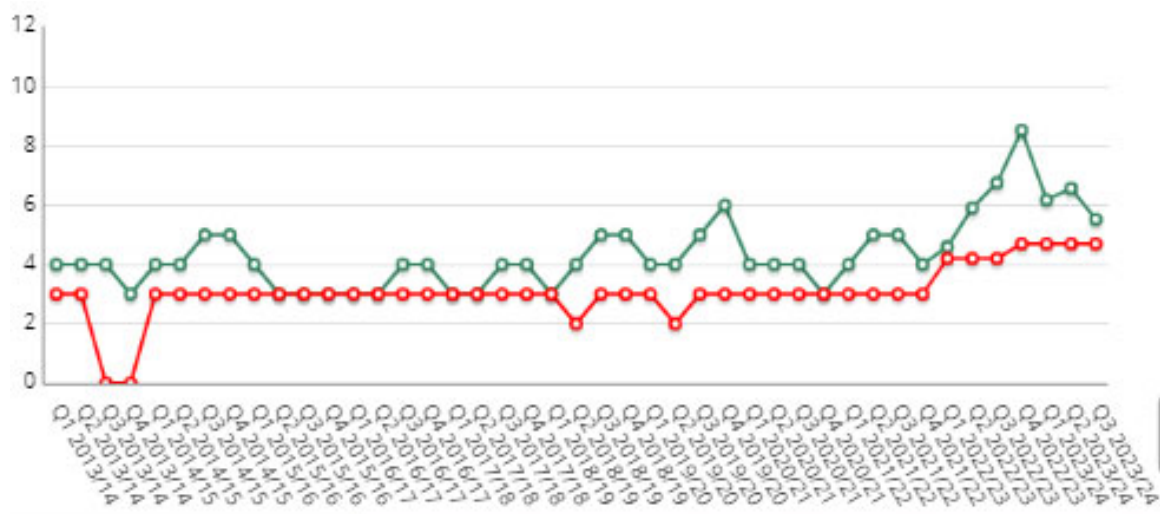
What does good look like?

We are aiming to ensure that safe staffing levels are not compromised as a result of high absence. Our objective is also to ensure that the health and wellbeing of our workforce is at the forefront of everything we do.

Current status of measure

Council-employed staff

For our Council staff, absence continues to be higher than the provisional targets (currently 4.2 days per quarter). Since the introduction of additional support, absence has decreased slightly from 6.56 days in Quarter 2 to 5.52 days in Quarter 3 and provisional figures indicate that this trend will continue into Quarter 4 despite absences generally increasing over the winter period.

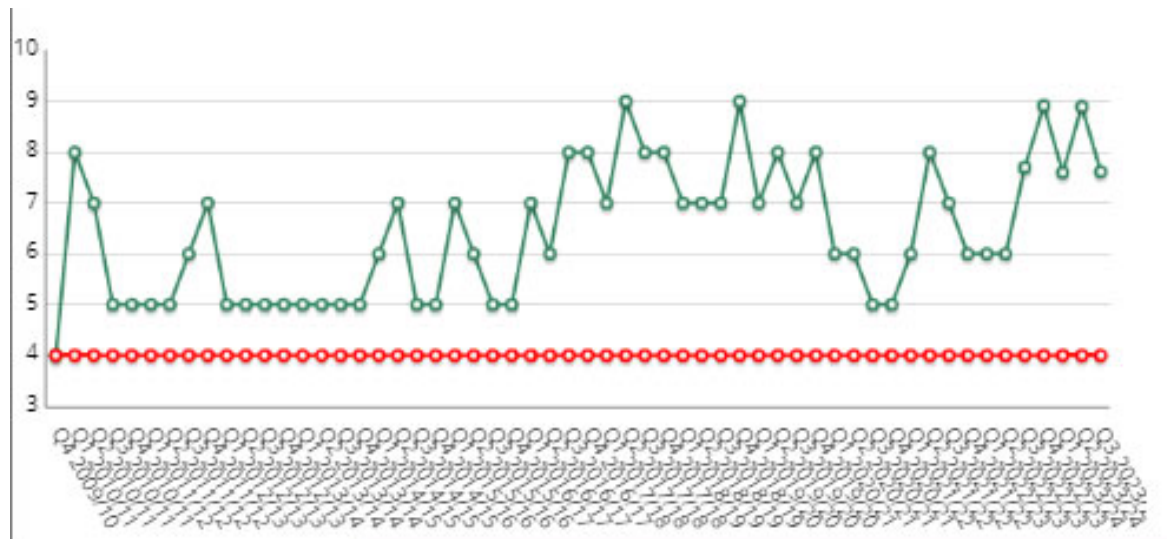


NHS-employed staff

For our NHS staff, the absence target is set at 4%, but we are currently operating with a temporary increase to 5% due to the extremely high levels of absence across NHSGGC. East Renfrewshire HSCP is experiencing higher than average levels of absence.

Absence rates dropped from 8.9% in Q2 to 7.64% in Q3 but remains above target. Within the quarter we see an increase from 6.86% in October to 8.01% in December. A level of increase in absence is expected during winter months.

Long Term absence average was 4.90%
Short Term absence average was 2.73%
Overall average was 7.64%



Reason/explanation for current performance

Absence for Council-employed staff has decreased from Quarter 2 to Quarter 3. This can be attributed to the additional management and HR resources temporarily introduced within the service, the introduction of absence panels, a targeted early intervention strategy and increased learning and development activities to support and upskill managers in relation to absence management.

In January, the top reason of absence for Council employed staff has been influenza colds attributing to 137 days absence in the month, reducing to 93 days in February. Musculoskeletal absences (non-back pain) has remained the second highest reason for absence in both January and February with 119 days and 114 days respectively. The highest reason for absence in February has been non work related stress – increasing from 102 days in January to 120 days in February. Other high levels of absence have been gastro illnesses, mental health issues, surgery and back pain.

Although absence rates improved for NHS staff in Q3 compared with the previous quarter we remain significantly above our target. Absence rates are notably higher in specific NHS service areas. Learning Disability In-Patients Service consistently have a higher rate of absence than other teams in the HSCP due to the nature of the patient group. There has also been an increase in stress-related absences across the HSCP but especially within health visiting and LD In-Patient teams. Psychological is the top reason for absence within the NHS. This includes work related stress, personal stress and all other mental health conditions. The NHS do not record work related and personal stress separately so we cannot provide data on this, however, from ongoing work through absence panels we know there is an almost equal split of work and personal stress amongst absent staff.

Mitigating action

Absence Panels have been introduced on a weekly basis within the higher absence areas of Intensive Services to support with the management of absence and the progression of

absence cases. Initially this also involved additional management resource from out with the service but this has now moved back to the service. Ensuring early intervention of absences and especially carrying out any Stress Risk Assessments early within the absence has allowed us to fully understand the nature of the absences and put in place any measures to support the individual where necessary.

Funding for a temporary HR Assistant Case Advisor resource was agreed and introduced during Quarter 2 in order to support the high volume of cases. This has proved beneficial with a decrease in absence for Quarter 3 identified.

Care at Home Project Board meetings initially met fortnightly and an absence paper was provided for each meeting to identify the progress management of absence cases and review any trends.

Lunch and Learn sessions were introduced weekly to upskill managers on all aspects of the Maximising Attendance Policy.

The HSCP are holding NHS Absence Panels to support managers with managing absence and to ensure a consistent approach across the Partnership. These panels are held monthly and will continue routinely.

We are also carrying out stress audits within each team, starting with the teams experiencing the highest levels of stress related absence. These stress audits will help address the areas experiencing work related stress.

A more pro-active approach from the NHSGGC HR Support and Advice Unit (HRSAU) has been requested to ensure cases are supported where managers have not sought support directly from HR.

Health and Wellbeing continues to be a key focus of the HSCP and good links have been made to ensure any support that can be provided to employees or targeted in specific areas are done so. Our Health & Wellbeing Officer has also been engaged in targeted team events with areas experiencing high levels of stress.

We would expect absence levels to start improving as we approach Spring.

Investment

Additional time and resources have been implemented to address high-level absence particularly within Intensive Services and targeted early-intervention to prevent absences and minimise the duration of absences.

An Absence Dashboard is currently under development for Council absences and this will allow a fuller insight of trends in relation to job roles, services, reason for absence etc. which will allow managers to have more targeted interventions in relation to absence management and prevention.

Additional HR Resource was funded to support absence management and a correlation can be identified in the reduction of absence levels particularly within Intensive Services. This is a resource that the HSCP is considering to extend for a further 12 months to support with absence management particularly during a period of redesign within the service, subject to funding.

Additional time and resource has been provided from the Board's HRSAU to support LD In-Patient Service with their absence management. They now have a dedicated HR Advisor supporting complex cases.

Through the absence panels process managers receive mentoring from a senior manager supported by HR.

Context and benchmarking

Benchmarking data is available for absence rates relating NHS-employed staff only.

Sector/Directorate		Long ago	Three	Two
	Report Month	Oct 2023	Nov 2023	Dec 2023
	Metrics	Sickness Absence	Sickness Absence	Sickness Absence
East Dunbartonshire HSCP		4.55%	5.87%	5.15%
East Renfrewshire HSCP		6.95%	7.94%	7.99%
Glasgow City HSCP		6.70%	7.77%	7.17%
Inverclyde HSCP		8.27%	8.14%	8.53%
Renfrewshire HSCP		6.48%	7.54%	6.83%
West Dunbartonshire HSCP		6.74%	8.24%	7.65%

During Quarter 3, East Renfrewshire HSCP had the second highest rate of NHS absence in December 2023 compared to other HSCPs within NHS GGC. This data doesn't always provide an accurate representation of levels of absence within each HSCP. East Renfrewshire HSCP is the smallest of the partnership areas and the size of the teams are very small. This means that a team of 3 people with one person absent results in an absence rate of 33% impacting greatly on our overall percentage rate. Glasgow City for example have much larger teams within their HSCP and therefore require a greater headcount of staff absent to achieve a high percentage rate.

Self-Directed Support indicator - Number of people self-directing their care through receiving direct payments and other forms of self-directed support.

Purpose of the indicator

The measure helps us monitor the uptake of self-directed support (SDS) options among the people we are working with. While the PI focuses on options 1 and 2 we monitor information showing a breakdown of uptake of each of the four options of SDS. An annual target of 600 has been set for uptake of options 1 and 2. In the three quarters reported on in 2023/24, the data shows that the uptake of options 1 and 2 is under 500, lower than previous years. The data shows an increase on option 3.

The following report explores the data and reflects on the context surrounding SDS activity within East Renfrewshire.

What does good look like?

“High quality social care helps people to meet the outcomes that matter most to them, to participate in their community and help them to realise their human rights. Self-directed support, or SDS, is the way in which social care should be arranged and delivered for carers, adults, children and families in Scotland, by putting choice and control over their support front and centre.” *SDS Improvement Plan Scottish Government*

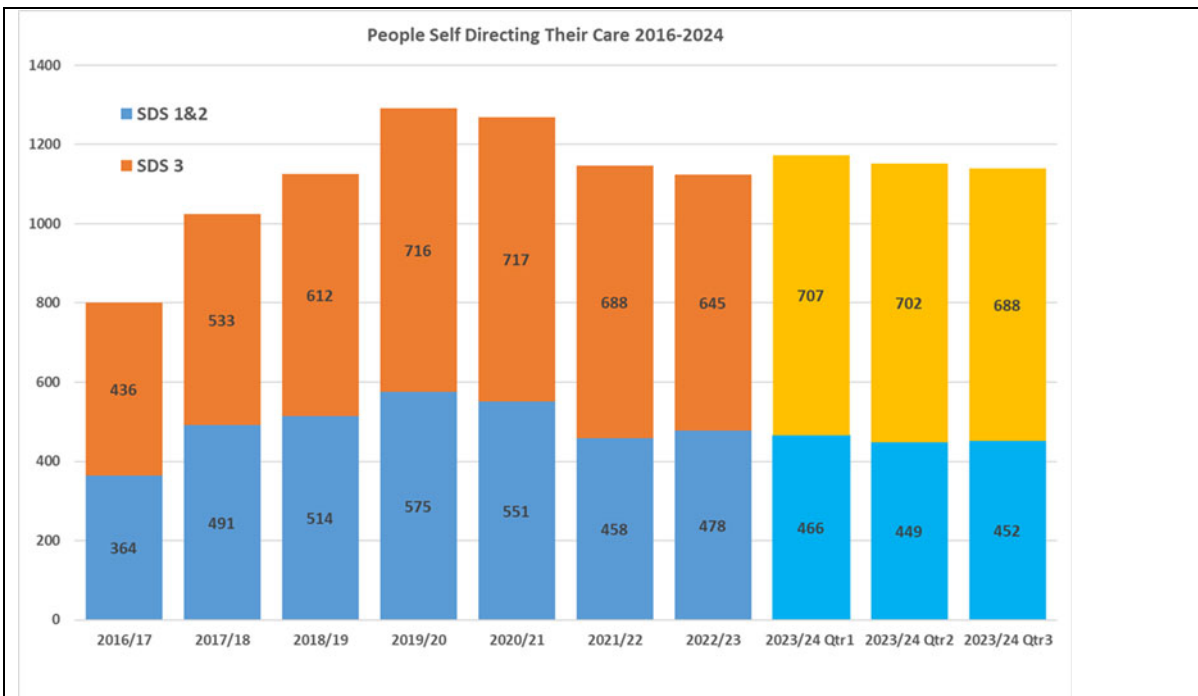
It is important that people are supported to live their lives in ways which are meaningful to them. Each adult, child, family and carer that accesses social care will have their own vision of what this looks like. They are experts on their own lives and must be recognised as such throughout the stages of planning and accessing care.

Delivering on and embedding the core principles and values of Self-directed Support is a priority within East Renfrewshire. This includes good integration with our local partners, working together to ensure we achieve this.

The Supporting People Framework has been developed to set the standard of what good looks like within our local context, reflecting the community of East Renfrewshire. This is a universal approach to delivering a fair and equitable delivery of Health and Social Care supports to people in the community.

Current status of measure

Figures have remained fairly static through Q1, Q2 and Q3 at between 450 and 460 people. There was an increase in uptake of options 1 and 2 during the pandemic. This would be expected as it was at a time when traditional care services were reduced or withdrawn and creative often short-term solutions were utilised. This was supported in the SDS Guidance that was updated to reflect and prompt a more flexible approach at this time.



Considering the early implementation of the Supporting People Framework we suggest keeping the target of 600 for options 1 and 2 unchanged with a view to reviewing this in November 2024. It is anticipated that we will see an increase in Option 3 as a result of our eligibility criteria being raised to substantial and critical. While efforts are being made to promote creative use of budgets through person-led planning across the partnership, individuals who have substantial and critical needs are more likely to opt for Option 3 and receive a service from a provider.

Reason/explanation for current performance

In April 2023 the Supporting People Framework was implemented in East Renfrewshire. This is an eligibility framework introduced to support fairness and equitable delivery of social care services through Self-Directed Support.

The Framework has set a higher threshold in respect of the use of the options of SDS. Clear guidelines of 'risk' criteria have been updated, meaning there is a realistic expectation of what resources are available for individuals in receipt of SDS. For example both nationally and locally there are retention and unfair pay challenges within the Health and Social Care workforce which has impacted the uptake of roles such as Personal Assistants (which is managed under option 1 only).

In addition to the lack of personal assistants to support the uptake of option 1, the increased care charges that individuals managing their own budget incur (when compared to what the HSCP are charged) means that a desire to use option 1 or 2 is offset by the fact that you are likely to get less "hours" of support

Effective communications/information and advice will inform people of the 'real' impact of managing and using an Option 1 Payment, meaning we will possibly see reduced uptake on this option. Option 1 is a creative and flexible option, however it brings with it an increased responsibility that is not desirable to all recipients of SDS. This can be true when people are faced with more complex care needs as is likely to be the case given the Substantial and Critical risk requirements of the Supporting People Framework.

The Health and Social Care sector remains in recovery from the Covid 19 impact. There was an increased uptake in Option 1 through 2020-2022. Individuals had reduced options to meet outcomes through more traditional models of support such as care providers (typically managed under option 2 or 3). Such services were not as readily available throughout the pandemic and there was less desire to use such services due to increased

risks as a result of the Covid pandemic. This led to increased figures on the uptake of Option 1 to allow people to use a budget of support to meet their needs. There was less scrutiny applied under the temporary guidance of Self-Directed Support which allowed more flexibility and more alternative non-conventional measures of achieving outcomes. There was a decrease in reviews carried out over this period also.

The current figures reflect an increase in reviews being carried out locally, meaning support and care is better monitored, ensuring people are achieving 'the right amount of support' and receiving 'just enough support'. This is in line with the principles of Self-directed Support to ensure there is a strength- and assets-based approach to care before applying formal supports.

The reduced service provision from the local Independent support organisation 'Self-Directed Support Forum East Renfrewshire', has had a significant impact on the uptake of Option 1. Prior to the reduction of services, the SDS Forum East Renfrewshire provided an end-to-end support for individuals taking an Option 1. This included client groups who required 'additional' support to manage an option 1 budget, the Forum were able to offer budget management support. The SDS Forum have stopped providing support for individuals to become an employer of a Personal Assistant. This is a highly complex process and requires additional support and expert information and advice, with this provision no longer available, people are not confident in employing as a result.

Mitigating action

SDS Guidance and procedures have been updated to reflect new and improved national guidance on SDS Standards, national legislation and learning from the SDS Improvement plan 2022.

Internal processes have been updated and renewed to support professionals carrying out SDS assessments in order to implement the Supporting People Framework and to implement good standards of SDS in practice.

Innovative processes to achieve high standards and promote confidence over the four options include:

- Peer Professional Review Group (PPRG). This is an opportunity for social workers to discuss and share learning on current cases. They have direct access to our Third Sector interface (Voluntary Action East Renfrewshire) and to our Community-Led model as well as senior members of the social care teams. This is a positive solution-based model that supports social workers to explore ideas of mitigating risks and adapting a more positive risk practice which ensures reablement. This provides coaching support to social workers regularly.
- Adult Carers Support Plan Screening Group (ACSPSG) which applies a similar model to the PPRG, allowing our partners from the East Renfrewshire Carers Centre to discuss ACS Plans at the screening group alongside initial contact team. It provides another sharing and learning platform which ensures a more holistic approach to supporting our carers.

The introduction of both the SDS Implementation Manager and Carers Lead roles at the Resource Enablement Group (REG) gives a wider lens to assessments requesting budgets for support. Ensuring appropriate supports and alternative options of resources are applied from a community led perspective. Both roles are working within the Senior Management Team to raise and address the challenges of SDS delivery and reviewing the impact on third sector.

One-to-one SDS training is available to workers and at a team's request using the role of the SDS Implementation Manager and the Carers Lead to support improved and reflective practice. This process supports carers and cared-for people accessing SDS budgets.

A joint-working approach continues and progress to meet the needs of the people of East

Renfrewshire is a priority. The HSCP works closely with community partners to offer support to service areas under SDS and SDS Carers. The Carers Lead has supported the East Renfrewshire Carers Centre to secure funding to provide a bespoke SDS worker for carers within East Renfrewshire. This will be a significant benefit alongside a seconded social worker post working within the East Renfrewshire Carers Centre. This will support choice and flexibility for people when choosing one of the four SDS options.

Collaborative working across Children and Adult services has provided consistency in practice and the use of our guidance and procedures under the Supporting People Framework. This has had a significant impact on the Transitions service, creating a new 'Funding Pathway' to support young adults who will be in receipt of SDS to manage this under the adults services model at an appropriate time. A Transitions PPRG and a Transitions REG have been developed to offer a specific process to young adults using Self-Directed Support within East Renfrewshire.

It is anticipated that our SDS figures will reflect these changes by the end of 2024. Regular reviews will be undertaken to monitor the progress and implementation of the Supporting People Framework and we are adaptive to changes. The impact and improvements expected from the framework will be realised by November 2024. The implementation has not been without its challenges, however effective innovations such as new processes and guidance are available, and this is encouraging. Weaknesses and challenges have been addressed with effective adaptations to our processes. The introduction of the Supporting People Framework continues to support significant outcomes and has led to large-scale review of all Self-directed Support packages of care. This will continue to impact our progress significantly over 2024.

Investment

The details of investment within this specific area of work are outlined within the 'Mitigation Action' section above. Resources including new processes and procedures, updated guidance and increased partnership working has resulted in innovative systemic changes. Key drivers for change have been the skills and supportive coaching from the Leadership teams.

Further investment has been sought through recruitment and the introduction of the Self-directed Support Implementation Manager within East Renfrewshire from 2023 onwards. Both the SDS Manager and the Carers Lead have a responsibility to work collaboratively to ensure the principles and values of SDS are embedded within practice and policy. This impacts both carers and cared-for individuals using SDS to meet their needs.

Both roles have worked together to facilitate focussed work led by individual teams across the HSCP including Children and Families services. This focussed work has meant an increase in bespoke practice-led training on the application of SDS, as well as public information sessions held to inform people about new framework. This promotes equitability and consistency under the Supporting People Framework.

Context and benchmarking

The Local Government Benchmarking Framework (LGBF) includes the performance indicator: "SDS Direct payments and managed personalised budgets spend on adults (18+) as a % of total social work spend on adults (18+)". By this measure, East Renfrewshire shows above average use of options 1 and 2 as a proportion of total social work spend for adults. In 2022-23, 9.3% of spend was used on options 1 and 2, compared with Scottish average of 8.7%. Our 'family group' (consisting of similar local authority areas) has an average of 7.3% for 2022-23.

Discussions at national forums suggest that Option 1 uptake is high in East Renfrewshire. This is due to a number of factors including the positive local input of Independent Support Organisations to support the management of the option.

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	27 March 2024
Agenda Item	8
Title	Audit Update
<p>Summary</p> <p>This report provides Performance and Audit Committee with an update on:-</p> <ul style="list-style-type: none"> • Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in November 2023 • Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in November 2023 • A summary of all open audit recommendations 	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee are asked to note and comment on the report.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

27 March 2024

Report by Chief Officer

AUDIT UPDATE

PURPOSE OF REPORT

1. This report provides Performance and Audit Committee with an update on:
 - Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in November 2023
 - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in November 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	<ul style="list-style-type: none"> • Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole. • Corrective action must be taken and should start immediately.
Medium	<ul style="list-style-type: none"> • There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole. • Corrective action should be taken within a reasonable timescale.
Low	<ul style="list-style-type: none"> • Area is generally well controlled or minor control improvements needed. • Lower level controls absent, not being operated as designed or could be improved
Efficiency	<ul style="list-style-type: none"> • These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice.

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

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

REPORT

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

8. There has been no audit activity relating specifically to the Integration Joint Board since last reported to the Committee.
9. The current action plan from the annual audit report for the year ending 31 March 2023 is included at Appendix 1a.

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 of Emergency Payments (MB/1197/NS). The Audit of was issued on 19 January 2024 and made 10 recommendations. The audit report along with our response is included at Appendix 2A.
11. The audit has been shared with key staff who support the emergency payments processes and a meeting is scheduled for 21 March to go through the recommendations and ensure the action agreed is put in place.

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

12. At the November 2023 meeting, a total of 70 recommendations were reported; 16 open, 49 which the HSCP considered to be closed but were pending verification from internal audit and 5 which had been confirmed as closed as a result of Council wide follow up work; those Debtors and Environment audits have now been removed from this report.
13. 10 new recommendations from the Emergency Payments audit detailed at appendix 2A, have been added.
14. 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		Changed to considered closed since last reported	Recommendations			
			Total no. for HSCP	Verified as closed by Internal Audit	Considered closed by HSCP (awaiting verification)	Total open
Emergency Payments	2A	0 (new)	10	0	0	10
Thornliebank Resource Centre	2B	2	13	0	13	0
Debtors	2C	0	1	0	1	0
SDS – Direct Payments	2D	0	3	0	0	3
Ordering and Certification	2E	0	4	0	4	0
Follow up of Business Operations and Partnerships Department	2F	0	2	0	1	1
Barrhead Centre	2G	1	11	0	8	3
HSCP Follow-up	2H	1	20	0	15	5
Fostering, Adoption and Kinship	2I	0	3	0	3	0
Payroll		0	8	0	8	0
Total		4	75	0	53	22

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

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

CONCLUSIONS

16. 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

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

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Chief Financial Officer
Lesley.Bairden@eastrenfrewshire.gov.uk

11 March 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC 22.11.2023 – Audit Update
https://www.eastrenfrewshire.gov.uk/media/9745/PAC-Item-09-Audit-Update-Nov23/pdf/PAC_Item_09_Audit_Update_Nov23.pdf?m=1699875489230

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Appendix	1A
Title	Ernst & Young 2022/23 Action Plan
Type	Internal Audit Activity relating to the Integration Joint Board
Status	No changes since last reported to PAC 22.11.23

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.

**REPORT ON AUDIT OF EMERGENCY PAYMENTS
(SECTIONS 12 and 22)**

<u>Contents</u>	<u>Page No</u>
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General Conclusion	1-2
Findings & Recommendations	2-4
Action Plan	5-6

Chief Auditor
MB/1197/NS
19 January 2024

REPORT ON AUDIT OF EMERGENCY PAYMENTS (SECTIONS 12 and 22)

1. INTRODUCTION

As part of the Annual Audit Plan for 2023/24, an audit of Emergency Payments made under Sections 12 and 22 of the Social Work Act was carried out.

The focus of the audit is on ensuring that payments being made from Section 12 and 22 budgets meet the criteria as specified in the Social Work Act. Testing was also carried out to ensure that application forms are being completed to allow the legitimacy of payments to be verified and to ensure that they have been appropriately authorised.

At the time of the last audit it was noted that there were weaknesses in the application process with forms not being fully completed or appropriately authorised in accordance with the amount being spent. In addition to this it was found that items were being purchased using emergency payment funds when other source such as Clothing Grants and Scottish Welfare Fund were viable options.

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

2. SCOPE

The scope of the audit was agreed with the HSCP Chief Financial Officer on 31 July 2023 and covered the following areas:

- In relation to Section 22 payments, ensure that payments have been made to cover an exceptional emergency situation and that the appropriate paperwork has been completed and authorised prior to the payment being made.
- In relation to Section 12 payments, ensure that the payment was made to an applicant who is 18 years or older and has a community care need, such as being affected by disability or are vulnerable due to mental or physical health issues or are homeless.
- checks were carried out to determine if they had satisfied the social worker that there were no other sources of income (e.g. crisis loan or DWP benefit).

Audit testing focused on amounts paid from the petty cash imprests held at Eastwood Health Centre and Barhead Main Offices. Additional samples were taken covering payments made via purchase order, payment requests and credit cards.

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

3. GENERAL CONCLUSION

The review of paperwork held at both Barhead and Eastwood showed that whilst application forms were always available to support the payments they were not always being fully completed.

The Section 22 application forms request additional authorisation for payments in excess of £50. A review of these showed that additional approval was not always obtained.

It was also noted that some purchases are being made via credit cards held by business support at both locations and there is further work required by HSCP Finance to ensure that they are journalled to the correct ledger code. This is not always being done in a timely manner. It was also noted that there is additional paperwork being completed for such transactions that is a duplication of the paperwork already completed for the Section 22 payment.

The following recommendations are made and require to be addressed.

4. FINDINGS AND RECOMMENDATIONS

4.1 Completion and authorisation of Application Forms

A sample of Section 12 and 22 payments were taken covering amounts paid from the petty cash funds held at Barthead and Eastwood as well as a sample of purchases made via purchase orders, payment requests and the credit cards.

The sample of forms taken showed that of the 20 payments made from the Eastwood Petty Cash, six had not been fully completed, and in the 15 payments from the Barthead Petty Cash, two were found not to be fully completed. In addition to this a sample of 15 payments made via Integra, Credit Card and payment requests was taken from the Barthead records and it was noted in seven cases the forms had not been fully completed.

There was also one case at Eastwood where the form had not been signed by the Social Worker.

Within the samples taken at both Barthead and Eastwood it was noted that none of the forms had been signed by the client when they had taken receipt of cash or goods ordered. Discussions with the Business Support Teams confirmed that the requirement for a client signature had been removed during Covid restrictions and had not been reinstated. It was also noted that in some cases the form had been marked to indicate that the client does not have the capacity to sign form.

If the requirement for clients not to sign the form is to remain then the form should be updated to remove the requirement for the client to sign and a section added for the Social Worker to sign to acknowledge receipt of the cash and that this will be passed to the client.

Recommendations

4.1.1 The Section 12 and 22 forms should be updated to remove the requirement for the client to sign and a section added for the Social Worker to sign a declaration that the cash will be passed to the client.

4.2 Reason for Use of Emergency Payment Budget

The samples of Section 12 and 22 payments taken at each location were reviewed to ensure that they had been fully completed and the reason for the use of the emergency funds had been clearly detailed on the form.

The forms for four of the payments made from Barthead did not provide justification for the use of emergency funds and in these cases it was not possible to verify that they met the requirements of the Social Work Act.

Recommendation

4.2.1 All Social Workers should be reminded of the requirement to fully complete the Section 12 and 22 forms and in particular the reason for

requesting access to the emergency funds to ensure the Social Work Act is being adhered to.

4.3 Credit Card Transaction Paperwork and Codings

The paperwork reviewed as part of the audit checks highlighted that there were purchases being made via credit card. Discussion with the Business Manager confirmed that there are currently five cards covering both Barrhead and Eastwood for which they have responsibility for authorising transactions.

Three of the cards are held by Business Support and are used to purchase items either not available via the normal procurement route or are required urgently. The majority of the purchases will be made by the Business Support Team at Barrhead with the cards at Eastwood held to provide cover for absences and annual leave.

A sample of three credit card payments were taken from the Barrhead records and a further two covering Eastwood. It was noted in all cases the appropriate Section 22 paperwork had been completed and provided justification for the use of the cards as well as why the Section 22 fund should be used.

Discussions with the Business Support Team indicated that the process to be followed for using the cards is cumbersome and involves a duplication of forms being completed by the Social Worker and Business Support Team. There is a requirement to complete the usual request for funds and Section 22 form as well as paperwork associated with the use of the credit card.

Given that the request for funds form allows the Social Worker to indicate the source of the funds (e.g. Petty Cash, Credit Card, Integra, Voucher etc) there does not appear to be any requirement for a further approval to use the credit card.

The credit cards are set to default all spend to a designated ledger code (Barrhead S22 and Eastwood S29) and then adjustments will be carried out by HSCP Finance to ensure that any non Section 22 spend is journalled to the appropriate codes. To allow this to happen the Business Support Team will maintain a log of spend via the credit card and pass this to HSCP Finance periodically. The log and the ledger spend will then be compared to ensure all transactions are in the correct codes. It was noted that one of the purchases, totalling £90, in the sample had been incurred in September 2023 and was still sitting in the default code for the Eastwood Card.

It is noted that in some cases transactions are being consolidated on the log maintained by Business Support which then makes it more difficult for the Accountant to agree this to the ledger if transactions are not being shown individually.

The credit cards are contactless and are kept in the safe when not being used. The safe can be accessed by all members of the business support team. There are currently no reconciliations carried out between credit card spend per ledger, the amounts appearing on credit card statements and verification from the card holder that they recognise and were the instigator of all the transactions on their card.

Recommendations

4.3.1 The paperwork being completed for credit card transactions should be streamlined and duplication of information removed from the process.

4.3.2 *Credit card transactions should be journalled to the correct codes in a timely manner to ensure that the total amount spent via the Section 22 budget is up to date.*

4.3.3 *To assist the Accountants in journaling transactions to the correct codes, Business Support should show individual amounts on the credit card log rather than consolidating the amounts.*

4.3.4 *A formal reconciliation of credit card spend to the business support log should be carried out monthly to ensure that all transactions can be accounted for and are valid and have been incurred by the designated card holder.*

4.4 Applications to Scottish Welfare Fund

Part of the application process involves the Social Worker completing a section of the form that indicates if all other sources of assistance have been applied for. In particular it is asking if an application to the Scottish Welfare Fund has been made and that all available benefits have been maximised.

It was noted that in 6 cases out of 35 this section had not been completed at all and in a further 5 cases where it had been completed it was found that the information shown was incorrect. In four of the cases where the section had been completed the Social Worker had indicated that the SWF had not been applied to when a review of the records showed that the client had been successful. In the other case, the Social Worker had indicated an application to the SWF had been refused when it had actually been paid.

Recommendation

4.4.1 *All Social Workers should be reminded to complete all sections of the applications forms accurately in relation to applications to the Scottish Welfare Fund and the success of such applications.*

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4.5 Coding to the Financial Ledger

Attempts were made to trace all of the payments in the samples covering both locations to their corresponding entries in the ledger to ensure that they had been coded accurately.

In 9 cases out of a sample size of 54 it was not possible to locate the transactions within the ledger codes indicated on the request to purchase forms. In three cases it was noted that the amounts had been re-journalled to the correct code for Section 22 payments. However, in two cases the spend has been incorrectly allocated to Criminal Justice Supplies and Services.

Within the sample of payments taken there were a number of payments being made to the same client to cover the cost of transport to allow the daughter of the client to continue to attend school. Further discussions around the appropriateness of these costs and them being allocated to the Section 22 budget confirmed that they should be re-journalled to a transport/taxi budget.

It was also noted that in one case the purchase had been made via the credit card in August 2023 and at the time of the audit had still not been re-journalled to the correct code.

Recommendations

4.5.1 All Section 12 and 22 spend should be allocated to the designated ledger codes to ensure that the total spend against the budget is accurate at all times throughout the year to reduce the potential for an over spend.

4.5.2 All Social Workers should be reminded that ongoing support should not be provided for via Section 12 or 22 funds and that they should liaise with finance regarding the most appropriate ledger coding.

4.6 Monitoring of Vouchers

In addition to the support offered to clients via emergency payments from petty cash and goods ordered via suppliers, there are also vouchers held for use at Asda as well as various high street shops (one 4 all). These will be issued to clients to supplement the support offered via Section 12 and 22 funds.

The vouchers are held in the safe at Barrhead and the Business Support Team have devised a number of spreadsheets that record the issue of the vouchers as well as when a new supply of vouchers is purchased. Discussion with the Business Support Team confirmed that regular checks are being carried out on the number held and a full count will be done on a monthly basis.

A review of the records held showed evidence of some of these checks being recorded but this is not always done.

Recommendation

4.6.1 The records held to support the vouchers kept in the safe should be used to demonstrate that regular checks are being carried out on the number held by adding the initials of those checking the cards and the date the check was completed.

Appendix	2A
Title	Emergency Payments MB//NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	New

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Low)	The Section 12 and 22 forms should be updated to remove the requirement for the client to sign and a section added for the Social Worker to sign a declaration that the cash will be passed to the client.	Forms will be amended.	Apr-24	Open	
4.2.1 (Low)	All Social Workers should be reminded of the requirement to fully complete the Section 12 and 22 forms and in particular the reason for requesting access to the emergency funds to ensure the Social Work Act is being adhered to.	A reminder will be sent to Adult Services re S12 and Children's Services re S22.	Apr-24	Open	
4.3.1 (Low)	The paperwork being completed for credit card transactions should be streamlined and duplication of information removed from the process.	A review of paperwork will be undertaken to identify where improvements to the process can be made.	Apr-24	Open	
4.3.2 (Low)	Credit card transactions should be journalled to the correct codes in a timely manner to ensure that the total amount spent via the Section 22 budget is up to date.	We will ensure journaling takes places within one month.	Apr-24	Open	
4.3.3 (Low)	To assist the Accountants in journaling transactions to the correct codes, Business Support should show individual amounts on the credit card log rather than consolidating the amounts.	Business support will detail each individual transaction on the credit card log.	Apr-24	Open	
4.3.4 (Low)	A formal reconciliation of credit card spend to the business support log should be carried out monthly to ensure that all transactions can be accounted for and are valid and have been incurred by the designated card holder.	Although monitoring takes place, a formal reconciliation does not. This will be introduced by Accountancy from April 24.	Apr-24	Open	
4.4.1 (Low)	All Social Workers should be reminded to complete all section of the applications forms accurately in relation to applications to the Scottish Welfare Fund and the success of such applications.	A reminder will be issued to Social Workers and Team Managers outlining their responsibilities.	Apr-24	Open	
4.5.1 (Low)	All Section 12 and 22 spend should be allocated to the designated ledger codes to ensure that the total spend against the budget is accurate at all times throughout the year to reduce the potential for an over spend.	A reminder will be issued.	Apr-24	Open	
4.5.2 (Low)	All Social Workers should be reminded that ongoing support should not be provided for via Section 12 or 22 funds and that they should liaise with finance regarding the most appropriate ledger coding.	A reminder will be issued to Team Managers in both Adult and Children Services.	Apr-24	Open	
4.6.1 (Low)	The records held to support the vouchers kept in the safe should be used to demonstrate that regular checks are being carried out on the number held by adding the initials of those checking the cards and the date the check was completed.	Staff undertaking checks will date and initial records moving forward.	Apr-24	Open	

Appendix	2B
Title	Thornliebank Resource Centre MB/1192/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC 22.11.23:- 4.4.1 now considered closed 4.4.2 now considered closed

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	Considered closed (pending verification from internal audit)	Community Pathways staff have attended the lunch and learn training sessions facilitated by HR.
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	Considered closed (pending verification from internal audit)	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)	

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	2C
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 22.11.2023 All recommendations considered closed

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.5.1 (High)	All Managers should be instructed that they must notify the system administrator immediately of all leavers to allow system access to be removed promptly.	We will remind staff of the various actions to be taken when processing a leaver.	31-Aug-23	Considered Closed (Pending verification by internal audit)	An integra system alert was sent to all integra users. We have also circulated to our Extended SMT to ensure that managers are aware of the process and steps to take.

Appendix	2D
Title	Self-Directed Support – Direct Payments MB/1171/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 22.11.2023

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	2E
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 22.11.2023 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 place to review new and existing contracts.
4.4.1 (Low)	All Directors should instruct employees with responsibility for ordering to ensure that the appropriate reference is added to the order to evidence that a contract is being used for the purchases.	We will issue a reminder to all employees responsible for ordering as per 4.1.1	28-Feb-23	Considered Closed (Pending verification by internal audit)	As per 4.1.1 - Email issued to Business Managers to cascade to those staff who process orders on Integra including SOP for Purchase Order Entry

Appendix	2F
Title	Follow-up of Business Operations and Partnerships Department Audits MB/1177/MB
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 22.11.2023: 4.6.1 note updated

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.5.1 (Med)	<p>Robust checks should be carried out by departments to ensure that the inventory records are accurate and that:</p> <ul style="list-style-type: none"> • the assigned user details are accurate, up to date and only include names of current employees. • individual users do not have more than one mobile or one laptop • clarification is provided to ICT promptly of any devices on the lists which are no longer needed or which need to be re-assigned to a different employee • clarification is provided to ICT of the reasons for devices where a named employee is not assigned to it. (e.g. pool phone) and this should be noted on the inventory. 	<p>A full review of this year's inventories will be undertaken to ensure each point has been addressed.</p>	Mar-23	Considered closed (pending verification)	<p>Laptops and mobile phones were included in a central HSCP inventory for 2022. These have now been included within service inventories for 2023.</p> <p>Business Managers have been asked to coordinate this across service areas. In addition a reminder was included in the Staff Bulletin that staff must notify when laptops are switched.</p>

<p>4.6.1 (Med)</p>	<p>Reports should be reviewed to ensure that only minimal SIM packages are provided for each employee and that employees are advised to return to work from council premises if they do not have adequate home broadband to meet work requirements.</p>	<p>We will continue to review billing and address high users on an individual basis, with regular overview reports to SMT</p>	<p>Dec-22</p>	<p>Open</p>	<p>A review of equipment was undertaken and staff who did not require smart phones with email access have been swapped to call only plans. Mobile and laptop sims have also been reviewed to verify current users and a number of contracts cancelled. Reminders have also been issued regarding data usage along with guidance for checking this. Changes to the Council vodaphone contract has also reduced costs. Exception reporting is followed up on if usage is outside limits.</p>
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Appendix	2G
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 22.11.2023: 4.3.1 now considered closed 4.7.1 note updated

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 be 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	Considered Closed (pending verification by internal audit)	Statements are filed and stored at Barrhead Centre and the bank has updated address details to ensure all future statements are sent to Barrhead Centre direct rather than being re-routed via internal mail.

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. All funds have now been transferred to SS account, however account signatories are still in the process of being updated (Jan24). Once this is complete, there will be no ERC signatories and the account will be managed and audited by VAER
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	2H
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	Changes since last reported to PAC 22.11.2023 8.3.2 now considered closed

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.

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.

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

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	Closed (pending verification by internal audit)	Proof of account closure has been provided by the bank.

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.	<p>Assessment and Review of Adult Carer Support Plans (ACSP) has now been incorporated into the wider assessment and process working group. The group have produced a combined assessment template, incorporating the outcomes assessment and the individual budget calculator, this also reflect engagement with the carer and discussion of the ACSP. Work is underway to link recording and referrals to the carers centre through carefirst to support compliance and improve reporting.</p> <p>The draft assessment was tested by Social Workers across adult services in the month of October. Analysis of this testing will be used to improve the assessment template before it is presented to the wider adults' services team for comment and implementation. Once agreed the assessment template will be used to develop a review template and support review of the ACSP in partnership with the carers centre.</p>	31-Mar-23	Considered Closed (pending verification by internal audit)	<p>New ACSP process in place from May 23. Screening Group review all ACSP's with review dates agreed and recorded on Carefirst.</p> <p>All existing ACSP's not reviewed within the last 6 months will be prioritised for a review and if required, future review dates will be agreed and recorded on Carefirst using new process</p>

9.1.2 (Low)	Officers should be instructed not to enter the date of the original ASCP as the review date on the CareFirst system. The review date should be set in accordance with the documented frequency.	<p>HSCP ACSPs have review date set by allocated worker on Carefirst and review is recorded on Carefirst</p> <p>HSCP Carers 'Tracker' linked to Cared-for person's review will ensure each carer receiving a service has their outcomes reviewed and this is recorded in tracker</p> <p>A reminder will be issued regarding review dates, and will be supported by ongoing awareness raising (both informal communication and formal training) on ACSP process</p>	30-Nov-22	Considered Closed (pending verification by internal audit)	<p>New screening group will set the review date and record on carefirst</p> <p>Carers Newsletters being developed for staff to provide information on the role of the new Carers Lead, Carers Centre and Strategy as well as the ACSP process. The first newsletter was issued in June and is available here</p>
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.	<p>Work is underway to link recording and referrals to the carers centre through carefirst to support compliance and improve reporting.</p> <p>Every carer newly referred to Carers Centre is offered an ACSP (400 in past year). The Carers Centre are installing a new management information system in January 2023 which will significantly improve data capture and reporting</p>	31-Mar-23	Closed (pending verification by internal audit)	<p>The Carers Centre has the delegated authority on behalf of the HSCP to offer carers an Adult Carer Support plan and to complete the plan should the carer agree. The offer and plan is recorded on the Carers' Centre's management information system.</p> <p>Support plans that meet the HSCP eligibility framework for support are recorded on Carefirst with a review date set at the time resources and support being agreed.</p>

Appendix	21
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 22.11.2023 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	2J
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 22.11.2023 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



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	27 March 2024
Agenda Item	9
Title	IJB Strategic Risk Register
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

27 March 2024

Report by Chief Financial Officer

IJB STRATEGIC RISK REGISTER UPDATE

PURPOSE OF REPORT

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

RECOMMENDATION

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

BACKGROUND

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

Likelihood	Score								
Certain	4	Low (Green)	Medium (Yellow)	High (Red)	High (Red)	High (Red)	High (Red)		
Likely / probable	3	Low (Green)	Medium (Yellow)	Medium (Yellow)	High (Red)	High (Red)	High (Red)		
Possible / could happen	2	Low (Green)	Low (Green)	Medium (Yellow)	Medium (Yellow)	Medium (Yellow)	Medium (Yellow)		
Unlikely	1	Low (Green)	Low (Green)	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 22 November 2023. Since last reported:-
 - No new risks have been added
 - No risks have been removed
 - 1 risk score has changed (Workforce)
 - 1 risk remains red post mitigation (Financial Sustainability)
9. Risk control measures have been reviewed and updated to reflect any proposed mitigation which has been completed, or where the expected date for completion has been extended.
10. In addition, members are asked to note the following:-

Financial Sustainability

11. The wording has been updated to reflect the current position including the diminished level of reserves and ongoing discussions with partners as part of our financial recovery for 2023/24 and forward financial planning.

Primary Care

12. We have removed the mitigation around signposting as this is now undertaken by practitioner services.
13. We have explored various options for additional accommodation with a number of GP practices however we have not been able to progress further due to lack of improvement grant funding or capital investment. The accommodation strategy for GP premises has therefore been paused until capital funding becomes available.

Workforce

14. We have now concluded phase 1 of the voluntary redundancy process, with 15 employees leaving the HSCP at the end of March and recognise we need to revisit the workforce plan reflecting budget constraints and service redesign in the coming months.
15. We have reduced the current score to 8, as the staffing difficulties within mental health services have improved slightly and our interim plan is mitigating risks, however recruitment, retention and the need for design brings does present challenges and risks.
16. Although the current score has reduced, the post mitigation score remains unchanged given the current climate.

In-house Care at Home Service

17. Staff work pattern realignment has been concluded, however due to ongoing challenges with recruitment and retention within the social care sector the service has been unable to achieve the level of recruitment required to progress the redesign at pace. Further

recruitment strategies have been agreed by the Project board to support progression. The date for concluding the redesign has therefore been extended from April to July 2024.

Business Continuity, Covid-19 and Recovery

18. Workshops have taken place with all services to support them to update their Business Impact Assessments which feed into the wider HSCP Business Continuity Plan. Plans are in the final stages of being written up into the new template.
19. We are looking to increase the number of Council Incident Officers and Care for People Managers and will identify individuals to attend upcoming training.

Post Mitigation - Red and Significant Risks Exception Report

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

Financial Sustainability

21. There remains risk that the HSCP could become unsustainable due to 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
 - Diminished reserves limit flexibility
22. Discussions with partners are ongoing recognising the audit recommendation around financial sustainability as well as support for financial recovery this financial year.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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

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0141 451 0746

12 March 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: November 2023: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/9746/PAC-Item-10-IJB-Strategic-Risk-Register/pdf/PAC_Item_10_IJB_Strategic_Risk_Register.pdf?m=1699875489680

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

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n/a	2	S	Scottish Child Abuse Inquiry											
			<p>Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care.</p> <p>Possible increase in demand of access to records and potential claims against the Council as Inquiry work progresses</p>	<p>Adult Protection Committee and Child Protection Committee have been sighted on these issues.</p> <p>Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. The Inquiry requested further information which was submitted in Jan-22. The Inquiry will begin to take evidence from Jun-22 onwards – it is unclear at this point whether ER will be cited to appear before the inquiry</p> <p>Key learning from S21 work shared with managers</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.</p>	3	3	9				3	3	9	Chief Social Work Officer
n/a	3	C	Child Protection, Adult protection and Multi-Agency Public Protection Arrangements											
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPAs) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPAs meetings deal with strategic and practice issues.</p> <p>"Safe Together" model implemented in HSCP and rolled out across Council</p> <p>Regular reporting to COPP in place for adult, children and high risk offenders.</p>	2	4	8	<p>Review programme of quality assurance and training</p> <p>Fully implement ASP improvement plan</p>	31/05/2023	31/03/2025	1	4	4	Chief Social Work Officer

4	C	<p>Financial Sustainability</p> <p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget and/or unable to meet demand pressures for statutory services. This is further impacted by the diminished earmarked reserves held.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies & savings.</p> <p>3) Unable to meet financial pressures within prescribing, including influence of GP prescribers, including demographic changes, economic and distribution factors.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation</p> <p>5) Financial risks relating to Covid-19 following cessation of support funding. For example staff cover in any service where an outbreak of the virus impacts on capacity. The longer term financial impact is unclear</p> <p>6) Complexity of funding sources with some allocations</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress and operational cost pressures.</p> <p>Monitoring for COVID 19 related costs will be maintained following cessation of support funding so we can inform future planning.</p> <p>Budget seminars are held with IJB Members.</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in various financial discussions with partners in relation to funding and budget contributions as well as financial recovery for 2023/24.</p> <p>Medium Term Financial Plan (latest revision June 2023) Regular monitoring, reporting and seminars ensure the IJB is aware of the most current factors.</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including areas such as prescribing, hosted services, savings challenges and cost pressures from service delivery.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGGC.</p> <p>Ongoing monitoring of wider economic factors and inflation impacts.</p>	3	4	12	<p>Monitor hosted service arrangements – ongoing and longer.</p> <p>Refresh Medium Term Financial Plan for any significant changes following proposed budget for 2024/25</p> <p>Continue discussions with both partners in relation to funding and financial performance and service outcomes</p> <p>Implement actions from local prescribing action plan</p>	<p>31/03/2025</p> <p>June 24</p> <p>Ongoing</p> <p>31/03/2024</p>	3	4	12	<p>Chief Financial Officer</p>
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			<p>withdraw from the national care home contract</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p> <p>Daily safeguarding as part of LSI into Establishment E</p> <p>Revised strategic Commissioning plan developed (approved by IJB August 2023 and monitored through Strategic Planning Group)</p>							
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6	S	Access to Primary Care										
		<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>Inability to recruit posts and shortage of locums resulting in poor access for local residents.</p> <p>GP Practice accommodation capacity shortfall to provide care to increased list sizes and accommodate PCIP staff</p> <p>Increased GP Practice workload due to increasing population and increased demand post pandemic</p>	<p>Primary Care Improvement Plan agreed by IJB.</p> <p>Support Practices to amend catchment areas where appropriate</p> <p>Working with practices / assisting with remote working to maximise premises capacity to enable them to extend primary care team.</p> <p>Support to Practices through use of GGC Escalation framework.</p> <p>GGC property strategy in place</p>	3	3	9	<p>Work with planning colleagues provide data to assist with LDP3 which includes developer contributions to mitigate for new housing and care home developments.</p> <p>Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Working with NHSGGC to support GP practice sustainability</p>	<p>Ongoing (reviewed Mar 24)</p> <p>Ongoing (reviewed Mar 24)</p> <p>Ongoing (reviewed Mar 24)</p>	3	2	6	Clinical Director

5.1	7	S	Increase in frail older population									
			<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>Unscheduled Care Delivery Plan approved by IJB in March-22.</p> <p>Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources.</p> <p>New front door model manages level of demand launched Summer 22 making significant positive impact on waiting list for assessment</p> <p>Talking Points diverting people to community resources and building own assets.</p> <p>Project to support Care at Home redesign now live</p> <p>Supporting people framework implemented April 23</p> <p>Monitoring includes analysis of waiting lists, admissions and incidents.</p>	4	3	12	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p> <p>Strengthen management oversight of equipment requests</p>	<p>Ongoing</p> <p>Ongoing (Review 31/03/24)</p>	3	3	9
	8	C	Workforce Planning and Change									
			<p>Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience.</p> <p>Risk of further reduction in workforce capacity due to factors such as morale, burnout, industrial action and covid</p>	<p>Workforce planning group in place and includes 3rd / independent sector reps</p> <p>HSCP management team actively review all requests to recruit in line with our workforce plan</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Savings, Recovery and Renewal Programme monitors spend and efficiencies</p>	3	3	8	<p>Implement local mental health interim workforce plan</p> <p>Undertake review of workforce planning in light of budget constraints</p> <p>Strengthen reporting arrangements around all professional registrations.</p>	<p>31/12/2024</p> <p>30.09.2024</p>	2	4	8

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

n/a	11	S	In-House Care at Home Service									
<p>Ongoing pressures and limited service capacity impacts on service delivery and quality standards Impact on service users and carers</p>			<p>Increased resource to support robust absence management.</p> <p>Single base operating for Care at Home</p> <p>Ongoing quality assurance and monitoring activity.</p> <p>Increased OT resource to maximise outcomes and reduce supports required</p> <p>Scheduling system (Total Mobile) in place</p> <p>Staff work pattern realignment concluded (March 24)</p> <p>Proposed service model agreed by DMT and Programme Board established providing oversight to care at home redesign</p> <p>Use of intermediate care beds to allow discharge from hospital</p> <p>Enhanced management oversight of hospital discharge</p>	2	4	8	<p>Continuation of Total Mobile implementation</p> <p>Progress implementation of new practice model in line with organisational change</p> <p>Conclude Care at Home redesign</p>	<p>Ongoing</p> <p>Ongoing</p> <p>31/07/2024</p>	2	3	6	Chief Officer HSCP
	12	S	Failures within IT System									
<p>Critical information not been received due to failures in IT system</p> <p>Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.</p>			<p>Specific email addresses can be added to whitelist if required.</p> <p>Emails can be manually released.</p> <p>Analysis completed of referral source and destination mapping, to ensure information can be shared with ICT mailboxes and specific senders / emails prioritised, should an issue arise.</p> <p>New ICT ticket system which has made it easier and improved the speed of releasing blocked emails.</p> <p>Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway solution) concluded 14.4.20 with changes to rules that should reduce</p>	2	2	4	<p>Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure.</p>	TBC	2	1	2	IT Business Partner

14	S	ANALOGUE TO DIGITAL SWITCHOVER										
		<p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p>	<p>Programme board established and full project team in place to take forward the transition from analogue to digital.</p> <p>HSCP Head of Service chairing programme board.</p> <p>Analogue to digital implementation plan.</p> <p>Digital ARC went live October 2022.</p> <p>Local Risk assessment group established summer 2023 which looks for solutions to and developing a contingency plan</p>	3	3	9	<p>There is a Capital Project with our partner East Renfrewshire Council to manage replacement of analogue devices and peripherals within people's houses.</p> <p>Monitoring global supply issues in relation to chip shortages</p> <p>Complete installation of all digital alarm units</p>	<p>Ongoing</p> <p>Ongoing</p> <p>31/01/2025</p>	2	3	6	



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	27 March 2024
Agenda Item	10
Title	Care at Home Inspection Report
<p>Summary</p> <p>This paper provides an overview of the report from our recent inspection of our Care at Home service, which was undertaken by the Care Inspectorate in January 2024.</p>	
Presented by	Lee McLaughlin, Head of Adult Services: Communities & Wellbeing
<p>Action Required</p> <p>Performance and Audit Committee members are asked to note and comment on the report.</p>	

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

27 March 2024

Report by Chief Officer

Care at Home Inspection Report

PURPOSE OF REPORT

1. To provide Performance and Audit Committee members with an overview of the findings from our recent inspection of our Care at Home service which was undertaken by the Care Inspectorate in January 2024, and their report published on 12 March 2024.

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 our care at home service between 15th - 30th January 2024. At the time of the inspection, the service was providing homecare to 499 people with approximately 3000 people being supported by telecare. Whilst the report is predominately around care at home, for the first time, our Telecare service has also been included as part of the inspection process.
5. In preparation for the inspection the Care Inspectorate reviewed previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

REPORT

6. During the inspection, Inspectors visited 40 people using the service along with some of their friends and family as well observing practice and daily life, reviewing documents, and speaking to staff and management.
7. Highlights from the report include:
 - People valued the caring and friendly nature of staff, support to remain independent at home, and the ongoing social contact from regular visits. One person told us "I don't know what we'd do without the carers. Nothing is too much for them and they've become like an extension of the family".

- Compliments about the service from people and their family members reflected our own positive observations of staff interactions with people. We observed staff treating people with kindness, warmth, and humour. We were impressed by staff's ability to complete care tasks efficiently whilst establishing rapport and positive communication with people. A person explained, "I look forward to my visits. The social contact is just as important as the care for me".
 - People were supported to achieve positive outcomes at times. A person spoke passionately about how home care had empowered them to live independently in the community. Staff had supported another person to complete daily physiotherapy exercises that improved their mobility, allowing them to be as active as possible
 - Telecare was well-resourced and organised, received many compliments from people using the service, and provided vital reassurance and interventions for people when needed.
 - The management team had introduced meaningful changes in recent months, and needed time to fully embed these initiatives and evidence sustained improvements in practice and outcomes for people.
 - Leaders had introduced a range of new policies and procedures for the service to follow. This included areas such as communication, managing complaints, and responding to a variety of challenges.
 - Staff with supervisory duties told us they felt better supported with clearer direction, which promoted consistency
 - Leaders have improved the support and management of frontline staff to promote staff retention, morale, and consistency
 - The induction programme for new workers was thorough with a blend of face-to-face training, shadowing opportunities, and input from professionals such as district nurses and pharmacy professionals. This comprehensive induction helped prepare staff well to understand their role and meet people's needs.
 - The wellbeing of staff was a priority for the service, and there was investment in community resources for staff to use in recognition of their hard work. Workers accessed various health and wellbeing services across the council area. One staff member told us 'This is something I would have struggled to arrange by myself so accessing through work is a big boost'. These creative initiatives helped enhance staff morale as well as promoting staff recruitment and retention.
8. The service was awarded 3s (adequate) across all the 4 inspection themes evaluated under the quality inspection framework. These include:-
- How well do we support people's wellbeing?
 - How good is our leadership?
 - How good is our staff team?
 - How well is our care and support planned?
9. We also received a grade of 4 (good) for one area: People experience compassion, dignity and respect. This falls within the main inspection theme of 'How well do we support people's wellbeing'.
10. No requirements have been placed on the service by the Care Inspectorate, however there were 4 areas for improvement identified. A meeting has been scheduled for 19th March 2024 to develop an action plan for submission to the Care Inspectorate by 2nd April to address the following areas for improvement:-

- To promote people's health and wellbeing, the provider should continue to improve the consistency of staff and timings of visits. This will ensure people who experience the service are supported by people they know and have confidence in.
- Promote people's wellbeing, the provider must improve the quality of personal care planning. This should include, but is not limited to, ensuring plans are person-centred, fully reflective of people's holistic needs and wishes, reviewed within agreed timescales, and regularly audited to promote accuracy
- To support people's wellbeing, the provider should ensure that staff have ongoing access to training and development relevant to their role.
- The management should continue to look at ways to improve the consistency of staff and timings of visits to ensure people who experience the service are supported by people they know and have confidence in. ***This has been in place since the inspection in 2021***

11. This is a significant improvement from our 2019 which awarded the service 1s (unsatisfactory) and 2s (weak) and made 9 recommendations. These requirements were assessed as met in 2021 when we had an unannounced inspection which focused on our care during the Covid-19 pandemic, where we were awarded 4s (Good) in the two areas evaluated:-
- How well do we support people's wellbeing?
 - How good is our care and support during the COVID-19 pandemic?

CONCLUSIONS

12. There are several positive comments about the service, our staff and our improvement journey in the report and that the Care Inspectorate acknowledges that we have already self-identified and are working on the areas they have noted for improvement. The team spent a significant amount of time taking them through our service redesign and the strategic decisions that have been made to improve the service which are referenced and credited throughout, with an acknowledgement that the service needs time to embed these improvements and evidence better experiences for people fully.
13. Whilst we will continue to work to improve our grades, the report is fair and reflective of where the service is at, particularly in light of the current challenges across the sector at both a local and national level. The inspection has given the HSCP confidence that the redesign is focused in the right areas, and that we are working towards delivering a better service for our residents and staff.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Gayle Smart, Intensive Services Manager
Gayle.Smart@eastrenfrewshire.gov.uk

15 March 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Report: 01.05.2019 – Item 09. Care at Home Inspection Report and Improvement Plan
[https://www.eastrenfrewshire.gov.uk/media/2217/Integration-Joint-Board-Item-09-1-May-2019/pdf/Integration Joint Board Item 09 - 01 May 2019.pdf?m=637351657060770000](https://www.eastrenfrewshire.gov.uk/media/2217/Integration-Joint-Board-Item-09-1-May-2019/pdf/Integration%20Joint%20Board%20Item%2009%20-%2001%20May%202019.pdf?m=637351657060770000)

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East Renfrewshire Council Care at Home Service Support Service

Barrhead Health and Care Centre
213 Main Street
Barrhead
Glasgow
G78 1SW

Telephone: 01418 007 182

Type of inspection:
Unannounced

Completed on:
30 January 2024

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2005096979

About the service

East Renfrewshire Council Care at Home Service is registered to provide a care at home service to adults and older people living in their own homes. The provider is East Renfrewshire Council.

There are a range of services available, including:

A home care service that supports people to live independently in their own homes. The nature of support is dependent on people's assessed needs, and may include assistance with personal care, medication, and nutrition.

A telecare service that aims to promote people's independence and safety at home, and enables people to summon assistance in an emergency at any time.

At the time of this inspection, the service was providing home care to 499 people with approximately 3,000 people being supported by telecare.

The service is based at the Barrhead Health and Care Centre. There is a registered manager who coordinates the overall running of the service. Home care managers, organisers, and assistant organisers manage teams of home carers who provide direct support to people using the service.

About the inspection

This was an unannounced inspection which took place between 15 and 30 January 2024. Two inspectors carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- visited 40 people using the service and eight of their friends and family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People using the service were treated with dignity and respect.
- People were supported to live safely and independently at home.
- Staff were kind, caring, and compassionate.
- Some people experienced a lack of consistency with their service.
- Care planning needed to improve to promote people's health and wellbeing.
- Leaders had developed a meaningful service improvement plan to raise standards.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate because, whilst there were some strengths and positive experiences in supporting people's wellbeing, key areas of performance needed to improve.

We visited several people who used East Renfrewshire Council Care at Home Service as part of our inspection. The feedback we received from people and their relatives was generally positive. People valued the caring and friendly nature of staff, support to remain independent at home, and the ongoing social contact from regular visits. One person told us "I don't know what we'd do without the carers. Nothing is too much for them and they've become like an extension of the family".

Compliments about the service from people and their family members reflected our own positive observations of staff interactions with people. We observed staff treating people with kindness, warmth, and humour. We were impressed by staff's ability to complete care tasks efficiently whilst establishing rapport and positive communication with people. A person explained "I look forward to my visits. The social contact is just as important as the care for me".

People were supported to achieve positive outcomes at times. A person spoke passionately about how home care had empowered them to live independently in the community. Staff had supported another person to complete daily physiotherapy exercises that improved their mobility, allowing them to be as active as possible. And there was a considered and compassionate approach to palliative care that enabled people to spend the remaining periods of their lives in their community with family. There was evidence of life enhancing experiences when home care was planned and delivered effectively. However, positive experiences were not universal, and there had been inconsistent practice since our last inspection.

Several people told us about a lack of continuity in their service. There were issues around the timing of visits, the high volume of different carers that people receive, and carers having varied understanding of people's needs and wishes. This presented risk to people's quality of care and morale. A person told us "The regular carers are fantastic, but sometimes it's like strangers who arrive and they don't know us. It has got better recently, but it's been frustrating".

The management team recognised these issues and had taken meaningful steps to improve people's experiences. For example, a new digital system was introduced to improve the scheduling of visits, staff shift patterns had been made more consistent, and there was increased support and guidance for staff involved in planning people's visits. There was evidence, both through quality assurance data and feedback from people, that continuity was improving, and we asked the service to continue to prioritise these developments (see Area for Improvement 1).

People supported by the service had personal care plans that detailed their needs and wishes. Many of these plans appropriately captured people's needs and highlighted guidance for staff to follow. However, some care plans were limited and in need of significant improvement. These care plans did not sufficiently capture what was important to people, how they wanted their needs to be met in a way that was meaningful to them, and some plans hadn't been reviewed within recommended timescales to promote accuracy.

We were reassured that the service had self-identified this issue and had taken measures to improve practice. There was clearer guidance and support for staff whose responsibility it was to update and audit

care plans. A cultural shift towards greater management presence in the community had been introduced. And a dedicated team had been given greater resources to increase the frequency of people's reviews. We asked the service to prioritise and complete these important improvements (see Area for Improvement 2).

Our review of the provider's telecare service found positive practice and outcomes for people. Telecare successfully enabled people to use digital technology to remain safe at home, and to summon telephone or physical assistance in emergency situations. Telecare was well resourced and organised, received many compliments from people using the service, and provided vital reassurance and interventions for people when needed.

Areas for improvement

1. To promote people's health and wellbeing, the provider should continue to improve the consistency of staff and timings of visits. This will ensure people who experience the service are supported by people they know and have confidence in.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

2. To promote people's wellbeing, the provider must improve the quality of personal care planning.

This should include, but is not limited to, ensuring plans are person-centred, fully reflective of people's holistic needs and wishes, reviewed within agreed timescales, and regularly audited to promote accuracy.

This is to ensure that care and support is consistent with the Health and Social Care standards (HSCS) which states that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate because, whilst there were some strengths under leadership and quality assurance, key areas needed to improve.

East Renfrewshire Council Care at Home Service was undergoing a period of transition after experiencing significant increase in service demand and staff turnover since our last inspection. This had impacted some people's outcomes, for example, by experiencing a lack of continuity of staff. Some management tasks, such as specific audits, had not been fully completed during this time. The management team had introduced meaningful changes in recent months, and needed time to fully embed these initiatives and evidence sustained improvements in practice and outcomes for people.

Leaders had introduced a range of new policies and procedures for the service to follow. This included areas such as communication, managing complaints, and responding to a variety of challenges. Staff with supervisory duties told us they felt better supported with clearer direction, which promoted consistency.

A new digital system had been introduced which allowed for more efficient planning and greater management oversight of people's visits. Office staff could plan visits in a more considered way, and track people's visits as they happened, measuring punctuality and consistency. This was a new approach and work was needed to fully enhance staff understanding of the system, however, it was a positive development which should improve people's experiences, with some initial progress noted.

Leaders had improved the support and management of frontline staff to promote staff retention, morale, and consistency. Successful recruitment campaigns had improved staffing numbers, a wellbeing programme had prioritised staff morale, and a more robust absent management system had helped some staff return to work. These fresh and important changes should reduce staff turnover and ensure people have more consistent workers to meet their needs and wishes.

All members of the management team had frequent and good quality supervision meetings, as well as workload management reviews to measure their performance. This promoted greater clarity of their role and expectations. There was clear insight into what the management team were doing well and what could be better. The service had identified, mirroring our own findings, that some leaders needed management training and development in specific tasks such as auditing to improve standards.

We found there was limited auditing of care plans which resulted in inconsistent practice. For example, some people's care plans were person-centred, holistic and meaningful whilst others were basic and out of date. We asked the service to prioritise this area, and were pleased to see both practical and cultural changes had been made. There had been a recent emphasis on leaders being more present in the community and spending time with people and staff. This will improve their understanding of people and staff's experiences, offer greater support and more meaningful interventions, and increase the frequency and quality of audits to promote better outcomes for all.

We were reassured by the management team's service improvement plan which was insightful and realistic. Senior managers had good oversight of people's visits, staff performance, accidents and incidents, and complaints. There was strong analysis of these areas which informed the improvement strategies of the service. Leaders had self-identified the service's key priorities in improving the continuity of people's visits, developing all of the management team, and supporting the workforce through better planning, supervision, and training. Significant changes had recently been made, with some progress noted, and the service now needed time to fully embed these improvements and evidence better experiences for people.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate because, whilst there were some strengths and positive experiences in staff knowledge and competence, key areas of performance needed to improve.

East Renfrewshire Council Care at Home Service recruited staff safely and in line with national guidance. We spent time with human resources and observed that staff were recruited with relevant checks, references, and professional registrations. People using the service could therefore be assured that staff were recruited well, and this promoted suitability for their role.

The service had improved their approach to recruitment in recognition of staffing pressures which have been present throughout the care sector. By attending recruitment drives at local colleges, using digital technology, and having people who use the service at the heart of advertising, the service had been able to increase its staffing levels to better meet people's needs. East Renfrewshire Council Care at Home Service

were exploring other creative initiatives, such as modern apprenticeships, to promote social care as a career path, engage and inspire younger generations, and offer development opportunities. This should further improve staffing arrangements.

The induction programme for new workers was thorough with a blend of face-to-face training, shadowing opportunities, and input from professionals such as district nurses and pharmacy professionals. This comprehensive induction helped prepare staff well to understand their role and meet people's needs.

The wellbeing of staff was a priority for the service, and there was investment in community resources for staff to use in recognition of their hard work. Workers accessed various health and wellbeing services across the council area. One staff member told us 'This is something I would have struggled to arrange by myself so accessing through work is a big boost'. These creative initiatives helped enhance staff morale as well as promoting staff recruitment and retention.

Staff also identified areas of their role that could be better, and these mirrored our own findings of what the service could do to improve the development of the workforce and outcomes for people.

Whilst staff had completed appropriate mandatory training through their comprehensive induction programme, ongoing refresher training was not being completed as regularly as it should. There was also limited evidence of observations of staff, which meant it was not possible for the service to measure how successful the learning from training was being implemented in practice.

Staff had access to ongoing team meetings to discuss important issues. However, there was not yet a robust system of one-to-one supervision meetings for all frontline staff. These are important forums for management and staff to discuss any professional and personal matters, and measure performance. Where supervisions were happening, staff advised they would like to see a more positive approach and supportive language being used.

We asked the service to prioritise staff development, focus on improving the frequency of refresher training and observations of staff practice, and enhancing the frequency and quality of supervision for all staff. These areas should be clearly recorded and tracked through a monitoring system (see Area for Improvement 1). These measures should improve staff morale and practice and enhance the outcomes for people who use the service.

The service had self-identified these areas, and there was evidence that plans were in place to address the issues. For example, a working group had established a new training plan, a monitoring system had recently been introduced to track all staff training and development, and there was additional guidance for supervisors to support staff. The service now needed time to fully introduce these changes into practice and evidence improved outcomes, and we will evaluate this area for improvement at the next service inspection.

Areas for improvement

1. To support people's wellbeing, the providers should ensure that staff have ongoing access to training and development relevant to their role.

This should include, but is not limited to, implementation of regular training, direct observation of practice of all staff, and regular support and supervision to be carried out with a sufficient monitoring system in place.

This is to ensure that care and support is consistent with the Health and Social Care standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate because, whilst there were some strengths in personal care planning, key areas needed to improve.

Every person supported by East Renfrewshire Council Care at Home Service had a personal plan, known as a care plan. However, the quality of planning was inconsistent which could lead to unreliable care and support.

For example, some plans were comprehensive and holistic. They contained insightful information about people's life histories, likes and dislikes, their needs and specific ways people would like their needs to be met. This was good practice which promoted consistency.

Other plans, however, were basic and contained limited information. There was an absence of person-centred information and specific detail about how people like to be supported. Instead, these plans consisted of generic tasks for staff to complete. Whilst this ensured that people's essential needs were being met, they were insufficient to fully promote people's rights and interests.

There were similar inconsistencies in the review of people's care and support. People should have six-monthly reviews of their service to ensure their needs and wishes were accurately reflected, outcomes were being met, and people's satisfaction was measured. Whilst some people had regular and meaningful reviews, others had not had them for some time. This meant that some people did not have the opportunity to formally provide feedback on their experiences and voice their opinion on their service.

We made a formal area for improvement under key question one to improve care planning. There was reassurance that the service had recruited more workers to undertake reviews, and had increased the frequency and quality of review meetings in recent months. There was a cultural shift in the service which emphasised more community presence of some of the management team. They have started to audit care plans more regularly and thoroughly to improve standards. A new digital system had been introduced to improve planning. These changes, which need time to fully embed into practice, should improve people's care plans, quality of care and support, and personal outcomes.

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

The management should continue to look at ways to improve the consistency of staff and timings of visits to ensure people who experience the service are supported by people they know and have confidence in.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

This area for improvement was made on 25 June 2021.

Action taken since then

The service had introduced new strategies to improve people's experiences. We could see from quality assurance data and feedback from people that continuity had improved in recent months. However, more time was needed to evidence sustained improvements for all. Therefore, this area for improvement was not fully met and has been repeated.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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