



Date: 14 June 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 26 June 2024 at 1.00 pm.**

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 26 JUNE 2024 AT 1.00 p.m.

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

1. Apologies for absence
2. Declarations of interest
3. Minute of last meeting held 27 March 2024 (pages 3 – 8)
4. Matters Arising (pages 9 – 12)
5. Rolling Action Log (pages 13 – 14)
6. Ernst & Young – Understanding of management process and arrangements (pages 15 – 22)
7. Unaudited Annual Report and Accounts (pages 23 – 30, appendix to follow)
8. Review of Action Plan – Self-assessment of the CIPFA Financial Management Code (pages 31 – 46)
9. HSCP Annual Performance Report (pages 47 – 144)
10. Learning Disability Inpatient Service Performance Update (pages 145 – 154)
11. Community Pathways Inspection Report (pages 155 – 170)
12. Audit Update (pages 171 – 206)
13. IJB Strategic Risk Register (pages 207 – 222)

**Minute of virtual meeting of the East Renfrewshire Integration Joint Board
Performance and Audit Committee held on 27 March 2023 at 9.00 a.m.**

PRESENT

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

IN ATTENDANCE

Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)
Michelle Blair, Chief Auditor
Lesleyann Burns, Assistant Democratic Services Officer
Louise Brown, HR Business Partner
Pamela Gomes, Governance and Compliance Officer
Noleen Harte McCormick, Self-Directed Support Implementation Manager
Lee McLaughlin, Head of Adult Services (Communities and Wellbeing)
Julie Murray, Chief Officer IJB
Margaret Phelps Strategic Planning, Performance and Commissioning Manager
Steven Reid, Policy, Planning and Performance Manager
Catriona Reid, NHS Great Glasgow and Clyde
Barry Tudhope, Democratic Services Manager

ALSO IN ATTENDANCE

Grace Scanlin, Ernst and Young

APOLOGIES

None.

1. DECLARATIONS OF INTERESTS

There were no declarations of interest intimated.

2. MINUTE OF PREVIOUS MEETING: 22 NOVEMBER 2023

The minute of the meeting of the Integration Joint Board Performance and Audit Committee held on 22 November 2023 was approved.

3. MATTERS ARISING

The Committee considered a short report by the Chief Financial Officer on two matters arising from the November meeting.

The Chief Financial Officer reported that in terms of the November Performance Report, data for A&E admissions and attendance from care homes is currently being verified and will therefore be presented in the year-end report.

The Chief Financial Officer also confirmed that in terms of the November Audit Update, the default position will remain that verification of all audit recommendations will be undertaken by Internal Audit. For those actions around procedures, a rolling schedule of reminders will be developed and distributed through the staff bulletin to maintain a level of awareness. It was further highlighted that any audit recommendations will also be included on management team agendas.

The Committee agreed to note the content of the report.

4. ROLLING ACTION LOG

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

Commenting on the report, the Chief Financial Officer confirmed that Actions 75 and 77 relating to Mid-Year Performance were closed. Of the four open actions 75 and 76 were covered in terms of Matters Arising from the previous meeting and Action 64 will be reviewed as part of year end reporting.

It was highlighted that Action 31 remains with Police Scotland.

The Committee agreed to note the report.

5. ERNST AND YOUNG PROVISIONAL ANNUAL AUDIT PLAN YEAR ENDED 31 MARCH 2024

The Committee considered the East Renfrewshire Integration Joint Board Provisional Annual Audit Plan prepared by Ernst and Young, the Integration Joint Board's external auditors. The report provided details of the work that Ernst and Young would undertake as part of their audit of the Annual Accounts of the IJB for 2023/24.

It was highlighted that the report was similar to previous Audit Plan reports. However, there had been some contextual developments in that the auditors work will consider key developments in the sector such as the National Care Service Bill, the Scottish Budget and the NHS in Scotland.

Discussions took place on the risk of fraud and income/funding for public bodies.

The Chair thanked Ernst & Young for the report and commented on the ongoing good working relationship between them and the Integration Joint Board.

The Committee agreed to note the report.

6. PERFORMANCE UPDATE (QUARTER 3, 2023-24)

The Committee considered a report by the Policy, Planning and Performance Manager on key performance measures relating to the strategic priorities as set out in the HSCP Strategic Plan 2022-2025.

The report highlighted that the HSCP continues to operate at a high level of performance across services areas, including those that continue to face significant challenges and

pressures. The Policy, Planning, and Performance Manager outlined some of the key findings in the report, which were detailed at Appendix 1:

- Continuing excellent performance in CAMHS waiting times.
- Performing ahead of the national average in terms of independence and care rebalancing.
- 63% of individuals from the reablement service were discharged with reduced levels of care need;
- Alcohol brief interventions increased during the quarter and the service is on course to meet their target for the financial year.
- Emergency hospital admissions decreased during the quarter.

The Policy, Planning and Performance Manager also outlined areas of focus for the next quarter including:

- Targeted action to improve the percentage of people accessing psychological therapies within 18 weeks.
- Returning performance to target in terms of waiting times for alcohol and drug recovery services, this has been impacted due to staff absence during the quarter.
- Continued activity to minimise hospital discharge delays and bed days lost.

It was highlighted that sickness absence continues to be an issue. Absence panels are in place and support is targeted to service areas with highest levels of absence. The HSCP continue to deliver health and wellbeing support to staff.

Committee Members highlighted that the performance report layout had been improved and was now easier to understand. However, they noted that some of the charts were still overcrowded. The Policy, Planning, and Performance Manager agreed to address this for future reports.

Committee Members then asked questions and received responses from officers on Direct Payments spent on adults and managing staff absence.

There followed a discussion regarding the perception of inconsistency and lack of innovation in the use of Self-Directed Support. It was highlighted following the introduction of the Supporting People Framework update guidance has been supplied and coaching and support is available for social work and wider practitioners to increase creativity. The Carers Lead regularly attends team meetings and there is ongoing coaching to support professionals.

The Committee noted the report.

7. AUDIT UPDATE

The Committee considered a report by Chief Financial Officer on audit activity relating to the Integration Joint Board and Health and Social Care Partnership, as well as providing a summary of all open audit recommendations.

The Chief Financial Officer highlighted that since the last report in November 2023, there has been one new audit on emergency payments which made 10 recommendations.

A workshop session with key individuals who support the emergency payments process had taken place where amendments were made to the forms as requested and a number of actions were agreed to ensure the recommendations are fully addressed. Further work is planned to review and streamline the process for section monies.

This workshop session approach will also be used for future refresher sessions and allows a better discussion to ensuring changes are collectively understood and actioned.

The Chief Financial Officer also reported that there has been no new NHS audit activity relating to the HSCP.

She also highlighted that the table at para 14 of the report shows 75 recommendations, 53 of which are considered closed pending verification and 22 remain open.

The Committee agreed to note the report.

8. IJB STRATEGIC RISK REGISTER

The Committee considered a report by the Chief Financial Officer on the IJB Strategic Risk Register.

The Chief Financial Officer confirmed that since the committee last met there have been no new risks added, nor any removed and that the report includes updates where areas of risk have been revised. The changes are detailed in the report at paragraphs 11 through 19. She also drew the Committee's attention to two areas:

- Financial Sustainability remains red, post mitigation reflecting the ongoing challenges we are facing, including financial recovery in the current year.
- The workforce risk score has reduced given the previous staffing difficulties within Mental Health services has improved slightly.

The Chief Financial Officer highlighted that the Strategic Risk Register is continually reviewed and in particular given the challenges set out in the budget report to be considered by the Integration Joint Board, the financial sustainability and workforce risks will be continue to be closely monitored.

Board Members highlighted a discrepancy in the scoring for workforce planning. They also highlighted that they were aware of private GP Practices appearing in the west end of Glasgow and enquired if this was something that the HSCP was noticing in East Renfrewshire. The Chief Officer confirmed the presence of some private activity in the area.

Following discussion, the Committee agreed:-

(a) that the Chief Financial Officer should circulate a note confirming the scoring around workforce planning;

(b) that an update on the Scottish Child Abuse Inquiry should be included under Matters Arising at the next meeting; and

(c) to note the report.

9. CARE AT HOME INSPECTION REPORT

The Committee considered a report by the Head of Adult Services: Communities & Wellbeing which provided an overview of a recent inspection of the Care at Home Service by the Care Inspectorate in January 2024.

NOT YET ENDORSED AS A CORRECT RECORD

Inspectors had visited 40 people using the Care at Home along with some of their friends and family as well as observing practice and daily life, reviewing documents, and speaking with staff and management.

The Service was awarded 3s (adequate) across the four inspection themes:

- 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?

The service also received a grade 4 (good) for one area: People experience compassion, dignity and respect.

The Care Inspector has identified four areas for improvement and meetings have been arranged to develop an Action Plan to address these.

It was highlighted that there were several positive comments about the service, Care at Home staff and the service improvement journey. The Care Inspectorate acknowledged that that the service has already self-identified and are working on the areas they have noted for improvement and that the service is undergoing redesign.

Committee Members highlighted that while the service may be disappointed with the scoring in the report, it demonstrated good progress and lots of hard work when compared to the 2019 Care Inspectorate Report.

Committee Members also commented that should the inspection have been carried out later in the year it would have been a better result. They also thanked staff and management for their continued hard work in improving the service.

The Committee agreed:-

(a) to note the report; and

(b) that the Action Plan to address areas for improvement should be shared once finalised.

10. DATE OF NEXT MEETING

The next meeting of the Integration Joint Board Performance and Audit Committee will be held on Wednesday 26 June at 1.00 p.m.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 June 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 27 March 2024.</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

26 June 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 27 March 2024.

RECOMMENDATION

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

REPORT

Performance Data

3. Care Home admissions attendances have been updated following a review by NHSGGC. The new figures have been included in our Annual Performance Report but we need to establish revised targets appropriate to the new data.

Strategic Risk Register

4. The scoring for the workforce was revised after the last meeting and this is reflected in the Strategic Risk Register report on the agenda.

Scottish Child Abuse Inquiry

5. An update on the status of the Scottish Child Abuse Inquiry was requested at the last meeting of the Performance and Audit Committee. The Scottish Child Abuse Inquiry is currently in Phase 8: Residential accommodation for young offenders and children and young persons in need of care and protection. Hearings for this phase are expected to continue through 2024.
6. In Spring 2022 public hearings into the abuse of children in foster care commenced under Phase 7 of Inquiry. Our Chief Social Work Officer gave evidence in October 2022, with no recall. A nil return was submitted to the request for further evidence from the Local Authority and we await further instruction from the Inquiry.
7. As East Renfrewshire hosts Specialist Learning Disability Services, the Chief Officer and Head of Adult Services: Learning Disability and Recovery, will be representing NHS Greater Glasgow and Clyde in connection with any activity in relation to Lenox Castle.

RECOMMENDATIONS

8. 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

10 June 2024

IJB Chief Officer: Julie Murray

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 June 2024
Agenda Item	5
Title	Rolling Action Log
Summary	
The attached rolling action log details all actions, including those which have been completed since the meeting on 27 March 2024.	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
Performance and Audit Committee members are asked to note progress.	

ACTION LOG: Performance and Audit Committee (PAC)

June 2024

No	Meeting Date	Agenda Item	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
80	27-Mar-24	Strategic Risk Register	Scoring in relation to workforce planning to be reviewed	Chief Officer	CLOSED	Jun-24	The discrepancy around scoring in the last report was due to a clerical error. This has now been rectified
79	27-Mar-24	Strategic Risk Register	An update on the Scottish Child Abuse enquiry should be provided within Matters Arising at the next meeting.	Chief Social Work Officer	CLOSED	Jun-24	An update is included in PAC Matters Arising 26.06.2024
78	27-Mar-24	Care at Home Inspection Report	Action Plan to address areas for improvement should be shared with members once finalised.	Head of Adult Services - Communities and Wellbeing	CLOSED	Jun-24	Improvement plan shared by email
76	22-Nov-23	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 will be included in the September Performance Report to PAC
74	22-Nov-23	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	CLOSED	Mar-24	Update included in Matters Arising 27.03.24
64	26-Jun-23	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	An update is included on the PAC Agenda (26.06.24)
31	24-Nov-21	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 further update as at June 2024



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 June 2024
Agenda Item	6
Title	Draft Response to Ernst & Young Letter – Understanding management and process arrangements
<p>Summary</p> <p>As part of their audit process Ernst & Young have issued a letter to the Chair of the Performance and Audit Committee: “Understanding your management and process arrangements”. The letter is included as Appendix 1.</p> <p>A draft response has been prepared by the Chair of the Performance and Audit Committee and the Head of Finance and Resources (Chief Financial Officer). The draft response is included as Appendix 2.</p> <p>Members of this committee are asked to review the proposed response and provide any feedback or comment prior to submission of the response, which is due by 28th June 2024.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Performance and Audit Committee is requested to review the proposed response and provide and feedback or comment prior to submission of the response, which is due by 28th June 2024.</p>	

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Lesley Bairden
Chief Financial Officer
East Renfrewshire IJB
Rouken Glen Rd
Glasgow
G46 6UG

17th May 2024

Email: rjones9@uk.ey.com

Dear Lesley,

Understanding your management processes and arrangements

Auditing standards (ISA 240) require us to formally document our understanding of your management processes and arrangements annually. Therefore, we are writing to ask that you please provide a response to the following questions.

1) What are the management processes in relation to:

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

2) What are Management's views about whether there are areas within the organisation that are at risk of fraud?

3) Does Management have knowledge of any actual or suspected or alleged instances of fraud or fraudulent financial reporting?

4) Where the answer to question 3 above is 'yes', what was Management's response to the situation(s) identified?

5) Is Management satisfied that internal controls to prevent and detect fraud, including segregation of duties, exist and work effectively?

6) Are there any deficiencies in internal control?

7) Are you aware of any instances where controls have been overridden?

8) Is there is any organisational or management pressure to meet financial or operating targets?

9) Are there any particular areas of the accounts that are more susceptible to false entries or omissions or other forms of manipulation? Are management aware of any such manipulation having occurred?

10) How does management gain assurance that all relevant laws and regulations have been complied with? Have there been any instances of non-compliance during 2023/24?

11) Are there any actual or potential litigation or claims that would affect the financial statements?

12) How does Management satisfy itself that it is appropriate to adopt the going concern basis in preparing the financial statements?

13) In respect of related parties:

- Have there been any changes in related party relationships and transactions from the prior period?
- What is the nature of the relationship with the identified related parties, how have these been accounted for and disclosed?
- Have there been any transactions with related parties during the period that have been conducted outside of the IJB's normal course of business?
- What is the purpose of material transactions entered into with related parties?

Please would you provide a response by email or letter either on behalf of management or from yourself in your capacity as Chief Financial Officer. We should be grateful if we could have your response by 28th June 2024.

Thank you for your assistance. If you have any queries in respect of this letter please contact Grace Scanlin (Senior Manager) at Grace.Scanlin@uk.ey.com.

Yours sincerely,

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

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

<p>2) What are Managements views about whether there are areas within the organisation that are at risk of fraud?</p>	<p>Internal control processes are in place to mitigate fraud across a range of service delivery areas and associated processes and subject to either planned or requested regular audit review. PAC receive assurances through reports to that committee along with reports taken to the IJB and seminars held throughout the year. Examples include:</p> <ul style="list-style-type: none"> • Annual audit plan and in year reports • External audit of the annual report and accounts with associated governance and assurance statements • Regular strategic risk register reports <p>In addition to the information reported to PAC the Chief Officer and her management team have responsibility to sign off annual governance checklists with each partner and in the event of any issues PAC would be advised.</p> <p>Where any new process or procedure is considered or introduced this will take into account all governance controls, including any risk of fraud.</p>
<p>3) Does Management have any knowledge of any actual or suspected or alleged instances of fraud or fraudulent financial reporting?</p>	<p>No; there are no actual or suspected frauds that we are aware of in 2023/24. There is an ongoing police investigation into an issue raised in a prior year and on conclusion detail will be reported.</p>
<p>4) Where the answer to question 3 above is “yes” what was Managements response to the situations(s) identified?</p>	<p>Not applicable.</p>
<p>5) Is Management satisfied that internal controls to prevent and detect fraud, including segregation of duties, exist and work effectively?</p>	<p>Yes; governance and reporting to the IJB and as required through our partner bodies is transparent and robust. PAC receives an audit progress reports to every meeting which shows all open audit recommendations; this will include any areas where internal controls could be strengthened.</p>
<p>6) Are there any deficiencies in internal control?</p>	<p>No.</p>

7) Are you aware of any instances where controls have been overridden?	No.
8) Is there any organisational or management pressure to meet financial or operating targets?	<p>PAC and the IJB are aware of the challenging financial landscape of the IJB and the financial recovery process was invoked during 2023/24. Whilst there is an expectation across the HSCP that all staff will contribute to the delivery of savings, this is unlikely to lead to any individuals falsifying accounting or other records.</p> <p>Our Performance reporting throughout the year provides trend analysis and any operational anomalies should be identified.</p>
9) Are there any particular areas of the accounts that are more susceptible to false entries or omissions or other forms of manipulation? Are management aware of such manipulation having occurred?	No to both questions. All transactional information is subject to the controls in place through both partner organisations.
10) How does management gain assurance that all relevant laws and regulations have been complied with? Have there been any instances of non-compliance during 2023/24?	<p>Senior Management horizon scan for new and changing laws and regulations and any likely change will be at length within the management team and with respective professional peer groups and partners.</p> <p>The legal implications of IJB papers are considered, alongside any statutory duties. The IJB Standards Officer will also provide advice and guidance on any constitutional matters.</p>
11) Are there any actual or potential litigation or claims that would affect the financial statements?	No.
12) How does management satisfy itself that it is appropriate to adopt the going concern basis in preparing the financial statements?	<p>The IJB received additional non-recurring financial support from both partners during 2023/24.</p> <p>Despite the challenging financial landscape the IJB set a balanced budget for 2024/25, albeit predicated on the delivery of significant savings with progress reported to the IJB.</p>

	<p>This also includes plans to over recover the required level of savings to allow us to begin to build back from recovery.</p> <p>The Medium Term Financial Plan sets out scenarios for future years and recognises the ultimate position is dependent on the budget settlement from the Scottish Government and funding decisions taken by our partner organisations.</p> <p>As a public body we are required to provide a range of statutory services.</p>
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13) In respect of related parties:	
<ul style="list-style-type: none"> • Have there been any changes in related party relationships and transactions from the prior period? 	No.
<ul style="list-style-type: none"> • What is the nature and the relationship with the identified related parties, how have these been identified and disclosed? 	<p>The related parties significant to the constitution of the IJB and PAC are NHS Greater Glasgow and Clyde and East Renfrewshire Council and the constitutional documents and the Integration Scheme between those parties set out the relationships, roles and expectations.</p> <p>The transactions form part of the “everyday business” of the HSCP and both PAC and IJB receive reporting on a wide range of areas throughout the year. The annual report and accounts for the IJB also includes detail of related parties within the accounting policies and the related parties note.</p>
<ul style="list-style-type: none"> • Have there been any transactions with related parties during the period that have been conducted outside of the IJB’s normal course of business? 	No.
<ul style="list-style-type: none"> • What is the purpose of material transactions entered into with related parties? 	The delivery of health and social care services to the residents of East Renfrewshire and to a wider population for the specialist services that we host.

AGENDA ITEM No. 7

Meeting of East Renfrewshire Health and Social Care Partnership Held on	Performance and Audit Committee 26 June 2024
Agenda Item	7
Title	Unaudited Annual Report and Accounts 2023/24
<p>Summary</p> <p>This report provides an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2023 to 31 March 2024.</p> <p>The Chair of Performance and Audit Committee will advise the Integration Joint Board of:-</p> <ul style="list-style-type: none"> ▪ any matters arising from the Performance and Audit Committee in relation to the unaudited annual report and accounts ▪ the Performance and Audit Committee's decision taken 26 June 2024 on the remittance of the unaudited Annual Report and Accounts to the Integration Joint Board. 	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Performance and Audit Committee is requested to:</p> <ol style="list-style-type: none"> a) Agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval b) Agree and endorse the proposed reserves allocations c) Note the annual report and accounts is subject to audit review d) Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board e) Note the summary overview of financial performance document will be presented with the audited accounts in September. 	
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance <input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Policy <input checked="" type="checkbox"/> Legal</p> <p><input type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure</p> <p><input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Fairer Scotland Duty</p>

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

26 JUNE 2024

Report by Chief Financial Officer

UNAUDITED ANNUAL ACCOUNTS 2023/24

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2023 to 31 March 2024 and outline the legislative requirements and key stages.
2. The Chair of the Performance and Audit Committee will advise the IJB of any matters arising from this committee.

RECOMMENDATION

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

BACKGROUND

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

6. The IJB is specified in legislation as a 'section 106' body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

REPORT

7. The unaudited annual report and accounts for the IJB has been prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below:
8. **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the IJB or a committee of the IJB whose remit include audit and governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB. The Performance and Audit Committee meet this requirement, as delegated by the IJB.
9. **Unaudited Accounts:** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30th June immediately following the financial year to which they relate.
10. **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1st July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts. The required notice will be agreed with the external auditors and will be published on the HSCP website.
11. **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the IJB or a committee of the IJB whose remit include audit and governance. This will take account of any report made on the audited annual accounts by the 'proper officer' i.e. Chief Financial Officer being the Section 95 Officer for the IJB or by the External Auditor by the 30th September immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered. The normal September timetable is back in place; the last two years were extended to November as a result of audit workloads associated with the pandemic.
12. The Performance and Audit Committee will consider for approval the External Auditors report and proposed audit certificate (ISA 260 report) and the audited annual accounts at its meeting on 25th September 2024 and, subject to agreement remit to the IJB for approval at its meeting on 25th September 2024.
13. **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
14. The annual accounts of the IJB must be published by 31st October and any further reports by the External Auditor by 31st December immediately following the year to which they relate.

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

Management Commentary / Foreword	Chair of the IJB Chief Officer
Statement of Responsibilities	Chair of the IJB Chief Financial Officer
Annual Governance Statement	Chair of the IJB Chief Officer
Remuneration Report	Chair of the IJB Chief Officer
Balance Sheet	Chief Financial Officer

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

16. The main messages from the annual report and accounts are set out below:
17. This was a very challenging year for the HSCP as we worked to balance meeting the demand for services within the allocated budget. We needed to deliver just over £7 million of savings as part of our plans to balance our budget and we were not able to do this. We used £1.9 million reserves as planned to support us to redesign how we deliver services and we achieved £2.7 million of savings during the year. This meant we had a £2.5 million shortfall against planned savings and when this shortfall is combined with the additional cost pressures from delivering services we ended the year with a deficit of £4.7 million.
18. This meant during the financial year 2023/24 we moved to a financial recovery position and had a number of discussions with both of our partners; East Renfrewshire Council and NHS Greater Glasgow and Clyde. Both partners have provided additional funding, on a non-recurring basis, for 2023/24 to eliminate this deficit:
- East Renfrewshire Council provided an additional £2.6 million
 - NHS Greater Glasgow and Clyde provided an additional £2.1 million
19. The main operational challenges that led to the increased cost pressures were meeting demand for Care at Home, the cost of special observations within the Learning Disabilities In-Patients service which we host on behalf of all six HSCPs within Greater Glasgow and Clyde and the costs of prescribing through our GP practices.
20. The main area we fell short on delivering planned savings was from our Supporting People Framework. This framework is based on eligibility criteria and was put in place early in the financial year to support reviews of the level of care we provide as we knew we would have to stop providing lower levels of need. We underestimated the impact and timeframe for the culture and practice changes required to implement such significant change alongside managing the expectations of the individuals and families we support.

21. The operational overspend, before the additional funding from both partners is applied, is £4.752 million (2.99% of budget) and is marginally better than the last reported position taken to the IJB which showed £5.361 million of an overspend. The main variances to the budget were:
- £2.499 million overspend within Intensive Services from Care at Home cost pressures combined with unachieved savings
 - £2.462 million overspend in prescribing resulting from both increased volume and costs
 - £1.371 million overspend in the Learning Disability In-Patients service resulted from the level of additional staffing for special observations and managing the patient dynamics
 - £0.788 million underspend in Children and Families was mainly from vacancy management and maximising available reserves
 - The remaining overspends were primarily not achieving savings and the underspends were from vacancy management and release of reserves
22. The financial reporting throughout the year provided detailed reporting. The main reasons for the reduction in projected costs of £0.609 million since last reported to the IJB in March were:
- £0.451 million reduced care costs in community learning disability, partly due to provider capacity limitations
 - £0.196 million additional income to support unaccompanied asylum seekers
 - £0.324 million increase in prescribing costs, partly as costs had been omitted from the national system so £0.254 million “new costs” at month 12
23. Our reserves decreased significantly during the year, in line with reporting and the use of all available reserves to mitigate costs as part of the financial recovery process.

	£ Million	£ Million
Reserves at 31 March 2023		6.046
Planned use of existing reserves during the year	(4.526)	
Funds added to reserves during the year	0.344	
Net decrease in reserves during the year		(4.182)
Reserves at 31 March 2024		1.864

24. Within ring-fenced reserves we used £1.113 million per the Scottish Government funding mechanisms for PCIP, Mental Health Acton 15 and Alcohol and Drugs where we needed to use our uncommitted balance prior to drawing any in year funding. We also added £0.100 million received for Distress Intervention Seed funding.
25. Our Alcohol and Drugs Partnership reserve balance reflects the finding agreed with the Scottish Government to support the development of a Recovery Hub.

26. Our earmarked reserves are put in place to support specific activity such as; phase in of savings, support projects, provide transitional or bridging funding for service redesign etc. and to smooth impact of demand and timing of spend across multiple years. As part of the financial recovery process we released and used available funds to support cost pressures. We used £3.141 million in total, the vast majority of which was on a planned basis.
27. We also used the £0.272 million general reserve as part of cost mitigation during 2023/24. The IJB recognises that this means it is not compliant with its Reserves Policy which advocates a 2% of budget should be the level of reserves held. There is a tension between making additional savings to start to build reserves whilst maintaining service delivery. The IJB recognises the need to start to build reserves in the medium to longer-term as part of building back from financial recovery.
28. The full detail of our reserves is included in Note 8 of the unaudited annual report and accounts

CONCLUSIONS

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

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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

Lesley.Bairden@eastrenfrewshire.gov.uk

0141 451 0746

16 June 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Annual Report and Accounts 2022/23

https://www.eastrenfrewshire.gov.uk/media/9535/IJB-Item-06-27-September-2023/pdf/IJB_Item_06_-_27_September_2023.pdf?m=1695053243790

Annual Report and Accounts 2021/22

https://www.eastrenfrewshire.gov.uk/media/8433/IJB-Item-07-23-November-2022/pdf/IJB_Item_07_-_23_November_2022.pdf?m=638036934513030000

Annual Report and Accounts 2020/21

https://www.eastrenfrewshire.gov.uk/media/7153/PAC-Item-08-24-November-2021/pdf/PAC_Item_08_-_24_November_2021.pdf?m=637727683975070000

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

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

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East Renfrewshire Integration Joint Board for the Health and Social Care Partnership

Un-Audited Annual Report And Accounts 2023/24

Covering the period 1st April 2023 to 31st March 2024



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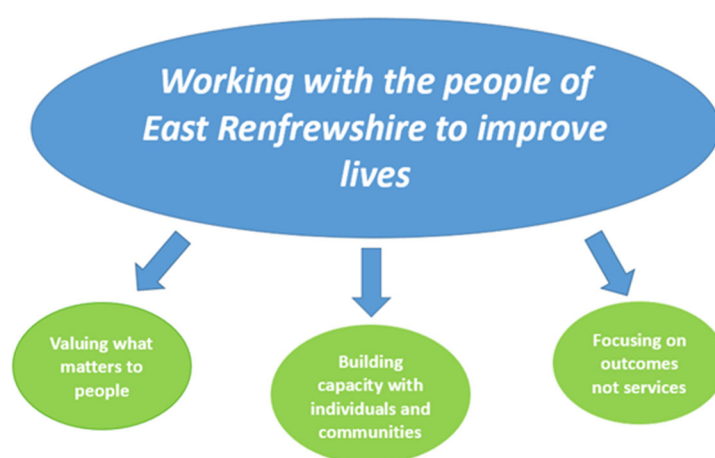
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Management Commentary

Introduction

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



The IJB is responsible for planning, commissioning and delivery of services for children and adults from both of our partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde, and also have the planning responsibility for our population's use of large hospital based services along with housing aids and adaptations. The Integration Scheme provides a detailed breakdown of all the services the IJB is responsible for. The delivery of services is through the Health and Social Care Partnership (HSCP).

This annual report gives the key messages for the IJB for the financial year ended 31st March 2024 and includes performance highlights and challenges along with the financial statements for 2023/24. The report also looks forward at the challenges the IJB is facing for 2024/25 and beyond as we endeavour to meet the needs and demands of our population.

The management commentary in this report discusses our;

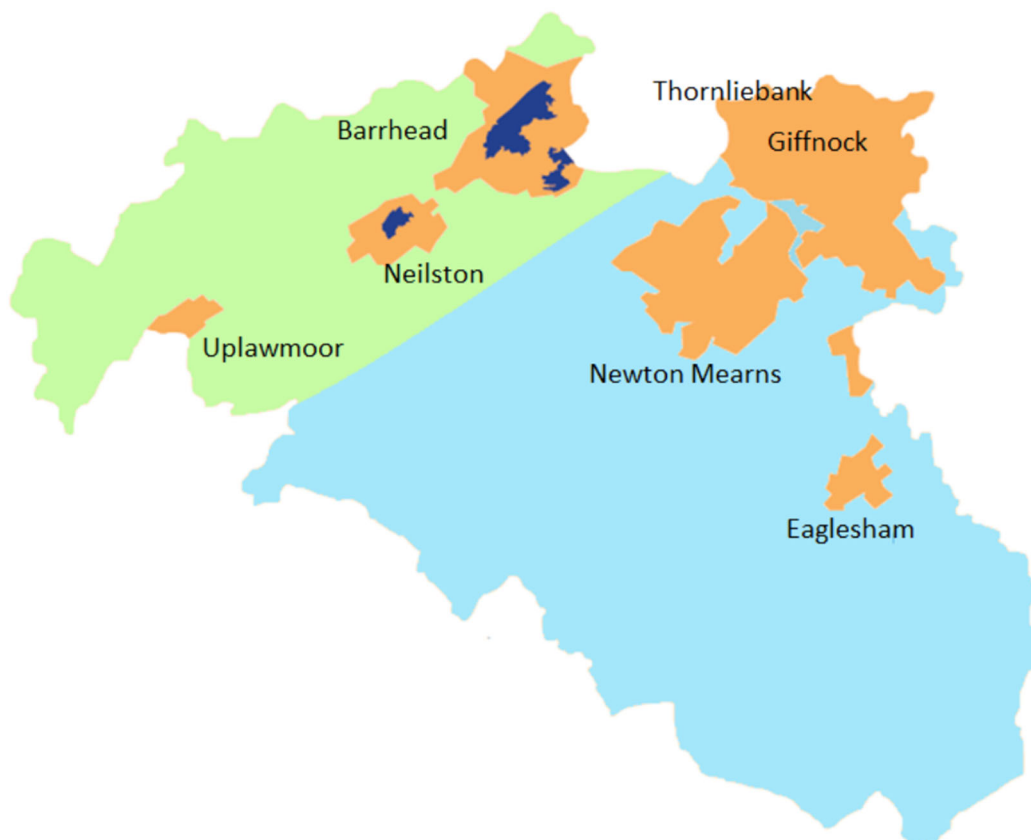
- Strategic Planning
- Key Messages and Operational Highlights and Challenges
- Performance Achievement and Challenges
- Financial Performance
- Future Challenges
- Conclusion

Strategic Planning

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

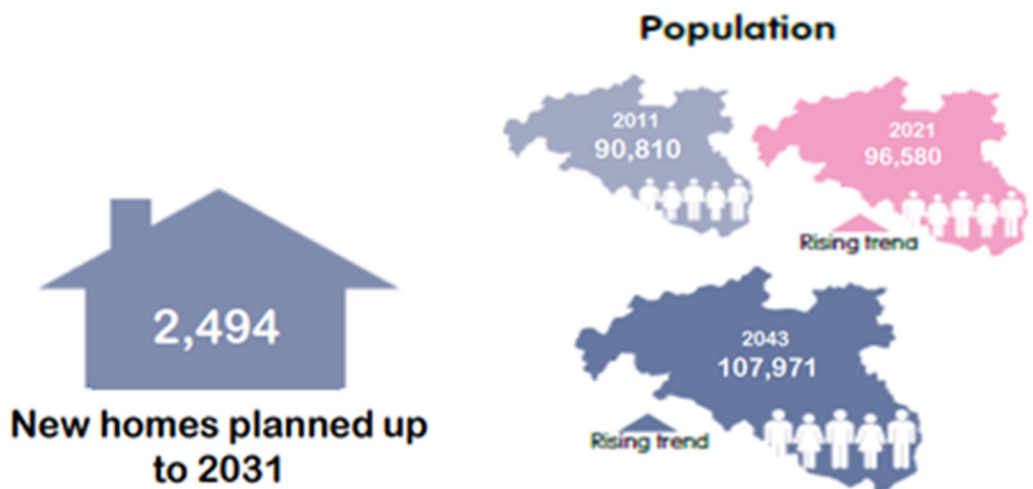
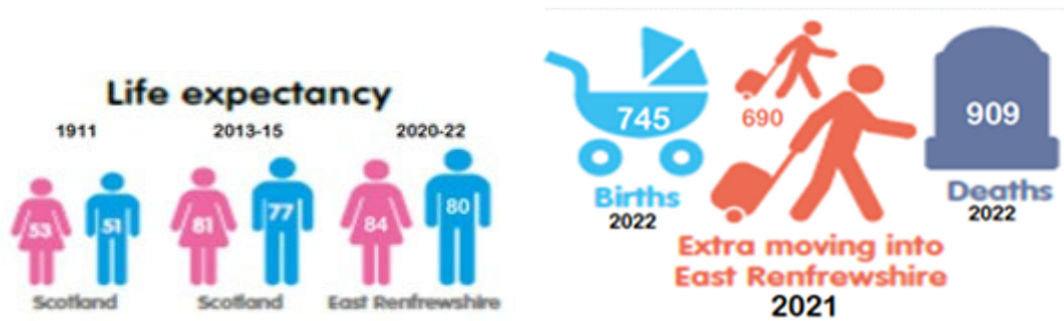
East Renfrewshire covers an area of 174 square kilometres and borders the City of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

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



Our population continues to grow and reached 97,160 in 2022. Geographically 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

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



All of these changes will add pressures to the services that we provide.

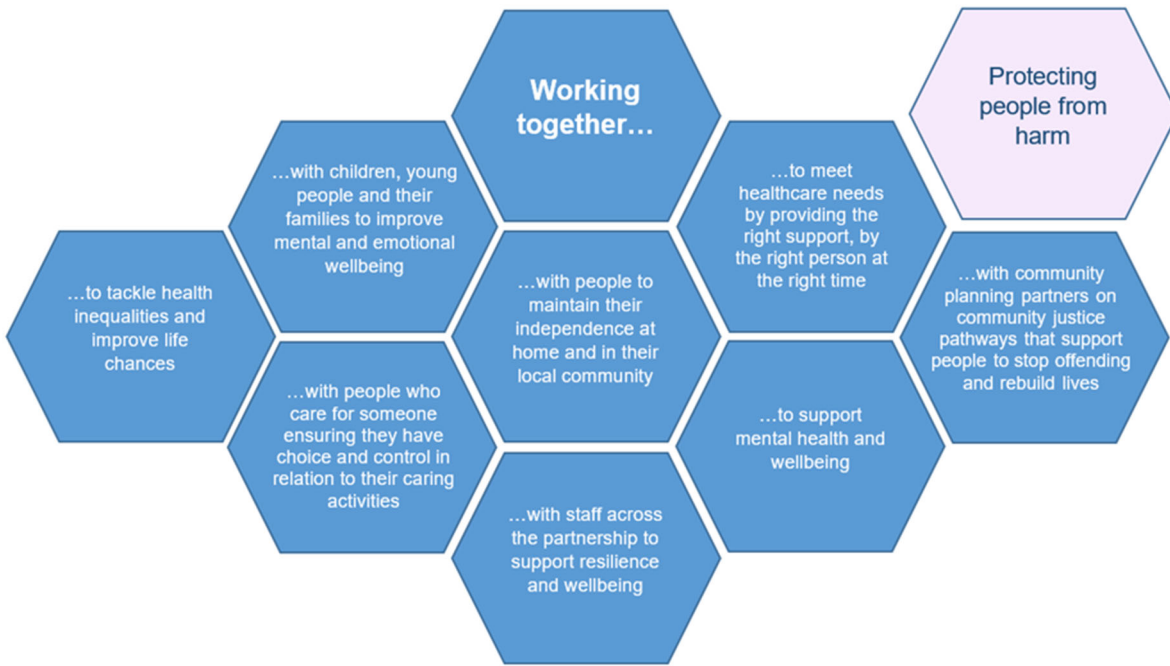
Strategic Plan 2022/25

Our current Strategic Plan covers the 3 year period 2022-2025 and sets out the shared ambitions and strategic priorities of our partnership; and how we will focus our activity to deliver high quality health and social care to the people of East Renfrewshire. This document and our Annual Performance Report demonstrate how we have supported delivery of our strategic priorities.

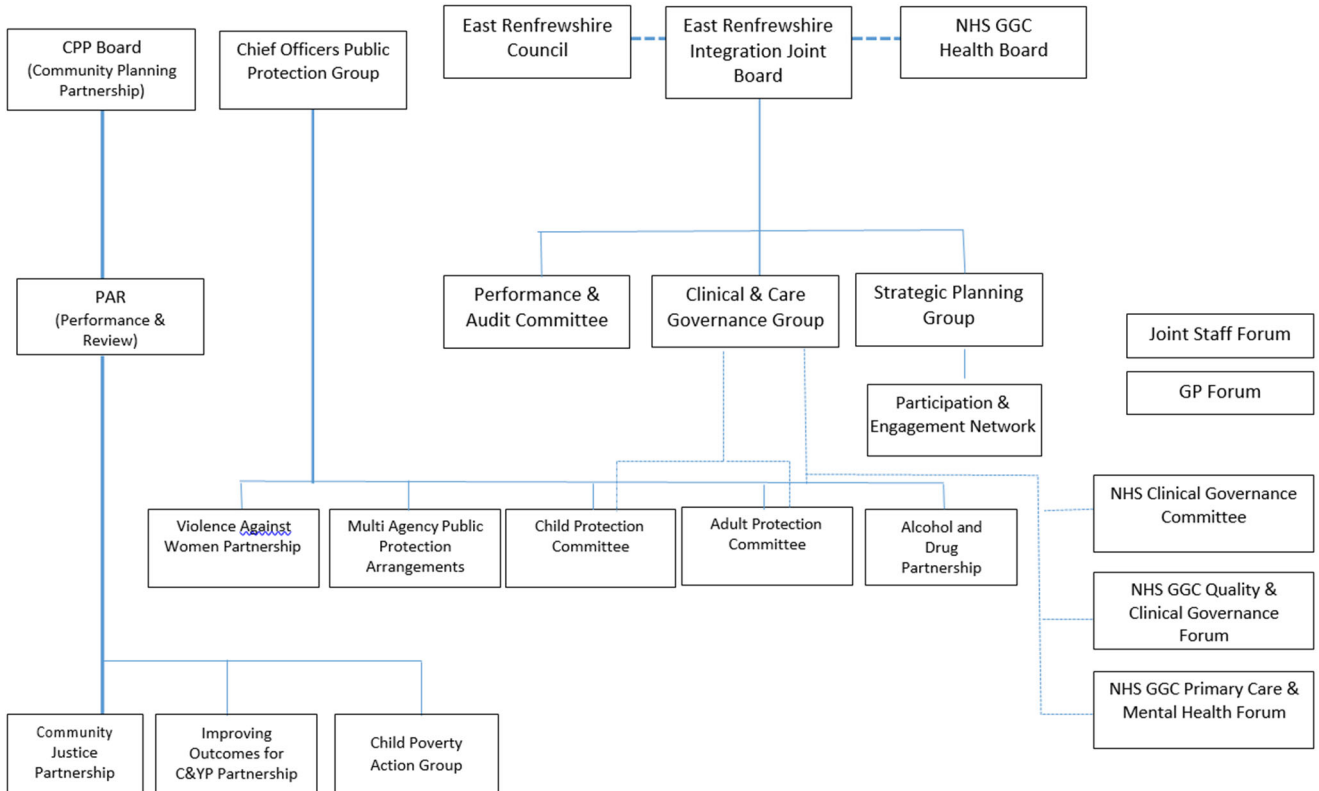
Our Strategic Plan on a page:

<i>The context for our Strategic Plan includes...</i>								
East Renfrewshire's population, demographics and patterns of needs	Our recovery from the Covid-19 pandemic	The Independent Review of Adult Social Care and National Care Service	National Health and Wellbeing Outcomes					
			National legislation, policies and strategies					
			Local plans, strategies and improvement/change programmes					
<i>Our vision is...</i>					<i>Our touchstones are...</i>			
Working together with the people of East Renfrewshire to improve lives					<ul style="list-style-type: none"> Valuing what matters to people Building capacity with individuals and communities Focusing on outcomes, not services 			
<i>Our strategic priorities are... Working together...</i>								
...with children, young people and their families to improve mental and emotional wellbeing	...with people to maintain their independence at home and in their local community	...to support mental health and wellbeing	...to meet people's healthcare needs by providing support in the right way, by the right person at the right time	...with people who care for someone ensuring they are able to exercise choice and control	...on effective community justice pathways that support people to stop offending and rebuild lives	...with individuals and communities to tackle health inequalities and improve life chances	...with staff across the partnership to support resilience and wellbeing	
<i>and... Protecting people from harm</i>								
<i>Our strategic enablers are...</i>								
Workforce and organisational development	Medium-term Financial and Strategic Planning	Collaborative, ethical commissioning	Communication and Engagement		Data and intelligence	Digital technology and Infrastructure		
<i>We will deliver this strategy through supporting plans and programmes, including...</i>								
HSCP Delivery and Improvement Plans	Commissioning and Market-shaping Plan	Medium-term Financial Plan	ER HSCP Workforce Plan	NHS Greater Glasgow and Clyde and ERC Improvement Plans	East Renfrewshire Children and Young People's Services Plan	East Renfrewshire Carers Strategy	Public Protection Improvement Plans	ER HSCP Participation & Engagement Strategy

We continue to strengthen our supportive relationships with independent and third sector partners, recognising the increased levels of participation in our communities and informal support within our localities. In our Commissioning Strategy, revised during the year, we also recognise that we need to extend beyond traditional health and social care services to a long term wider partnership with our local people, carers, volunteers, community organisations, providers and community planners. Our collaborative commissioning model supports how we will work.



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



Key Messages, Operational Highlights and Challenges

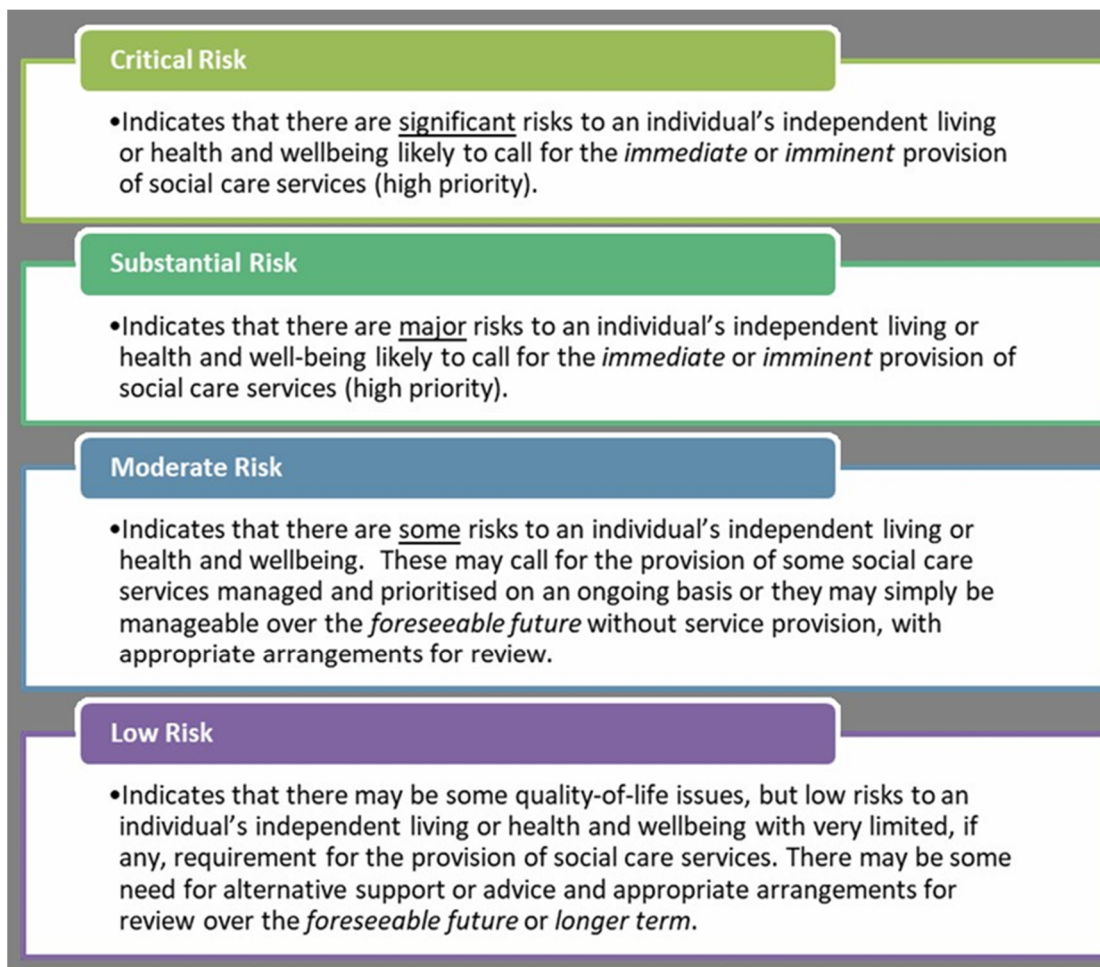
This was a very challenging year for the HSCP as we worked to balance meeting the demand for services within the allocated budget. We needed to deliver just over £7 million of savings as part of our plans to balance our budget and we were not able to do this. We used £1.9 million reserves as planned to support us to redesign how we deliver services and we achieved £2.7 million of savings during the year. This meant we had a £2.5 million shortfall against planned savings and when this shortfall is combined with the additional cost pressures from delivering services we ended the year with a deficit of £4.7 million.

This meant during the financial year 2023/24 we moved to a financial recovery position and had a number of discussions with both of our partners; East Renfrewshire Council and NHS Greater Glasgow and Clyde. Both partners have provided additional funding, on a non-recurring basis, for 2023/24 to eliminate this deficit:

- East Renfrewshire Council provided an additional £2.6 million
- NHS Greater Glasgow and Clyde provided an additional £2.1 million

The main operational challenges that led to the increased cost pressures were meeting demand for Care at Home, the cost of special observations within the Learning Disabilities In-Patients service which we host on behalf of all six HSCPs within Greater Glasgow and Clyde and the costs of prescribing through our GP practices.

The main area we fell short on delivering planned savings was from our Supporting People Framework. This framework is based on eligibility criteria and was put in place early in the financial year to support reviews of the level of care we provide; we knew we would have to stop providing lower levels of need. We underestimated the impact and timeframe for the culture and practice changes required to implement such significant change alongside managing the expectations of the individuals and families we support.



As the year progressed it became clear that our approach was not delivering the level of cost reductions and savings needed and a formal financial recovery process was invoked at the November 2023 meeting of the Integration Joint Board.

Part of this process was to ensure that all possible earmarked and general reserves were released towards reducing the deficit, however this alone was insufficient and the difficult decision was taken by the IJB to move to delivering only substantial and critical levels of care. This means the IJB is in breach of its reserves policy, however the actions to mitigate cost pressures and the savings shortfall outweigh this, in the short-term.

Detailed discussions took place with both partners and culminated in additional funding, on a one-off basis, for 2023/24 to fund the deficit of £4.7 million. The IJB received an additional £2.1m from NHS Greater Glasgow and Clyde and £2.6 million from East Renfrewshire Council.

The savings shortfall and service pressure have been addressed by the IJB in the budget set for 2024/25. Whilst our financial challenges have been at the forefront for the majority of the year it is important to recognise the invaluable work that continues across the HSCP to ensure we continue to support the people of East Renfrewshire.

Our Annual Performance Report for 2023/24 provides a detailed overview and demonstrates how the HSCP delivered our key priorities during the year. The commentary included in this

report provides an overview of some of the highlights and challenges we faced across the range of services we provide. All of our services support delivery of one or more of our strategic priorities.

Children and Families

Our children's services have continued to see increasing demand and increasing levels of complexity including children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis. Despite an increase in the number of child protection referrals we continue to ensure the multi-agency safeguarding process and plans are in place.

Our Healthier Minds team saw 385 children and young people referred, with 21% diagnosed with autistic spectrum condition / attention deficit hyperactivity disorder at point of referral. We are seeing an increased level of distress reflected in the main reasons for referral with the top 4 reasons: anxiety/stress, suicidal ideation, emotional regulation & trauma. 97% of the children and young people supported report improved mental and emotional wellbeing, up from 93% in the previous year.

The number of unaccompanied asylum seeking children continues to rise and make up almost a fifth of our looked after population. This rise is also being mirrored in our aftercare population too. The majority of young people have yet to have their asylum claim resolved so the statutory duties remain with the local authority.

We continue to support young people with complex needs as they transition from one life stage to another. We have seen an increase in the numbers of young people being referred for transitions assessment, planning and support, with numbers forecast to continue increasing in future years. A new HSCP Transitions Team has been created to support improvement in this activity. This team works between ERC Education, HSCP Children and Families Services, and HSCP Adult Services. The focus is to provide an improved transition from children's services to adult services for young people with very complex needs.

During 2023/24, East Renfrewshire Women's Aid service reported significant change and improvement in safety and wellbeing outcomes for women who have experienced domestic abuse, 100 reviews were completed with 93% of women assessed reporting overall improvement in their outcomes (up from 90% in 2022/23, and above our target of 85%) indicating the positive impact of support. Women's Aid continue to provide emotional and practical support to women, children and young people with 1,059 women and children supported across the three core services. This compared to 1,086 during the same period last year, so a 2.5% reduction.

Supporting People at Home

We continued to support people to live independently and well at home, despite additional demand pressures due to more people seeking support at home. We are also seeing increased levels of frailty and complexity; 80.4% of adults supported at home agreed that they are supported to live as independently as possible with 89% reporting 'living where you/as you want to live'. 91% of adults supported at home reported that their 'living where

you/as you want to live' needs were being met (up from 89% in 2022/23, and ahead of our 90% target). In East Renfrewshire, 96.8% of local people aged 65+ live in housing rather than a care home or hospital – meeting our target and better than the Scottish average. The demand for supporting people at home is a significant factor in the financial challenges faced by the HSCP.

During the year our Initial Contact Team supported 86% of people with advice, resources, signposting and / or referral to our third sector and community groups. This meant that only 14% of people joined the waiting list for assessment. This is an improvement from 16% for the same period in 2022/23.

The Talking Points partnership continues to provide an excellent resource sharing referrals across the East Renfrewshire. There were 552 contacts throughout 2023/24, with the main areas of support including befriending, isolation and loneliness, carer support and requests for local groups and activities.

To further strengthen the development of the model, additional funding was received from East Renfrewshire Council to employ a post for a fixed time period; this will help to build resilience within this service model and respond to the changing needs associated with the Supporting People Framework.

In partnership with Voluntary Action East Ren (VAER) the HSCP has supported the delivery of the Home Safely project which links with the HSCP Home from Hospital and Intermediate Care Teams. Home Safely provides short term support (6-8 weeks) for isolated residents to re-connect with their communities after a stay in hospital. This project aims to support vulnerable residents to feel more supported and to settle home following discharge from a hospital or care setting. The intention is that residents are more connected to social activities. It is also an intention that support services, with HSCP staff are more connected to community activities. During 2023/24 we saw:

- 37 Referrals
- 22 Residents matched with volunteers. Participants now attending activities within their local area

Supporting People with Learning Disabilities

During 2023/24 our Learning Disability Team underwent an unannounced inspection by the Care Inspectorate. The Inspection recognised the service as being 'Very Good' for both Leadership and Health and Wellbeing indicators.

During the year we also saw the transformation of the former Learning Disability Day Services buildings into Community Hubs in partnership with VAER. This approach supports developing resources and activities available to all. In order to enable a shift from Day Services to Day Opportunities to provide person-centred and outcome-focussed support in a variety of forms, the service was successfully registered as a dispersed service, a sub-category of Care at Home.

Specialist Learning Disability Services

The service hosts three in-patient wards on behalf of all 6 HSCPs within Greater Glasgow and Clyde. This was a particularly challenging year managing an unplanned decant from one ward for a short period due to repairs, combined with a very high level of staffing across all three wards required given the particular patient mix and dynamics throughout the year.

The pilot year for health checks for people with a Learning Disability (a Scottish Government policy) was successfully completed with 76% of referrals coming via GPs. Of the 262 people referred 212 took up the offer of a health check and 81% resulted in onward referrals for a range of conditions and treatment.

The Community Living Change Fund continues and is aligned to NHSGGC ambitions to redesign services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. East Renfrewshire continues to lead and support fellow HSCPs with the priorities aligned to this fund. Whilst this non-recurring funding is time limited our local programme of work to redesign both inpatient and community services will continue.

Protecting and Supporting Adults at Risk of Harm

Adult Support and Protection activity has continued to rise with a 10% increase in inquiries from the previous year and the associated number of investigations increased by 25% (having increased by 33% in the previous year). During the year a Large Scale Investigation (LSI) was conducted in relation to a privately operated care home.

Whilst this was challenging on many fronts the overall feedback was that the HSCP process was supportive and promoted collaborative working. This helped to ensure all recommendations made were fully completed. The Care Home Management team advised that they found the LSI to be a very beneficial and supportive process. They said that they had never experienced this from any other authority, and felt previous experiences of LSI were punitive rather than supportive.

Care at Home

We have continued to experience demand pressure on our Care at Home service with increased referrals and demand outstripping supply at points during the year. This has meant that we had to buy services at a higher rate than that we would normally pay adding to our cost pressures. There was an unannounced inspection by the Care Inspectorate in January 2024, where the service was evaluated as adequate.

Performance for our reablement service improved in 2023/24 with 64% of people having their care need reduced following a period of reablement (up from 48% in 2022/23). However, although performance has improved, service user numbers reduced during the period due to staff absence in the service and also greater complexity of people being referred.

We continue to work to maintain a positive balance of care. We have managed to support 63% of people aged 65+ with intensive care needs (> 10 hours) to receive care at home, this is down slightly from 64% in 2022/23 but remains ahead of target.

We are not seeing a reduction in the complexity of people being supported, leading to an increase in the number of people requiring 2 to 1 levels of support, against a backdrop of recruitment challenges, both within the HSCP and by our partners. We continue to work hard to get people out of hospital as soon as possible, without delay.

Reducing Unplanned Hospital Care

During the year we have continued to implement, review and further develop the unscheduled care pathways aligned to the NHS Greater Glasgow and Clyde Falls and Frailty Programme.

This work focusses on identification, assessment and management of frailty in the community, and facilitation of early discharge from hospital, and is supported by the Home First Response Frailty service alongside the Community Rehabilitation Team. The Integrated Community Falls pathway in partnership with Scottish Ambulance Service (SAS) has seen steady monthly referral numbers for individuals who have fallen at home, but following assessment do not need to be taken, by the Scottish Ambulance Service to hospital.

There have been excellent patient outcomes for those reviewed by HSCP and supported in their home environment. Additional pathways for all care homes within the HSCP have been implemented through the Care Homes Falls pathway and Call Before You Convey model, increasing care home access to advanced clinical decision making and minimising conveyance to hospital where appropriate. Future care planning through the extension of anticipatory care plans both for individuals in their own homes and in care homes has been an ongoing focus for the partnership to ensure individuals and their carers have recorded and shared what matters most if there are changes in their life, health or care.

The partnership has continued to perform well, both within the health board area and in comparison across Scotland, in supporting people fit for discharge from hospital to return home or to a homely setting without delay.

Discharges with delay averaged seven delays for 2023/24, down from eight for 2022/23 but this is still high for East Renfrewshire as historically this averaged three or four before the pandemic. Adult bed days lost to delayed discharge increased slightly to 4,821, up slightly from 4,652 for 2022/23.

This is being driven in part by some people staying in hospital longer than they may need to because of complex needs where it may take time to source the right level of community based care and accommodation and sometimes by the legislative timescales required for adults with incapacity. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. Our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be put in place straight away.

Unplanned hospital attendances and admissions are stable (having increased slightly and remaining within target) and have not returned to pre-pandemic levels. We continue to perform ahead of target for the rate of emergency readmissions.

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

We continue to experience a high level of demand within our recovery services (Alcohol and Drug Recovery Service (ADRS), Adult Mental Health Team, Primary Care Mental Health Team, and Older Adult Team).

Within Psychological Therapies we are still seeing high referral rates, with 78.3% of people seen within the 18 week target, so short by 12%. This service has had very significant recruitment challenges. Our Primary Care Mental Health Team are seeing all people starting any required treatment within the 18 week target time. Despite the demand and capacity challenges we saw that our rate of hospital admissions for mental health remained low at 1.2 admissions per 1,000 population.

For those accessing recovery-focused alcohol and drug treatment, 93% of people started treatment within 3 weeks of their referral date during 2023/24. We have seen a 122% increase in blood borne virus testing in patients who are receiving Medication Assisted Treatment and 99% of whom have now been tested, with the other 1% declining to participate. Specific training has been provided to both health and social work staff on how to reduce transmission through safer practices and provide support.

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

Through our Alcohol and Drugs Partnership (ADP) we continue to deliver the priorities in the East Renfrewshire Alcohol and Drugs Strategy. During 2023/24, significant progress was made in a range of areas including:

- Developing a business case for investing ADP reserves in the design and implementation of a Community Recovery Hub
- Work is now progressing on the recovery hub initiative. Draft building plans developed and discussed with members of the recovery community and local partners
- Community steering group in the process of being established, with three engagement meetings held and a site visit to the potential hub premises
- A range of activities to ensure that service user experiences shape services including interviews and focus groups to gather feedback on implementation of the Medication Assisted Treatment Standards conversation cafes to inform the development of occupational therapy within the Alcohol and Drug Recovery Service (ADRS)
- ADRS and children and families social work collaborated on a whole family support programme for family members of all ages affected by alcohol/drug harms. Aspects of

the programme include group work with young people, family inclusive events, development of a play therapy programme and an outdoor learning programme for children and young people

- 22 staff from across the alcohol and drugs partnership participated in Community Reinforcement and Family Training (CRAFT) which will build capacity and enhance professional practice in supporting families affected by alcohol and drugs

Glasgow Council on Alcohol (GCA) have been commissioned to deliver Alcohol Brief Interventions (ABIs), alcohol counselling sessions and training on the delivery of ABIs to staff across the HSCP and partners. 568 ABIs have been delivered to date (target 419) along with 379 alcohol counselling sessions. These interventions have taken place in leisure centres, libraries, Voluntary Action market places, community centres and food banks. Staff training on ABIs was delivered during the year.

Unpaid Carers

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. We refreshed our Carers Strategy for the period 2024 to 2026 and will continue to work with our Carers Collective to progress and monitor progress of the key activities that will deliver positive outcomes for carers.

We know that carers have been adversely impacted by cost of living challenges and the partnership between the Centre and East Renfrewshire Citizens Advice Bureau ensured that carers were supported with grant funding as well as wider support covering practical and emotional needs.

Community Justice

The provision of Community Payback Orders (CPOs) was significantly impacted by the pandemic. However, the proportion of CPOs completed within court timescales has continued to improve steadily and was 89% for 2023/24, up from 83% in 2022/23 and ahead of target (80%).

We continue to support people with convictions into employment and volunteering. A new justice employability programme, Moving Forward 2 Change (MF2C), began in June 2023, resulting in a 181% increase in participants. 57% of participants achieved positive employability and volunteering outcomes, down from 64% in 2022/23. Although missing our target of 60% all other participants on the programme demonstrated a positive training or educational outcome.

The HSCP delivers accredited programmes aimed at reducing reoffending. The criminal justice service uses appropriate risk assessment tools to identify need and reduce the risk of further offending and all staff access accredited risk assessment tool training. Justice Social Workers have undertaken training in the Throughcare Assessment Release Licence (TARL) process which will strengthen collaborative risk assessments between community-based and prison-based Social Work. All Justice staff are now trained in this approach.

New staff have accessed Trauma Informed Practice training as it has become available. All Justice Social Work Staff have now completed their Level 3 Trauma training. This has been complemented by all staff undertaking a range of training including cognitive behavioural therapy work.

The HSCP works to deliver a whole systems approach to diverting both young people and women from custody. The Justice Social Work Service continue to provide assessments and interventions within the Diversion from Prosecution scheme. Staff continue to utilise Justice Social Work Reports to explore all available community-based options where appropriate.

Staff Resilience and Wellbeing

Our staff across the HSCP continue to deliver services with incredible resilience, commitment and creativity. This ongoing dedication has allowed us to work through a difficult year including the impact on a reducing workforce as we try to manage our financial pressures.

Covid-19 and Flu Vaccination Programme

The HSCP continued to deliver vaccinations to care home residents and staff, as well as housebound patients within East Renfrewshire as part of the winter and booster vaccination programmes. The HSCP again supported the vaccination clinics run by Greater Glasgow and Clyde with weekend clinics were held at Barrhead and Eastwood Health and Care Centres.

Climate Change

Whilst the IJB completed the required Public Sector Compliance Report with Climate Change Duties 2022, the information was minimal as the IJB itself does not hold assets or directly deliver services. These are delegated to either the health board or the local authority.

Therefore the accountability and responsibility for climate change governance and delivery sits with our partner organisations, with the HSCP supporting such delivery.

Other Support and Service Impacts

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

Our hosted Autism service is still seeing very high demand for assessment and diagnosis with a 200% increase since 2020. This has meant significant capacity challenges and as the service was required to focus on diagnosis this diminishes capacity to support people after a diagnosis.




Our partner East Renfrewshire Council provided £0.853 million non-recurring support in 2023/24 for the HSCP to deliver a number of initiatives related to Covid-19 recovery:













- Increasing our Talking points capacity to support the development of more community groups
- Extend the warm spaces and community cafe initiatives in our Health & Care centres
- Additional staffing cover to help meet pressures over the winter months

- Wellbeing and recovery support along with "go bags" to support domestic abuse survivors
- Financial support for foster carers, recognising the cost of living challenges
- Support to extend the staff and our partners wellbeing programme within the HSCP
- Provide additional materials to support community justice work
- Provide additional wellbeing support for vulnerable individuals, particularly those with additional support needs
- Housing and mental health support for our young people
- Funding to work with older children as they transition into adult services
- Support work for young people affected by drugs and alcohol

Key Risks and Uncertainties

The IJB regularly reviews its Strategic Risk Register over the course of each year; there are currently 12 risks rated red, amber or green (RAG) depending on the likelihood and severity of the impact. This is one less risk than in 2022/23 as Failures within an IT System is no longer considered a strategic risk.

The trend shows whether the risk has increased , decreased  or is unchanged , from the previous year. The table below summarises those risks and shows the RAG rating of each after mitigating actions to minimise impact.

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

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

The one red risk post mitigating actions is Financial Sustainability. This has been a red risk for a number of years for the HSCP given the pre and post pandemic savings required to deliver a balanced budget, managing demographic and demand pressures, managing the complexity and volatility of prescribing costs, the continued impact of Covid-19 and the ongoing economic factors including cost of living pressures. This culminated in a financial recovery process in

2023/24. The IJB members are fully aware of the challenges and risks we are facing and this is regularly discussed at meetings and seminars.




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

2023/24 Strategic Performance - Achievements and Challenges

Our Annual Performance Report demonstrates how we review our performance for 2023/24 against local and national performance indicators and against the commitments within our Strategic Plan. We take a quarterly update report to the Performance and Audit Committee of the IJB throughout the year. The information below provides an overview of the areas where we have performed particularly well and those areas where we need to focus improvement. The data shows that despite the severe pressures the partnership is facing we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators.




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

Key to performance status	
Green	Performance is at or better than the target
Amber	Performance is close (approximately 5% variance) to target
Red	Performance is far from the target (over 5%)
Grey	No current performance information or target to measure against

Direction of travel*	
	Performance is IMPROVING
	Performance is MAINTAINED
	Performance is WORSENING




*For consistency, trend arrows always point upwards where there is improved performance or downwards where there is worsening performance including where our aim is to decrease the value (e.g. if we successfully reduce a value the arrow will point upwards).

Where We Have Performed Well

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods. <i>(Aim to increase)</i>	100%	100%	100%	84%	87.5%	n/a	n/a	
% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF) <i>(Aim to decrease)</i>	n/a	Data only	14.4%	20.8%	20%	18.8%	24.5%	
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) <i>(Aim to increase)</i>	n/a	Data only	92.2%	92.7%	91.1%	94.9%	98.0%	



We have seen continuing strong performance on supporting our care experienced children (no children experiencing three or more placements); and positive outcomes for child protection cases (100% with increased levels of safety). We saw a slight decline in the proportion of children looked after in the community. However, at 92% our balance of care is very positive, comparing with a national average of 89% of children being looked after in the community.

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

Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Percentage of people aged 65+ who live in housing rather than a care home or hospital (MSG) <i>(Aim to increase)</i>	n/a	97%	97%	97%	97%	97%	95.9%	
People reporting 'living where you/as you want to live' needs met (%) <i>(Aim to increase)</i>	91%	90%	89%	89%	91%	88%	92%	
Percentage of those whose care need has reduced following re-ablement <i>(Aim to increase)</i>	63.9%	60%	48%	60%	31%	67	68	

We continue to support people to maintain their independence at home. 97% of people aged 65+ live in housing rather than a care home or hospital. 63% of people aged 65+ with intensive care needs (i.e. requiring 10 hours or more of support per week) are receiving care at home (ahead of our target). Our outcome measure shows that 91% of people are living where and as they want to live, reflecting our commitment to supporting independence. The percentage of people with reduced care needs following re-ablement / rehabilitation increased significantly during the year to 64% (from 48% in 2022/23).

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

Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Mental health hospital admissions (age standardised rate per 1,000 population) <i>(Aim to decrease)</i>	n/a	2.3	1.2	1.2	1.4	1.6	1.5	
Achieve agreed number of screenings using	568	419	173	0	5	33	93	

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. <i>(Aim to increase)</i>								
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. <i>(Aim to increase)</i>	93%	90%	96%	95%	95%	89%	95%	↓


The latest data shows that the rate of mental health hospital admissions remains low in East Renfrewshire. During 2023/24 we saw continuing positive performance for drug and alcohol service waiting times with 93% accessing treatment within 3 weeks. We have been delivering increasing numbers of alcohol brief interventions (ABIs) – 568 up from 173 the previous year.

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
No. of A & E Attendances (adults) <i>(Aim to decrease)</i> (MSG data)	17,824*	18,335	17,356	16,877	13,677	20,159	20,234	↓
Number of Emergency Admissions: Adults <i>(Aim to decrease)</i> (MSG data)	6,973*	7,130	6,692	7,894	7,281	7,538	7,264	↓
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000)	73*	100	69	77	98	78	79	↓


Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
discharges) (<i>Aim to decrease</i>) NI-14								

*Full year data not available for 2023/24. Figure relates to 12 months Jan-Dec 2023.


In East Renfrewshire, unplanned hospital attendances and admissions are stable (having increased slightly and remaining within target) and have not returned to pre-pandemic levels. We continue to perform ahead of target for the rate of emergency readmissions.

Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (<i>Aim to increase</i>)	84.5%	80%	80%	92%	91%	92%	78%	


We continue to support our unpaid carers in partnership with local support organisations. Our satisfaction measure on 'quality of life' for carers declined in 2022/23 reflecting the pressures of the pandemic period. In 2023/24, performance improved to 85% (up from 80%). Through our new Carers Strategy we are focused on ensuring that carers have access to the guidance and support they need.

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2023/24	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (<i>Aim to increase</i>)	89%	80%	83%	81%	75%	71%	84%	

The provision of Community Payback Orders (CPOs) was significantly impacted by the pandemic. However, the proportion of CPOs completed within court timescales has continued to improve steadily; now at 89% (up from 83%) and ahead of our target.


Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) (Aim to decrease) NI-11	n/a	Data Only	264	333	334	295	308	

As a partnership we are focused on tackling health inequalities and improving life chances for our residents. The premature mortality rate has dropped significantly and East Renfrewshire now has the lowest rate in Scotland.


Strategic Priority 9 - Protecting people from harm								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
% Change in women's domestic abuse outcomes (Aim to increase)	93%	85%	90%	87%	84%	79%	64%	

During 2023/24, we continued to improve personal outcomes for women and families affected by domestic abuse. Improved outcomes were at 93%, up from 90% in 2022/23.

Where Our Performance Needs to Improve

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Percentage of children and young people subject to child protection who	65%	100%	61%	62%	63%	n/a	n/a	


Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing

Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
have been offered advocacy. (Aim to increase)								
% Child Protection Re-Registrations within 18 months (LGBF) (Aim to decrease)	n/a	Data only	12.5%	0	0	15.8%	7.7%	



In line with our Signs of Safety approach and ongoing commitment to the UN Convention on the Rights of the Child, we expect all children involved with a statutory assessment to be offered advocacy support. Our reporting mechanism for this measure has recently been improved to ensure our figures highlight accurately the offer of advocacy or reasons why declined. We expect performance to improve for this measure next year.

The figure for re-registrations has increased from 0% for the previous reporting year (21/22). This is due to a very small number of children (2 (siblings) out of 16 CP cases = 12.5%) being re-registered within an 18 month period. Performance on this measure tends to fluctuate for East Renfrewshire due to the impact of a small number of cases.

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


Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (Aim to increase)	548	600	488	458	551	575	514	

We continue to work to maximise choice and control for the people we support and saw an increase in update of SDS in the 2023/24 but continued to miss our target. Due to the pressures facing the HSCP we are focusing our resources on people with higher levels of need and expect to see reduced number of people able to access SDS Options 1 and 2.

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (<i>Aim to increase</i>)	84%	90%	75%	76%	74%	65%	54%	
% of service users moving from drug treatment to recovery service (<i>Aim to increase</i>)	4%	10%	5%	9%	6%	16%	22%	

Performance on waiting times for psychological therapies improved during the year and we are moving towards the national target of 90%. Over the course of 2023/24, 416 individuals started Psychological Therapy within mental health services. The longest wait over the course of this year was 30 weeks. All services have had unforeseen staffing absences and vacancies, contributing to limited appointments being available and leading to waiting times increasing. Nevertheless, our teams have been working to minimise any decline in performance.

The proportion of people moving through treatment to recovery services decreased to 4% during the year (from 5%). Supporting people to progress through treatment into recovery continues to be a key priority however this can be influenced by a number of factors such as individuals experiencing crisis or ill health.

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) (<i>Aim to decrease</i>) (MSG data)	4,821*	1,893	4,625	4,546	2,342	1,788	2,284	

*Full year data not available for 2023/24. Figure relates to 12 months Jan-Dec 2023.

As a result of the continuing pressures on the social care sector and particularly our care at home service during the year, we saw a higher than usual average number of delayed



discharges and the number of hospital bed days lost to delayed discharge as a result of the continuing pressures on the social care sector and particularly our care at home service. Increased pressures on care at home services through higher demand and staff capacity issues, and higher levels of frailty and complexity among people returning to the community from hospital impacted performance on delays. However, we continue to be one of the best performing partnerships for minimising delays in Scotland.

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2023/24	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
% Positive employability and volunteering outcomes for people with convictions. (Aim to increase)	57%	60%	67%	56.5%	66%	65%	55%	↓

We continue to support people with convictions into employment and volunteering. A new justice employability programme began in June 2023, resulting in a 181% increase in participants. Although employment/volunteering outcomes dropped from 64% to 57% all other participants took up training/education opportunities.

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Breastfeeding at 6-8 weeks most deprived SIMD data zones (Aim to increase)	n/a	25%	19.2%	17.9%	7.5%	15.4%	22.9	↑

Although we remain below our target, breastfeeding rates in our most disadvantaged neighbourhoods have increased to 19.2% (22/23); up from 17.9% in 21/22 and 7.5% in 20/21. The drop-off rate between first visit and 6-8 weeks is very low. The gap in breastfeeding rates between the most affluent (SIMD 5) and the most deprived (SIMD 1) areas, has decreased for the third year in a row from 36.6% in 2019/20 to 25.7% in 2022/23.

Organisational measures								
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Percentage of days lost to sickness absence for HSCP NHS staff (<i>Aim to decrease</i>)	8.3%	4.0%	7.5%	6.9%	5.5%	7.3%	6.8%	
Sickness absence days per employee - HSCP (LA staff) (<i>Aim to decrease</i>)	19.5	17.5	20.3	14.7	13.6	19.1	16.4	

Sickness absence remains an area of focus for the partnership. Although absence has increased amongst NHS staff, we have seen an improvement in absence for Council staff groups during 2023/24. This can be attributed to the increased support measures implemented within Care at Home including Absence Panels and increasing the level of resource to support.

Financial Performance

Funding 2023/24

The net total health and social care funding from our partners during the financial year 2023/24 was £189.470 million to meet the cost of the services we provided. In addition to this, as part of the financial recovery process we received additional non-recurring funding; £2.657 million from East Renfrewshire Council and £2.095 million from NHS Greater Glasgow and Clyde to fund the deficit for the year.

	£ Million
NHS Greater Glasgow and Clyde Primary Care	90.484
NHS Greater Glasgow and Clyde Large Hospital Services	30.194
East Renfrewshire Council Social Care	68.343
East Renfrewshire Council Housing Aids and Adaptations	0.449
Net Funding per agreed budgets	189.470
Additional Funding from NHSGGC (budget)	2.095
Additional Funding from East Renfrewshire Council (income)	2.657
Total All Funding from Partners	194.222

The Comprehensive Income and Expenditure Statement (CIES) (page 53) shows the IJB gross income as £220.555 million, as that statement shows service income, grant funding and resource transfer which are included within the net funding from our partners in the table above. The purpose of the CIES presentation is to show the gross cost of the services we provide.

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

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

Financial Performance 2023/24

The annual report and accounts for the IJB covers the period 1st April 2023 to 31st March 2024. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

Service	Unaudited Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	13.777	12.989	0.788	5.72%
Older Peoples Services	27.544	27.764	(0.220)	(0.80%)
Physical / Sensory Disability	6.234	6.348	(0.114)	(1.83%)
Learning Disability – Community	19.248	19.687	(0.439)	(2.28%)
Learning Disability – Inpatients	9.959	11.330	(1.371)	(13.77%)
Augmentative and Alternative Communication	0.295	0.219	0.076	25.76%
Intensive Services	15.788	18.287	(2.499)	(15.83%)
Mental Health	6.274	5.733	0.541	8.62%
Addictions / Substance Misuse	2.417	2.155	0.262	10.84%
Family Health Services	30.411	30.475	(0.064)	(0.21%)
Prescribing	17.318	19.780	(2.462)	(14.22%)
Criminal Justice	0.074	0.086	(0.012)	(16.22%)
Finance and Resources	9.488	8.726	0.762	8.03%
Net Expenditure Health and Social Care	158.827	163.579	(4.752)	(2.99%)
Housing	0.449	0.449	-	-
Set Aside for Large Hospital Services	30.194	30.194	-	-
Total Integration Joint Board	189.470	194.222	(4.752)	(2.99%)
Additional Funding from NHSGGC	2.095	-	2.095	-
Additional Funding from ERC	-	(2.657)	2.657	-
Total Integration Joint Board	191.565	191.565	-	-

The operational overspend, before the additional funding from both partners is applied, is £4.752 million (2.99%) and is marginally better than the last reported position taken to the IJB which was £5.361 million of an overspend. The main variances to the budget were:

- £2.499 million overspend within Intensive Services from Care at Home cost pressures combined with unachieved savings
- £2.462 million overspend in prescribing resulting from both increased volume and costs
- £1.371 million overspend in the Learning Disability In-Patients service resulted from the level of additional staffing for special observations and managing the patient dynamics
- £0.788 million underspend in Children and Families was mainly from vacancy management and maximising available reserves
- The remaining overspends were primarily from savings shortfalls and the underspends were from vacancy management and release of reserves

Detailed reporting is taken to each meeting of the IJB throughout the year and in the latter months of 2023/24 frequent discussions took place with both partners as part of the financial recovery process.

The set aside budget is shown as nil variance as this currently is not a cash budget to the HSCP and the annual amount reported is agreed each year with NHS Greater Glasgow and Clyde. The actual expenditure share for 2023/24 was identified as £30.194 million and is £1.590 million less than our notional budget, however there is nil cash impact. This notional underspend is net of increased costs in relation to older people, offset by less than our notional share of acute, emergency and respiratory medical services. As outlined earlier, work is ongoing to agree the mechanism for bringing the set aside budget into an operational stage and this includes ensuring a balanced budget will be achieved.

A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 62-63). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 70).

The information above reflects our management accounts reporting throughout 2023/24 whilst the CIES (Page 53) presents the financial information in the required statutory reporting format; the movement between these of £0.570 million is a result of the management accounting treatment of reserves:

Reconciliation of CIES to Operational Underspend	£ Million	£ Million
IJB operational underspend on service delivery *		0.000
Reserves planned use during the year	(4.526)	
Reserves added during the year	0.344	
Net movement between management accounts and CIES		(4.182)
IJB CIES overspend		(4.182)

* Inclusive of financial recovery funding from partners

Reserves

We used £4.526 million of reserves in year and we also added £0.344 million into earmarked reserves. The year on year movement in reserves is set out in detail at Note 8 (Page 68-69) and is summarised:

	£ Million	£ Million
Reserves at 31 March 2023		6.046
Planned use of existing reserves during the year	(4.526)	
Funds added to reserves during the year	0.344	
Net decrease in reserves during the year		(4.182)
Reserves at 31 March 2024		1.864

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2023.

The reserves of the IJB fall into three types:

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

As part of the financial recovery process for 2023/24 The IJB used all possible reserves available to mitigate cost pressures. This means the only reserves being taken into 2024/25 are for specific funding initiatives set by the Scottish Government or where funding is committed within an existing project.

Ring-Fenced Reserves

The spend in year was £1.113 million on existing initiatives and £0.1 million was added towards the end of the year for new Drug Intervention funding. The funding to support the development of a Recovery Hub at £0.489 million is the material element of the £0.8 million balance taken to 2024/25.

Earmarked Reserves

Our earmarked reserves are in place to support a number of projects and included bridging finance to support the delivery of savings. We used £3.141 million during the year and will take £1.064 million into 2024/25. This balance supports commitments already in place and the three main areas are supporting the whole family wellbeing project, trauma informed practice and the learning disability community living change fund. There are no bridging finance reserves remaining for 2024/25.

General Reserves

Our general reserve is now nil as we used the £0.272 million we held as part of the financial recovery process. The IJB recognises that this means it is not compliant with its Reserves Policy which advocates a 2% of budget should be the level of reserves held.

The use of reserves was reported to the IJB within our routine revenue reporting and during 2023/24 and this included the decision to un-hypothecate every reserve possible to mitigate cost pressures.

Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2024/25 to 2028/29 and our Strategic Plan for 2022/23 to 2024/25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

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

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

The most significant challenges for 2024/25 and beyond include:

- delivering savings to ensure financial sustainability, ensuring sufficient flexibility to allow for slippage, shortfalls or changes
- recognising the tension between delivering a level of savings that will allow the IJB to start to rebuild reserves and protecting service delivery
- managing reduced service capacity as a result of savings and maintaining discharge without delay from hospital and other key indicators
- delivering on our Recovery & Renewal programme for areas of change, including the implementation of a new case recording system
- understanding the longer term impacts of Covid-19 on mental and physical health
- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening within the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

The IJB agreed its budget for the financial year 2024/25 on 27th March 2024 recognising the significant challenges brought forward from 2023/24 as well as new demand and cost pressures for 2024/25.

Those cost pressures are £17.023 million and are offset in part by available funding of £7.206 million; leaving a funding gap of £9.817 million. A savings programme is in place to ensure we deliver a minimum level of savings to close this gap, and ideally to achieve more savings than required, as we know that £2.316 million of the funding that offsets the pressures is non-recurring for the next two years. We do not have reserves to offset any shortfall.

Revenue Budget	ERC £m	NHS £m	Total £m
1. Cost Pressures			
Pay	1.043		1.043
Inflation & Living Wage	4.736		4.736
Demographic & Demand	1.997		1.997
Legacy Savings	3.843		3.843
Service Pressures	1.500	0.600	2.100
Prescribing		3.304	3.304
	13.119	3.904	17.023
2. Funding available towards pressures			
Recurring	4.894		4.894
Non-Recurring	2.312		2.312
	7.206	0	7.206
3. Unfunded Cost Pressures	5.913	3.904	9.817
4. Proposals to Close the Funding Gap			
Savings complete	0.871	0	0.871
Savings prioritised 1 to 4	7.021	1.889	8.91
Redesign proposals in development		2.015	2.015
	7.892	3.904	11.796
Pay award funding to be confirmed; every 1% equates to c£0.2m			

Savings progress will continue to be reported to the IJB within the routine financial reporting and the Supporting People Framework is the most significant saving at c£4 million.

The budget report sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met. The full detail of all savings is included in this report

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook.

The 2023/24 budget overspend was mitigated by additional non-recurring funding from both our partners; this will not be an option in 2024/25.

Looking forward to 2025/26 and beyond in any one year the modelled cost pressure could range from £3.5 million to £8.6 million depending on the combination of factors.

It also needs to be recognised that these scenarios show the potential level of cost pressure and do not make any allowance for any funding that may offset any future cost. For example in prior years the Scottish Government has provided funding for some pay and non-pay cost pressures.

Given the current levels of uncertainty it is not possible to assume anything beyond a flat cash approach at this time.

The assumptions are also predicated on full and recurring delivery of the 2024/25 savings.

Demographic pressures remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in the number of children with complex needs resulting in an increase in demand for services.

Economic challenges are significant as we are seeing little recovery in the global economy and although inflation is on a downward trend, particularly with utilities, although this is a slow decline. The biggest risk remains to the IJB remains the cost volatility in prescribed drugs with inflation remaining a significant factor (around 8% in 2023/24).

The cost of pay inflation is still comparatively high and although inflation across a range of goods and services (CPI) is falling, this dropped to 4% in December 2023, this is still well above the UK target of 2%.

Our population and households are not impacted equally by the cost of living crisis and we know those with lower income are disproportionately affected.

We have successfully operated integrated services for around 20 years so we have faced a number of challenges and opportunities over the years, including delivering significant levels of savings; this means that we need to take very difficult decisions and look at radical options for change.

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict however system wide work is in place across NHS Greater Glasgow and Clyde to support the delivery of a range of actions to mitigate some of the cost pressures we are seeing

Maintaining Discharge without Delay performance is a key issue for us. In order to achieve the target we continue to require more community based provision and this is dependent on availability of care. The medium-term aspiration remains that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.

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

and contracts and the funding, or more specifically the lack of that IJBs have to meet any additional increases

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

- Delivery of the required savings for 2024/25 with a deliberate intention to work to over-recover where possible to allow us to build back from financial recovery. Delivery of the Supporting People Framework savings programme is the most significant element of the programme
- Further develop full savings options for 2025/26 and beyond; this will include development of charging options for non-residential care and support
- Our Recovery and Renewal Programme continues and will focus on key projects to support the HSCP with major areas of change as well as short life projects to support delivery of benefits; this includes implementation of a new case recording IT system
- We will update our Medium-Term Financial Plan on a regular basis reflecting assumptions and projections as issues become clearer; this will also inform planning for our 2025/26 budget
- We will continue to monitor the impacts of Covid-19, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning
- We will review our Strategic Improvement Plan that was agreed by the IJB in January 2020 which set out the combined actions / areas for improvement from the Joint Strategic Inspection of the IJB in 2019 and from the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: Health and Social Care Integration, also 2019. This work was paused during the pandemic and will be incorporated if and where required to current plans
- We will complete the review of our Integration Scheme; work has progressed during 2023/24 and this should be finalised in 2024/25 with partners
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group, including follow up from any inspections. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. This partnership working is a key element to mitigating the impacts of the Supporting People Framework
- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. We are refreshing our 3-year workforce plan. This will also include any implications from the Health and Care Staffing (Scotland) Act 2019

- We will continue with the redesign of the Learning Disability Inpatient bed model and progress the programme of health checks for people with a learning disability, following a successful pilot year
- Governance Code; we have robust governance arrangements supported by a Governance Code
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the current economic climate, the longer term impact of Covid-19 on our population, the capacity for the HSCP and its partners to meet continued demand and complexity whilst delivering such challenging savings remain significant risks.

Conclusion

East Renfrewshire Integration Joint Board is well placed in terms of its maturity to address the coming challenges, building on many years of delivering integrated health and social care services and continuing to lead on developing new and innovative models of service delivery. However maintaining financial sustainability whilst meeting the needs of our population is increasingly challenging.

The level of uncertainty over the medium to long term on funding, the long term pandemic impact on our population and the associated demand for services, with very difficult shorter-term financial challenges give a difficult outlook however we continue to plan ahead and prepare for a range of scenarios.

Anne-Marie Monaghan
Chair
Integration Joint Board

26th June 2024

Julie Murray
Chief Officer
Integration Joint Board

26th June 2024

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

26th June 2024

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The IJB is required to:

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

I confirm that the audited Annual Accounts will be presented on 25th September 2024 for approval.

Anne-Marie Monaghan

Chair

Integration Joint Board 26th June 2024

Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board as at 31st March 2024 and the transactions for the IJB for the period covering 1st April 2023 to 31st March 2024.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 26th June 2024

Remuneration Report

Introduction

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

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

For 2023/24 no taxable expenses were claimed by members of the IJB.

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

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

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

Integration Joint Board

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

Senior Officers

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

The total remuneration received by the Chief Officer in 2023/24 amounted to £128,143 in respect of all duties undertaken during the financial year. The Chief Financial Officer total remuneration for the same financial year was £98,089.

Total 2022/23 £	Senior Officer	Salary, Fees and Allowances £	Taxable Expenses £	Total 2023/24 £
120,811	Julie Murray, Chief Officer	128,143	-	128,143
92,805	Lesley Bairden, Chief Financial Officer	98,089	-	98,089
213,616		226,232	-	226,232

Voting Board Members 2023/24		Total Taxable IJB Related Expenses £
Anne-Marie Monaghan (Chair)	NHS Greater Glasgow & Clyde	-
Councillor Katie Pragnell (Vice Chair)	East Renfrewshire Council	-
Mehvish Ashraf	NHS Greater Glasgow & Clyde	-
Councillor Caroline Bamforth	East Renfrewshire Council	-
Councillor Paul Edlin	East Renfrewshire Council	-
Jacqueline Forbes	NHS Greater Glasgow & Clyde	-
Diane Foy	NHS Greater Glasgow & Clyde	-
Councillor Owen O'Donnell	East Renfrewshire Council	-

The equivalent cost in 2022/23 was nil for all IJB members.

The current Chair of the IJB, Anne-Marie Monaghan, will reach the end of her term in office at the end of June 2024 and the current Vice Chair, Katie Pragnell will take on the Chair. Mehvish Ashraf will take on the role of Vice Chair. Jacqueline Forbes will also reach the end of her term in office at the end of June 2024.

The Pension entitlement for the Chief Officer for the year to 31st March 2024 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

Senior Officer	In Year Pension Contribution		Accrued Pension Benefits	
	For Year to 31 March 2023 £	For Year to 31 March 2024 £	As at 31 March 2024 £'000	Difference From 31 March 2023 £'000
Julie Murray, Chief Officer	23,316	24,721	Pension	59
			Lump Sum	68
Lesley Bairden, Chief Financial Officer	17,848	18,923	Pension	16
			Lump Sum	-
Total	41,164	43,644	Pension	75
			Lump Sum	68

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

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

However, the IJB has responsibility for funding the employer's contributions for the current year for the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2023/24 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers' own contributions.

General Disclosure by Pay Bands

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

Number of Employees 31 March 2023	Remuneration Band	Number of Employees 31 March 2024
-	£80,000 - £84,999	-
-	£85,000 - £89,999	-
1	£90,000 - £94,999	-
-	£95,000 - £104,999	1
-	£105,000 - £109,999	-
-	£110,000 - £114,999	-
-	£115,000 - £119,999	-
1	£120,000 - £124,999	-
-	£125,000 - £129,999	1

Anne-Marie Monaghan
Chair
Integration Joint Board 26th June 2024

Julie Murray
Chief Officer
Integration Joint Board 26th June 2024

Annual Governance Statement

Introduction

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

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

Scope of Responsibility

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

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

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

The Purpose of the Governance Framework

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

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

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

The Governance Framework

The main features of the governance framework in place during 2023/24 are summarised below:

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

We continued to hold our IJB meetings on a video conferencing platform and agreed with our chair and vice chair a prioritised agenda for each meeting. We held all meetings as planned during 2023/24. We held four IJB seminars during the year focussing on prescribing, carers and planning for the budget for 2024/25.

We used our daily and weekly huddle during the year as needed to allow our senior managers to meet in the morning to assess the situation, prioritise workloads and support service delivery, in periods of capacity challenge and any events such as bad weather. This continues to provide an informal support network which has been invaluable.

Weekly huddles are also in place to support the delivery of the Supporting People Framework saving.

The action plan from the self-assessment of the CIPFA Financial Management Code, reported to the Performance & Audit Committee in June 2023 has been reviewed with no additional actions.

Best Value

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



The System of Internal Financial Control

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

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

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

Review of Adequacy and Effectiveness

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

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2023/24. A member of East Renfrewshire Council's Audit and Scrutiny Committee is co-opted to the IJB Performance and Audit Committee to promote transparency.

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

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

The Chief Internal Auditors opinion will be added for the audited accounts

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

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

Governance Issues during 2023/24

Whilst all operational and transactional governance issues are considered within our partner's governance frameworks, the IJB Performance and Audit Committee also take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31st March 2024.

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

Significant Governance Issues

The move to financial recovery during 2023/24 was a significant issue and the IJB took the decision in November 2023 to increase the eligibility threshold for care to substantial and critical only as part of measures to reduce costs and mitigate the shortfall in the Supporting People Framework saving. The recovery process included a series of discussions with both partners and the Chief Officer and Chief Financial Officer. This culminated in additional non-recurring funding; East Renfrewshire Council provided an additional £2.6 million and NHS Greater Glasgow and Clyde provided an additional £2.1 million.

We will continue to work closely with both partners during 2024/25, recognising that further additional funding is not a viable option.

Operational Governance

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

Audit Report	Recommendations		
	Total for HSCP	Considered implemented by HSCP (awaiting verification)	Total open
Follow-up of HSCP Audits	8	0	8
Emergency Payments	10	10	0
Thornliebank Resource Centre	13	13	0
Debtors	1	1	0
Self Directed Support – Direct Payments	3	0	3
Ordering and Certification	4	4	0
Follow up of Business Operations and Partnerships	2	1	1
Payroll	8	8	0
TOTAL	49	37	12

In March 2023 we reported to the IJB on Equality and Human Rights Mainstreaming Report along with an Interim Review of outcomes for the year. This outlined: the ways in which equalities considerations are part of the structures, behaviours and culture of our partnership; how we carry out our duties and promote equality; and how this is helping us improve as a partnership. The report also set out an interim update on progress towards the partnership's six equalities outcomes for the following two years until 2025.

The Civil Contingencies Act 2004 (CCA), is supplemented by the Contingency Planning (Scotland) Regulations 2005 and “Preparing Scotland” Guidance identifies IJBs as Category 1 responders to an emergency:

- an event or situation which threatens serious damage to human welfare
- an event or situation which threatens serious damage to the environment
- war, or terrorism, which threatens serious damage to the security of the UK

During 2023/24 the IJB did not need to act in this capacity.

Action Plan

The table below shows the progress made during 2023/24 against the actions that we identified in our 2022/23 annual report and accounts.

Action	Progress
Deliver the Savings, Recovery and Renewal programme with progress reported to every meeting of the IJB.	The programme was reported to every IJB throughout the year. The significant shortfall on savings achieved, particularly supporting people contributed to the move to financial recovery. All cost pressures and legacy savings from 2023/24 are included in the budget agreed for 2024/25.
Maintain the Medium Term Financial Plan and use this to inform the 2024/25 budget planning and beyond.	The latest refresh of the Medium Term Financial Plan will be presented to the IJB in June 2024.
Ensuring financial sustainability is a key priority in 2023/24 through IJB reporting, discussion with board members, our funding partners and other stakeholders.	Financial sustainability remains a risk and financial reporting will be taken to the IJB throughout 2024/25. We will also remain engaged in detailed financial discussions with both partners during the year.
Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde.	This is part of an NHSGGC wide programme and will continue to be implemented, The last update to the IJB was in November 2022.
Our Integration Scheme will be refreshed in line with appropriate guidance and the current timetable across NHSGGC is to complete for submission to the Scottish Government by the current financial year.	Our integration scheme consultation period ended in January 2024 and is expected to go to our partner bodies during 2024.
We will continue to monitor the financial impact of Covid where we can to inform local reporting and decision making. We will also report on the £0.750 million provided by ERC to support Covid recovery in 2023/24.	This was reported to the IJB through our regular financial reporting and with ERC.
Take our latest Commissioning Plan to 2025 to the IJB in August 2023 along with an implementation timeline.	The Strategic Commissioning Plan was agreed by the Integration Joint Board on 16 th August 2023.

<p>We will recommence review of our Strategic Action Plan, paused during the response to the pandemic and continue to develop of performance reporting.</p>	<p>We need to review this plan to ensure all relevant actions have been progressed / incorporated into other plans / superseded.</p>
<p>We will continue to place equality and fairness at the heart of our planning processes and over the next two years we will work to further progress our agreed equalities outcomes and will review these ahead of our next scheduled report in 2025.</p>	<p>We established Equalities Outcomes for the HSCP in 2023. We will report on progress against these in 2025. We have developed our process for undertaking Equality, Fairness and Rights Impact Assessment (EFRIA) with support to staff completing assessments through the Planning and Performance Team and Planning Leads within service areas. We continue to participate ERC Equalities forums and in the national HSCP Equality Peer Support Network.</p>
<p>We will implement the recommendations resulting from the Adult Joint Inspection report, published in June 2023 including: improving the quality of chronologies; greater involvement of adults at risk of harm and their unpaid carers at a strategic level; enhanced multi-agency quality assurance practices; and, building on existing practice to ensure the full involvement of all key partners in relevant aspects of ASP practice going forward.</p>	<p>An Improvement plan was developed through the Adult Protection Committee (APC) and submitted to the care inspectorate. This improvement plan includes the area of improvement identified by the inspection and the multiagency improvements and aspirations of the APC. This plan includes short and long term improvements which will be delivered through the work of the sub-committees and will run until March 2025.</p> <p>Work on the plan has progressed well with many action completed or in progress at this time. Some areas have been delayed to keep step with national developments.</p> <p>There has been ongoing support from the Lead Officer and the Practice Policy and Improvement manager to support the chairs of sub-committees in progressing actions within the Improvement Plan to meet the required scrutiny of the Adult Protection Committee.</p>

Conclusion and Opinion on Assurance

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

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

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

Anne-Marie Monaghan
Chair
Integration Joint Board

26th June 2024

Julie Murray
Chief Officer
Integration Joint Board

26th June 2024

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

***The opinion of Ernst & Young will be added for the
audited accounts***

(this will be multiple pages in final report)

The Financial Statements

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

Comprehensive Income and Expenditure Statement for the year ended 31st March 2024

2022/23			2023/24				
Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Objective Analysis	Note	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
18,264	3,850	14,414	Children and Families		16,309	3,183	13,126
28,325	943	27,382	Older People's Services		34,000	2,250	31,750
7,576	774	6,802	Physical/Sensory Disability		8,163	1,078	7,085
24,325	915	23,410	Learning Disability – Community		26,239	1,573	24,666
10,770	1,179	9,591	Learning Disability – Inpatients		12,216	886	11,330
460	195	265	Augmentative & Alternative Communication		384	165	219
21,328	3,443	17,885	Intensive Services		22,677	3,070	19,607
6,499	349	6,150	Mental Health		7,100	576	6,524
3,295	533	2,762	Addictions / Substance Misuse		3,647	948	2,699
29,862	941	28,921	Family Health Services		31,588	1,114	30,474
17,873	1	17,872	Prescribing		19,780	1	19,779
913	915	(2)	Criminal Justice		989	903	86
19,417	17,678	1,739	Management and Admin		10,743	5,035	5,708
243	-	243	Corporate Services		259	-	259
189,150	31,716	157,434	Cost of Services Managed by ER IJB		194,094	20,782	173,312
			Set Aside for delegated services provided in large hospitals		30,194		30,194
29,075	-	29,075	Aids and Adaptations		449		449
486	-	486	Total Cost of Services to ER IJB		224,737	20,782	203,955
218,711	31,716	186,995					
			Taxation and Non Specific Grant Income	3	-	199,773	199,773
-	172,289	172,289					
218,711	204,005	14,706	(Surplus) or Deficit on Provision of Services		224,737	220,555	4,182

Movement in Reserves Statement

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

2022/23 £000	Movement in Reserves	2023/24 £000
(20,752)	Balance brought forward	(6,046)
14,706	Total Comprehensive Income & Expenditure	4,182
14,706	(Surplus) or Deficit on the Provision of Services	4,182
(6,046)	Balance as at 31st March 2023 Carried Forward	(1,864)

The reserves above are all useable.

Balance Sheet As at 31st March 2024

The Balance Sheet as at 31st March 2024 is a snapshot of the value at that reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31st March 2023	Balance Sheet	Notes	31st March 2024
£000			£000
9,901	Current Assets		2,145
9,901	Short Term Debtors	7	2,145
3,855	Current Liabilities		281
3,855	Short Term Creditors	7	281
6,046	Net Assets - Reserves	8	1,864

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31st March 2024 and its income and expenditure for the year then ended.

The audited annual report and accounts will be submitted for approval and issue by the IJB on 25th September 2024.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 26th June 2024

Notes to the Financial Statements

1. Accounting Policies

1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2023/24 reporting period and its position as at 31st March 2024.

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

IJBs are specified as Section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 supported by International Finance Reporting Standards (IFRS).

1.2 Accruals of Income and Expenditure

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

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

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

1.3 Going Concern

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

The IJB Financial Statements for 2023/24 have been prepared on a going concern basis. The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. In accordance with the CIPFA Code of Practice on Local Authority Accounting in the United Kingdom 2023/24, the IJB is required to prepare its Financial Statements on a going concern basis unless informed by the relevant national body of the intention of dissolution without transfer of services or function to another entity. The Annual Accounts are prepared on the assumption that the IJB will continue in operational existence for the foreseeable future.

The IJB's budget contribution from and direction to partners has been confirmed for 2024/25, and a Medium Term Financial Plan has been prepared covering the period 2024/25 to

2028/29. The IJB considers there are no material uncertainties around its going concern status.

1.4 Accounting Convention

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

1.5 Funding

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

1.6 Reserves

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

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

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

1.7 Events after the Balance Sheet Date

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

Where events take place before the date of authorisation and provide information about conditions existing as at 31st March 2024 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

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

1.8 Related Party Transactions

As partners of East Renfrewshire IJB both East Renfrewshire Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 5 (Page 66-67) in accordance with the requirements of International Accounting Standard 24.

Related parties also include organisations that we may have no transactions with, but who can still exert significant influence over our financial and operating policy decisions. The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's partner bodies, and therefore can indirectly influence the financial and operating policy decisions of the IJB.

1.9 Provisions, Contingent Assets and Liabilities

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

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

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

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

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

1.10 Indemnity Insurance

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

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

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims, taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31st March 2024.

Similarly, the likelihood of receipt of an insurance settlement to cover any claims would be separately assessed, and where material, they would be presented as either a debtor or disclosed as a contingent asset. No such receipts were identified as at 31st March 2024.

1.11 Corresponding Amounts

These Financial Statements cover the period 1st April 2023 to 31st March 2024, with corresponding full year amounts for 2022/23.

1.12 VAT

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

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

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

1.13 Post - Employment Benefits – Pension Costs

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

1.14 Prior Period Restatement

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

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

2. Expenditure and Income Analysis by Nature

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

2022/23 £000	Expenditure and Income Analysis by Nature	2023/24 £000
(172,289)	Partners funding contribution and non-specific grant income	(199,773)
(31,716)	Fees and charges and other service income	(20,782)
(204,005)	Total Funding	(220,555)
56,809	Employee Costs	58,578
985	Premises Costs	1,031
401	Transport Costs	391
9,890	Supplies & Services	9,958
71,347	Third Party Payments	70,701
2,304	Support Costs	2,257
17,717	Prescribing	19,780
29,940	Family Health Service	31,588
29,075	Acute Hospital Services	30,194
213	Corporate Costs	226
30	External Audit Fee	33
218,711	Cost of Services	224,737

3. Taxation and Non Specific Grant Income

2022/23 £000	Taxation and Non Specific Grant Income	2023/24 £000
50,593	East Renfrewshire Council	64,612
109,533	NHS Greater Glasgow and Clyde	122,772
12,163	Resource Transfer	12,389
172,289	Partners Funding Contribution & Non Specific Grant Income	199,773

The funding contribution from NHS Greater Glasgow and Clyde includes East Renfrewshire's use of set aside for delegated services provided in large hospitals (£30.194 million in 2023/24 and £29.075 million in 2022/23). These services are provided by the NHS, which retains responsibility for managing the costs of providing the service; the IJB however, has responsibility for the consumption of and level of demand placed on these services.

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

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2023/24 accounts for Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services hosted by the East Renfrewshire IJB for other IJBs within the NHS Greater Glasgow & Clyde Area.

The IJB is considered to be acting as a 'principal' and the 2023/24 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2023/24 financial statements. The cost of the hosted service provided to other IJBs as well as that consumed by East Renfrewshire for the Learning Disability Inpatients and Augmentative and Alternative Communication is detailed in the following tables.

2022/23 £000	Learning Disability In-Patient Services Hosted by East Renfrewshire IJB	2023/24 £000
6,872	Glasgow	9,010
1,834	Renfrewshire	1,370
521	Inverclyde	97
291	West Dunbartonshire	658
-	East Dunbartonshire	-
9,518	Learning Disability In-Patients Services Provided to other IJBs	11,135
73	East Renfrewshire	195
9,591	Total Learning Disability In-Patient Services	11,330

2022/23 £000	Augmentative and Alternative Communication (AAC) Hosted by East Renfrewshire IJB	2023/24 £000
124	Glasgow	93
27	Renfrewshire	55
32	Inverclyde	10
5	West Dunbartonshire	6
27	East Dunbartonshire	23
215	AAC Services Provided to other IJBs	187
50	East Renfrewshire	32
265	Total AAC Services	219

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

2022/23 £000	Services Provided to East Renfrewshire IJB by Other IJBs within NHSGGC	2023/24 £000
476	Physiotherapy	556
50	Retinal Screening	68
788	Podiatry	520
306	Primary Care Support	318
419	Continence	457
631	Sexual Health	603
1,183	Mental Health	1,597
978	Oral Health	899
374	Addictions	479
232	Prison Health Care	223
156	Health Care in Police Custody	185
4,032	Psychiatry	5,197
n/a	Specialist Childrens Services*	3,344
9,625	Net Expenditure on Services Provided	14,446

*Hosted by East Dunbartonshire IJB from 1 April 2023

5. Related Party Transactions

The following financial transactions were made with East Renfrewshire Council and NHS Greater Glasgow and Clyde relating to integrated health and social care functions during 2023/24. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

2022/23 £000	Income – Payments for Integrated Functions	2023/24 £000
121,759	NHS Greater Glasgow and Clyde	128,119
82,246	East Renfrewshire Council	92,436
204,005	Total	220,555

2022/23 £000	Expenditure – Payments for Delivery of Integrated Functions	2023/24 £000
121,759	NHS Greater Glasgow and Clyde	128,119
96,952	East Renfrewshire Council	96,618
218,711	Total	224,737

2022/23 £000	Closing Reserve Balance (held within ERC on behalf of IJB)	2023/24 £000
-	NHS Greater Glasgow and Clyde	-
6,046	East Renfrewshire Council	1,864
6,046	Total	1,864

Related parties also include organisations that we may have no transactions with, but who can still exert significant influence over our financial and operating policy decisions.

The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's partner bodies, and therefore can indirectly influence the financial and operating policy decisions of the IJB.

The value of transactions directly with the Scottish Government in 2022/23 and 2023/24 was nil.

6. Corporate Expenditure

2022/23 £000	Corporate Expenditure	2023/24 £000
213 30	Staff Costs Audit Fee	226 33
243	Total	259

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

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

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

NHS Greater Glasgow and Clyde did not charge for any support services provided in the year ended 31st March 2024.

The support services provided through East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and the charge is included for 2023/24.

Fees payable to Ernst & Young in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice for 2023/24 amounted to £33,360 (this was £29,867 in 2022/23). Ernst & Young did not provide any non-audit services during 2023/24.

VAT is not included in the costs identified.

7. Short Term Debtors and Creditors

2022/23 £000	Short Term Debtors	2023/24 £000
- 9,901	NHS Greater Glasgow and Clyde East Renfrewshire Council	- 2,145
9,901	Total	2,145

2022/23 £000	Short Term Creditors	2023/24 £000
3,855 -	NHS Greater Glasgow and Clyde East Renfrewshire Council	281 -
3,855	Total	281

8. Reserves

As at 31st March 2024 the IJB holds earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve is normally held to allow us to meet any unforeseen or unanticipated events that may impact on the IJB, however this was fully depleted as part of the financial recovery process.

Reserves are a normal part of the financial strategy of the IJB in order to better manage the costs and risks across financial years and work is required to rebuild reserves in the longer term.

The reserves of the IJB fall into three types:

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

The year on year movement in reserves is summarised:

Summary	£ Million	£ Million
Reserves as at 31 March 2023		6.046
Planned use of existing reserves during the year	(4.526)	
Funds added to reserves during the year	0.344	
Net increase in reserves during the year		(4.182)
Reserves as at 31 March 2024		1.864

For the £1.864 million balance of reserves we are taking forward into 2024/25 we expect to use c£1.4 million earmarked reserves:

- £0.3m is ring-fenced SG funding for Primary Care, ADP, MH Action 15
- £1.1m is committed in year for earmarked activity, mainly within Childrens and Learning Disability services

We will also use some of the £0.5m ring-fenced SG funding for the Recovery Hub building, the timing of the spend is to be confirmed.

The table on the following page provides the detailed movement across all reserves between 2022/23 and 2023/24.

2022/23 £000	Reserves	Used £000	Added £000	Transfers In / (Out) £000	2023/24 £000
118	Mental Health Action 15				118
851	Alcohol & Drugs Partnership	362			489
661	Primary Care Improvement	570			91
181	GP Premises Fund	181			0
2	COVID Allocations (Carers PPE)				2
-	Distress Brief Intervention Seed Funding		100		100
1,813	Total Ring-Fenced Reserves	1,113	100	0	800
1,434	Budget Savings Phasing	1,434			0
165	In Year Pressures	165			0
1,599	Total Bridging Finance	1,599	0	0	0
82	Health Visitors	82			0
382	Counselling in Schools	382			0
473	Children and Adolescent Mental Health Services	473			0
100	Trauma Informed Practice				100
466	Whole Family Wellbeing		195		661
9	Unaccompanied Asylum Seekers Children	9			0
1,512	Children & Families	946	195	0	761
254	Learning Disability Community Living Change	100			154
37	Addictions Residential Rehabilitation	37			0
61	Mental Health Officer/Community Psychology/Capacity	61			0
77	Care Home Oversight Support	77			0
104	Augmentative & Alternative Communication	104			0
32	Learning Disability Health Checks		21		53
13	Armed Forces Covenant	13			0
45	Wellbeing	45			0
109	Dementia Funding	109			0
18	Telecare Fire Safety				18
-	Cancer Screening Inequalities		28		28
750	Adult Services	546	49	0	253
100	Renewals & Repairs Fund	50		0	50
3,961	Total Earmarked Reserves	3,141	244	0	1,064
272	Total General Reserves	272	0	0	0
6,046	Total All Reserves	4,526	344	0	1,864

9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31st March 2024.

10. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. This applies to the adoption of the following new or amended standards within the 2024/25 Code:

- Amendments to IAS1 Classification of Liabilities as Current or Non-Current Assets
- Amendments to IAS1 Non-Current Liabilities with Covenants

The Code requires implementation of these new standards from 1 April 2024 therefore there is no impact on the 2023/24 annual accounts.

These new or amended standards are not expected to have a significant impact on the Annual Accounts.

11. Critical Judgements

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of Learning Disability Inpatients Services and Augmentative & Alternative Communication services hosted within the East Renfrewshire IJB for other IJB's within the NHS Greater Glasgow & Clyde area.

Within NHS Greater Glasgow & Clyde each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal' and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which the 2023/24 accounts have been prepared.

There were no judgements required which involved uncertainty about future events.

12. Estimation Uncertainty

There are no estimations included within the 2023/24 accounts.

13. Post Balance Sheet Events

The final annual report and accounts will be presented for approval on 25th September 2024.

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

14. Prior Period Restatement

There are no restatements included in the unaudited accounts.

Where to find more information

In This Document

The requirements governing the format and content of the IJB annual accounts follows guidance issued by the Integrated Resources Advisory Group and by The Local Authority (Scotland) Accounts Advisory Committee (LASAAC). This information does not fall under audit parameters.

On Our Website

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

Useful Links

Strategic Plan – full plan and summary

https://www.eastrenfrewshire.gov.uk/media/7569/HSCP-Strategic-Plan-2022-2025/pdf/East_Renfrewshire_HSCP_-_Strategic_Plan_2022-2025.pdf?m=637847662804030000

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

Medium Term Financial Plan

https://www.eastrenfrewshire.gov.uk/media/7567/Medium-term-financial-plan-2022-23-to-2026-27/pdf/Medium_Term_Financial_Plan_-_Mar_2022.pdf?m=637846608465330000

Integration Scheme

https://www.eastrenfrewshire.gov.uk/media/7035/East-Renfrewshire-Integration-Scheme-2018-Update/pdf/East_Renfrewshire_Integration_Scheme_-_2018_Update.pdf?m=637704037531600000

Annual Performance Report

https://www.eastrenfrewshire.gov.uk/media/10438/IJB-Item-10-26-June-2024/pdf/IJB_Item_10_-_26_June_2024.pdf?m=1718702873170

Strategic Risk Register

https://www.eastrenfrewshire.gov.uk/media/10459/PAC-Item-13-26-June-2024/pdf/PAC_Item_13_-_26_June_2024.pdf?m=1718729972863

It should be noted that the links above relate to the latest published versions of each document at the point of completion of this report and there may be later versions available on our website.

Acknowledgement

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

Anne-Marie Monaghan
Chair
Integration Joint Board

26th June 2024

Julie Murray
Chief Officer
Integration Joint Board

26th June 2024

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

26th June 2024



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 June 2024
Agenda Item	8
Title	CIPFA Financial Management Code – Action Plan Update
Summary	
To update the Performance and Audit Committee on the CIPFA Financial Management by the Performance and Audit Committee in June 2023; this was based on a self-assessment for compliance.	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
The Performance and Audit Committee is asked to note and comment on action plan updates as at June 2024.	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

26 June 2024

Report by Chief Financial Officer

CIPFA FINANCIAL MANAGEMENT CODE – Action plan update

PURPOSE OF REPORT

1. The purpose of this report is to update the Performance and Audit Committee with an update on the action plan identified from the previously agreed self-assessment of the CIPFA Financial Management Code. The original report and resulting plan was present to this committee in June 2023.

RECOMMENDATION

2. The Performance and Audit Committee is asked to note the report note and comment on the action plan as at June 2024

BACKGROUND

3. The CIPFA Financial Management Code is designed to support good practice in financial management and to assist local authority bodies, including Integration Joint Boards, in demonstrating their financial sustainability.
4. The detail and purpose of the report, along with the resulting action plan was reported to the Performance and Audit Committee in June 2023. It was recognised that some of the actions are longer-term and it was agreed that progress would be reviewed as part of annual governance arrangements.

REPORT

5. The action plan was structured to assess against a number of questions (A to Q) and we identified 5 areas for where we could potentially improve or enhance our performance.
6. Rather than pull out these five actions for update the full plan has been reviewed for completeness and is included at Appendix 1.

CONCLUSIONS

7. The IJB is compliant with the Financial Management Code and update against the self-assessment at Appendix 1 evidences this.

RECOMMENDATIONS

8. The Performance and Audit Committee is asked to note and comment on the action plan as at June 2024

REPORT AUTHOR AND PERSON TO CONTACT

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16 June 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC 26-06-2023: Item 13. CIPFA Financial Management Code

https://www.eastrenfrewshire.gov.uk/media/9268/PAC-Item-13-26-June-2023/pdf/PAC_Item_13_-_26_June_2023.pdf?m=1687186206690

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CIPFA Financial Management Code – Self Assessment and Action Plan – Progress Update as at 26 June 2024

FM Ref	Requirement	What we are currently doing	Areas for Development
1. The responsibilities of the chief finance officer and leadership team			
A	The leadership is able to demonstrate that the services provided by the IJB provide value for money	<ul style="list-style-type: none"> • The IJB has the following in place to ensure best value:- <ul style="list-style-type: none"> • Regular reports to the IJB and the Performance & Audit Committee (PAC) in relation to financial performance • Quarterly performance reports to PAC show progress against the 9 national outcomes • The IJB has a Reserves Policy and application and creation of reserves is clearly set out in finance reports. • All reports to the IJB and / or PAC requiring decisions are clear and include, where relevant:- <ul style="list-style-type: none"> ○ Options available ○ Implications for people ○ Equality impacts ○ Financial and legal implications ○ Risk ○ Results of consultations if required ○ Identification of risk and mitigations • PAC receive an annual report on commissioned services • Inspection and internal / external audit reports are routinely presented • The Savings, Recovery and Renewal (SRR) programme capturing change activity is reported to each IJB with a focus on delivering benefits as well as savings • As part of the annual accounts audit, external Audit assess these arrangements to ensure best value is delivered for the IJB. 	<p>June 2024: Savings progress is reported within financial reporting and the Recovery & Renewal Programme report all major change</p>

<p>B</p>	<p>The IJB complies with the CIPFA Statement on the Role of the Chief Finance Officer (CFO) in Local Government (2016)</p>	<ul style="list-style-type: none"> • The CFO is a key member of the HSCP’s Senior Management Team and is the IJB’s Section 95 Officer. • The CFO is actively involved in all material business decisions and offers challenge and influence on decisions made. This is evidenced through the CFO’s attendance and participation at key business meetings such as the IJB and PAC pre-agendas and meetings, HSCP Management meetings, Savings, Recovery and Renewal programme board, Chief Officer bi-annual performance review meetings, national CFO executive and section meetings, attendance at partner strategic and operational meetings. • The CFO champions the promotion and delivery of good financial management. This is reflected in the management structure within the organisation and the reporting of financial performance to all key management groups, including the Extended Senior Management Team and the Joint Staff Forum. • The IJB’s Financial Regulations clearly outlines the role and responsibilities of the CO, CFO and all budget holders in relation to financial management. • The CFO is a professionally qualified accountant with significant experience as a CFO. The HSCP’s finance team is suitably resourced and experienced in support of the CFO undertaking their role. • Our Finance & Resources structure includes a Depute CFO post to support resilience and succession planning. 	<p>Continue development opportunities for Depute CFO and continue to build on recent Finance service structure changes to move towards a fully integrated finance team.</p> <p>June 2024: development still planned, capacity constrained in 2023/24 due to staffing changes</p>
<p>2. Governance and financial management style</p>			
<p>C</p>	<p>The leadership team demonstrates in its actions and behaviours responsibility for</p>	<ul style="list-style-type: none"> • The IJB and the HSCP management team have a clear commitment and shared vision to deliver the outcomes in our strategic plan 2022–25. 	<p>Continue to progress existing open audit recommendations and report new activity.</p> <p>June 2024: this is custom and practice and works well.</p>

	governance and internal control.	<ul style="list-style-type: none"> • With a long standing history of integration we are have a mature and well developed approach, underpinned by appropriate policies and codes of conduct. • The importance of governance and internal controls is reflected in the IJB constitution, policies and reporting and in that of our partner bodies; schemes of delegation define the responsibilities for all staff members and establishes the levels at which financial management responsibilities lie in terms of decisions and approvals of spend. • An annual assessment of compliance with governance and internal controls is undertaken by the Chief Officer and her team for both partner bodies as part of the annual assurance for both internal and external auditors. This in turn supports the Annual Governance Statement for the IJB annual report and accounts as well as those of our partners. • Internal audit reviews provide assurance on a range of internal controls and all reports with any associated recommendations are reported to the Performance and Audit Committee. • Annually our external auditors assess our arrangements to ensure they are appropriate and operate effectively. The most recent audit concluded that there were no issues with arrangements in place. 	
D	The IJB applies CIPFA/SOLACE "Delivering Good Governance in Local Government: Framework (2016)".	<ul style="list-style-type: none"> • The IJB has adopted governance arrangements consistent where appropriate with the six principles of the CIPFA/SOLACE framework "Delivering Good Governance in Local Government Framework" or "Local Code". The system of internal control is designed to manage risks to a reasonable level based on a risk based approach. • The Annual Governance Statement outlines how the IJB has complied with its Local Code. The statement for 2021/22 	<p>Continue to review the action plan in the Annual Governance Statement and consider whether any developments could enhance presentation.</p> <p>June 2024; reviewed to support good governance</p>

		confirmed there were no new significant governance concerns, but identified actions we would take in 2022/23. The annual report and accounts for 2022/23 updates on the progress/completion of these actions and identifies new or ongoing actions moving into 2023/24.	
E	The Financial Management style of the IJB supports financial sustainability	<ul style="list-style-type: none"> • The IJB's financial management style can be described as 'enabling transformation' using the CIPFA FM Financial Management hierarchy Model. • Financial Sustainability is recognised as a key strategic risk within the IJB's Strategic Risk Register. The risk and mitigating actions are reviewed at every meeting of the Performance and Audit Committee. • The IJB has set a balanced budget each year since 2015/16 and implemented a reserves strategy to recognise and supported pressures. This has served us well however reserves are now diminishing. • The IJB has a framework in place to manage its financial affairs including:- <ul style="list-style-type: none"> • Financial regulations and Standing Orders • Reserves Strategy • Medium Term Financial • Partner Schemes of Delegation • Financial regulations and Standing Orders of both Partner Bodies • The Savings, Recovery and Renewal (SRR) programme captures all strategic projects and change and recognises the cross cutting nature of some savings, in particular our Supporting People programme. There is solid governance in place and the Chief Officer and her team are the programme board. This in turn supports a culture of continuous improvement 	<p>Recognising the challenging budget set for 2023/24, the Medium Term Financial Plan 2023/24 to 2027/28 reflects the current challenging landscape. This will be reviewed and updated as part of the 2024/25 budget setting process, if not before.</p> <p>The delivery of £7m savings in 2023/24 is fundamental to financial sustainability and progress will continue to be reported to each meeting of the IJB.</p> <p>We need to continue to develop strategic financial discussions with both partners to ensure the demographic, demand and cost pressures the IJB face are fully evidenced and communicated.</p> <p>June 2024: 2023/24 resulted in financial recovery discussions with both partners. This will continue into 2024/25 as we work to deliver the challenging savings programme as part of balancing the 2024/25 budget.</p>

		<p>and feeds into routine reporting and development including implementation of our strategic plan.</p> <ul style="list-style-type: none"> • The finance and commissioning teams support all services with input into the SRR, as well as supporting everyday operational matters. • The CFO presents regularly to the IJB, Performance and Audit Committee, the management team, the Joint Staff Forum through scheduled meetings and seminar sessions. • The Medium Term Financial Plan considers the sustainability of the IJB over the medium term, including scenarios showing costs pressures and potential funding over low, medium and high scenarios. The plan provides the detail of assumptions risks and sensitivity. 	<p>June 2024: This will also be reviewed against the Scottish Government financial plan for Health & Social Care upon its publication during 2024.</p>
<p>3. Medium to long term financial management</p>			
<p>F</p>	<p>The IJB has carried out a credible and transparent financial resilience assessment</p>	<ul style="list-style-type: none"> • All financial monitoring reports to the IJB are prepared on a projected outturn basis, including early identification of key risks, use of reserves, savings progress and any budget virement to support clear decision making in year and to inform forward planning. • The Medium Term Financial Plan considers the sustainability of the IJB over the medium term, including an assessment of funding, cost and demand pressures and the risks over the medium term. • The Medium Term Financial Plan includes sensitivity analysis which identifies the implications if planning assumptions change and what the impact of this would be for the financial position of the partnership. • The Medium Term Financial Plan describes the key issues and challenges for the IJB, with some national context, to allow us to deliver financial sustainability over the medium term (please see 	<p>The unaudited annual report and accounts for 2022/23 show the diminishing reserves balance for the IJB.</p> <p>As in section E above ongoing discussion with our partners is fundamental to ensure there is full understanding of the financial situation.</p> <p>June 2024: as above detailed discussions will continue with both partners during 2024/25.</p>

		<p>section E above). It also recognises the scale of the financial gap is so significant that there needs to be ongoing discussions with partner bodies in relation to funding.</p> <ul style="list-style-type: none"> • The budget set for 2023/24 identified a number of risks in relation to the level of inflation, demand and is predicated on delivery a significant level of savings. It is difficult to see how any further saving of similar magnitude could be sustained. • The IJB has an established Reserves Policy which is reviewed annually. 	<p>June 2024: all usable reserves were depleted as part of financial recovery. There is a tension between savings delivery, delivering services and building reserves; however the latter needs to be considered to allow us to rebuild from financial recovery.</p>
G	<p>The IJB understands its prospects for financial sustainability in the longer term and has reported this clearly to members.</p>	<ul style="list-style-type: none"> • The IJB's Annual Budget, Annual Report and Accounts, Medium Term Financial Plan and Strategic Risk Register all reflect financial sustainability as a risk. These are subject to regular review to ensure the reported position and associated assumptions remain robust. • The regular revenue monitoring reporting to the IJB will flag early and changes and if significant will trigger a review of the Medium Term Financial Plan in year. The revenue monitoring reporting informs forward financial planning. • The information in the medium term financial plan also informs other key strategic reports and plans, such as the Strategic Plan, Annual Performance Report and Strategic Commissioning Plan • Seminars with the IJB, internal and external consultation on the budget and regular sessions with the management team are undertaken to support the annual budget setting process. • Regular discussion also takes place with our Trades Union colleagues 	
H	<p>The IJB complies with the CIPFA Prudential Code for Capital Finance in Local Authorities</p>	<ul style="list-style-type: none"> • This is not relevant as the IJB does not have capital programmes or borrowing powers. All assets belong to our partners. 	

I	The IJB has a rolling multi-year medium-term financial plan consistent with sustainable service plans.	<ul style="list-style-type: none"> • The IJB has a Medium Term Financial Plan which reviewed and updated each year. • This is underpinned, is informed by and in turn informs a range of strategies such as our commissioning plan, workforce plan, accommodation strategy; all of which support delivery of the IJB's Strategic Plan. • The Medium Term Financial Plan is prepared in conjunction with all service areas and reflects all significant demand and cost pressures being experienced both at a local and national level. • Please see Section E above. 	
4. The annual budget			
J	The IJB complies with its statutory obligations in respect of the budget setting process.	<ul style="list-style-type: none"> • The IJB is fully aware of the need to set a balanced budget as established in s108 (2) of the Local Government (Scotland) Act 1973 and s93 (3) of the Local Government Finance Act 1992. The need to meet this requirement is set out within the annual budget report. • A balanced budget was agreed by the IJB on 27 March 2023 for 2023/24. 	
K	The budget report includes a statement by the CFO on the robustness of the estimates and the statement on the adequacy of the proposed financial reserves.	<ul style="list-style-type: none"> • The requirement for a CFO statement in relation to this is a specific legislative requirement in England and Wales, but not in Scotland. • The 2023/24 Budget report includes detail on the cost pressures faced by the IJB, the available funding to offset, the associated funding gap and savings proposals to close the gap. The risks and implications are clearly set out. At the IJB seminar sessions this information is discussed in greater detail. • The Medium Term Financial Plan includes sensitivity analysis which demonstrates the implications if estimates differ from 	

		<p>assumptions and the potential impact this could have on IJB finances.</p> <ul style="list-style-type: none"> The IJB has a Reserves Policy which is based on CIPFA guidance and recommended practice. The IJB general reserve 0.2% is well below the agreed policy level of 2% and the history and rationale for this has been discussed at length at each annual audit. 	
5. Stakeholder engagement and business cases			
L	The IJB has engaged where appropriate with key stakeholders in developing its long-term financial strategy, medium-term financial plan and annual budget.	<ul style="list-style-type: none"> The IJB promotes consultation with a range of stakeholders, including those with lived experience and we have a well-established engagement network. Comprehensive engagement with all stakeholders is standard when developing the strategic plan which determines the strategic priorities which the IJB sets out to deliver over the medium term, the strategic commissioning plan, the annual budget etc. This engagement promotes partnership working and ensures stakeholders have input on their priorities. The IJB undertook a month long engagement with stakeholders when developing the 2023/24 budget, this included our partner bodies. Stakeholders are well represented on the IJB and participate in all seminars. In preparing the annual budget each year, the Chief Officer and Chief Financial Officer engage with both partner bodies to ensure that pressures are fully understood as well as the implications of changes to funding for services. The Chief Officer is a member of both partner bodies' corporate management teams. 	
M	The IJB uses an appropriate documented	<ul style="list-style-type: none"> As part of the annual budget process consideration is given to options for savings. This process includes a detailed 	

	option appraisal methodology to demonstrate the value for money of its decisions.	<p>assessment of impacts for service users, patients, staff as well as other operational delivery and financial risks. Where relevant this will also include a consideration of options and a recommendation in relation to the preferred option.</p> <ul style="list-style-type: none"> The Savings, Recovery and Renewal programme uses clear and transparent project methodology to support major projects and service redesign. This includes options appraisals where relevant. 	
6. Performance monitoring			
N	The leadership team takes action using reports, enabling it to identify and correct emerging risks to its budget strategy and financial sustainability.	<ul style="list-style-type: none"> The Annual Budget and Medium Term Financial Plan are prepared in conjunction with the senior management team so that all known and emerging issues and risks are captured. Staff communication bulletins ensure colleagues are aware of all issues and promote involvement requesting ideas for savings and how we could do things differently. The Strategic Risk Register for the IJB is informed by service operational risk and contingency planning. This also informs the HSCP aspects of our partners risk registers. Regular financial and performance reporting identify early issues and where required more detailed work will be undertaken as required. Significant changes such as the Supporting People Framework are regularly discussed at the senior management and extended management team and supported by a number of development and information sessions for staff. 	<p>Regular monitoring of the impact of the Supporting People Framework during 2023/24 is required to assess progress, impact and savings.</p> <p>June 2024: This did not work as well as we hoped in 2023/24 and increased focus is in place for 2024/25.</p>
O	The leadership team monitors the elements of its balance sheet that pose a significant risk to its financial sustainability.	<ul style="list-style-type: none"> The financial reporting to the IJB includes detail on reserves (being the key element of the balance sheet) and shows the opening balance, in year use, in year additions and the projected balance along with notes on use and commitments. Any 	

		<p>decisions on change of use or new reserves is requested to the IJB as part of financial reporting governance.</p> <ul style="list-style-type: none"> • Debtor and creditor balances are regularly reviewed. 	
7. External Financial Reporting			
P	<p>The CFO has personal responsibility for ensuring that the statutory accounts provided to the local IJB comply with the Code of Practice on Local IJB Accounting in the United Kingdom.</p>	<ul style="list-style-type: none"> • The IJB's CFO is responsible for the preparation of the annual report and accounts in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom and by the deadlines set in legislation. These responsibilities are set within the Statement of Responsibilities included in the annual accounts, which is signed by the CFO. • The CFO and Depute CFO are the key contributors to the production of the accounts and ensure those supporting them have access to the Code of Practice and are suitably trained and professionally qualified. • These responsibilities of the CFO are set out in statute (s95 of the Local Government (Scotland) Act 1973) are also included in the CFO's job description. • To date the IJB has met all of its statutory reporting deadlines for the submission of draft accounts to the external auditor by 30 June each, despite significant challenges during the pandemic. • The IJB has consistently received an unqualified opinion from the external auditor from the audit of its Annual Accounts since established in 2015/16. 	
Q	<p>The presentation of the final outturn figures and variations from budget allow the leadership team to make strategic financial decisions.</p>	<ul style="list-style-type: none"> • The financial monitoring reporting to the IJB is based on the projected outturn for the year. This promotes early indication of issues and / or pressures and allows informed decision making. • The financial monitoring report provides a variance analysis across all services and also details reasons for any significant changes in the projected outturn position for each service since that last reported. 	

		<ul style="list-style-type: none">• The focus on the projected outturn for each service informs budget planning for the year ahead.• The IJB's financial outturn for the year is presented to the Performance and Audit Committee and the IJB as part of the unaudited annual report and accounts and considers any material variation from the position as last reported.• Information from the final outturn informs ongoing budget monitoring work for the following financial year.	
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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 June 2024
Agenda Item	9
Title	Annual Performance Report 2023/24
<p>Summary</p> <p>This report provides members of the Performance and Audit Committee with the Annual Performance Report for the Health and Social Care Partnership for 2023/24. This is our eighth Annual Performance Report and outlines performance in relation to the delivery of our Strategic Plan 2022-25. The Annual Performance Report is a high level, public facing report.</p> <p>It summarises the performance of the HSCP against agreed local and national performance indicators and outlines the ways we have delivered services and supports during the year.</p>	
Presented by	Steven Reid Policy, Planning and Performance Manager
<p>Action Required</p> <p>The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2023/24.</p>	

EAST RENFREWSHIRE PERFORMANCE AND AUDIT COMMITTEE

26 June 2024

Report by Chief Officer

ANNUAL PERFORMANCE REPORT 2023/24

PURPOSE OF REPORT

1. This report advises the members of the Annual Performance Report for the Health and Social Care Partnership for 2023/24.

RECOMMENDATIONS

2. The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2023/24.

BACKGROUND

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. The 2014 Act requires publication of the report within 4 months of the end of the financial year being reported on, therefore by 31 July each year.
4. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that publication of the report should include making the report available online, and should ensure that the Report is as accessible as possible to the public. Guidance suggests that partnerships may wish to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report. The Integration Joint Board must also provide a copy of this report to each constituent authority (NHS Greater Glasgow & Clyde and East Renfrewshire Council).
5. The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. In addition Scottish Government has issued guidance for the preparation of performance reports:
 - Performance against national health and wellbeing outcomes.
 - Performance in relation to integration planning and delivery principles.
 - Performance in relation to strategic planning and any review of strategic plan during year.
 - Financial planning, performance and best value.
 - Performance in respect of locality arrangements.
 - Inspections of services.
6. Subject to approval of the report by the Integration Joint Board, the report will be published on our website by 31 July and promoted through appropriate media channels.

REPORT

7. The Annual Performance Report sets out how we delivered on our vision and commitments over 2023/24, its impact of our ways of working and potential disruption to performance trends. This is our eighth Annual Performance Report. We review our performance against agreed local and national performance indicators and against the commitments set out in our Strategic Plan for 2022-25. The report is principally structured around the priorities set out in our strategic plan, linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.
8. The main elements of the report set out: the current strategic approach of the East Renfrewshire Health and Social Care Partnership; how we have been working to deliver our strategic priorities and meet the challenges of the pandemic over the past 12 months; our financial performance; and detailed performance information illustrating data trends against key performance indicators.
9. The report meets the requirements of the national statutory guidance and is a static 'backward looking' review of activities and performance during the previous financial year. We continue work with the Chair of the Performance and Audit Committee to look at our in-year reporting to ensure we are looking at forward actions to improve performance as well as a retrospective.
10. National performance indicators can be grouped into two types of complementary measures: outcome measures and organisational measures.
11. The national outcome measures are based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations. The respondents have not necessarily used HSCP services. Data from the 2023/24 survey was not publically available at the time of writing the report. The HSCP collects local data relating to people who have used our services and supports. This is included in the report as it is collected throughout the year and can be tracked over a longer time period. We believe this better reflects outcomes achieved by the HSCP.
12. The national organisational measures are taken from data that is collected across the health and care system for other reasons. In all cases we have included the latest available data. The updated indicators may not represent the full end year position as some of the data completion rates are not yet 100% but will be the most up-to-date data available at the statutory deadline. We have identified 'provisional' figures in the report.
13. The remaining performance information in the report relates to the key local indicators and targets developed to monitor progress against our Strategic Plan 2022-25. Our performance indicators illustrate progress against each of our nine strategic priorities. Chapter 4 of the report gives trend data from 2016-17 and uses a Red, Amber, Green status key to show whether we are meeting our targets.
14. In addition to activity and performance in relation to the nine strategic priorities the report includes sections on our hosted Specialist Learning Disability Service.

Our performance

15. The data shows that despite continuing demand and resource pressures, there has been strong performance across service areas. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners.
16. Headline performance information by service area is given below.

Supporting children and families

- Care experienced children – 14.4% with more than one placement in the year, down from 20.8% in 22/23. And no children in East Renfrewshire with 3 or more placements
- Child protection - 100% of child protection cases with increased safety – maintaining excellent performance from 22/23
- 92% of care experienced children supported in community rather than a residential setting (22/23 figure) – a high rate and better than the Scottish average (89%) but performance dropped slightly from the previous year
- % of children subject to child protection offered advocacy increased to 65% from 61% in 22/23.
- Child protection re-registrations within an 18 month period increased during 2023/24 from 0% to 12.5%. This was due to a very small number of children requiring re-registration in the year.

Supporting people to maintain their independence at home

- 96.8% of local people aged 65+ live in housing rather than a care home or hospital – meeting our target and better than the Scottish average.
- 64% of people had a reduced care need following a period of reablement / rehabilitation support – up significantly from 48% in 22/23.
- % of people reporting outcome of 'living where you/as you want to live' increased to 91% from 89%, now ahead of target (90%)
- % of people aged 65+ with intensive care needs (plus 10 hours) receiving care at home dropped from 64.4% to 62.5% although still within our agreed target of 62%.
- The number of people self-directing their care through direct payments and other forms of self-directed support increased to 548 for 2023/24 (up from 488 in 22/23).
- In East Renfrewshire, spend on direct payments for adults as a % of total social work spend for adults was 9.3% in 22/23 – up from 8.9% in the previous year and better than the Scottish average (8.7%).

Supporting mental health and wellbeing and supporting recovery from addiction

- Mental health hospital admissions remain low (at 1.2 admissions per 1,000 population)
- 84% of people waiting no longer than 18 weeks for access to psychological therapies – a significant improvement from 75% in 22/23
- 93% accessing recovery-focused treatment for drug/alcohol within 3 weeks – a slight decline from 96% in 22/23 but we are maintaining performance ahead of target (90%)
- 568 alcohol brief interventions undertaken in 23/24 – up from 173 last year, reflecting continued support for this service.

- % of people moving from drug/alcohol treatment to recovery services in the year declined from 5% to 4%. This can be impacted by circumstances for individuals including crisis or ill health but remains an area of focus for the HSCP.

Meeting healthcare needs and reducing unplanned hospital care

- Discharge with delay – averaged 7 delays for 23/24 – down from 8 for 22/23 but historically high, having sat at 3 or 4 before the pandemic.
- Adult bed days lost to delayed discharge increased slightly to 4,821 (2023 fig), up from 4,652 for 22/23
- Adult A&E attendances – 17,824 (2023) – up slightly from 17,356 22/23 but ahead of target
- Adult Emergency admissions – 6,943 (2023) – up slightly from 6,692 in 22/23 and ahead of target
- Emergency admission rate (per 100,000 pop) – 9,606 up from 9,215 for 22/23
- Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) – 73, up from 69 in 22/23

Supporting unpaid carers

- 84.5% of those asked reported that their 'quality of life' needs were being met – up from 80% in 22/23 and continuing to perform ahead of target.

Supporting people through criminal justice pathways

- 89% of unpaid work placement completions within Court timescale – up from 83% and ahead of target (80%)
- 83% Community Payback Orders (CPOs) commencing within 7 days – down slightly from 86% in 22/23 but ahead of target (80%)
- 83% of people reported that their order had helped address their offending – down from 100% and impacted by the low number of people completing the voluntary survey.
- Positive employability and volunteering outcomes for people with convictions – 57% down from 64% in 22/23. Although missing our target of 60% all other participants demonstrated a positive training/education outcome.

Tackling health inequalities and improving life chances

- Our premature mortality rate remains significantly below the national average at 264 per 100,000 (22/23 fig) – down from 333 the previous year. Scotland average is 442 per 100,000. East Renfrewshire now has the lowest premature mortality rate in Scotland.
- 19.2% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at 6-8 weeks (22/23 fig) – up from 17.9% for the previous year and 7.5 for 2020/21.

Supporting staff resilience and wellbeing

- 89% of staff agreed that “My manager cares about my health and wellbeing” – up from 85% in previous iMatter staff survey
- 75% agreed that “I feel involved in decisions in relation to my job” – up from 71% in previous survey
- 77% agree that “I am given the time and resources to support my learning growth” – up from 74% in previous survey

Protecting people from harm

- Improvement in safety and wellbeing outcomes for women who have experienced domestic abuse – 93% up from 90% in 22/23 - target met.
- People agreed to be at risk of harm and requiring a protection plan have one in place – continues to be 100% of cases

17. Following any comments from either the Performance and Audit Committee or the Integration Joint Board on 26 June 2024, we will use the remaining weeks until the publication date to enhance any content and make presentational changes.

CONSULTATION AND PARTNERSHIP WORKING

18. The Annual Performance Report reflects the work of the Health and Social Care Partnership throughout 2023-24. The East Renfrewshire HSCP Participation and Engagement Strategy sets the following objectives for the ways in which we work with our communities:
- Our communities, our partners, our staff and those who receive support will be engaged with, involved and participate in ways that are meaningful to them.
 - We will deliver a strategy that supports and resources new ways of engagement, and embraces digital platforms.
 - We will deliver a strategy that has a focus on prevention, choice and stronger communities and people will be enabled to share their views.
 - We will have a coordinated approach to community engagement and participation.
19. There are multiple examples of these commitments in action throughout the report.
20. The Participation and Engagement Strategy is being delivered and developed through our local multi-agency Participation and Engagement Network. Partners in the network have been engaged with in the drafting of the Annual Performance Report.

CONCLUSIONS

21. The Annual Performance Report is the eighth performance report for East Renfrewshire Health and Social Care Partnership. This report provides a comparison of our performance against Scotland and the previous baseline year, recognising the significant pressures being faced by HSCPs across Scotland.
22. The report demonstrates the exceptional work undertaken by the partnership and the continued progress in the delivery of our priority outcomes. It shows that despite the continuing challenges we are facing in terms of demand pressures and increased levels of complexity, we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Through the continuing delivery of our Strategic Plan for 2022-25 we will ensure that our priorities and approaches meet the changing needs of our population.

RECOMMENDATION

23. The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2023-24.

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13 June 2024

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BACKGROUND PAPERS

[East Renfrewshire HSCP Annual Performance Report 2022/23](#)

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

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

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Working Together for East Renfrewshire

East Renfrewshire Health and Social Care Partnership (HSCP) Annual Performance Report 2023-24



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1. Introduction

1.1 Purpose of Report

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

This is the eighth report for the East Renfrewshire Integration Joint Board. It sets out how we delivered on our vision and commitments over 2023-24. As required, we review our performance against agreed local and national performance indicators and against the commitments set out in our 2022-25 Strategic Plan.

The HSCP provides care, support and protection for people of all ages, to enhance their wellbeing and improve outcomes for them as children, young people, families and adults. Over the course of 2023-24, our teams in collaboration with our partners and communities have continued to deliver this work in the context of changing demands on health and care services and pressures on available resources. We continue to respond to higher demands for support, supporting individuals with higher levels of emotional distress, complex needs and limited informal support networks. Our teams respond compassionately, creatively and with an unwavering commitment to improve outcomes for the individuals and families we support.

This report looks at our performance during another extremely challenging 12 month period. We continue to see changing patterns of demand in the aftermath of the Covid-19 pandemic and significant financial constraints for the health and social care sector locally and nationally. The main elements of the report set out:

- the established strategic approach of the East Renfrewshire Health and Social Care Partnership (HSCP);
- how we have been working to deliver our strategic priorities over the past 12 months and additional activity to meet the challenges of the pandemic;
- our financial performance; and,
- detailed performance information illustrating data trends against key performance indicators.

Throughout 2023-24, we have continued to maintain and deliver safe and effective services to our residents. Our performance information shows that despite this very challenging period, there has been strong performance across service areas. Over the year, we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive performance across many of our strategic performance indicators.

1.2 Local context

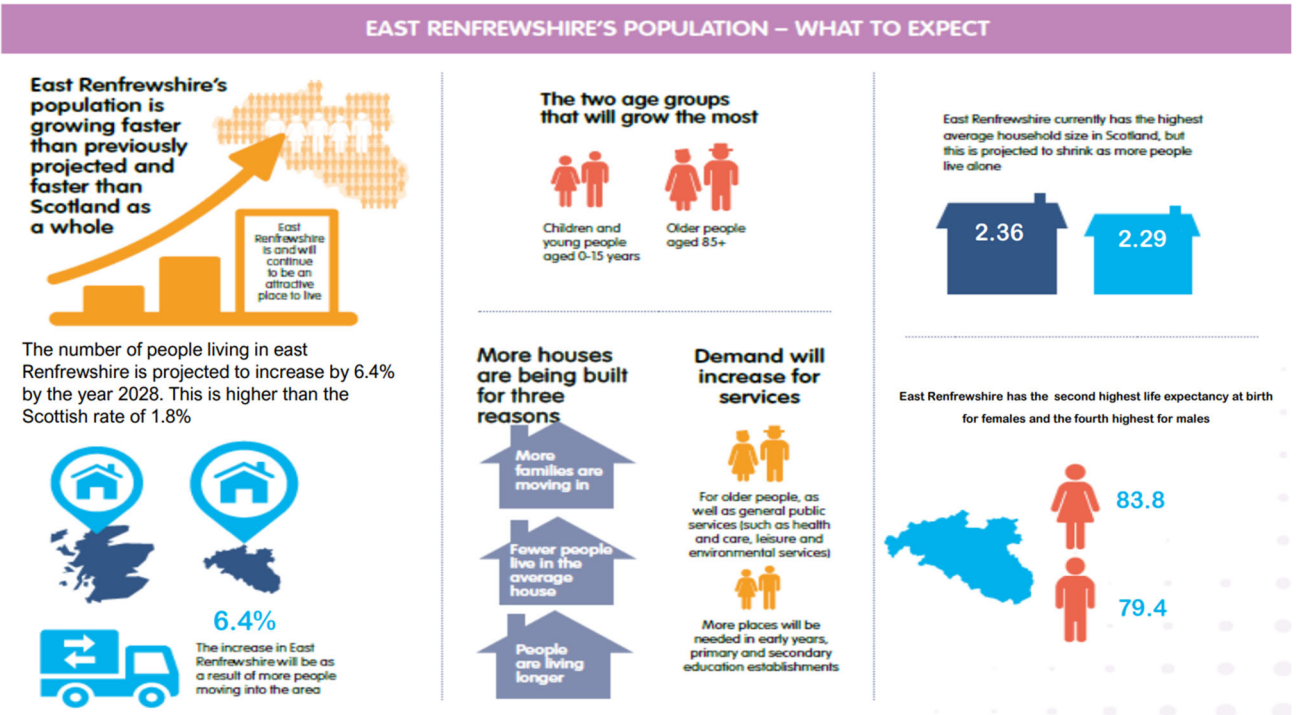
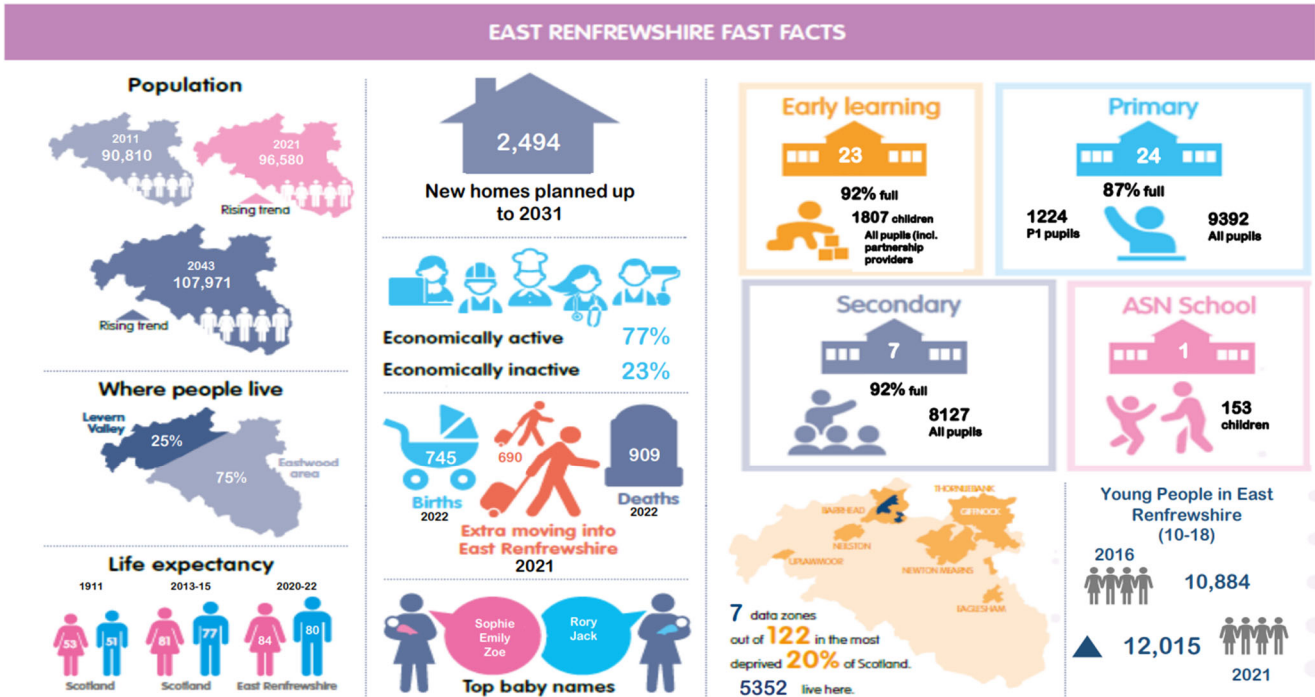
East Renfrewshire covers an area of 174 square kilometres and borders the city of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

Our population continues to grow and reached 97,160 in 2022. 74% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 26% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population. By 2043, almost one quarter of East Renfrewshire is projected to be aged 65 or over (23.8%). There has been a 26% increase

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

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



East Renfrewshire Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire's Integration Joint Board (IJB) and it has built on

the Community Health and Care Partnership (CHCP), which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.

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

During the last 18 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

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

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

1.3 Our Strategic Approach

1.3.1 Our Strategic Vision and Priorities

In East Renfrewshire we have been leading the way in integrating health and care services. From the outset of the CHCP we have focused firmly on outcomes for the people of East Renfrewshire, improving health and wellbeing and reducing inequalities. Under the direction of East Renfrewshire's IJB, our HSCP builds on this secure foundation. Throughout our integration journey during the last 17 years, we have developed strong relationships with many different partner organisations. Our longevity as an integrated partnership provides a strong foundation to continue to improve health and social care services.

Our Vision

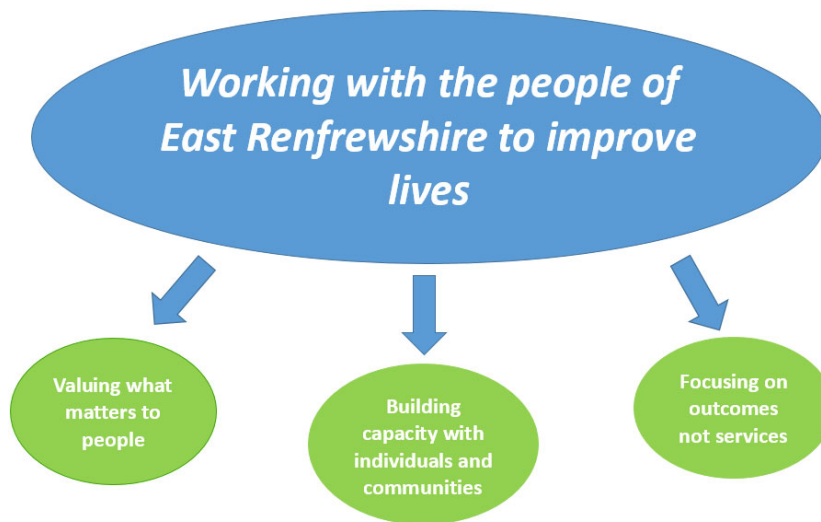
Our vision statement, "*Working together with the people of East Renfrewshire to improve lives*", was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction through our Strategic Plan. At the heart of this are the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

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

- *Valuing what matters to people*
- *Building capacity with individuals and communities*

- *Focusing on outcomes, not services*

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



Our Strategic Plan

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

Our second Strategic Plan covering 2018-21 recognised that the partnership must extend beyond traditional health and care services to a wide partnership with local people and carers, volunteers and community organisations, providers and community planning partners. The plan placed a greater emphasis on addressing the wider factors that impact on people's health and wellbeing, including activity, housing, and work; supporting people to be well, independent and connected to their communities.

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

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

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

- Strengthening the emphasis in the plan on safety, preventing harm and addressing rising incidence of violence against women and girls following the pandemic.
- Reference to the practical supports available for digital solutions; and recognition to the role of peer support in recovery and supporting independence.

- More emphasis on how we are working to enhance mental health support through primary care; and local initiatives using the Community Mental Health and Wellbeing Fund.
- More recognition of the impact of the Covid pandemic on unpaid carers and increased pressures for carers including increased caring requirement.
- In our existing discussion of health inequalities, greater reference to the wider impacts of poverty and focus on supporting people with protected characteristics.
- For our priority supporting staff wellbeing recognition our intention to be a 'listening' partnership; and outlining activities including wellbeing group, plan and appointment of wellbeing lead.

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

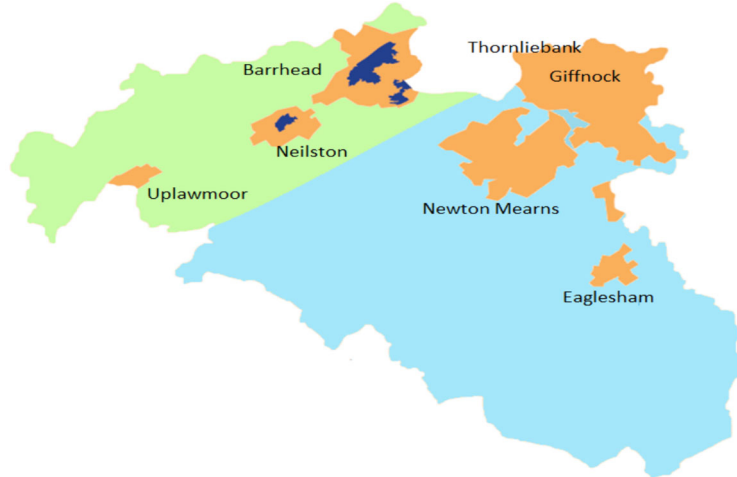
- Working together with **children, young people and their families** to improve mental and emotional wellbeing;
- Working together with people to maintain their **independence at home** and in their local community;
- Working together to support **mental health and wellbeing**;
- Working together to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

The plan illustrates how the HSCP will contribute to the priorities established in the East Renfrewshire Community Plan and Fairer East Ren. Under our strategic priorities we set out our key activities and critical indicators that link to the HSCP contribution to East Renfrewshire Council's Outcome Delivery Plan. The plan also links to relevant planning at NHSGGC Board level, including the priorities set out in Moving Forward Together, and commitments set out in supporting plans including: the Public Health Strategy, the Adult Mental Health Strategy, the Primary Care Strategy and the Public Protection Strategy. The plan fully recognises the implications from the Independent Review of Adult Social Care and planned National Care Service.

1.3.2 Locality planning in East Renfrewshire

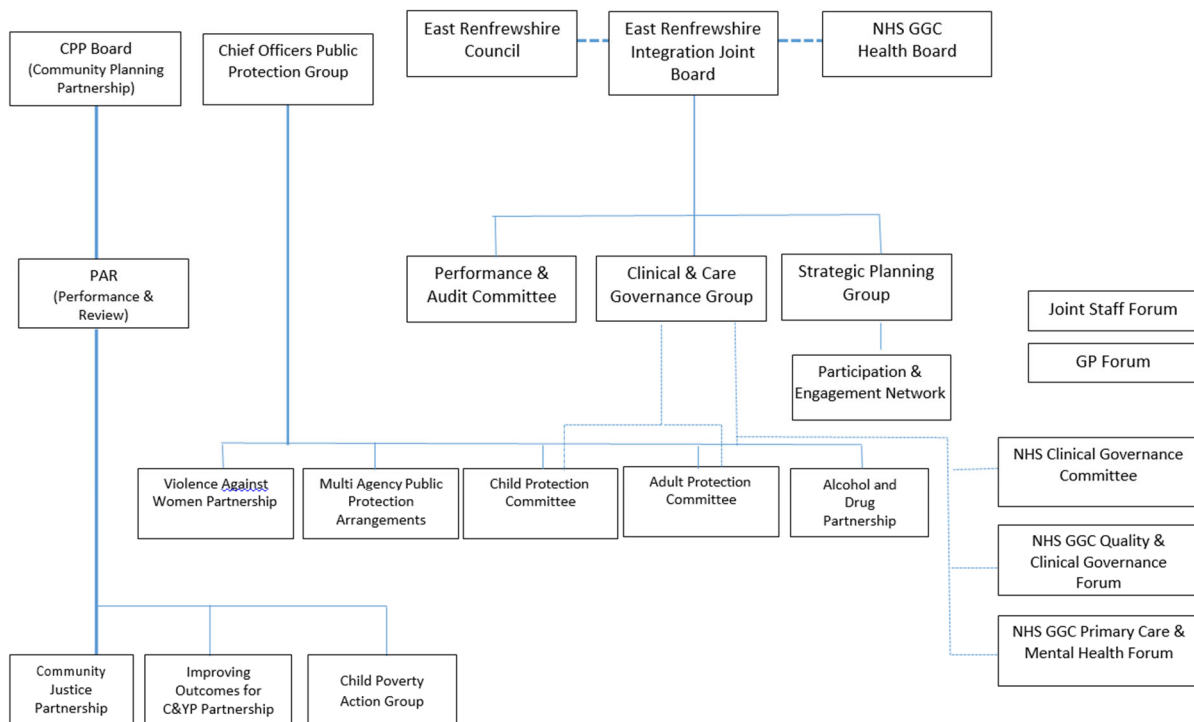
Our previous 2018-21 Strategic Plan reduced our locality planning areas from three to two localities – one for Eastwood and another for Barrhead. This allowed us to coordinate our approach with our local GP clusters while also reflecting the natural communities in East Renfrewshire.

Our locality areas also reflect our hospital flows, with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. Our management and service structure is designed around our localities. Our locality planning arrangements continue to develop and will be supported by planning and market facilitation posts and financial reporting at a locality level.



The IJB continues to deliver integrated health and care services within East Renfrewshire in our valued partnership working with community, the third, voluntary and independent sectors, facilitating the successful operation of the HSCP.

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



1.3.3 Our integrated performance management framework

We have a commitment to integrated performance management. Our performance management framework is structured around our Strategic Plan, with all performance measures and key activities clearly demonstrating their contribution to each of our nine

strategic planning priorities. The framework also demonstrates how these priorities link to the National Health and Wellbeing Outcomes and East Renfrewshire's Community Planning Outcomes.

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

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

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

We gather feedback from people who use services from a variety of sources. These include patient/service user surveys through for example, our Primary Care Mental Health Team; community groups; and people who use our integrated health and social care centres. We monitor feedback from residents through the recently established Care Opinion system. We also gather local feedback from East Renfrewshire Council's Citizens' Panel, Talking Points data and the National Health and Wellbeing Survey. We support a local Mental Health Carers Group, where carers are able to raise issues about their needs and the support they receive. We continue to develop our approach to engagement through our multi-agency Participation and Engagement Network, strengthening our methods in drawing in residents' views to our evaluation processes.

1.3.4 Supporting People Framework

East Renfrewshire HSCP has a strong track record in supporting people to live well. We have historically invested significantly in services and support to help people at the earliest opportunity. We will try our best to continue to do this to support people within their communities.

Until 2023-24 East Renfrewshire HSCP had resisted the development of a criteria to determine access to social care. Our approach has been largely outcome focussed whilst adhering to national policy and guidance on care provision such as self-directed support and nursing / residential care for older people. However, in 2023 it was recognised that, due to the resource pressures facing the HSCP, we would have to take a new approach.

The flat cash settlement that East Renfrewshire Council received and passed on to the Integration Joint Board has resulted in us having to fund all of our pressures. These have been particularly challenging in 2023-24 due to the growing demands and complexity of need, alongside pressures relating to pay and inflation. It was recognised that, we simply could not afford to support everyone in the way that we had been doing and we needed to think differently about how we support people and where they get support from.

Our new Supporting People Framework sets out our criteria for providing social care; sharing finite resources fairly, and focusing our resources on people assessed as having the highest levels of needs. The Framework supports practitioners to deploy finite resources in a way that ensures that resources are provided to those in greatest need. Lower level need should not automatically be seen as a deficit requiring allocation of resource but should be considered in relation to an individual's personal or community assets holistically. The Supporting People Framework encourages creativity and collaboration to widen and enhance support. The framework will allow access to the most appropriate support in line with levels of risk and need.

The Supporting People framework will recognise risk as the key factor in the determination of eligibility for adult social care services. However, we know that risk can increase or decrease and be offset by strengths and protective factors which can be assessed via ongoing assessment and review. Where a person is eligible for a statutory service, the urgency of risk and complexity of need should be borne in mind when determining how and when to respond to their support requirements. The principles guiding our practice when implementing the new Framework are underpinned by the HSCP strategic vision to "work together with the people of East Renfrewshire to improve lives". The principles ensure that support provided by East Renfrewshire HSCP will:

- Promote, support and preserve maximum independence and resilience where practical and practicable
- Promote equitable access to social care resources
- Adhere to the principals of early and minimum intervention
- Target resource to those vulnerable individuals most at risk of harm or in need of protection.

In managing access to finite resources, the HSCP will focus first on those people assessed as having the most significant risks to their health, wellbeing and independent living. Where people are assessed as being in the *critical* or *substantial* risk categories their needs will generally call for the immediate or imminent provision of support. People experiencing risk at this level will receive that support as soon as reasonably practicable.

Where eligibility is assessed as *moderate* or *low*, the primary response of the HSCP will be to provide the individual with advice/information and/or to signpost to community resources, supporting access to support where practical and practicable.

To ensure support to those at the lower categories of need, the HSCP is continuing to invest in voluntary and community resources that help people to live well and independently.

2 Delivering our key priorities

2.1 Introduction

This section looks at the progress we made over 2023-24 to deliver the key priorities set out in our Strategic Plan and how we are performing in relation to the National Health and Wellbeing Outcomes. For each area we present headline performance data showing progress against our key local and national performance indicators. In addition to an analysis of the data we provide qualitative evidence including case studies and experience from local people engaging with our services. Our intention is to illustrate the wide range of activity taking place across the partnership.

A full performance assessment covering the period 2016-17 to 2023-24 is given in Chapter 4 of the report.

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

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

2.2.1 Our strategic aims and priorities during 2023-24

Improving the mental and emotional wellbeing of children and young people continues to be one of the highest priorities for East Renfrewshire HSCP. Our multi-agency approach to supporting the needs of children and young people in East Renfrewshire is set out in our Children and Young People's Services Plan 2020-2023. Together all partners in East Renfrewshire are building an approach to mental health support for children, young people and families that will ensure they receive the right care and interventions at the right time and in the right place. We aim to provide a holistic range of appropriate supports through our multi-stakeholder Healthier Minds Service which works alongside our Family Wellbeing Service and links to GP practices and the Child and Adolescent Mental Health Service (CAMHS).

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

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

- Protecting our most vulnerable children, young people and families
- Delivering on our corporate parenting responsibilities to our care experienced children and young people by fully implementing The Promise
- Responding to the mental and emotional health and wellbeing needs of children and young people

- Ensuring children and young people with complex needs are supported to overcome barriers to inclusion at home and in their communities

2.2.2 Our performance in 2023-24

During 2023-24 our children's services have continued to see increasing demand and higher levels of complexity among referrals. We continue to work with an increasing number of children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis.

Headline performance data includes:

- Care experienced children – 14.4% with more than one placement in the year, down from 20.8% in 22/23. And no children in East Renfrewshire with 3 or more placements
- Child protection - 100% of child protection cases with increased safety – maintaining excellent performance from 22/23
- 92% of care experienced children supported in community rather than a residential setting (22/23 figure) – a high rate and better than the Scottish average (89%) but performance dropped slightly from the previous year
- % of children subject to child protection offered advocacy increased to 65% from 61% in 22/23.
- Child protection re-registrations within an 18 month period increased during 2023-24 from 0% to 12.5%. This was due to a very small number of children requiring re-registration in the year.

2.2.3 Ways we have delivered in 2023-24

East Renfrewshire's multi-agency Children and Young People's Services Plan 2023-2026 recognises mental and emotional wellbeing as a key priority. The Covid-19 pandemic exacerbated the circumstances of many children, young people and families, and we have seen a rise in the number of those experiencing challenges with their mental health and wellbeing and this also includes those who have a neurodevelopmental diagnosis.

We continue our efforts to alleviate pressure on **CAMHS** by developing appropriate (Tier 2) alternatives that work with young people and families to support recovery and minimise crisis. In 2023-24 this has successfully reduced pressures at the CAMHS 'front door' bringing down the proportion of people having to wait more than 18 weeks and reducing the longest waits that families have experienced.



A key success has been seen with the ongoing development of the multi-stakeholder **Healthier Minds Service** aligned to school communities was developed to identify and ensure delivery of mental wellbeing support to children and families.

Healthier Minds referrals continue to primarily come from schools and other agencies including GPs, CAMHS, Social Work, RAMH, Woman's Aid and Children 1st and more importantly includes self-referrals from young people. A total of 1443 children and young people have been referred to the weekly screening hub (since the service began in November 2020). Last year a total of 385 children and young people were referred, resulting in children, young people

and their families being supported timeously. Another extensive calendar of training has been delivered in the current year with more planned for the new school year. The support offered by the Healthier Minds team continues to result in positive outcomes for children and young people with 97% reporting improved mental and emotional wellbeing. All parents who completed the post support evaluation noted they would recommend the service to others, ongoing since 2020.

Healthier Minds Service 2023-24

- 385 children and young people referred during the year
- 21% with ASC/ADHD diagnosis at point of referral (there is a large number of those referred displaying traits or with a query of a neurological diagnosis)
- Increased level of distress reflected in the four main reasons for referral:
 - Anxiety/stress
 - Suicidal ideation
 - Emotional regulation
 - Trauma
- 97% of children and young people supported by Healthier Minds reported improved mental and emotional wellbeing – up from 93% in previous year.

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

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

Holistic whole family support – Family First

A range of services have developed for families requiring support with parenting and caring for their children. Family First are the main universal service within East Renfrewshire who provide holistic support on a wide range of issues from housing and money advice, to help with behaviour, sleeping, diet and isolation. The service can work with families and their children individually or in a group format. Staff deliver PoPP, Incredible Years, Triple P and positive evaluation across these programmes post intervention is high with families reporting more able to manage and respond to their children's needs. Family First plays a key role in preventing difficulties escalating and last year their focus on supporting families with children with additional needs was hugely beneficial. Similarly the service reached out to minority ethnic communities to determine need and this has resulted in a significant increase in uptake from families from ethnically and religiously diverse backgrounds.

During the year we have continued to work in partnership with children, young people, and families/carers to implement **The Promise**. On 5th February 2020, a promise was made to the infants, children, young people, adults and families who have experience of the care system in Scotland. The Promise and its commitments were clear that by 2030 the following would be delivered:

- Love will no longer be the casualty of the 'care system,' but the value around which it operates.

- Wherever safe to do so, Scotland will make sure children stay with their families and families will be actively supported to stay together.
- Children, young people, and their families will be listened to, respected, involved and heard in every decision that affects them.

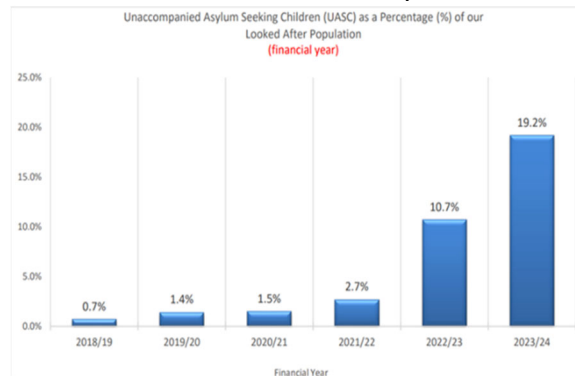
Delivering The Promise in East Renfrewshire

East Renfrewshire Council and East Renfrewshire HSCP have over many years demonstrated a strong commitment to improving the life chances of our looked after and care experienced children and young people. Through our multi agency East Renfrewshire Improving Outcomes for Children and Young People Partnership - led by East Renfrewshire Council and East Renfrewshire HSCP - we have worked hard since 2020 to promote and implement the Promise. Firstly by consistently raising awareness of the role of Corporate Parents we believe that all partners now understand that when a child or young person becomes looked after – at home or away from home - the local authority, health board, and a large number of other public bodies take on the statutory responsibility of Corporate Parent. This shared understanding that Corporate Parenting is the collective responsibility of the all of us is key to successfully keeping The Promise.

We are now over four years into the Promise's ten year plan with the current plan focusing on the period from 2021 until 2024. The five priority areas of Plan 21-24 - A Good Childhood, Whole Family Support, Planning, Supporting the Workforce, and Building Capacity and the 25 actions contained within - are reflected in the new East Renfrewshire's Children's Services Plan 2023-2026 titled "At Our Heart – The Next Steps". Progress with implementation is reported through Children's Plan annual review process which is a statutory duty. The 21-24 Plan also indicates 5 fundamentals to drive systems and cultural change across Scotland and these are: What Matters to Children and Families, Listening, Poverty, Children's Rights and Language.

The key message signed up to by partners is that "we want the best for our looked after children and young people, to see them flourish with good health, to be safe and happy, to do well in education and enjoy healthy relationships with family, carers and friends. Similarly, we want them to make the most of the available cultural and leisure opportunities, and to develop towards adulthood fully prepared to lead independent lives. Importantly, we want young people to progress into a positive post school destination, whether this be further or higher education, or employment, and to be financially secure". Over the remaining two years left of our local Children's Plan we will further progress this agenda and the fulfilment of our ambition for the children, young people, and their families.

The HSCP provides support to **unaccompanied asylum seeking children** arriving in the local authority area. The average frequency of contact for all arrivals is twice per week and newly arrived young people are supported seven days per week for the first few weeks. We have well established links with the Equality Development Officer for faith and culture groups; and additional support is provided to young people by Aberlour Guardianship Service. The number of unaccompanied asylum seeking children continues to rise and make up almost a fifth of our looked-after population. In addition, 9.2% of the after-care population are now UASC.



We continue to support young people with complex needs as they transition from one life stage to another. We have seen an increase in the numbers of young people being referred for

transitions assessment, planning and support, with numbers forecast to continue increasing in future years. A new **HSCP Transitions Team** has been created to support improvement in this activity. This Team works between ERC Education, HSCP Children and Families Services, and HSCP Adult Services. The aim is to provide an improved transition from children's services to adult services for young people with very complex needs. To this end a multi-agency mapping exercise has been undertaken to ensure all of the young people have a bespoke Transition Plan in place that they and their families contribute to. More work is required to ensure the experience is positive for the young person and their family and more partners will be involved as the roll out of the new way of working is implemented.

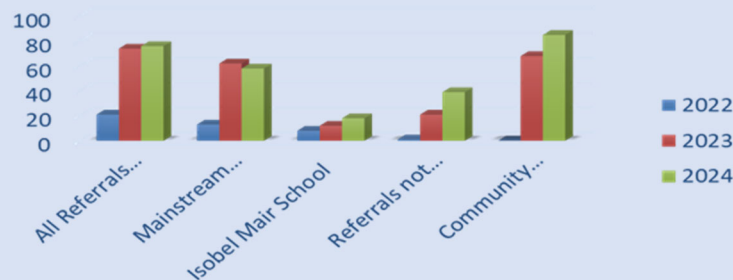
Supporting transitions – some key achievements 2023-24

Transitions Hub – we developed a shared working space for multi-agency and partnership working focussed on transitions. This promotes collaboration and utilisation of third sector and community resources with a focus on developing networks and independence.

Transitions Resource Enablement Group (REG) and Peer Professional Review Group (PPRG) - Development of transitions-specific REG and PPRG process. Highlights positive collaboration between children and adult services and ensure consistency of eligibility criteria application.

Introduction of Transitions Planning Framework - Governance of transitions planning and development across all HSCP services and third sector partners.

Transitions Service Referrals



Transitions – supporting mental health

CAMHS are working in partnership with HSCP Transitions Team and Children and Families Services, to ensure young people who will require adult community mental health services as young adults have a seamless transition from one service to another. This multi-agency and multi-disciplinary approach is evolving and key agencies are being identified to participate in the model including the third sector. Young people on the CAMHS waiting list have been prioritised if they are 16/17 year of age to ensure the right support and treatment is in place prior to them accessing adult services. This is particularly important for those on the Neurodevelopmental Pathway who may require ongoing medication and monitoring.

We continue to develop and improve our practice supporting vulnerable children and young people, including the **Signs of Safety** model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model supports practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. The approach recognises the need to define harm, outline danger and identify safety goals. Implementation of the Signs of Safety model is overseen by a multi-agency implementation group consisting of key partners. As a result, one assessment framework/paperwork is being used across a variety of statutory and non-statutory work including Child Protection assessments,

disability/Section 23 assessments, Child in Need and SCRA assessments. During 2023-24 we undertook a number of review and evaluation activities with the aim of revising and updating our implementation plan targets. We have had a number of new staff across the system and therefore further training has been required and have ran further refreshers courses for staff members. The implementation oversight board have identified key areas of process and improvement, which has resulted in sub committees with a focus on upskilling staff, managing risk, and progressing whole system implementation.

During 2023-24 we completed the implementation of the **Scottish Child Interview Model (SCIM)** which supports children who have experienced abuse. There is now a fully operational trauma recovery team who support children and their families following interview where required. During the year, we completed 211 interviews under this model and maintained an overall disclosure rate of 80%. We had our opening launch of the first ever **Bairns' Hoose** in United Kingdom in August 2023 and its premises are here in East Renfrewshire. The vision behind this trauma-informed environment has received positive praise and recognition from far and wide and plans are now in place to have the justice space in operation over the coming months. This should ensure no child has to experience the fear and alarm of attending an adult court environment and provide their evidence via remote link.

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

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

Participation and engagement activities take place across the service, however our **Champions Board** and **Mini-Champs** are active groups of young people and children who meet regularly and inform strategy and practice. A central focus is on inclusion and participation allowing looked after young people a meaningful forum to directly influence and, through time, redesign services that affect them in a co-produced way by influencing their corporate parents. The Champions Board offers looked after young people leadership opportunities and the opportunity to change practice and policy. Our aim is to demystify and challenge misconceptions about looked after children and young people and strengthen awareness of the barriers that they face.



Champions Board activity 2023-24

The Champions Board have recently been helping design a collaborative housing pathway and service for young people who are leaving care. They have also attended national conferences and met with The Promise Scotland to share their views.

The Champions Board held a relaunch event in June 2023 whereby our Young Champions shared the journey of the Champions Board and next steps with new Elected Members and Directors and to ask for support moving forward as East Renfrewshire embeds The Promise. Following this, young people have spent time with Adult Champions.

We continue to raise awareness and promote the creativity of Care Experienced Children and Young People with the support of this sector partners. This has included a Hip-Hop Showcase where young people performed on stage a SWG3. Two of our Young Champions are also depicted on a mural dedicated to Care Experience on Strathclyde University.

We are currently working alongside Community Learning and Development to ensure representation of Care Experienced Young People, including our separated young people seeking asylum, in UN Convention on the Rights of the Child (UNCRC) forums.

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

National Health and Wellbeing Outcomes contributed to:

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

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

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

2.3.1 Our strategic aims and priorities during 2023-24

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

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

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

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

2.3.2 Our performance in 2023-24

Over 2023-24 we have continued to support people to live independently and well at home, despite additional demand pressures on our services due to more people seeking support at home as well as increased levels of frailty and complexity. During 2023-24 we have seen continuing pressure on our Care at Home service with increased referrals and reducing capacity among partner providers. Targeted activity has meant that we have been able to improve outcomes for people receiving re-ablement supports and have supported independent living for those in greatest need.

Headline performance data includes:

- 96.8% of local people aged 65+ live in housing rather than a care home or hospital – meeting our target and better than the Scottish average.
- 64% of people had a reduced care need following a period of reablement / rehabilitation support – up significantly from 48% in 22/23.
- % of people reporting outcome of 'living where you/as you want to live' increased to 91% from 89%, now ahead of target (90%)

- % of people aged 65+ with intensive care needs (plus 10 hours) receiving care at home dropped from 64.4% to 62.5% although still within our agreed target of 62%.
- The number of people self-directing their care through direct payments and other forms of self-directed support increased to 548 for 2023-24 (up from 488 in 22/23).
- In East Renfrewshire, spend on direct payments for adults as a % of total social work spend for adults was 9.3% in 22/23 – up from 8.9% in the previous year and better than the Scottish average (8.7%).

2.3.3 Ways we have delivered in 2023-24

The HSCP continues to promote Community Led Support which emphasises more local, personalised and flexible services. More than ever, we recognise the importance of strong community and third-sector links to ensure people can access the supports they need in their community, helping people to live independently and well.



The Community Hub

Key to our approach as a partnership is the support provide by our local **Community Hub** which helps residents to access information and signposts to local community services and supports. The Community Hub is a partnership between Voluntary Action East Renfrewshire (VAER), HSCP Talking Points and East Renfrewshire Council Communities and Strategic teams.

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



During 2023-24 there have been some wide-scale changes within the HSCP seeing key personnel changes resulting some service re-design and shifting of priorities. Further development of the Talking Points partnership has seen a shift towards a closer links between 3rd sector providers, community activities and the public sector under The Community Hub Collaborative.

The Community Hub – ensuring support is available in our communities

The Community Hub continues to demonstrate the benefits of collaborative working across East Renfrewshire, playing a key strategic role in the development and implementation of the HSCP's supporting people framework. Developing the scope and reach of our online community directory and helpline is central to the implementation of our single access point for local supports and activities.

Talking Points @ The Community Hub plays a pivotal role in diverting moderate to low level supports away from the HSCP front door, being picked up and supported by appropriate community and 3rd Sector providers. During 2023-24, The Community Hub picked up and supported 702 requests for assistance:

- 503 linked with Community Information

- 178 signposted/referrals directly to 3rd sector organisations
- 158 requiring further multi agency supports via the Talking Points screening group.

2023-24 witnessed an increase in demand for capacity supports to groups, community activities and support services. There is a clear indication that many groups/organisations are facing and will continue to face financial difficulties. This led to a funding session being held in January 24 (6 organisations); with authority-wide engagement planned, on a locality basis, during 2024/25. The range of supports provided during 2023-24 (including our virtual supports) consisted of:

- Organisational supports delivered to:
 - Social Enterprises 20
 - Charities/Community groups 51
- Supports provided Included:
 - Policies, Good Governance & Constitution Reviews: 33
 - Funding & Finance: 37
 - Charity Compliance & Information: 14
 - Legal Structures: 2
 - Asset Transfers: 1
 - Other: 8

Development of our Community Hub website has allowed for more targeted information for individuals whilst promoting volunteering opps, activities, supports and information available. Our Community Hub website brings together information and access to support services, community activities and volunteering opportunities in one person centred community page. Over 150 groups registered new activities on the Community Hub Directory and in April 2023 we launched a new directory focused on ASN children and young people.

The Community Hub website has seen 5600 users with 14,600-page views for community activities and support information. The development work carried out across the Talking Points collaborative has seen a further development during 2023-24 of our online referral form for partners and the development of a self referral form to be launched in 2024-25.

The Community Hub collaborative continue to work together to design an approach to data sharing and service design that is fit for purpose and meets the changing needs of our most vulnerable residents. Development of Talking Points support hubs within Thornliebank Resource centre, The Community Hub @ The Barrhead Centre and The Community Hub @ Kelburn Street started towards the end of 2023-24 offering Talking Points partners the opportunity to have a shared work space, that facilitates cross agency support and delivery. This will be further developed during 2024-25.

Find out more about the work of Talking Points by watching this video:

<https://www.youtube.com/watch?v=IK88PRexpfs>

Our partnership is working to support the ongoing development and expansion of community-led activities across East Renfrewshire through the **Kindness Collaborative** led by VAER. We are very proud of the progress we have achieved this year, recruiting volunteers, further developing existing collaboratives and creating new collaboratives to meet identified community need. Our Kindness Collaborative Lead has continued to develop work with our hospital discharge team, Talking Points partners and wider third sector partners and members of the community.

Over all this year we have supported:

- 35 Kindness buddies

- 30 residents supported.
- 4 new collaboratives set up.

Kindness Buddies

Our Kindness Buddies project focused on supporting Live Active, Home Safely and Time out for Carers to recruit volunteers and maintain relationships and support across these local areas of need

Our most successful achievement over this year has been the positive impact delivered by our volunteers. They have cemented the relationship with the people they support and have also developed their own peer support network meeting for coffee and walks. Our Kindness Buddy role is a true mutually beneficial relationship between our volunteers and the residents looking for support.

This year our volunteers and the people they support all attended the East Renfrewshire Big Lunch together, with other isolated residents looking to develop new connections and learn about the support services and social activities available across East Renfrewshire.

Kindness Collaborative

Our lead has focused their work this year on extending the successful work with Home Safely, Live Active and Time out for Carers to be integrated into our Talking Points network. Working closely with our HSCP colleagues and wider third sector partners we have been able to identify gaps in current community support provision and work collaboratively to try and meet those needs. These identified needs include; shopping requests, social support buddies and a need for general peer support across our vulnerable residents mainly older people or those with a long-term condition. Examples of the work delivered by the Kindness Collaborative in 2023-24 are given below.

Crookfur Cottages

A local sheltered housing complex with The Retail Trust as housing provider. They are redeveloping their communal space, to provide a range of services that reflect community need; potentially delivered by local people.

The Kindness team supported The Retail Trust to engage with other local groups and organisations that are already providing supports in the area to connect and collaborate; ensuring there development was not duplicating but adding additional capacity to the community.

Sporting Memories

Men's group/dementia sporting friendly groups are a gap in this area. KC supported them to set up a regular group that is volunteer led, out of our Barrhead community hub with a regular weekly attendance of between 3-5. Now being advertised across a number of local pubs as a way of supporting their regulars to receive support during the day.

Age Concern Eastwood

A new board member contacted us to get support to update their services and supports to meet local needs. We connected them with local partners through Talking Points and the wider 3rd Sector i.e. Retail Trust, Generations Working Together and our own youth volunteer team. This was really about how they could increase their volunteer offer, create some intergenerational work to help bridge the gap between young people and older people and to help enhance the local developing young workforce offer to create a new local generation of workers interested in skilled working within health and social care.

Thornliebank Parish Church

Volunteer support request, and looking for local support speakers to share local provision and increase awareness of what support is available locally. The Parish Church run a community café and social groups. We introduced them to the Prevention Team (to raise awareness of scams), Family First (to encourage wider community reach), CAB older peoples support worker, MART (Money Advice & Rights) and our Youth team again to encourage intergenerational supports.

Healthy Activities initiative

We now have 10 walks taking place with 102 participants and 18 volunteers.

Additionally, local strength and balance classes had 82 participants with 4 volunteers supporting them.

Parkinson's Support group

Again through Talking Points Parkinson's support has been highlighted as a gap in provision. Together with our HSCP partners, members of the local community and our local Carers Centre we have been working with Parkinson's UK to develop a peer support group. The first public meeting was held in March 2024; with 9 local residents in attendance and a further 4 people expressing an interest.

Long Covid Peer Support

We were approached by a local resident at the same time as our HSCP Talking Points Partners to help set up and develop a long Covid support group. Our team supported the establishment of two peer support groups, with 6 regular attendees. The group has been supported to make connections with local people experiencing the long term effects of Covid-19, we have sourced national and local specialist information ranging from health Improvement, MART and NHS interventions. We continue to support this group with an aim to recruit a volunteer to take over leading the group as and when they are ready.

In partnership with VAER we support the delivery of **Home Safely** linking with the HSCP Home from Hospital and Intermediate Care Teams. The project aims to support vulnerable residents to feel more supported to settle home following discharge from hospital/care setting. The intention is also that residents are more connected to social activities and support services and HSCP staff are more connected to community activities. The Home Safely project provides short term support (6-8 weeks) for isolated East Ren residents to re-connect with their communities after a stay in hospital. During 2023-24 we saw:

- 37 Referrals (11 declined, 4 on-going)
- 22 Residents matched with volunteers. Participants now attending activities within their local area.

During the year we have established close working links. We undertook a review of referral pathways and combined professional oversight of Rehabilitation team and Reablement to maximise support for individuals being discharged from hospital directly home or into an intermediate care setting - promoting home first ethos.

The Kindness Collaborative continues to provide range of support mechanisms for practical and emotional support to individuals. The community volunteering programme is designed to remove financial, digital and practical (transport/mobility) barriers to accessing community assets. There was a successful test of change with East Renfrewshire Culture and Leisure Trust for strength and balance exercise provision. This resulted in an increased number of individuals attending Vitality classes, increased attendance rates, strong communication links and pathways between HSCP and Leisure Trust ongoing.

East Renfrewshire HSCP's **Care at Home** service provides care to around 515 East Renfrewshire residents covering on average 9,250 visits and 3,115 hours of care per week.

There have been significant capacity issues within Care at Home both locally and across Scotland leading to continuing pressure on the HSCP's in-house care at home service.

During 2023-24 our **Learning Disability Team** underwent an unannounced inspection by the Care Inspectorate. The Inspection recognised the service as being 'Very Good' for both Leadership and Health and Wellbeing indicators.

During the year we also saw the transformation of former Learning Disability Day Services buildings into Community Hubs in partnership with VAER. This approach is supporting the developing resources and activities available to all. In order to enable a shift from Day Services to Day Opportunities to provide person-centred and outcome-focussed support in a variety of forms, the service was successfully registered as a dispersed service, a sub-category of Care at Home.



Community Pathways offers day opportunities and community outreach support to people with learning disabilities in East Renfrewshire, including transitions support for younger people. Around 40 people use the service on a permanent basis with a larger number of people participating in short term placements at any one time.

The service is based in Thornliebank Resource Centre but also makes use of other community-based buildings across East Renfrewshire. People can access a wide variety of groups, projects and activities aligned to their outcomes. This includes partnership working with 3rd Sector Organisations such as Include Me 2, Voluntary Action and The Trussel Trust. The service also offers workshops to develop independent living skills and skills for work.

Following an unannounced inspection in March 2024 the service received a highly positive report from the Care Inspectorate, commended for the person-centred approach taken by staff, the interesting and fulfilling activities on offer and an enthusiastic and well trained staff team.

The inspection found that the service works well in partnership with other health professionals and support providers and implements guidance received to improve people's wellbeing, such as eating and drinking advice and using techniques to limit stress and distress. The findings were based on evidence gathered from people who use the service and their families, who told the inspection team that key workers are the best thing about the service.

We continue to promote the positive impacts of **digital technology** on living well in East Renfrewshire, including through participation in the East Renfrewshire Digital Inclusion Partnership. We have continued to develop our digital offer, ensuring groups, organisations and individuals have access to the latest information. VAER have developed an interactive online directory of community activities that can be searched on the basis of interest, geography and access. However, we also appreciate that not everyone is comfortable with accessing or using digital information, therefore we continue to use traditional methods such as leaflet drops, information posters and face-to-face drop-ins.

During 2023-24 the partnership has continued to deliver 1:1 IT/Digital supports with 76 appointments carried out by our Digital Champion with The Market Place @ The Avenue.

Through our Talking Points Collaborative we have continued to promote the benefits of digital technologies to support independent living through referrals for community alarms, promoting dementia friendly technologies and referrals to the Tech enabled Care team within HSCP.

Scottish Centre of Technology for the Communication Impaired (SCTCI) was established in 1987 and exists to provide a high quality, specialist service for Augmentative and Alternative Communication (AAC) assessment for children and adults in Scotland who have complex additional speech, language and communication support needs.

SCTCI is hosted by East Renfrewshire HSCP and provides AAC assessment and equipment provision services throughout NHSGGC and Scotland across all client groups. The service works with patients and their teams, families and carers, to find technological solutions to reduce disabilities caused by communication impairments, thereby allowing patients to fully participate in their lives and communities.

The service crosses organisational, geographical, and demographic boundaries. Patients who are referred to the service can be ordinarily resident in any of the twelve health boards which have a service level agreement with SCTCI. Clinicians who refer patients to the service, mainly speech and language therapists, can be employed by local authority, NHS, or HSCP. We work closely with our Health Board partners and other stakeholders to support everyone to meet the legislative duty around AAC and communication equipment.

Last year the service received 116 referrals from 11 health boards. Most of those referrals resulted in SCTCI recommending a communication device. Client feedback in a recent video created by an AAC user for the Health Board included: "I think SCTCI is a great service. They are always there when I am trying out new communication devices or when my clamp falls off. They work quickly. AAC is one of the biggest parts of my life. It doesn't just give myself a voice, it has given me so many opportunities writing blogs, public speaking and campaigning. So AAC is really important to me."

SCTCI is a nationally recognised service not only in Scotland but is also represented at many events throughout the UK. It received recognition from the Communication Matters Charity as the setting of the year award in 2019.

The service regularly travels across Scotland. Recent visits have been to Orkney, Aberdeen and Thurso. It has strong networks and links to Speech and Language Therapists from all over Scotland who are in regular contact for all AAC related queries.

The CHAT (Communication Help through Assistive Technology) Service Team is a service provided across Greater Glasgow and Clyde, hosted by SCTCI and is managed by East Renfrewshire HSCP on behalf of the health board.

It was set up in 2020 to support the provision of the Scottish AAC legislation, and to provide equipment for AAC users living in NHSGGC. They work alongside local Speech and Language Therapists to guide Augmentative and Alternative Communication (AAC) implementation, often following assessment by SCTCI. The impact of this service for those requiring AAC in Glasgow has been significant with significantly faster procurement of communication devices for adults and excellent support to use their devices. The impact on the workforce providing long term AAC support has been improved knowledge and confidence.

The service received recognition from the Communication Matters Charity at their 2023 awards ceremony. The CHAT service won The Samantha Hunnisett Access Award – an

award for an individual or team, whose innovative work has broken down barriers to access assessment or the use of AAC or Electronic Assistive Technology (EAT).

The team was commended for their excellent work in breaking down barriers to ensure equal opportunities and access to AAC assessment and provision. This has meant that 50 AAC users in Glasgow alone were provided with the communication aid they needed last year, most within three weeks from application.

User feedback from a client with Motor Neurone Disease (MND) 'When this disease has taken everything else away the ability to still communicate using eye gaze means everything to me. Thank you for giving me a voice so quickly when I needed it the most'.

CHAT has a number of projects ongoing which aim to improve procurement of devices and identify the training needs of the workforce in Greater Glasgow and Clyde. It also compliments the review work carried out by the Scottish Government as part of their AAC User Engagement Project. The service model has been recognised across Scotland as excellent with many other services requesting to replicate it.

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



MACMILLAN
CANCER SUPPORT

Macmillan Improving the Cancer Journey (MICJ) – East Renfrewshire

The East Renfrewshire Improving Cancer Journey (ICJ) Service is a partnership between Macmillan Cancer Support and the HSCP. The ICJ Service launched in East Renfrewshire in July 2023 and at present has funding secured until 2029. The launch of the East Renfrewshire service means that every local authority in the Greater Glasgow and Clyde NHS area is able to offer this dedicated support.

In addition to the extensive range of support available through Macmillan services, the ICJ Service also links to the East Renfrewshire Money Advice and Rights Team and the East Renfrewshire Culture and Leisure Trust's partnership with Macmillan to provide an information and advice service with support provided by volunteers many of whom have lived experience of living with a cancer diagnosis.

The ICJ Service has 3 part-time members of staff who although employed by the HSCP, are registered as Macmillan professionals and are therefore able to access a wide range of supporting materials and opportunities that support the people referred.

ICJ is primarily a signposting role. The Wellbeing Practitioners work alongside people with a cancer diagnosis to complete a holistic needs assessment ([Holistic Needs Assessment \(HNA\) | Healthcare professionals | Macmillan Cancer Support](#)) which identifies the persons concerns which in turn enables the Wellbeing Practitioner to ensure that the appropriate support and advice is available.

Although the ICJ Service started in July 2023, the Service was only officially launched in May 2024. At the time of writing, the ICJ Service has received 161 referrals and 136 people have completed care plans of support.

Partnerships have been established with a range of community partners including Cancer Support Scotland, Beatson Cancer Charity, East Renfrewshire Carers' Centre and East Renfrewshire Community Transport.

We very much look forward to the ICJ Service continuing to expand its reach and supporting more people diagnosed with cancer, and working with partners to provide an offer of comprehensive and holistic information, advice and support.

For more information about the East Renfrewshire Improving the Cancer Journey Service please see,

[Helping you live with cancer - East Renfrewshire Council](#)

[Macmillan Cancer Support | The UK's leading cancer care charity](#)

2.4 Working together to support mental health and wellbeing

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

2.4.1 Our strategic aims and priorities during 2023-24

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

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

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

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

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

2.4.2 Our performance in 2023-24

During 2023-24 our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. There has been high demand across all teams (Alcohol and Drug Recovery Service, Adult Mental Health Team, Primary Care Mental Health Team, Older Adult Mental Health Team). For older people we continue to see wellbeing impacted by issues such as isolation and reduction in mobility. All services have had unforeseen staffing absences and vacancies during the year, contributing to limited appointments being available and increasing waiting times. Nevertheless, our teams have been working to minimise any decline in performance.

Headline performance data includes:

- Mental health hospital admissions remain low (at 1.2 admissions per 1,000 population)
- 84% waiting no longer than 18 weeks for access to psychological therapies – a significant improvement from 75% in 22/23
- 93% accessing recovery-focused treatment for drug/alcohol within 3 weeks – a slight decline from 96% in 22/23 but we are maintaining performance ahead of target (90%)
- 568 alcohol brief interventions undertaken in 23/24 – up from 173 last year, reflecting continued support for this service.
- % of people moving from drug/alcohol treatment to recovery services in the year declined from 5% to 4%. This can be impacted by circumstances for individuals including crisis or ill health but remains an area of focus for the HSCP.

2.4.3 Ways we have delivered in 2023-24

Our teams continue to deal with high demand across mental health and alcohol and drug recovery services due to increases in complexity. We continue to develop our approaches and ways of working to support good mental health and wellbeing, help people manage their own mental health, and build their emotional resilience.

The partnership takes a holistic approach to promoting mental health and wellbeing including promote physical activity linked to mental wellbeing, in partnership with VAER. During 2023-24, work with our communities to promote positive mental health and wellbeing has included:

- 10 community **health walks** running per week. Delivered by Volunteer Community Walk Leaders, supported by VAER Health & Wellbeing Development Worker.
- **New wheelchair group** established in March 2024 in Barrhead area.
- 7 community **Strength and Balance classes** running per week delivered by community volunteers, supported by the Voluntary Action East Renfrewshire Health & Wellbeing Development Worker.
- 12 new **volunteers recruited and trained** as Walk Leaders or Strength and Balance Leaders. Further volunteer recruitment underway, with volunteer training booked for May 2024.

Walking for Wellbeing

We are currently supporting 10 walks across East Renfrewshire and we hope to be supporting 14 walks by the end of July 2024.

This year, a number of new initiatives have been launched. The Wheelie on Wednesday is an opportunity for wheelchair users to get out and about in the community and launched in April. This has been a successful venture; the participants had complained that there was nothing to do for wheelchair users in Barrhead and a number of them expressed concern that they had a tendency to become reclusive and lacked social contact. This in turn, had affected their mental health. Since the launch of the Wheelie, the Wheelers have taken to it with enthusiasm. One of the participants, Dave Hill, completed Wheel-leader training and is now a volunteer. It has improved his confidence immeasurably and he has seen real improvements in his mental and physical health. Additionally, another Wheeler, Elaine Clark, is intending to do Wheelie Leader training in the near future.



Additionally, two existing walks run by fundraiser Anwar Rafiq (Well Walks) in Neilston are due to be absorbed into the Paths For All framework in the next week. These walks are longer than the normal PFA walks and can last up to two hours. There are two major benefits to this. Firstly, several walkers across East Renfrewshire have been asking for a more challenging and longer walk as they feel like they have progressed enough to try something harder. Secondly, one of Anwar's Walks is on a Saturday and allows for individuals who work or otherwise cannot attend the weekday walks to participate.

We are also in the process of setting up a walk with a Weight Watchers group in Thornliebank. The participants are very motivated to look after their health due to the nature of the class. The risk assessment and route has been completed and the new walk will begin soon.

Participant stories

Sarah began attending the First Steps in Eastwood Park Walk about a year and a half ago and has become an ever-present on my register. Before attending the walks Sarah had begun to suffer from a number of health conditions caused by a sedentary and unhealthy lifestyle – she was overweight, had high blood pressure and diabetes. She made the decision to make a positive change to her health because in her words she wants to “see my grandchildren grow up”. Since attending the walks she has seen great physical improvement – she is now a healthy weight and has her blood pressure and diabetes under control. Additionally Sarah now attends 3 walks a week – First Steps in Eastwood Park, The Rouken Ramble and the Crookfur Walk. Kind-hearted and gentle by nature, Sarah volunteers for another charity and, after some consideration, she decided to do the Walk Leader training and has become my newest Walk Leader. As with most of the participants on the walks, she has very complimentary about the positive mental benefits and support network which build up around them. She says that people tend to open up in this sort of environment as walking side-by-side is less confrontational than sitting opposite someone.

Elaine attends the Giffnock Walk on a Monday. As a carer for her husband who has dementia, Elaine felt that she never had any time for herself and was struggling emotionally and physically with the demands of caring over the past few years. After organising for her husband to attend a lunch club for 2 hours with the Stables she began attending the Giffnock Walk. Elaine says that the company and support she has received from the group has had an extremely positive effect on her mental health; many of the other participants have experienced similar issues in the past and she feels very grateful that she has people with whom she can talk to about the demands of caring whilst also being able to talk about more light-hearted things which take her mind off of things. Physically, she has improved vastly – she had been neglecting herself before to care for another, looked very gray and strained. Now, she has more colour in her face and looks less careworn and stressed. Elaine says that she feels rejuvenated by the walk and it allows her to return to caring for her husband in a happier frame of mind and with more mental strength to deal with the challenges of caring for someone with dementia. She has recently secured the help of another dementia club on a Friday afternoon and is looking to join the Clarkston Walk too.

We are committed to working together with community planning partners on activities that support mental wellbeing and resilience across our communities, with Voluntary Action East Renfrewshire taking a leading role. We have continued to support delivery of the **Community Mental Health and Wellbeing Fund** in partnership with VAER successfully implementing the second year of support to local community. Year 3 funding has been announced for 2024/2025 and there is a focus on tackling loneliness and isolation. Our **Dementia Buddies** programme supported 12 individuals during the year; 11 volunteers received training provided by Alzheimer Scotland, Mearns Kirk Helping Hands, and East Renfrewshire Culture & Leisure Trust.

A key priority in delivering our strategy to support better mental health and wellbeing is to ensure staff and volunteers across the wider partnership have the skills, knowledge and resilience to support individuals and communities. We continue to support **training on mental health and wellbeing** for third sector staff and volunteers.

Seasons for Growth aims to build resilience and bring hope and confidence to children, young people and adults who have experienced significant change or loss. Three Seasons for Growth training sessions have been delivered to Mearns Kirk Helping Hands and Jewish Care staff and volunteers.

The following training courses have been delivered in 2024 with over 200 staff and volunteers participating: Scottish Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), Alcohol Brief Interventions, Seasons for Growth, Peer Support, as well as awareness raising sessions around suicide, self-harm and mental health and wellbeing.

In the last year, four staff have completed the training to become Peer Supporters. There are now nine Peer Support Champions working across East Renfrewshire to support the mental health and wellbeing of staff and partners.

Peer support provision continued throughout 2023-24 in mental health, alcohol and drugs service settings, jointly funded by Action 15 and Alcohol and Drugs Partnership funding. We have enhanced and diversified our multi-disciplinary teams through the addition of occupational therapy resources within the Alcohol and Drugs Recovery Service (ADRS). Additional clinical psychologist leadership has been put in place for the Primary Care Mental Health Team to support service delivery, in particularly delivering on psychological therapy waiting times.

Delivering on shared priorities across Greater Glasgow and Clyde

The **NHSGGC Mental Health Strategy** was recently refreshed. East Renfrewshire Mental Health and Recovery Services are implementing a number of elements of the strategy including:

- Working with commissioned providers on **peer support** provision, including work to improve the flow of supported people through the service, reduce waiting times and increase recording of recovery outcomes. To ensure more direct access to peer support, in 2024-25 the service will move from a commissioned model to NHS peer workers embedded in multi-disciplinary teams, building on learning from the past four years of service delivery
- The adult mental health team (AMHT) has implemented the **Patient Initiated Follow-Up Pathway (PIFU)**, which enables patients to access appointments when their symptoms or circumstances change, and avoid unnecessary appointments. This system is working well with 94 patients on PIFU, maximising capacity in our AMHT.

We continue to deliver the priorities in the **East Renfrewshire Alcohol and Drugs Strategy**, with implementation led and overseen by the Alcohol and Drugs Partnership. During 2023-24, significant progress was made in a range of areas including:

- Developing a business case for investing Alcohol and Drugs Partnership reserves in the design and implementation of a **Community Recovery Hub**. The business case was greatly strengthened by the feedback from lived experience communities and was approved by the Scottish Government. Work is now progressing on the recovery hub initiative. Draft building plans have been developed and discussed with members of the recovery community and local partners. The community steering group in the

process of being established, with three engagement meetings held and a site visit to the potential hub premises.

- A range of activities to ensure that service user experiences shape services including interviews and focus groups to gather feedback on implementation of the Medication Assisted Treatment Standards conversation cafes to inform the development of occupational therapy within the Alcohol and Drug Recovery Service.
- ADRS and children and families social work worked together on a **whole family support** programme for family members of all ages affected by alcohol/drug harms. Aspects of the programme include group work with young people, family inclusive events, development of a play therapy programme, outdoor learning programme for children and young people
- 22 staff from across the alcohol and drugs partnership participated in Community Reinforcement and Family Training (CRAFT) which will build **capacity** and enhance **professional practice** in supporting families affected by alcohol and drugs.

Glasgow Council on Alcohol (GCA) have been commissioned to deliver **Alcohol Brief Interventions (ABIs)**, alcohol counselling sessions and training on the delivery of ABIs to staff across the HSCP and partners. 568 ABIs have been delivered to date (target 419) along with 379 alcohol counselling sessions. These interventions have taken place in leisure centres, libraries, Voluntary Action market places, community centres and food banks. Staff training on ABIs was delivered during the year.



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

During 2023-24 the full staffing complement to deliver the MAT Standards was achieved with the successful recruitment of an occupational therapist, healthcare assistant and Alcohol and Drug Recovery Service nurse, in addition to the pharmacist prescriber who joined the team in 2022. A significant work programme was undertaken to gather the comprehensive evidence required to demonstrate implementation of the MAT Standards. In particular, experiential evidence of service users was required to inform improvement plans for the coming year. A formal Red/Amber/Green (RAG) assessment has been completed by Public Health Scotland and East Renfrewshire is expected to be rated as Green for all standards, including delivering rapid access to treatment (on same day where possible), offering choice of medications, and undertaking proactive assertive outreach for people at high risk.

Virus testing

The East Renfrewshire Alcohol and Drug Recovery (ADRS) Service achieved a 122% increase in Blood Borne Virus (BBV) testing in clients who are receiving Medication Assisted Treatment, which was recognised by the health board at the NHS Hepatitis C Education event.

99% of service users receiving Medication Assisted Treatment have now been tested, with the other 1% declining to participate.

Blood Borne Virus (BBV) testing and linkage to care is key to improving patient outcomes and reducing the risk of onward transmission to others. BBV tests are for Hepatitis B, Hepatitis C and HIV.

The team are unique in that both health and social work staff are trained to deliver dry bloodspot testing and to provide information and advice regarding the transmission of BBVs

and how to reduce transmission through safer practices. The Pharmacist Independent Prescriber, nursing staff, health care support worker and social care staff are integral to achieving this.

During Covid the rate of testing dropped significantly and it has taken a lot of dedication and hard work from the team to bring the rate back up to the high standard that they achieved and maintained prior to the pandemic.

The team have a system on the patient record for prompting when the next test will be due in order to maintain this high level of testing, and support is given to those who test positive.

We continue to work collaboratively with our partners on **suicide prevention** activities and our commitment and priorities for action are reflected in the recently approved East Renfrewshire Suicide Prevention Strategy and Action Plan 2024 – 2027.

A shared approach to suicide prevention in East Renfrewshire

East Renfrewshire has the lowest number of deaths by suicide across Scotland. Although this is positive, every death is a tragedy and reminder of the work to be done to support suicide prevention. Local analysis of suicide deaths over the five year period from 2018 to 2022, highlights males to be an at risk group with 80% of the individuals who died over this period being male. Adults, specifically older adults aged 55-75 years are shown in local data to be an at risk group. Locally, there is no consistent trend in relation to the Scottish Index of Multiple Deprivation (SIMD) of those who have died, highlighting poor mental health and suicide can impact all individuals regardless of deprivation levels.

The **East Renfrewshire Suicide Prevention Strategy and Action Plan 2024 - 2027** has been developed following the publication of the national strategy and action plan “Creating Hope Together”; a joint strategy between Scottish Government and COSLA. This national strategy leads the way for development of local strategies and action plans across all local authority areas in Scotland.

Our local strategy and action has been developed following analysis of both local, board wide and national evidence based data including reviews of local Sudden Adverse Events (SAER). This data, alongside engagement and consultation with partners, stakeholders and community members provided insight and evidence into the local priorities and needs for East Renfrewshire in relation to suicide prevention activity and action. Data collation, analysis and evaluation alongside community engagement are integral to this plan both now and for future planning.

The long term vision for this strategy is: **Good Mental Health and Wellbeing for All**. The principle of collaboration and partnership working will be key in driving this work forward. Our HSCP Community Mental Health Team and Alcohol and Drugs Recovery Services supported 1,842 local residents during the period April 2022 to March 2023. Our local services provide quality care and support for those in need and whom may be at increased risk of suicide. However, local data highlights that only one third of individuals who have died by suicide have been known to services and therefore confirms our principle of collaboration and partnership working. The need for a community-wide approach is critical in relation to awareness raising, training and capacity building.

The delivery of the new strategy and action plan is integral to our role as a Health and Social Care Partnership (HSCP), supporting individuals and communities as well as closely aligning with the NHSGGC Mental Health Strategy 2023-2028 and supports the same principles and priorities such as partnership working, workforce education and prevention focus. Locally we will continue to work in partnership with NHSGGC and wider partners to

achieve the best outcomes for East Renfrewshire residents and communities, focusing on the following priority areas:

- Establish local suicide prevention network
- Provision of education and training to raise awareness, skills and knowledge in suicide prevention
- Communications and campaigns
- Involving communities and lived experience
- Data analysis and reviews to inform service improvement

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

National Health and Wellbeing Outcomes contributed to:

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

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

2.5.1 Our strategic aims and priorities during 2023-24

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

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

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

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

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

2.5.2 Our performance in 2023-24

As a result of the continuing pressures on the social care sector and particularly our care at home service during the year, we saw a higher than usual average number of delayed discharges and the number of hospital bed days lost to delayed discharge as a result of the continuing pressures on the social care sector and particularly our care at home service. Increased pressures on care at home services through higher demand and staff capacity issues, and higher levels of frailty and complexity among people return to the community from hospital impacted performance on delays. However, we continue to be one of the best performing partnerships for minimising delays in Scotland. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. Our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by

promoting the use of intermediate care beds where a care at home package cannot be immediately accommodated.

In East Renfrewshire, unplanned hospital attendances and admissions are stable (having increased slightly but remaining within target) and have not returned to pre-pandemic levels.

Headline performance data includes:

- Discharge with delay – averaged 7 delays for 23/24 – down from 8 for 22/23 but historically high, having sat at 3 or 4 before the pandemic.
- Adult bed days lost to delayed discharge increased slightly to 4,821 (2023 fig), up from 4,652 for 22/23
- Adult A&E attendances – 17,824 (2023 fig) – up slightly from 17,356 22/23 but ahead of target
- Adult Emergency admissions – 6,943 (2023 fig) – again, up slightly from 6,692 in 22/23 and ahead of target
- Emergency admission rate (per 100,000 pop) – 9,606 up from 9,215 for 22/23
- Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) – 73, up from 69 in 22/23

2.5.3 Ways we have delivered in 2023-24

During 2023-24 the HSCP has continued to work with other partnerships and acute services in the Glasgow area to develop services and pathways to prevent admissions and support people return home following a stay in hospital.

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

We are also working to implement our **discharge to assess** protocol to help minimise discharges with delay. There has been ongoing joint working between Acute Services and Hospital to Home Team, Intermediate Care and Rehab Service to support individuals to be discharged home or to alternative community setting to ensure safe discharge without delay and ongoing assessment. We provide **enhanced community support** and **intermediate care models** in partnership with HSCPs across Glasgow. To support timely discharge from hospital through intermediate ('step-down') provision, we provide a 6-bed unit in Bonnyton Residential Home and block, or 'spot' purchase additional beds for intermediate care in local Care Homes. Ongoing use of the 6 intermediate beds in Bonnyton is supported by partnership working across social work, community nursing, Reablement and Rehab services, and primary care services.

Addressing discharges with delays for Adults with Incapacity (AWI)

Despite our proactive activity to support discharge from hospital, the HSCP is still challenged with delays resulting from Adults with Incapacity (AWI) and family choice/indecision and delays due to Power of Attorney (PoA) not being in place. In partnership across Greater Glasgow and Clyde we are working to improve processes for AWI patients.

Although the GGC-wide review of the current AWI procedures is at an early stage, we have begun work to update our documentation for individuals. This should streamline the referral pathway for all departments within the partnership. A 6-month audit of all hospital discharges subject to delays as a result of Guardianship Applications commenced in January this year. The data from this will be analysed to identify any barriers to progressing AWI applications timeously and any learning from this will be reflected within the updated AWI procedures. The **Mental Health Officer (MHO)** service continues to provide a responsive service to the Hospital to Home Team as all requests for 13za reviews and AWI case conferences continue to be allocated and arranged at point of referral. The dedicated MHO based within the hospital team remains a key factor in ensuring that statutory work to facilitate hospital discharge is prioritised, and ensures a rapid and responsive service to individuals requiring a legal framework to facilitate hospital discharge.

During 2023-24 our **Community Rehabilitation Teams** continue to experience significant demand pressures in the aftermath of the Covid pandemic, with high levels of frailty and frailty-related falls among our older population. Average weekly referrals into the service are approximately 60% higher than before the pandemic. Due to increased complexity of need and deconditioning, the service is finding that people are requiring longer and more frequent inputs, adding to demand pressures. More than 40% of referrals to the service require urgent assessment and input (same day / within 72 hours).

Supporting frailty in our population

During the past year we have continued our work to implement frailty pathways and support initiatives to address frailty in our communities. There has been ongoing development of **Home First Response/Frailty service** including the appointment of two WTE Advanced Practitioners in Frailty aligned to Community Rehab Multidisciplinary team. There has been further development of community falls and frailty pathways across HSCP to identify and provide appropriate guidance, support and interventions both for community referrals and hospital discharges. We continue to work to improve our use of data and we have reviewed our 'frailty matrix' which details appropriate services across the frailty pathway. During the year we have seen increased use of Rockwood Dalhousie Frailty Scoring, with frailty scores being recorded on our systems and in Anticipatory Care Plans.

- 110 patients referred for Frailty Practitioners input in past 6 months. A new referral pathway has been established from primary care pharmacists undertaking polypharmacy review.

Our **community falls pathway** with Scottish Ambulance Service (SAS) continues and we are now looking to extend scope to include frailty presentations. We have sustained the target numbers of monthly referrals from SAS at 5 per month, or 30 for 6 month period.

- During 2023-24, all individuals referred through the have been reviewed same/next day and maintained in community with no ED attendance within 5 days.

We are working with primary care colleagues to identify test of change opportunities for proactive identification and management of frailty, building on a previous test of change with primary care pharmacy.

To prevent crisis and emergency use of acute services, we continue to work to improve the quality and quantity of **Anticipatory Care Plans (ACPs)**. In GGC anticipatory care plans are being rebranded as **Future Care Plans**. East Renfrewshire HSCP have completed 343 ACP's since the launch of the programme in 2021. Our target has increased by 10% from 2023 to 62 per quarter and we are on target to meet this. East Renfrewshire local ACP group continues

to meet every 12 weeks and staff training across HSCP is ongoing. District nurses and frailty practitioners are undertaking majority of ACPs. Care home liaison nurses have been supporting care homes to record ACPs on clinical portal. The East Renfrewshire ACP audit team meet quarterly to submit audits to central team and the quality of ACPs has been assessed as being high and an exemplar for other HSCPs. A pathway for the East Renfrewshire carers centre to refer carers and the cared for ACP's has received 26 referrals since commencing in May 2023.

To support our local **care homes** and minimised hospital attendances and admissions we have established a **Call Before You Convey** pathway. Between December 2023 and March 2024 - 47 calls came through the pathway, with all residents supported to remain within their care home. There has also been proactive targeted input to care homes from Rehab team AHPs including 240 residents' transfers/mobility and equipment reviewed to maximise safety.

Supporting local care homes

Our partnership works closely with local care home providers which include both independent and charity sectors. Commissioning and contracts staff continued to support homes with weekly welfare calls to homes, or more often if needed. Weekly multidisciplinary Care Home Assurance Meetings have now changed to fortnightly and there is a four-weekly Care Home Managers Forums with managers. Regular support meetings take place with care homes experiencing any issues/risks. The HSCP Adult Support and Protection team has worked closely with homes advising and investigating to keep the most vulnerable individuals safe from harm. Bespoke support is provide to care homes particularly where there was a Large Scale Investigation and closer monitoring is required to ensure the wellbeing of staff and residents continues to be a high HSCP priority. The Commissioning and Contracts team also supports the Care Home Assurance visits, alongside the clinical nursing team and senior managers for communities and wellbeing. The team is also providing input at various internal and external meetings, such as the weekly vaccination meeting, and Greater Glasgow care home assurance group.

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

National Health and Wellbeing Outcomes contributed to:

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

2.6.1 Our strategic aims and priorities during 2023-24

Unpaid carers are essential to our social care system and the daily efforts of families and loved ones to support those in need is fully recognised by the partnership. During and after the Covid pandemic, unpaid carers have taken on increased caring responsibilities and have faced additional pressures. The ongoing work of the East Renfrewshire Care Collective has demonstrated the need to maintain and strengthen our approach to involving carers throughout the planning process in identifying the outcomes that matter to them and by ensuring carers voices are valued and reflected within our strategic planning work.

Our Carers Strategy 2024-26 sets out how we will work together with partners to improve the lives of East Renfrewshire's carers. Through our local engagement and discussion we know that we need to develop our workforce, pathways and supports for carers. We have committed to working together with East Renfrewshire Carers Centre (ER Carers) to improve access to accurate, timely information. We will continue to encourage collaboration between support providers for advice, information and support for carers ensuring local provision that best meets carers needs. We will provide information and training to raise awareness of the impact of caring responsibilities. We will continue to support the expansion of personalised support planning in collaboration with our unpaid carers and ensure that self-directed support options are offered to all adult carers who have been identified as eligible for support.

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

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

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

2.6.2 Our performance in 2023-24

Through our new Carers Strategy and working in partnership with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. Training and awareness-raising on the issues affecting carers have been delivered. Work has continued on the development and promotion of support planning for carers and the partnership continues to develop approaches to short breaks for carers.

Headline performance data includes:

- 84.5% of those asked reported that their 'quality of life ' needs were being met – up from 80% in 22/23 and continuing to perform ahead of target.

2.6.3 Ways we have delivered in 2023-24

Throughout the year we have maintained our positive partnership working with the **East Renfrewshire Carers Centre (ER Carers)**, continuing to deliver community-based integrated support for carers in East Renfrewshire including access to tailored advice, support, planning and community activities.



In partnership with the ER Carers we ensure **information and training** is available to raise awareness of the impact of caring and requirements of Carers Act. The Equal Partners in Care (EPIC) Training Programme was paused and underwent a full redesign and relaunch as of at the start of 2023-24. New HSCP staff and student placements spend time at the Carers' Centre and are provided with information about the Carers legislation and the support services available locally.

As part of the role out of the HSCP's **Supporting People Framework**, the revised eligibility framework for carers was included in the staff training and "toolbox" talks. This was followed up with meetings with all HSCP teams. During the year, the Carers Lead and SDS Lead also delivered sessions specifically for third sector and Talking Points partners and continue to link with this network. **East Renfrewshire Carers Screening Group** with representation from HSCP, Carers' Centre and Talking Points met throughout 2023 with a focus on Adult Carer Support Plans.

During the year we have continued to work in partnership to ensure carers are being engaged and involved in **planning services** that affect them. The East Renfrewshire Carers Collective meets monthly to discuss a range of topics, and a carers led on a programme of engagement meetings during the year with over 50 carers participating. The Carers Collective also delivered a training session to members of the Integration Joint Board (IJB). All carers referred to the carers centre are routinely informed of their rights. The Centre also delivered 4 group sessions with 65 participants.

We continue to implement **carers' support planning** including planning for emergencies with individual carers. Following introduction of the Supporting People Framework we have developed our process for Adult Carer Support Plans (ACSPs). The new process incorporates Emergency plans with an increased focus on promoting Anticipatory Care Plans (ACP) for both carers and the people they support. Carers Centre staff have undertaken training to promote Anticipatory Care Plans and there is a new Carers Pathway for ACP with links to the Community Nursing Team. A senior social worker was seconded to support ACSP processer and introduced a 'carers tracker' on the HSCP client recording system to improve review uptake and monitoring. We have introduced a multi-agency ACSP screening group that reviews all ACSPs and decides if cases should go to the Resource Enablement Group (REG) for further discussion. An abbreviated ACSP has also been introduced for carers with no requirement for statutory support from the HSCP. This allows the Carers Centre to record support plans for all carers referred for support. A total of 176 support plans were created last year.

Short Breaks are undoubtedly an important support to ensuring carers can maintain their caring role while maintaining their own health and wellbeing and having a life away from being a carer.

The East Renfrewshire **Short Breaks Working Group** includes the HSCP, Carers Centre and carers and has informed development of local practice on short breaks. Funding has been secured from the **Promoting Variety Project** to explore the use of volunteers to support short breaks. The Carers Centre has successfully secured **Time to Live** funding which provides 'microgrants' to unpaid carers so that they can take a short break. The aim of the funding is to increase the range and availability of short breaks across Scotland. Funding was also secured for the development of the **Dementia Walking Buddies** project. The ER Carers Lead participates in Resource Enablement Group (REG) and Peer Professional Review Group (PPRG) meaning ideas about respite can be shared with colleagues and partners.

Short Breaks Statement

East Renfrewshire's Short Breaks Statement was developed in collaboration with carers and other stakeholders. It establishes guiding principles for planning short breaks and these remain key to short break provision. These are:

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

Our Short Breaks Statement will be refreshed during 2024/25.

We continue to work with partners to ensure supports are available to carers to minimise the impact of **financial hardship** as a result of caring. The Carers Centre continues to work closely with East Renfrewshire **Money Advice and Rights Team (MART)** to support local carers making referrals as appropriate. Carers Centre staff provide advice on carer related benefits and attendance allowance, and have delivered sessions throughout the year in partnership with Social Security Scotland. During 2023-24, the Centre secured additional winter hardship funds and worked with East Renfrewshire Citizens' Advice Bureau to ensure that the benefit of this funding was maximised.

Supporting carers with cost of living challenges

Supporting unpaid carers continues to be a strategic priority for the HSCP. Working with carers to identify what was important to them, we refreshed our Carers Strategy for the period 2024 to 2026 and will work with our Carers Collective to progress and monitor progress of the key activities that will deliver positive outcomes for carers.

We recognised that as a group, carers have been adversely impacted by the current cost of living challenges. We secured additional funding for the Carers' Centre to work in partnership with the East Renfrewshire Citizen's Advice Bureau to provide grants to mitigate some of the additional caused carers face as a consequence of their caring role.

Over 200 grants were awarded for carers, predominantly for increased electricity and heating costs but also for items such as winter clothes, laundry costs and heated blankets.

The partnership between the Centre and CAB ensured that carers were offered holistic support covering all their practical and emotional needs and the evaluation of the partnership was very positive, after receiving the grants, carers fed back that they felt more appreciated and valued.

The relief from getting some breathing space financially, allowed them to focus more on their caring role and indeed themselves.

2.7 Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives

National Outcomes for Community Justice contributed to:

Prevent and reduce further offending by reducing its underlying causes

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

2.7.1 Our strategic aims and priorities during 2023-24

We will continue to work together with our multi-agency partners to ensure there are strong pathways to recovery and rehabilitation following a criminal conviction.

Through the East Renfrewshire Community Justice Outcome Improvement Plan we are committed to a range of actions with community planning partners. We are working together to support communities to improve their understanding and participation in community justice. As an HSCP our justice service will continue to promote the range of community justice services that we deliver and, in response to the challenges posed by the pandemic period, will continue to identify and build on opportunities for the unpaid work element of community payback orders to meet the needs of the local community and reduce the risk of further offending. We will build on the innovative approaches that have been developed during the pandemic and ensure we have the capacity to support people to complete unpaid work.

We will continue to strengthen our links with community services and programmes to provide greater access and support for people to stop offending. In the context of our recovery from the pandemic we will work to ensure that people moving through the justice system have access to the services they require, including welfare, health and wellbeing, housing and employability.

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

- People have improved access to through-care
- People have access to a comprehensive range of recovery services
- Trauma-informed practice is embedded across justice services
- Structured deferred sentence and bail supervision is implemented
- The risk of offending is reduced through high quality person centred interventions

2.7.2 Our performance in 2023-24

The provision of Community Payback Orders (CPOs) was significantly impacted by the pandemic. However, the proportion of CPOs completed within court timescales has continued to improve steadily. We continue to support people with convictions into employment and volunteering. A new justice employability programme began in June 2023, resulting in a 181% increase in participants.

Headline performance data includes:

- 89% of unpaid work placement completions within Court timescale – up from 83% and ahead of target (80%)
- 83% Community Payback Orders (CPOs) commencing within 7 days – down slightly from 86% in 22/23 but ahead of target (80%)

- 83% of people reported that their order had helped address their offending – down from 100% and impacted by the low number of people completing the voluntary survey.
- Positive employability and volunteering outcomes for people with convictions – 57% down from 64% in 22/23. Although missing our target of 60% all other participants demonstrated a positive training/education outcome.

2.7.3 Ways we have delivered in 2023-24

The HSCP delivers accredited programmes aimed at reducing reoffending in partnership with East Renfrewshire Council. During 2023-24 we continued to deliver this activity in a group work capacity and we have overseen the transition of the programme from Moving Forward, Making Changes to **Moving Forward 2 Change (MF2C)**. Training for the staff in the new MF2C programme will take place later in 2024.

Minimising risk

The criminal justice service uses appropriate risk assessment tools to identify need and reduce the risk of further offending and all staff access accredited risk assessment tool training. Justice Social Workers have undertaken training in the Throughcare Assessment Release Licence (TARL) process which will strengthen collaborative risk assessments between community-based and prison-based Social Work. All Justice staff are now trained in this approach.

The HSCP works to deliver a whole systems approach to diverting both young people and women from custody. The Justice Social Work Service continue to provide assessments and interventions within the **Diversion from Prosecution scheme**. Staff continue to utilise Justice Social Work Reports to explore all available **community-based options** where appropriate.

Structured Deferred Sentences

Women and young people continue to be clear priorities in the use of Structured Deferred Sentences. The Structured Deferred Sentence is a low-tariff intervention providing structured social work intervention for offenders post-conviction but prior to sentencing. It is a sentencing option in all court reports for people under 25 and women who are appearing for sentencing. It is also intended for offenders with underlying problems such as drug or alcohol dependency, mental health or learning difficulties or unemployment that might be addressed through social work intervention. This outcome is promoted whenever appropriate within Criminal Justice Social Work Reports.

The Justice Social Work Service now runs both Bail Supervision and Electronic Monitoring Services. Due to staffing requirements, these are currently being managed by an Advanced Practitioner and existing staff. Additional recruitment is being underway to build capacity for this service.

New staff have accessed **Trauma Informed Practice training** as it has become available. All Justice Social Work Staff have now completed their Level 3 Trauma training. This has been complemented by all staff undertaking a range of training including CBT work.

We aim to ensure that people subject to statutory and voluntary supervision including licence have early **access to community mental health, alcohol and drug recovery services**. Staff continue to work closely with colleagues in East Renfrewshire Alcohol and Drug Recovery Service and Adult Services to provide **holistic supports** to service users. Staff continue to refer people with any identified needs to the associated ERCAT or Community Care teams. This includes regular contact with Adult Services to seek advice on possible referrals and potential interventions. Justice Social work and East Renfrewshire Alcohol and

Drug Service have revised local policies for Drug Treatment and Testing Orders to better meet the current needs of those requiring this service. Justice staff are now trained in the administering of opioid overdose prevention medication Naloxone. Staff regularly liaise with colleagues in mental health services whenever it is identified as necessary for successful outcomes for service users.

It is important that people are able to find positive alternatives to offending. The Justice Social Work Service work closely with the East Renfrewshire Employability Partnership, utilising the existing pipeline to refer people for assistance with **employability-related supports** and those for further **education/training**. We have sought to draw upon a wide-range of employability services to accomplish this and have connected with employability services to deliver input to our Moving Forward Making Changes programme for specialist supports. The Justice Social Work Service are active partners with our colleagues in employability services. We continue to access UKSPF (UK Shared Prosperity Funding) funding which has been in place from April 2023 for a two-year period. This has enabled us to continue co-facilitating a role for an employability worker with our colleagues in Work EastRen Employability Services. Referrals continue to be made where appropriate to our colleagues in employability services. The Justice Social Work Service is continually exploring new opportunities for personal placements. This has included some short-term opportunities whilst longer-term additional placements are reviewed. The service maintains close contact with people who are on existing personal placements.

2.8 Working together with individuals and communities to tackle health inequalities and improve life chances.

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

2.8.1 Our strategic aims and priorities during 2023-24

We are committed to the local implementation of Greater Glasgow and Clyde’s Public Health Strategy: Turning the Tide through Prevention which requires a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. This includes a commitment to reduce the burden of disease through health improvement programmes and a measurable shift to prevention and reducing health inequalities through advocacy and community planning.

We will continue to work together with community planning partners to improve health and wellbeing outcomes for our most disadvantaged localities and those who have been disproportionately impacted by the pandemic. We will also work collaboratively with local and regional partners to develop our understanding of health inequalities in East Renfrewshire and changing patterns of need as we recover from the pandemic.

Longer-term, the HSCP will continue to support community planning activity that aims to tackle the root causes of health inequalities as reflected in our Community Plan (Fairer EastRen). This includes activity to address child poverty, household incomes and strengthen community resilience. We will continue to promote digital inclusion with a particular focus on supporting people to live well independently and improve health and wellbeing.

Our aim is to **tackle health inequalities and improve life chances**, by:

- Increasing activities which support prevention and early intervention, improve outcomes and reduce inequalities;
- Reducing health inequalities will be reduced by working with communities and through targeted interventions.

2.8.2 Our performance in 2023-24

As a partnership we are focused on tackling health inequalities and improving life chances for our residents. Although we remain below our target, we have seen an increase breastfeeding rates in our most disadvantaged neighbourhoods for the last two years. The premature mortality rate has dropped significantly and East Renfrewshire now has the lowest rate in Scotland.

- Our premature mortality rate remains significantly below the national average at 264 per 100,000 (22/23 fig) – down from 333 the previous year. Scotland average is 442 per 100,000.
- 19.2% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at 6-8 weeks (22/23 fig) – up from 17.9% for the previous year and 7.5 for 2020/21.

2.8.3 Ways we have delivered in 2023-24

Working in partnership with our communities and other local services and supports we continue to explore all opportunities to support **health improvement interventions**. Examples of activity during 2023-24 include:

- NHSGGC has awarded £49,341 to the HSCP to deliver a new **child healthy weight/child poverty** programme. VAER has been commissioned to host a Programme Coordinator role for one year.
- Funding has been agreed with NHSGGC to develop a range of training around **community nutrition**.
- £5k has been awarded for 10 nurseries to complete the **Nourish Peas Please** pilot, encouraging vegetable consumption. Training will be delivered to nursery staff to support upskilling staff on activities to support this.
- £40k has been awarded to support delivery of a community nutrition framework. An action plan has been developed to provide **food education** to improve communities' knowledge and understanding of food and nutrition and the impact on health. Training opportunities have been commissioned including REHIS Food Hygiene, REHIS Food and Health, Emergency first aid at work, and cooking skill, to support employability and skills development.
- **Smoking cessation** sessions continue with the return of face-to-face sessions and telephone support. We are achieving LDP target of Quit attempts for our 40% most disadvantaged areas.
- Funding has been awarded to support dissemination of the NHSGGC **Health and Wellbeing Survey** (HWBS) report and VAER will support delivery of workshops and will link in results with wider policies and other relevant survey findings.

We continue to deliver **tailored health improvement programmes** and activities in communities experiencing greater health inequalities.

Addressing childhood obesity

In East Renfrewshire, based on 2022/23, using epidemiological thresholds, 16.4% of P1 Children are at risk of being overweight or obese. This is consistent with the previous two years.

- 9.4% of P1 are at risk of being overweight (114 children)
- 7% of P1 are at risk of obesity (85 children)

The HENRY approach is being developed locally to provide practical interventions that deliver key messages to change family lifestyle habits and behaviours. Health Visitors and relevant staff in early years have attended HENRY 0-5 training. An agreement with NHSGGC & Early Years Scotland has been reached and Early Years Scotland will deliver HENRY groups with families in East Renfrewshire.

Supporting the health and wellbeing of BSL users

In partnership with Community Planning and NHSGGC Equality team, a workshop was held on 13th February with British Sign Language users. Building on the feedback a 2024 – 2030 BSL plan for East Renfrewshire has been developed.

The 2011 Census showed that 133 in East Renfrewshire live in households where BSL is used and improved dated data on BLS users across East Renfrewshire is a key action agreed.

Tackling harmful effects of smoking

P1b at Giffnock Primary School were the annual Jenny and the Bear winner.

The Jenny and the Bear resource is a story which is part of a coordinated programme and aims to increase awareness about the effects of second hand smoke on children and what parents/carers can do to ensure their children are not exposed to its harmful effects.

The programme is aimed at Primary 1 classes and consists of a story being read to the class followed by a classroom activity (lesson plans provided) to agree a name for the bear in the story, which is then entered into the competition to win a Teddy Bear mascot for their classroom. All children who take part in the programme are given a booklet version of the story to take home.

The HSCP is working to ensure people in our most disadvantaged community are able to **access** digital and other opportunities that support independence and wellbeing.

NHSGGC have established a Steering Group for the development of a Health Visitor app. Once finalised this will act as a central point of accessible national and local information, including breast feeding groups.

East Renfrewshire HSCP funded six **strength and balance classes**, making them free at the point of access for the population of East Renfrewshire. These classes are part of East Renfrewshire Culture and Leisure's Vitality programme and operate at levels 1 and 2. This test of change will assess whether removing financial and/or digital barriers will lead to increased participation and adherence, thus leading to improved health outcomes at an earlier stage.

east renfrewshire
**CULTURE
OF
LEISURE**

We have seen significant improvement in the past year in the percentage of children exclusively breast fed within our most deprived neighbourhoods (data to 22/23). Barrhead is an area of higher deprivation within the HSCP with SIMD 1 and 2 with lower **breastfeeding** rates in comparison to our Eastwood area. The Barrhead Health Visiting team continue to follow an enhanced pathway in the early postnatal weeks to provide additional support for mothers within areas of SIMD 1 and 2 to provide extra support to mothers that are breast feeding. With the introduction of the antenatal pathway, this has allowed for early discussions on breast feeding with all mothers

Achievements in supporting breastfeeding

Unicef Accreditation for Gold Standard has been achieved for 2023.

ER HSCP provide Board wide leadership for breast feeding. The Health Improvement Lead Chairs the NHS GGC Breast feeding Public Acceptability Group linking in the national developments with NHS GGC Maternal Infant Feeding Group.

The East Renfrewshire Maternity and Infant Nutrition Group continue to meet six weekly and link in activity delivered by National Childbirth Trust and other local partners.

An early year's programme of training has been developed and available for Early Years staff on TURAS. Work continues to develop the roll-out of the Breast Feeding Friendly Scotland Scheme. Currently 12 organisations are signed up to the scheme in East Renfrewshire.

During 2023-24 the partnership has continued to support local activity to tackle child poverty and mitigate its effects.

Supporting local activity to tackle Child Poverty

32 out of 37 early years establishments deliver the Childsmile Tooth brushing programme in East Renfrewshire.

100% of Primary Schools participate in Childsmile tooth brushing.

Work is ongoing with the Oral Health directorate to support workforce development and involvement in East Renfrewshire activities.

Work continues with ERC Strategic Services and a Cost of Living Dashboard has been developed. Child Poverty was agreed to be Priority 1 for data collection.

The Cost of Living Working Group continues with a health and wellbeing perspective. The annual Cost of Living roadshow focused on mental wellbeing promoting the My Mental Health app, hosted by NHS Scotland Right Decision System.

All local authority areas were tasked with developing an emergency infant formula pathway. A local short-life working group was established and met three times to review pathways from other areas in Scotland. A pathway has been developed and ER HSCP contributed to a national food insecurity toolkit. The pathway will now be aligned to wider pre-5 food insecurity activity.

Thrive Under-5 Programme Implementation is underway. To date an NHS GGC and local ER Steering Group has been established. Two 0.5 WTE Programme Coordinators have been appointed in VAER and are undergoing induction.

We continue to work with our partners to tackle inequalities and support residents with a number of long term conditions.

The ER Macmillan **Improving the Cancer Journey (ICJ)** programme launched on 20th July 2023. Three 0.5 WTE Macmillan Wellbeing Practitioners completed both ERC and Macmillan induction. A development session was held in August 2023 to develop internal processes for referrals. Our Initial Contact Team Business Support are an integral part of the ICJ programme. Between July 2023 and March 2024, 195 people were referred to the ICJ service. Of the 134 engaged with the programme 109 care plans were established. A communication plan was developed and an evaluation proposal agreed by the local ICJ Programme Board. We continue to work in partnership with Edinburgh Napier University on the national evaluation. One ER ICJ case study was presented at the UK Annual Macmillan Professionals conference.

Monitoring of **cancer screening** programme continues and ER HSPC participate in the NHS GGC Community implementation for screening inequalities working group and national Equity in Screening Network. Breast Screening & Bowel Screening programmes continue to achieve uptake target. Cervical screening uptake is below the 80% target at 76.3% in 2023. Work is ongoing to review best practice to optimise uptake.

The partnership continues to work to **understand the needs** of the population and address longer term impacts from the pandemic on our communities and protected characteristic groups. The **NHSGGC Health & Wellbeing Survey** has been completed with 1058 East Renfrewshire residents interviewed. The survey report has been circulated with partners. A presentation on the findings has been developed and presented at the ERC Policy Network to date. Workshops within the community are planned for 2024/25 to share the findings and gather more information, building on the report. A small fund has been secured for VAER to support the workshops and the wider dissemination plan.

The report provides vital information on the experiences of our residents. As this is the first Health & Wellbeing Survey post-covid, it is vital we understand and act on information regarding ongoing and emerging population health issues. The content includes:

- Health and Illness
- Health Behaviours
- Social Health
- Social Capital
- Financial Wellbeing
- Demographics

2.9 Working together with staff across the partnership to support resilience and wellbeing

National Health and Wellbeing Outcomes contributed to:

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

2.9.1 Our strategic aims and priorities during 2023-24

We rely on our workforce to support all aspects of health and social care and their wellbeing and resilience has never been more important. The HSCP has established a health and wellbeing 'champion' who contributes to discussions at a national level and we have appointed a dedicated Health and Wellbeing Lead Officer for the wider partnership. A local Health and Wellbeing Group has been established to support the workforce across the partnership. The group is chaired by Head of Recovery and Intensive Services who also holds the national champion role. The group have put in place a wellbeing plan entitled 'You care....We care too.'

Our activity aligns to the NHSGGC Mental Health and Wellbeing Action Plan and national objectives. We will continue to input at a national level to the health and wellbeing conversation and to the development and delivery of the NHSGGC vision to support the mental health and wellbeing of staff. This includes ensuring rest and recuperation, peer support, helping staff fully utilise their leave allowance, and ensuring working arrangements are sustainable in light of continuing constraints and reflect ongoing changes to services and pathways.

Our aim is to **support resilience and wellbeing among staff across the partnership**, by:

- Ensuring staff have access to resources and information that can improve their wellbeing;
- Ensuring staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership;
- Promoting opportunities for staff to take part in physical activity, rest and relaxation;
- Ensuring staff feel safe in the work place.

2.9.2 Our performance in 2023-24

Supporting staff wellbeing has been a key focus of the partnership, particularly since the Covid pandemic. The way staff have been working has changed significantly with home working becoming the norm for large groups of employees. Our dedicated Health and Wellbeing Lead has supported the implementation and delivery of wellbeing programmes across the health and social care landscape. The lead has had significant success to date, with comprehensive options in place. Support is accessible to HSCP staff, Care Homes, Primary Care, Care Providers, Third and Community Sector (staff and volunteers). Key measures in our iMatter staff engagement survey have shown improvement despite taking place during a period with significant pressures on our workforce.

Headline performance data includes:

- 89% of staff agreed that "My manager cares about my health and wellbeing" – up from 85% in previous iMatter staff survey
- 75% agreed that "I feel involved in decisions in relation to my job" – up from 71% in previous survey
- 77% agree that "I am given the time and resources to support my learning growth" – up from 74% in previous survey

2.9.3 Ways we have delivered in 2023-24

Over the course of the year we have continued to ensure that all staff have access to universal information with regard to health and wellbeing across the partnership's services. **Wellbeing information points** are in place at both Health Centres to promote universal information sharing. Both formal and informal communication methods are used to communicate the wellbeing offer to staff. There has been ongoing use of all communication channels, both online and in-person, including new whatsapp groups for yoga, health walks, working carers and fitness class. The Lead Officer has been a key mechanism for sharing updates, answering queries and encouraging attendance.

There has been ongoing focused work to engage managers to develop **leadership competencies** relating to wellbeing. Managers have ongoing access to all current wellbeing offers and training opportunities, including specific team wellbeing events. A forum for managers was publicised and arranged during 2023 at both Health Centres with the aim of increasing engagement with managers to focus on supporting and developing wellbeing competencies.

We continue to work to ensure that regular **wellbeing conversations** are taking place between staff and teams. Staff are offered 1-to-1 wellbeing conversation support and teams have the opportunity to participate in wellbeing related activities such as **focussed team wellbeing events**.

The Lead Officer has been working to develop cost effective delivery models and capacity building for wellbeing support. During the year there has been ongoing development of the NHSGGC wellbeing peer support network. East Renfrewshire HSCP is now a HUB location, with training taking place on-site in April 2024. We now have 9 qualified wellbeing peer supporters, and 2 qualified Level=2 trainers, plus 1 qualified Level-1 – Looking After Yourself and Others trainer.

During the year, the Health and Wellbeing Lead has continued to promote **relaxation, emotional support, physical activity** opportunities and practical support across the partnership. There is an ongoing offer of a variety of in-person and online relaxation and exercise activities across East Renfrewshire HSCP for all staff and volunteers, on a weekly basis.



We continue to support the development of **wellbeing spaces** (indoor and outdoor) to promote positive and safe use of spaces, and to support increased participation in wellbeing related activities, and nourish a positive wellbeing environment, both practically and aesthetically. 2023-24 has seen the ongoing development of outside spaces for wellbeing, including two balconies at Barrhead HC, courtyard at Eastwood HC, GP Practice outside spaces at Eaglesham and Carolside, and the development of a wellbeing room at St Andrews House Barrhead. Indoor and outdoor spaces continue to be used at both health centres for yoga and fitness class. Staff volunteers maintain the outside balcony growing spaces at Barrhead HC.

Supporting active travel for wellbeing

Awarded 3 awards in April 2024: Cycling Scotlands Cycle Friendly Employer Award for Barrhead and Eastwood Health Centres; and Paths for All walk at work awards for East Renfrewshire HSCP

Active travel events set for both Health Centres again in May 2024, delivered in partnership with Melo Velo and Includeme2 cycle charities.

2.10 Protecting people from harm

National Health and Wellbeing Outcomes contributed to:

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

2.10.1 Our strategic aims and priorities during 2023-24

Fundamental to the work of the HSCP and cross-cutting the other strategic priorities set out in our Strategic Plan, is our responsibility to keep people protected and safe from harm. Everyone has the right to live in safety and be protected from neglect, abuse and harm. Our partnership has a key role in helping to keep vulnerable people in our communities safe and in preventing harm and supporting people at risk of harm. We deliver these through a variety of multi-agency public protection arrangements including: Child Protection; Adult Support and Protection; Violence Against Women Partnership; Multi-Agency Management of Offenders (MAPPA) and the Alcohol and Drugs Partnership. We also respond to new risks and vulnerabilities as these emerge, taking actions with our partners to prevent and respond and learning from each other to improve the ways we support and protect vulnerable people.

2.10.2 Our performance in 2023-24

- Improvement in safety and wellbeing outcomes for women who have experienced domestic abuse – 93% up from 90% in 22/23 - target met.
- People agreed to be at risk of harm and requiring a protection plan have one in place – continues to be 100% of cases

2.10.3 Ways we have delivered in 2023-24

As we work to protect adults at risk from harm we continue to respond to changing needs and patterns of demand. Through the delivery of our multi-agency **Adult Protection Improvement Plan** we continue to focus on: ensuring that adults at risk, their families and carers views are heard and help shape the way we deliver services; making best use of all our opportunities for the prevention and identification of harm; and ensuring that we offer supports and services which meet the needs of Adults at risk of harm and those who support them.

Our approach to protecting vulnerable adults

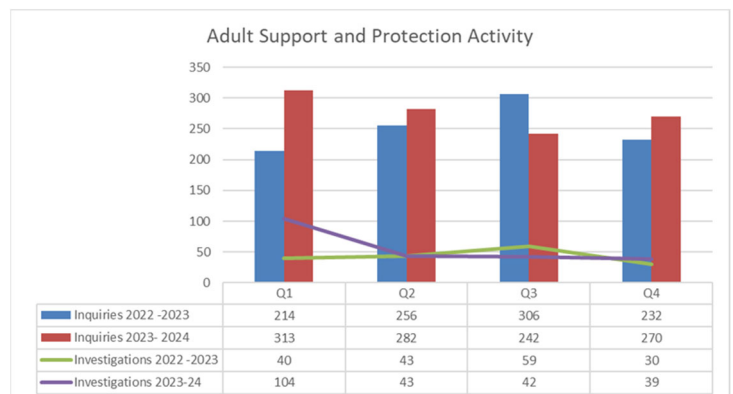
We have established strong relationships between partner agencies, promoting an approach to **adult support and protection (ASP)** that keeps all partners involved and included in discussions and planning, particularly in our routine ASP work and in the undertaking of Large Scale Investigations. In recent years, we have seen increased partnership working with a focus on keeping adults and their families and carers engaged and informed.

We operate a single point of contact for all ASP and adult welfare concern referrals. Created in June 2020 the dedicated ASP team was established as a test of change to strengthen our initial response to harm during the early stages of the pandemic. This dedicated team has greatly strengthened our response to ASP activity locally and led improvements across the HSCP. Due to the success of this model and positive feedback from colleagues and partners across East Renfrewshire, we resourced this model on a permanent basis (funded by SG Strengthening Adult Social Work funding stream) from November 2021 onwards.

The dedicated ASP team has greatly strengthened and streamlined our approach to screening and triaging adult protection referrals and application of the 3-point test. The team have provided coaching and mentoring support to council officers across the HSCP

and strengthened relationships between locality services, external partners, and Police and Fire Service colleagues. The ASP Team is supported on a rota basis by council officers and managers across the HSCP.

The HSCP has seen a steady increase in **demand from ASP activity** over a number of years and this continued in 2023-24. The volume of ASP Inquiries increased a further 10% on last year, having increased 30% in the previous year. ASP Investigations increased 25% on last year, having increased 33% from the previous reporting period.



Supporting residents in a Large Scale Investigation (LSI)

A Large Scale Investigation (LSI) was conducted in relation to a privately-operated care home in the 2023-24 period. This LSI began on the 24/04/2023 and concluded on the 24/08/2023. This was a significant undertaking involving 10 Council Officers, supported by a range of professionals across the HSCP undertaking 59 ASP Inquiries and Investigations for all of the residents (including both ERC residents and placing authority HSCP residents). Three residents died during the first month of the LSI. These residents were receiving end-of-life care and died of natural causes. There were eleven ASP case conferences held with six residents being placed on a Protection Plan.

A voluntary moratorium was agreed on 06/04/2023 ending on 28/08/2023 when the LSI concluded. Before concluding the LSI all residents had a planned Social Care review, with feedback indicating very positive changes and residents and their relatives describing significant changes in their care provision since the LSI was initiated. All of the residents had full clinical health assessments, which were reviewed to ensure any recommended actions were completed.

The Care Home Management have advised that they have felt the LSI to be a very beneficial and supportive process. They advised that they had never experienced this from any other authority, indeed they felt previous experiences of LSI were punitive rather than supportive.

They advised they are keen to share their positive experience with staff in their other care homes as part of their ongoing learning and development. We view this as a positive outcome, and indicative of the good collaborative work undertaken during the whole LSI process.

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

- Adults at risk of harm experienced improvements in their circumstances because of timely, person-centred, and efficient adult support and protection interventions.
- The overall quality and effectiveness of core adult support and protection processes was a key strength for the partnership.

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

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

Domestic abuse continues to be the predominant reason for referral to our children's services and features as one of the most common concerns within child protection interagency referral discussions. Through our multi-agency approach we work collaboratively to deliver a significant range of actions to ensure an effective and sustainable approach to preventing, reducing and responding effectively to domestic abuse and all forms of violence against women and girls. This includes the implementation of **Routine Sensitive Enquiry**, **Multi Agency Risk Assessment Conference (MARAC)** and **Safe and Together** practice to ensure a perpetrator pattern based, child centred, survivor strengths approach to working with domestic abuse. We continue to strengthen the capacity of our services and action across the whole system to address the long-term effects of trauma and abuse experienced by women, children and young people.

We worked collaboratively with our partners in Rape Crisis Glasgow and Clyde to launch a new sexual violence outreach support service in East Renfrewshire for women and girls (age 13+). This is an important addition to the specialist support available for women and girls who have experienced rape, sexual assault or sexual abuse. The drop-in operates monthly in Barrhead Health and Care Centre and Eastwood Health and Care Centre.

As part of our work to protect people from harm and abuse, we have established and continue to support a MARAC in East Renfrewshire for high-risk domestic abuse victims. In 2023-24 we continued to see an increase in support required as a result of domestic abuse with 155 victims and 260 children discussed at MARAC. This is an increase of 15.6% and 33% respectively in cases discussed compared to the previous year. 21.32% of victims did not have children and this is important as women without children were not previously visible in the domestic abuse pathway and this demonstrates continued increase in awareness and risk assessment across the range of services and improved pathway response.

MARAC referrals from all statutory services nationally continue to be low overall and may suggest that unless a victim in Scotland reports domestic abuse to the Police or seeks out support from a specialist domestic abuse service, they are unlikely to be referred to their local MARAC. This is not the case locally as East Renfrewshire demonstrates a higher proportion of referrals from children and families and wider statutory services with 33% locally compared to 10% nationally and therefore we are able to capture families that might not be known to another services.

We continue to work together with **East Renfrewshire Women's Aid Service** to provide direct support for women and children who have experienced domestic abuse. Following a significant increase in calls to the helpline and drop-in following the pandemic the service is now seeing a move back towards levels experienced pre pandemic. During the period, East Renfrewshire Women's Aid Service supported 1059 women and children across the three core services and helpline in 2023-24, a reduction of 2.5% from the previous year.

Women's Aid further launched a new Children Experiencing Domestic Abuse Recovery (CEDER) Programme. This is a 12 week group work programme for women and children to support their recovery from domestic abuse.

Women supported by the service recently met with the Promise lead planner to discuss their experiences of seeking support and how services could be improved. Women gave positive feedback about their experiences of Women's Aid and described their experiences of being supported as employees and feedback on family-oriented support such as health visiting, education and after school care.

Training and Capacity Building

Domestic Abuse, Risk Assessment, MARAC and Safe and Together training continues to be delivered in addition to the provision of bespoke sessions for key partners. Over the course of the last year 181 staff were trained across a range of disciplines including Adult Services, Children & Families, Mental Health, Alcohol and Drugs, Housing, Education, Care at Home, Community Learning and Development and Health Visiting.

Additionally domestic abuse training sessions were delivered to HR and managers to support the implementation of the new policy for HR and managers. Bespoke training was delivered to all community pharmacies across East Renfrewshire and a further 25 participants took up the offer to attend and observe a MARAC. Workers are further supported out with training with specialist domestic abuse advice as required (on average 3 workers per week) were supported.

We participated in the national campaign 16 Days of Action to end violence against women and girls by developing a specific local programme of key messaging and campaign activity delivered through-out the 16 days and concluded the campaign by launching our new Domestic Abuse Policy and Revised Guidance for employees.

2.11 Hosted Services – Specialist Learning Disability Service

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

Our Assessment and Treatment Services, based at Blythwood House and Claythorn House, has 27 beds across the two sites. The service is available to people with a learning disability residing in nine Health and Social Care Partnerships, six of which are within the NHSGGC boundary and three of which are provided via service level agreements in areas outwith NHSGGC.

The number of admissions achieved during 2023-24 has dropped further by just over 33% with only 7 admissions throughout the full year. This is directly due to a significant reduction in the number of discharges achieved during 2023-24.

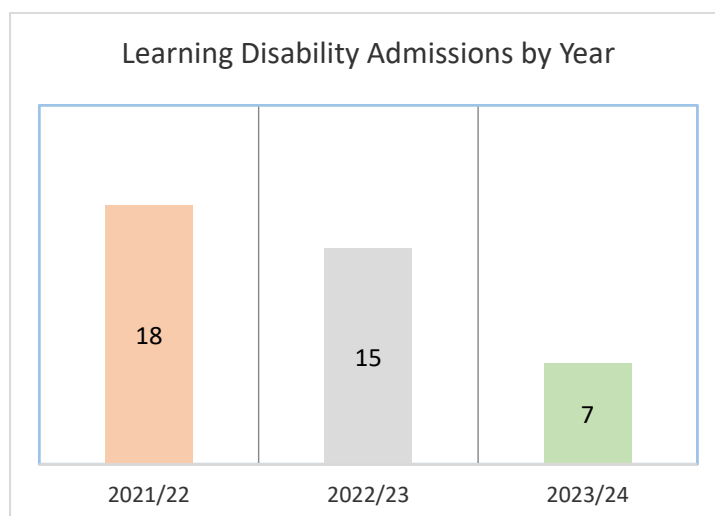
Delayed discharges remain a significant issue for the service. Delays are at the highest rate they have been for several years and this continues to create significant issues, with a high number of patients having no discharge plan for a significant period of time nor a home to return to. The reasons for delay across the partner areas were due to lack of suitable accommodation and/or no providers in place and/or providers in place having real difficulty with recruitment.

The main barrier to patient flow is the number of delayed discharges from placement breakdowns and the length of time taken to organise a new placement. This is generally longer for patients in the LD inpatient service compared to patients with LD in the mental health inpatient service.

People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health and/or they have an established home to return to.

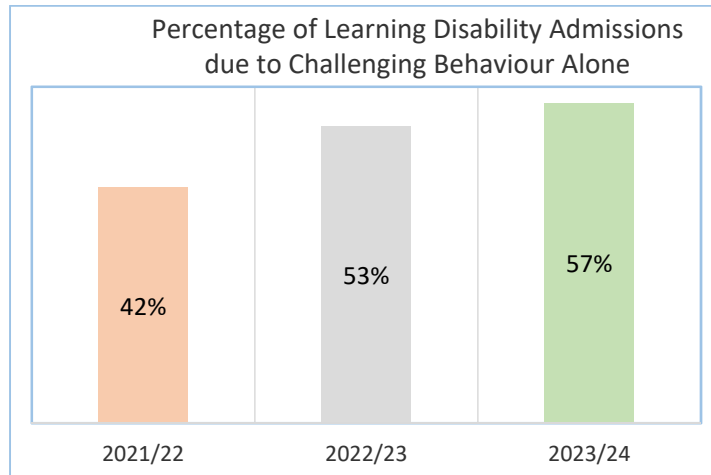
Establishing a new package of care and support is the primary reason for delays.

2.11.1 Admissions



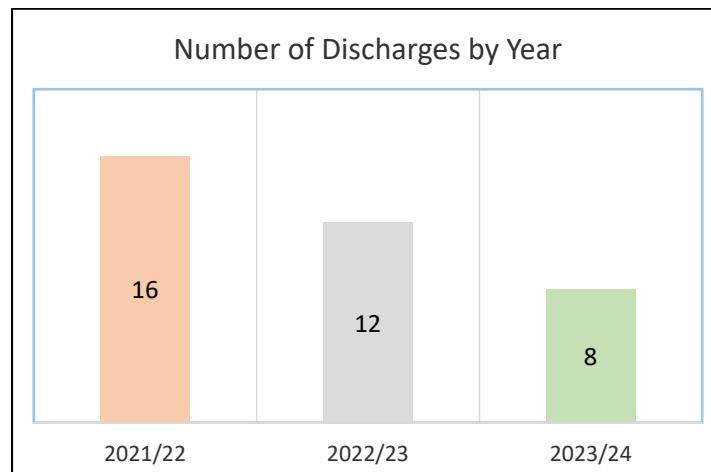
The service received 23 referrals for admission but only a total of 7 people were admitted to the LD inpatient service in 2023-24. This is just under half the number of admissions from the previous year and relates directly to a smaller number of discharges and increasing lengths of

stay / delays. This is the lowest number of admissions the service has ever experienced. Of the seven admissions the age range was between 16 – 59 years.



Of the seven admissions, four were admitted with long-standing challenging behaviour. The service is experiencing more referrals for people with behaviours that challenge and less with acute mental illness. Admissions due to challenging behaviour alone increased from previous years with 57% during 2023-24 compared to 53% in 2022-23 and 42% in 2021-22. This appears to be the result of instability in community supports for those with the most difficult to manage challenging behaviour, but also partly because patients in need of urgent admission due to mental illness or less complex challenging behaviour are more likely to be admitted to the mental health inpatient service due to the lack of availability of LD inpatient beds.

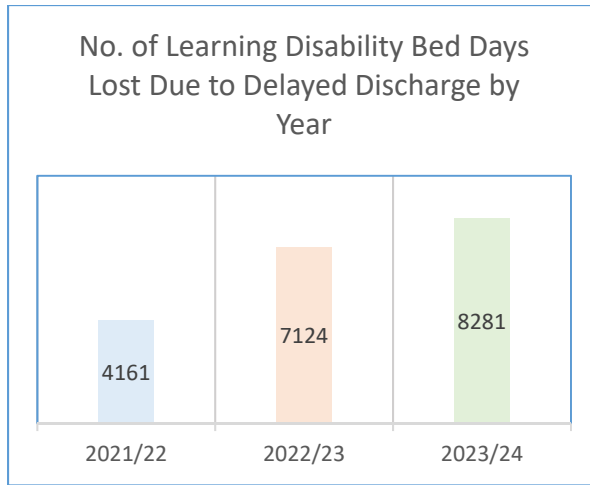
2.11.2 Discharges



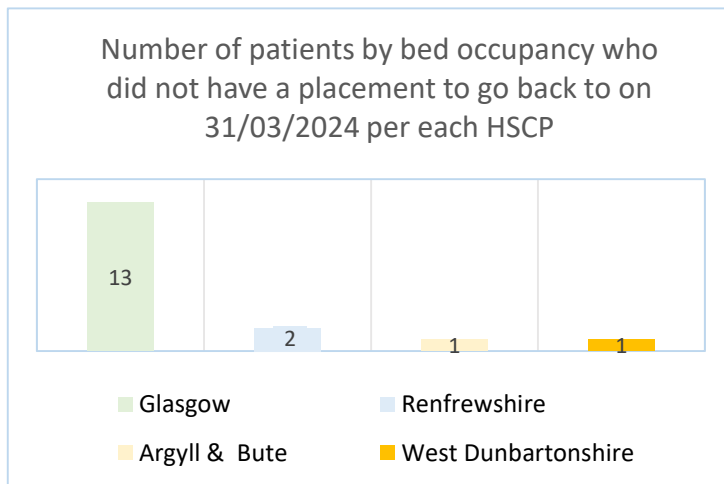
Eight patients were discharged from the LD inpatient service during 2023-24. The number of discharges has continuously decreased in recent years from 16 discharges in 2021-22 reducing to 12 in 2022-23 and just 8 in 2023-24. Overall the average length of stay counting all LD inpatients discharged during 2023-24 was 325 days with a range of 33 – 1113 days.

There is a correlation between length of stay and accommodation status on admission. Of the eight discharges, four were returning to the home they were admitted from, two had a support package identified on admission and two had no placement at the point of admission. The average length of stay for the four patients returning home was 104 days. For patients that had a new placement identified on admission the average length of stay was 282 days and for

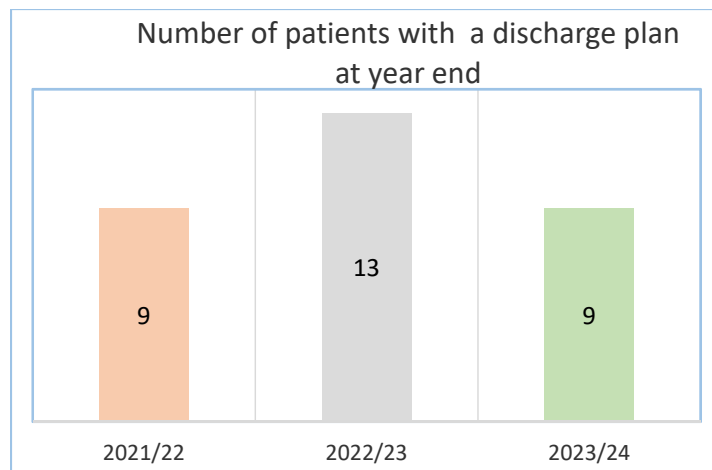
the two patients who required a new placement to be identified during their admission the average length of stay was 810 days. The inpatient service had 1 long stay patient discharged in 2023-24. There are 5 remaining long stay patients who now all have plans in place to be discharged to a community based model currently under development.



There was a 14% increase in beds days lost due to delayed discharges from 2022-23 to 2023-24.



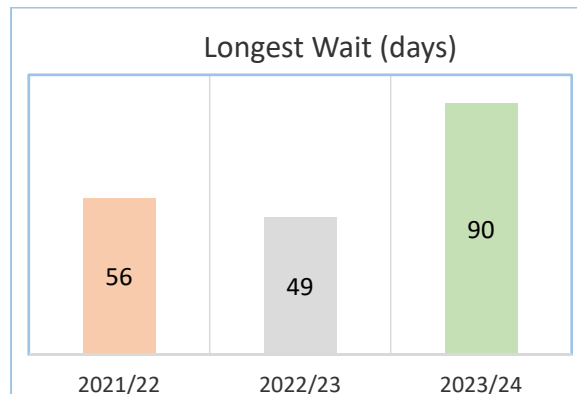
On 31 March 2024, 17 patients who were ready for discharge did not have a confirmed discharge plan / community placement.



Only 9 out of 26 LD inpatients had a discharge plan on 31/03/2024. This was a reduction in the number from the previous year of 13. Some patients have been waiting a long and

unacceptable time for discharge. The complex mix of patients who are delayed leads to high risks in the ward environment in particular around interpersonal risks and an increase in incidents of violence and aggression. This can only be mitigated in the ward environment with increased levels of special observations. The longer people are in hospital the more challenging it can be to identify suitable accommodation as there is a perception the risks can only be managed in this environment creating a further barrier to discharge.

2.11.3 Waiting times



The longest wait for admission to a learning disability inpatient bed was 90 days. As a result of continuous occupancy, the service is now typically unable to directly admit people requiring specialist learning disability assessment and treatment.

A group of people were removed from the waiting list as admission was no longer required or an alternative had been established before a bed became available for them.

Blythswood House is a learning disability in-patient service provided across Greater Glasgow and Clyde, and is managed by East Renfrewshire HSCP on behalf of the health board. The 15 bed unit provides assessment and treatment for adults who have a diagnosis of learning disability, mental illness and behavioural difficulties. The service is focused on creating a positive and supportive environment for vulnerable people prior to moving to a community setting with the right resources to support them.

The service **received highly positive feedback from the Mental Welfare Commission** in a recent visit. The nursing team were praised for the activity schedule, both group and individual, and it was noted that this was having a positive impact on the wellbeing of patients and reducing incidents of violence and aggression.

The team was commended for positive leadership. Managing risk and keeping people safe is a critical part of this service and the team were commended for high standards of all paperwork, including legal papers and care plans.

The team recognised work that had been undertaken to make the spaces within Blythswood pleasant and personalised for patients within very limited budgets. The feedback from families and carers was universally positive and a full report will be published later in the year.

3 Financial performance and Best Value

National Health and Wellbeing Outcomes contributed to:

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

3.1 Introduction

Within this section of the report we aim to demonstrate our efficient and effective use of resources. Our Annual Report and Accounts 2023-24 is our statutory financial report for the year. We regularly report our financial position to the IJB throughout the year.

This was a very challenging year for the HSCP as we worked to balance meeting the demand for services within the allocated budget. We needed to deliver just over £7 million of savings as part of our plans to balance our budget and we were not able to do this. We used £1.9 million reserves as planned to support us to redesign how we deliver services and we achieved £2.7 million of savings during the year. This meant we had a £2.5 million shortfall against planned savings and when this shortfall is combined with the additional cost pressures from delivering services we ended the year with a deficit of £4.7 million.

This meant that during the financial year 2023-24 we moved to a financial recovery position and had a number of discussions with both of our partners; East Renfrewshire Council and NHS Greater Glasgow and Clyde. Both partners have provided additional funding, on a non-recurring basis, for 2023-24 to eliminate this deficit:

- East Renfrewshire Council provided an additional £2.6 million
- NHS Greater Glasgow and Clyde provided an additional £2.1 million

The main operational challenges that led to the increased cost pressures were meeting demand for Care at Home, the cost of special observations within the Learning Disabilities In-Patients service which we host on behalf of all six HSCPs within Greater Glasgow and Clyde and the costs of prescribing through our GP practices.

The main area we fell short on delivering planned savings was from our Supporting People Framework. This framework is based on eligibility criteria and was put in place early in the financial year to support reviews of the level of care we provide as we knew we would have to stop providing lower levels of need. We underestimated the impact and timeframe for the culture and practice changes required to implement such significant change alongside managing the expectations of the individuals and families we support.

As the year progressed it became clear that our approach was not delivering the level of cost reductions and savings needed and a formal financial recovery process was invoked at the November 2023 meeting of the Integration Joint Board.

Part of this process was to ensure that all possible earmarked and general reserves were released towards reducing the deficit, however this alone was insufficient and the difficult decision was taken by the IJB to move to delivering only substantial and critical levels of service. This means the IJB is in breach of its reserves policy, however the actions to mitigate cost pressures and the savings shortfall outweigh this.

Detailed discussions took place with both partners and culminated in additional funding, on a one-off basis, for 2023-24 to fund the deficit of £4.7 million. The IJB received an additional £2.1m from NHS Greater Glasgow and Clyde and £2.6 million from East Renfrewshire Council.

The savings shortfall and service pressure have been addressed by the IJB in the budget set for 2024-25.

3.2 Financial Performance 2023-24

The annual report and accounts for the IJB covers the period 1st April 2023 to 31st March 2024. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

Service	Unaudited Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	13.777	12.989	0.788	5.72%
Older Peoples Services	27.544	27.764	(0.220)	(0.80%)
Physical / Sensory Disability	6.234	6.348	(0.114)	(1.83%)
Learning Disability – Community	19.248	19.687	(0.439)	(2.28%)
Learning Disability – Inpatients	9.959	11.330	(1.371)	(13.77%)
Augmentative and Alternative Communication	0.295	0.219	0.076	25.76%
Intensive Services	15.788	18.287	(2.499)	(15.83%)
Mental Health	6.274	5.733	0.541	8.62%
Addictions / Substance Misuse	2.417	2.155	0.262	10.84%
Family Health Services	30.411	30.475	(0.064)	(0.21%)
Prescribing	17.318	19.780	(2.462)	(14.22%)
Criminal Justice	0.074	0.086	(0.012)	(16.22%)
Finance and Resources	9.488	8.726	0.762	8.03%
Net Expenditure Health and Social Care	158.827	163.579	(4.752)	(2.99%)
Housing	0.449	0.449	-	-
Set Aside for Large Hospital Services	30.194	30.194	-	-
Total Integration Joint Board	189.470	194.222	(4.752)	(2.99%)
Additional Funding from NHSGGC	2.095	-	2.095	-
Additional Funding from ERC	-	(2.657)	2.657	-
Total Integration Joint Board	191.565	191.565	-	-

The operational overspend, before the additional funding from both partners is applied, is £4.752 million (2.99%) and is marginally better than the last reported position taken to the IJB which was £5.361 million of an overspend. The main variances to the budget were:

- £2.499 million overspend within Intensive Services from Care at Home cost pressures combined with unachieved savings
- £2.462 million overspend in prescribing resulting from both increased volume and costs
- £1.371 million overspend in the Learning Disability In-Patients service resulted from the level of additional staffing for special observations and managing the patient dynamics

- £0.788 million underspend in Children and Families was mainly from vacancy management and maximising available reserves
- The remaining overspends were primarily not achieving savings and the underspends were from vacancy management and release of reserves

Detailed reporting is taken to each meeting of the IJB throughout the year and in the latter months of 2023-24 frequent discussions took place with both partners as part of the financial recovery process.

In addition to the expenditure above, a number of services are hosted by other IJBs who partner NHS Greater Glasgow and Clyde and our use of those hosted services is shown below for information. This is not a direct cost to the IJB.

2022/23 £000	Services Provided to East Renfrewshire IJB by Other IJBs within NHSGGC	2023/24 £000
476	Physiotherapy	556
50	Retinal Screening	68
788	Podiatry	520
306	Primary Care Support	318
419	Continence	457
631	Sexual Health	603
1,183	Mental Health	1,597
978	Oral Health	899
374	Addictions	479
232	Prison Health Care	223
156	Health Care in Police Custody	185
4,032	Psychiatry	5,197
n/a	Specialist Childrens Services*	3,344
9,625	Net Expenditure on Services Provided	14,446

*Hosted by East Dunbartonshire IJB from 1 April 2023

We also host the Specialist Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services on behalf of the other IJBs within the NHS Greater Glasgow & Clyde. The cost of these two hosted services are met in full by East Renfrewshire. The use by other IJBs is shown below for information.

2022/23 £000	Learning Disability In-Patient Services Hosted by East Renfrewshire IJB	2023/24 £000
6,872	Glasgow	9,010
1,834	Renfrewshire	1,370
521	Inverclyde	97
291	West Dunbartonshire	658
-	East Dunbartonshire	-
9,518	Learning Disability In-Patients Services Provided to other IJBs	11,135
73	East Renfrewshire	195
9,591	Total Learning Disability In-Patient Services	11,330

2022/23 £000	Augmentative and Alternative Communication (AAC) Hosted by East Renfrewshire IJB	2023/24 £000
124	Glasgow	93
27	Renfrewshire	55
32	Inverclyde	10
5	West Dunbartonshire	6
27	East Dunbartonshire	23
215	AAC Services Provided to other IJBs	187
50	East Renfrewshire	32
265	Total AAC Services	219

3.3 Reserves

We used £4.562 million of reserves in year and we also added £0.344 million into earmarked reserves. The year on year movement in reserves is summarised:

	£ Million	£ Million
Reserves at 31 March 2023		6.046
Planned use of existing reserves during the year	(4.526)	
Funds added to reserves during the year	0.344	
Net decrease in reserves during the year		(4.182)
Reserves at 31 March 2024		1.864

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2023.

The reserves of the IJB fall into three types:

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

As part of the financial recovery process for 2023-24 The IJB used all possible reserves available to mitigate cost pressures. This means the only reserves being taken into 2024-25 are for specific funding initiatives set by the Scottish Government or where funding is committed within an existing project.

Ring-Fenced Reserves

The spend in year was £1.113 million on existing initiatives and £0.1 million was added towards the end of the year for new Drug Intervention funding. The funding to support the development of a Recovery Hub at £0.489 million is the material element of the £0.8 million balance taken to 2024-25.

Earmarked Reserves

Our earmarked reserves are in place to support a number of projects and included bridging finance to support the delivery of savings. We used £3.141 million during the year and will take £1.064 million into 2024-25. This balance supports commitments already in place and the three main areas are supporting the whole family wellbeing project, trauma informed practice and the learning disability community living change fund. There are no bridging finance reserves remaining for 2024-25.

General Reserves

Our general reserve is now nil as we used the £0.272 million we held as part of the financial recovery process. The IJB recognises that this means it is not compliant with its Reserves Policy which advocates a 2% of budget should be the level of reserves held.

The use of reserves was reported to the IJB within our routine revenue reporting and during 2023-24 and this included the decision to un-hypothecate every reserve possible to mitigate cost pressures.

3.4 Prior Year Financial Performance

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

	2023/24	2022/23	2021/22	2020/21	2019/20
SERVICE	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million	(Over) / Under £ Million
Children and Families	0.788	0.460	(0.020)	0.410	0.637
Older Peoples & Intensive Services	(2.719)	0.888	0.189	0.327	(0.866)

Physical / Sensory Disability	(0.114)	0.219	0.031	0.099	0.030
Learning Disability - Community	(0.439)	(0.727)	0.458	(0.267)	(0.095)
Learning Disability - Inpatients	(1.371)	(0.032)	0	0	0.002
Augmentative & Alternative Communication	0.076	0	0	0	0
Mental Health	0.541	0.337	0.136	0.192	0.189
Addictions / Substance Misuse	0.262	0.083	0.021	0.052	0.013
Family Health Services	(0.064)	0.002	0	0	-
Prescribing	(2.462)	(0.774)	0	0	(0.311)
Criminal Justice	(0.012)	0.030		0.011	-
Planning and Health Improvement *			0.005	0.065	0.098
Management and Admin / Finance & Resources	0.762	0.104	0.017	(0.056)	0.238
Net Expenditure Health and Social Care	(4.752)	0.590	0.837	0.833	(0.065)
Additional Funding ERC	2.657				
Additional Funding NHSGGC	2.095				
Net Expenditure Health and Social Care	0.00				

* In 2022/23 this was subsumed into the relevant adult / children's services

Additional funding was provided on a non-recurring basis as part of the financial recovery process for 2023-24.

3.5 Best Value

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



3.6 Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2024-25 to 2028-29 and our Strategic Plan for 2022-23 to 2024-25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

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

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

The most significant challenges for 2024-25 and beyond include:

- delivering savings to ensure financial sustainability, ensuring sufficient flexibility to allow for slippage, shortfalls or changes
- recognising the tension between delivering a level of savings that will allow the IJB to start to rebuild reserves and protecting service delivery
- managing reduced service capacity as a result of savings and maintaining discharge without delay from hospital and other key indicators
- delivering on our Recovery & Renewal programme for areas of change, including the implementation of a new case recording system
- understanding the longer term impacts of Covid-19 on mental and physical health
- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges

- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening with the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

The IJB agreed its budget for the financial year 2024-25 on 27th March 2024 recognising the significant challenges brought forward from 2023-24 as well as new demand and cost pressures for 2024-25.

Those cost pressures are £17.023 million and are offset in part by available funding of £7.206 million; leaving a funding gap of £9.817 million. A savings programme is in place to ensure we deliver a minimum level of savings to close this gap, and ideally to achieve more savings than required, as we know that £2.316 million of the funding that offsets the pressures is non-recurring for the next two years. We do not have reserves to offset any shortfall.

Revenue Budget	ERC £m	NHS £m	Total £m
1. Cost Pressures			
Pay	1.043		1.043
Inflation & Living Wage	4.736		4.736
Demographic & Demand	1.997		1.997
Legacy Savings	3.843		3.843
Service Pressures	1.500	0.600	2.100
Prescribing		3.304	3.304
	13.119	3.904	17.023
2. Funding available towards pressures			
Recurring	4.894		4.894
Non-Recurring	2.312		2.312
	7.206	0	7.206
3. Unfunded Cost Pressures	5.913	3.904	9.817
4. Proposals to Close the Funding Gap			
Savings complete	0.871	0	0.871
Savings prioritised 1 to 4	7.021	1.889	8.91
Redesign proposals in development		2.015	2.015
	7.892	3.904	11.796

Pay award funding to be confirmed; every 1% equates to c£0.2m

Savings progress will continue to be reported to the IJB within the routine financial reporting and the Supporting People Framework is the most significant saving at c£4 million.

The budget report sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met. The full detail of all savings is included in this report.

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one of the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook.

The 2023-24 budget overspend was mitigated by additional non-recurring funding from both our partners; this will not be an option in 2024-25.

Looking forward to 2025-26 and beyond in any one year the modelled cost pressure could range from £3.5 million to £8.6 million depending on the combination of factors.

It also needs to be recognised that these scenarios show the potential level of cost pressure and do not make any allowance for any funding that may offset any future cost. For example in prior years the Scottish Government has provided funding for some pay and non-pay cost pressures.

Given the current levels of uncertainty it is not possible to assume anything beyond a flat cash approach at this time.

The assumptions are also predicated on full and recurring delivery of the 2024-25 savings.

Demographic pressures remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in the number of children with complex needs resulting in an increase in demand for services.

Economic challenges are significant as we are seeing little recovery in the global economy and although inflation is on a downward trend, particularly with utilities, although this is a slow decline. The biggest risk remains to the IJB remains the cost volatility in prescribed drugs with inflation remaining a significant factor (around 8% in 2023-24).

The cost of pay inflation is still comparatively high and although inflation across a range of goods and services (CPI) is falling, this dropped to 4% in December 2023, this is still well above the UK target of 2%.

Our population and households are not impacted equally by the cost of living crisis and we know those with lower income are disproportionately affected.

We have successfully operated integrated services for around 20 years so we have faced a number of challenges and opportunities over the years, including delivering significant levels of savings; this means that we need to take very difficult decisions and look at radical options for change.

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict however system wide work is in place across NHS Greater Glasgow and Clyde to support the delivery of a range of actions to mitigate some of the cost pressures we are seeing

Maintaining Discharge without Delay performance is a key issue for us. In order to achieve the target we continue to require more community based provision and this is dependent on availability of care. The medium-term aspiration remains that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding

mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.

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

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

- Delivery of the required savings for 2024-25 with a deliberate intention to work to over-recover where possible to allow us to build back from financial recovery. Delivery of the Supporting People Framework savings programme is the most significant element of the programme.
- Further develop full savings options for 2025-26 and beyond; this will include development of charging options for non-residential care and support.
- Our Recovery and Renewal Programme continues and will focus on key projects to support the HSCP with major areas of change as well as short life projects to support delivery of benefits; this includes implementation of a new case recording IT system.
- We will update our Medium-Term Financial Plan on a regular basis reflecting assumptions and projections as issues become clearer; this will also inform planning for our 2025-26 budget.
- We will continue to monitor the impacts of Covid-19, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will review our Strategic Improvement Plan that was agreed by the IJB in January 2020 which set out the combined actions / areas for improvement from the Joint Strategic Inspection of the IJB in 2019 and from the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: Health and Social Care Integration, also 2019. This work was paused during the pandemic and will be incorporated if and where required to current plans.
- We will complete the review of our Integration Scheme; work has progressed during 2023-24 and this should be finalised in 2024-25 with partners.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. This partnership working is a key element to mitigating the impacts of the Supporting People Framework.
- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. We are refreshing our 3-year workforce plan. This will also include any implications from the Health and Care Staffing (Scotland) Act 2019.

- We will continue with the redesign of the Learning Disability Inpatient bed model and progress the programme of health checks for people with a learning disability, following a successful pilot year.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the current economic climate, the longer term impact of Covid-19 on our population, the capacity for the HSCP and its partners to meet continued demand and complexity whilst delivering such challenging savings remain significant risks.

4 Performance summary




4.1 Introduction

In the previous chapters of this report we have focused on the key areas of work carried out by the HSCP over the course of 2023-24. In this final chapter we draw on a number of different data sources to give a more detailed picture of the progress the partnership has been able to make against our established performance indicators. Quantitative performance for many of our performance indicators continue to reflect ongoing challenges being faced locally and nationally in the aftermath of the Covid pandemic.

The sections below set out how we have been performing in relation to our suite of Key Performance Indicators structured around the strategic priorities in our Strategic Plan 2022-25. We also provide performance data in relation to the National Integration Indicators and Ministerial Steering Group (MSG) Indicators. Finally, we provide a performance summary relating to recent inspections of our in-house services.

4.2 Performance indicators

Key to performance status	
Green	Performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)
Grey	No current performance information or target to measure against

Direction of travel*	
	Performance is IMPROVING
	Performance is MAINTAINED
	Performance is WORSENING

*For consistency, trend arrows **always point upwards where there is improved performance** or downwards where there is worsening performance including where our aim is to decrease the value (e.g. if we successfully reduce a value the arrow will point upwards).

Strategic Priority 1 - Working together with children, young people and their families to improve mental and emotional wellbeing										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of children and young people subject to child protection who have been offered advocacy. <i>(Aim to increase)</i>	65%	100%	61%	62%	63%	n/a	n/a	n/a	n/a	↑
Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods. <i>(Aim to increase)</i>	100%	100%	100%	84%	87.5%	n/a	n/a	n/a	n/a	—
Percentage of children looked after away from home who experience 3 or more placement moves <i>(Aim to decrease)</i>	0%	11%	0%	1.8%	1.2%	0.0%	1.4%	1.2%	7.1%	—
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral <i>(Aim to increase)</i>	99%	90%	86%	55%	61%	78%	74%	89%	90%	↑
Child & Adolescent Mental Health - longest wait in weeks at month end <i>(Aim to decrease)</i>	18	18	24	41	35	33	34	35	31	↑
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) <i>(Aim to increase)</i>	n/a	Data only	92.2%	92.7%	91.1%	94.9%	98.0%	93.6%	91.5%	↓

Strategic Priority 1 - Working together with children, young people and their families to improve mental and emotional wellbeing										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Child Protection Re-Registrations within 18 months (LGBF) (<i>Aim to decrease</i>)	n/a	Data only	12.5%	0	0	15.8%	7.7%	0%	9%	↓
% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF) (<i>Aim to decrease</i>)	n/a	Data only	14.4%	20.8%	20%	18.8%	24.5%	29.1%	19.6%	↑

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (<i>Aim to increase</i>)	548	600	488	458	551	575	514	491	364	↑
Percentage of people aged 65+ who live in housing rather than a care home or hospital (MSG) (<i>Aim to increase</i>)	n/a	97%	97%	97%	97%	97%	95.9%	96.6%	96.8%	▬
The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care. (<i>Aim to increase</i>) NI-18	n/a	63%	64.4%	65.2%	58%	57%	64%	64%	63%	↓

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'living where you/as you want to live' needs met (%) <i>(Aim to increase)</i>	91%	90%	89%	89%	91%	88%	92%	84%	79%	↑
SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) <i>(Aim to increase)</i>	n/a	Data Only	9.3%	8.86%	8.69%	8.44%	8.15%	7.5%	6.6%	↑
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) <i>(Aim to increase)</i>	n/a	62%	62.5%	64.4%	62.2%	57.6%	57.5%	62.5%	61.1%	↓
Percentage of those whose care need has reduced following re-ablement <i>(Aim to increase)</i>	63.9%	60%	48%	60%	31%	67	68	62	64	↑

Strategic Priority 3 - Working together to support mental health and well-being										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Mental health hospital admissions (age standardised rate per 1,000 population) <i>(Aim to decrease)</i>	n/a	2.3	1.2	1.2	1.4	1.6	1.5	1.5	1.5	▬
Percentage of people waiting no longer than 18 weeks for access to psychological therapies <i>(Aim to increase)</i>	84%	90%	75%	76%	74%	65%	54%	80%	56%	↑

Strategic Priority 3 - Working together to support mental health and well-being										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% of service users moving from drug treatment to recovery service (<i>Aim to increase</i>)	4%	7%	5%	9%	6%	16%	22%	12%	9%	↓
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. (<i>Aim to increase</i>)	568	419	173	0	5	33	93	331	468	↑
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. (<i>Aim to increase</i>)	93%	90%	96%	95%	95%	89%	95%	87%	96%	↓

Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (<i>Aim to decrease</i>) (NHSGGC data)	7	0	8	7	2	2	4	4	4	↑

Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) (<i>Aim to decrease</i>) (MSG data)	4,821*	1,893	4,625	4,546	2,342	1,788	2,284	1,860	2,704	↓
No. of A & E Attendances (All ages) (<i>Aim to decrease</i>) (NHSGGC data)	22,321	Data only	21,913	20,813	18,091	23,934	24,830	23,220	22,238	↓
Number of Emergency Admissions: Adults (<i>Aim to decrease</i>) (NHSGGC data)	6,595	Data only	6,185	7,372	6,217	6,859	6,801	6,916	6,908	↓
No. of A & E Attendances (adults) (<i>Aim to decrease</i>) (MSG data)	17,824*	18,335	17,356	16,877	13,677	20,159	20,234	19,344	18,747	↓
Number of Emergency Admissions: Adults (<i>Aim to decrease</i>) (MSG data)	6,973*	7,130	6,692	7,894	7,281	7,538	7,264	7,432	8,032	↓
Emergency admission rate (per 100,000 population) for adults (<i>Aim to decrease</i>) NI-12	9,606**	11,492	9,215	9,414	9,210	10,441	10,345	10,304	11,427	↓
Emergency bed day rate (per 100,000 population) for adults (<i>Aim to decrease</i>) NI-13	105,211**	117,000	108,721	108,448	97,806	106,296	110,749	120,265	121,099	↑
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (<i>Aim to decrease</i>) NI-14	73**	100	69	77	98	78	79	79	83	↓

Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
A & E Attendances from Care Homes (NHSGGC data) (<i>Aim to decrease</i>)	487***	Data only for 23/24	390	252	236	394	429	541	n/a	↓
Emergency Admissions from Care Homes (NHSGGC data) (<i>Aim to decrease</i>)	248***	Data only for 23/24	188	141	154	233	261	338	166	↓
% of last six months of life spent in Community setting (<i>Aim to increase</i>) MSG	n/a	86%	87.7%	89.4%	89.8%	88.3%	86.2%	85.0%	85.8%	↓

* Full year data not available for 2023/24. Figure relates to 12 months Jan-Dec 2023. Data from MSG release, 11 April 2024

** Full year data not available for 2023/24. Provisional figure relates to 12 months Jan-Dec 2023. Data from PHS release, 22 May 2024

***In April 2024 NHSGGC revised data for care home admissions and attendances to include previously omitted care homes. New target to be established for these performance measures.

Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (<i>Aim to increase</i>)	84.5%	80%	80%	92%	91%	92%	78%	72%	70%	↑
Total combined % carers who feel supported to continue in their caring role (<i>Aim to increase</i>) NI 8	n/a	Data only	n/a	28.4%	n/a	35.3%	n/a	37.5%	n/a	↓

Strategic Priority 6 - Working together with our community planning partners on effective community justice pathways that support people to stop offending and rebuild lives										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. <i>(Aim to increase)</i>	89%	80%	83%	81%	75%	71%	84%	92%	96%	↑
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? <i>(Aim to increase)</i>	83%	100%	100%	100%	92%	100%	100%	100%	100%	↓
% Positive employability and volunteering outcomes for people with convictions. <i>(Aim to increase)</i>	57%	60%	67%	56.5%	66%	65%	55%	n/a	n/a	↓

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities and improve life chances.										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Breastfeeding at 6-8 weeks most deprived SIMD data zones <i>(Aim to increase)</i>	n/a	25%	19.2%	17.9%	7.5%	15.4%	22.9	27.3	17.2	↑
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) <i>(Aim to decrease)</i> NI-11	n/a	Data Only	264	333	334	295	308	301	297	↑

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities and improve life chances.										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of adults able to look after their health very well or quite well (<i>Aim to increase</i>) NI-1	n/a	Data Only	n/a	92%	n/a	94%	n/a	94%	n/a	↓

Strategic Priority 8 - Working together with staff across the partnership to support resilience and well-being										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Staff who report 'I am given the time and resources to support my learning growth'. (<i>Aim to increase</i>)	77%	90%	74%	75%	n/a	77%	76%	70%	n/a	↑
% Staff who report "I feel involved in decisions in relation to my job". (<i>Aim to increase</i>)	75%	Data Only	71%	72%	n/a	n/a	69%	n/a	n/a	↑
% Staff who report "My manager cares about my health and well-being". (<i>Aim to increase</i>)	89%	Data Only	85%	88%	n/a	n/a	85%	n/a	n/a	↑

Strategic Priority 9 - Protecting people from harm										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Change in women's domestic abuse outcomes <i>(Aim to increase)</i>	93%	85%	90%	87%	84%	79%	64%	65%	66%	↑
People agreed to be at risk of harm and requiring a protection plan have one in place. <i>(Aim to increase)</i>	100%	100%	100%	100%	100%	100%	100%	n/a	n/a	—

Organisational measures										
Indicator	2023/24	Current Target	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of days lost to sickness absence for HSCP NHS staff <i>(Aim to decrease)</i>	8.3%	4.0%	7.5%	6.9%	5.5%	7.3%	6.8%	8.5%	7.2%	↓
Sickness absence days per employee - HSCP (LA staff) <i>(Aim to decrease)</i>	19.5	17.5	20.3	14.7	13.6	19.1	16.4	13.0	13.6	↑

4.3 National Integration Indicators

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

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

4.3.1 Scottish Health and Care Experience Survey (2021-22)

Information on nine of the National Integration Indicators are derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. The most recent survey results for East Renfrewshire relate to 2021-22 and are summarised below.



The results show that we performed better than the Scottish average for seven of the nine indicators and performed close to the national rate for the remaining two. While performance declined for all of the indicators at the national level since the previous survey, we saw improving performance for five of the nine indicators.

National indicator	2021/22	Scotland 2021/22	2019/20	2017/18	2015/16	East Ren trend from previous survey	Scotland trend from previous survey
NI-1: Percentage of adults able to look after their health very well or quite well	91.9%	90.9%	94%	94%	96%	↓	↓
NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible	80.4%	78.8%	78%	74%	80%	↑	↓
NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	73.8%	70.6%	75%	64%	77%	↓	↓
NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	65.1%	66.4%	62%	60%	69%	↓	↓
NI-5: Total % of adults receiving any care or support who rated it as excellent or good	75.5%	75.3%	70%	77%	82%	↑	↓
NI-6: Percentage of people with positive experience of the care provided by their GP practice	69.7%	66.5%	85%	84%	88%	↓	↓
NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83.6%	78.1%	78%	76%	79%	↑	↓
NI-8: Total combined % carers who feel supported to continue in their caring role	28.4%	29.7%	35%	37%	45%	↑	↓
NI-9: Percentage of adults supported at home who agreed they felt safe	90.5%	79.7%	81%	82%	82%	↑	↓

Data from PHS release, 22 May 2024. Latest available survey data relates to 2021/22. 2023/24 data available July 2024

4.3.2 Operational performance indicators

National indicator	2023/24	Scotland 2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
NI-11: Premature mortality rate per 100,000 persons	n/a	442	264	338	334	259	308	301	297	↑
NI-12: Emergency admission rate (per 100,000 population) for adults	9,606*	11,614*	9,215	9,414	9,210	10,439	10,345	10,497	11,427	↓
NI-13: Emergency bed day rate (per 100,000 population) for adults	105,211*	110,257*	108,721	108,448	96,914	105,544	110,0628	119,011	121,099	↑
NI-14: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	73*	104*	68	77	98	78	79	79	83	↑
NI-15: Proportion of last 6 months of life spent at home or in a community setting	88.6%*	89.2%*	88.2%	89.5%	89.8%	88%	86%	85%	86%	↑
NI-16: Falls rate per 1,000 population aged 65+	24.9*	22.7*	24.1	25.1	21.5	22.6	23.4	22.4	21.2	↓
NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	n/a	75.2%**	86.9%	79.0%	84%	84%	84%	88%	88%	↑
NI-18: % of adults with intensive care needs receiving care at home	64.4%*	64.8%*	65.0%	62.0%	58.4%	57.1%	63.6%	63.3%	58.0%	—

NI-19: Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	397	902	415	342	189	156	170	117	228	
NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	n/a	24.0% (2019/20)	n/a	n/a	n/a	20.9%	20.8%	22.4%	22.2%	

Data from PHS release, 22 May 2024.

*Full year data not available for 2023/24. Provisional figure relates to 12 months Jan-Dec 2023.

** Scotland fig is 2022/23.

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

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

4.4 Ministerial Strategic Group Indicators

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

MSG Indicator	2023/24	Target 23/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16	Trend from previous year
Number of emergency admissions (adults)	n/a	7,130	6,564	6,767	6,517	7,538	7,264	7,432	8,032	7,922	↑
Number of emergency admissions (all ages)	n/a	8,331	7,847	7,860	7,281	8,645	8,246	8,513	9,199	9,123	▬
Number of unscheduled hospital bed days (acute specialties) (adults)	n/a	57,106	70,064	67,267	58,333	62,861	60,953	62,967	62,901	58,271	↓
Number of unscheduled hospital bed days (acute specialties) (all ages)	n/a	58,899	72,458	67,136	59,593	59,764	64,407	64,769	64,455	60,064	↓
A&E attendances (adults)	n/a	18,335	17,355	16,877	13,697	20,159	20,234	19,344	18,747	18,332	↓
A&E attendances (all ages)	n/a	25,299	25,202	24,270	17,843	27,567	27,850	27,011	25,888	25,300	↓
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity)	n/a	1,893	4,652	4,546	2,342	1,788	2,284	1,860	2,704	2,366	▬
% of last six months of life spent in Community setting (all ages)	n/a	86%	87.7%	89.5%	89.8%	88.3%	86.2%	85.0%	85.8%	85.6%	↓
Balance of care: Percentage of population at home (supported and unsupported) (65+)	n/a	Data only	96.8%	96.7%	96.6%	96.5%	95.9%	95.8%	95.7%	95.6%	↑
Balance of care: Percentage of population at home (supported and unsupported) (all ages)	n/a	Data only	99.2%	99.2%	99.1%	99.2%	99.0%	99.0%	99.0%	99.0%	▬

Latest data from PHS release, 11 April 2024. (MSG Indicators)

4.5 Inspection performance





East Renfrewshire HSCP delivers a number of in-house services that are inspected by the Care Inspectorate. The following table show the most up to date grades as of May 2024.

Key to Grading:

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


Service	Date of Last Inspection	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Inspection Report
Adoption Service	11/10/2019	5	Not assessed	5	Not assessed	 Adoption Services - InspectionReport-305
Fostering Service	11/10/2019	5	Not assessed	5	Not assessed	 Fostering Services - InspectionReport-306
HSCP Holiday Programme	26/07/2022	5	Not assessed	5	4	 Holiday Programme - InspectionReport-312
HSCP Adult Placement Centre	25/10/2019	5	Not assessed	5	5	 Adult Placement InspectionReport-306

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

Service	Date of Last Inspection	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Bonnyton House  InspectionReport-31 7155.pdf	26/09/2023	4 (Good)	4 (Good)	Not assessed	Not assessed	Not assessed
Kirkton  Kirkton - InspectionReport-304	23/7/2019	5 (Very Good)	Not assessed	Not assessed	Not assessed	5 (Very Good)
Care at Home  Item 10. 2 of 2 InspectionReport-318	30/01/2024	3 (Adequate)	3 (Adequate)	3 (Adequate)	Not assessed	3 (Adequate)
Community Pathways  InspectionReport-31 8885 (2).pdf	25/03/2024	5 (Very Good)	5 (Very Good)	Not assessed	Not Assessed	Not Assessed

The quality framework for children and young people in need of care and protection, published in August 2019.

Service	Date of Last Inspection	Evaluation of the impact on children and young people			Inspection Report
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Joint Inspection of adult support and protection	June 2023				 East Renfrewshire adult support and pro
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Evaluation of the impact on children and young people - quality indicator 2.1

For our inspections of services for children at risk of harm, we are evaluating quality indicator 2.1. This quality indicator, as it applies to children and young people at risk of harm considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

Evaluation of quality indicator 2.1: Excellent

4.6 Use of Directions during 2023-24

Directions are the means by which the Integration Joint Board tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan. Directions are a key aspect of governance and accountability between partners. Directions issued in 2023-24 are given below.

March 2024	Budget 2024/25	ERC	Direction issued to East Renfrewshire Council to carry out each of the functions listed within the Integration Scheme in a manner consistent with: the existing policies of the Council and any relevant decisions of the Council in relation to the revenue budget; and with the Integration Joint Board’s strategic plan.
March 2024	Budget 2024/25	NHS	Direction issued to NHSGGC to carry out each of the functions listed within the Integration Scheme in a

			manner consistent with: the existing policies of the Council and any relevant decisions of the Council in relation to the revenue budget; and with the Integration Joint Board's strategic plan.
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Appendix One - National Outcomes

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

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

The National Outcomes for Children are:

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

The National Outcomes for Criminal Justice are:

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



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 June 2024
Agenda Item	10
Title	Specialist Learning Disability Inpatient Services Performance Report 2023/24
Summary	
<p>This paper provides the Performance and Audit Committee with data on the performance of Specialist Learning Disability Inpatient Services, with a particular focus on admission and discharge activity throughout 2023/24. The aim is to ensure visibility of the key issues for patients as well as highlighting areas for improvement.</p>	
Presented by	Tom Kelly, Head of Adult Services: Learning Disability and Recovery
Action Required	
<p>Performance and Audit Committee are asked to note and comment on the report.</p>	

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

26 June 2024

Report by Chief Officer

SPECIALIST LEARNING DISABILITY IN PATIENT SERVICES
PERFORMANCE REPORT 2023/24

PURPOSE OF REPORT

1. The purpose of this paper is to provide data on the performance of Specialist Learning Disability Inpatient Services with a particular focus on admission and discharge activity throughout 2023/24. The aim is to ensure visibility of the key issues for patients as well as highlighting areas for improvement.

RECOMMENDATION

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

BACKGROUND

3. This report focuses on activity relating to our assessment and treatment services (Blythwood House and Claythorn House) which have 27 beds across the two sites. The service is available to people with a learning disability residing in nine Health and Social care Partnerships, six of which are within the NHS GGC boundary and three of which are provided via service level agreements in areas outwith NHS GGC.
4. The data in this report has been collected from our bed management system, EMIS and TrakCare.

REPORT

Key Messages

5. The number of admissions achieved during 2023/24 has dropped further by just over 33% with only 7 admissions throughout the full year. This is directly due to a significant reduction in the number of discharges achieved during 2023/24.
6. Delayed discharges are the worst they have been for several years and this continues to create significant issues, with a high number of patients having no discharge plan for a significant period of time nor a home to return to. The reasons for delay were due to lack of suitable accommodation and/or no providers in place and/or providers in place having real difficulty with recruitment.

7. The main barrier to patient flow is the number of delayed discharges from placement breakdowns and the length of time taken to organise a new placement. This is generally longer for patients in the LD inpatient service compared to patients with LD in the mental health inpatient service.
8. People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health and/or they have an established home to return to.
9. Establishing a new package of care and support is the primary reason for delays.

Overview of Activity in 2023/24

Admissions

10. The service received 23 referrals for admission but only a total of 7 people were admitted to the LD inpatient service in 2023/24. This is just under half the number of admissions from the previous year and relates directly to a smaller number of discharges and increasing lengths of stay/delays. This is the lowest number of admissions the service has ever experienced. Of the seven admissions the age range was between 16 – 59 years.

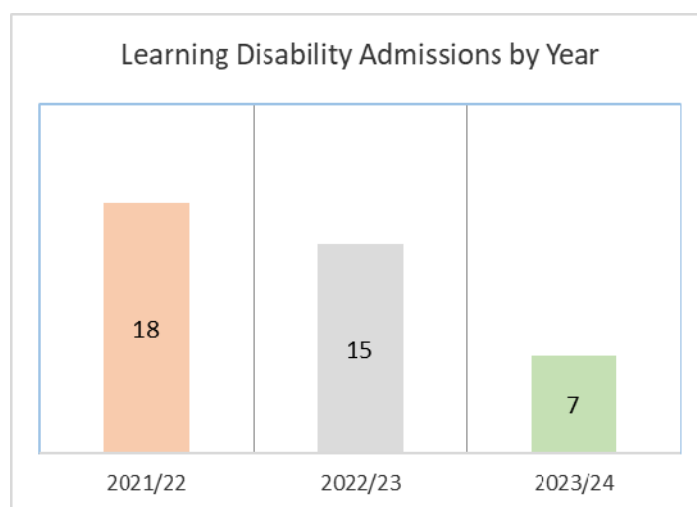


Chart 1

Reason for LD Admissions

11. Of the seven admissions, four were admitted with long-standing challenging behaviour. The service is experiencing more referrals for people with behaviours that challenge and less with acute mental illness. Admissions due to challenging behaviour alone increased from previous years with 57% during 2023/24 compared to 53% in 2022/23 and 42% in 2021/22. This appears to be the result of instability in community supports for those with the most difficult to manage challenging behaviour, but also partly because patients in need of urgent admission due to mental illness or less complex challenging behaviour are more likely to be admitted to the mental health inpatient service due to the lack of availability of LD inpatient beds. Third Sector staffing and recruitment continue to be a major concern.

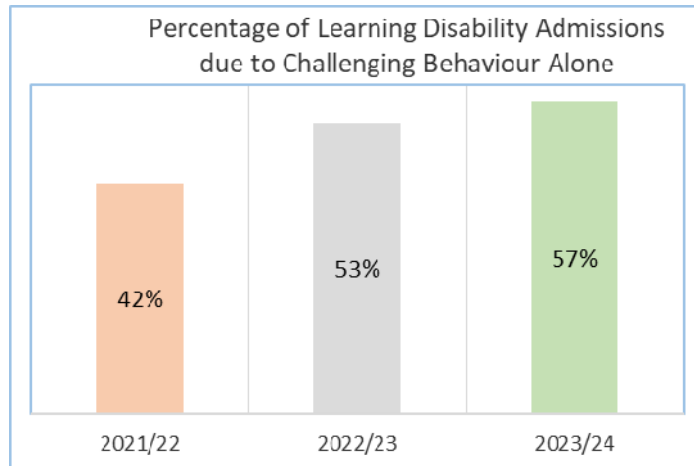


Chart 2

Number of patients without a confirmed discharge placement in LD Beds

- 12. On 31 March 2024 17 patients who were ready for discharge did not have a confirmed discharge plan / community placement.

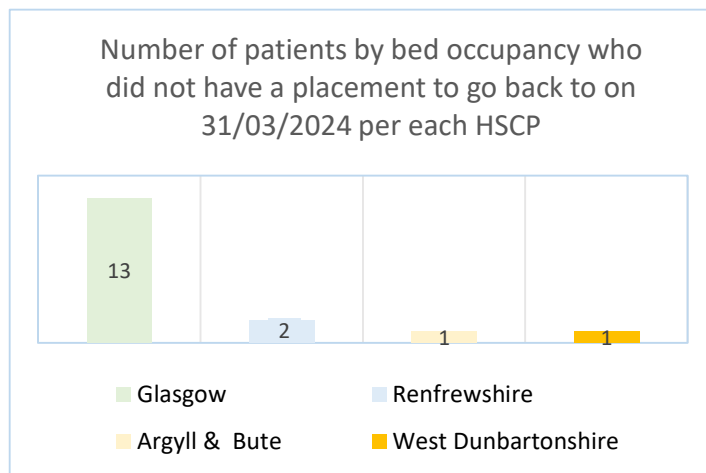


Chart 3

Patients with a discharge plan in LD beds

- 13. Only 9 out of 26 LD inpatients had a discharge plan on 31/03/2024. This was a reduction in the number from the previous year of 13. Some patients have been waiting a long and unacceptable time for discharge. The complex mix of patients who are delayed leads to high risks in the ward environment in particular around interpersonal risks and an increase in incidents of violence and aggression. This can only be mitigated in the ward environment with increased levels of special observations. The longer people are in hospital the more challenging it can be to identify suitable accommodation as there is a perception the risks can only be managed in this environment creating a further barrier to discharge.

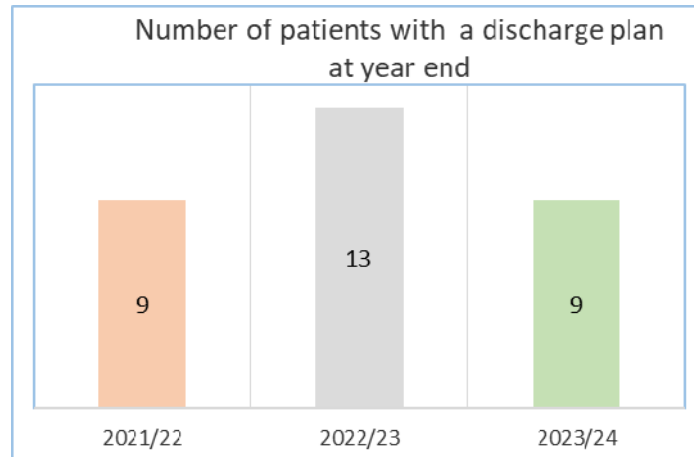


Chart 4

Number of discharges & length of stay

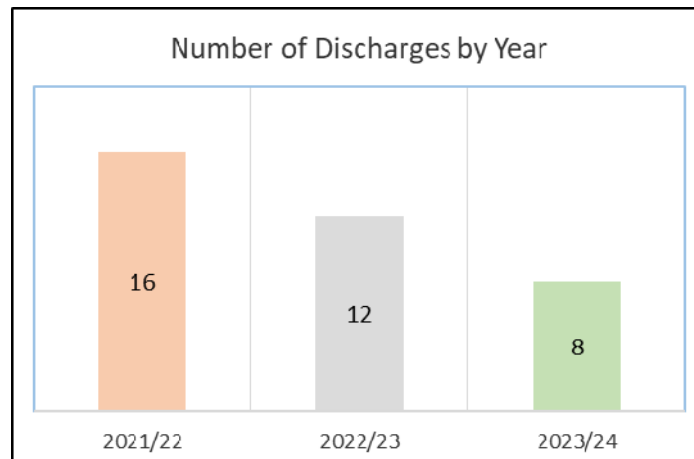


Chart 5

14. Eight patients were discharged from the LD inpatient service during 2023/24. The number of discharges has continuously decreased in recent years from 16 discharges in 2021/22 reducing to 12 in 2022/23 and just 8 in 2023/24.
15. Overall the average length of stay counting all LD inpatients discharged during 2023/24 was 325 days with a range of 33 – 1113 days.
16. There is a correlation between length of stay and accommodation status on admission. Of the eight discharges, four were returning to the home they were admitted from, two had a support package identified on admission and two had no placement at the point of admission. The average length of stay for the four patients returning home was 104 days. For patients that had a new placement identified on admission the average length of stay was 282 days and for the two patients who required a new placement to be identified during their admission the average length of stay was 810 days.

17. The inpatient service had 1 long stay patient discharged in 2023/24. There are 5 remaining long stay patients who now all have plans in place to be discharged to a community based model currently under development.

LD Bed days lost

18. There was a 14% increase in beds days lost due to delayed discharges from 2022/23 to 2023/24.

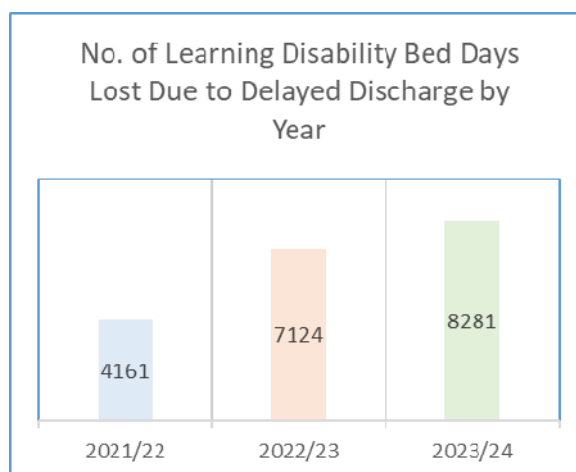


Chart 6

HSCP Bed Activity in 2023/24

HSCP	Admissions to LD Beds	Discharges from LD beds	Admissions to MH Beds	Discharges from MH beds
East Dunbartonshire	1	1	1	1
East Renfrewshire	1	1	1	2
Glasgow	4	4	10	11
Inverclyde	0	2	2	2
Lanarkshire	0	0	0	0
Renfrewshire	1	0	6	5
West Dunbartonshire	0	0	3	3
TOTAL	7	8	23	24

Table 1

LD Bed days lost by HSCP

HSCP	Bed days lost 21/22	Bed days lost 22/23	Bed days lost 23/24
East Dunbartonshire		0	12
East Renfrewshire		0	167
Glasgow		6293	5995
Inverclyde		0	133
Lanarkshire		0	0
Renfrewshire		831	1465
West Dunbartonshire		0	366
Argyll & Bute		0	143
TOTAL	4161	7124	8281

Table 2

LD Waiting Times

19. The longest wait for admission to a learning disability inpatient bed was **90** days. As a result of continuous occupancy, the service is now typically unable to directly admit people requiring specialist learning disability assessment & treatment.
20. A group of people were removed from the waiting list as admission was no longer required or an alternative had been established before a bed became available for them.

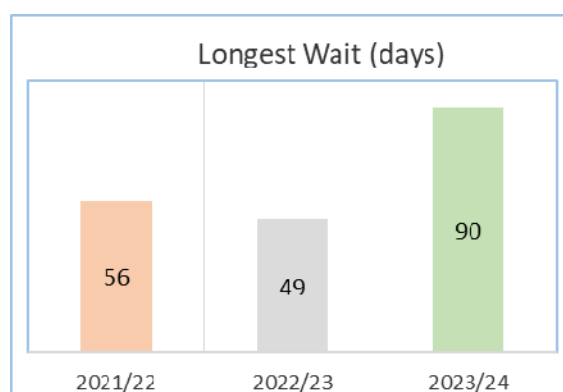


Chart 7

4.11 Mental Health Adult Services Admissions

21. The LD service is aware of 19 people with LD open to community learning disability services who were admitted to a mental health bed during 2023/24. Three of these people had more than one admission with the total number of mental health admissions at 23 for 2023/24.
22. Eight of these patients were referred to the LD inpatient service but only one of them was able to be transferred to an LD bed. Two patients remain in a mental health ward awaiting transfer to an LD bed, one has been assessed as not requiring specialist LD inpatient care and 4 have since been discharged. The remaining 11 patients were assessed as having their mental health needs appropriately met within the mental health service and not in need of specialist LD inpatient care, and have since been discharged.
23. The average length of stay for LD patients discharged from a mental health bed during 2023/24 was 80 days with a range of 1 – 563 days. In keeping with the average length of stay for patients in the LD inpatient service this varied depending on the discharge plan with a longer average duration of stay at 304 days if a new community placement was required and only 38 days if returning home.
24. Of note is that the average length of stay for patients discharged from a mental health ward to a new placement is significantly lower at 304 days compared to 546 days for patients in the LD inpatient service. There are several possible reasons for this, with the most significant being that patients requiring the highest level of specialist LD support are prioritised for admission and transfer to the LD inpatient service and thus the cohort of

people with LD within the mental health inpatient service is likely to have less significant support needs, which may make sourcing a new placement for them more straightforward.

DISCHARGES 2023/24	AVERAGE LENGTH OF STAY (days)	RANGE OF LENGTH OF STAY (days)	AVERAGE LENGTH OF STAY if returning home (days)	AVERAGE LENGTH OF STAY if discharged to new placement (days)
LD patients in MH service	80	1 - 563	38	304
LD inpatients	325	33 - 113	104	546

Level of learning disability

- 25. Of the seven people admitted to LD inpatient services during 2023/24 the level of learning disability was predominantly severe/profound with this accounting for 42% of admissions. There has been a trend of an increasing proportional admission rate of patients with severe/profound learning disability over the past 2 years from 18% in 2021/22.

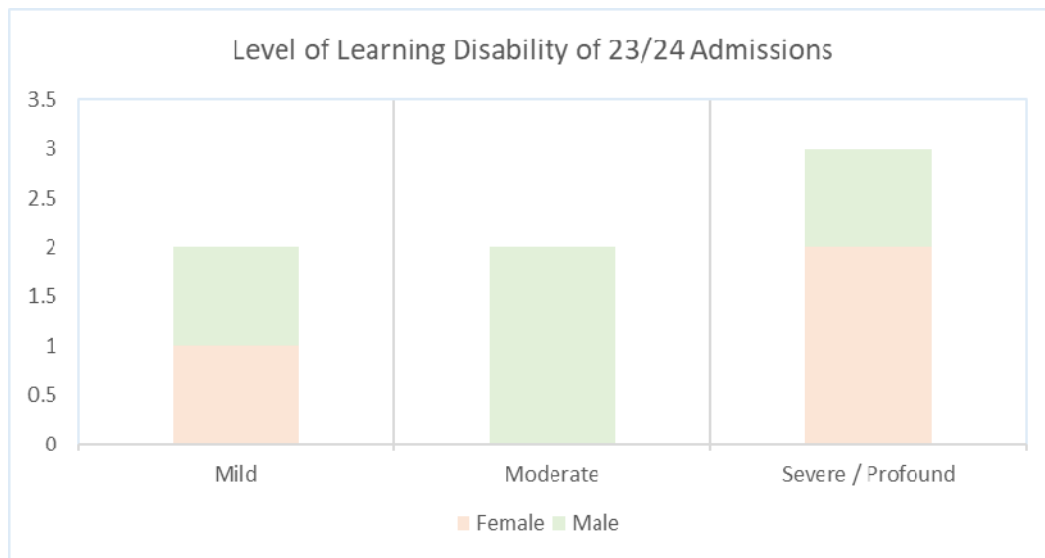


Chart 8

CONCLUSIONS

- 26. Since the allocation of the Community Living Change Fund, NHS GGC continues to progress with the redesign of services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems.
- 27. NHS GGC has established a programme board providing strategic leadership and governance, directing the work of the community and inpatient redesign. Avoiding

inappropriate admissions and preventing placement breakdown is a key priority to addressing delayed discharges.

28. A collaborative approach across HSCPs in order to ensure local objectives align and shape the future design of both community and inpatient services is in place.
29. Our LD Programme Board and both the Multi-Agency Collaborative Commissioning Group continue to promote responsive community support to avoid inappropriate admissions and improve commissioning practices.
30. Performance has deteriorated across 2023/24 with fewer discharges and higher delays negatively impacting on our ability to admit directly to the LD service when this is appropriate. This year was the lowest ever number of admissions to the LD inpatient service. At present there is a waiting list and admissions are entirely dictated by the number of discharges achieved.
31. HSCPs continue to report significant challenges in provider recruitment and staff retention which is having a negative outcome on our discharge activity.
32. We are also seeing instability in community supports for similar reasons including turnover of staff having a negative impact where consistency in care and support is essential.
33. NHS GGC has been working closely with officials to shape policy direction for the Coming Home Implementation. Julie Murray, Chief Officer sits on the Scottish Government Senior Strategy Group and the Head of Service has had a key role in the development of the national Dynamic Support Registers.
34. All HSCPs now have a Dynamic Support Register and must submit returns to Public Health Scotland. The development of a nationally agreed pathway based on early intervention to avoid inappropriate admission is underway.
35. As part of the inpatient redesign we have started to explore alternatives to admission. In 2023/24 the inpatient service provided outreach support as an alternative to admission. This led to successful outcomes for the patient and hospital admission was avoided. An operational policy to support ongoing outreach activity, partial admissions and intensive discharge support is in development.
36. The vision for learning disability inpatient services is:

'We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services.'

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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May 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper – 26 June 2023

https://www.eastrenfrewshire.gov.uk/media/9265/PAC-Item-10-26-June-2023/pdf/PAC_Item_10_-_26_June_2023.pdf?m=1687186205713



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 June 2024
Agenda Item	11
Title	Community Pathway Inspection Report
<p>Summary</p> <p>This paper provides an overview of the report from our recent inspection of our Community Pathway Service, which was undertaken by the Care Inspectorate in March 2024.</p>	
Presented by	Tom Kelly, Head of Adult Services: Learning Disability and Recovery
<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

26 June 2024

Report by Chief Officer

Community Pathways Service 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 Community Pathways service which was undertaken by the Care Inspectorate in March 2024, and their report published in April 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 Community Pathways service between 21st – 25th March 2024. This is the first inspection since the re-registration of service. This service has developed different models of service delivery that are flexible, responsive and adaptable to the prevailing situation. The team worked closely with the Care Inspectorate to ensure the registration for the service is reflective of service provision and is now categorised as a 'Dispersed Service', sub-category 'Care at Home'. This means that services are provided in the building base, the community and in people's homes.
5. At the time of the inspection, 38 people were using the service on a permanent basis (this is the only part of the service that is subject to CI Registration) with a larger number of people participating in the short-term placements at any one time.
6. In preparation for the inspection, the Care Inspectorate reviewed registration information, previous inspection findings and intelligence gathered since the last inspection.

REPORT

7. During the inspection, Inspectors spoke with 8 individuals who use the services and 2 of their family members. They also reviewed documents, observing practice and daily life and spoke with staff and management.
8. The inspection focused on two areas and awarded grades of 5 (very good) in their evaluation of the following areas:
 - How well do we support people's wellbeing
 - How good is our leadership
9. Key messages from the inspection were that:-
 - The service demonstrated a person-centred approach to people with a wide range of different needs.
 - There were a wide range of interesting activities on offer for people to choose from.
 - People benefited from effective partnership working with other organisations and professionals.
 - The staff team were enthusiastic and well trained.
 - The service should involve people who use the service more in evaluation and planning.
10. We were pleased to hear that Inspectors found staff to be kind and patient and that families were complimentary about staff and found them enthusiastic and knowledgeable. One person said "I love it here, all the staff do well".
11. Highlights from the report include:
 - Inspectors found significant strengths in aspects of the care provided and how these supported positive outcomes for people
 - Regular review of people's aspirations and how well their support helped to meet their outcomes meant people could be confident their support was right for them
 - Personalised timetables were reviewed every four to six weeks with the person and their families, if appropriate, meant people could be confident their support was right for them.
 - The Promoting Positive Behaviour approach which all staff are trained in meant staff had the knowledge and skills to limit stress and distress.
 - Personal plans contained a good amount of detail ensuring that people's needs and preferences were respected.
 - Personal plans were regularly updated.
 - Recording of people's day meant that any changes to the person's health or wellbeing could be monitored.
 - Staff morale in the service was good.
 - People were supported by a staff team who were well trained and kept up to date.
 - Culture of reflection and continual improvement meant that people were supported by a service that worked hard to ensure people experienced high quality support based on current guidance and good practice

12. Whilst no recommendations were made, two areas for improvement were identified during the inspection. These were in relation to personal plans and the service's existing improvement plan. These are detailed in the table below along with our planned action.

Inspection Area	Areas for Improvement	Health and Social Care Standard	Action
How well do we support people's wellbeing?	The service should ensure that people's personal plans include information about legal arrangements for proxy decision making. This is to ensure that staff members have easy access to information they need to ensure that people's rights are respected and that their independence and/or choice and control is not restricted without the appropriate legal processes in place.	'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).	Information has been added to individual care plans – complete June 2024
How good is our leadership?	The service should develop methods to ensure that its improvement plan is informed by the views of people using the service, their families and members of staff.	My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).	Views of people are gathered using a variety of methods both formally and informally from all parts of the service – recording systems will be improved to better reflect the involvement of our stakeholders in service development. To be completed by September 2024

13. The report also confirmed that the 2 recommendations and 3 areas for improvement made during the previous inspection had all been met.

CONCLUSIONS

14. This inspection reports demonstrates that individuals have positive outcomes and are well supported by a competent and well managed staff team.
15. The service is currently performing to a good standard and has a focus on continuous improvement through the implementation of its current improvement plan.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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12 June 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None

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Community Pathways Support Service

Robslee Drive
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G46 7BA

Telephone: 0141 577 4535

Type of inspection:
Unannounced

Completed on:
25 March 2024

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2003000808

About the service

Community Pathways offers day opportunities and community outreach support to people with learning disabilities in East Renfrewshire. The provider is East Renfrewshire Health and Social Care Partnership.

The service is based in Thornliebank Resource Centre but also makes use of other community-based buildings in Barrhead and Giffnock. People attend groups of their choosing or have one to one support to access the community. The service offers transitions support for younger people, support with independent living skills and skills for work. There are also opportunities to participate in activities such as arts and crafts, gardening and social activities.

At the time of our inspection 38 people were using the service on a permanent basis with a larger number of people participating in the short term placements at any one time.

About the inspection

This was an unannounced inspection which took place between 21 and 25 March 2024. The inspection was carried out by one inspector from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with eight people using the service and two of their family
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The service demonstrated a person-centred approach to people with a wide range of different needs.
- There were a wide range of interesting activities on offer for people to choose from.
- People benefited from effective partnership working with other organisations and professionals.
- The staff team were enthusiastic and well trained.
- The service should involve people who use the service more in evaluation and planning.

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?	5 - Very Good
How good is our leadership?	5 - Very Good

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

How well do we support people's wellbeing?

5- Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People and their families told us that staff were enthusiastic, knowledgeable and that there were good staffing levels to support both group settings and one-to-one support. This meant that individual needs were being met by staff who knew them well.

We observed that staff spoke to people kindly and with patience. Support for personal care was provided discreetly, ensuring that people were treated with dignity. People and families we spoke to were complimentary about the staff and clearly had positive relationships with the team. One person told us that key workers were the best thing about the service, another said, "I love it here, all the staff do well". This demonstrated that people had faith and trust in the staff team who were supporting them.

The service supported people with wide ranging needs and abilities. Opportunities included gardening, hospitality, arts and crafts, independent living skills, opportunities for exercise and building based activities like using the sensory room or home baking. Each person had a personalised timetable which was presented in an accessible format. These were reviewed every four to six weeks with the person and their families if appropriate. This regular review of people's aspirations and how well their support helped to meet their outcomes meant people could be confident their support was right for them.

Personal plans contained a good amount of detail ensuring that people's needs and preferences were respected. The service had a good system in place for ensuring these were regularly updated. Recording of people's day was consistently good and detailed activities participated in, any health issues and the person's mood. This meant that any changes to the person's health or wellbeing could be monitored.

Personal plans would benefit from the inclusion of information on legal arrangements for proxy decision making. This would ensure that people were not subject to restriction of their choice making unless there was a legal right in place (see area for improvement 1).

The service worked well with other professionals and support providers as well as health professionals such as speech and language therapists, occupational therapists and physiotherapists. Staff understood the importance of supporting people to eat and drink using guidance received from other professionals such as thickening drinks. Plans and monitoring notes detailed each person's requirements. This promoted people's wellbeing.

The service used a Promoting Positive Behaviour approach, and all staff were trained in this. This approach means that staff had the knowledge and skills to limit stress and distress. This was found to work well with very limited need for any use of formal interventions as people were supported in a way that made them feel safe and secure.

Appropriate systems to support people to take their medication were in place. This ensured that people's health needs were met.

Staff morale in the service was good. All staff spoke highly of other members of the team and the support provided to each other. New staff said they had felt welcomed from the beginning. Each day ended with an opportunity to debrief and offer support and advice to each other. This meant that people were supported by a staff team who shared good practice and worked well together.

Areas for improvement

1. The service should ensure that people's personal plans include information about legal arrangements for proxy decision making. This is to ensure that staff members have easy access to information they need to ensure that people's rights are respected and that their independence and/or choice and control is not restricted without the appropriate legal processes in place.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service was well managed by a management team who were said to be very approachable. This was supported by comments from staff, people and their families.

Staff recruitment followed good practice guidance. The provider used an electronic monitoring system to record any incidents or accidents. This allowed management and the provider to identify any patterns or areas for improvement within the service. The service used a lessons learned approach when incidents and unplanned events occurred. Staff benefitted from regular team meetings and supervision.

The service had a straightforward approach to ensuring staff members were kept up to date with mandatory training. Monthly team meetings and training meant that there were opportunities for the whole staff team to discuss any changes or updates and ensured that everyone had access to the same information. The service reported that there were additional training days each year when the centre is closed, and staff received mandatory training at the same time. This ensured that people were supported by a staff team who were well trained and kept up to date.

A culture of reflection and continual improvement meant that people were supported by a service that worked hard to ensure people experienced high quality support based on current guidance and good practice.

The service had an improvement plan in place, this could be improved by ensuring that feedback from people using the service, their families, and staff is incorporated. People told us that there used to be more opportunities for them to get involved in sharing their views and shaping the service improvement plan. This meant that people did not have opportunities to influence the service beyond their own support (see area for improvement 1).

Areas for improvement

1. The service should develop methods to ensure that its improvement plan is informed by the views of people using the service, their families and members of staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

The provider must ensure that personal plans are reviewed at intervals in keeping with required legislation and show the involvement of service users and/or their representatives. In order to achieve this:

- all personal plans must be reviewed at least once in every six month period, and when there is a significant change in an individual's health, welfare or safety needs.

This is to comply with SSI 2011/210. Regulation 5 (2) Personal Plans. A requirement to review the personal plan.

Timescale: To start on receipt of the final inspection report and be completed within six to nine months.

This requirement was made on 7 April 2016.

Action taken on previous requirement

In all of the personal plans we reviewed there were six monthly reviews carried out with the person, staff from the service and family members where appropriate. Some reviews included social workers or representatives for other agencies involved in the person's care and support. In addition people had four to six weekly reviews of their planned activities to ensure they were still getting the most out of their support.

Met - outwith timescales

Requirement 2

The provider must ensure that notifications are submitted to the Care Inspectorate as required. In order to demonstrate this:

- notifications must be submitted in line with 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. (February 2012, Care Inspectorate)

- all relevant staff responsible for providing such notifications must have their knowledge of 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' evaluated to ensure compliance.

This is in order to comply with SSI 2011/28 Regulation 4 (1) (a) (b). Requirement for records, notifications and returns.

Timescale: Within one month upon receipt of the final inspection report.

This requirement was made on 7 April 2016.

Action taken on previous requirement

The service had displayed the appropriate guidance in the manager's office. We reviewed internal and external reporting arrangements for incidents and accidents. Appropriate notifications had been submitted to us in accordance with this guidance.

Met - outwith timescales

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

For all service users who require to have any mechanical restraint that is assessed as appropriate to minimise risk there should be a clear record of consultation with relevant agencies. These records should show why restraint should be used, who was involved in the decision and a consent form signed by the supported individual or their representative if they are unable to sign.

NCS - Housing Support - Standard 4 - Support arrangements and Standard 10 - Feeling safe and secure.

This area for improvement was made on 28 May 2013.

Action taken since then

At the time of inspection, the client group had changed since this AFI was put in place and the circumstances no longer applied. We did not identify any concerns at this inspection.

This area for improvement has been met.

Previous area for improvement 2

The provider in conjunction with the manager should provide learning and development opportunities to ensure staff have knowledge and understanding of relevant Mental Welfare Commission guidance. This should include the documents, 'Covert medication' and 'Rights, Risks and Limits to Freedom'. Updates on adult support and protection procedures that include further learning around whistleblowing should be provided.

NCS - Support Services - Standard 2 - Management and staffing arrangements and Standard 10 - Feeling safe and secure.

This area for improvement was made on 7 April 2016.

Action taken since then

There was no one using the service at the time of the inspection who required a covert medication pathway. However, training provided to all staff on equality and human rights covered the Adults with Incapacity legislation and understanding of deprivation of liberty. The medication training and the policy on administration of medications covers covert medication.

This area for improvement has been met.

Previous area for improvement 3

The provider in conjunction with the manager should develop an agreed supervision and appraisal staff support system that is aimed at assessment of practice consistent with associated learning and development. Opportunities to learn about best practice guidance and other relevant legislative requirements should be identified in an annual appraisal that sets targets and helps staff to identify strengths and areas for improvement.

NCS - Support Services - Standard 2 - Management and staffing arrangements.

This area for improvement was made on 7 April 2016.

Action taken since then

This was reviewed during the inspection and found to be satisfactory.

The system for supervision and appraisals is robust and they are carried out regularly. Appraisals were held annually and supervisions three times per year. Staff said it was supportive to them. Reflective practice was encouraged through this process with staff requested to complete reflective recordings which were then discussed at the supervision.

This area for improvement has been met.

Complaints

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

Detailed evaluations

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

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

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ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 June 2024
Agenda Item	12
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 March 2024 • Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in March 2024 • 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

26 June 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 March 2024
 - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in March 2024
 - 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, a follow-up of HSCP Audits (MB/1204/FM) has been undertaken. This included the review of three previous audits:-
- Audit of Fostering, Adoption and Kinship Care (MB/1154/NS – issued April 2022)
 - Follow Up of HSCP Audits (MB/1168/FM issued September 2022)
 - Audit of Barrhead Centre (MB/1173/NS issued September 2022)
11. The audit report was issued on 30 May 2024 and found 8 of the 34 recommendations had not been fully implemented. A copy of the audit report is included at Appendix 2A, however the final response is yet to be submitted to Internal Audit. The response is due on 5 July 2024.

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

12. At the March 2024 meeting, a total of 75 recommendations were reported; 22 open and 53 which the HSCP considered to be closed but were pending verification from internal audit.
13. As a result of follow up work we now have 49 recommendations in total; 12 open and 37 which are considered closed and awaiting verification.
14. This is an overall reduction of 26 recommendations resulting from follow-up of:
- Audit of Fostering, Adoption and Kinship Care
 - Follow Up of HSCP Audits
 - Audit of Barrhead Centre
15. These audits are no longer included in the Appendices. However the 8 new recommendations from the follow-up work detailed at appendix 2A have been added.
16. The table below summarises the total number of recommendations impacting on the HSCP which are either open or yet to be verified by internal audit. Further detail is included in the relevant appendix along with changes since last reported in each 'status' section.

Audit Report and Appendix		No. changed to considered closed since last reported	Recommendations		
			Total no. for HSCP	HSCP consider closed (awaiting verification)	Total open
Follow-up of HSCP Audits	2A	(new)	8	0	8
Emergency Payments	2B	10	10	10	0
Thornliebank Resource Centre	2C	n/a	13	13	0
Debtors	2D	n/a	1	1	0
SDS – Direct Payments	2E	0	3	0	3
Ordering and Certification	2F	n/a	4	4	0
Follow up of Business Operations and Partnerships Department	2G	0	2	1	1
Payroll	2H	n/a	8	8	0
TOTAL			49	37	12

NHS Internal Audit Activity relating to the Health and Social Care Partnership (Appendix 3)

17. A report has been provided by the Chief Internal Audit, which is included at Appendix 3.

CONCLUSIONS

18. 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

19. 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 June 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC 27.03.2024 – Audit Update
[https://www.eastrenfrewshire.gov.uk/media/10192/PAC-Item-08-27-March-2024/pdf/PAC_Item_08 -
_27 March 2024.pdf?m=1710946124830](https://www.eastrenfrewshire.gov.uk/media/10192/PAC-Item-08-27-March-2024/pdf/PAC_Item_08_-_27_March_2024.pdf?m=1710946124830)

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Appendix	1A
Title	Ernst & Young 2022/23 Action Plan
Type	Internal Audit Activity relating to the Integration Joint Board
Status	Changes since last reported to PAC 27.03.2024 Note 1 updated Note 2 updated

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	Completed for 2023/24
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	Non recurring financial support received for 2023/24. Meetings will continue.

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 FOLLOW-UP OF HSCP AUDITS

<u>Contents</u>	<u>Page No</u>
Introduction	1
Scope	1
General Conclusion	1
Previous Findings and Recommendations Not Implemented	1-3
Action Plan	4-5

Chief Auditor
MB/1204/FM
30 May 2024
(reply due 5 July 2024)

REPORT ON FOLLOW-UP OF HSCP AUDITS

1. INTRODUCTION

As part of the 2023/24 audit plan, a follow-up audit of three previous reports issued to HSCP was carried out.

2. SCOPE

The scope of the audit was to ensure that all of the recommendations which were accepted in the departmental responses had been implemented in the timescales stated. The following reports were included in the audit:

Name of audit	Number of Recommendations original	Number of Recommendations not implemented.
Audit of Fostering, Adoption and Kinship Care (MB/1154/NS – issued April 2022)	3	0
Follow Up of HSCP Audits (MB/1168/FM issued September 2022)	20	8
Audit of Barrhead Centre (MB/1173/NS issued September 2022)	11	0
Total	34	8

3. GENERAL CONCLUSION

Follow-up checks carried out during the audit showed that efforts had been made to implement most of the recommendations, with 8 recommendations that still require to be addressed.

Of the previously accepted recommendations, the following points are still outstanding and require attention. All recommendations relating to the fostering, adoption and kinship care and Barrhead Centre audits are now considered implemented and closed.

PREVIOUS RECOMMENDATIONS NOT IMPLEMENTED

4 Follow Up of HSCP Audits (MB/1168/FM)

4.1 Recording and Disposal of Inventory – St Andrews House

It was previously highlighted that inventory items disposed of during the course of the year were not recorded in the disposals column of the inventory sheets and inventory deletion forms were not available. A sample of four disposals were selected from the 2022/23 inventory sheet and all disposals were traced to the disposals form. However, it was noted that again the forms had not been authorised by a manager/supervisor.

Recommendation

4.1.1 The disposal of inventory forms should be signed by a manager/supervisor for all disposals.

4.2 Vary Reports

It was previously recommended that operational managers take action to ensure that varies processed are appropriate to the client and that service agreements reflect clients' needs accurately. In addition, it was recommended that operational managers should also prioritise the checking of vary reports to approve all varies processed and to take action to update service agreements where appropriate. Audit were previously advised at the time of the last follow-up that a report had been developed and was sent to managers, however, the feedback from managers was that the report was data intensive and not user friendly. No further progress has been made since. An update should be provided to Audit when a suitable report has been developed and implemented in line with the original recommendations below.

It was also recommended that 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. Audit were advised that quarterly meetings would be scheduled which will confirm varies based on the new reports mentioned above.

Recommendation

4.2.1 Fully functional reports showing varies to cost should be used to regularly review and amend service agreements where appropriate.

4.2.2 Audit should be advised when the quarterly meetings to confirm varies are put into action.

4.3 Matching Invoices

It was previously recommended that a review of the uprating process for non-framework service agreements should take place. Audit were advised that a report has been developed to highlight rates that need to be updated on the CareFirst system. The new centralised approach will amend service agreements where appropriate and will liaise with the commissioning team as required. It was expected that the review would be completed by the end of September 2023 but this has not been achieved.

It was also previously recommended that housekeeping checks should be implemented to ensure that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared. Audit were advised that, due to capacity issues, work on this is still ongoing.

Recommendation

4.3.1 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.

4.3.2 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.

4.4 Debtors Accounts

It was previously noted that clients with unpaid debt from previous play-schemes were still being allocated a place on future play-schemes despite having overdue debt. Currently, it is still the case that having overdue debt does not prevent clients booking a place on the play-scheme as the children attending the play-scheme are prioritised based on a multi-agency assessment of need.

HSCP advised that a review of the policy is pending and that consideration will be given to both charging policy and redesign of services during this review.

Recommendations

4.4.1 Audit should be advised when the review of the policy is complete and a copy of the revised policy should be provided.

4.5 Bank Account Signatories

The bank signatories for the Petty Cash bank account have been reviewed and updated as recommended. However, it was noted that the former Unit Manager of Bonnyton House is still recorded as an authorised signatory. The former Unit Manager left Council employment during October 2023 and therefore the bank should be advised to remove their signature from the list of authorised signatories.

It was previously requested that proof of closure of the "Independent Funds" bank account be provided to audit. Audit were sent proof of closure of a bank account named "Bonnyton House Day Care Amenity Funds" however, we are unable to ascertain if this is the same account as we do not have a copy of the original bank statement providing account details. In addition, it was previously indicated that the "Independent Funds" bank account was closed during 2019 but the "Bonnyton House Day Care Amenity Funds" account was closed in February 2024. As such, it is recommended that confirmation of all Bonnyton House bank accounts that have been in existence since 2018 are obtained from Virgin Money and any other banks that may have been used to date.

Recommendations

4.5.1 The bank should be advised to remove the former Unit Manager of Bonnyton House from the list of authorised signatories and confirmation from the bank of the remaining authorised signatories should be provided to audit.

4.5.2 Details (account name, number and sort code) of all Bonnyton House bank accounts that have been in existence since 2018 should be provided to audit.

Chief Auditor
30 May 2024

Appendix	2A
Title	Follow-up of HSCP Audits
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	NEW Updates will be included in the next report

Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1	The disposal of inventory forms should be signed by a manager/supervisor for all disposals.		New	
4.2.1	Fully functional reports showing varies to cost should be used to regularly review and amend service agreements where appropriate.		New	
4.2.2	Audit should be advised when the quarterly meetings to confirm varies are put into action.		New	
4.3.1	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.		New	
4.3.2	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.		New	
4.4.1	Audit should be advised when the review of the policy is complete and a copy of the revised policy should be provided.		New	
4.5.1	The bank should be advised to remove the former Unit Manager of Bonnyton House from the list of authorised signatories and confirmation from the bank of the remaining authorised signatories should be provided to audit.		New	
4.5.2	Details (account name, number and sort code) of all Bonnyton House bank accounts that have been in existence since 2018 should be provided to audit.		New	

Appendix	2B
Title	Emergency Payments MB/1197/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC 27.03.2024:- All 10 recommendations now considered closed

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	Considered Closed (pending verification)	Forms have been updated and paper copies and electronic copies replaced with updated version.
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	Considered Closed (pending verification)	Reminder sent 26.03.2024. Discussion took place at C&F Service & Team Managers meeting on 02.04.2024 advising of the the need for workers to ensure they are fully completing the paperwork otherwise requests may be rejected. The Service Manager reiterated the purpose of these budgets which is for emergency funds only. Discussion also took place with Adult Services 30.04.2024
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	Considered Closed (pending verification)	Reviewed and discussed with Business Support. Agreed there would be no further changes to paperwork as information currently captured is required due to how section monies distributed. e.g. separate paperwork required for integra and credit card payments. Therefore both S22 and request for purchase forms required. There is no further credit card approval form

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 place within one month.	Apr-24	Considered Closed (pending verification)	Regular journaling in place. Credit card reconciliation is complete for periods 1 and 2.
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	Considered Closed (pending verification)	Agreed that individual transations will be detailed and include note where this is part of a larger order.
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	Considered Closed (pending verification)	Credit card spend is reconciled against the ledger.
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	Considered Closed (pending verification)	As per 4.2.1
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	Considered Closed (pending verification)	As per 4.2.1
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	Considered Closed (pending verification)	As per 4.2.1

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	Considered Closed (pending verification)	Discussed and agreed with business support on 21.03.2024. This is was implemented from 1st April 2024. This only applies to S22.
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Appendix	2C
Title	Thornliebank Resource Centre MB/1192/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.03.2024 All actions 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	2D
Title	Debtors MB/1188/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.03.2024 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	2E
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	Changes since last reported to PAC 27.03.2024:- 4.1.1 note updated

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	A financial review was undertaken for everyone in 2023/24 and where a response was not received this was referred to operational managers. As part of the Supporting People Framework reviews in 2024/25, all option 1s are being reviewed as part of the process and social work staff are undertaking the review in some cases.
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	2F
Title	Ordering and Certification MB/1178/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.03.2024 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	2G
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 27.03.2024

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.5.1 (Med)	Robust checks should be carried out by departments to ensure that the inventory records are accurate and that: <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. 	A full review of this year's inventories will be undertaken to ensure each point has been addressed.	Mar-23	Considered closed (pending verification)	Laptops and mobile phones were included in a central HSCP inventory for 2022. These have now been included within service inventories for 2023. Business Managers have been asked to coordinate this across service areas. In addition a reminder was included in the Staff Bulletin that staff must notify when laptops are switched.
4.6.1 (Med)	Reports should be reviewed to ensure that only minimal SIM packages are provided for each employee and that employees are advised to return to work from council premises if they do not have adequate home broadband to meet work requirements.	We will continue to review billing and address high users on an individual basis, with regular overview reports to SMT	Dec-22	Open	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. An annual survey to confirm allocated equipment is due to be issued in July

Appendix	2H
Title	Payroll MB/1151/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC 27.03.2024 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

EAST RENFREWSHIRE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE

27 March 2024

Report by Chief Auditor

NHSGGC INTERNAL AUDIT PROGRESS REPORT 2023/24

PURPOSE OF REPORT

1. To provide summary details of the audits completed by the NHS Greater Glasgow and Clyde (NHSGGC) internal auditors during 2023/24. The internal audit service is currently provided by Azets.

BACKGROUND

2. The East Renfrewshire Integration Joint Board directs both East Renfrewshire Council and NHSGGC to deliver services on its behalf to enable it to deliver on its strategic plan.

3. Both East Renfrewshire Council and NHSGGC have internal audit functions which conduct audits across their organisations and report the findings of these to their respective audit committees.

NHSGGC INTERNAL AUDIT ACTIVITY TO MARCH 2024

4. The report in appendix 1 provides a summary to the Performance and Audit Committee of the internal audit activity undertaken within the NHSGGC received since the last meeting.

5. No reports were classified as needing immediate major improvement. Two of the reports require substantial improvement.

RECOMMENDATION

6. The Committee is asked to:

(a) Note the contents of the report.

M Blair, Chief Auditor
20 March 2024

NHSGGC INTERNAL AUDIT PROGRESS REPORT 2023/24**1. Reports Issued**

Details of audits from the 2023/24 audit plan have been provided by the NHSGGC internal auditors as summarised below, in addition to follow up work being carried out.

Review	Overall audit rating (Note 1)	No. of issues per grading (Note 2)			
		4	3	2	1
Public Protection Arrangements	Substantial improvement required	0	4	3	1
Property Transaction Monitoring	Effective	0	0	0	0
Infection Prevention and Control	Minor Improvement required	0	1	1	1
Consultant Job Planning	Substantial improvement required	0	3	4	0
EHealth Application Access Management	Minor Improvement required	0	0	3	0
Public Health Screening	Minor Improvement required	0	2	4	0
Managing Staff Attendance	Minor Improvement required	0	1	4	0
Workforce Planning	n/a – consultancy style review				

2. Public Protection Arrangements

NHS staff provide universal health services and may be the first to become aware that an individual may require additional support or indeed be at risk of harm and as such have a pivotal role in public protection. It is the responsibility of all staff to be alert to circumstances which might place someone at risk of abuse or neglect, and know what action they need to take if they have a concern. NHSGGC has a suite of policies and procedures that support national guidance on public protection. Eight recommendations were made in total. Four grade 3 recommendations were made:

- Three of which related to improving the processes to ensure that public protection training was undertaken and monitored to comply with the required timescales and
- One recommendation related to improvements needed on recording concerns.

3. Property Transaction Monitoring

No recommendations were made.

4. Infection Prevention and Control

Good infection controls are in place and the policies and procedures align to national guidance and are available to staff. Three recommendations were made in total. New staff are required to complete training in infection prevention and control within three months of their start date and refresher training is needed for all staff every three years. Testing was based on a sample of 24 new starts and 24 staff with more than three years' service. Testing indicated that induction training and refresher training on infection prevention and control was not being completed in line with the Education Strategy. The grade 3 recommendation related to

- Management obtaining a better understanding of training completion rates to remove blockers and re-iterate the importance of training to staff.

5. Consultant Job Planning

Each consultant must have a job plan, which forms part of their contract of employment. This is an annual agreement of duties and objectives. Consultant job planning arrangements are in place that are aligned with the 2004 Consultants Contract, however these are not being followed consistently and deadlines are not being adhered to. A number of consultants did not have an up-to date signed off job plan in place that had been prepared in accordance with the Job Planning Policy by the 31 July 2023 deadline. The service has advised that the number of signed off job plans has increased since then but the agreed deadline was missed for many. The job planning process was not being consistently applied across the sampled areas of Cardiology, General Surgery and Mental Health Service.

Three grade 3 recommendations were made relating to:

- Reviewing job plan contents to ensure they reflect current service requirements,
- Establishing a monitoring regime to ensure the timelines are being achieved and
- Management identifying the areas where actual sessions being delivered are being monitored and enhance this at a local level and document it.

6. EHealth Application Access Management

EHealth has responsibility for managing a wide range of business and clinical applications in addition to the network infrastructure. Part of that responsibility includes managing user access in an effective and efficient manner. Controls are needed to ensure that only valid users have access and that access management processes ensure that segregation of duties is maintained.

The review examined controls in place for a sample of applications administered by eHealth. Processes are in place to control the provisioning and revocation of access to systems.

7. Public Health Screening

NHSGGC currently run 10 public health screening programmes, four within pregnancy and new-born child vision screening and six within adult screening. NHSGGC has generally well designed controls in place to ensure the smooth and efficient operation of the two programmes sampled for testing - bowel screening (BSP) and diabetic eye screening (DES). Six improvement actions were identified in total. Two grade three recommendations were made relating to:

- The introduction of clearly documented failsafe mechanisms in relation to bowel screening and diabetic eye screening.

8. Managing Staff Attendance

A clear framework is in place for managing sickness absence that is aligned with the national NHS Scotland Attendance Management Policy. Improved management of absence was identified compared to the previous audit in 2018. The Scottish Government target for the HNS is to achieve a sickness absence rate of 4% or less, NHSGGC work to a local target of 5%. Target is not currently being met and to address this, a number of targeted intervention activities are being worked on to support employees maximise their attendance and reduce the pressure on service delivery and reduce costs for bank, locum and agency spend. The grade three recommendation relates to

- Developing a framework that allocates responsibility to ensure that managers adhere to the attendance policy.

Note 1 - The overall audit report rating is based on the following table:

Immediate major improvement required	Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.
Substantial improvement required	Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met

<i>Minor improvement required</i>	<i>A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate and effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>
<i>Effective</i>	<i>Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>

Note 2 - Issues within these reports are graded on the following basis.

4	<i>Very high risk exposure – major concerns requiring immediate senior management attention that create fundamental risks within the organisation</i>
3	<i>High risk exposure – absence/failure of key controls that create significant risks within the organisation</i>
2	<i>Moderate risk exposure – controls not working effectively and efficiently and may create moderate risks within the organisation</i>
1	<i>Limited risk exposure – controls are working effectively but could be strengthened to prevent the creation of minor risks or address general house-keeping issues.</i>



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	26 June 2024
Agenda Item	13
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****26 June 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
 - 1 risk has been removed (Failures within IT system)
 - 2 risk scores have changed (Care at Home and 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:-

Death or Significant Harm to vulnerable individuals (1)

11. This has been updated to reflect the current risks within our health visiting workforce and reduced delivery of the universal pathway. We have implemented our modified pathway which means that the majority of our core families will receive 7 out of the minimum 11 visits therefore have reduced opportunity to identify additional needs, such as neurodevelopmental issues as well as child protection or domestic violence.
12. For all additional families and children with a health plan indicator the minimum of 11 visits will continue.

Scottish Child Abuse Inquiry (2)

13. We have updated the risk description to include reference to long stay hospitals as we have been informed that evidence will soon be heard in connection to Lennox Castle hospital part of inquiry into historic child abuse. Lennox Castle was a long stay institution for people with learning disability which closed in 2002. As East Renfrewshire is the lead for learning disability inpatient services, the Chief Officer and Head of Adult Services: Learning Disability and Recovery will be supporting the Board in the next stages of this. Further information will be available in due course

Workforce Planning and Change (8)

14. The scoring has been amended as there was an error in the previous report.

In-house Care at Home Service (11)

15. The risk score has been increased to reflect the current demand and other pressures on the service. The description and mitigating factors have also been refreshed. This has increased from an 8 to a 12 with the risk control measures currently in place, and post mitigation increased to 8 from 6. This means the risk remains amber.

Failures within IT System (12)

16. The Failures to IT risk has been removed as this largely related to a particular issue which is currently stable. As the Business Continuity Risk includes an element of IT, we feel there is no longer a requirement for an individual risk in relation to this.

Business Continuity, Covid-19 and Recovery (13)

17. We are in the final stages of transferring HSCP Business Continuity Plans onto the new templates. Given capacity constraints the timeline has been extended to September 2024, however every service has a current plan.
18. Whilst we have a small cohort of trained Council Incident Officers and Care for People Managers we recognise the benefits of increasing the number and we will look to identify further Officers.
19. Implementation of the new case recording system is progressing well, however this is time critical as any delays would have a significant impact. The new system will be cloud based which reduces our reliance on the Council network availability.

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 any of the following causes:
 - Unable to deliver required 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 both partners will remain ongoing not only recognising the audit recommendation around financial sustainability but also to focus on financial recovery following the non-recurring support for 2023/24.

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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13 June 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: March 2024: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/10193/PAC-Item-09-27-March-2024/pdf/PAC_Item_09_-_27_March_2024.pdf?m=1710946125333

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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STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 16.06.2024

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner	
					Risk Score	Overall rating				Likelihood (probability)	Impact (Severity)	Risk Score (LxI)		Likelihood (probability)
n/a	1	C	Death or significant harm to vulnerable individual											
			<p>Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage. 	<p>Supporting People Framework (eligibility criteria) agreed.</p> <p>Social work and nursing professional leadership and workforce place</p> <p>Operate within Clinical and Care Governance Framework</p> <p>ASP Quality Assurance Framework implemented and reported to APC</p> <p>Quality assurance of Adult Service Improvement Plans</p> <p>Senior Management rota for chairing ASP implemented</p> <p>Continual audit against compliance of MHO standards</p> <p>Professional supervision policy adopted for social work and social care staff.</p> <p>Review of rising demands and pressure points across health and care services.</p> <p>Rolling training programme.</p>					<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p> <p>Fully implement ASP improvement plan</p> <p>Robust caseload management process will be prioritised 4 weekly, along with clinical supervision and child protection supervision to manage risk and ensure oversight of all caseloads</p>	<p>Ongoing</p> <p>31/03/2025</p> <p>Ongoing (Review 30.09.24)</p>				<p>Head of Adult Services / Chief Social Work Officer</p>

n/a	2	C	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 or long-term hospital 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. Further information submitted in Jan-22.</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> <p>Chief Officer and Head of Service supporting NHSGGC Board in connection with Lennox Castle</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> <p>Training programme reviewed and monthly ASP audits in place</p>	2	4	8	Fully implement ASP improvement plan	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 late in the year and some instability from non-recurring funding.</p> <p>7) Diminished earmarked reserves meaning there is no flexibility to allow us to deal with prescribing and other cost volatility in any one year. We do have very specific reserves to support ringfenced activity only.</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress and operational cost pressures.</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 term.</p> <p>Refresh Medium Term Financial Plan for any significant changes following agreed budget for 2024/25</p> <p>Continue discussions with both partners in relation to funding and financial performance and service outcomes and focus on savings delivery.</p> <p>Implement actions from local prescribing action plan – new plan for 2025 includes local and GGC wide prescribing initiatives</p>	31/03/2025	June 24	Ongoing	31/03/2025	3	4	12	Chief Financial Officer
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5.1	7	C 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> <p>Completed review of equipment request – management oversight and monitoring in place</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>	Ongoing	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,</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>	3	3	9	<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	3	6

			burnout, industrial action and covid	<p>Savings, Recovery and Renewal Programme monitors spend and efficiencies</p> <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										
			Inability to deliver services to a level that meet current demand and /or meet all statutory requirements	Increased resource to support robust absence management. Scheduling system (Total Mobile) in place Work patterns realigned to maximise efficiencies. Programme Board in place to provide oversight of planned care at home redesign	3	4	8	Continued implementation of SPF via dedicated Reviewer resources Progress implementation of new practice model in line with organisational change Continue to develop Quality Assurance arrangements for in house service Implement the in house structural redesign Implement local framework for externally purchased care	Ongoing Ongoing 30/09/2024 31/10/2024 30/09/2024	2	4	8	Chief Officer HSCP

	13	S	BUSINESS CONTINUITY, COVID19 & RECOVERY										
			The significant impact of an emergency crisis on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.	Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly. HSCP represented at local and national groups as well as integral part of our partners (ERC & NHSGGC) response and recovery. Increased communication and intelligence sharing with partners other statutory bodies implemented. Ongoing engagement and reporting with partner providers including Care Homes. Accommodation group oversees strategy and demand, both planned and unplanned ensuring continued service delivery, both day to day and in the event of an emergency. Annual assurance statement to IJB as Category 1 responder. Sufficient staff trained as incident loggists in the event of emergency	3	3	9	Identify additional staff to be trained to ensure sufficient trained Incident Officers and rest centre managers Complete transfer of Business Continuity Plans into new template Go live of the new Case Recording System (Mosaic) (Cloud based)	30/09/2023 30/09/2024 31/03/2025	2	3	6	

			Well established covid procedures are in place and can be escalated if necessary.								
			Schedule of meetings with partner ICT BRMs in place to highlight and address intermittent and known ICT issues.								
			Specific sender email addresses highlighted to ensure receipt of critical emails e.g. MAPPA								
14	S	ANALOGUE TO DIGITAL SWITCHOVER									
		Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.	Programme board established and full project team in place to take forward the transition from analogue to digital. HSCP Head of Service chairing programme board. Analogue to digital implementation plan. Digital ARC went live October 2022. Local Risk assessment group established summer 2023 which looks for solutions to and developing a contingency plan	3	3	9	There is a Capital Project with our partner East Renfrewshire Council to manage replacement of analogue devices and peripherals within people's houses. Monitoring global supply issues in relation to chip shortages Complete installation of all digital alarm units	Ongoing Ongoing 31/01/2025	2	3	6