EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Date: 19 March 2025
When calling please ask for: Barry Tudhope (0141 577 3023)
e-mail: barry.tudhope@eastrenfrewshire.gov.uk

TO: ALL MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD PERFORMANCE AND ADUIT COMMITTEE

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE
HYBRID MEETING – WEDNESDAY 26 MARCH 2025

You are requested to attend a meeting of the **East Renfrewshire Integration Joint Board Performance and Audit Committee** which will be held on **Wednesday 26 March 2025 at 9.30 a.m.** in the Council Chamber, East Renfrewshire Council Headquarters, Eastwood Park, Rouken Glen Road, Giffnock, G46 6UG.

As this is a hybrid meeting, Committee Members can attend in person or via Microsoft Teams. The agenda of business is attached.

Yours faithfully

Mehvish Ashraf

Mehvish Ashraf
Chair, IJB Performance and Audit Committee

Enc.

For information on how to access the virtual meeting please email barry.tudhope@eastrenfrewshire.gov.uk or bethany.mitchell@eastrenfrewshire.gov.uk

This document can be explained to you in other languages and can be provided in alternative formats such as large print and Braille. For further information, please contact Customer First on 0141 577 3001 or email customerservices@eastrenfrewshire.gov.uk

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

EAST RENFREWSHIRE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE

Wednesday 26 March at 9.30 a.m.
in East Renfrewshire Council Chamber, Council Headquarters, Eastwood Park, Rouken Glen Road, Giffnock or via Microsoft Teams

AGENDA

1. **Apologies for absence**

2. **Declarations of interest**

3. **Minute of previous meeting: 20 November 2024** (copy attached, pages 5 – 8)

4. **Matters Arising** (copy attached, pages 9 – 12)

5. **Rolling Action Log** (copy attached, pages 13 – 16)

6. **Ernst and Young Provisional Annual Audit Plan year ended 31 March 2025** (copy attached, pages 17 – 52)

7. **Accounts Commission – Integration Joint Boards Finance Bulletin 2023-24** (copy attached, pages 53 – 76)

8. **Performance Update – Quarter 3** (copy attached, pages 77 – 102)

9. **Care at Home Service Inspection Report** (copy attached, pages 103 – 120)

10. **Fostering Service Inspection Report** (copy attached, pages 121 – 134)

11. **Adoption Service Inspection Report** (copy attached, pages 135 – 148)

12. **Adult Placement Service Inspection Report** (copy attached, pages 149 – 162)

13. **Audit Update** (copy attached, pages 163 – 200)

14. **IJB Strategic Risk Register** (copy attached, pages 201– 214)

15. **Date of Next Meeting** Wednesday 26 June 2025 at 09:30am

AGENDA ITEM No. 3

NOT YET ENDORSED AS A CORRECT RECORD

Minute of Meeting of the East Renfrewshire Integration Joint Board Performance and Audit Committee held on Wednesday 20 November 2024 at 9.00 a.m. in the Council Chamber, East Renfrewshire Council, Eastwood Park, Rouken Glen Road, Giffnock.

PRESENT (*indicates online)

Mehvish Ashraf	NHS Greater Glasgow and Clyde Board (Chair)
Councillor Katie Pragnell	East Renfrewshire Council
Anne Marie Kennedy	Non-voting IJB Member
Martin Cawley*	NHS Greater Glasgow and Clyde Board

IN ATTENDANCE (*indicates online)

Lesley Bairden	Chief Financial Officer IJB
Michelle Blair	Chief Auditor (East Renfrewshire Council)
Lesleyann Burns	Democratic Services Officer (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer, HSCP
Tom Kelly*	Head of Adult Services: Learning Disability and Recovery
Julie Murray	Chief Officer IJB
Steven Reid	Policy, Planning and Performance Manager, HSCP
Grace Scanlin*	Ernst & Young
Lynne Siddiqui	Community Rehabilitation Team Lead, HSCP
Barry Tudhope	Democratic Services Manager (East Renfrewshire Council)

APOLOGIES FOR ABSENCE

Councillor Caroline Bamforth	East Renfrewshire Council

1. WELCOME

1.1 The Chair welcomed everyone to the meeting of the Performance and Audit Committee.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were noted.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest intimated.

4. MINUTE OF PREVIOUS MEETING: 25 SEPTEMBER 2024

4.1 The Committee considered and approved the Minute of the Meeting of the Integration Joint Board Performance and Audit Committee held on 25 September 2024.

5. MATTERS ARISING

5.1 The Performance and Audit Committee considered a report by the Chief Financial Officer on progress regarding matters arising from the discussion that took place at the meeting held on 25 September 2024.

5.2 The Chief Financial Officer confirmed that the East Renfrewshire Integration Joint Board had approved the Audited Annual Report and Accounts at their meeting on 25 September 2024, and this was signed and submitted to Ernst & Young by the statutory deadline of 30 September 2024.

5.3 The Chief Financial Officer also advised that the Strategic Risk Register would be approached on an integrated basis. A workshop facilitated by Zurich is to be arranged for January 2025, and the Chief Risk Officer from NHS Greater Glasgow and Clyde will be invited. Following that workshop, there will be a session for Integrated Joint Board and Performance and Audit Committee Members, if required.

5.4 The Performance and Audit Committee noted the report.

6. ROLLING ACTION LOG

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

6.2 The Chief Financial Officer advised the Committee that in terms of Action No. 86, the Standing Orders for Meetings of the Integration Joint Board, would be reviewed as part of the annual review of Integration Joint Board Policies. Action No. 82, which pertained to processes related to NHS audits, has now been closed. Additionally, she reported that Action No. 31, related to the Internal Audit Report 2020-21, remains with Police Scotland.

6.3 The Performance and Audit Committee noted the report.

7. MID-YEAR PERFORMANCE UPDATE 2024-25

7.1 The Performance and Audit Committee considered a report by the Policy, Planning and Performance Manager on key performance measures relating to the delivery of the strategic priorities set out in the Health and Social Care Partnership Strategic Plan 2022-2025.

7.2 The Policy, Planning and Performance Manager highlighted that the Health and Social Care Partnership continued to perform well across service areas, including those that continue to face significant challenges and pressures. He then set out a number of performance highlights as well as areas that remain challenging, as detailed in the report.

7.3 Committee members thanked the Policy, Planning and Performance Manger for the update and welcomed the fact that no looked-after children had undergone three or more placement changes during the reporting period.

7.4 Committee members enquired whether the reduction in Self Directed Support Options 1 and 2 was connected to the Supporting People Framework. The Chief Officer IJB confirmed this link, noting that it was the first time this had happened, and giving assurance that it would continue to be monitored.

7.5 Committee members also enquired whether there were still delays in the court system regarding Adults with Incapacity. The Chief Officer IJB confirmed that while some courts were performing better than others, it is a complex process. She also advised that she was aware of ongoing review work aimed at reducing delays.

7.6 The Performance and Audit Committee noted the report.

8. AUDIT UPDATE

8.1 The Performance and Audit Committee considered a report by the Chief Financial Officer providing an update on new audit activity relating to the IJB and HSCP since September 2024, and summarising all open recommendations. Accompanying the report were a series of appendices. These contained information regarding audit activity relating to the IJB and HSCP; and information on recommendations from previous audits. Summary information in relation to the appendices was contained in the report.

8.2 Commenting on the report, the Chief Financial Officer advised that a new Audit Report concerning St Andrew's House (attached at Appendix 2a) had been issued by the Chief Internal Auditor since the last meeting in September 2024, with three out of the four recommendations from that report already actioned.

8.3 She further reported that an Audit Report regarding Bonnyton House had been released after the papers for the meeting were finalised, and an update on that report would therefore be provided at the next meeting.

8.4 The Chief Financial Officer also pointed out that there are currently 30 audit recommendations, a decrease of seven since the last meeting. Of these, 10 remain open while 20 are considered closed and awaiting verification.

8.5 Committee members enquired whether staff and managers at St Andrew's House understood the absence procedure. The Chief Officer IJB confirmed that information regarding East Renfrewshire Council's new Absence Policy had been disseminated across the HSCP, and that the new Policy is designed to make the process more straight forward. She further advised that training, in collaboration with Human Resources colleagues, is planned for the upcoming weeks to ensure a consistent approach to absence management.

8.6 Committee member thanked the Chief Financial Officer for her comprehensive report, noting that it effectively illustrated the progress on audit actions and interventions.

8.7 The Performance and Audit Committee noted the report.

9. INTEGRATION JOINT BOARD STRATEGIC RISK

9.1 The Performance and Audit Committee considered a report by Chief Financial Officer on the Integration Joint Board Strategic Risk Register.

9.2 The Chief Financial Officer advised the Committee that there had been little change since the Committee considered the Strategic Risk Register at its meeting in September 2024, although a short update was provided at paragraph 12 of the report regarding Care at Home redesign.

9.3 The Chief Financial Officer also highlighted that, as previously outlined in the Rolling Action Log (Item 5), the approach to the Risk Register is to be reviewed at a workshop in January 2025, and any proposed changes in methodology would be discussed with the Performance and Audit Committee.

9.4 The Performance and Audit Committee noted the report.

10. CALENDAR OF MEETINGS 2025

10.1 The Performance and Audit Committee considered a report by Chief Officer on proposed meetings dates for 2025.

10.2 Committee members indicated that there had been instances in the past where meeting times conflicted with other Integration Joint Board/Committee schedules.

10.3 The Chief Officer confirmed that the proposed meeting dates had been communicated to other Integration Joint Boards in the hope of avoiding a clash. It was further highlighted that there are times when all Boards/Committees must convene at specific times to fulfil statutory obligations, and in these case, Committee members may need to submit apologies to one of the committees.

10.4 The Performance and Audit Committee agreed to note the meeting dates for 2025.

11. DATE OF NEXT MEETING

It was noted that the next meeting of the Performance and Audit Committee would take place on Wednesday 26 March 2025, at 9.30 a.m. in the Council Chamber, East Renfrewshire Council Headquarters, Eastwood Park, Rouken Glen Road, Giffnock.

The Chair thanked everyone for their attendance.

The meeting ended at: 9.33 a.m.

CHAIR

AGENDA ITEM No. 4

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Performance and Audit Committee 26 March 2025
Agenda Item	4
Title	Matters Arising

Summary

The purpose of this paper is to update members of the Performance and Audit Committee on progress regarding matters arising from the discussion which took place at the meeting of 20 November 2024.

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

Action Required

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

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

26 March 2025

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 20 November 2024.

RECOMMENDATION

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

REPORT

3. There are no matters arising from the meeting held 26 November 2026.

RECOMMENDATIONS

4. 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 March 2025

IJB Chief Officer: Julie Murray

AGENDA ITEM No. 5

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Performance and Audit Committee 26 Mach 2025
Agenda Item	5
Title	Rolling Action Log
Summary The attached rolling action log details all open actions, and those which have been completed since the last meeting on 20 November 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)

March 2025

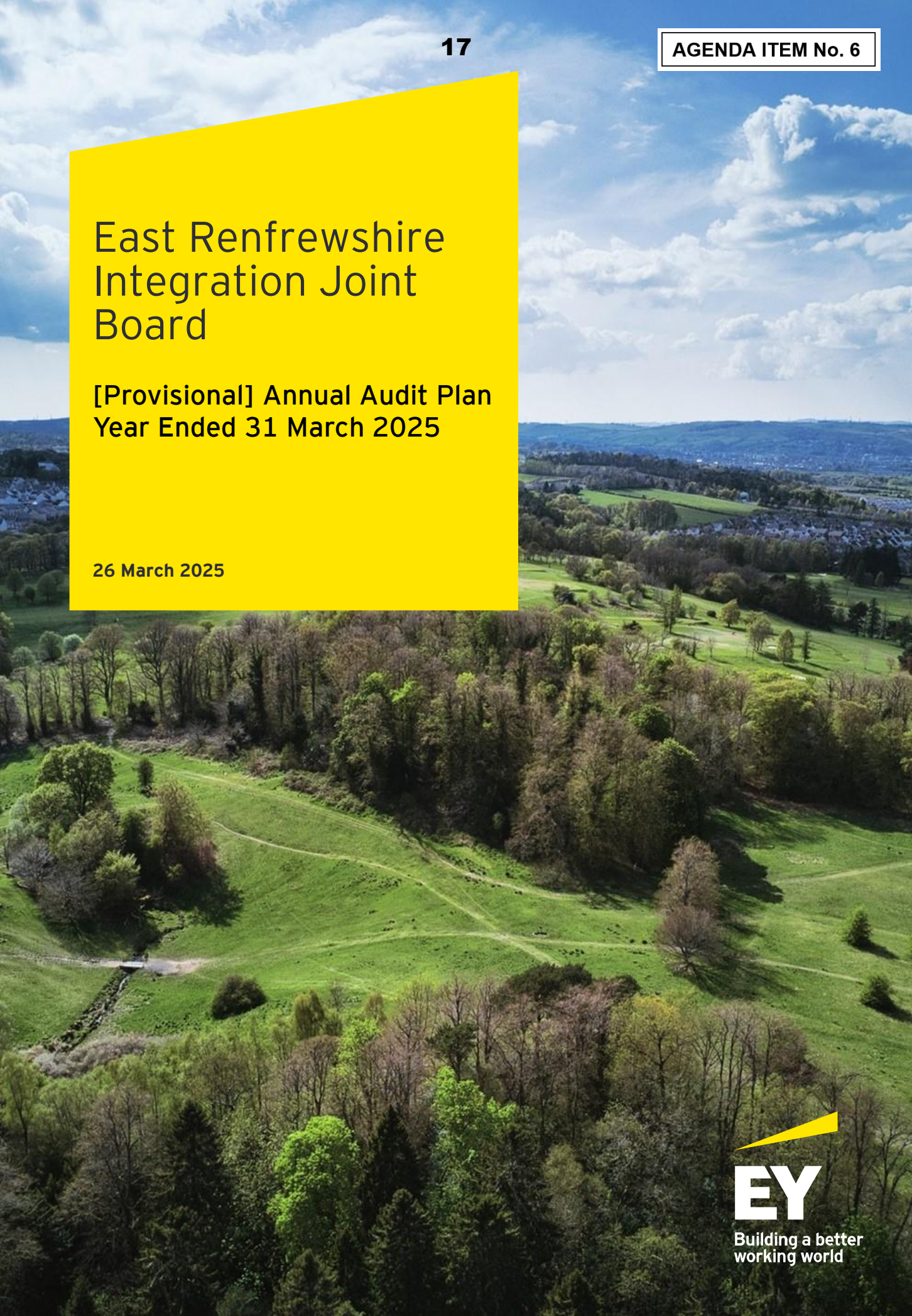
No	Meeting Date	Agenda Item	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
86	25-Sep-24	Policy Update	IJB Standing Orders to be reviewed	Democratic Services Manager	OPEN	Sep-25	This will be progressed as part of the ongoing review of all policies.
81	26-Jun-24	Strategic Risk Register	Consider narrative around key assumptions for inclusion in Strategic Risk Register	Heads of Service	OPEN	Mar-25	This is being considered as part of a wider review. A workshop took place in January and partners are reviewing risk policies.
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 March 2025.

AGENDA ITEM No. 6

East Renfrewshire Integration Joint Board

[Provisional] Annual Audit Plan Year Ended 31 March 2025

26 March 2025



EY
Building a better working world

This report

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

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

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

Accessibility

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

Contents

1. Executive summary

Purpose of our plan

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

This [Provisional] Annual Audit Plan, prepared for the benefit of senior management and the Performance and Audit Committee, sets out our proposed audit approach for the audit of the financial year ended 31 March 2025. In preparing this plan, we have continued to develop our understanding of the IJB through:

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

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

We use data insights where possible to form our audit recommendations to support the IJB in improving its practices around financial management and control, and in aspects of the wider scope dimensions of audit. These are highlighted throughout our reporting together with our judgements and conclusions regarding arrangements.

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

Scope and Responsibilities

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

Independence

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

Our key contacts:

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

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

Financial Statements audit

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

- whether they give a true and fair view, in accordance with applicable law and the 2024/25 Code of Accounting Practice, of the income and expenditure of the IJB for the year ended 31 March 2025 and;
- have been properly prepared in accordance with IFRSs, as interpreted and adapted by the 2024/25 Code; and
- whether they have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

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

We are required to plan our audit to determine with reasonable confidence whether the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement. Our key considerations and materiality values are set out in Exhibit 1, below.

Wider Scope and Best Value

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

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

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

Exhibit 1: Materiality Assessment in 2024/25

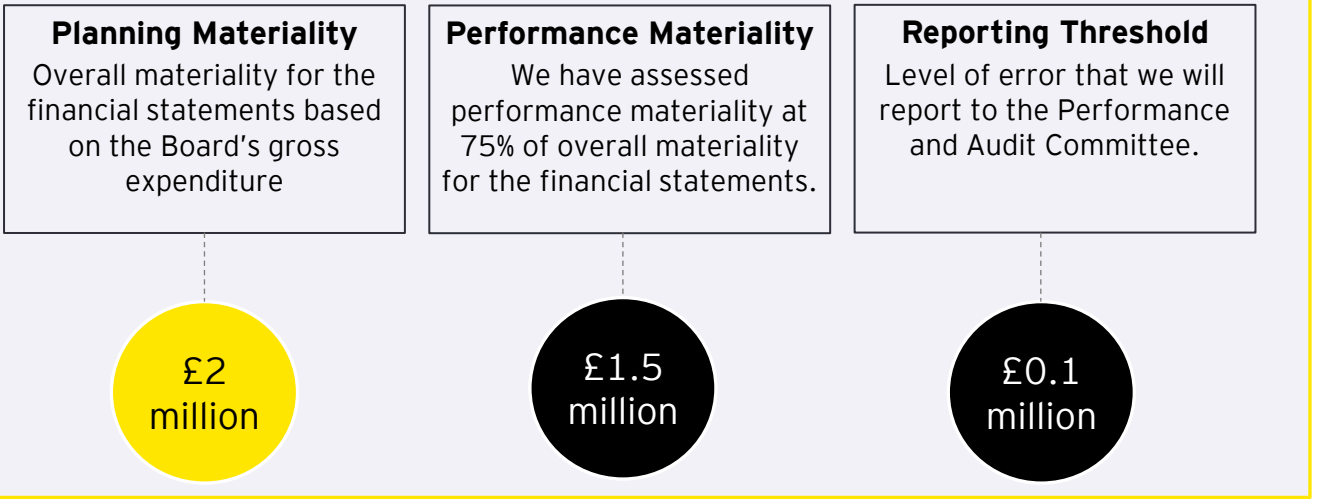


Exhibit 2: Summary of significant risks identified for the audit in 2024/25

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

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

One area of audit focus has been identified that impacts wider scope audit in Section 4:

Development of sustainable and achievable medium term financial plans	The Board's reserve balances continued to fall significantly in 2023/24. Overall reserves balances fell by 69%, to £1.864 million, and the IJB's General Reserve was depleted in full by 31 March 2024. The Board has recognised that the reserves have now fallen to an unsustainable level. The IJB estimates that the cumulative budget pressure in the period 2025/26 to 2028/29 may be in the range £16.5 to £29.2 million. A savings requirement of £11.9 million was set in the 2024/25 budget to support the replenishment of reserves but delivery is currently off target, which will result in an additional recurring pressure in future years.

2. Sector developments

Introduction

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

Scottish Budget

In December 2024, the Scottish Government published the Scottish Budget for 2025/26.

The budget included additional £289 million of revenue funding for Councils. While COSLA welcomed the announcement overall, they noted that councils have increased real terms spend on social care by 29% since and that rising operational costs, escalating demand for services, and high inflation mean that the need for greater funding is more urgent than ever.

COSLA therefore concluded that the level of funding provided in the 2025/26 Budget will not resolve the unprecedented challenges being faced in local social care services.

Key announcements within the budget include:

- a record £2 billion increase in frontline NHS spending, taking overall health and social care investment to £21 billion; and
- funding for universal winter heating payments for older Scots, and investment to allow the mitigation of the two-child cap from 2026.

National Care Service Bill

In January 2025, the Minister for Social Care, Mental Wellbeing and Sport made a statement to Parliament to provide relevant updates on plans for the National Care Service (NCS) Bill.

The Minister announced that Part 1 will be removed from the NCS Bill, which contained structural reform of integrated social care and community health, following a lack of support for the proposals.

The Bill will still proceed with the remaining provisions under Parts 2 and 3, including Anne's Law, enhanced right to breaks for unpaid carers, and new information sharing arrangements.

In place of the planned NCS Board, a non-statutory NCS advisory board will be established, with an independent chair. This is expected to hold its first meeting as early as March 2025.

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

Integration Joint Boards' Finances

In March 2025, Audit Scotland published the Integration Joint Board Financial Bulletin 2023/24, which described the sector's finances as precarious. The majority of IJBs reported a deficit on the cost of providing services requiring unplanned use of reserves and additional contributions from partner bodies.

Total reserves held by IJBs reduced by 40% in 2023/24. Nine IJBs, including East Renfrewshire IJB, now do not hold any contingency reserves, reducing their financial flexibility and increasing the risk to their financial sustainability.

While most planned savings were achieved by IJBs, a significant portion was non-recurring, necessitating ongoing identification of savings for future budgets.

A funding gap of £457 million is projected for 2024/25, requiring realistic and achievable budget planning and collaboration with partners.

The report highlights that NHS boards and councils face significant financial challenges themselves and IJBs cannot therefore continue to rely on their partners being able to find additional money to support them during the year.

The report also notes that high turnover rates among chief officers and finance officers pose risks to effective strategic planning. East Renfrewshire IJB's Chief Officer will retire in 2025, but we note that a replacement has been recruited.

The Commission have previously highlighted that a whole system approach is needed to meet the scale of the challenges facing IJBs. They note that uncertainty in the direction of plans for a National Care Service has contributed to the difficult context for planning and delivering effective services.

In future reporting, the Commission and Auditor General will expand the scope of work to include community health and social care as a whole system and look at how different parts work together when planning and delivering services.

NHS in Scotland 2024: Finance and Performance

The Auditor General published his annual report on the NHS in Scotland in December 2024. The report notes that there needs to be an increased and ongoing focus on improving the health of Scotland's people to reduce the pressure on the NHS.

The Auditor General concludes that without this change, the NHS is unlikely to be able to meet growing demand. The Scottish Government's restated vision for health and social care is not clear on how current operational issues will be addressed or how reform will be prioritised.

The report notes that there are indications that pressures across the wider health and social care system are now affecting the financial position of NHS boards more directly.

NHS boards allocate a significant proportion of their budgets to Integration Authorities to fund primary and community health services. In 2023/24, territorial boards delegated £7.6 billion (around 45% of their revenue budgets) for the provision of delegated services.

The financial position of IJBs is starting to have a greater impact on the financial position of NHS boards, with year boards required to fund IJB overspending under their individual integration agreements. Most boards have managed this within their overall budgets in the current year, but some boards have had to seek additional funding from the Scottish Government to break even.

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

Introduction

The publication of the annual financial statements allow the Board to demonstrate accountability for, and its performance in the use of its resources. They are prepared in accordance with proper accounting practice, which is represented by the 2024/25 Code of Practice on Local Authority Accounting in the United Kingdom ("the Code").

Our responsibilities

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

- whether they give a true and fair view in accordance with applicable law and the 2024/25 Code of the state of affairs of the IJB as at 31 March 2025 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs, as interpreted and adapted by the 2024/25 Code; and
- whether they have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

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

Other Statutory Information

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

Audit Approach

- We will continue to follow a predominantly substantive approach to the audit as we have concluded this is the most efficient way to obtain the level of audit assurance required to conclude that the financial statements are not materially misstated.
- During our planning procedures, we determine which accounts, disclosures and relevant assertions could contain risks of material misstatement.

Our audit involves:

- Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud, error or design and perform audit procedures responsive to those risks and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.
- Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Concluding on the appropriateness of management's use of the going concern basis of accounting. Evaluating the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtaining sufficient appropriate audit evidence to express an opinion on the financial statements.
- Reading other information contained in the financial statements to form assessment, including that the annual report is fair, balanced and understandable.
- Ensuring that reporting to the Performance and Audit Committee appropriately addresses matters communicated by us and whether it is materially inconsistent with our understanding and the financial statements.
- We rigorously maintain auditor independence (refer to Appendix B).

Materiality

For planning purposes, materiality for 2024/25 has been set at £2.2 million. This represents 1% of the Board's gross expenditure (Exhibit 3). Materiality will be reassessed throughout the audit process and will be communicated to the Performance and Audit Committee within our annual audit report.

Our 2024/25 assessment concluded that gross operating expenditure remains the most appropriate basis for determining planning materiality for the Board.

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

Specific materialities

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

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

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

Exhibit 3: Our assessment of materiality in 2024/25

Element	Explanation	Value
Planning materiality	The amount over which we anticipate misstatements would influence the economic decisions of a user of the financial statements. This represents 1% of the Board's Gross Expenditure. In 2023/24 the final materiality was set at £2.2 million.	£2.2 million
Performance materiality	Materiality at an individual account balance, which is set to reduce the risk that the aggregate of uncorrected and undetected misstatements exceeds Planning Materiality to an acceptably low level. We have set it at 75% of planning materiality.	£1.6 million
Reporting Level	The amount below which misstatements whether individually or accumulated with other misstatements, would not have a material effect on the financial statements. This is set at 5% of planning materiality.	£0.11 million

Our response to significant risks

Introduction

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

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

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

We set out in the following sections the significant risks (including fraud risks denoted by *) that we have identified for the current year audit, along with the rationale and expected audit approach. In 2024/25 we have identified one significant risk:

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

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

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

1. Risk of fraud in revenue and expenditure recognition, including management override*

Financial statement impact

The relevant 2023/24 account balance in the audited financial statements was:

- Total cost of services: £224.7 million.

What is the risk?

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

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

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

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

What work will we perform?

We will:

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

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

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

We will also obtain supporting documentation through independent confirmations of the expenditure incurred by the IJB's partners and their auditors, in line with the protocols set out by Audit Scotland for 2024/25 audits. We will consider whether we need to perform any other specific audit procedures throughout the audit.

Going Concern

Audit requirements

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

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

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

Our work on going concern requires us to:

- challenge management's identification of events or conditions impacting going concern, more specific requirements to test management's resulting assessment of going concern, an evaluation of the supporting evidence obtained which includes consideration of the risk of management bias;
- challenge management's assessment of going concern, thoroughly test the adequacy of the supporting evidence we obtain and evaluate the risk of management bias. Our challenge will be made based on our knowledge of the Board obtained throughout our audit;
- Consider and challenge management expectations in relation to the ability to respond to future budget gaps, and/or the maintenance of general reserves;
- conduct a stand back requirement to consider all of the evidence obtained, whether corroborative or contradictory, when we draw our conclusions on going concern. This would include evidence of the availability of support from Partners; and
- consideration of the appropriateness of financial statement disclosures around going concern.

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

4. Best Value and Wider Scope Audit

Introduction

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

Risk assessment and approach

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

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

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

- our risk assessment at the planning stage, including consideration of Audit Scotland's Code of Audit Practice Supplementary Guidance (February 2023); and
- the identification of any national areas of risk within Audit Scotland's annual planning guidance.

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

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

Best Value

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

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

The Accounts Commission does not require the Controller of Audit to report to the Commission on each IJB's performance on its Best Value duty. However, the findings from our wider scope work will provide assurance on key aspects of the Best Value themes. In prior years we have concluded that the IJB's arrangements are appropriate, but noted growing risks relating to financial sustainability.

Financial Sustainability

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

In our 2023/24 annual audit report, we noted significant pressures on the IJB's reserves position. Our assessment reflected the ongoing challenges facing the IJB and its partners and considers the level of risk and uncertainty outside the IJB's control.

Total reserves fell by 69% in 2023/24, and were £1.86 million at 31 March 2024. The IJB's uncommitted General Reserve was fully used in 2023/24 to offset the non-delivery of planned savings, ahead of financial recovery actions. The Board therefore continues to breach its reserve policy to hold the equivalent of 2% of net expenditure in general reserves.

The IJB considered an update to the medium term financial plan in June 2024. As a result of ongoing risks and uncertainties within Scottish public finances, the plan draws upon scenarios and assumption modelling to plan for budget gaps. The Plan identified a cumulative budget pressure in the period 2025/26 to 2028/29 ranging from £16.5 million to £29.2 million.

The Medium Term Financial Plan notes that the delivery of the required savings in 2024/25 is fundamental to ensuring that service delivery remains sustainable.

The IJB projects a shortfall against savings of £3.53 million, primarily as a result of prescribing pressures and the challenges of implementing the Supporting People Framework within Care at Home.

The projected shortfall in the Supporting People Framework is £1.17 million, but has been offset by additional funding of £0.496 million. Savings delivered to date in 2024/25 are £2.787 million. To help with the delivery of savings, East Renfrewshire Council has provided £0.7 million in invest to save funding to support review capacity, additional Human Resources support, social work recruitment and a post to support implementation of income from charges. This funding will be spent over 2024/25 and 2025/26.

The prescribing overspend reported at January 2025 was £1.4 million, following the application of non-recurring support from NHSGGC of £1 million. Management action is underway to identify a further £1.841 million needed to achieve the health savings target on a recurring basis.

Our response

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

- The IJB's approach to bridging the funding gap in 2024/25 and rebuild general reserves, including any financial recovery planning arrangements;
- Monitoring the impact of the Supporting People Framework and the IJB's Recovery and Renewal Programme; and
- A follow up review of the IJB's updated Medium Term Financial planning, (Appendix F).

Exhibit 4: Financial sustainability area of focus

Development of sustainable and achievable medium term financial plans	The Board's reserve balances continued to fall significantly in 2023/24. Overall reserves balances fell by 69%, to £1.864 million, and the IJB's General Reserve was depleted in full by 31 March 2024. The Board has recognised that the reserves have now fallen to an unsustainable level. The IJB estimates that the cumulative budget pressure in the period 2025/26 to 2028/29 may be in the range £16.5 to £29.2 million. A savings requirement of £11.9 million was set in the 2024/25 budget to support the replenishment of reserves but delivery is currently off target, which will result in an additional recurring pressure in future years.

Financial Management

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

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

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

The 2024/25 budget outlined plans to support the rebuilding of general reserves. The IJB set its 2024/25 budget in March 2024, which identified unfunded cost pressures of £9.8 million, including legacy savings to be met as a result of under-recovery in prior years of £3.8 million.

Savings identified within the budget totalled £9.8 million, and plans were in place to develop proposals for a further £2.1 million of savings. This over-recovery was intended to provide a degree of risk cover for the under-delivery of savings, and if achieved, would support the IJB's longer-term aspiration to rebuild reserves. However, the most recent budget monitoring report considered by the IJB in March 2025 projects an underspend of £0.29 million.

The IJB expects to deliver £8.27 million savings in 2024/25 but projects a shortfall against savings of £3.53 million, primarily as a result of significant prescribing pressures and the challenges of implementing the Supporting People Framework within Care at Home.

Our response

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

- The assessment of arrangements to ensure systems of internal control are operating effectively, drawing upon our ISA 315 work with the IJB's partners;
- Monitoring the IJB's ability to mitigate the projected overspend via management actions; and
- Monitoring the risk assessment and achievement of savings against plans.

Vision, Leadership and Governance

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

The Board considered an updated draft Strategic Plan 2025 - 2028 in November 2024 and approved the commencement of a period of public consultation to support final approval and publication in 2025.

The draft Strategic Plan is simplified and focused on shared priorities:

- People are enabled to live healthy and fulfilling lives;
- Our communities are resilient and there are better opportunities for health and wellbeing; and
- People are safe and protected.

Consultation on the refreshed Plan took place between December 2024 and January 2025 and the IJB anticipates that the final version of the Plan will be submitted for approval in April 2025.

We concluded that governance arrangements worked well throughout 2023/24 and that the Annual Governance Statement was in line with our understanding of the organisation. In common with other IJB's, the Integration Scheme had not been updated in line with the expectations of the Public Bodies (Joint Working) (Scotland) Act 2014 as a result of the impact of the pandemic and uncertainty in response to the National Care Service Bill.

During 2023/24, significant progress was made by East Renfrewshire Council and NHS Greater Glasgow and Clyde to update the current Integration Scheme and is now subject to finalisation by the partners, ahead of approval by the Scottish Ministers.

In 2023/24 there were no unsatisfactory internal audit opinions issued in relation to the IJB and no outstanding recommendations. As a result, the Chief Internal Auditor concluded that "reasonable assurance can be placed on the framework of governance, risk management and internal controls."

Our response

Our assessment of the Board's arrangements in 2024/25 will focus on:

- The approval of the updated Strategic Plan;
- Consideration of the disclosures within the Governance Statement, including any findings from the annual review of the effectiveness of the system of internal control;
- The progress to update and agree a revised Integration Scheme;
- Review of the coverage of internal audit arrangements during 2024/25, including any significant findings identified and the work done to address issues identified.

Use of Resources

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

A comprehensive Performance Framework is in place to support the Strategic Plan operationally within the HSCP. Quarterly Performance Reports are also produced for scrutiny at the Performance and Audit Committee (PAC). The reports include visual charts to demonstrate outcomes against targets.

Each IJB is required to produce an Annual Performance Report, usually by 31 July of each year. The 2023/34 Annual Performance Report, considered by the IJB in June 2024, highlighted the IJB achieved 87% of the targets that it set for 2023/24.

We do, however, note that the Board has highlighted the risk that the financial position places on the ability to deliver the Strategic Plan within the resources available.

In the IJB's mid-year report (November 2024), performance remains mixed. Positive performance has been seen on a range of measures including:

- No looked after children experienced 3 or more placement moves in the period;
- a high proportion of service users (94%) continue to report that their 'living where/as you want to live' needs are being met;
- Waiting times for drug and alcohol recovery services improved to 97.7% of people seen within three weeks (target 90%); and
- Women and children affected by domestic violence reported improved personal safety and wellbeing outcomes (97% - up from 93%).

However, significant performance challenges remain:

- Unplanned hospital admissions have increased in the 6 month period, although performance remains within target;
- Reablement performance has declined significantly with 45% of care needs reduced (target 60%); and
- The number of people accessing support through Self-directed Support (SDS) has continued to reduce.

Our response

Our assessment of the Board's arrangements in 2024/25 will focus on:

- Performance outcomes in 2024/25, including the Annual Performance Report due by 31 July 2025; and
- The effectiveness of performance scrutiny arrangements.

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

Appendices

A Code of audit practice: Responsibilities

B Independence report

C Required communications with the Performance and Audit Committee

D Timeline of communications and deliverables

E Audit fees

F Prior year audit recommendations

G Additional audit information

A Code of audit practice: Responsibilities

Audited Body Responsibilities

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

Corporate governance

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

Financial statements and related reports

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

- preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation;
- maintaining accounting records and working papers that have been prepared to an acceptable professional standard and that support their accounts and related reports disclosures;
- ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with the appropriate authority
- preparing and publishing, along with their financial statements, related reports such as an annual governance statement, management commentary (or equivalent) and a remuneration report in accordance with prescribed requirements
- ensuring that the management commentary (or equivalent) is fair, balanced and understandable.

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

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

Standards of conduct for prevention and detection of fraud and error

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

A Code of audit practice: Responsibilities continued

Maintaining a sound financial position

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

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

Responsibilities for Best Value, community planning and performance

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

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

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

- efficiency
- effectiveness
- economy
- the need to meet the equal opportunity requirements.

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

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

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

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

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

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

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

A Code of audit practice: Responsibilities continued

Internal audit

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

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

Appointed Auditors' Responsibilities

Appointed auditors' statutory duties for local government bodies are contained

within Part VII of the Local Government (Scotland) Act 1973, as amended.

These are to:

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

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

B Independence Report

Introduction

The FRC Ethical Standard and ISA (UK) 260 'Communication of audit matters with those charged with governance', requires us to communicate with you on a timely basis on all significant facts and matters that bear upon our integrity, objectivity and independence. The Ethical Standard, (as revised for periods beginning after December 2024) requires that we communicate both at the planning stage and at the conclusion of the audit. The aim is to ensure full and fair disclosure by us to those charged with your governance on matters in which you have an interest.

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

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

Required Communications

Planning Stage

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

Final Stage

To allow you to assess the integrity, objectivity and independence of the firm and each covered person, we are required to provide:

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

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

C Required communications

		Our Reporting to you
Required communications	**What is reported?**	**When and where**
Terms of engagement	Confirmation by the Performance and Audit Committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	Audit Scotland Terms of Appointment letter – audit to be undertaken in accordance with the Code of Audit Practice
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter	This audit planning report
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified. When communicating key audit matters this includes the most significant risks of material misstatement (whether or not due to fraud) including those that have the greatest effect on the overall audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team.	This audit planning report
Significant findings from the audit	▸ Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures ▸ Significant difficulties, if any, encountered during the audit ▸ Significant matters, if any, arising from the audit that were discussed with management ▸ Written representations that we are seeking ▸ Expected modifications to the audit report ▸ Other matters if any, significant to the oversight of the financial reporting process ▸ Findings and issues regarding the opening balance on initial audits	Audit results report – September 2025

C Required communications

		Our Reporting to you
Required communications	**What is reported?**	**When and where**
Going concern	Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including: ▸ Whether the events or conditions constitute a material uncertainty; ▸ Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements; and, ▸ The adequacy of related disclosures in the financial statements.	Audit results report – September 2025
Misstatements	▸ Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation; ▸ The effect of uncorrected misstatements related to prior periods; ▸ A request that any uncorrected misstatement be corrected; ▸ Corrected misstatements that are significant; and, ▸ Material misstatements corrected by management.	Audit results report – September 2025
Fraud	▸ Enquiries of the audit committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity; ▸ Any fraud that we have identified or information we have obtained that indicates that a fraud may exist; and, ▸ A discussion of any other matters related to fraud.	Audit results report – September 2025
Internal controls	Significant deficiencies in internal controls identified during the audit.	Audit results report – September 2025

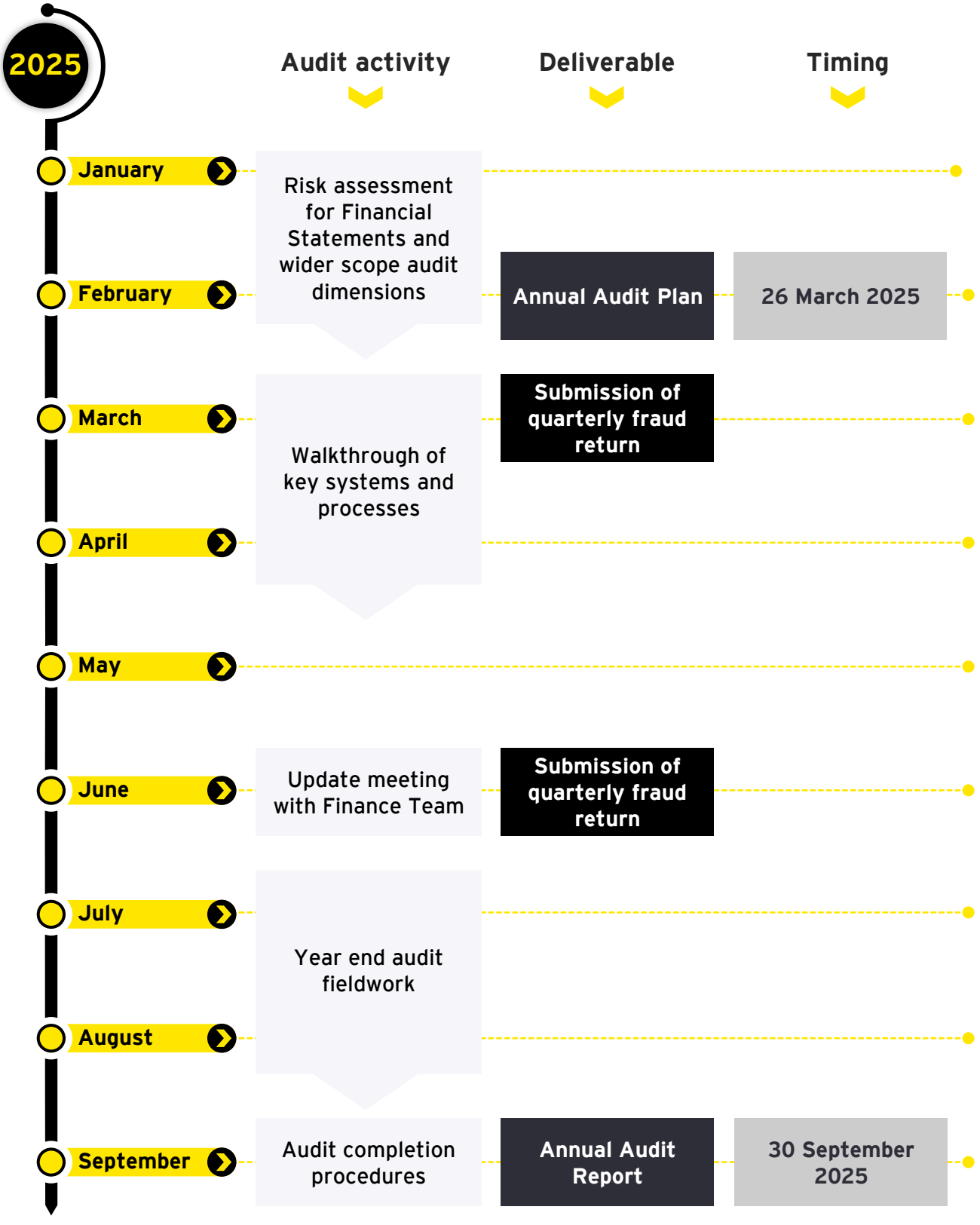
C Required communications

	Our Reporting to you
Required communications	**What is reported?**	**When and where**
Related parties	▸ Significant matters arising during the audit in connection with the entity's related parties including, when applicable: ▸ Non-disclosure by management; ▸ Inappropriate authorisation and approval of transactions; ▸ Disagreement over disclosures; ▸ Non-compliance with laws and regulations; and, ▸ Difficulty in identifying the party that ultimately controls the entity.	Audit results report – September 2025
Independence	Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as: ▸ The principal threats ▸ Safeguards adopted and their effectiveness ▸ An overall assessment of threats and safeguards; and, ▸ Information about the general policies and process within the firm to maintain objectivity and independence.	This audit planning report and audit results report (September 2025)
External confirmations	▸ Management's refusal for us to request confirmations. ▸ Inability to obtain relevant and reliable audit evidence from other procedures.	Audit results report – September 2025
Representations	Written representations we are requesting from management and/or those charged with governance.	Audit results report – September 2025

C Required communications

		Our Reporting to you
Required communications	**What is reported?**	**When and where**
Consideration of laws and regulations	▸ Audit findings regarding non-compliance where the non-compliance is material and believed to be intentional. This communication is subject to compliance with legislation on tipping off. ▸ Enquiry of the Performance and Audit Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Performance and Audit Committee may be aware of.	Audit results report – September 2025
Material inconsistencies and misstatements	Material inconsistencies or misstatements of fact identified in other information which management has refused to revise.	Audit results report – September 2025
Auditors report	Any circumstances identified that affect the form and content of our auditor's report.	Audit results report – September 2025
Best Value and Wider Scope judgements and conclusions	Our reporting will include a clear narrative that explains what we found and the auditor's judgement in respect of the effectiveness and appropriateness of the arrangements that audited bodies have in place regarding the wider-scope audit.	Audit results report – September 2025
Key audit matters	The requirement for auditors to communicate key audit matters, which apply to listed companies and entities which have adopted the UK Corporate Governance Code in the private sector, applies to annual audit reports prepared under the Code.	Audit results report – September 2025

D Timeline of communication and deliverables



E Audit Fees

2024/25 Fees

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

	2024/25	2023/24
Component of fee:		
Auditor remuneration – expected fee	**£36,660**	**£35,420**
Additional audit procedures (note 1)	-	-
Audit Scotland fixed charges:		
Performance audit and best value	£7,040	£7,510
Pooled costs	£920	£1,280
Sectoral price cap	(£10,620)	(£10,610)
Total fee	**£34,000**	**£33,360**

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

Note 1

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

F Prior year audit recommendations

As part of our annual audit procedures we will follow up the specific recommendations made within our 2023/24 Annual Audit Report. The recommendation is outlined below, along with the response from management.

No.	Findings and / or risk	Recommendation / grading	Management response / Implementation timeframe
1.	**Financially sustainable planning** The IJB's General Reserves were exhausted during 2023/24, and earmarked reserves have fallen to an unsustainable position. The scale of the financial volatility facing the IJB, including, prescribing and pay inflation, and the difficulty of delivering savings due to the complexity of service user requirements mean that adequate general reserves are essential to manage the level of risk. There is a risk that financial recovery measures will be necessary in 2024/25 to deliver financial balance.	The IJB must develop a realistic and sustainable financial plan that balances the risk associated with savings and supports the rebuilding of reserves in the medium term. *Grade 1*	**Response:** The budget agreed for 2024/25 included an over-recovery target for savings to allow for forward planning including rebuilding of reserves. The tension between delivering savings and building reserves, particularly in the current climate is recognised. **Responsible officer:** Chief Financial Officer **Implementation date:** 31 March 2025

G Additional audit information

Introduction

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

Our responsibilities under auditing standards

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of the going concern basis of accounting.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Read other information contained in the financial statements, the Performance and Audit Committee reporting appropriately addresses matters communicated by us to the Committee and reporting whether it is materially inconsistent with our understanding and the financial statements; and
- Maintaining auditor independence.

Purpose and evaluation of materiality

- For the purposes of determining whether the accounts are free from material error, we define materiality as the magnitude of an omission or misstatement that, individually or in the aggregate, in light of the surrounding circumstances, could reasonably be expected to influence the economic decisions of the users of the financial statements. Our evaluation of it requires professional judgement and necessarily takes into account qualitative as well as quantitative considerations implicit in the definition. We would be happy to discuss with you your expectations regarding our detection of misstatements in the financial statements.
- Materiality determines the locations at which we conduct audit procedures and the level of work performed on individual account balances and financial statement disclosures.
- The amount we consider material at the end of the audit may differ from our initial determination. At this stage it is not feasible to anticipate all of the circumstances that may ultimately influence our judgement about materiality. At the end of the audit we will form our final opinion by reference to all matters that could be significant to users of the accounts, including the total effect of the audit misstatements we identify, and our evaluation of materiality at that date.

G Additional audit information continued

Audit Quality Framework / Annual Audit Quality Report

- Audit Scotland are responsible for applying the Audit Quality Framework across all audits. This covers the quality of audit work undertaken by Audit Scotland staff and appointed firms. The team responsible are independent of audit delivery and provide assurance on audit quality to the Auditor General and the Accounts Commission.
- We support reporting on audit quality by proving additional information including the results of internal quality reviews undertaken on our public sector audits. The most recent audit quality report can be found at: https://audit.scot/publications/quality-of-public-audit-in-scotland-annual-report-202324.
- EY has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained. Details can be found in our annual Transparency Report: https://www.ey.com/en_uk/about-us/transparency-report.

This report

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

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

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

Complaints

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

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

EY | Building a better working world

EY exists to build a better working world, helping to create long-term value for clients, people and society and build trust in the capital markets.

Enabled by data and technology, diverse EY teams in over 150 countries provide trust through assurance and help clients grow, transform and operate.

Working across assurance, consulting, law, strategy, tax and transactions, EY teams ask better questions to find new answers for the complex issues facing our world today.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. Information about how EY collects and uses personal data and a description of the rights individuals have under data protection legislation are available via ey.com/privacy. EY member firms do not practice law where prohibited by local laws. For more information about our organization, please visit ey.com.

Ernst & Young LLP
The UK firm Ernst & Young LLP is a limited liability partnership registered in England and Wales with registered number OC300001 and is a member firm of Ernst & Young Global Limited.

Ernst & Young LLP, 1 More London Place, London, SE1 2AF.

UKC-030109 (UK) 08/23. Artwork by Creative UK.
ED NONE

In line with EY's commitment to minimise its impact on the environment, this document has been printed on paper with a high recycled content.

ey.com/uk

AGENDA ITEM No. 7

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Performance and Audit Committee 26 March 2025
Agenda Item	7
Title	Audit Scotland Report: Integration Joint Boards Finance Bulletin 2023/24

Summary

The Accounts Commission finance bulletin prepared by Audit Scotland in March 2025 provides an overview of an interactive on-line tool that allows some comparisons between IJBs, based on the 2023/24 annual report and accounts.

The overview document provides a summary of the national level messages.

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

Action Required

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

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

26 March 2025

Report by Chief Financial Officer

AUDIT SCOTLAND REPORT: INTEGRATION JOINT BOARDS FINANCE BULLETIN 2023/24

PURPOSE OF REPORT

1. The purpose of this report is to provide the Performance and Audit Committee with an overview of the main messages contained within the Audit Scotland overview document on the Integration Joint Boards Finance Bulletin 2023/24.

2. This provides an overview of an interactive on-line tool that allows some comparisons between IJBs, based on the 2023/24 annual report and accounts and a summary of the national level messages.

RECOMMENDATION

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

BACKGROUND

4. Audit Scotland audit 225 public bodies to provide independent assurance that public money is spent properly, efficiently and effectively. They provide services to the Auditor General and the Accounts Commission. The Accounts Commission holds councils and other local government bodies in Scotland to account and helps them improve by reporting to the public on their performance.

5. Audit Scotland produce a number of reports each year and in March 2025 published this report on Integration Joint Boards Finance Bulletin 2023/24 which is included at Appendix 1 for information.

6. The introduction to the report confirms this is based on the 2023/24 annual report and accounts for 29 IJBs (with 27 audited), some budget documentation and that further information will be added as it becomes available. This includes the addition of performance data by autumn 2025.

7. The context of the report recognises the demographic shifts are driving an increase in demand and complexity of health and care needs and that the pressures are escalating; with higher demand, workforce difficulties and financial strains, aggravated by inflation.

8. The context also set out some key statistics from the 2022 census data, with some fairly stark increases in the percentage of people who reported having bad, or very bad health

and the percentage of people providing unpaid care, a 27% and 28% increase respectively since 2011.

REPORT

9. There are six key messages included within this report:

    1) Integration Joint Boards' (IJBs) finances continue to be precarious. IJBs 2023/24 funding has increased in real terms compared to 2022/23 but there is a concerning picture of continued overspending, depletion of reserves and required savings being met through one-off rather than recurring savings.

    2) The majority of IJBs reported a deficit on the cost of providing services requiring unplanned use of reserves and additional contributions from partner bodies:

        a. Total reserves held by IJBs have reduced by 40% in 2023/24. Contingency reserves have almost halved, limiting IJBs ability to address future deficits. Nine IJBs now do not hold any contingency reserves reducing their financial flexibility and increasing the risk to their financial sustainability.

        b. NHS boards and councils face significant financial challenges themselves and IJBs cannot continue to rely on their partners being able to find additional money to support them during the year. IJBs need to agree budgets that are realistic and transparent and to have strategies in place to manage in-year risks.

    3) The majority of the total planned savings were achieved, but a substantial proportion were achieved on a one-off basis meaning these non-recurring savings need to be carried forward and covered each year to balance future budgets.

    4) The financial position is set to worsen with a projected funding gap of £457 million in 2024/25. The budget process needs collaboration with partners and candid conversations with communities about the impact of the savings needed to set a balanced budget. The budgets and proposed savings need to be realistic and achievable.

    5) A continued high turnover of chief officers and chief finance officers adds to the risks around effective strategic planning and decision-making.

    6) IJBs need to be working collaboratively with each other and with their NHS and council partners to find ways to transform services so that they are affordable. Investment in prevention and early intervention is needed to help slow the ever-increasing demand for services, the cost of more complex care and, improve the experience and outcomes for people.

10. From a local context there are no surprises within these key points and this very much the position we have been discussing and reporting for some time, including the depletion of our reserves.

11. At key message 4 the estimated funding gap for 2024/25 was projected at £467 million. The latest intelligence through the Chief Officers and Chief Financial Officers indicates this is c£560 million for 2025/26.

12. Exhibit 2 shows where East Renfrewshire IJB sits in terms of a deficit reported for 2023/24 and we are one of the 11 who received additional contributions from our partners to support with the overspend.

13. Paragraph 17 in the report confirms a 154% increase in the savings target in 2023/24 when compared to 2022/23 and that 79% of savings overall were achieved (down from 84% in 2022/23). The next paragraph in the report goes on to confirm that only 57% of the savings were achieved on a recurring basis. In Exhibit 3 at page 11 we are shown at a 39% achievement.

14. The diminishing reserves position of the IJBs is discussed at paragraphs 20 and 21 and Exhibit 5 shows where we benchmark with no contingency and minimal ring-fenced reserves. As we have previously recognised we are in breach of our reserves policy. We are one of nine without any contingency (general) reserve.

15. The information at paragraph 24 in the report gives some statistics on financial management and sustainability risks, but recognises that most have medium term financial plans in place and submitted accounts on time.

16. Turnover is reported at 57% for Chief Officers / Chief Financial Officers and this is on top of the changes reported during 2021/22 and 2022/23. The impacts of this instability in leadership teams is recognised as a factor that could potentially disrupt the fundamental change required to address the growing scale of the challenges.

CONCLUSIONS

17. Whilst there is nothing of surprise in this report, with the information relating to 2023/24 this report does give contextual and benchmark information for East Renfrewshire.

18. We continue to face significant challenges in 2024/25 and in preparing for 2025/26, however with some cold comfort that we are far from alone.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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

13 March 2025

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None

APPENDIX 1

Integration Joint Boards

Finance bulletin 2023/24

ACCOUNTS COMMISSION

Prepared by Audit Scotland
March 2025

Contents

Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility

Key messages

1 Integration Joint Boards' (IJBs) finances continue to be precarious. IJBs 2023/24 funding has increased in real terms compared to 2022/23 but there is a concerning picture of continued overspending, depletion of reserves and required savings being met through one-off rather than recurring savings.

2 The majority of IJBs reported a deficit on the cost of providing services requiring unplanned use of reserves and additional contributions from partner bodies:

- Total reserves held by IJBs have reduced by 40 per cent in 2023/24. Contingency reserves have almost halved, limiting IJBs ability to address future deficits. Nine IJBs now do not hold any contingency reserves reducing their financial flexibility and increasing the risk to their financial sustainability.
- NHS boards and councils face significant financial challenges themselves and IJBs cannot continue to rely on their partners being able to find additional money to support them during the year. IJBs need to agree budgets that are realistic and transparent and to have strategies in place to manage in-year risks.

3 The majority of the total planned savings were achieved, but a substantial proportion were achieved on a one-off basis meaning these non-recurring savings need to be carried forward and covered each year to balance future budgets.

4 The financial position is set to worsen with a projected funding gap of £457 million in 2024/25. The budget process needs collaboration with partners and candid conversations with communities about the impact of the savings needed to set a balanced budget. The budgets and proposed savings need to be realistic and achievable.

5 A continued high turnover of chief officers and chief finance officers adds to the risks around effective strategic planning and decision-making.

6 IJBs need to be working collaboratively with each other and with their NHS and council partners to find ways to transform services so that they are affordable. Investment in prevention and early intervention is needed to help slow the ever-increasing demand for services, the cost of more complex care and, improve the experience and outcomes for people.

Introduction

1. Integration Joint Boards (IJBs) are responsible for the governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults in their local area. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires the 32 Scottish councils and 14 territorial NHS boards to work together in partnerships to integrate how social care and community healthcare services are provided. IJBs were created as part of the Act. More information about the role of IJBs is set out in a short video available on our website What are Integration Joint Boards?

2. On behalf of the Accounts Commission, Audit Scotland has undertaken an analysis of the IJB annual accounts for 2023/24 and the annual audit reports produced by local auditors. The data and analysis is published on the Audit Scotland website as an interactive online tool – The IJB Finance bulletin 2023/24.

3. The interactive online tool allows users to explore the financial performance of their local IJB, as well as compare individual IJBs. We anticipate this will be a useful resource for IJBs, their stakeholders and members of the public. It includes data on the funding and income and reserves position, outturn budget position, savings performance and financial outlook. The tool also includes local and national contextual data from the 2022 census that illustrates the increasing population pressures nationally and the significant variation across Scotland. Accompanying guidance on how to use the online tool is also available on the Audit Scotland website.

4. This document provides a summary of the national level messages from the online Finance bulletin.

5. Our findings are based on the 2023/24 annual accounts for 29 IJBs (27 audited and two unaudited), 2023/24 annual audit reports, as well as IJB budget documentation. The accounts for East Dunbartonshire IJB were unavailable at the time of publication.

6. We have published the Finance bulletin as early as possible to help inform budget-setting discussions. Further information will be added to the data tool as it becomes available. By Autumn 2025, it will also include performance and outcome data.

Context

Demographic shifts are driving an increase in the demand and complexity of health and care needs

7. The pressures on Scotland's social care and healthcare services are escalating, with higher demand, workforce difficulties, and financial strains, further aggravated by inflationary cost pressures.

8. Scotland's wide-ranging population density also presents different logistical and workforce challenges, along with associated cost pressures, to providing services.

9. The 2022 Census sets out how the underlying factors impacting on the demand for social care and healthcare services have changed since 2011.

2022 Census data		Movement since 2011 census/range
Population	**5.4 million**	2.7% increase
Proportion of population aged over 65	**20%**	Increasing from 17%
Population density (residents per km^2)	**70**	Varying from 9 (Eilean Siar) to 3,555 (Glasgow)
Percentage of people who reported having bad or very bad health	**7%**	27% increase
Percentage of people with a long-term illness, disease or condition	**21%**	Increasing from 19%
Percentage of population that provide unpaid care	**12%**	28% increase

Source: Scotland's Census 2022

10. These societal changes result in an increased resource demand for social care and healthcare services and impact on the financial sustainability of these services as we set out later in this report.

Financial performance

The financial health of IJBs continues to weaken and there are indications of more challenging times ahead

IJB funding has increased in real terms compared to 2022/23

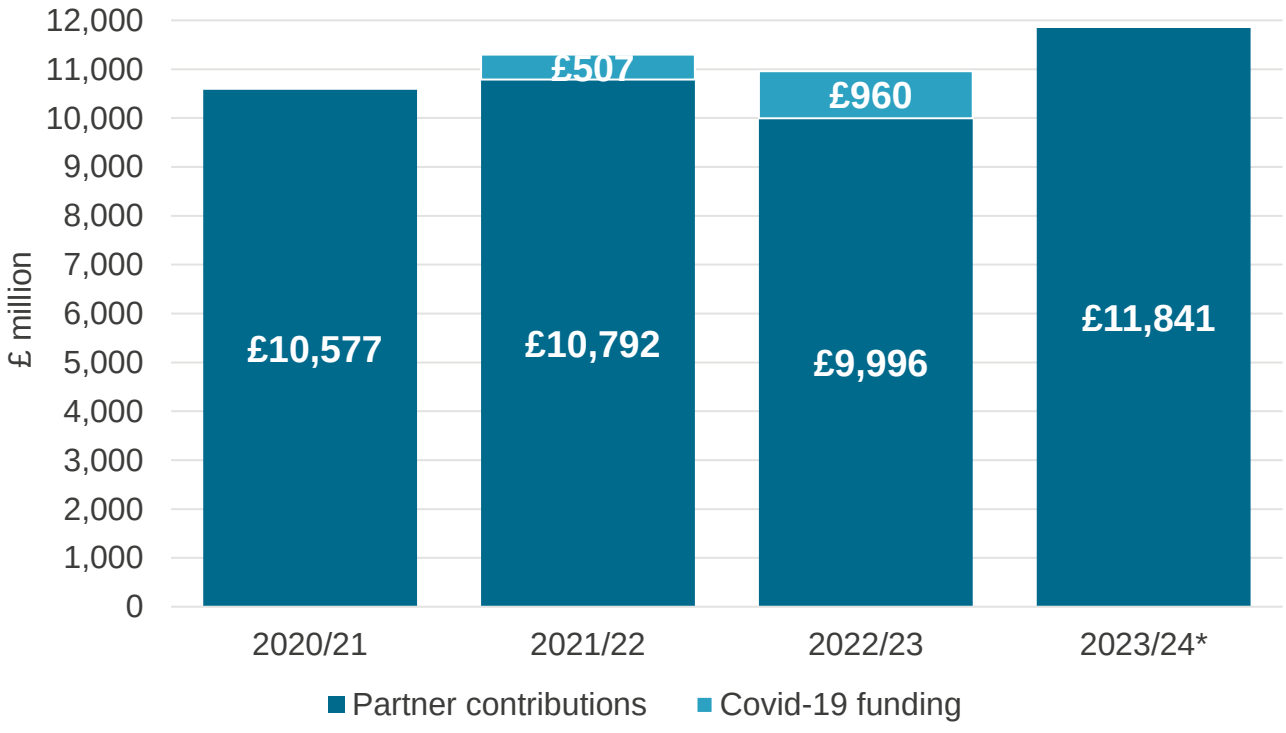
11. IJBs receive their funding as annually agreed contributions from their council and NHS board partners. Funding is largely received to cover in-year expenditure on providing services but can also be received for specific services and national initiatives to be funded in future years. The funding split between NHS and council partners remains around 70 per cent from NHS boards and 30 per cent from councils.

12. There has been a four per cent real-terms increase in IJB funding between 2022/23 to 2023/24 (Exhibit 1).

Exhibit 1

IJB Funding and income 2020/21 – 2023/24

Funding increased by four per cent in real terms in the past year



Note: * Position/movement excluding East Dunbartonshire IJB as accounts are unavailable.
Source: Audited accounts

The majority of IJBs reported a deficit on the cost of providing services requiring additional contributions from partner bodies and the unplanned use of reserves

13. Twenty-four IJBs reported a deficit on the cost of providing services with the majority (18) reporting a deficit between zero and three per cent (Exhibit 2, page 9).

14. Of the 24 IJBs reporting an operating deficit, 11 received additional contributions from partner bodies to cover the year end overspend and 16 made an unplanned drawdown from reserves. A number of IJBs will have received additional partner contributions during the year that will not be captured by this analysis. These additional in-year contributions can arise for a variety of reasons, including specific one-off cost pressures not anticipated during budget-setting.

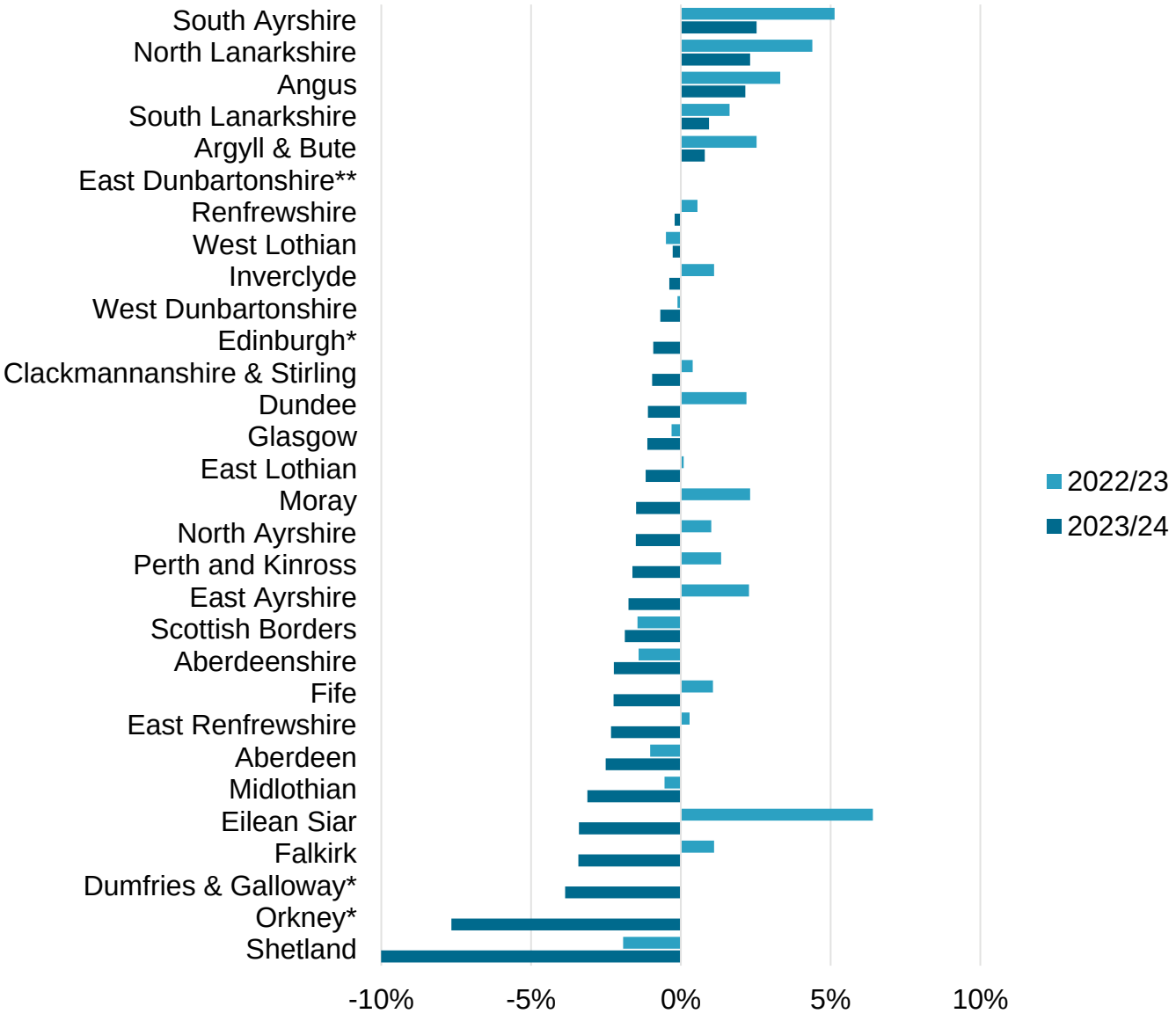
15. Five IJBs reported an operational surplus, down from 19 in 2022/23. Reasons reported for surplus' included delays in the launch of some transformation and improvement projects and challenges in health and social care recruitment.

16. Recruitment and retention issues facing the sector persist, but the related savings from holding vacancies, that contributed to the majority of operational surpluses in 2022/23, are being outstripped by inflationary cost pressures and, reflecting the workforce pressures, a higher spend on agency/locum/bank staff. Other financial pressures driving the increase in the costs of providing services include increasing demand for services, prescribing costs and pay inflation.

Exhibit 2

Operational surplus/deficit as a proportion of the 2023/24 net cost of service

The majority of IJBs reported a deficit on the cost of providing services in 2023/24 requiring additional contributions from partner bodies and the unplanned use of reserves.



Note: * Comparable data for 2022/23 was not available for these IJBs. ** East Dunbartonshire IJB accounts unavailable.

Source: Audited accounts, auditor returns

The majority of the total planned savings were achieved, but a substantial proportion was achieved only on a one-off basis

17. There was a 154 per cent increase in the savings target between 2022/23 and 2023/24, increasing to £214 million. Overall, IJBs achieved 79 per cent of their planned savings targets in 2023/24. This was down

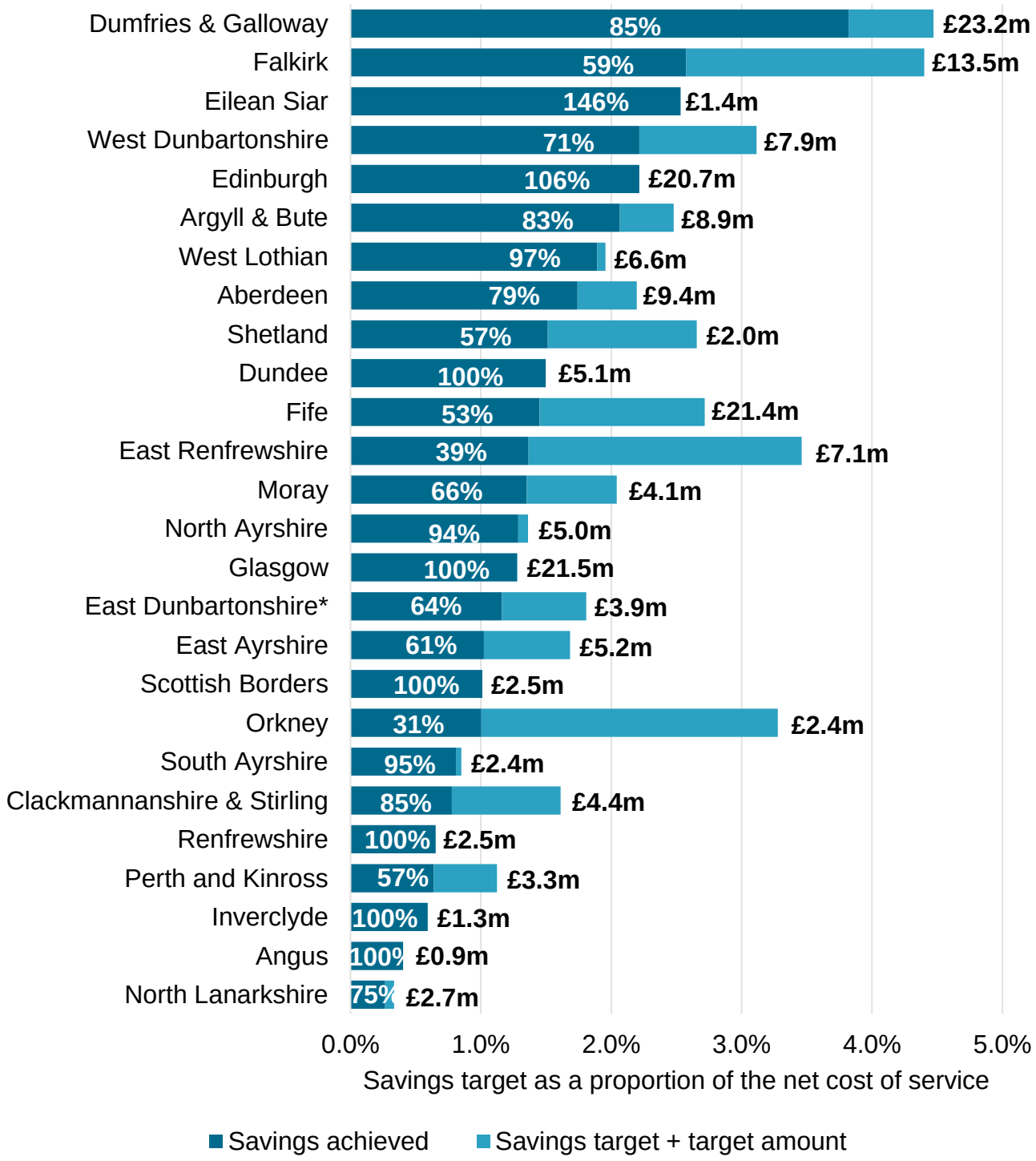
from 84 per cent in 2022/23. Only seven IJBs achieved all of their savings target with three IJBs achieving less than half their target (Exhibit 3, page 11).

18. Fifty-seven per cent of savings were achieved on a recurring basis with the remaining 43 per cent being achieved on a non-recurring basis. The non-recurring savings will be carried forward to be found again in future years.

Exhibit 3

2023/24 Savings performance

79 per cent of total planned savings were achieved in 2023/24, compared to 84 per cent in 2022/23.



Note: * In the absence of the 2023/24 East Dunbartonshire IJB accounts, the 2022/23 Net Cost of Service was used.

Source: 2023/24 Audited accounts, auditor returns

19. IJBs achieved 79 per cent of their planned savings target in 2023/24. Over two-fifths of this were achieved on a non-recurring basis. This means that these savings will be carried forward to be found again in future years. Identifying and achieving savings every year on a recurring basis, and moving away from relying on one-off savings, is essential for IJBs to maintain financial sustainability.

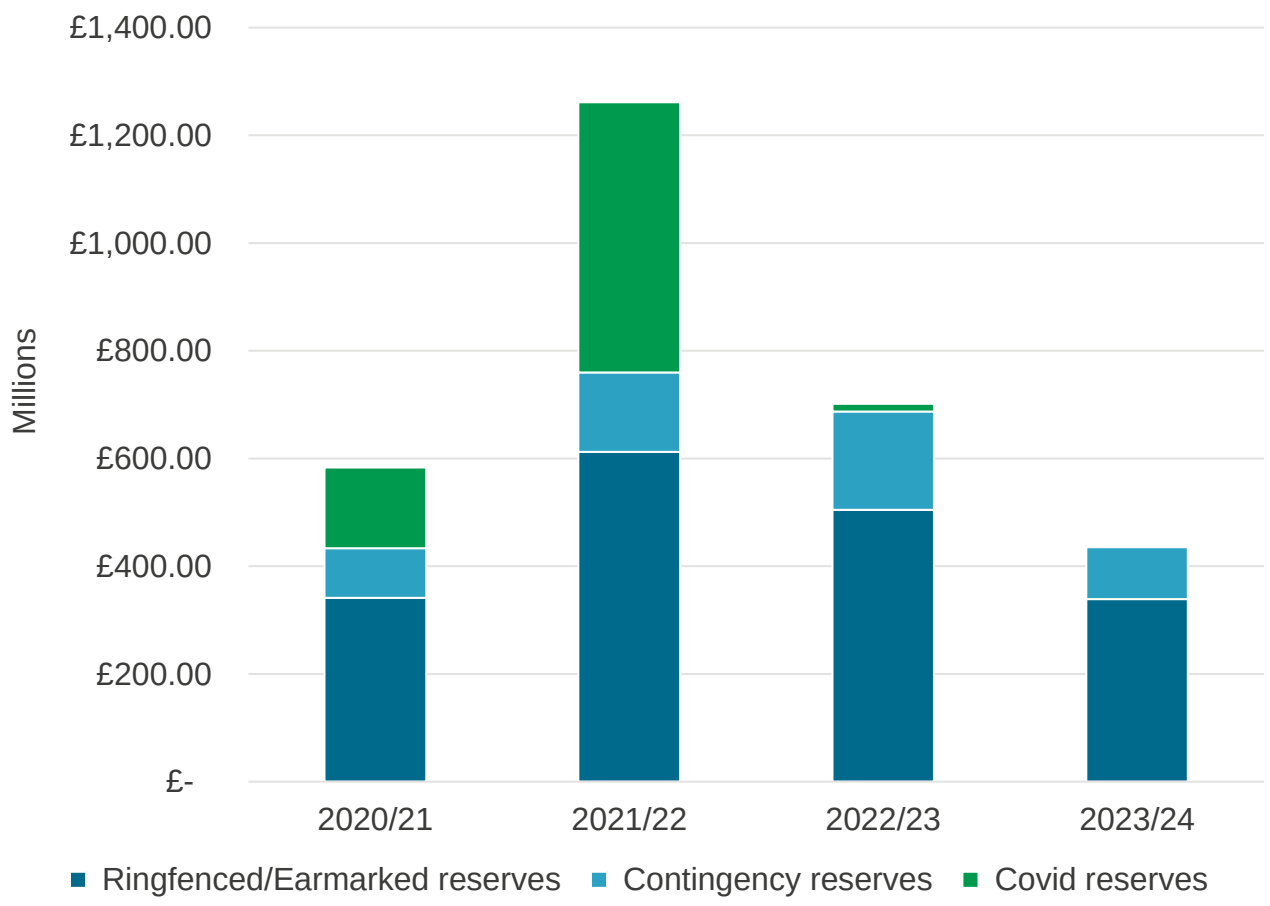
Total reserves held by IJBs have reduced by 40 per cent in 2023/24.

20. By the end of 2023/24, IJBs reported a reduction in their total level of reserves, decreasing by 36 per cent between 2022/23 and 2023/24 (40 per cent real-terms reduction). Part of the reduction relates to the use of ringfenced reserves to support Scottish Government national policy objectives (Exhibit 4).

Exhibit 4

Total reserves by year

Total reserves held by IJBs have reduced by 40 per cent in real terms in 2023/24.



Note: * 2023/24 position/movement excludes the East Dunbartonshire IJB position.

Source: Audited accounts

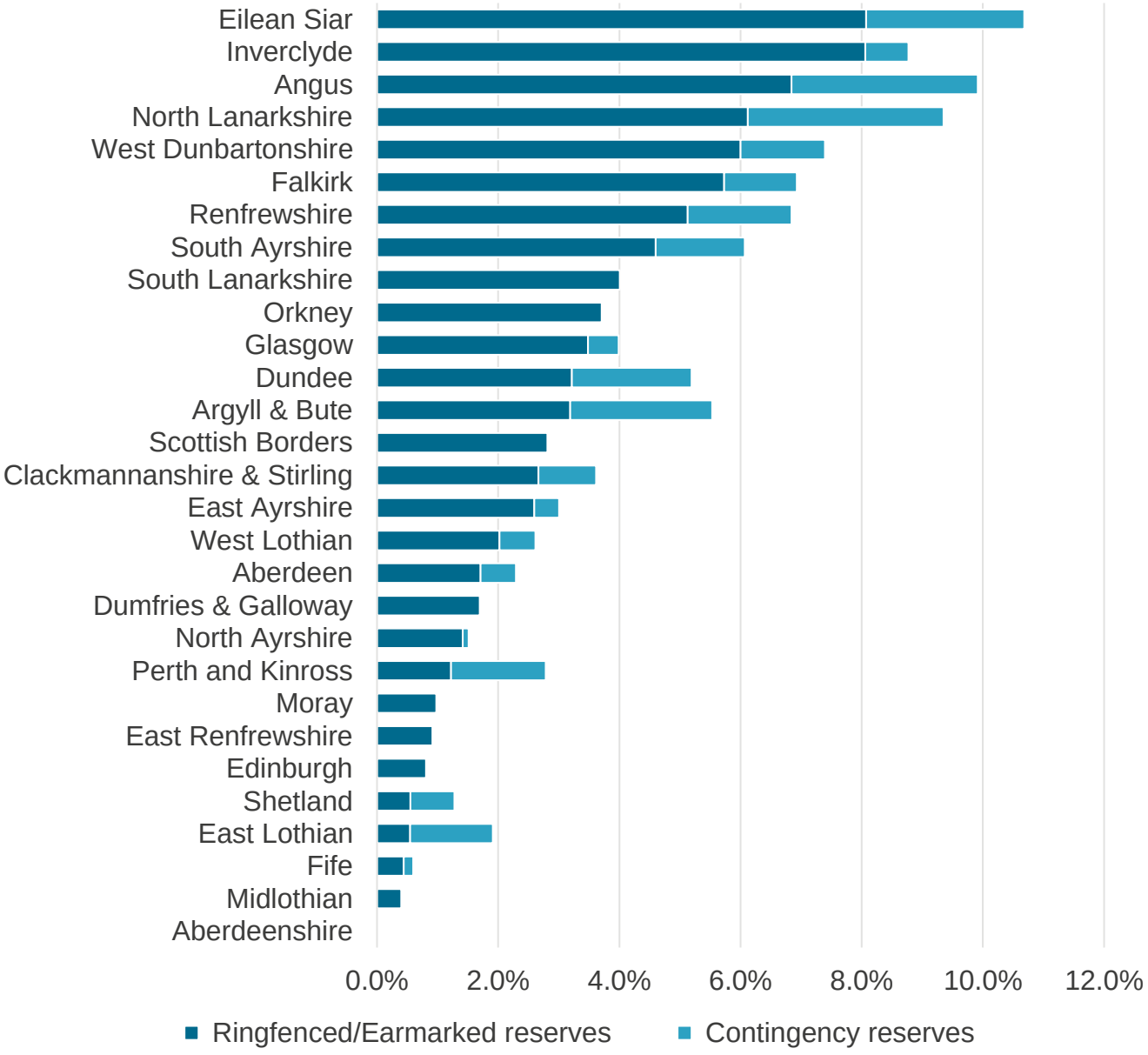
Contingency reserves have almost halved, limiting IJBs ability to address future deficits

21. Contingency reserves have almost halved (49 per cent real-terms reduction) and now represent 0.8 per cent of the total Net Cost of Services (down from 1.6 per cent). These are reserves that are held but have not been earmarked for a specific purpose and are often used to mitigate the financial impact of unforeseen circumstances (Exhibit 5).

Exhibit 5

2023/24 year end IJB reserves as a proportion of the net cost of services

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



Source: Audited and unaudited accounts

22. One IJB (Aberdeenshire) utilised all their reserves in year, meaning that any future overspend position would require additional funding from partner bodies.

23. Four IJBs utilised all their contingency reserve in year, bringing the total number of IJBs without any contingency reserves, at the end of 2023/24, to nine.

Financial sustainability risks have been identified by auditors in the vast majority of IJBs

24. The majority of auditors raised financial sustainability risks as part of their annual audits of IJBs. The risks identified included the reliance on non-recurring sources of income, such as reserves and one-off savings, to meet overspends.

2023/24 Audit	
Financial management risks identified*	**22%**
Financial sustainability risks identified*	**96%**
Medium-term financial plan in place**	**90%**
Accounts presented within agreed timetable**	**83%**
Unmodified opinion*	**100%**
IJBs reporting turnover in senior officer roles (CO/CFO)**	**57%**
IJBs who agreed their 2024/25 budget prior to the start of the financial year**	**87%**

Note: * Based on 27 IJBs, where Annual Audit Reports were available. ** Based on all IJBs. Turnover figures include IJBs with interim Chief Officers (CO)/Chief Finance Officers (CFO) in place.

Source: Annual Audit Reports, IJB budget papers, Medium-term financial plans

25. Other financial sustainability risks highlighted by auditors included:

- Reserves level falling below minimum required as per their individual reserves policies. In one case, the general reserve has been depleted in full.
- Undeveloped/underdeveloped plans for the achievement of recurring savings to allow IJBs to reach a balanced financial position.

- Additional contributions being required from IJB partners to meet cost pressure.
- Inability to reduce reliance on agency and locum staff due to ongoing recruitment challenges.

26. Financial management risks identified included:

- Inaccurate information provided or not presented in line with regulations.
- Insufficient detail provided to allow the reader to fully assess the board's overall performance.
- Financial forecasting requiring more accuracy.
- Requirement to enhance the reporting to provide greater clarity regarding the underlying IJB budget and performance against the budget during the year.

Instability of leadership continues to be a challenge for IJBs

27. Over half of IJBs reported a change of Chief Officer or Chief Finance Officer in 2023/24. We previously reported that half of IJBs reported a change in senior leadership across 2021/22 and 2022/23.

28. The leadership and strategic vision of senior officers is crucial in the strategic planning and decision making required to drive much needed transformation change. Instability in leadership teams has the potential to disrupt strategic planning and the leadership capacity to bring about the fundamental change required to address the growing scale of challenges facing IJBs.

The projected financial position is set to worsen

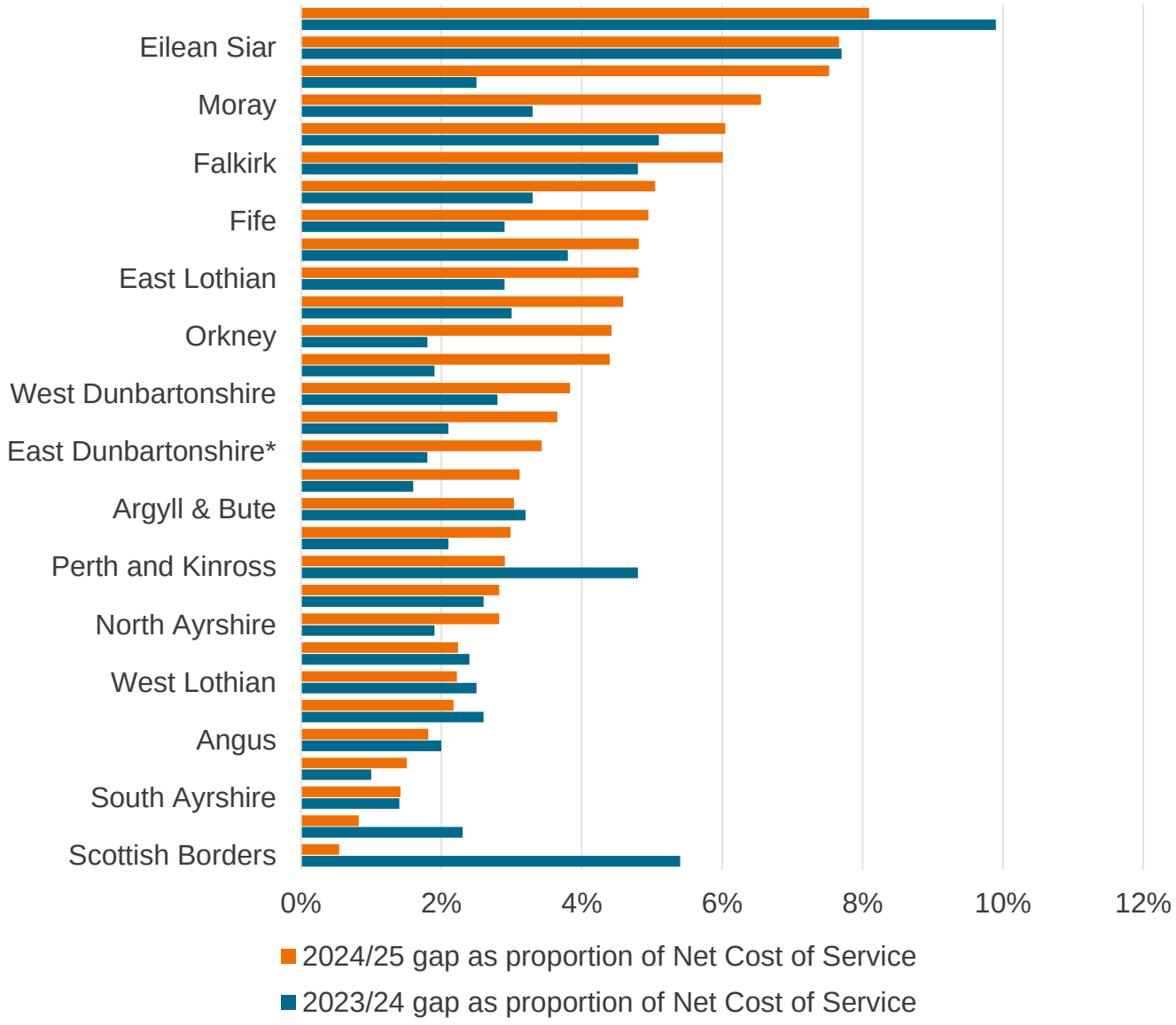
29. 2024/25 budget-setting revealed that the projected funding gap for IJBs has increased again to £457 million (£357 million for 2023/24) (Exhibit 6, page 16).

30. For 2024/25, 16 of the 30 IJBs agreed a balanced budget before the start of the financial year. Delays in the agreement of savings plans and NHS partner funding were the most common reasons for balanced budgets not being agreed at the start of the financial year.

Exhibit 6

IJB funding gaps as a proportion of 2023/24 net cost of services

IJB annual accounts and budget papers identify a 28 per cent increase in the overall projected funding gap between 2023/24 and 2024/25.



Note: * In the absence of the 2023/24 East Dunbartonshire IJB accounts, the 2022/23 Net Cost of Service was used.

Source: IJB budget papers, auditor returns

Reliance on non-recurring sources of income is not sustainable

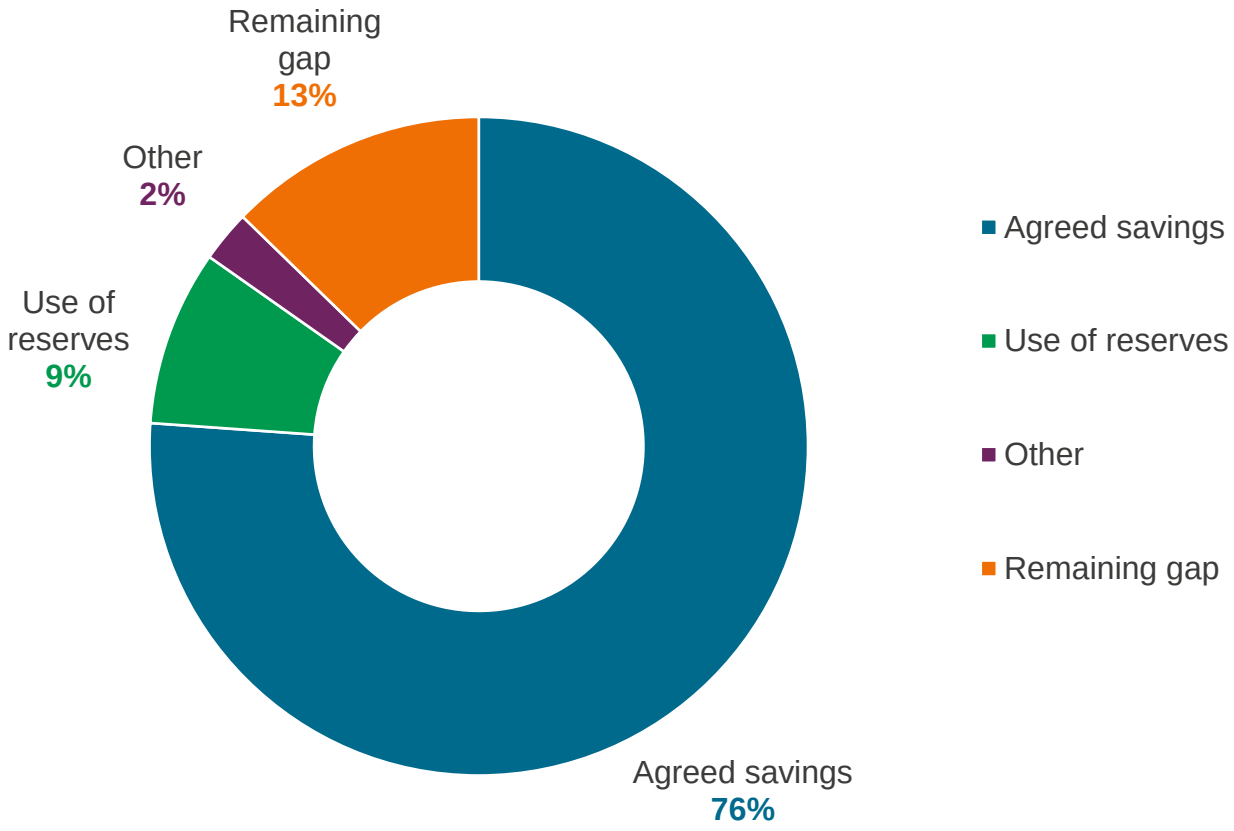
31. At the time of the 2024/25 budget-setting, nine per cent of the projected funding gap was planned to be bridged using non-recurring reserves (Exhibit 7, page 17).

32. A proportion of the funding gap did not have planned savings agreed against it at the time of budget-setting. These unidentified savings made up 13 per cent of the total projected funding gap and were the result of 12 IJBs starting the 2023/24 financial year with an unbalanced budget.

Exhibit 7

2024/25 IJB funding gap planed action

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



Source: IJB budget papers, auditor returns

33. The proposed savings contain both recurring and non-recurring savings. The reliance on non-recurring sources of income to fund recurring budget pressures is unsustainable in the medium to long term. The identification and delivery of recurring savings and a reduced reliance on drawing from reserves to fund revenue expenditure will be key to ensuring long-term financial sustainability.

Integration Joint Boards

Finance bulletin 2023/24

Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
Phone: 0131 625 1500 **Email: info@audit.scot**
www.audit.scot

ISBN 978 1 915839 65 7

AGENDA ITEM No. 8

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Performance and Audit Committee 26 March 2025
Agenda Item	8
Title	Performance Update – Quarter 3, 2024-25

Summary

This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where Quarter 3 (October – December 2024) data is available for strategic performance indicators (PIs) this is included. The report also includes two exception reports (covering three PIs), providing more detailed discussion of performance for these measures. Exception reports delve further into the performance of specific measures and mitigation or reasoning for current performance.

Presented by	Steven Reid Policy, Planning and Performance Manager

Action Required

Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2024-25.

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

26 March 2025

Report by Chief Officer

QUARTER 3 PERFORMANCE UPDATE 2024-25

PURPOSE OF REPORT

1. This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the Health and Social Care Partnership (HSCP) Strategic Plan 2022-2025. Where Quarter 3 data is available for strategic performance indicators this is included. The report also includes two more detailed exception reports looking at four key performance indicators within Psychological Therapies and Justice.

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2024-25.

BACKGROUND

3. The Performance and Audit Committee (PAC) regularly reviews performance reports in order to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan. These reports provide data on the agreed performance indicators in our performance framework and are presented quarterly and at mid and end-year. Data availability is significantly more limited at Quarters 1 and 3 with many performance indicators being reported on a 6-monthly cycle.

4. As with previous performance updates, in addition to our full report on progress against our key performance indicators (Appendix 1), we have included two exception reports (Appendix 2) giving more detailed discussion on performance trends for the following areas:
    - Psychological therapies:
        - Percentage of people waiting no longer than 18 weeks for access to psychological therapies
    - Justice – supporting unpaid work placements:
        - Percentage of unpaid work placement completions within Court timescale.
        - Percentage of unpaid work orders commenced within 7 days.

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

- Investment – *current / required resources to deliver expected performance*
- Context and benchmarking – *relevant comparative data if available*

REPORT

6. The main data report includes available data for Quarter 3 (Oct – Dec 2024) for indicators from our Strategic Plan and any updated data relating to end-year (or earlier) that have not previously been reported to the Committee. The report provides charts for all measures. The report presents each measure with a RAG status in relation to the target for the reporting period (where a target is set), along with trend arrows (showing 'up' for improvement) and commentary on performance. Explanations of any notable shifts in performance are included in the commentary.

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

8. The HSCP continues to operate at a high level of performance across service areas, despite continuing challenges and pressures. During the current period of reporting, we have seen improving or maintained performance for 54% of the indicators, where data was available.

<u>Performance highlights include:</u>

9. Quarter 3 saw an improvement in the percentage of people **accessing psychological therapies** within 18 weeks from 85.9% (Q2) to 90.4% - above target of 90%. This has been achieved despite vacancies within the service, and we are hopeful performance will improve further with recruitment in February 2025. More detail on psychological therapies performance is given in the exception report at Appendix 2.

10. Performance on **waiting times for alcohol and drug recovery services** has continued to improve. The percentage of people accessing recovery-focused treatment within 3 weeks has been maintained at 100% for the 2nd quarter in a row. This is very positive performance in spite of staffing absence and vacancies within Alcohol and Drug Recovery Services (ADRS).

11. Supporting **independence** and **rebalancing care** – latest data shows that we perform at target ahead of the national average for the percentage of people age 65+ with

intensive care needs receiving care at home (60%). The proportion of people reporting 'living where you/as you want to live' needs being met fell during the quarter but remains above target. We also perform with the national average for spending on Self-directed Support (SDS) Options One and Two as a proportion of total spend on adult services (although the number of people taking up these options is declining).

12. Hospital **bed days lost to delayed discharges** have continued to reduce over the previous four quarters, moving close to target. Minimising discharges with delay remains a key area of focus for the partnership. We have seen slight increases in number of delays in the last quarter, averaging 12 delays a week – up from 11 in the previous quarter (including adults with incapacity (AWI)). However, we remain close to our target (11).

13. Unplanned hospital **attendances and admissions** remain stable and within target, and we have seen modest reductions from the previous quarter. Latest data shows that unplanned hospital bed days also decreased during the reporting period. However, we have seen increases in attendance and admissions from care homes.

14. The proportion of **carers** reporting their 'quality of life' needs being met increased to 92% in Q3 from 85% in Q2. This measure shows some fluctuation and may be impacted by the timing of the survey question. We recognised the significant pressures local carers are under and continue to ensure supports are in place through the Carers Centre and other partners.

15. Performance for the payment of **invoices** within 30 days have been ahead of target for the third quarter in a row at 93.8%. This has been the result of a full staffing team and more efficient processes.

Areas that remain challenging include:

16. We saw an increase in the proportion of people discharged with reduced levels of care need (45%, up from 33% in Q2) following **reablement**. However, this remains below the target of 60% for the 2nd quarter in a row. During the last two quarters there has been an increased proportion of people referred to the service that have proved unsuitable for reablement due to complexity of need, impacting on our overall performance for this performance indicator.

17. The proportion of **Community Payback Orders (CPO)** being completed within court timescales dropped during the quarter and we are slightly below our target. This is due to increased numbers undertaking CPOs and the necessity for a waiting list on select days during the reporting period. Although there was improvement, we also missed our target for the percentage of CPOs commencing within 7 days due to people not attending scheduled appointments. More detail on community payback performance is given in the exception report at Appendix 2.

18. **Sickness absence** continues to be an area of focus for the partnership and we continue to miss our target for NHS employees. Following steady improvement in sickness absence among council employees, we saw an increase in absence during Q3. However, we continue to perform ahead of our target for absence among council employees. The HSCP has had an additional HR resource in place since Q2 of 2023/2024, which has played a significant role in reducing absence levels. For the NHS, there has been an increase in short term absences over the quarter due to winter colds and flu. Absence panels are in place and support is targeted in service areas with the highest levels of absence. We continue to deliver health and wellbeing support to our staff.

19. Compliance with **NHS training requirements** (Knowledge and Skills Framework (KSF)) is below our target and despite recent progress performance declined in Q3. This remains an area of targeted action, working with managers and teams to increase completion within required timescales.

RECOMMENDATION

20. Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2024-25.

REPORT AUTHOR AND PERSON TO CONTACT

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

11 March 2025

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Performance and Audit Committee, HSCP Mid-Year Performance Update 2024-25, 20 November 2024.
https://www.eastrenfrewshire.gov.uk/media/10963/Item-06-Mid-Year-Performance-Update-2024-25/pdf/Item_06_-_Mid-Year_Performance_Update_2024-25.pdf?m=1731506055877

Performance and Audit Committee, HSCP Quarter 1 Performance Report, 25 September 2024.
https://www.eastrenfrewshire.gov.uk/media/10741/PAC-Item-09-25-September-2024/pdf/PAC_Item_09_-_25_September_2024.pdf?m=1726679529017

Performance and Audit Committee, HSCP Annual Performance Report, 26 June 2024.
https://www.eastrenfrewshire.gov.uk/media/10455/PAC-Item-09-26-June-2024/pdf/PAC_Item_09_-_26_June_2024.pdf?m=1718729971193

Performance and Audit Committee, HSCP Quarter 3 Performance Update, 27 March 2024.
https://www.eastrenfrewshire.gov.uk/media/10191/PAC-Item-07-27-March-2024/pdf/PAC_Item_07_-_27_March_2024.pdf?m=1710946124360

Appendix 1

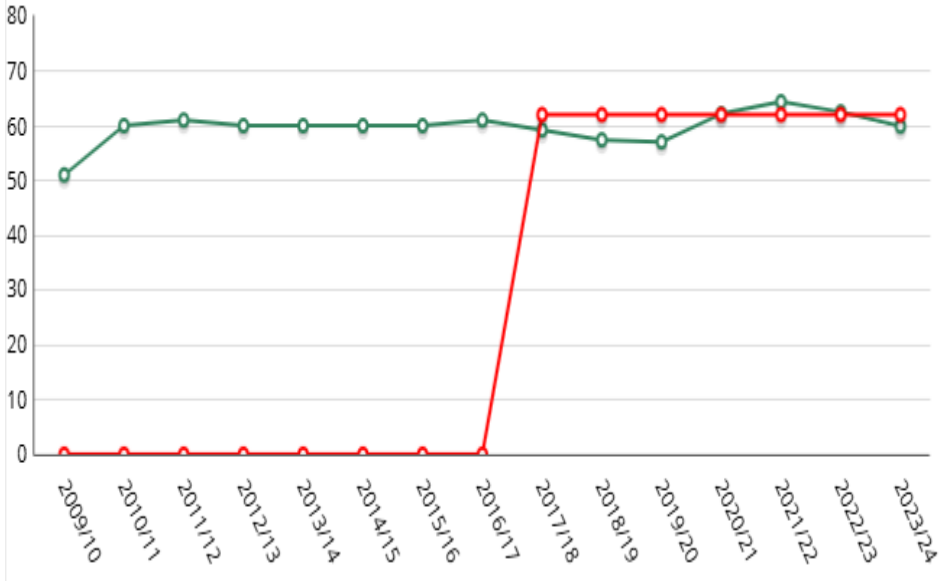
HSCP Strategic Performance Report – 2024-25 Quarter 3

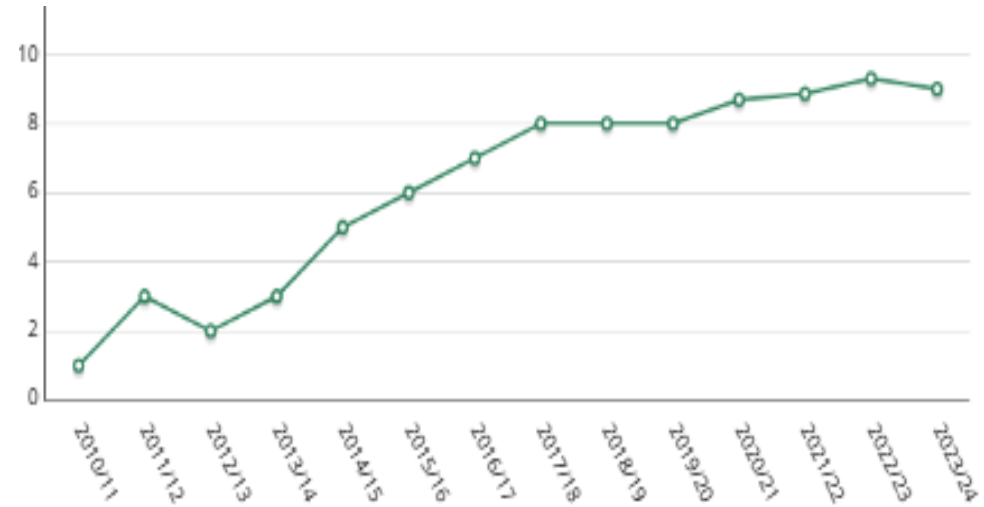
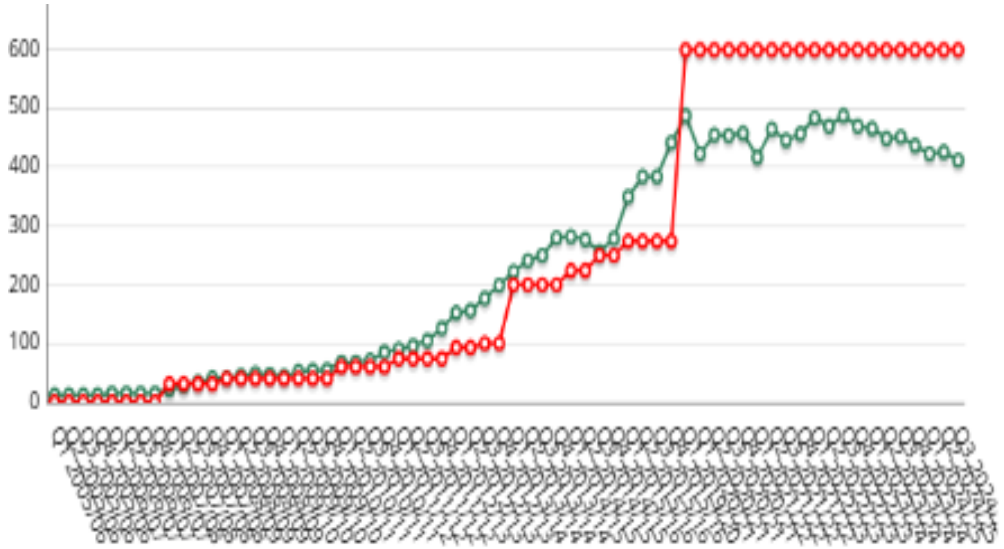
Key:

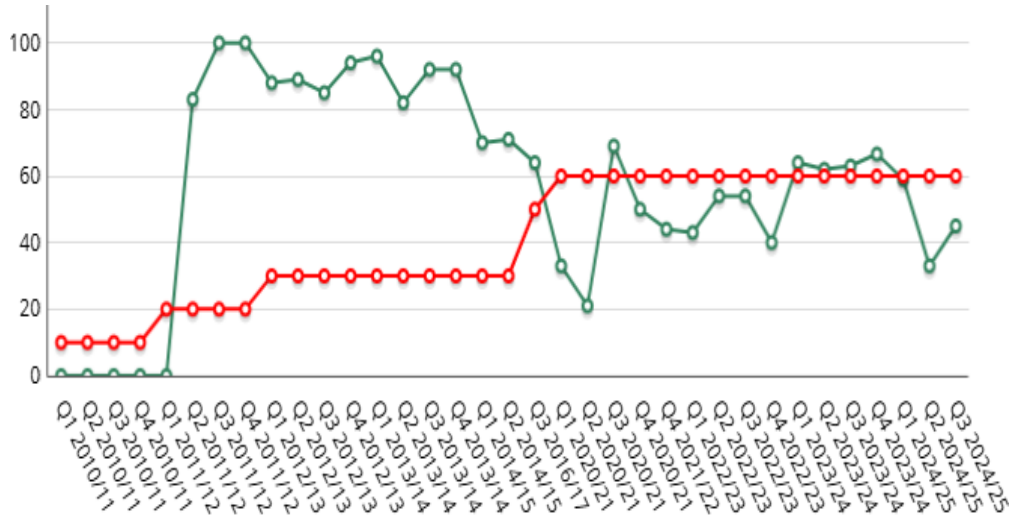
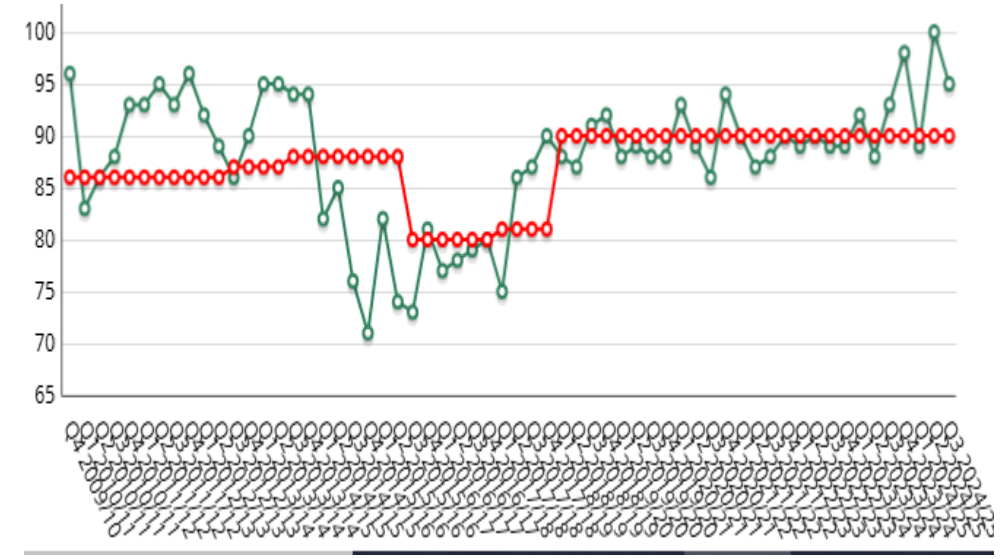
Green	performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)

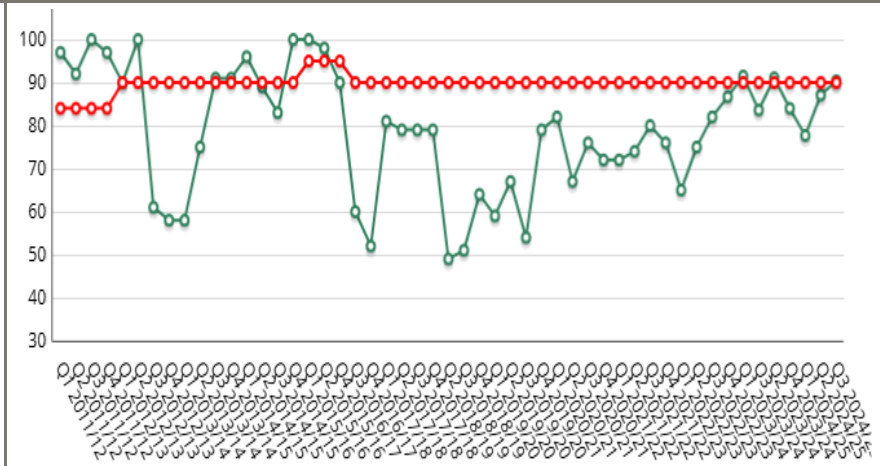
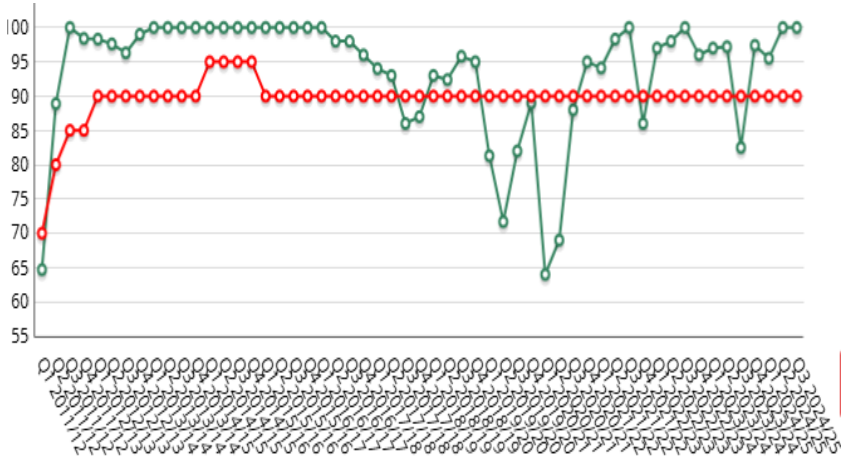
Trend arrows point upwards where there is improved performance (incl. where we aim to decrease the value).

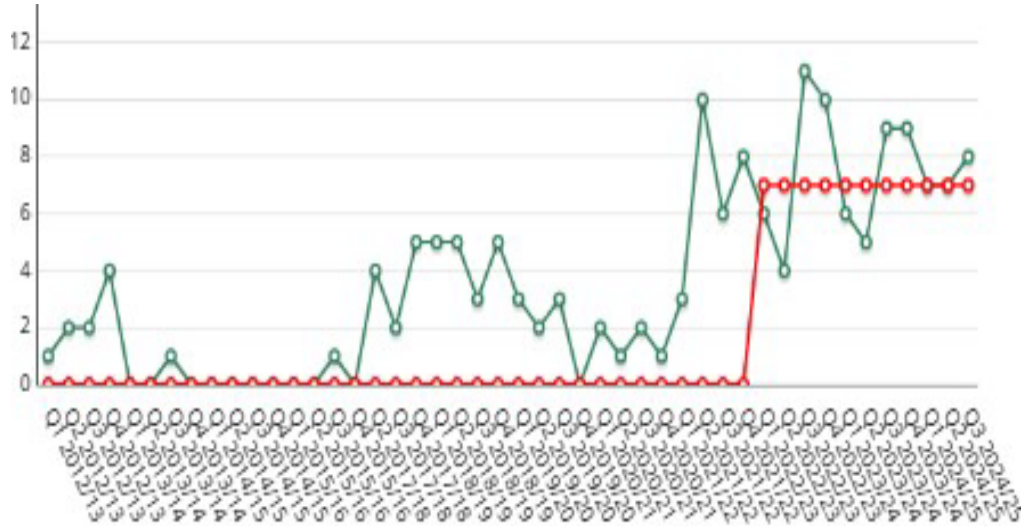
2. Working together with people to maintain their independence

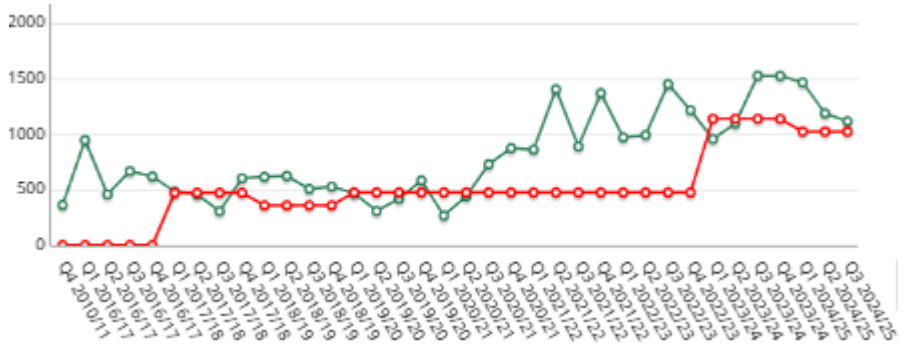
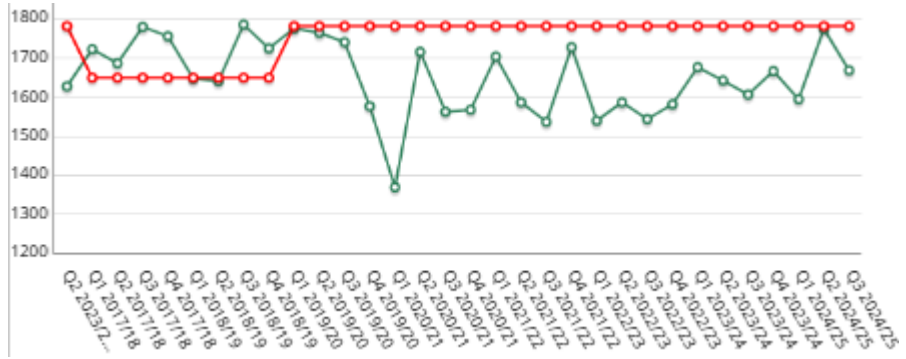
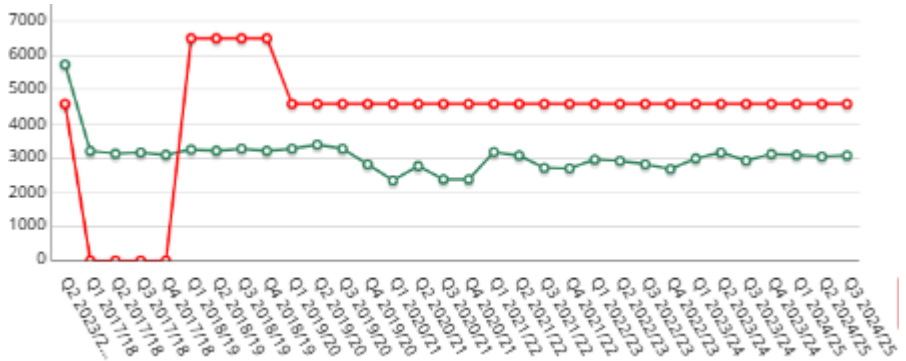
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. (AIM TO INCREASE)	Annual Data Only 2023/24	59.9%	62%	Amber	(declining)		The LGBF data shows that our performance has dropped slightly compared with the previous year (62.5%) having now fallen below target. This compares to a national average of 62.6%. The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues.

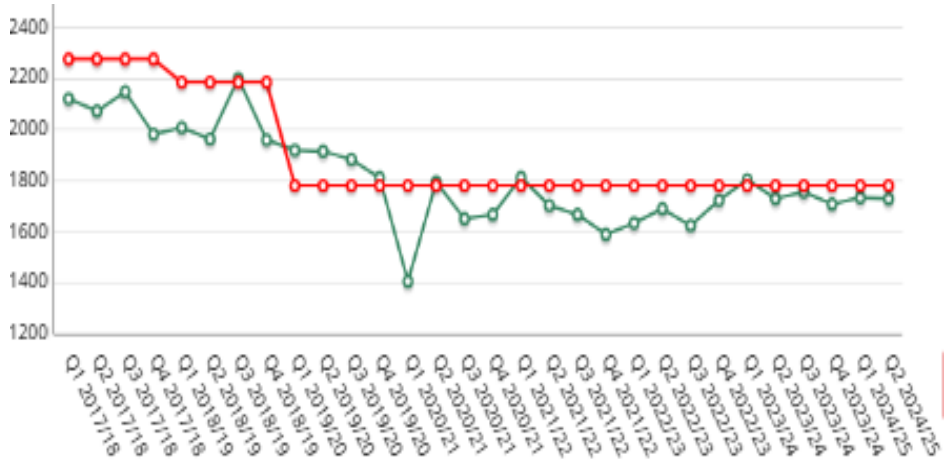
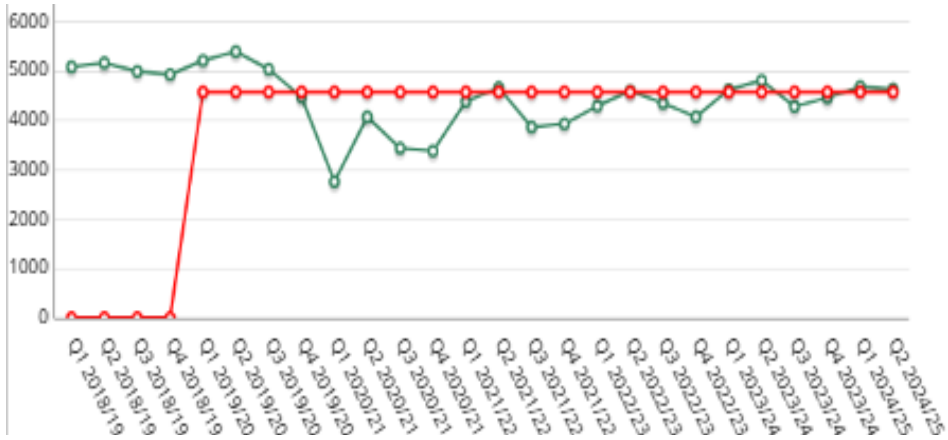
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Direct payments spend on adults 18+ as a % of total social work spend on adults 18+ (AIM TO INCREASE)	Annual Data Only 2023/24	9.0%	Data Only		(declining)		Latest available data for this indicator at March 2025. We continue to perform in line with the national average whilst outperforming our family group of authorities. (Source: Improvement Service)
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (AIM TO INCREASE)	Qtr 3 2024/25	412	600	Red	(declining)		Data calculated from the Social Care returns shows a total of 412 people were in receipt of SDS option 1 and 2 payments in Qtr 3.

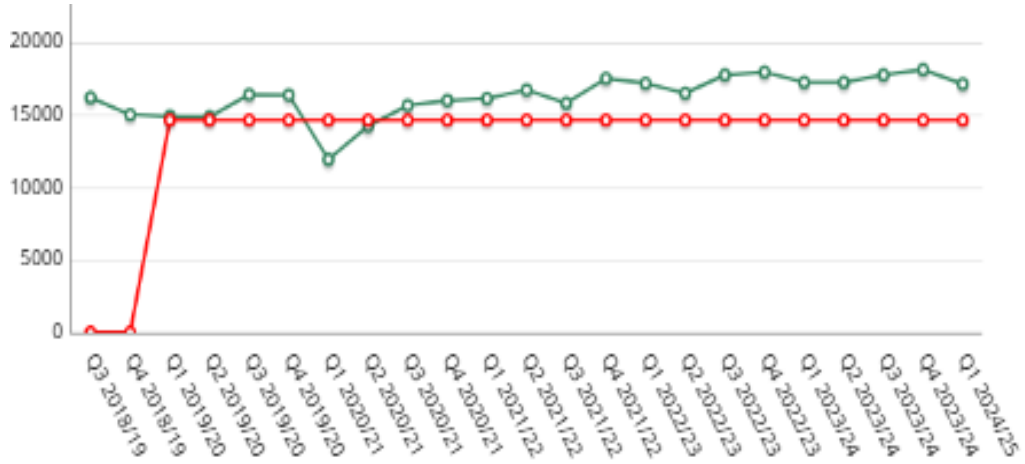
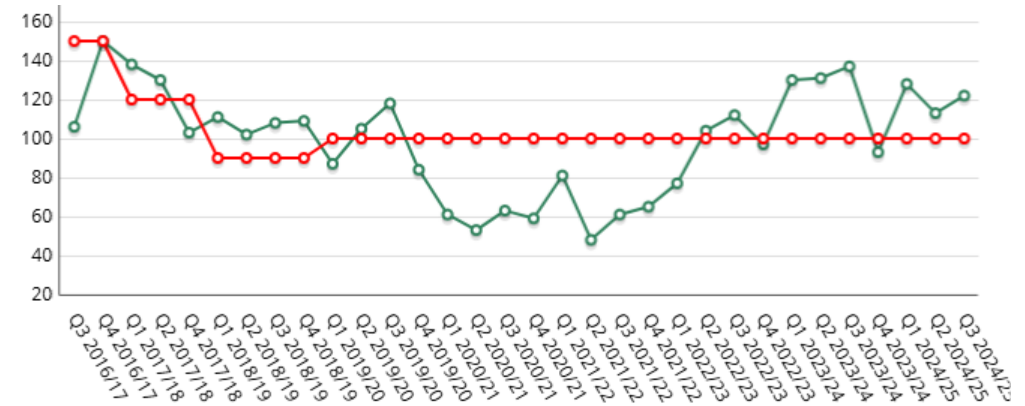
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of those whose care need has reduced following re-ablement / rehabilitation (AIM TO INCREASE)	Qtr 3 2024/25	45%	60%	Red	(improving)		Of the 31 service users discharged from the Reablement service through Q3 14 (45%) were discharged with a reduced or no service following the period of Reablement.
People reporting 'living where you/as you want to live' needs met (%) (AIM TO INCREASE)	Qtr 3 2024/25	95%	90%	Green	(improving)		In Qtr 3 of the total 21 valid responses 20 (95%) reported their needs met. Performance is down slightly on Q2 (100%).

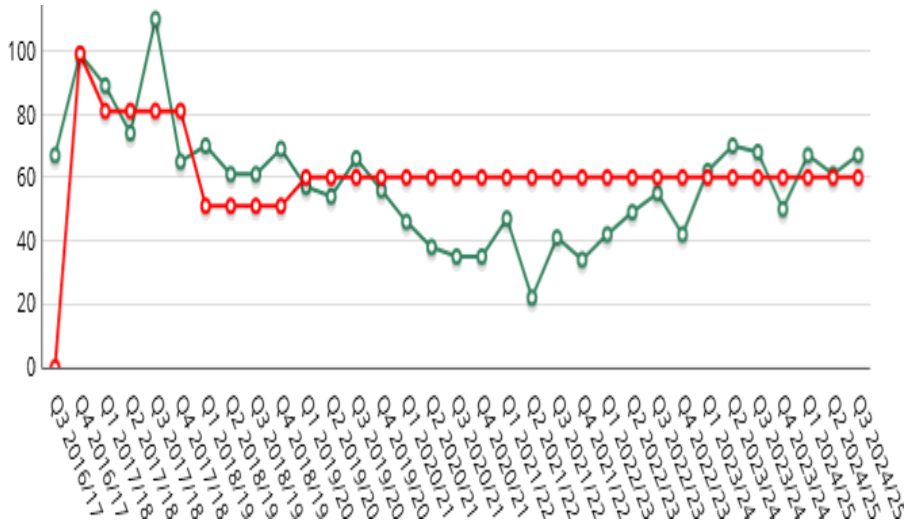
3. Working together to support mental health and well-being							
Description	Data Period	Current Value	Target	Traffic Light	Trend		Latest Note
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (AIM TO INCREASE)	Qtr 3 2024/25	90.4%	90%	Green	(improving)		At the end of Quarter 3, 90.4% of people assessed and waiting for Psychological Therapy started treatment within 18 weeks, meeting the target. This is an increase from 85.9% at the end of Q2. The total number of individuals waiting across all services at end of Q3 is 166 with the longest wait at this current time being 40 weeks. Staffing issues across all services continue with vacancies outstanding. A 0.2FTE counsellor was successfully recruited and will start in post in February 2025 which will address long waits for this type of psychological therapy.
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. (AIM TO INCREASE)	Qtr 3 2024/25	100%	90%	Green	(improving)		The estimated waiting time figure for Quarter 3 is 100% (this remains unverified until 25/3/2025 pending Public Health Scotland report) exceeding the 90% target. This is the 2nd Quarter that the team have maintained 100% compliance and demonstrates that people in need of alcohol and / or drug treatment are able to access this support quickly. 72 people started treatment during Qtr 3 2024-25, with 42 still in treatment. East Renfrewshire Alcohol and Drug Recovery Service (ADRS), Glasgow Council on Alcohol (GCA) and RCA Trust all record referrals and waiting times within DAISY (Drug and Alcohol Information System) for our area.

4. Working together to meet people's healthcare needs							
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (NHSGGC Acute & MH weekly data) (AIM TO DECREASE)	Qtr 3 2024/25	8	7	Amber	(declining)		In Q3 the weekly average of people waiting more than 3 days to be discharged has increased to 8. This is an increase on Q2 but 1 less than the same period Q3 2023/24.
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (PHS data) (AIM TO DECREASE)	Qtr 3 2024/25	12	11	Amber	(declining)		Monthly average of latest available data (Oct- Dec 2024). Performance has declined slightly increasing from 11 to 12 on the previous quarter (Source: Public Health Scotland, Jan 2025)

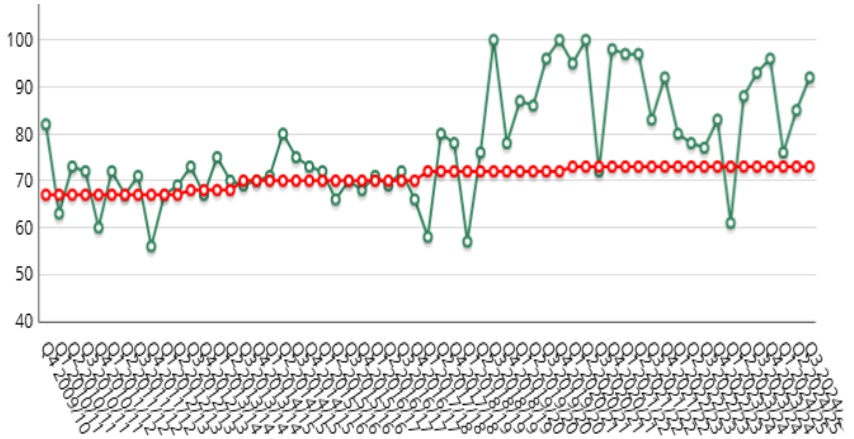
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Delayed discharges (PHS) bed days lost to delayed discharge (AIM TO DECREASE)	Qtr 3 2024/25	1,121	1,029	Amber	(improving)		Number of bed days lost has reduced marginally from 1,193 in the previous quarter to 1,121. (Source: PHS, January 2025)
Number of Emergency Admissions: Adults (NHSGGC data) (AIM TO DECREASE)	Qtr 3 2024/25	1,669	1,782	Green	(improving)		Hospital admissions have decreased slightly to 1,669 in Quarter 3 from 1,775 in quarter 2 but continue to perform below target.
No. of A&E Attendances (excl MIUs) (NHSGGC data) (AIM TO DECREASE)	Qtr 3 2024/25	3,073	4,583	Green	No Change		A & E attendances have remained at a similar level in all three quarters of 2024/25 although have risen marginally in Q3 compared to Q2.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Number of Emergency Admissions: Adults (MSG data) (AIM TO DECREASE)	Qtr 2 2024/25 (Latest)	1,729	1,781	Green	No Change		Latest provisional data to Sep 24. Down from 1,734 admissions in previous Qtr 1. (Source: Scottish Govt, MSG Dec 2024)
No. of A & E Attendances - Adults (MSG data) (AIM TO DECREASE)	Qtr 2 2024/25 (Latest)	4,645	4,584	Amber	(improving)		Latest data to Sep 24, released December 2024. Reduced from 4,693 attendances in Qtr 1. (Source: Scottish Govt, MSG)

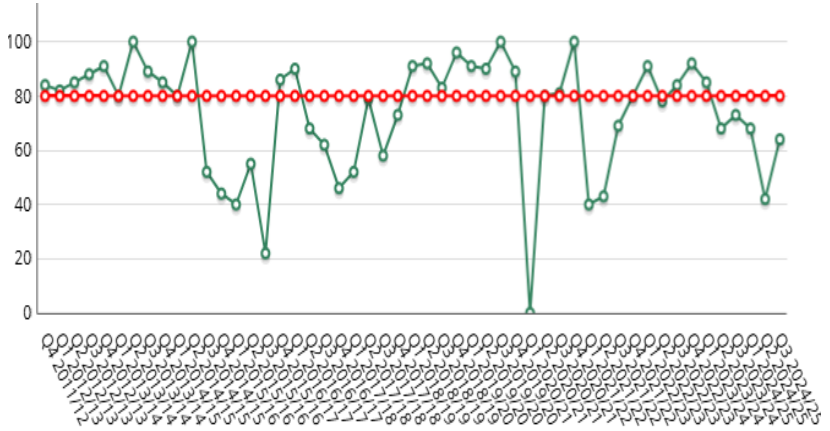
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Unscheduled Hospital (Acute) Bed Days: Adults (18+) (AIM TO DECREASE)	Qtr 1 2024/25 (Latest)	17,218	14,715	Red	(improving)		Latest provisional data to June 2024 released Dec 2024. Data corrected back to Apr 2023. (Source: Scottish Govt, MSG)
A & E Attendances from Care Homes (NHSGGC data) (AIM TO DECREASE)	Q3 2024/25	122	100	Red	(declining)		There is ongoing focus across the HSCP to support avoidable conveyance to A&E for our Care Home residents. There is a small increase in numbers of both attendances and admissions from quarter 2 to quarter 3 in 2024/25- an increase of 9 attendances across all East Renfrewshire Care Homes in the 3 month period when compared to the preceding 3 months. It should be noted that the number of residents conveyed to ED during this quarter in 2024/25 is lower than in the same quarter of the previous year 2023/24. Target numbers going forward require to be reviewed in line with the Board measures and also taking into account the number of care home beds

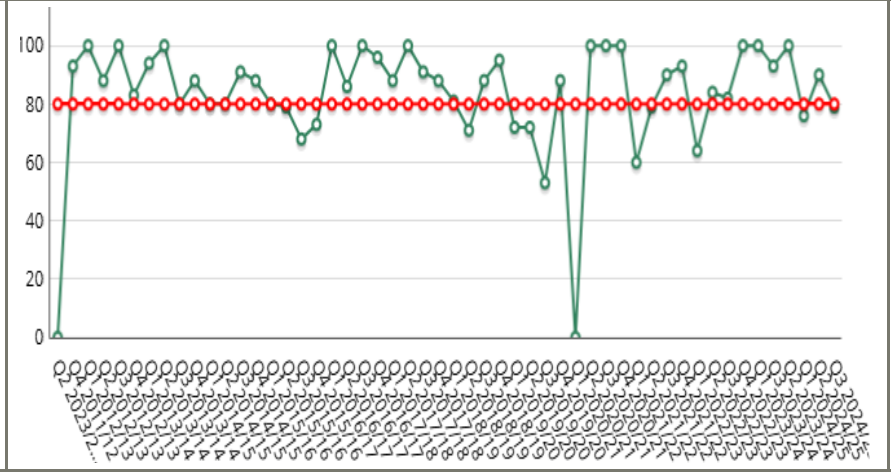
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
							within in East Renfrewshire for the next financial year.
Emergency Admissions from Care Homes (NHSGGC data) (AIM TO DECREASE)	Q3 2024/25	67	60	Amber	(declining)		As per previous updates, the main focus going forward is development of the current Care Home Liaison Nursing (CHLN) Single Point of Access pathway providing a proactive 7 day planned approach and went live in December. In addition, all opportunities to encourage the Care Homes in East Renfrewshire to follow the Care Homes Falls Pathway continue to be taken and the SAS: FNC Call Before You Convey pathway remains a focus. Further communication and awareness raising has been undertaken and Care Home staff continue to access ongoing training supporting the earlier identification of any clinical deterioration in their residents to ensure a more preventative approach. Target numbers going forward require to be reviewed in line with the Board measures and also taking into account the number of care home beds within in East Renfrewshire for the next financial year.

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

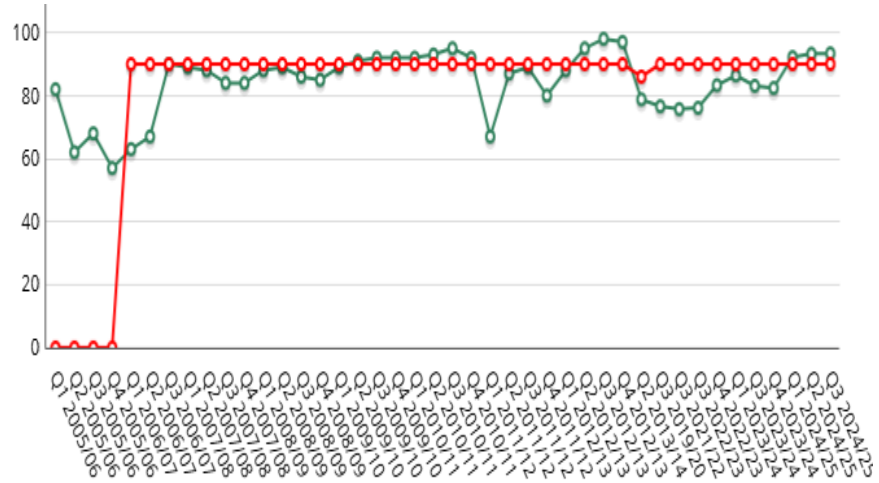
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People reporting 'quality of life for carers' needs fully met (%) (AIM TO INCREASE)	Qtr 3 2024/25	92%	73%	Green	(improving)		In Qtr 3 of the total 24 valid responses 22 (92%) reported their needs met. Performance is up from 85% in Qtr 2.

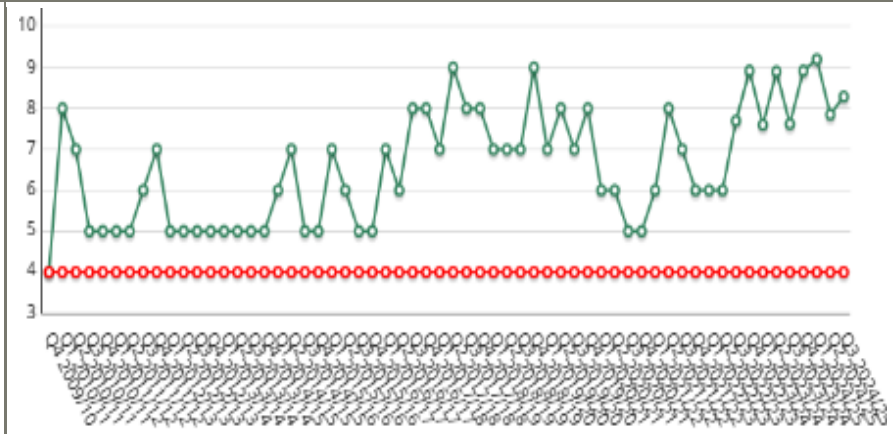
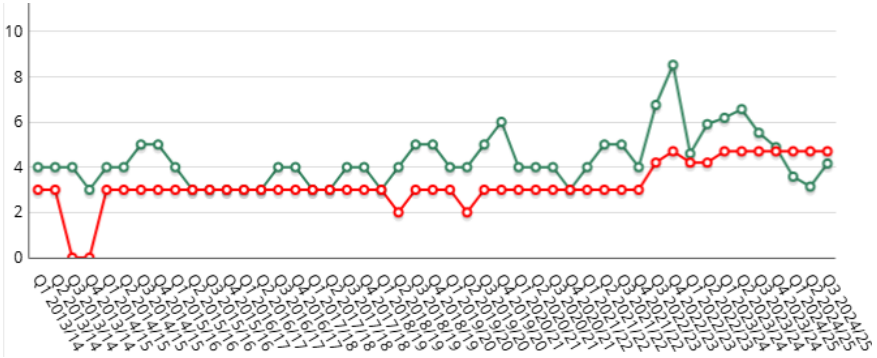
6. Working together with our partners to support people to stop offending

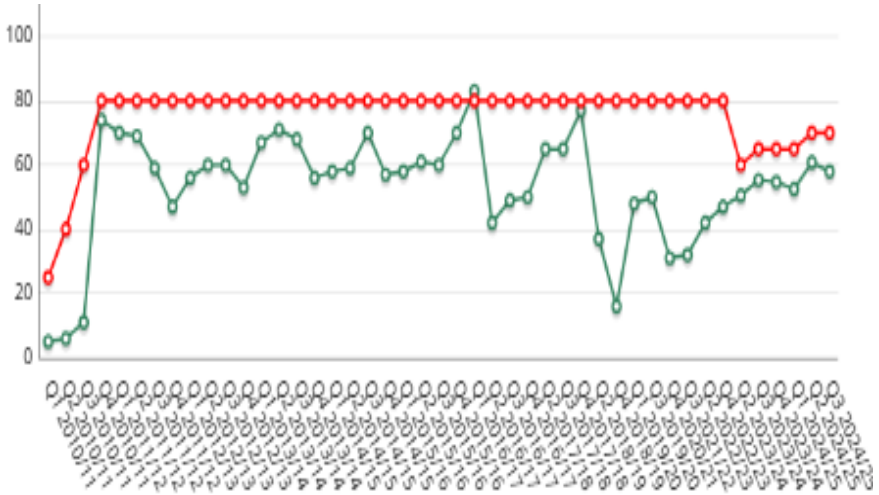
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Community Payback Orders - Percentage of unpaid work placements commencing within 7 days (AIM TO INCREASE)	Qtr 3 2024/25	64%	80%	Red	(improving)		The data shows that performance has been inconsistent throughout much of the reporting period. The graph clearly outlines that there have been periods of significant deviation from the identified target, albeit there are a number of mitigating factors described below. There has been an overall decline in performance since 2022/23, falling below target, although we have seen improvement in the most recent quarter (Q3, 2024/25).

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (AIM TO INCREASE)	Qtr 3 2024/25	79%	80%	Amber	(declining)		15 out of 19 completed unpaid successfully with timescales outlined by Court. The data shows that there has been variance when attempting to meet the goal consistently. Our ability to meet or exceed the required 80% is contingent on matters external to our team. Performance has been lower over the first three quarters of 2024/25 compared with the previous year.

Organisational measures

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Payment of invoices: Percentage invoices paid within agreed period (30 days) (AIM TO INCREASE)	Qtr 3 2024/25	93.8%	90%	Green	(improving)		Q3 performance has seen this measure remain above target for the third quarter in a row. Continued work remains ongoing with dashboards to target specific invoices that are scheduled to fall out with the agreed period.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Percentage of days lost to sickness absence for HSCP NHS staff (AIM TO DECREASE)	Qtr 3 2024/25	8.29%	4.0%	Red	(declining)		Sickness has increased in Q3 up to 8.29% from 7.85% in Q2. Increase in absence rate over winter months is expected to rise with winter illnesses. This was evident in Q3 with a marked increase in short term absence, especially in December for colds/flu and gastro related absences.
Sickness absence days per employee - HSCP (LA staff) (AIM TO DECREASE)	Qtr 3 2024/25	4.16	4.7	Green	(declining)		In the winter months we usually see an increase in absence for multiple reasons due to a number of viruses, general coughs and colds and the poorer weather conditions / temperatures. In addition to this there has been service redesign, with a number of changes to existing roles, introduction of new roles, new management teams which can cause an increase in stress related absences (stress related absences has featured in the top reasons for absence in the last 3 months of 2024 (Q3). Support and intervention is continuing within the HSCP. A new sickness absence capability policy has been introduced which is a lot easier for managers to follow to ensure correct application and escalation of policy. In addition to this all managers have been directed to attend the training on this.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Percentage of NHS staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System (AIM TO INCREASE)	Qtr 3 2024/25	58%	70%	Red	(declining)		Due to the pressures of the pandemic KSF became lower priority over the past 3 years. The KSF Lead sends out monthly communications to managers to increase compliance. Additional training has also been made available as refresher courses for reviewers. After increasing steadily in the last 6 months the progress has stalled slightly.

Appendix 2 – Exception Reports

Psychological therapy waiting times

Percentage of people waiting no longer than 18 weeks for access to psychological therapies

Purpose of the indicator

The measure sets a 'referral to treatment' standard of at least 90% starting treatment within 18 weeks. It allows us to monitor how successfully we are delivering evidence-based psychological therapies to treat mental ill health in a timely way. The measure helps us to assess our performance in meeting the support needs of adults within an appropriate timescale and whether we need to make adjustments to our resourcing of the service or the approaches we are taking.

Psychological therapies refer to a range of interventions which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. The target applies specifically to psychological therapies for treatment of a mental illness or disorder.

This is a nationally agreed 'HEAT' target – further information on definitions and measurement can be found here.

What does good look like?

That everyone who is referred is assessed and if deemed suitable for a psychological therapy, will start treatment within 18 weeks of referral.

Our aim is that, for most individuals where there is evidence that psychological therapies will be beneficial, this support is provided within a timescale that minimises the risk of further deterioration or crisis.

Timely provision of psychological therapies is a part of our work to provide a wide range of supports to individuals on their journey to recovery from mental ill health. We work in collaboration with a range if partner providers to support early intervention and our ultimate aim is to advance the HSCP Strategic Outcome "People are supported to look after and improve their own mental health and wellbeing".

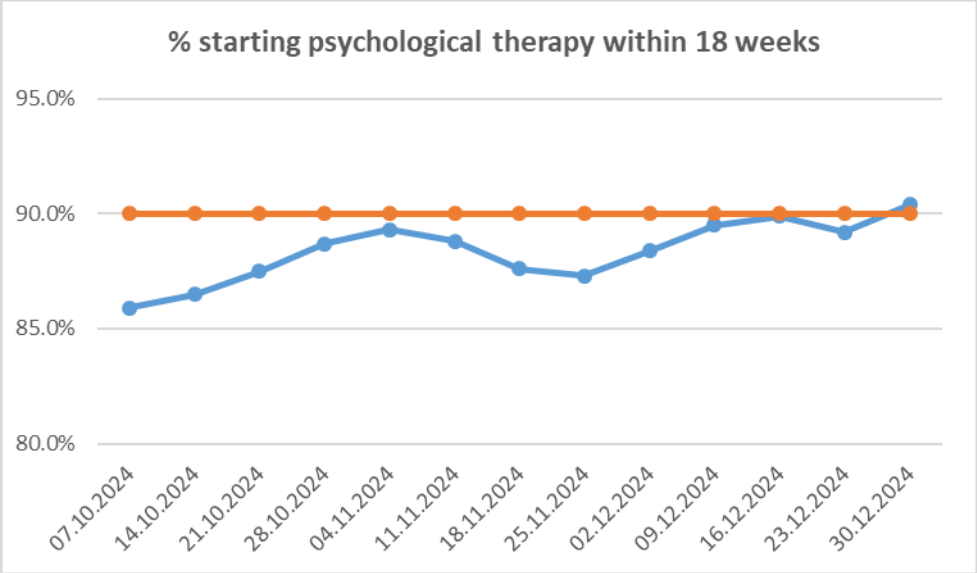
Current status of measure

This exception report is for Psychological Therapies Treatment Waiting times. Currently the target is that 90% of people will start treatment within 18 weeks of referral.

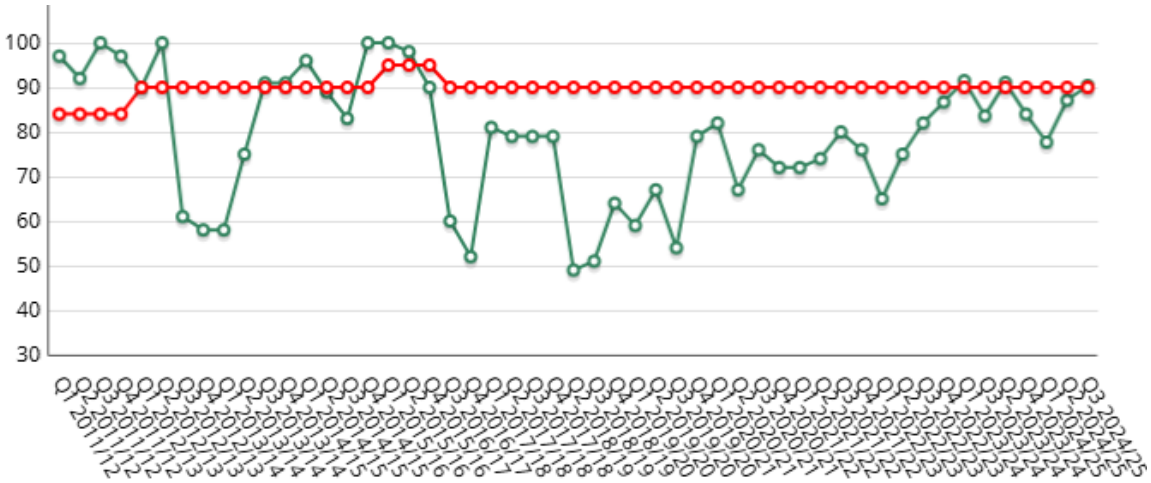
At the end of Quarter 3 of 2024-25, 90.4% of people assessed and waiting for Psychological Therapy started treatment within 18 weeks, meeting the target, as shown in the chart below. This is an increase from 85.9% at the end of Q2. Looking at the weekly waiting times performance shows the impact of improvement work to gradually increase performance to meet the target at the end of the quarter. The total number of individuals waiting across all services at end of Q3 is 166 with the longest wait at this current time being 40 weeks.

The identified need for psychological therapies across adult, older adult and primary care mental health services remains high.

Figures show that 119 people started treatment during Q3 (including some of the longest waits). However, during the same period a further 118 were identified as suitable for PT and therefore joined the waiting list.



Long term Performance Trend – 2011 to current



Reason/explanation for current performance

Staffing difficulties (vacancies and sickness absence) across all services have been a longstanding issue which has led to the waiting list growing in number and the longest waits increasing. Recruitment difficulties in securing psychology resources are an issue nationwide and have affected East Renfrewshire.

As stated above, identified need for PT is high with the same number of new people identified as suitable for PT as the number of people starting PT in the period.

Mitigating action

During Q3 cross-team supports were put in place to reduce the waiting lists – for example support from PCMHT and Autism teams to Older People Mental Health Team – and this aided the incremental improvement during the quarter.

Significant work to recruit to vacant posts is now coming to fruition. A 0.2FTE counsellor for the PCMHT has been successfully recruited and started in post in February 2025 which will address long waits for this type of psychological therapy. A psychologist has started in post with the Older People's Mental Health Team.

Wait times will continue to be monitored on a weekly basis, highlighting long waits or patients about to breach target, to ensure all teams are aware of current waiting time for their service. A monthly report is submitted to NHSGGC as part of their monitoring. PAC members should note that performance has been maintained at around 90% so far in Q4. Early indications are that more people are starting treatment on a weekly basis compared to Q3, showing the impact of the additional resources. With the required staffing in place it is anticipated that performance can be maintained at the 90% level.
Investment The required funding has been made available for the posts recently recruited and to maintain staffing levels.
Context and benchmarking East Renfrewshire is sitting just above the GGC average of 87.1% for Q3.

Justice – supporting unpaid work placements

Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.

Purpose of the indicator

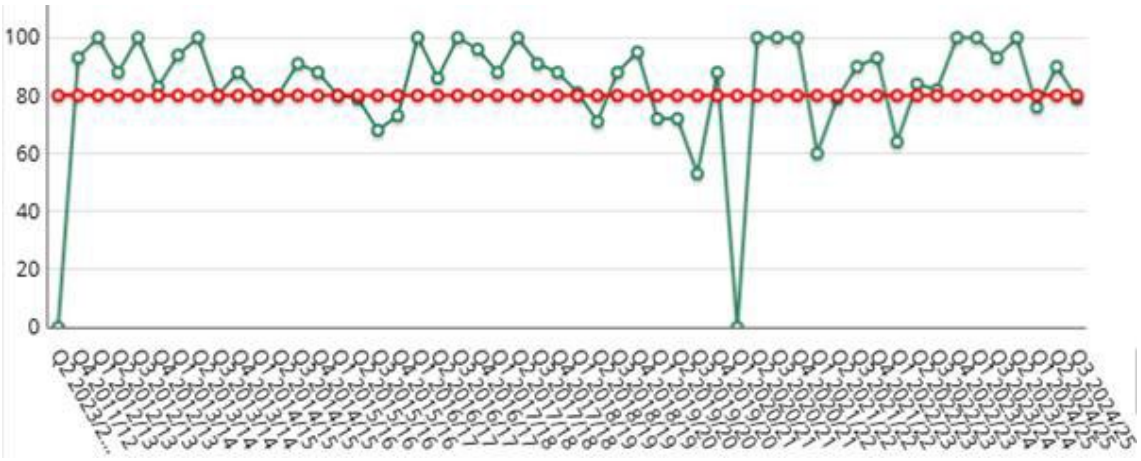
This measure helps us monitor whether we are meeting the ascribed timescales for unpaid work placements for a target proportion (80%) as set out in National Outcomes and Standards.

What does good look like?

Supporting those subject to unpaid work to complete their hours within the allotted time. This ensures compliance with Court Orders and the efficient running of the service, with through-flow of placements.

Current status of measure

The data below shows that there has been variance when attempting to meet the goal consistently. As explained below, our ability to meet or exceed the required 80% is contingent on matters external to our team. Performance has been lower over the first three quarters of 2024/25 compared with the previous year.



Reason/explanation for current performance

Our ability to meet the identified target for work placements relies upon the compliance of individuals who are typically experiencing complex needs. During the period, there has been an increase in (certificated) absences among participants. . We have also seen an increased use of Unpaid Work as a condition of Orders as the Courts have been attempting to mitigate the pressures on the prison estate (which is above operational capacity).

These challenges have been accompanied by Orders being subject to periods of delay as a result of 'breaches', during which no hours can be completed. Breaches (a process following non-compliance whereupon the Order is returned to Court) results in a pause in the person's ability to undertake further Unpaid Work hours until such time as the breach is heard and the Sheriff permits the Order to continue or imposed an alternative sentence. Breaches can take considerable time to be heard at Court, typically months, These routinely exceed the planned timeframe for the work placement. Should the Order be permitted to continue, an extension is granted. Should the Order be revoked, the Order is brought to a close. For either outcome where there is a breach, the full timescale must be recorded, meaning that these cases will be recorded as out-with timescales with no regard to the operational processes preventing our ability to achieve this outcome.

Mitigating action

It is challenging to mitigate non-compliance with Unpaid Work beyond the measures currently implemented.

Absences are robustly investigated with efforts to contact on the same day as absence. Formal warnings for unacceptable absences are issued; departmental reviews are held in line with guidance; extraordinary reviews are undertaken prior to breach being initiated to explore whether there are any possible barriers to compliance still outstanding, with applications to review to Court where there are identified needs requesting variation or extension. A breach is only initiated after these interventions prove unsuccessful. These are all undertaken in line with Community Payback Order guidance issued by the Scottish Government.

Investment

What investment has been put in to the services/initiatives working to deliver on this PI?
What investment may be required to bring performance to the expected standard?

We have a robust process presently. We have invested heavily for Unpaid Work, creating two bespoke units. We have ensured an increase in available supervisors to reflect additional capacity and have established a number of additional external placements within local charities to increase capacity. We have been innovative in our use of unpaid work through a range of initiatives including access to jointly-run group-work with Children and Families colleagues designed to meet a variety of needs, including women involved in offending, young men and expectant fathers.

Context and benchmarking

Nationally, there has been an evolving trend in connection with Unpaid Work. The number of Orders with a specific Unpaid Work Requirement have decreased slightly, however those Orders imposed are increasingly for more hours. Justice Social Work Statistics produced findings which states:

'In 2014-15, 54 per cent of requirements were issued with up to 100 hours (level 1). By 2023-24, this had reduced to 41 per cent. By contrast, over the same period, there has been an increase in the prevalence of those issued with between 101 to 200 hours, from 36 per cent to 45 per cent. The increase in range for 101 to 200 hours imposed has contributed to the rise in average hours over the decade. The proportion of those with 201 to 300 hours imposed has ranged between 10 and 13 per cent over the last ten years.

Adding:

'Seventy-eight per cent of orders which finished during 2023-24 did not involve any breach applications during the duration of the order.'

Accordingly, nationally slightly less than a quarter of Orders involved breaches, suggesting this is a consistent challenge for all authorities should they not differentiate between live and paused Orders.

Community Payback Orders - Percentage of unpaid work placements commencing within 7 days

Purpose of the indicator

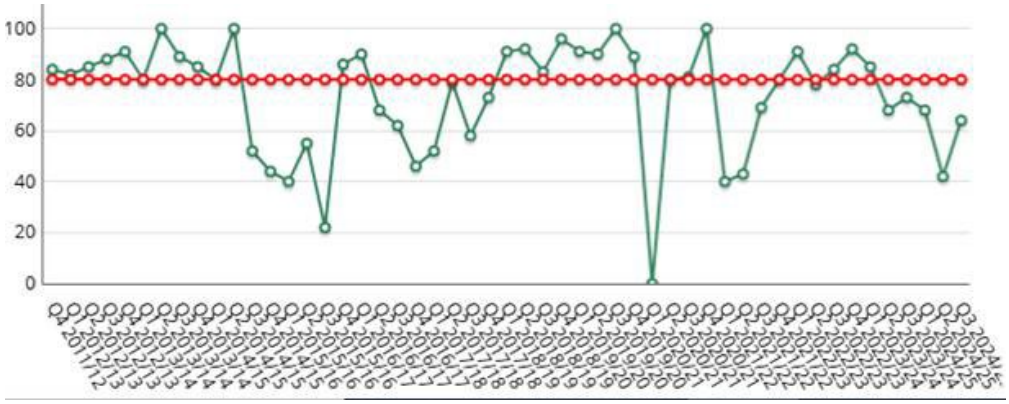
This measure seeks to ensure that we adhere to national guidance which stipulates Unpaid Work should commence without delay, ensuring an increased likelihood the Order will be completed within timescales.

What does good look like?

The aim of this measure is to ensure a smooth transition for the service user from Court appearance to Court Order, achieve the outcomes set out in National Outcomes and Standards and Community Payback Order Practice Guidance, and maximise the likelihood of completion of the Order.

Current status of measure

The data shows that performance has been inconsistent throughout much of the reporting period. The graph clearly outlines that there have been periods of significant deviation from the identified target, albeit there are a number of mitigating factors described below. There has been an overall decline in performance since 2022/23, falling below target, although we have seen improvement in the most recent quarter (Q3, 2024/25).



Reason/explanation for current performance

This outcome has been routinely challenging for the department to meet based on the target set. There are three issues impacting performance, with Justice Social Work having control over only one.

If Justice Social Work are preparing a Justice Social Work Report on an individual, the person is provided with reporting instructions to attend on the day of Court should they be made subject to an Order. This includes an Order with a requirement of Unpaid Work. Should they attend, they undertake the requisite induction and their Unpaid Work hours have commenced. Should they fail to attend, they are contacted by us and their absence investigated/prioritised to ensure timescales are met.

However, there are situations where an Order for unpaid work is made but is unknown to social work, since a Justice Social Work Report (JSWR) has not been completed by our department.

Should the Court impose a period of Unpaid Work following an appearance without a JSWR, or if another authority completed the JSWR and did not notify us, we are reliant upon the person attending, without an appointment, on the day of Court in line with the instructions of the Court. Should this not occur, the next trigger would be the Court providing notification that an Order has been made. We are at this juncture at the mercy of Court timeframes. This results in our department frequently receiving paperwork

pertaining to Orders made a number of days ago, and in some instances over a week earlier. They often lack any telephone number, necessitating staff to undertake a home visit or letter the individual, all culminating in a challenging set of circumstances which greatly impacts our ability to meet this target.

Mitigating action

We have a robust process in place for Orders made by the Court whereupon we are notified. This follows either a pre-arranged appointment following a JSWR by our department, or confirmation with the Court that an Order has been made.

However, we are unable to influence the actions of the Court in respect of ensuring they provide timely notification of Orders made in the absence of prior involvement by our team. We do not have a Court within our boundary. As such, all Orders imposed are notified from an external authority. We provide services to 40 Sheriff Courts, nine High Courts, covering six Sheriffdoms. This can include Courts geographically far from our authority imposing Orders to Glasgow and Renfrewshire in error, a relatively common occurrence and one which further impacts upon our ability to meet the outcome.

Investment

We have a robust process presently. We have invested heavily for Unpaid Work, creating two bespoke units. We have ensured an increase in available supervisors to reflect additional capacity. We are fully equipped to ensure our full ability to meet this target, whilst lacking the ability to manage non-compliance of individuals we are unaware have been made subject to Orders and Court delays in communicating this information.

Context and benchmarking

National statistics for this domain are not well reported. Justice Social Work Statistics for 2023/24 cite the following:

‘Where the timescale was known, 70 per cent of unpaid work placements started within seven working days in 2023-24. This was higher than in 2022- 20 23 and was generally around the same level as the years prior to the pandemic’

Whilst this would initially suggest an average in excess of our current recorded levels, the specified ‘where the timescale was known’ would suggest a lack of consistency on the recording structure of this domain, including the potential of recording those Orders only where agreed levels of initial notification by the Court had been met.

It is however necessary to highlight that this indicator does not align with Community Payback Order Practice Guidance which states Unpaid Work should commence within seven working days for an Order including an Offender Supervision Requirement, and ten days for an Order solely containing Unpaid Work. Accordingly, our current outcome reporting for this places significantly higher thresholds than that which are reported by other authorities, ensuring the above information is not readily comparable.

AGENDA ITEM No. 9

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Performance and Audit Committee 26 March 2025
Agenda Item	9
Title	Care at Home Service Inspection Report

Summary

This paper provides an overview of the report from our recent Care Inspectorate inspection for our Care at Home service which was published on 26th of February 2025.

Presented by	Lee McLaughlin, Head of Adult Services: Communities and Wellbeing

Action Required

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

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

26 March 2025

Report by Chief Officer

Care at Home Inspection Report

PURPOSE OF REPORT

1. To provide Performance and Audit Committee members with an overview of the findings from our recent inspection of our Care at Home service which was undertaken by the Care Inspectorate in January 2025, and their report published on 26th February 2025.

RECOMMENDATION

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

BACKGROUND

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

4. The Care Inspectorate undertook an unannounced inspection of our Care at Home Service from the 21st of January until the 30th January 2025. Their finding were published on 25th February 2025.

5. In preparation for the inspection the Care Inspectorate reviewed information about the service, including previous inspection findings, registration information, information submitted by the service including the self evaluation documentation and intelligence gathered since their last inspection which took place in January 2024.

REPORT

6. During the inspection, Inspectors spoke with 42 residents, 8 family members or friends and 36 members of staff and management during the inspection.

7. Key messages from the inspection were that:-
   - People using the service were treated with dignity and respect.
   - People were supported to live safely and independently at home.
   - Staff were kind, caring, and compassionate.
   - Staff development and support had improved.
   - Improvements were needed in the scheduling and monitoring of people's home care visits to promote greater continuity.
   - Improvements were needed in care planning to promote people's health and wellbeing.
   - Leaders had introduced new systems to improve the service and needed time to fully embed them into practice

8. The inspection focused on 4 areas and awarded grades are shown in the table below, along with previous inspections under the same framework for comparison.

	January 2025	**January 2024**	**November 2019**	**November 2018**
How well do we support people's wellbeing?	4 (Good)	3 (Adequate)	3 (Adequate)	4 (Good)
How good is our leadership?	3 (Adequate)	3 (Adequate)	3 (Adequate)	3 (Adequate)
How good is our staff team?	4 (Good)	3 (Adequate)	3 (Adequate)	4 (Good)
How well is our care and support planned?	3 (Adequate)	3 (Adequate)	3 (Adequate)	3 (Adequate)

9. The report noted that one of the three areas for improvement – shown below - made during the previous inspection had been met.

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

10. The Care Inspectorate stated that "*The service had successfully improved staff training, supervision, and observations of practice"*.

11. It was the view of the Inspectorate that sufficient progress had not been made in the remaining two previous areas for improvement which resulted in two requirements being placed on the service.

    - Requirement 1. By 5 May 2025, the provider must ensure there are suitably trained staff and systems in place to improve the scheduling and monitoring of people's home care visits. Staff with scheduling responsibilities should have adequate training, support, and performance review to improve the continuity that people using the service experience

    - Requirements 2. By 5 May 2025, the provider must ensure people have appropriate personal plans, known as care plans, that captures people's wishes and needs to promote their wellbeing.

12. The service has developed an action plan (Appendix 1) to ensure the required improvements can be made within timescales.

CONCLUSIONS

13. This most recent inspection demonstrates the focus on continuous improvement being delivered through the progression of the service redesign. Whilst the redesign is reaching its conclusion, the service now needs time to develop staff teams in their new roles and embed new processed to ensure the requirements placed on the service as an outcome of this most recent inspection can be met.

14. The service is currently performing to a good standard, showing noted improvements across all areas. Most notably in how well it supports people using the service and to the staff who provide these supports.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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

14 March 2025

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper 27.03.2024 – Item 10. Care at Home Inspection Report
https://www.eastrenfrewshire.gov.uk/media/10194/PAC-Item-10-27-March-2024/pdf/PAC_Item_10_-_27_March_2024.pdf?m=1710946126823

Appendix 1

CI Inspection- Action Plan – February 2025

Requirements	Actions Planned	Timescale	Responsible Person
1: By 5 May 2025, the provider must ensure there are suitably trained staff and systems in place to improve the scheduling and monitoring of people's home care visits. Staff with scheduling responsibilities should have adequate training, support, and performance review to improve the continuity that people using the service experience.	• Implement a KPI target in relation to continuity of care for service users	By 14/03/25	Senior Home Care Manager
	• Establish 'continuity' as a standing agenda item at Scheduling team meetings	Completed	Team Manager- Service Support
	• Establish 2 x Daily huddles to support effective communication	Completed	Team Manager- Service Support / Scheduling & Monitoring Officer
	• Establish regular joint team meetings with Scheduling team and Community Co-ordinators to support effective communication and feedback from frontline staff in relation to continuity and timings of service provision	Completed	Team Manager- Service Support / Scheduling & Monitoring Officer
	• Promote the use of scheduling and monitoring system data to support staff's visibility of service performance in relation to continuity of care and service timings.	31/03/25	Team Manager- Service Support / Scheduling & Monitoring Officer
	• Develop and implement an e-learning programme for scheduling staff to ensure awareness of the range of varying needs of people who are supported by our service	30/04/25	Team Manager- Service Support / Learning and Development Officer
	• Ensure continued focus on service performance at established monthly management monitoring meeting	Completed	Senior Home Care Manager
2: By 5 May 2025, the provider must ensure people have appropriate personal plans, known as care plans, that captures people's wishes and needs to promote their wellbeing. To do this, the provider must, at a minimum: a) ensure people's needs and wishes, and potential risks of harm, are highlighted in care plans; b) ensure information in care plans, including task lists, is accurate and up to date; c) ensure people have regular reviews to promote accuracy and inclusion.	• Develop a Standard Operating Procedure for required documentation within service user's homes	31/03/25	Senior Home Care Manager
	• Develop standardisation of format and content of care plans	31/03/25	Senior Home Care Manager
	• Further develop Community Co-ordinators skills in relation to care planning	30/04/25	Team Managers - Service Delivery
	• Review the tracking mechanism used to ensure visibility that care plans and reviews are developed and undertaken in accordance with regulatory timescales	30/04/25	Senior Home Care Manager
	• Progress the development and roll out of enhanced care planning documentation for service users	30/04/25	Team Managers - Service Delivery
	• Develop and implement a check/audit process to assure the quality of the plans developed	30/04/25	Senior Home Care Manager

East Renfrewshire Council Care at Home Service
Support Service

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

Telephone: 01418 007 182

Type of inspection:
Unannounced

Completed on:
30 January 2025

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2005096979

About the service

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

There are a range of services available, including:

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

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

At the time of this inspection, the service was providing home care to 502 people with approximately 3,000 people being supported by telecare.

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

About the inspection

This was an unannounced inspection which took place between 21 and 30 January 2025. Three inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- visited 42 people using the service and eight of their friends and family members
- spoke with 36 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People using the service were treated with dignity and respect.
- People were supported to live safely and independently at home.
- Staff were kind, caring, and compassionate.
- Staff development and support had improved.
- Improvements were needed in the scheduling and monitoring of people's home care visits to promote greater continuity.
- Improvements were needed in care planning to promote people's health and wellbeing.
- Leaders had introduced new systems to improve the service and needed time to fully embed them into practice.

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

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

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

We evaluated this key question as good because there were a number of major strengths which, taken together, clearly outweighed any areas of improvement.

We observed kind, compassionate, and good-natured interactions between people and staff during our visits to people using the service. People were generally supported by staff who knew their needs and wishes well and treated them with respect. A person told us "I look forward to my visits. The staff are friendly and accommodating". A review of the service's annual satisfaction surveys confirmed that people were, overall, pleased with the quality of care they received, and this had benefitted their health and wellbeing.

People were often supported to achieve positive outcomes. Support to remain living independently at home, and active members of the community, was particularly important to people. A relative explained "The care is invaluable in keeping my [loved one] at home which means a lot to them and us as a family".

The service had a greater focus on people's reablement since our last inspection. A multi-disciplinary approach involving occupational therapists (OTs), physiotherapy, and home carers had been established to promote people's recovery from injury or ill-health. A person told us "I was housebound for a while. The care has helped me get stronger and I'm now back attending church and meeting friends". Another relative praised the joint-working between OTs, who provided specialist assessments and equipment, and home carers providing support, to support their family member's improved mobility. This collaborative approach had enhanced people's physical and emotional wellbeing.

Further collaboration was noted in the service's approach to managing people's medication. A pharmacy professional was now employed by the service and provided specific, ongoing training and advice to staff. Staff felt more confident in this area, and data from quality assurance evidenced that there were significantly fewer medication issues in the service. This helped to keep people safe and well.

There was an established telecare service which promoted good outcomes for people. Telecare successfully enabled people to use digital technology to remain safe at home, and to summon telephone or physical assistance in emergency situations. Telecare was well resourced and organised, received many compliments from people using the service, and provided vital reassurance and interventions for people when needed.

The service listened to the views of people and families through satisfaction surveys and holding reviews. Where people provided critical feedback, the service developed action plans to address these issues at an individual level. And, where people raised issues that may be applicable to service delivery as a whole, these points were included in the wider service improvement plan. This evidenced that people had a level of influence and meaningful opportunities for inclusion in service development to improve their experiences.

We noted that some people continued to have issues with the organisation and management of their visit schedules, which should be more consistent. We made a requirement under key question two, and will complete a follow-up inspection, to ensure improvements are introduced and sustained.

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate because there were some strengths which just outweighed areas for improvement. We recognised the service is undergoing transition and planned to build on strengths to improve positive outcomes for people.

We received generally positive feedback about the service's management who were seen as visible, approachable, and supportive. Leaders had worked hard to develop and implement an improvement plan to raise standards within the service, which had some success. For example, there was a stronger focus on promoting people's outcomes, and greater collaboration with health professionals that had enhanced people's health and wellbeing.

Management included the views of people, relatives, and staff in service improvement planning. There were annual satisfaction surveys, review meetings, and frequent team meetings held to gain people's feedback, which was valued. Critical feedback was listened to and appropriate actions taken to rectify issues, which evidenced meaningful inclusion.

Leaders had developed robust governance and quality assurance systems to monitor important areas - such as accidents, incidents, medication issues, reliability of visits, and complaints - and made improvements when needed. We noted a reduction in accidents and incidents, medication errors, and complaint activity which aligned with our own findings that people's experiences of the service had improved.

We were impressed by the professionalism and dedication of management and all staff during a period of severe weather that occurred on inspection. A contingency plan was implemented effectively to ensure that people, and staff, were supported during this highly challenging time.

Whilst comprehensive improvement planning, and a clear motivation to achieve these improvements, was evident throughout our inspection, some significant outstanding issues remained which required attention. The scheduling of visits was inconsistent for some people using the service. Those people experienced visits at unreliable times and from a larger pool of workers than they would reasonably expect. Without more effective management intervention, this presented risk of poor outcomes and experiences.

The service had invested resources in improving the management of schedules. There was a new digital system that provided valuable information to promote continuity. New posts had been created to improve the scheduling and monitoring of visits. This will ensure there is a significant focus on this area. However, whilst these posts had been filled at the time of inspection, they were recent appointments, and not enough time had elapsed to evidence sustained improvements for people. We required the service to improve the scheduling and monitoring of people's visits to promote greater continuity, and we will complete a follow up inspection to ensure positive changes have been made (see requirement one).

We heard from several people and relatives that they would like more contact with service management. There were times when people attempted to contact the service with limited success due to high volume of calls. It was promising that a new position, community co-ordinators, had been developed within the management team. A central role of this position is to visit people, families, and frontline staff in the community to listen to feedback and improve people's experiences. Similarly, the service had employed more office-based staff to handle calls which should improve communication. We were satisfied that leaders

understood the service strengths and areas for improvement and, now with a stronger management and staffing structure, needed time to implement these changes to further benefit people's wellbeing.

Requirements

1. By 5 May 2025, the provider must ensure there are suitably trained staff and systems in place to improve the scheduling and monitoring of people's home care visits. Staff with scheduling responsibilities should have adequate training, support, and performance review to improve the continuity that people using the service experience.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our staff team? 4 - Good

We evaluated this key question as good because there were a number of major strengths which, taken together, clearly outweighed any areas of improvement.

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

The service had several recruitment campaigns to increase staffing levels throughout the year. A recent campaign included people using the service, relatives, and staff which offered a more personal approach, and gave people an opportunity to be included in service development. Whilst some vacancies remained, the service had enhanced its staffing levels to better meet people's needs.

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

Training and development opportunities had improved since our last inspection. Workers now had access to a more comprehensive programme of classroom and e-learning courses which enhanced their knowledge and practice. Training was delivered by both internal and external professionals to offer varied perspectives. More frequent supervision meetings and observations of practice ensured that staff implemented learning from training into their practice, which promoted good outcomes for people.

Staff had the opportunity to voice their views through regular team meetings and an annual survey. We observed meetings and reviewed the analysis of surveys which showed the service valued staff opinion, recognised good practice, and made improvements when more critical feedback was given.

Wellbeing of staff continued to be a focus of the service. There were various initiatives, such as employee assistance programme and employee benefits scheme, to promote staff health and wellbeing. A fresh

approach to absence management had been adopted to support workers on long-term absence back to work through various supportive mechanisms. This has reduced absences and boosted staffing levels in some areas.

People were generally supported by the right number of appropriately trained staff during their visits. Staff demonstrated good understanding of people's needs and wishes, and we observed warm and caring interactions between workers and people receiving care. Feedback from people about staff was positive with reference to staff's compassionate and dedicated approach. We have made a requirement under key question two, around the management of scheduling, to further enhance people's experiences.

How well is our care and support planned? 3 - Adequate

We evaluated this key question as adequate because there were some strengths which just outweighed areas for improvement. We recognised the service is undergoing transition and planned to build on strengths to improve positive outcomes for people.

Personal plans, often referred to as care plans, are important documents that capture people's wishes, needs, risks, and how people want to be supported. Good care plans illustrate people's needs and aspirations whilst giving staff clear guidance on how to support people to achieve them. We found that care planning for the service was inconsistent.

Some people had comprehensive plans that fully highlighted their needs and wishes. There was ample information for the reader to understand the person's health and social needs. Staff had thorough guidance on how to support people effectively, considering and overcoming any potential risks, in these examples.

Other plans, however, were limited. They were reduced to the specific tasks that staff had to complete on their shift, with minimal reference to people's wider needs and wishes. Whilst many experienced staff knew people well, this lack of detail presented risk to people being supported by new or agency workers.

The service had recognised this issue as an ongoing development area. They planned to recruit supervisory workers, known as community co-ordinators, who would spend time visiting people, understanding their care and support, and updating plans. However, there had been a delay in the recruitment and induction of these workers. Community co-ordinators had been recruited at the time of inspection and needed time to implement these changes to evidence better practice. We gave a requirement, with specific timeframes, for these improvements to be made to promote positive outcomes for people (see requirement one).

We were pleased to see that the majority of people using the service had a review of their care and support. This was to ensure people were receiving appropriate support and were satisfied with their service. Feedback from people, captured in review minutes, was generally positive about their experiences with the service. Critical feedback was listened to, and actions were taken to improve standards. However, reviews did not always result in care plans being updated. These appeared to be separate processes and meant that some care plans did not have fully accurate information, again, presenting risk of error. We asked the service to continue this positive improvement of holding frequent and robust reviews, and now focus on linking them to updated care plans. This will reduce potential risks and further enhance people's experiences.

Requirements

1. By 5 May 2025, the provider must ensure people have appropriate personal plans, known as care plans, that captures people's wishes and needs to promote their wellbeing.

To do this, the provider must, at a minimum:

a) ensure people's needs and wishes, and potential risks of harm, are highlighted in care plans;

b) ensure information in care plans, including task lists, is accurate and up to date;

c) ensure people have regular reviews to promote accuracy and inclusion.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

Areas for improvement

Previous area for improvement 1

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

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

This area for improvement was made on 30 January 2024.

Action taken since then

There was not sufficient progress in this area. This area for improvement was not met, and a requirement was given to support improvement in the scheduling and monitoring of people's visits.

Previous area for improvement 2

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

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

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

This area for improvement was made on 30 January 2024.

Action taken since then

There was not sufficient progress in this area. This area for improvement was not met, and a requirement was given to support improvement in care planning.

Previous area for improvement 3

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

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

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

This area for improvement was made on 30 January 2024.

Action taken since then

The service had successfully improved staff training, supervision, and observations of practice. This area for improvement was met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

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

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

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

AGENDA ITEM No. 10

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Performance and Audit Committee 26 March 2025
Agenda Item	10
Title	Fostering Service Inspection

Summary

This paper provides an overview of the report from our recent inspection of our Fostering Service, published by the Care Inspectorate in March 2025.

Presented by	Raymond Prior, Head of Children Services and Justice, Chief Social Work Officer

Action Required

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

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

26 March 2025

Report by Chief Officer

Fostering 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 Fostering service, which was undertaken by the Care Inspectorate between 13 January – 7 February 2025, and their report published in March 2025.

RECOMMENDATION

2. Members of the Performance and Audit Committee are asked to note the content of this 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. East Renfrewshire Council's Fostering service has been registered since 22nd December 2005, and transferred its registration to the Care Inspectorate on 1st April 2011.

5. Inspection and grading history is as follows:-

Date	Type	Grading's	
6 Feb 2025	Announced (short notice)	Support people's wellbeing How well is our care and support planned	5 – Very Good 5 – Very Good
11 Oct 2019	Announced (short notice)	Care and support Staffing	5 - Very Good 5 - Very Good
2 Nov 2016	Announced (short notice)	Care and support Management and leadership	5 - Very Good 5 - Very Good
19 Feb 2015	Announced (short notice)	Care and support Staffing Management and leadership	5 - Very good 5 - Very good 5 – Very good

6. In preparation for the inspection, the Care Inspectorate reviewed previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

7. The inspection of the adoption and adult placement / continuing care services took place at the same time and the findings of these inspections are provided in separate papers.

REPORT

8. The Fostering service provides a fostering and family placement resource for children and young people aged from birth to 18 years. The Fostering Service recruits and supports foster carer families to provide a range of fostering placements including; permanent, long-term, interim, emergency and short breaks.

9. At the time of inspection, there were 16 registered households and 14 of our children and young people were residing with East Renfrewshire foster carers.

10. The Inspection noted that:
    - Children and young people experienced a high standard of care. They had developed meaningful and trusting relationships and lived in stable and predictable home environments.
    - Children and young people and caregivers benefitted from the agency having a strong and well-embedded commitment to participation and inclusion.
    - Children and young people were supported to maintain meaningful relationships with extended family members, significant birth family members and were involved in the wider community.
    - Caregivers provided nurturing, trauma informed care, supported by staff who were skilled, knowledgeable, and responsive.
    - There was evidence of positive outcomes for children and young people. This was supported by good quality assessments of caregivers and in the support provided following the placement of children.

11. Whilst the inspection made no requirements, they noted one area for improvement:

Inspection Area	Area for Improvement	Health and Social Care Standard	Action
How well is our care and support planned	To ensure the safety of all young people the service should ensure that individual safer caring plans are in place for all young people and that these are regularly reviewed when circumstances change.	My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met as well as my choices and wishes (HSCS 1.15)	Individual safer caring plans will be completed for all children and young people within 14 days from start of placement. These will be reviewed during supervision with foster carers and periodically and after any significant change in circumstances with child or young person. (Commence 1st Apr 25)

12. There were no complaints to the service since the last inspection.

CONCLUSIONS

13. East Renfrewshire Fostering service have maintained a standard that demonstrates our children and young people are nurtured, supported and respected in all aspects of the care they receive.

14. We are achieving positive outcomes for our children and young people and it was highlighted our foster carers were providing stable living situations, positive predictable relationships and that there were timely and supportive interventions when required.

15. The area of improvement can be progressed in a timely manner and it was noted within inspection that safer caring plans were evident when a significant event had happened for a child or young person. Highlighted within the inspection was that child plans were seen which identified involvement and input from a wide range of professionals and specialists, supporting the child, their family and their living arrangement and to date children's services have embedded 'one plan, one child' approach however take on board the guidance provided via this inspection.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Cheryl Mitchell, Service Manager
cheryl2.mitchell@eastrenfrewshire.gov.uk

13 March 2025

East Renfrewshire Council Fostering Service
Fostering Service

Eastwood Health and Care Centre
Drumby Crescent
Clarkston
Glasgow
G76 7HN

Telephone: 01414 510 725

Type of inspection:
Announced (short notice)

Completed on:
6 February 2025

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2004082421

About theservice

East Renfrewshire Council's Fostering Service provides support to children and young people aged from birth to 18 years who are assessed as in need of alternative care arrangements. The service recruits and supports caregiving families to provide a range of services.

The service is delivered by a dedicated team of supervising social workers and management who work across both the fostering, adult placement and adoption services. The team has a range of responsibilities including adoption and continuing care.

The inspection of the adoption and adult placement continuing care services took place at the same time and the findings of these inspections are provided in separate reports.

About the inspection

This was a short notice inspection which took place between 13 January 2025 and 6 February 2025. The inspection was carried out by two inspectors 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 13 people using the service and 13 caregivers
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

We also reviewed MS survey responses from seven young people, nine caregivers and five staff members.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any areas for improvement will be highlighted in this report.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

Key messages

- Children and young people experienced a high standard of care. They had developed meaningful and trusting relationships and lived in stable and predictable home environments.
- Children and young people and caregivers benefitted from the agency having a strong and well embedded commitment to participation and inclusion.
- Children and young people were supported to maintain meaningful relationships with extended family members, significant birth family members and were involved in the wider community.
- Caregivers provided nurturing, trauma informed care, supported by staff who were skilled, knowledgeable, and responsive.
- There was evidence of positive outcomes for children and young people. This was supported by good quality assessments of caregivers and in the support provided following the placement of children.
- The safety and wellbeing of children and young people would be enhanced through the use of individualised safer caring plans.

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 well is our care and support planned?	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 children and young people, therefore we evaluated this key question as very good.

Children and young people had meaningful, affectionate and secure relationships with their caregivers that promoted a sense of belonging, trust and security. We saw young people thriving as a result of nurturing and enabling care that was attuned to their needs. Being fully embraced by caregiving families and extended families increased their sense of belonging.

Children and young people experienced a high level of acceptance and understanding. Their confidence and sense of self-worth was promoted by their experience of being valued and accepted as individuals.

Caregivers had awareness of the impact of trauma on children's development and cared for them in a way that was sensitive and responsive to these experiences. This was highly evident in the individualised care they received to meet their, sometimes complex needs, provided by skilled and committed caregivers.

Caregivers experienced positive and established relationships with their supervising social workers, and the wider team, and greatly valued staff knowledge, skills, commitment, and responsiveness. This supported caregivers to feel that they were consulted and listened to in relation to planning for individual young people and the development of the wider service.

Caregiving families were trauma informed and used this knowledge to best support the children and young people in their care. We concluded that the skills and commitment of the staff team, combined with enduring relationships, was integral in enabling caregivers to provide therapeutic and individual care. One caregiver commented, 'The social work staff are supportive and genuinely caring for the carers and the young people and I feel very much that I am working in a team'.

It was evident that staff members knew both caregivers and young people very well. We were encouraged to hear the level of emotional support caregivers experienced from staff. They were actively supported through training and supervision. One caregiver survey response told us, 'I feel actively supported by the service to provide the best care for the children and young people I care for'.

Children and young people were involved in their care and benefitted from caregiver families who advocated passionately and effectively on their behalf. Young people's rights were prioritised and promoted by the service and caregivers. We saw a strong ethos and commitment towards children's rights across the local authority.

Independent advocacy was sought where appropriate to support children and young people. The strong and positive relationships between young people, their caregivers and the staff group were seen as key in ensuring the quality and stability of care provided.

We saw children and young people's voices being valued through high levels of participation and inclusion in activities, and also through wider activities supported throughout East Renfrewshire. Young people participation was seen to be supporting the shaping of the service.

Caregivers worked respectfully and effectively with birth family members to promote positive experiences for young people and support their sense of family identity. The role and importance of brother and sister relationships was well understood. We saw that children were living with their brothers and sisters when this was appropriate. When children could not live with their brothers and sisters, caregivers prioritised these family connections and children were supported to maintain relationships with those who were important to them. We were particularly impressed by the practice of social workers across the authority to involve, support and sustain meaningful links with birth parents.

We saw that children and young people experienced positive outcomes across all areas of their life. This was evident within education where we saw young people succeeding and being supported to overcome barriers and achieve their potential.

Children and young people's safety and wellbeing was promoted by a robust and consistent approach to child and adult protection, which reflected best practice and national guidance.

A wide range of relevant and appropriate learning opportunities are available for caregivers and staff to support them in their roles. Caregivers had a strong understanding of the impact of developmental trauma

and as a result, were thoughtful and reflective in their responses to children and young people. We highlighted to the service the need to ensure adequate oversight of caregiver and staff training as the systems used do not appear to provide required information as effectively as they would hope.

Children and young people were supported to develop a strong sense of identity and positive mental health. This is supported by stable living situations, positive predictable relationships with caregivers and appropriately timely, supportive interventions.

Caregivers had access to good quality support and learning in preserving their part in the child's life story and in sharing this information sensitively and creatively with the child, at different stages of their life. This supports children and young people to have better lifelong understanding of their history and, in turn, a positive sense of identity.

Children and young people's health and wellbeing was actively supported and caregivers ensured access to appropriate community health services, including specialist resources. Children and young people who had varied and complex health needs received a high level of care in response to their individual health needs and multi-agency working between their caregivers and relevant agencies. We were very impressed with the health visitor input to families as part of the Whole Family Wellbeing Fund. This made a valuable contribution to the health needs of very young children being understood and met.

There were limited moves evident for most children and young people with the majority experiencing stable and consistent care. Timely interventions supported relationships and individual wellbeing.

The service's assessments of caregivers were of a consistently high standard. These were comprehensive, evidence based and contained an appropriate balance of strengths, vulnerabilities and analysis. The assessment process was collaborative and transparent and based on positive working relationships between caregivers and their supervising social worker. Caregiver reviews took place within the legal guidelines. Review processes were underpinned by the service and foster carers working in partnership together.

Children and young people who are in need of permanent alternative care had their assessments were completed without unnecessary delay. This reduced uncertainty for all involved and supported young people to have an increased sense of security and has had a positive impact on outcomes. The views of young people within fostering households were consistently being sought and represented. This meant young people were heard, their views were considered and held influence. This was greatly aided by the strength of relationships and practice between the service and the children's social work practice team.

The matching of children and young people with caregivers within the service was strong. This was aided by the quality of foster carer assessments and reviews. The service had a sound knowledge of their caregivers and the mix of skills, abilities and experience they possessed. We saw positive examples of children and young people being supported to visit the caregiver family prior to moving and transitions were generally well considered.

How well is our care and support planned? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children and young people, therefore we evaluated this key question as very good.

Children and young people were leading positive, healthy and enjoyable lives through the implementation of high quality planning. Care and support are enhanced by the involvement of caregivers and the wider

service.

The service had a key role in contributing to multi-agency planning for children and young people. Children and young people's views are consistently sought and represented in decision making forums. Their views and participation are sought and influences aspects of service development. Supervising social workers and caregivers are effective partners in local authority review processes and help to ensure that children and young people's voices are central to these plans. Where young people's views are not being sufficiently heard, caregivers often act as powerful advocates and will enlist independent advocacy when needed.

Multi-agency children and young people's plans are enhanced by staff in the service engaging well with children and young people and their caring households. Well established relationships with both carers and children and young people further strengthened this. Child plans we did see, identified involvement and input from a wide range of professionals and specialists, supporting the child, their family and their living arrangement. This contributed to holistic and comprehensive assessments promoting positive outcomes for children and young people.

Children and young people in the fostering service benefitted from a household safer caring plan and appropriate risk assessments where needed. Whilst we did see positive outcomes for children and young people, these were not supported by individualised safer caring approaches. The safety and wellbeing of children and young people could be enhanced through the use of high quality and individualised safer caring plans which would reflect the specific needs of children and young people within caregiving families and support early identification of concerns and strategies to manage these. (See area for improvement 1.)

Areas for improvement

1. To ensure the safety of all young people the service should ensure that individual safer caring plans are in place for all young people and that these are regularly reviewed when circumstances change.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met as well as my choices and wishes' (HSCS 1.15).

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 Children, young people. adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	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.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

AGENDA ITEM No. 11

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 March 2025
Agenda Item	11
Title	Adoption Service Inspection Report

Summary

This paper provides an overview of the report from our recent inspection of our Adoption Service, published by the Care Inspectorate in March 2025.

Presented by	Raymond Prior, Head of Children Services and Justice, Chief Social Work Officer

Action Required

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

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

26 March 2025

Report by Chief Officer

Adoption 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 Adoption service, which was undertaken by the Care Inspectorate between 13 January – 7 February 2025, and their report published in March 2025.

RECOMMENDATION

2. Members of the Performance and Audit Committee are asked to note the content of this 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. East Renfrewshire Council's Adoption service has been registered since 22nd December 2005, and transferred its registration to the Care Inspectorate on 1st April 2011.

5. Inspection and grading history

Date	Type	Grading's	
6th Feb 25	Announced (short notice)	Support people's wellbeing How well is our care and support planned	5 – Very Good 5 – Very Good
11th Oct 19	Announced (short notice)	Care and support Staffing	5 - Very Good 5 - Very Good
2nd Nov 16	Announced (short notice)	Care and support Management and leadership	5 - Very Good 5 - Very Good
19th Feb 15	Announced (short notice)	Care and support Staffing Management and leadership	4 - Good 4 - Good 4 – Good

6. In preparation for the inspection, the Care Inspectorate reviewed previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

7. The inspection of the fostering and adult placement / continuing care services took place at the same time and the findings of these inspections are provided in separate papers.

REPORT

8. East Renfrewshire Council's Adoption Service provides a service for children and young people, aged from birth to 18 years, and their families. The service recruits and supports adoptive parents to provide families for children, who have been assessed as unable to live with their birth parents or extended family members.

9. There had been no East Renfrewshire children placed with East Renfrewshire adopters during the timeframe of this inspection. East Renfrewshire adopters have been matched with children from out with the local authority. In these circumstances, post-adoption support is the responsibility of the child's placing local authority. Care inspectorate were impressed with the proactive and committed approach from the service when working with other placing local authorities.

10. The Inspection noted that:

- Children living within adoptive families experienced a high standard of care. They benefitted from loving, trusting and secure relationships and stable home environments.
- Adoptive families valued enduring and supportive relationships with their supervising social workers.
- Adoptive families benefitted from an experienced and skilled staff team.
- Adoptive parents received valuable support from the service to enable them to support children with indirect birth family contact and lifelong links.
- The service worked collaboratively and proactively with children's social workers to ensure the timely progress of planning for children who required permanent care.
- Good quality adoption support planning supported timely and appropriate interventions for adoptive families.

11. Whilst the inspection made no requirements, they noted one area for improvement:

Inspection Area	Area for Improvement	Health and Social Care Standard	Action
How well do we support people's wellbeing	The service must ensure that all dual registered foster carer/adopters are supported in line with fostering legislation and best practice. To do this the provider must as a minimum: a) ensure systems are in place for identification and panel review of dual registered prospective adopters b) ensure that all carers are supported through regular supervision and have access to relevant training c) ensure that the safety of children and young people is improved through unannounced visits d) individual safer caring plans are developed and reviewed regularly in response to changing need e) full carers' checks are monitored and kept up to date, including health and safety checks.	I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11)	Prospective adopters who are seeking dual approval will be informed of duties that will require to be undertaken in line with fostering legislation. Staff team will undertake their role for dual approved adopters in the same manner they currently do for foster carers. (Commence 1st Apr 25)

12. There were no complaints to this service since the last inspection.

CONCLUSIONS

13. East Renfrewshire Adoption service have maintained a standard that promotes stability and achieves a positive impact on children's outcomes.

14. The matching of children with prospective adopters is strong; this was informed by staff within the service's knowledge of the strengths and vulnerabilities of adoptive parents. This has ensured that the needs of the child remains at the centre.

15. The only area of improvement can be embedded immediately as it was noted by care inspectorate that in practice prospective adopters are receiving a high level of support and provision and therefore only require to formalise and record the targeted work under the same legislative framework as fostering service.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Cheryl Mitchell, Service Manager
cheryl2.mitchell@eastrenfrewshire.gov.uk

13 March 2025

East Renfrewshire Council Adoption Service
Adoption Service

Eastwood Health and Care Centre
Drumby Crescent
Clarkston
Glasgow
G76 7HN

Telephone: 0141 451 0725

Type of inspection:
Announced (short notice)

Completed on:
6 February 2025

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2004082369

About theservice

East Renfrewshire Council's Adoption Service provides a service for children and young people, aged from birth to 18 years, and their families. The service recruits and supports adoptive parents to provide families for children, who have been assessed as unable to live with their birth parents or extended family members.

The service is delivered by a dedicated team of supervising social workers and management who work across both the fostering and adoption services. The team has a range of responsibilities including fostering and continuing care.

The inspection of the fostering and adult placement continuing care service took place at the same time as this inspection and the findings of these inspections are provided in separate reports.

About the inspection

This was a short notice inspection which took place between 13 January 2025 and 6 February 2025. The inspection was carried out by two inspectors 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 one person using the service and two adoptive parents
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

We also reviewed MS survey responses from one adoptive family, five staff members and 12 external professionals.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

Key messages

Children living within adoptive families experienced a high standard of care. They benefitted from loving, trusting and secure relationships and stable home environments.

Adoptive families valued enduring and supportive relationships with their supervising social workers.

Adoptive families benefitted from an experienced and skilled staff team.

Adoptive parents received valuable support from the service to enable them to support children with indirect birth family contact and lifelong links.

Prospective adoptive parents who were initially assessed and approved as 'dual' caregivers (for caregivers who foster a child with the plan to adopt) were not reviewed and supported in line with fostering legislation and guidance.

The service worked collaboratively and proactively with children's social workers to ensure the timely progress of planning for children who required permanent care.

Good quality adoption support planning supported timely and appropriate interventions for adoptive families.

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 well is our care and support planned?	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 children, therefore we evaluated this key question as very good.

Children had loving and secure relationships with their adoptive parents and this instilled a sense of belonging, trust and security. We saw children thriving as a result of nurturing and enabling care that was attuned to their needs. Children were fully accepted and embraced by their adoptive families.

Adoptive parents were knowledgeable, child-centred and therapeutic in their parenting approaches. Children benefited from adoptive parents who were able to strongly advocate for their needs and work in partnership with others to ensure that these needs were understood and met.

Children were involved in their care and their rights were prioritised and promoted. We saw a strong ethos and commitment towards children's rights across the local authority.

Adoptive families valued enduring and supportive relationships with staff within the service. These relationships supported adoptive parents to continue to grow and thrive, even when experiencing difficulties. This resulted in children experiencing care that was responsive and attuned to their early life experiences and attachments.

The service understood the importance of preserving links between children and their birth families and where possible, keeping children together with their brothers and sisters. Tailored and individualised support was provided to adoptive parents by the service in relation to maintaining indirect 'letterbox' contact with birth parents. This helps to ensure that children have an understanding of these relationships and a stronger sense of self.

We were particularly impressed by the practice of social workers across the authority to involve, support and sustain meaningful links with birth parents, at every stage of the child's journey to adoption and beyond. One external professional commented, "It is beautiful how they keep birth parents with them."

Children benefitted from a holistic approach to education and educational supports were shaped by individual need and experiences. Children were supported to overcome barriers and achieve their potential. We saw positive working relationships with education services and the service was an important contributor to transition planning and educational reviews. This enabled educational staff to better understand and respond to the needs of adopted children.

A wide range of good quality learning opportunities were available for all caregivers and staff across the service. The service commission specific specialist training from Barnardos for adopters when there is an identified need. We highlighted to the service the need to ensure adequate service overview of adopter and staff training as it is unclear what the overall uptake of this has been and how this is reviewed.

The service initially approve adopters as 'dual' caregivers until a child's adoption has been legally finalised, this means that prospective adopters are initially supported as fostering caregivers until this point. We considered the need and statutory duty of the service to formally support these caregivers as fostering caregivers until an adoption order is granted. We were aware that these types of caregivers have not been reviewed or supported in line with fostering regulations. While we did not see any negative outcomes, we have asked the service to ensure that all dual approved caregivers are reviewed and that all relevant safer caring plans and checks are considered (see area for improvement 1). This is to ensure that 'pre-adoptive' caregivers have a clear understanding from the outset about the care needs of children and are supported to ensure safety and the best possible outcomes for children.

Children's health and wellbeing was actively supported and prioritised. This included appropriate access to community health services or specialist resources when required. Adoptive parents worked very effectively with other professionals to ensure that the, sometimes complex, needs of children were met.

Adoptive parents had access to good quality support and learning in preserving their part in their child's life story and in sharing this information sensitively and creatively with their child, at different stages of their life. This supports children to have better lifelong understanding of their history and, in turn, a positive sense of identity.

The service's assessments of adopters were of a consistently high standard. These were comprehensive, evidence based and contained an appropriate balance of strengths, vulnerabilities and analysis.

The assessment process was collaborative and transparent and based on positive working relationships between prospective adopters and their supervising social workers.

We saw that the views of children and their adoptive parents were central to reviews and planning. The needs and views of children were well represented in decision-making forums and we saw the role of relationship-based practice in helping to overcome any barriers. Processes were underpinned by the principles of partnership working and there was strong evidence of close collaborative multi-agency working within the 'team around the child'. We were impressed by the strength of collaborative working relationships and networks within East Renfrewshire and also with other local authorities who have placed children with East Renfrewshire adopters. One external professional commented, "the processes were always efficient...they are really invested and proactive."

Children who were in need of permanent alternative care, including adoption, had their assessments and plans completed without delay. This promoted stability and had a positive impact on children's outcomes. This was greatly aided by the strength of relationships and practice between the service and the children's social work practice team.

The matching of children with prospective adopters was strong and this was informed by staff within the service's knowledge of the strengths and vulnerabilities of adoptive parents. This ensured that the needs of the child always remained at the centre.

Areas for improvement

1. The service must ensure that all dual registered foster carer/adopters are supported in line with fostering legislation and best practice. To do this the provider must as a minimum:

a) ensure systems are in place for identification and panel review of dual registered prospective adopters

b) ensure that all carers are supported through regular supervision and have access to relevant training

c) ensure that the safety of children and young people is improved through unannounced visits

d) individual safer caring plans are developed and reviewed regularly in response to changing need

e) full carers checks are monitored and kept up to date, including health and safety checks.

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

How well is our care and support planned? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Children were leading positive, healthy and enjoyable lives through the implementation of high-quality planning. Care and support are enhanced by the involvement of adoptive parents and the wider service.

The service had a key role in contributing to multi-agency planning for children. Children's views were consistently sought and represented in decision-making forums. Supervising social workers and adoptive parents were effective partners in review processes and helped to ensure that children's voices were central to these plans. The service worked effectively with external local authorities on occasions when a child from another authority was placed with East Renfrewshire adoptive parents. Children and their families benefited from the involvement of a wide range of professionals and specialists support when this was required.

There had been no East Renfrewshire children placed with East Renfrewshire adopters during the timeframe of this inspection. East Renfrewshire adopters have been matched with children from outwith the local authority. In these circumstances, post-adoption support is the responsibility of the child's placing local authority. We were impressed with the proactive and committed approach from the service when working with other placing local authorities. We saw a high level of collaborative and creative work that ensured coordination of supports. Professional confidence, knowledge and networking was evident and utilised to good effect. We have confidence, based on existing practice, that post adoption support planning would be robust for those adopters that the service has responsibility over and that the support would be provided on a needs-led basis.

The service had a protocol in place with the social work practice team that provides early assessment and support for children, young people and their adoptive families, who approach the service for post-adoption support. We saw flexible, creative and individualised support provided to families under these circumstances and who were new to the service. This recognises and responds to the need to support families to nurture children throughout their lives and overcome difficulties that may emerge at different life stages.

Children within pre-adoptive (dual approved) households did not have safer caring plans or appropriate risk assessments when this was needed. We did see good practice and positive outcomes however these were not supported by individualised safer caring approaches. The safety and well-being of children could be enhanced by high quality and individualised safer caring plans that reflect the specific needs of children within pre-adoptive families. These would support early identification of concerns and strategies to manage these (safer caring is considered under area of improvement 1 in Key Question 1).

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 Children, young people. adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	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.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

AGENDA ITEM No. 12

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Performance and Audit Committee 26 March 2025
Agenda Item	12
Title	Adult Placement Service Inspection Report
This paper provides an overview of the report from our recent inspection of our Adult Placement Service, published by the Care Inspectorate in March 2025.	
Presented by	Raymond Prior, Head of Children Services and Justice, Chief Social Work Officer
Action Required Performance and Audit Committee members are asked to note and comment on the report.	

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

26 March 2025

Report by Chief Officer

Adult Placement 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 Adult Placement service, which was undertaken by the Care Inspectorate between 13 January – 7 February 2025, and their report published in March 2025.

RECOMMENDATION

2. Members of the Performance and Audit Committee are asked to note the content of this 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. East Renfrewshire Council's Adult Support service has been registered since 5th December 2017. This was undertaken following an area of improvement from a previous inspection where it outlined the necessity to register the service as an adult placement provider with the Care Inspectorate, in line with the Scottish Governments Continuing Care Agenda.

5. Inspection and grading history is as follows:

Date	Type	Grading's	
6th Feb 25	Announced (short notice)	Support people's wellbeing How well is our care and support planned	5 - Very Good 5 - Very Good
25th Oct 19	Announced (short notice)	Care and support Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good

6. In preparation for the inspection, the Care Inspectorate reviewed previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

7. The inspection of the fostering and adoption services took place at the same time and the findings of these inspections are provided in separate papers.

REPORT

8. East Renfrewshire Council's Adult Placement Service is linked to fostering service and supports carers providing support to young people on a continuing care basis. Our approval of Supported Carers also sits under this registration.

9. Continuing care supports young people from the age of 16 – 21 years of age. Supported Carers are approved to care for young people from the age of 16 – 26 years of age.

10. At the time of inspection, there were six young people registered as receiving continuing care with East Renfrewshire foster carers and two adults within an East Renfrewshire supported carer household.

11. The Inspection noted that:
    - Young people experienced a high standard of care. They had developed meaningful and trusting relationships and lived in stable and predictable home environments.
    - Young people and caregivers benefitted from the agency having a strong and well-embedded commitment to participation and inclusion.
    - Young people were supported to maintain meaningful relationships with extended family members, significant birth family members and were involved in the wider community.
    - Caregivers provided nurturing, trauma informed care, supported by staff who were skilled, knowledgeable, and responsive.
    - There was evidence of positive outcomes for young people. This was supported by good quality assessments of caregivers and in the support provided following the placement of children.

12. Whilst the inspection made no requirements, they noted two areas for improvement:

Inspection Area	**Area for Improvement**	**Health and Social Care Standard**	**Action**
How well do we support people's wellbeing	To ensure the safety and wellbeing of young people, the service should ensure that all adult placement caregivers' registration accurately reflects the assessment and approval. Caregivers should receive adequate information about the adult placement role, the assessment and approval process and training should reflect the unique nature of caring for a young adult.	My care and support meets my needs and is right for me (HSCS 1.19)	Accurate reflection of caregivers' registration is underway and young people now named at panel against continuing care approval. Update foster carer handbook to provide additional information in respect of role when providing care under adult placement registration (Complete by Aug 25) Widen training opportunities for carers undertaking this role (Reflect within 25/26 training calendar)

How well is our care and support planned	To ensure the safety of all children and young people the service should ensure that individual safer caring plans are in place for all children and young people and that these are regularly reviewed when circumstances change.	My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met as well as my choices and wishes (HSCS 1.15)	Individual safer caring plans will be completed for all young people within 14 days from start of placement. These will be reviewed during supervision with foster carers/supported carers and periodically and after any significant change in circumstances with young person (Commence 1st Apr 25)

13. There were no complaints to this service since the last inspection.

CONCLUSIONS

14. East Renfrewshire Adult Placement service have maintained a standard since its registration in 2017 that reflects very good.

15. Young people are leading positive, healthy and enjoyable lives through the implementation of high quality planning. Care and support is enhanced by the involvement of caregivers and the wider service.

16. Our first area of improvement will be actioned timeously as set out above and within our action plan.

17. Our second area of improvement is the same as that reflected in fostering inspection and will be embedded in a timely manner, as noted they were evident during inspection. Our assurance moving forward is that every young person will have their plans completed and reviewed.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Cheryl Mitchell, Service Manager
cheryl2.mitchell@eastrenfrewshire.gov.uk

13 March 2025

East Renfrewshire Council HSPC Adult Placement Centre
Adult Placement Service

East Renfrewshire Council Offices
211 Main Street
Barrhead
Glasgow
G78 1SY

Telephone: 0141 451 0725

Type of inspection:
Announced (short notice)

Completed on:
6 February 2025

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2017357290

About theservice

East Renfrewshire Council's Adult Placement Service is linked to fostering service and supports carers providing support to young people on a continuing care basis.

The service is delivered by a dedicated team of supervising social workers and management who work across both the fostering and adoption services. The team has a range of responsibilities including adoption and continuing care.

An inspection of the fostering service was undertaken in conjunction with this inspection. The findings of that inspection can be found in a separate report for that service which should be read in conjunction with this report.

About the inspection

This was a short notice inspection which took place between 13 January 2025 and 6 February 2025. The inspection was carried out by two inspectors 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 11 young people using the service and 13 caregivers
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

We also reviewed MS survey responses from seven young people, nine caregivers and five staff members.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any areas for improvement will be highlighted in this report.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

Key messages

- Young people experienced a high standard of care. They had developed meaningful and trusting relationships and lived in stable and predictable home environments.
- Young people and caregivers benefitted from the agency having a strong and well embedded commitment to participation and inclusion.
- Young people were supported to maintain meaningful relationships with extended family members, significant birth family members and were involved in the wider community.
- Caregivers provided nurturing, trauma informed care, supported by staff who were skilled, knowledgeable, and responsive.
- There was evidence of positive outcomes for young people. This was supported by good quality assessments of caregivers and in the support provided following the placement of children.
- The service should improve their assessment and approval of adult placement caregivers and strengthen information sharing with caregivers.
- The safety and wellbeing of young people would be enhanced through the use of individualised safer caring plans.

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 well is our care and support planned?	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 young people, therefore we evaluated this key question as very good.

Young people had meaningful, affectionate and secure relationships with their caregivers that promoted a sense of belonging, trust and security. We saw young people thriving as a result of nurturing and enabling care that was attuned to their needs. Being fully embraced by caregiving families and extended families increased their sense of belonging.

Young people experienced a high level of acceptance and understanding. Their confidence and sense of self-worth was promoted by their experience of being valued and accepted as individuals. Caregivers had awareness of the impact of trauma on young people's development and cared for them in a way that was sensitive and responsive to these experiences. This was highly evident in the individualised care they received to meet their, sometimes complex needs, provided by skilled and committed caregivers.

Caregivers experienced positive and established relationships with their supervising social workers, and the wider team, and greatly valued staff knowledge, skills, commitment, and responsiveness. This supported caregivers to feel that they were consulted and listened to in relation to planning for individual young people and the development of the wider service.

Caregiving families were trauma informed and used this knowledge to best support the young people in their care. We concluded that the skills and commitment of the staff team, combined with enduring relationships, was integral in enabling caregivers to provide therapeutic and individual care.

It was evident that staff members knew both caregivers and young people very well. We were encouraged to hear the level of emotional support caregivers experienced from staff. They were actively supported through training and supervision. One caregiver survey response told us, 'I feel actively supported by the service to provide the best care for the children and young people I care for'.

Young people were involved in their care and benefitted from caregiver families who advocated passionately and effectively on their behalf. Young people's rights were prioritised and promoted by the service and caregivers. We saw a strong ethos and commitment towards children's rights across the local authority.

Independent advocacy was sought where appropriate to support young people. The strong and positive relationships between young people, their caregivers and the staff group were seen as key in ensuring the quality and stability of care provided.

We saw young people's voices being valued through high levels of participation and inclusion in activities, and also through wider activities supported throughout East Renfrewshire. Young people participation was seen to be supporting the shaping of the service.

Caregivers worked respectfully and effectively with birth family members to promote positive experiences for young people and support their sense of family identity. The role and importance of brother and sister relationships was well understood. We saw that children were living with their brothers and sisters when this was appropriate. When children could not live with their brothers and sisters, caregivers prioritised these family connections and children were supported to maintain relationships with those who were important to them. We were particularly impressed by the practice of social workers across the authority to involve, support and sustain meaningful links with birth parents.

We saw that young people experienced positive outcomes across all areas of their life. This was evident within education where we saw young people succeeding and being supported to overcome barriers and achieve their potential. Young people who had varied and complex health needs received a high level of care in response to their individual health needs and multi-agency working between their caregivers and relevant agencies.

Young people's safety and wellbeing was promoted by a robust and consistent approach to adult protection, which reflected best practice and national guidance.

A wide range of relevant and appropriate learning opportunities are available for caregivers and staff to

support them in their roles. Caregivers had a strong understanding of the impact of developmental trauma and as a result, were thoughtful and reflective in their responses to young people. We highlighted to the service the need to ensure adequate oversight of caregiver and staff training as the systems used do not appear to provide required information as effectively as they would hope.

Young people were supported to develop a strong sense of identity and positive mental health. This is supported by stable living situations, positive predictable relationships with caregivers and appropriately timely, supportive interventions.

Caregivers had access to good quality support and learning in preserving their part in the young person's life story and in sharing this information sensitively and creatively with the young person, at different stages of their life. This supports young people to have better lifelong understanding of their history and, in turn, a positive sense of identity.

Young people's health and wellbeing was actively supported and caregivers ensured access to appropriate community health services, including specialist resources. Caregivers worked effectively with other professionals and, when required, advocated on their behalf to ensure the sometimes complex needs of young people were met. Timely access to specialist resources to support young people's health and wellbeing were available and appropriately used.

There were limited moves evident for young people with the majority experiencing stable and consistent care. Timely interventions supported relationships and individual wellbeing.

The service's assessments of caregivers were of a consistently high standard. These were comprehensive, evidence based and contained an appropriate balance of strengths, vulnerabilities and analysis. The assessment process was collaborative and transparent and based on positive working relationships between caregivers and their supervising social worker.

We saw that a number of young people were supported to remain within their caregiver families past the age of 18. Where young people chose to remain living with their caregivers, they were well informed about their rights and their views were heard. We saw very good outcomes for young people in continuing care. We have asked the service to ensure that all adult placement caregivers are assessed and approved at panel at the correct times and that carer registration accurately reflects the carers assessment and approval. We would also ask that the service ensure that caregivers are provided with information relating to their assessment, approval and expectations and that training provided is unique to skills and knowledge required to care for a young adult. (See area for improvement 1.)

Areas for improvement

1. To ensure the safety and wellbeing young people, the service should ensure that all adult placement caregivers' registration accurately reflects the assessment and approval. Caregivers should receive adequate information about the adult placement role, the assessment and approval process and training should reflect the unique nature of caring for a young adult.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19).

How well is our care and support planned? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Young people were leading positive, healthy and enjoyable lives through the implementation of high quality planning. Care and support is enhanced by the involvement of caregivers and the wider service.

The service had a key role in contributing to multi-agency planning for young people. Young people's views are consistently sought and represented in decision making forums. Their views and participation is sought and influences aspects of service development. Supervising social workers and caregivers are effective partners in local authority review processes and help to ensure that young people's voices are central to these plans. Where young people's views are not being sufficiently heard, caregivers often act as powerful advocates and will enlist independent advocacy when needed.

Multi-agency young people's plans are enhanced by staff in the service engaging well with young people and their caring households. Well established relationships with both carers and young people further strengthened this. Young people's plans we did see, identified involvement and input from a wide range of professionals and specialists, supporting the young person, their family and their living arrangement. This contributed to holistic and comprehensive assessments promoting positive outcomes for young people.

Young people in the adult placement service benefitted from a household safer caring plan and appropriate risk assessments where needed. Whilst we did see positive outcomes for young people, these were not supported by individualised safer caring approaches. The safety and wellbeing of young people could be enhanced through the use of high quality and individualised safer caring plans which would reflect the specific needs of young people within caregiving families and support early identification of concerns and strategies to manage these. (See area for improvement 1.)

Areas for improvement

1. To ensure the safety of all children and young people the service should ensure that individual safer caring plans are in place for all children and young people and that these are regularly reviewed when circumstances change.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met as well as my choices and wishes' (HSCS 1.15).

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 Children, young people. adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	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.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

AGENDA ITEM No. 13

-

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 March 2025
Agenda Item	13
Title	Audit Update

Summary

This report provides Performance and Audit Committee with an update on:-

- Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in November 2024
- Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in November 2024
- A summary of all open audit recommendations

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

Action Required

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

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

26 March 2025

Report by Chief Financial Officer

AUDIT UPDATE

PURPOSE OF REPORT

1. This report provides Performance and Audit Committee with an update on:
   - Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in November 2024
   - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in November 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	• Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole. • Corrective action must be taken and should start immediately.
Medium	• There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole. • Corrective action should be taken within a reasonable timescale.

Low	• Area is generally well controlled or minor control improvements needed. • Lower level controls absent, not being operated as designed or could be improved
Efficiency	• These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice.

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

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

REPORT

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

8. No new audit activity relating specifically to the Integration Joint Board has been undertaken.

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

9. Since last reported, one new audit report has been issued.

Audit of Bonnyton House (MB/1217/ZC - issued 14 November 2024)

10. This is an HSCP specific audit with 17 recommendations.

11. A copy of the audit report is included at Appendix 2A. Since the audit was issued in November, the service has actioned 13 of the 17 recommendations.

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

12. At the November 2024 meeting, a total of 30 recommendations were reported; 10 open and 20 which the HSCP considered to be closed but were pending verification from internal audit. We now consider a further 6 of these recommendations closed (pending verification).

13. From the new audit of Bonnyton House we consider 13 of the 17 recommendations closed (pending verification). This means we now have 47 recommendations in total; 8 open and 39 which are considered closed and awaiting verification.

14. Internal audit have just completed follow up work on the audit of ordering and certification and are currently undertaking work on the *application audit of payroll* and *follow up of HSCP audits*.

15. 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
Bonnyton House	2A	(new)	17	13	4
St Andrews House	2B	1	4	4	0
Accounts Payable	2C	n/a	4	4	0
Accounts Receivable	2D	1	3	1	2
Application Audit of Payroll	2E	4	4	4	0
Follow-up of HSCP Audits	2F	0	8	6	2
SDS – Direct Payments	2G	n/a	3	3	0
Ordering and Certification	2H	n/a	4	4	0
TOTAL		**6**	**47**	**39**	**8**

NHS Internal Audit Activity relating to the Health and Social Care Partnership (Appendix 3)

16. A report has been provided by the Chief Internal Audit, which is included at Appendix 3.

CONCLUSIONS

17. We will continue to report on all open audit recommendations relating to both the IJB and HSCP to provide assurance of control and enable oversight of previous audits and demonstrate progress.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Chief Financial Officer
Lesley.Bairden@eastrenfrewshire.gov.uk
14 March 2025

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC 20.11.2024 – Audit Update
https://www.eastrenfrewshire.gov.uk/media/10964/Item-07-Audit-Update/pdf/Item_07_-_Audit_Update.pdf?m=1731506056360

Appendix	1A
Title	Ernst & Young 2023/24 Action Plan
Type	Internal Audit Activity relating to the Integration Joint Board
Status	First presented to PAC November 2024 No changes since last reported November 2024

No	Finding / Risk	Grade	Recommendation	Management Response	Responsible Officer	Timing	Comments
1	**Financially sustainable planning**						
	The IJB's General Reserves were exhausted during 2023/24 and earmarked reserves have fallen to an unsustainable position. The scale of the financial volatility facing the IJB, including, prescribing and pay inflation, and the difficulty of delivering savings due to the complexity of service user requirements mean that adequate general reserves are essential to manage the level of risk. There is a risk that financial recovery measures will be necessary in 2024/25 to deliver financial balance.	Grade 1	The IJB must develop a realistic and sustainable financial plan that balances the risk associated with savings and supports the rebuilding of reserves in the medium term.	The budget agreed for 2024/25 included an over recovery target for savings to allow for forward planning including rebuilding of reserves. The tension between delivering savings and building reserves, particularly in the current climate is recognised.	Chief Financial Officer	31 March 2025	This will continue to be reviewed as part of revenue budget monitoring.

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.

Grade 3: Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

Appendix	2A
Title	Bonnyton House
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	New First presented to PAC March 2025

REPORT ON AUDIT OF BONNYTON HOUSE

Contents	Page No

Chief Auditor
MB/1217/ZC
6 November 2024

East Renfrewshire COUNCIL

REPORT ON AUDIT OF BONNYTON HOUSE

1. INTRODUCTION

As part of the Annual Audit Plan for 2024/25, a regularity audit of the Bonnyton House was carried out.

The main risks associated with this area are that if the appropriate records are not maintained to allow all petty cash expenditure to be accounted for. There is also a risk that income and expenditure relating to residents monies could be misappropriated if the correct records are not maintained and appropriate management checks completed. The previous audit of Bonnyton was issued October 2019 and at that time the main weaknesses related to the petty cash imprest levels, levels of cash held, receipts and bank signatories.

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

2. SCOPE

The scope of the audit, as agreed with HSCP Chief Financial Officer on 14 May 2024 was to ensure that all income and expenditure is correctly accounted for and proper financial records are maintained. The audit, initially paused at request of HSCP, focussed on the following areas:

- Petty cash imprest is operated in accordance with council procedures and purchases are appropriate;
- Purchases are appropriate and in accordance with council procedures;
- Staff records held for location are up to date and accurate and absence monitoring is carried out in accordance with council policy;
- Cash holding and general security arrangements are appropriate;
- Client monies are appropriately held and accounted for;
- All Miscellaneous income can be fully accounted for and has been banked promptly;
- Adequate records are held to support independent funds and are reconciled to cash and bank balances periodically.

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

3. GENERAL CONCLUSION

The records held at the centre were generally well maintained and there was supporting documentation to support the amounts being incurred from the petty cash imprest in relation to service user activities.

There is scope, however, to improve controls around chain of custody of cash handling for both petty cash and clients monies. Receipts for client funds received in cash do not always identify the recipient's name or which employee issued the receipt. Funds withdrawn to replenish petty cash, amenity fund and client funds may be passed to another member of staff to lodge in safe and update supporting documentation, breaking the chain of custody around cash. These increase the risk of monies being incorrectly accounted for.

Audit was unable to evidence an analysis by client of monies held in the corporate appointeeship bank account. There is no documented process for returning unused client funds for clients who are no longer current residents at Bonnyton. Similarly there is no process for recording items of jewellery found which are currently stored in the safe.

A sample of absence records at the location was reviewed to payroll records for 2023/24. This highlighted some periods of absence inaccurately recorded on the payroll system and some periods of absence for which the appropriate forms had not been completed.

The following recommendations are made and require to be addressed.

4. FINDINGS AND RECOMMENDATIONS

PETTY CASH IMPREST

4.1 Petty Cash Reconciliations

Since the previous audit, the petty cash imprest known as Bonnyton Resource Centre of £200 was repaid to the Council in August 2023 and associated bank account ending 9989 closed. There is one imprest at the location, a total of £600 which is replenished on a regular basis.

Petty cash records were generally found to be well maintained and organised. In the cash count on 18/09/2024, it initially appeared petty cash was fully accounted for; however a cheque written to petty cash was not included in the reconciliation. At an unannounced count on 14/10/2024 the petty cash reconciliation was noted as £110 short. £10 was identified in amenity fund as it was £10 over, and audit was made aware within one hour of £100 being located in a rarely used container in safe marked for employees. The chain of custody for funds being replenished for petty cash, amenity fund and corporate appointeeship is not always maintained. In this instance audit were advised of £100 given to the senior on duty to place in petty cash box; however it was not written on petty cash schedule; subsequently a senior believed petty cash was over by £100 and they removed this from petty cash until identified. Chain of custody of cash is important for both the organisation and the individuals concerned and it would be prudent for transactions to be fully documented on a timely basis.

Recommendation

4.1.1 The employee withdrawing cash from bank accounts for the location must lodge monies in safe and update the appropriate record promptly in person to maintain chain of custody of funds; (petty cash, amenity fund, corporate appointeeship account).

4.2 Petty Cash Expenditure

Petty cash claims for the period 1 April 23 to 16 July 24 were reviewed to ensure amounts claimed were supported by valid receipts. It is acknowledged all expenditure transactions sampled were cross referenced to a supporting receipt and files well organised.

It was noted, however, instances of input vat being shown where vat is not applicable; the majority of these instances being vat itemised for re-imbursement on birthday cakes, food items and postages. In the sample covering 18 months, 22 birthday cakes with £53.08 vat shown; 9 instances of vat on food items totalling £14.66 and 2 instances of postage £2.77. In addition, £8.17 vat was itemised in relation to an item of gardening supplies without a valid vat receipt.

One petty cash claim was noted where total expenditure for re-imbursement of £111.84 (9 items) was all noted in the incorrect column and ledgered as postages. A hand written petty cash claim form is maintained by seniors as expenditure is incurred, the business support assistant subsequently reviews receipts and prepares a digital claim for submission to accounts payable. As records were generally well organised, cross referenced, and easy to follow, no recommendation is made in respect of this one instance.

Recommendation

4.2.1 Input VAT should only be claimed where an item is applicable to VAT and supported by a valid VAT receipt.

4.3 Splitting of Receipts

The review of claims for reimbursement showed evidence of the petty cash limit of £25 being breached and an instance of a single item receipt being split to mask that the £25 limit was breached.

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

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

Review of the claim covering period 17/06/2023 to 25/08/2023 showed spending of £42 on a fence sprayer, £42 on aggregates, and £78.97 on garden equipment which included £49 on aggregates masked within the receipts. In the claim covering period 26/08/2023 to 27/10/2023, a single receipt for £42 on aggregates was photocopied and shown as two separate lines of £21. These are over the £25 limit and are not deemed to be appropriate expenditure for the imprest and should have been procured via the purchasing system.

Recommendations

4.3.1 Staff at location should be reminded the individual item limit for petty cash is £25 and that petty cash is for minor items of expenditure only.

4.3.2 Staff at location to be advised receipts must not be split to avoid breaching the petty cash limit set for individual items of expenditure.

4.4 Purchasing

A sample of 10 orders was taken from an Integra report showing invoices between 01/04/2023 and 23/09/2024, where the orders had been placed by the establishment. Checks were carried out to determine if the supplier was an approved supplier and in cases where this was not the case the reason for the selection was queried at the establishment.

Three suppliers in sample of 10 could not be found on the approved supplier listing. One supplier provided maintenance for the deaf and hard of hearing fire alarm and has provided this service for many years. Billing address on the invoice was incorrect and not a council address, delivery address was however correct. Audit was advised that no other supplier was available to provide this service.

Further analysis of the spend with the two other suppliers indicated that over a four year period plus current year, total spend across the Council was in excess of £35k for each supplier, and as such a quick quote may be required if use of these suppliers is to continue.

Corporate Procurement 2023/24 spend analysis has been completed and issued to departments. The review includes details of spend of the two suppliers in the sample where additional work is required to allow them to be used for future purchases.

Recommendation

4.4.1 Appropriate action must be taken on highlighted suppliers as identified by the 2023/24 Procurement spend review before any future orders are placed with those suppliers.

4.5 Bank Accounts

Since the previous audit in 2019, HSCP has undertaken a rationalisation of bank accounts connected to the establishment, with the closure of two bank accounts and additional signatories added to the remaining three bank accounts. The three bank accounts being:

- petty cash imprest;
- amenity fund account for fund raising and donations and to be used for the benefit of clients; and
- corporate appointeeship account for use by third parties to lodge monies on behalf of specific clients.

During the audit a further bank account in the name of Bonnyton House Sensory Room ending 2569, was noted with a balance of £32.55. On enquiry with Virgin Money, this account is dormant and was not known to the current staff at the location.

Bank withdrawals are usually undertaken by one employee. It is best practice to have two employees involved in banking, and where feasible, this should be implemented. At the very least, consideration should be given to an operational limit as to the maximum one employee is permitted to lodge or withdraw in cash.

Recommendations

4.5.1 HSCP should take appropriate action to close the dormant bank account Bonnyton House Sensory Fund ending 2569.

4.5.2 Two employees should be involved in banking where possible and consideration given to restricting amounts of cash to be carried if only one person is involved.

EMPLOYEE EXISTENCE AND ABSENCE MONITORING

4.6 Completion of Absence Paperwork

A report of any staff absences at the location was obtained from the payroll system for the period 01/04/2023 to 02/09/2024. A sample was selected to trace to supporting paperwork to verify that the requirements of the Maximising Attendance guidance were being followed. Management advised Audit that an absence panel consisting of Acting Unit Manager and two HR officers met on a regular basis to review absence at the location and a spreadsheet of absence maintained. There was clear evidence at the location of MA1 forms being completed and the maximising attendance policy being implemented, however there is scope for improving the accuracy of recording.

From eight absences sampled, only two appeared to have been accurately recorded. In three cases the period recorded on Itrent was overstated as an end date had been omitted or was incorrect. In two cases the absence date on Itrent did not agree to the date recorded on the MA1 form and one absence noted on MA1 form had not been recorded on Itrent. In addition there was an example of incorrect year being recorded on MA1 form and a MA1 form not signed by employee.

It is important the payroll system accurately reflects employee absence as incorrect data may impact an employee's pay and there is also a risk maximising attendance policy is not properly followed as triggers are also impacted by records held. In addition, errors will impact on the Council performance indicator measuring sickness absence.

Supporting absence documentation was not uploaded to Itrent however it was stated the intention going forward was for all documentation to be uploaded and for Bonnyton work patterns to be reflected on the council employee self-service portal which would also remove the requirement for manual annual leave records to be maintained.

Recommendation

4.6.1 Management must ensure that all paperwork required by the Maximising Attendance guidance is completed accurately and uploaded to Itrent promptly as evidence of compliance.

CLIENT MONIES AT LOCATION

4.7 Receipts – Cash Received on behalf of Clients

Monies are retained in the safe at Bonnyton House on behalf of clients, each held in individual envelopes and a separate client savings record maintained (CL2 form). When cash is received on behalf of a client, a receipt is issued from a duplicate receipt book. A sample of 5 receipts issued from receipt book was selected to trace to CL2 forms.

On review of the receipt book, the giver's full name, client recipient and receiver of funds were not always recorded; reliance being placed on local knowledge to trace receipts to a client savings record.

A sample of 5 income receipts was selected from receipt books. One receipt sampled for £100 (reference 1355 18-07-24) was received from an individual where it was not possible to confirm which client this receipt was in respect of. It was noted as part of separate testing of CL2 forms that there was a lodgement of £100 dated 15-07-24 where it was not possible to locate the receipt. Without full analysis of all records, it is not known if these two are connected however the individual's name recorded on receipt book was not known in connection to the client.

The receipt book is sequential, however the receipt number is not noted on the CL2 form. More than one receipt book may be in operation at any time, and there were instances of receipts being used out of sequence. Unused receipts out of sequence had not been marked as void.

There is a bank account for use by third parties to deposit funds on behalf of clients for use by clients. Monies lodged are withdrawn from the bank as required and retained in the client's individual envelope. At the time of the audit, two client monies were received via this method. A sample of 5 bank account withdrawals was selected and traced to CL2 lodgements. Arithmetic checks highlighted a £3 carry forward error on one CL2 form. Any client lodgements or withdrawals will be initialled on the CL2 by the relevant staff member. It is noted that it is not always possible to have two employees available to witness cash transactions.

Recommendations

4.7.1 Client recipient's name must be included on income receipts when issuing duplicate receipts and any void receipts marked as such.

4.7.2 Receipt number should be recorded on CL2 client savings record.

4.7.3 Only one receipt book for client receipts should be in use at any one time.

4.8 Recording of Expenditure – on behalf of Clients

From a sample of five client savings records, additions were checked and a sample of expenditure from each traced to supporting receipts. Supporting expenditure receipts are retained alongside each CL2 form for current financial year transactions. Files were well organised however at the time of the audit, prior financial year receipts were archived and therefore the receipts sample was limited to April to Sept 2024. 46 receipts were viewed and this identified one sample where the receipt was recorded as £5.50 but actual receipt was £5.24, small difference of 26p.

Arithmetic cross checks were undertaken, two small errors were noted of 38p when CL2 form balance was below zero, and a 10p difference in another.

There are a few instances where client funds are insufficient to cover expenditure and monies will be used from the amenity fund cash in the short term. Any monies removed from the amenity fund cash tin on a temporary basis as an I.O.U for client monies should be properly documented in cash tin. No recommendation is made on this however HSCP staff at the location should be reminded to clearly note client name, amount and date of any I.O.U placed in the tin.

4.9 Client Monies – Security

Client monies are retained in the safe at Bonnyton with access to the safe restricted. During the audit, the contents of the safe were viewed. A client envelope containing £680.61 was stored separately from the current client envelopes and relates to a client balance from 2020. From discussion with the Acting Unit Manager, there is no documented process for returning of client funds. Audit notes this occurrence was in the early days of the covid pandemic; there should however be a documented process to safeguard client monies in the event of a death or instances where a client is no longer resident at the location.

It was also noted there were some items of jewellery stored in the safe, and it would be prudent to have a process documented in respect of personal items where client is unknown or no longer resident at the location.

There is a corporate appointeeship bank account for use by third parties to lodge monies on behalf of specific clients.

The balance at 30/08/2024 in the corporate appointeeship account was £8,230.31. An analysis of the balance by client was requested and this was not available. Whilst there have been changes to staff at the location, funds in this account are held on behalf of specific individuals and are not council funds. An on-going analysis of monies lodged and withdrawn from this account (ending 2724) should be maintained to evidence the Council's responsibility for management of these funds.

Recommendations

4.9.1 A process for recording and returning cash held on behalf of deceased persons and/or prior clients must be established and documented.

4.9.2 A process for recording personal items found which relate to prior clients and/or deceased persons should be established and documented.

4.9.3 An analysis of bank account ending 2724 (SW Corp Appoint'ship) to be undertaken to identify balance by client and analysis maintained on an on-going basis going forward.

4.9.4 HSCP need to take appropriate action to safeguard existing monies and jewellery relating to deceased and/or prior clients until a process is established.

4.9.5 Where possible, a review of CL2 forms for deceased and/or prior clients from 2020 to date should be undertaken to ascertain all monies were appropriately accounted for.

INVENTORIES

4.10 Completion of Annual Inventory Return

Records reviewed as part of the audit sample were generally well maintained and easy to follow. The annual inventory return for Bonnyton is relatively small with only those items valued at greater than £100 listed. Mobile phones and computer equipment are recorded on HSCP consolidated excel files. A small sample was selected of furniture and desktops to view at the location. It was noted that four desktops are listed on the inventory, though there are five at the location. Asset numbers are not recorded for all laptops.

Recommendation

4.10.1 All laptops, desktops and mobile phones should be accurately reflected on inventory; with asset number and serial numbers recorded for all appropriate items.

Chief Auditor
6 November 2024

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Med)	The employee withdrawing cash from bank accounts for the location must lodge monies in safe and update the appropriate record promptly in person to maintain chain of custody of funds. (petty cash, amenity fund, corporate appointeeship account).	New processes now in place.	31-Dec-24	Considered closed (pending verification)	Actioned
4.2.1 (Low)	Input VAT should only be claimed where an item is applicable to VAT and supported by a valid VAT receipt.	Actioned, with reminders on process.	31-Dec-24	Considered closed (pending verification)	Actioned
4.3.1 (Low)	Staff at location should be reminded the individual item limit for petty cash is £25 and that petty cash is for minor items of expenditure only.	All staff involved have been informed and aware of the process. Regular checks will take place by management.	31-Dec-24	Considered closed (pending verification)	Complete
4.3.2 (Low)	Staff at location to be advised receipts must not be split to avoid breaching the petty cash limit set for individual items of expenditure.	All staff involved have been informed and aware of the process. Regular checks will take place by management.	31-Dec-24	Considered closed (pending verification)	Complete
4.4.1 (Low)	Appropriate action must be taken on highlighted suppliers as identified by the 2023/24 Procurement spend review before any future orders are placed with those suppliers.	The correct procurement process is being followed.	31-Dec-24	Considered closed (pending verification)	Complete
4.5.1 (Low)	HSCP to take appropriate action to close dormant bank account Bonnyton House Sensory Fund ending 2569.	Account to be closed.	31-Jan-25	Considered closed (pending verification)	Bank account was closed in 2024.

4.5.2 (Med)	Two employees should be involved in banking where possible and consideration given to restricting amounts of cash to be carried if only one person is involved.	Staff are aware of the importance of two employees being involved in banking of monies.	01-Dec-24	Considered closed (pending verification)	Complete
4.6.1 (Low)	Management must ensure that all paperwork required by the Maximising Attendance guidance is completed accurately and uploaded to Itrent promptly as evidence of compliance.	Staff attended training and this task is now being undertaken in the Care Home	01-Dec-24	Considered closed (pending verification)	Complete
4.7.1 (Med)	Client recipient's name must be included on income receipts when issuing duplicate receipts and any void receipts marked as such.	All staff involved have been informed and aware of the process.	01-Dec-24	Considered closed (pending verification)	Complete
4.7.2 (Med)	Receipt number should be recorded on CL2 client savings record.	Full review was undertaken with spot checks now in place to ensure that this is being carried out.	01-Dec-24	Considered closed (pending verification)	Complete
4.7.3 (Low)	Only one receipt book for client receipts should be in use at any one time.	All staff involved have been informed and aware of the process.	01-Dec-24	Considered closed (pending verification)	Complete
4.9.1 (Med)	A process for recording and returning cash held on behalf of deceased persons and/or prior clients must be established and documented.	Analysis is ongoing and a process in place for maintaining this going forward.	01-Dec-24	Considered closed (pending verification)	Complete

4.9.2 (Low)	A process for recording personal items found which relate to prior clients and/or deceased persons should be established and documented.	Process to be completed.	31-Jan-25	Considered closed (pending verification)	Personal items have been returned to clients/clients family as appropriate.
4.9.3 (High)	An analysis of bank account ending 2724 (SW Corp Appoint'ship) to be undertaken to identify balance by client and analysis maintained on an on-going basis going forward.	CL2 forms have all been audited and new processes are in place. Account review is currently ongoing.	31-Jan-25	Open	Analysis to be completed by 31 March 2025
4.9.4 (Low)	HSCP need to take appropriate action to safeguard existing monies and jewellery relating to deceased and/or prior clients until a process is established.	Audit and review has taken place and family members have been contacted where appropriate.	31-Jan-25	Open	Process to be completed by 31 March 2025
4.9.5 (Low)	Where possible, a review of CL2 forms for deceased and/or prior clients from 2020 to date should be undertaken to ascertain all monies were appropriately accounted for.	CL2 forms been audited and deceased residents monies are being dealt with in the appropriate manner - Legal team have been contacted	31-Jan-25	Open	Process to be completed by 31 March 2025
4.10.1 (Low)	All laptops, desktops and mobile phones to be accurately reflected on inventory; with asset number and serial numbers recorded for all appropriate items	Existing inventory being reviewed	31-Jan-25	Open	Process to be completed by 31 March 2025

Appendix	2B
Title	St Andrews House
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	First presented to PAC - November 2024 Changes since last reported:- - 4.3.1 now considered closed (All recommendations now considered closed)

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Low)	The Business Support Team responsible for the petty cash should be advised to ensure that where VAT is clearly shown on receipts submitted this should be shown on the claim forms for reimbursement to allow it to be reclaimed from HMRC.	Communication to be issued to responsible individuals.	30-Nov-24	Considered Closed (pending verification)	Communication sent to relevant staff who are responsible for petty cash
4.2.1 (Low)	All line mangers responsible for monitoring absence should be instructed to discard old versions of the notification of sickness forms and use the one available in the Council Intranet.	The correct forms will be shared with the Managers at St Andrews House. A wider communication will also be sent to all managers reminding them of the correct process.	30-Nov-24	Considered Closed (pending verification)	An instruction has been issued to all managers at St Andrews House along with links to the correct paperwork. A communication has also been sent to HSCP managers.
4.2.2 (Low)	All line managers should be asked to confirm that they have an appropriate system in place to monitor the absence of employees reporting to them and that this includes monitoring of absence triggers to ensure that the correct action is taken in a timely manner.	The Service Manager will issue an instruction to Managers within St Andrews House.	30-Nov-24	Open	An instruction has been issued to all managers at St Andrews House
4.3.1 (Low)	The inventory records should be updated on an annual basis and the columns for items that have been acquired and disposed of used to show inventory movements.	A reminder will be issued to staff responsible for maintaining inventory records.	30-Nov-24	Considered Closed (pending verification)	Discussion took place with responsible staff. A further reminder regarding inventories has been issued to all staff.

Appendix	2C
Title	Audit of Accounts Payable MB/1216/IM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	First reported to PAC September 2024 No changes since last reported to PAC November 2024 All recommendations considered closed

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.3.1 (Med)	Goods receipts should only be input at the appropriate level in relation to the actual goods received.	A reminder will be issued to Business Support staff	31-Oct-24	Considered closed (pending verification)	Communication issued to business support staff
4.3.3 (Med)	Following invoice authorisation, the order should be checked and if no more spend is expected against the order, it should be forced complete, including forcing the Goods Receipt complete if necessary to remove this accrual from the ledger.	A reminder will be issued to Business Support staff	31-Oct-24	Considered closed (pending verification)	as above
4.4.2 (Low)	Staff should be reminded if an Eform is started on Integra but then subsequently not used, these should be cancelled on the system.	A reminder will be issued to Business Support staff	31-Oct-24	Considered closed (pending verification)	as above
4.6.1 (Low)	An appropriate expense head should be used at all times in order to easily identify expenditure. If one is not available, consideration should be given to creating a new one to properly reflect the nature of the spend incurred and if in any doubt, the Finance Business Partner should be contacted for advice.	A reminder will be issued to Business Support staff	31-Oct-24	Considered closed (pending verification)	as above

Appendix	2D
Title	Audit of Accounts Receivable MB/1212/IM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	First reported to PAC September 2024 Changes since last reported November 2024: - 4.1.1 now considered closed

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	Directors must ensure that they have appropriate processes in place to notify Payroll immediately as soon as they are aware that an employee they are responsible for will be leaving the Council to ensure unnecessary payroll related debt is not incurred.	A reminder will be sent to managers. Further commas to be included in the staff bulletin along with the reminders from the payroll audit.	30 Sep 2024 31 Dec 2024	Considered closed (pending verification)	Reminder included in managers bulletin
4.7.4 (Med)	Departments must ensure that invoices are raised in advance of the service being provided where possible to minimise the risk of bad debts.	The HSCP has an agreed process in place with the debtors team. We will review this to identify whether any change may improve this and will also inform any changes to process from the implementation of the finance module within Mosaic. In relation to services for care it is not appropriate to raise invoices in advance.	31-Dec-24	Open	
4.7.5 (Med)	Improved communication and joint ownership of the debt recovery process between accounts receivable and departments needs to be established to aid income recovery. Departments should make consistent use of reports available to monitor outstanding debt	As above	31-Dec-24	Open	

Appendix	2E
Title	Application Audit of Payroll MB/1201/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	First reported to PAC September 2024 Changes since last reported to PAC November 2024 - 5.1.1 now considered closed - 5.1.2 now considered closed - 5.2.1 now considered closed - 5.3.1 now considered closed

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
5.1.1 (Med)	Directors must ensure that line managers are aware that plain time overtime must be used instead of additional basic for full time employees.	A communication was issued to managers on 16th August 2024 and a further reminder will be scheduled in the staff bulletin. Managers of individuals identified in the sample will be contacted directly. We will work with HR and payroll colleagues where any specific action is needed.	31-Dec-24	Considered closed (pending verification)	Managers of the employees identified in the sample have been contacted separately to ensure they are aware of correct process. A reminder has been included in the staff bulletin and compliance messaged added to iTrent, the HR system, which requires staff to read and accept.
5.1.2 (Med)	Directors must ensure that line managers reject overtime claims for time and a half if 37 hours have not been worked by the employee that week.	As above	31-Dec-24	Considered closed (pending verification)	As above
5.2.1 (Low)	Directors must ensure that line managers are aware that they should only approve payment of double time overtime for hours worked on a public holiday. There should be no exceptions to this policy.	As above	31-Dec-24	Considered closed (pending verification)	As above
5.3.1 (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.	As above	31-Dec-24	Considered closed (pending verification)	As above

Appendix	2F
Title	Follow-up of HSCP Audits MB/1204/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	First reported to PAC June 2024 No changes since last reported to PAC November 2024 2 recommendations remain open

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Low)	The disposal of inventory forms should be signed by a manager/supervisor for all disposals.	Reminder email to be issued – sent 31.05.2024. A review of the HSCP inventory process is also planned.	31-May-24	Open	A reminder was issued 31.05.2024. The process is actively being reviewed as part of year end procedures and further reminder issued March 25.
4.2.1 (High)	Fully functional reports showing varies to cost should be used to regularly review and amend service agreements where appropriate.	Report developed and put in place September 2023. The changes to the Supporting People Framework and the associated reviews have taken priority. Once the reviews are complete this report will be part of routine monitoring. The report will be issued monthly from August 2024. The finance module in MOSAIC, which will commence April 2025, is expected to eliminate the vary process.	31-Aug-24	Considered closed (pending verification)	The report has been produced and Finance Support Officers will review and discuss with Service Managers and others as appropriate. This will be undertaken at least quarterly until the new MOSAIC finance module is in place.
4.2.2 (High)	Audit should be advised when the quarterly meetings to confirm varies are put into action.	As above. Meeting schedule will commence August 2024.	31-Aug-24	Considered closed (pending verification)	As above

4.3.1 (Low)	A review of the uprating process for non-framework service agreements should take place to address the processing of varies where a rate has been approved to be paid but needs to be updated on a service agreement. Service agreements should be identified and subject to independent review and update prior to processing the next period invoice.	The process for uprating non-framework service agreements was revised in February 2024. Rate changes are made by the Carefirst system team. Any provider queries re rates are picked up via Finance or Contract Monitoring and will be resolved with the respective services. There is a monthly housekeeping process in place and the vast majority of varies are downwards so there is no offset as the amount paid is lower than the committed value. There can be amounts not matched and the majority of these are due to providers invoicing at a rate lower than the service agreement – and in such a case it is incumbent on the provider to raise the invoice. Any credit value not matched will be by exception as no invoice will be paid that is above the committed value – but there may be timing differences. As above the move to MOSAIC will eliminate the need for varies.	30-Sep-24	Considered closed (pending verification)	All actions have been completed and this is now considered closed, pending verification
4.3.2 (Med)	Housekeeping checks should be implemented ensuring that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared.	Please see above	30-Sep-24	Considered closed (pending verification)	As above

4.4.1 (Low)	Audit should be advised when the review of the policy is complete and a copy of the revised policy should be provided.	The redesign of Inclusive support is ongoing, with a best value review commencing in October 2024 and the outcome of this will determine any revisions to the policy. This will then be provided.	31-Mar-25	Open	
4.5.1 (Low)	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.	The previous unit Manager has been removed as a signatory and the current mandate will be provided to internal audit.	31-Jul-24	Considered closed (pending verification)	Information has been passed to internal audit which is currently being reviewed
4.5.2 (Med)	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.	A list of accounts will be provided to internal audit.	31-Jul-24	Considered closed (pending verification)	As above

Appendix	2G
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	First reported to PAC June 2023 No changes since last reported to PAC November 2024 All recommendations considered closed

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	Considered closed (pending verification)	All care packages are being reviewed as part of the Supporting People Framework including Direct Payments and reviews for the current year are expected to be completed by March 2025.
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	Considered closed (pending verification)	As above. Balances are 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	Considered closed (pending verification)	Where there is evidence of inappropriate spending, full receipts will be asked for.

Appendix	2H
Title	Ordering and Certification MB/1178/NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	First reported to PAC March 2023 No changes since reported to PAC November 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 pace to review new and existing contracts.
4.4.1 (Low)	All Directors should instruct employees with responsibility for ordering to ensure that the appropriate reference is added to the order to evidence that a contract is being used for the purchases.	We will issue a reminder to all employees responsible for ordering as per 4.1.1	28-Feb-23	Considered Closed (Pending verification by internal audit)	As per 4.1.1 - Email issued to Business Managers to cascade to those staff who process orders on Integra including SOP for Purchase Order Entry

Item 10 - Appendix 3

NHSGGC INTERNAL AUDIT PROGRESS REPORT 2024/25

Report by Chief Auditor

PURPOSE OF REPORT

1. To provide summary details of the audits completed by the NHS Greater Glasgow and Clyde (NHSGGC) internal auditors during 2024/25. 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 NOVEMBER 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. Details of one report was received which was classified as needing minor improvement.

RECOMMENDATION

6. The Committee is asked to:

(a) Note the contents of the report.

M Blair, Chief Auditor
24 February 2025

APPENDIX 1

NHSGGC INTERNAL AUDIT PROGRESS REPORT 2024/25

1. **Reports Issued**

Details of one audit from the 2024/25 audit plan has been provided by the NHSGGC internal auditors as summarised below.

Review	Overall audit rating (Note 1)	No. of issues per grading (Note 2)			
		4	3	2	1
Cyber Security – Remote Access	Minor Improvement required	0	0	2	0

2. **Cyber Security – Remote Access**

Cyber-security represents a significant risk to the NHS and taking appropriate precautions to minimise this risk and impact of a cyber security incident is essential. Remote access has seen substantial growth in use due to the response to the COVID-19 pandemic and the audit review assessed if the controls in place to ensure that points of remote access to the NHS Greater Glasgow and Clyde network were understood, well documented and securely configured.

Generally it was concluded that there were effective controls in place over remote access to the network and data, with leading practice controls providing secure remote access. There were two areas of weakness identified and two Grade 2 recommendations made, both of which were accepted by management.

- One recommendation was around the use of generic privileged user accounts (i.e. admin accounts) and the risk of being unable to identify which individual had used one of these accounts.
- The second recommendation made relates to the proactive monitoring of remote access gateways to ensure data is not extracted and to alert when anomalous activity occurs.

***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*
Minor improvement required	*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.*
Effective	*Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.*

***Note 2** - Issues within these reports are graded on the following basis.*

4	*Very high risk exposure – major concerns requiring immediate senior management attention that create fundamental risks within the organisation*
3	*High risk exposure – absence/failure of key controls that create significant risks within the organisation*
2	*Moderate risk exposure – controls not working effectively and efficiently and may create moderate risks within the organisation*
1	*Limited risk exposure – controls are working effectively but could be strengthened to prevent the creation of minor risks or address general house-keeping issues.*

AGENDA ITEM No. 14

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	26 March 2025
Agenda Item	14
Title	IJB Strategic Risk Register

Summary

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

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

Action Required

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

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

26 March 2025

Report by Chief Financial Officer

IJB STRATEGIC RISK REGISTER UPDATE

PURPOSE OF REPORT

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

RECOMMENDATION

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

BACKGROUND

3. In accordance with the agreed monitoring policy this report provides the Performance and Audit Committee with an update on the strategic risk register.

4. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risk to make it a useful working document.

5. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

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

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

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

REPORT

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

8. The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place on 20 November 2024. Since last reported there has been little change to the risk register, however 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.

9. Both partners are currently reviewing their risk policies and guidance therefore the review of the IJB policy has been delayed to ensure that it follows our partner processes. A training session was facilitated by Zurich for the HSCP management team in January 2025 as part of the Council's review.

10. In addition, members are asked to note the following:-

- No new risks have been added
- One risk has been removed (Analogue to Digital)
- No risk scores have changed
- One risk remains red post mitigation (Financial Sustainability)

Child Protection, Adult protection and Multi-Agency Public Protection Arrangements (3)

11. The 2023-25 improvement plan has been completed and an Adult Protection Committee development day is planned for May where we will finalise improvement actions for 2025-27

Access to Primary Care (6)

12. The risk has been updated to better reflect that GP accommodation is the main challenge in terms of accommodating the practice list populations.

13. A process is underway to reallocate Greenlaw patients to alternative practices; an update is included on the March IJB agenda (item 11).

Care at Home Service (11)

14. Due to the scale of the service the organisation change process has taken longer than expected however the full practice and new structure will be fully introduced in July.

Business Continuity, Covid-19 and Recovery (13)

15. We are reviewing training opportunities for business continuity roles such as Council Incident Officers, Rest Centre Managers and loggists following a change in staffing.

16. The recent storm Eowyn enabled the organisation to do a live test of business continuity plans and no significant issues were identified.

Analogue to Digital Switchover (14)

17. Work has been concluded to replace alarms and this no longer presents a risk to the HSCP and has therefore been removed from the register.

Post Mitigation - Red and Significant Risks Exception Report

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

Financial Sustainability

19. There remains risk that the HSCP could become unsustainable due to 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

20. Discussions with both partners 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 and 2024/25

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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

10 March 2025

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: November 2024: IJB Strategic Risk Register Update
https://www.eastrenfrewshire.gov.uk/media/10965/Item-08-IJB-Strategic-Risk-Register/pdf/Item_08_-_IJB_Strategic_Risk_Register.pdf?m=1731506056743

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

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 16.02.2025

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) Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI)	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) Likelihood (probability) L	Impact (Severity) I	Risk Score (LxI)	Risk Owner
					Risk Score / Overall rating: 11-16 HIGH; 5-10 MEDIUM; 1-4 LOW								
n/a	1	C	**Death or significant harm to vulnerable individual**										
			Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions. Consequences could include: - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage.	Supporting People Framework (eligibility criteria) in place. Social work and nursing professional leadership in place Operate within Clinical and Care Governance Framework ASP Quality Assurance Framework implemented Quality assurance of Adult Service Improvement Plans Senior Management rota for chairing ASP implemented Continual audit against compliance of MHO standards Professional supervision policy adopted for social work and social care staff. Review of rising demands and pressure points across health and care services. Rolling training programme. Modified Universal pathway is in place to increase capacity within the HV team to manage caseloads and HV weekly	**3**	**3**	**9**	Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk Implement ASP improvement plan 2025-27 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	Ongoing 31/03/2027 Ongoing	**2**	**3**	**6**	Head of Adult Services / Chief Social Work Officer

				staffing safety huddle in place to manage risk. 2023-25 ASP Improvement Plan implemented.									
n/a	2	S	**Scottish Child Abuse Inquiry**										
			Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care or long-term hospital care Possible increase in demand of access to records and potential claims against the Council as Inquiry work progresses	Adult Protection and Child Protection Committees sighted on issues. Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. Further information submitted in Jan-22. Key learning from S21 work shared with managers Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made. Chief Officer and Head of Service supporting NHSGGC Board in connection with Lennox Castle	**3**	**3**	**9**			**3**	**3**	**9**	Chief Social Work Officer
n/a	3	C	**Child Protection, Adult protection and Multi-Agency Public Protection Arrangements**										
			Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and MAPPA (Multi-Agency Public Protection Arrangements)) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.	The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues. "Safe Together" model implemented in HSCP and rolled out across Council Regular reporting to COPP in place for adult, children and high risk offenders. Training programme reviewed and monthly ASP audits in place 2023-25 ASP Improvement Plan implemented	**2**	**4**	**8**	Implement ASP improvement plan 2025-27	31/03/2027	**1**	**4**	**4**	Chief Social Work Officer

	4	**C**	**Financial Sustainability**											
			Risk of being unsustainable due to one of the following causes: 1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget and/or unable to meet demand pressures for statutory services. There is no flexibility as we are in breach of reserves policy. 2) Unable to influence future funding to recognise demographic and other pressures. 3) Unable to meet financial pressures within prescribing, including influence of GP prescribers, including demographic changes, economic and distribution factors. 4) Financial Impacts relating to Brexit and wider economic issues or government led changes such as national insurance rates. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation. 5) Financial risks relating to longer term financial impact of Covid-19 which remains unclear. 6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding. 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 are in breach of our reserves policy.	Regular financial advice and reporting provided to the IJB, including seminars, monitoring, savings progress and operational cost pressures. This ensures the IJB is aware of current issues. The regular budget updates and medium term financial plan (latest revision June 2024) set out funding pressures and scenarios. The HSCP is involved in various financial discussions with partners in relation to funding and budget contributions. 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. Review of hosted services is ongoing as part of a review of the integration schemes across NHS GGC. Ongoing monitoring of wider economic factors and inflation impacts. Immediate impact of reductions in ring-fenced/bundled funding for 2024/25 have been mitigated through local actions	**3**	**4**	**12**	Monitor and review hosted service arrangements – ongoing and longer term. Monitor Medium Term Financial Plan for any significant changes Continue discussions with both partners in relation to funding and financial performance and service outcomes and focus on savings delivery. Develop and implement prescribing action plan for 2025/26	31/03/2026 30/06/2025 Ongoing 31/03/2026	**3**	**4**	**12**	Chief Financial Officer

n/a	5	S	**Failure of a Provider**											
			Risk of failure of a key care provider, including care home, care at home and other care providers due to significant care concerns financial instability, contractual status, staff recruitment and retention difficulties. Consequences could include: - disruption to service delivery - requirement to implement contingency plans - impact on individuals and families with potential disruption to care arrangements	Care Home assurance group meets weekly. Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support. We work with the Care Inspectorate and third sector to ensure robust action plans for improvement are in place. Robust internal processes under ASP/Contract Monitoring and multi-agency procedures to focus on improvement and recovery. Where unavoidable we work with providers at risk to agree phased and managed approach to supporting service users, residents to access alternative safe care. . Work with Scottish Government, Scotland Excel and Cosla on care home market. National Care Home Contract under negotiation We will work with the Scottish Government as part of national contingency planning in the event that providers indicate intention to withdraw from the national care home contract in the future Scotland Excel framework provides larger provider base to mitigate risk. Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support. Daily safeguarding as part of LSI into Establishment E Revised strategic Commissioning plan developed (approved by IJB August 2023 and monitored through Strategic Planning Group)	**3**	**4**	**12**	Increased monitoring by Commissioning and Contracts service and/or respective Heads of Service	Ongoing	**3**	**3**	**9**	Chief Financial Officer / Heads of Service

	6	C	**Access to Primary Care**										
			Insufficient primary care practice list capacity (Due to accommodation challenges, new housing developments and increasing population f	NHSGGC Strategy for Primary Care launched 2024 Local HSCP accommodation strategy	**3**	**3**	**9**	Work with planning colleagues provide data to assist with LDP3 which includes developer contributions to mitigate for new housing and care home developments. Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity. Working with NHSGGC to support GP practice sustainability Reallocation of Greenlaw patients to alternative practices	Ongoing Ongoing Ongoing 31/07/2025	**3**	**2**	**6**	Clinical Director
5.1	**7**	**S**	**Increase in frail older population**										
			Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.	Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people. Unscheduled Care Delivery Plan approved by IJB in March-22. Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources. New front door model manages level of demand launched Summer 22 making significant positive impact on waiting list for assessment Talking Points diverting people to community resources and building own assets. Project to support Care at Home redesign now live	**4**	**3**	**12**	Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk	Ongoing	**3**	**3**	**9**	Chief Officer HSCP

				Supporting people framework implemented April 23 Monitoring includes analysis of waiting lists, admissions and incidents. Completed review of equipment requests – management oversight and monitoring in place									
	8	**S**	**Workforce Planning and Change**										
			Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience. Risk of further reduction in workforce capacity due to factors such as morale, burnout, industrial action and covid	Workforce planning group in place and includes 3rd / independent sector reps HSCP management team actively review all requests to recruit in line with our workforce plan Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency). Savings, Recovery and Renewal Programme monitors spend and efficiencies HSCP 3 year Workforce Plan developed Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re-advertising vacant posts and close monitoring. HSCP Staff Wellbeing programme in place Business Continuity plans support critical service prioritisation where required and cover a range of events including possible industrial action. Interim MH workforce plan developed August 2023	**3**	**3**	**9**	Workforce Plan 2025-28 to be developed Strengthen reporting arrangements around all professional registrations.	30/04/2025	**2**	**3**	**6**	Chief Officer HSCP

2.2	**10**	**S**	**Increase in children & adults with additional support needs**											
			Increase in the number of children and adults with additional support requirements leading to a rise in demand which impacts on our ability to provide services	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. Education Resource Group manage specialist resources and admission to specialist provision. Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist. Supporting People Framework (eligibility criteria) developed and approved by IJB 29.03.2023. (Eligibility threshold increased to substantial/critical – Nov 2023)	**3**	**3**	**9**	Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk	Ongoing	**3**	**2**	**6**	Chief Officer HSCP
n/a	**11**	**C**	**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**	**12**	Complete implementation of new practice model in line with organisational change Complete implementation of the in house structural redesign Implement local framework for externally purchased care	31/06/2025 31/06/2025 01/08/2025	**2**	**4**	**8**	Chief Officer HSCP

	13	**C**	**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 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	**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 and complete annual review of business impact assessments Go live of the new Case Recording System (Mosaic) (Cloud based)	31/07/2025 31/07/2025 31/07/2025	**2**	**3**	**6**	All Heads of Service