

Date: 15 March 2019
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**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT
BOARD PERFORMANCE AND AUDIT COMMITTEE**

Dear Colleague

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

A meeting of the East Renfrewshire Integration Joint Board Performance and Audit Committee will be held within the Council Offices, Main Street, Barrhead on **Wednesday 20 March 2019 at 9.00 am.**

The agenda of business is attached.

Yours faithfully

COUNCILLOR CAROLINE BAMFORTH
Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
PERFORMANCE & AUDIT COMMITTEE
WEDNESDAY, 20 MARCH 2019
COUNCIL OFFICES
MAIN STREET, BARRHEAD**

AGENDA

- 1 Apologies for absence**
- 2 Declaration of Interests**
- 3 Minute of meeting of 28 November 2018 (copy attached, pages 5 - 10).**
- 4 Matters Arising (copy attached, pages 11 - 14).**
- 5 IJB Strategic Risk Register Update (copy attached, pages 15 - 26).**
- 6 Hosted Services Performance - Learning Disability Inpatient Services (copy attached, pages 27 - 36).**
- 7 Hosted Services Performance – Physiotherapy Services (copy attached, pages 37 - 40).**
- 8 Quarter 3 Performance Report (copy attached, pages 41 - 52).**
- 9 HSCP Strategic Implementation Plan 2018-2021 (copy attached, pages 53 - 62).**
- 10 Audit Scotland Annual Audit Plan 2018/19 (copy attached, pages 63 - 76).**
- 11 Overview of the Preparation of Annual Accounts Timetable for the Integration Joint Board (copy attached, pages 77 - 82).**
- 12 Audit Actions Update (copy attached, pages 83 - 94).**
- 13 Date of Next Meeting – Wednesday 26 June 2019, Council Offices, Main Street, Barrhead.**

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**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 28 November 2018 in the
Council Offices, Main Street, Barrhead**

PRESENT

Councillor Caroline Bamforth, East Renfrewshire Council (Chair)

Morag Brown	NHS Greater Glasgow and Clyde Board
Councillor Barbara Grant	East Renfrewshire Council

IN ATTENDANCE

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor, East Renfrewshire Council
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Stuart McMinigal	Business Support Manager
Candy Millard	Head of Adult Health and Social Care Localities
Julie Murray	Chief Officer
Steven Reid	Senior Performance Management Officer
Kate Rocks	Head of Public Protection and Children's Services

APOLOGIES

Janice Cameron	Integration Lead, Independent Sector
John Matthews	NHS Greater Glasgow and Clyde Board

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

2. The committee considered and approved the Minute of the meeting of 26 September 2018.

MATTERS ARISING

3. The committee noted a report by the Chief Officer providing an update on progress regarding matters arising from the discussions which took place at the meeting of 26 September 2018.

The Chief Financial Officer having explained that some of the unallocated audit days in the audit plan would be used to consider the implications from the Audit Scotland Report *Health and Social Care Integration: Update on Progress*, with an overview report being submitted to a future meeting, the Chief Officer highlighted that one of the key areas for examination related to pooled budgets. She referred to the fact that budgets for the IJB were supposed to be pooled and that reporting mechanisms needed to be reviewed to reflect this.

The committee noted the report.

AUDIT ACTIONS UPDATE

4. Under reference to the Minute of the meeting of 26 June 2018, when the committee had requested a six-monthly update on the CareFirst Finance audit action plan and the action plan in relation to the audit report on IJB governance, the committee considered a report by the Chief Officer providing an update in respect of both matters.

The report summarised the recommendations made, the comments made in response to each; the officer responsible for implementing the agreed action; the timescale for implementation; and an update on progress in delivering the agreed actions.

Commenting on the report, the Chief Financial Officer clarified that the updates provided were both still subject to audit review.

The committee noted the report.

IJB RECORDS MANAGEMENT PLAN

5. The committee considered a report by the Chief Officer seeking the committee's endorsement of the proposed Records Management Plan (RMP) for the IJB and associated Memorandum of Understanding (MoU) between the IJB, East Renfrewshire Council and NHS Greater Glasgow and Clyde.

The report explained that as a public authority to which the Public Records Act 2011 applied, the IJB was, amongst other things, required to prepare a RMP which would set out proper arrangements for the management of its public records. A copy of the RMP was to be submitted to the Keeper of the Records of Scotland by January 2019. A copy of the proposed RMP and MoU accompanied the report.

The report explained that as the IJB did not hold any personal information about either patients/clients or staff, the RMP related to the IJB and associated committees and to plans and policies such as the Annual Performance Report and the Strategic Plan. In addition the report explained that the accompanying MoU set out the relationship between the IJB, the Council and the health board in relation to the IJB's RMP.

Having commented further on the plan, in response to questions the Business Support Manager explained the current status of the Plan and that it would remain in draft until considered and approved by the Integration Joint Board.

Commenting on the Plan, Ms Brown suggested that further emphasis be placed on the fact that the Plan referred only to IJB documents such as meeting papers and strategy documents and that all other records associated with the work of the HSCP, including those containing patient and client information were accounted for in the plans of both the Council and the Health Board.

The committee:-

- (a) noted the report;
- (b) endorsed the draft Records Management Plan and Memorandum of Understanding subject to an amendment to the Plan to highlight those documents covered by it; and
- (c) agreed that subject to the foregoing amendment the Records Management Plan and Memorandum of Understanding be remitted to the IJB for approval.

IJB STRATEGIC RISK REGISTER UPDATE

6. The committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register.

Having set out the risk matrix used to calculate risk scores, the report then provided further details in respect of those areas considered to be high risks, these being supported by additional information provided by the Head of Finance and Resources (Chief Financial Officer).

The report explained that no risks had changed or been removed since the last update on 26 September 2018.

Having heard the Chief Financial Officer further on the report, the Head of Adult Health and Social Care Localities, in response to questions from Councillor Grant in relation to Strategic Risk 5 – Failure of a Provider, outlined the range of arrangements in place to monitor the performance of third parties providing care.

Officers were then heard in response to suggested amendments by Ms Brown to the risk description and mitigation measures in relation to Strategic Risk 4 – Financial Sustainability, and Strategic Risk 9 – Children and Young People (Scotland) Act. In particular it was explained that the latter risk related in the main to the fact that councils had not been provided with the additional funding needed to implement the requirements of the Act.

The committee noted the report and agreed to recommend the amendments to the register as outlined.

MID-YEAR PERFORMANCE REPORT

7. The committee considered a report by the Chief Officer providing a mid-year overview of the available HSCP performance measures, providing further information about activity to improve performance in those areas where performance was off target.

The report explained that the performance report contained performance information and actions set out under the new strategic priorities. It further explained that the report included 2 annexes, the first of which contained an update on national indicator measures for IJBs, whilst the second contained a list of the performance measures that would be included in the end of year report but for which mid-year data was not available.

The Head of Adult Health and Social Care Localities having explained that some of the actions were over a 3 year period, the Chief Officer reported that she had met with the Chief Executives of both the Council and the Health Board the previous day. She acknowledged

that performance was less satisfactory in some areas but reassured the committee that robust action plans to improve performance were in place. In addition, in response to Councillor Bamforth, she explained why progress on some actions may appear slow.

Commenting on performance against the national indicators, Ms Brown, whilst recognising that local performance was better in general than national performance, noted that the trend in performance was downwards. She also highlighted the confusing nature of some of the indicators where in some cases a downward trend indicated positive performance whilst in other cases a downward trend indicated negative performance. Furthermore, referring to local targets in relation to permanence, she expressed concerns around rigid adherence to the 6 month target. In reply, the Chief Social Worker, having referred to the seminar on permanence that had been held, explained that the target in relation to permanence decisions was aspirational and used as a focus for decision making.

Responding to questions from Councillor Grant on absence levels, the Chief Officer explained in detail the challenges in dealing with this issue, not least of which was the staff demographic, and that due to the relatively small workforce a small number of absences could have a disproportionate effect.

Having heard the Chief Auditor on suggested amendments to the reporting format to reflect Ms Brown's earlier comments, the committee noted the report.

PRIMARY CARE MENTAL HEALTH IMPROVEMENT PLAN

8. The committee considered a report by the Chief Officer providing an update in respect of Primary Care Mental Health waiting times and actions taken to manage them.

Having referred to the historical issues that had affected the service, the report provided details of the steps that had been taken to improve waiting times. This included the recruitment of additional staff, the details of which were outlined.

Furthermore, the report provided an update on progress in the review of the Primary Care Mental Health Team (PCMHT) being taken forward as part of the Fit for the Future programme, and commented on the increasing referrals by GPs to computerised Cognitive Behavioural Therapy (cCBT). This had helped to reduce the number of referrals to the PCMHT in the preceding 3 month period, although the number of self-referrals had increased.

Welcoming the systemic look at services, Ms Brown referred to the need for an evaluation of cCBT in response to which the Chief Officer explained that a number of other health boards already used cCBT and had started to evaluate its effectiveness. A similar evaluation within Greater Glasgow and Clyde was planned.

The committee noted the report.

AUDIT SCOTLAND REPORT – NHS IN SCOTLAND 2018

9. The committee considered a report by the Chief Officer providing an overview of the recent Audit Scotland report *NHS in Scotland 2018* and the implications for the IJB.

It was explained that the report had made it clear that the NHS was not in a financially sustainable position, and that in order to meet people's health and care needs, it needed to move away from a short-term approach to long-term fundamental change. The key elements identified as critical to the success of this approach were outlined.

It was further explained that the Audit Scotland report contained a number of recommendations for the Scottish Government in terms of financial management, governance and reporting, with further recommendations for both the Scottish Government and NHS Boards associated with leadership.

Furthermore, it was explained that there were a series of recommendation relating to the Scottish Government, NHS Boards and integration authorities, these being summarised in the Chief Officer's report.

Local actions taken in response to the recommendations were outlined in the appendix to the Chief Officer's report.

The Chief Officer was heard further on the report in the course of which she highlighted that there had already been some action as a consequence of the report, referring in particular to the new requirement for Health Boards to plan to break even over a three year timescale and the write-off of Scottish Government loans to Health Boards..

Ms Brown having emphasised that there needed to be greater recognition by health boards on the pressures facing IJBs and that these pressures needed to be better reflected at health board level, the committee noted the report, the recommendations in relation to integration authorities, and the local response.

AUDIT SCOTLAND REPORT – CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

10. The committee considered a report by the Chief Officer providing information relative to the recent Audit Scotland report *Children and Young People's Mental Health*, considering the key findings and recommendations, and how service provision in East Renfrewshire was placed in this context.

The report explained that the national audit sought to determine the effectiveness of mental health services for children and young people in Scotland by examining the effectiveness of funding and delivery arrangements of services to children and young people as well as identifying factors which supported or limited effective delivery both locally or nationally. The effectiveness of the Scottish Government's strategic direction to improve children and young people's outcomes around their mental health and wellbeing was also considered.

Having outlined the methodology used, the report summarised the key findings of the audit as well as providing information in relation to current provision in partnership across East Renfrewshire, it being explained that key to this was the local CAMHS team. This was a hosted service with services being provided locally whilst financial arrangements and governance remained with NHS Greater Glasgow and Clyde and part of the Board-wide Specialist Children's Services arrangements.

The report then provided statistical information relative to waiting times since January 2015, it being noted that the number of children waiting over the 18 week target had been steadily increasing over the preceding 12 months. Possible reasons for this increase were outlined.

Information was also provided in relation to the successful operation to date of the pilot Family Wellbeing Service project as well as providing information on the presenting issues that had been identified.

The report went on to outline how these 2 services as well as the school nursing service were planning for future demand, concluding by highlighting that the findings of the Audit Scotland report were in part echoed by local findings; that the provisions of earlier intervention and non-clinical approaches were more limited; that the Family Wellbeing

10
NOT YET ENDORSED AS A CORRECT RECORD

Service approach attempted to tackle this; and that the review and redefinition of school nursing would be included in a more integrated approach to addressing vulnerability and interventions.

The Chief Social Work Officer having noted that children and young persons' mental health was now considered to be a significant public health issue, she explained that the report outlined the position in East Renfrewshire in relation to the Audit Scotland recommendations. In particular, it demonstrated that mental health issues did not always need a clinical response.

Commenting further she referred to the needs for CAMHS to be more targeted and also to the very positive outcomes being achieved through the Family Wellbeing Service, as well as explaining the ongoing work to try and extend the scale of this service.

Councillor Bamforth having welcomed the report and the very low rate of failure to attend appointments as part of the Family Wellbeing Service approach, Councillor Grant criticised the current government funding arrangements which were based on areas of deprivation rather than on actual need. This was supported by the Chief Social Work Officer who agreed that mental health problems was an issue that faced children and young people in all communities, not just those in areas of deprivation.

Ms Brown was also heard on the report in the course of which, having thanked the Head of Public Protection and Children's Services and her team for the excellent work carried out in this area, commented on the way in which the service had been disaggregated and the associated challenges for East Renfrewshire as a result. She also commented on the need for there to be parity in terms of waiting time targets between services for children and young people, and adults.

The committee noted the report.

DATE OF NEXT MEETING

12. It was reported that the next meeting of the committee would take place on Wednesday 20 March 2019 at 9am in the Council Offices, Main Street, Barrhead.

CHAIR



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	20 March 2019
Agenda Item	4
Title	Matters Arising
<p>Summary</p> <p>The purpose of this paper is to update Performance and Audit Committee members on progress regarding matters arising from the discussion which took place at the meeting of 28 November 2018.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Social Work Officer)
<p>Action Required</p> <p>Performance and Audit Committee members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

20 March 2019

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To update the Performance and Audit Committee on progress regarding matters arising from the discussion which took place at the meeting of 28 November 2018.

RECOMMENDATION

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

REPORT

IJB Records Management Plan

3. At its meeting on 30 January 2019 the Integration Joint Board approved the Records Management Plan and associated Memorandum of Understanding and agreed that they be submitted to the Keeper for the Records of Scotland for agreement.

4. The Records Management Plan has been submitted, however the Memorandum of Understanding is currently awaiting sign off by the Chief Executive of NHS Greater Glasgow and Clyde and will be forwarded thereafter.

Performance Reports

5. For each indicator we are now clearly showing whether an increase or decrease is positive performance.

RECOMMENDATIONS

6. Performance and Audit Committee members 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 ; 0141 451 0746

March 2019

Chief Officer, IJB: Julie Murray

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Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	20 March 2019
Agenda Item	5
Title	IJB Strategic Risk Register Update
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****20 March 2019****Report by Chief Financial Officer****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.

Risk levels considering Likelihood and Severity

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 attached as Appendix 1.

Updated / Removed Risks

8. Some minor changes to wording have been made throughout.
9. No risk scores have been amended.
10. Risk no 9. *Children and Young People (Scotland) Act* has been removed as it is no longer a risk.
11. Three risks have been updated:
12. Risk no. 3 *Child Protection, Adult protection and Multi-Agency Public Protection Arrangements* has been updated to include proposed mitigation in relation to Non-Police Personnel Vetting requirements for criminal justice social workers accessing the VISOR system as Police Scotland have indicated a review will be undertaken by December 2019 of the current ViSOR accounts with a view to removing those inactive for 12 months or where no vetting is in place.
13. All criminal justice social workers have access to ViSOR but not all are vetted. All future recruitment to statutory criminal justice social work posts in East Renfrewshire will have to be amended to require candidates to be eligible to achieve NPPV level 2 vetting status.
14. Engagement with the four social workers not yet vetted will take place in March/ April 2019 to articulate the position of the Assistant Chief Constable and stress the necessity of criminal justice social workers in statutory services attaining NPPV level 2 vetting.
15. Risk no. 4 - *Financial Sustainability* has been updated to include possible financial impacts relating to Brexit.

Red and Significant Risks Exception Report

16. 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, should be brought to attention of the PAC by an 'exception report'.

17. Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economy and unknown Brexit implications. There remains the future year risk that the HSCP could become unsustainable due to one of the following causes:
- Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget
 - Unable to influence future funding to recognise demographic & other pressures, or realise future efficiencies & savings
 - Implications from hosted services
 - Prescribing volatility

CONCLUSIONS

18. The IJB Strategic Risk register has been reviewed and changes in relation to the following risks:
- 3. Child Protection, Adult protection and Multi-Agency Public Protection Arrangements
 - 4. Financial Sustainability
 - 9. Children and Young People (Scotland) Act

RECOMMENDATIONS

19. 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@eastrenfrewshire.gov.uk
0141 451 0746

March 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: November 2018 IJB Strategic Risk Register Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23475&p=0>

IJB Paper: August 2018 IJB Strategic Risk Register – Annual Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22835&p=0>

PAC Paper: June 2018 Strategic Risk Register
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22723&p=0>

IJB Paper: August 2016: Risk Management Policy and Strategic Risk Register
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=17355&p=0>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09/11/2015

DATE REVIEWED: 11/03/2019

No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description	Risk Control Measures currently in place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Assessment of Residual Risk (With proposed control measures implemented)			Responsible Officer
				Likelihood (Probability) L	Impact (Severity) I	Risk Score (LxI)		Likelihood (Probability) L	Impact (Severity) I	Residual Risk Score (LxI)	
1	S	Death or significant harm to service user / patient Risk of death or significant harm to a service user/patient as a result of HSCP actions. Consequences could include: - loss of life or long term damage and impact on service user & family - may be perceived to have been failure of care - poor workforce morale - reputational damage	Line manager checks as part of periodic supervision Quality assurance of adult support and protection has identified a number of issues for improvement. Improvement Plan in place and new pathway to manage ASP referrals and investigations implemented. Refresher training for Council Officers and frontline managers also delivered. Risk assessments for service users are carried out by staff as and when required Statutory inspection reports	3	4	12	Improvement plan in place for Adult support and Protection and actions being progressed.	2	4	8	Head of Adult Health and Social Care Localities/ /Chief Social Work Officer
2	S	Historical Sexual Abuse Enquiry	Adult Protection Committee and Child Protection Committee have been sighted on these issues. Protocol in place with Legal Services commencing the future risk that may be posed. Risk although low may be difficult to determine due to other indeterminate factors.	2	4	8	Employees have an awareness of the process to follow.	1	4	4	Chief Social Work Officer

3	C	Child Protection, Adult protection and Multi-Agency Public Protection Arrangements									
		<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult protection and Multi-Agency Public Protection Arrangements-MAPPA) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection, Adult Protection committees and MAPPA's meetings to deal with the strategic and practice issues.</p> <p>PVG scheme in place</p> <p>Partnership working is at an advanced stage with Police Scotland, NHS, Scottish Prison Service and other statutory partners.</p> <p>The requirement to produce and publish reports of activities.</p> <p>The availability of data with varying limitation for analysis and evaluation.</p> <p>Domestic abuse pathway being reviewed for adults without children.</p> <p>The extension of MAPPA to include Category 3 violent offenders - Risk of Serious Harm training completed.</p> <p>there are links for learning opportunity within the protection agenda.</p> <p>Framework developed for reporting to the community planning partnership.</p> <p>Proposal paper for Domestic Abuse with HSCP DMT. Interface with "Fit for Future" to be considered.</p> <p>Implementation of "Safe Together" model implemented.</p>	2	4	8	<p>All front line managers to be provided with refresher training concerning statutory compliance.</p> <p>Refresher training taking place and procedures updated as a result of Adult Support and Protection (ASP) Review</p> <p>Adult Support and Protection (ASP) process being reviewed.</p> <p>Future recruitment to statutory criminal justice social work posts in East Renfrewshire will be amended to require candidates to be eligible to achieve NPPV level 2 vetting status.</p> <p>Engagement with 4 social workers not yet vetted to NPPV status taking place March/April 2019</p> <p>Introducing rolling review of PVGs on 3 yearly basis</p>	1	4	4	Chief Officer / Chief Social Work Officer

4	C	Financial Sustainability									
		<p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies & savings</p> <p>3) Implications of cessation of prescribing risk share and changes from hosted services funding structure.</p> <p>4)) Financial Impacts relating to Brexit</p>	<p>The CFO provides regular reporting to IJB and savings progress reviewed as part of budget seminars and report as well as periodically at DMT</p> <p>The regular Budget Updates set out funding expectations and scenarios take to IJB seminars. The HSCP is involved in the budget setting process with each of our partners. We need to develop a process for a more pro-active approach with earlier discussions on financial planning.</p> <p>A local network and CFO section meeting is a discussion and decision making forum for wider issues impacting on partnerships, with these two areas included. The previous NHSGGC prescribing risk share ceased in March 2018 and prescribing volatility impacts directly on the HSCP revenue budget.</p> <p>This is a national risk and is reported in detail elsewhere. The financial risks will relate to staffing, purchased of care, drugs, equipment, consumables and food.</p>	3	4	12	<p>1.The HSCP's CFO budget update and revenue monitoring reports provide routine updates on partnership funding, actions and risks. Scenario planning is used to model financial implications. The reserves strategy recognises longer term change is required to ensure future sustainability and allows for phased implementation of saving delivery and management of prescribing volatility.</p> <p>2 . Financial reporting to the IJB and PAC will continue to be developed improving the detail and transparency of all financial matters.</p> <p>3. The use of dedicated IJB seminars will continue to address any specific issues</p> <p>4. A Medium Term Financial Plan for the IJB will be published to coincide with agreeing a 2019/20 budget.</p> <p>5. The potential Brexit implications and contingency planning is taking place at both national and local level.</p>	3	4	12	Chief Financial Officer

5	S	Failure of a Provider									
		<p>Risk of failure of a key care provider, including care home, care at home and other care providers due to financial instability or significant care concerns. Consequences could include:</p> <ul style="list-style-type: none"> - disruption to service delivery - requirement to implement contingency plans - impact on individuals and families with potential disruption to care arrangements 	<p>Work with Care Inspectorate to ensure robust action plans for improvement are in place</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market.</p> <p>Consideration of balance of market share across external market providers</p> <p>Company Credit Health Checks</p>	4	3	12	<p>Mitigation of impact to include close working with care inspectorate to review and learn from recent provider failure and contingency planning arrangements</p> <p>Work with providers at risk to agree phased and managed approach to closure if required.</p>	3	3	9	Head of Adult Health and Social Care Localities
6	S	Access to Primary Care									
		<p>Insufficient primary care practice list capacity due to increased population size and new developments for older people and/or inability to recruit/cover posts resulting in poor access for local residents.</p>	<p>Agreed Primary Care Improvement Plan</p> <p>We support local practices to manage list size by encourage patients from out with the practice's contracted catchment area to register with a GP more local to them. Work with practices to maximise premises capacity to enable them to extend primary care team</p>	3	3	9	<p>Work with planning department to consider impact and mitigation for new housing developments</p> <p>Regular meetings with GPs in most affected cluster to agree short term measures and discuss and longer term options to increase capacity.</p>	3	2	6	Clinical Director

7	S	Demographic Changes									
		<p>Increase in older people due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Scottish Government -providing additional resources for Health and Social Care with emphasis on managing demographic pressures.</p> <p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of CHCP and wider council prevention and early intervention strategy for older people.</p> <p>Agile working for HSCP employees improves efficiency.</p> <p>Annual budget setting takes account of demographic projections.</p> <p>Partnership with various professional agencies and community/public to support hospital admission avoidance and safe hospital discharge for older people. This has led to creation of various posts that refocus on preventions and early intervention.</p>	4	4	16	<p>HSCP fit for the future review and redesign</p> <p>Community Led Support programme diverting people to community resources and building own assets.</p> <p>Review of balance of care to be undertaken as part of new Integrated Joint Board (IJB) Strategic Plan.</p> <p>Council continues to contribute funding to demographic cost pressures</p>	4	2	8	Chief Officer HSCP

8	S	Workforce Planning and Change	Development of Workforce plan to support current Strategic Plan	3	4	12	Fit for the Future Workforce Planning reviewing processes and structures to ensure HSCP has right staff with right skills in right place for future. Active review of all request to recruit by HSCP senior management team Improve partnership workforce planning working with providers in line with developing strategic commissioning plan	2	4	8	Chief Officer HSCP Management Team Head of Adult Health & Social Care Localities
10	S	Increase in Vulnerable Adults	Analysis of demographic changes. Increased financial forecasting. Increase in foster carers through local recruitment campaign. Education Resource Group to manage specialist resources and admission to specialist provision Learning disability supported living redesign Implemented Children's Services redesign	4	3	12	Review transition arrangements - child to adult services Inclusive Support redesign Fit for Future redesign Council continues to contribute to funding to demographic cost pressures	4	2	8	Chief Officer HSCP



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	20 March 2019
Agenda Item	6
Title	Performance Report – Specialist Learning Disability Service
<p>Summary</p> <p>This report provides an overview of the key performance issues for the Learning Disability In-patient Service, and in particular the admission and discharge activity throughout 2018.</p> <p>This is the third full year performance report. The report outlines the activity throughout the year and highlights particular challenges relating to patient flow / delayed discharge and waiting times. These are all subject to continuous governance and are being reported to all IJB's involved. The service is subject to redesign, with a particular focus on the responses to people who exhibit challenging behaviour and are at risk of placement breakdown and can become inappropriately delayed in hospital. This is a Board wide piece of work designed to focus equally on community and inpatient interventions</p>	
Presented by	Tom Kelly, General Manager Specialist Learning Disability Service
<p>Action Required</p> <p>Members of the Performance and Audit Committee are asked to note and comment on the report.</p>	

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**PERFORMANCE REPORT
SPECIALIST LEARNING DISABILITY IN PATIENT SERVICES**

January 2019

Tom Kelly, General Manager Specialist Learning Disability Services

1. PURPOSE

The purpose of this paper is to provide data on the performance of Specialist Learning Disability In Patient Services with a particular focus on Admission and Discharge activity throughout 2018.

This is the second full year report following the development of a set of Key Performance indicators. The senior management team recognise in going forward that the indicators will evolve to ensure data which is useful is captured. Our aim here is to ensure visibility of the key issues for patients as well as highlighting areas for improvement.

2. BACKGROUND

This report focuses on activity relating to our Assessment and Treatment Services (Blythwood House and Claythorn House) which has 27 beds across the two sites. The service is available to people with a learning disability residing in 9 Health and Social Care Partnerships, 6 of which are within the NHS GGC boundary and 3 which are provided via service level agreements in areas outwith NHS GGC.

The data in this report is collected from our bed management system and EDISON/TrakCare. There are some limitations in the data provided due to patients admitted in the previous years but not yet discharged being included in this report.

3. KEY MESSAGES

- Beds are largely occupied by people who were admitted due to challenging behaviour. Of these patients, the majority have been occupying a bed in excess of a year and are likely to have lost their community placement.
- People are more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health.
- Placement breakdown is common and impacts significantly on ability to achieve timely discharge.
- More than half of all beds are occupied by delayed discharges, with the majority of patients having no discharge plans in place.

4. REPORT

Overview of Activity in 2018

- In total 23 people were referred, of the referrals, 13 were admitted directly to the service. (NB – The admissions do not include transfers from Mental Health & Acute services)
- 16 patients were discharged in 2018
- Bed occupancy was 100% with a waiting list throughout 2018

Chart 1 gives a breakdown of activity by area. It should be noted that each year less people who are admitted are discharged and therefore the service ‘gathers’ people, this is further illustrated later in the report.

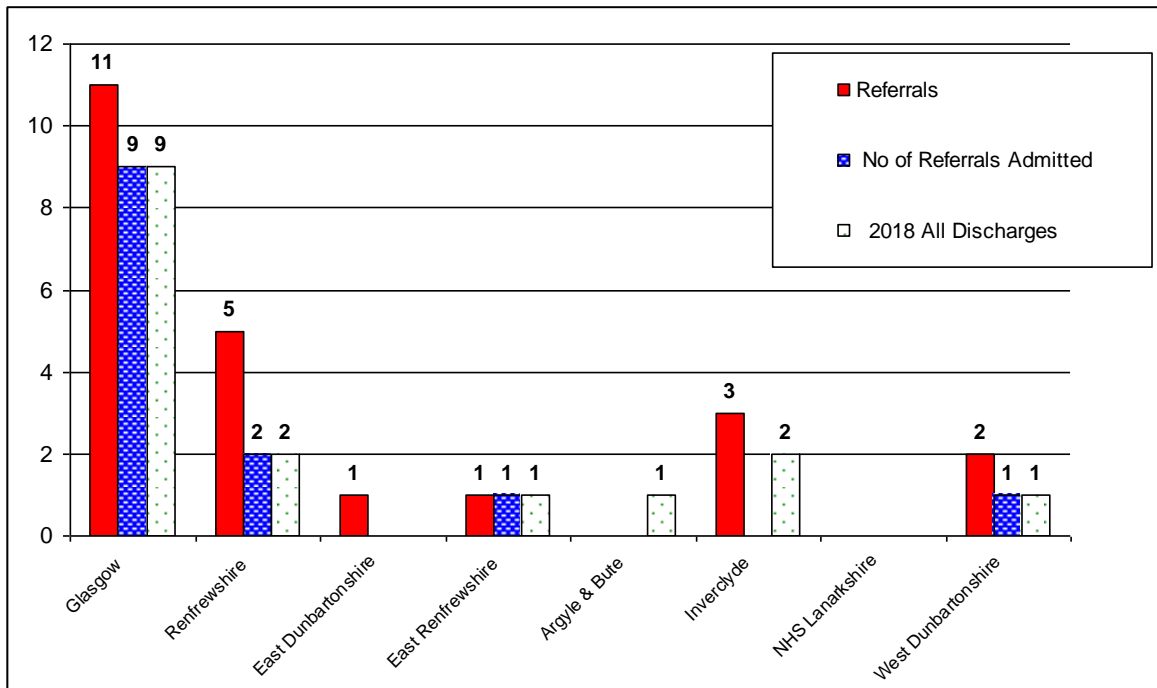


Chart 1 – Referral, admission & discharge rates by area.

Referrals to service

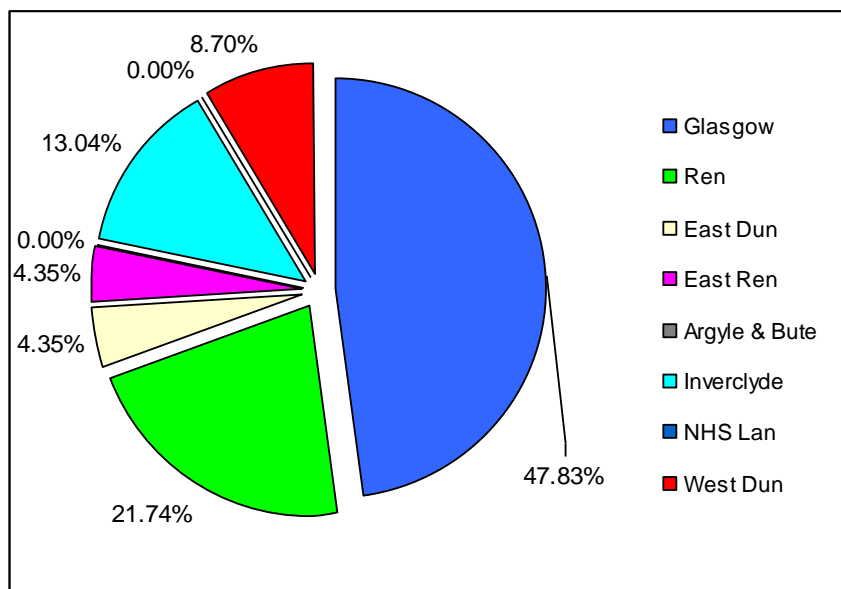


Chart 2- Percentage

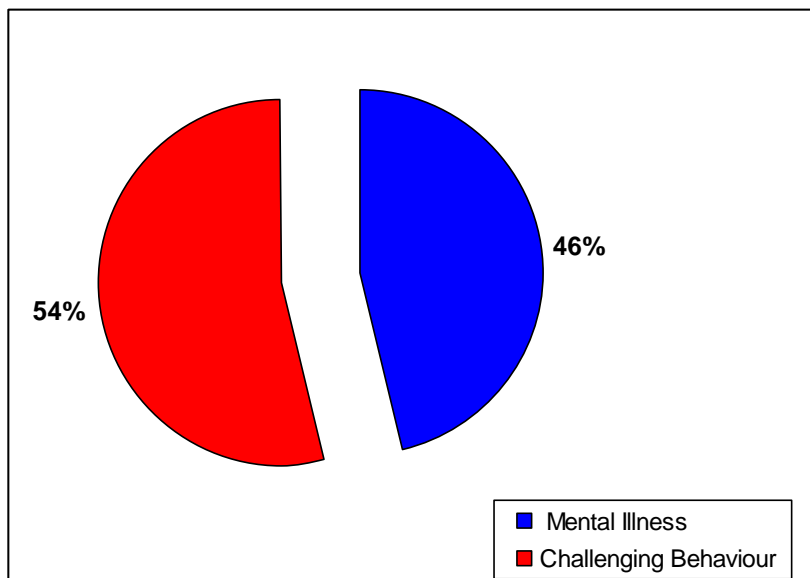
Referrals by Area

This illustrates the referrals to the service by area. Proportionally referral and admission rates are likely to be within expected levels for each area. However this year, in both Inverclyde and West Dunbartonshire there has been more than expected for the period. 10 of the referrals received were not admitted. Of these 10, 4 people remain on the waiting list, 3 of which are currently awaiting transfer from General Adult Mental Health Services. 1 individual is still residing within their current placement awaiting transfer to SLDS Inpatient services. 6 individuals were removed from the waiting list as admission was no longer required.

Reason for Admission, why are people admitted to the service?

- 46% of admissions in 2018 were due to mental illness
- 54% were due to Challenging behaviour
- 46% of people either lost their placement prior to or on/during admission

Chart 3 - Reason for Admission



The table below gives the primary reason for admission by area and number of placement breakdowns either prior to or at point of admission.

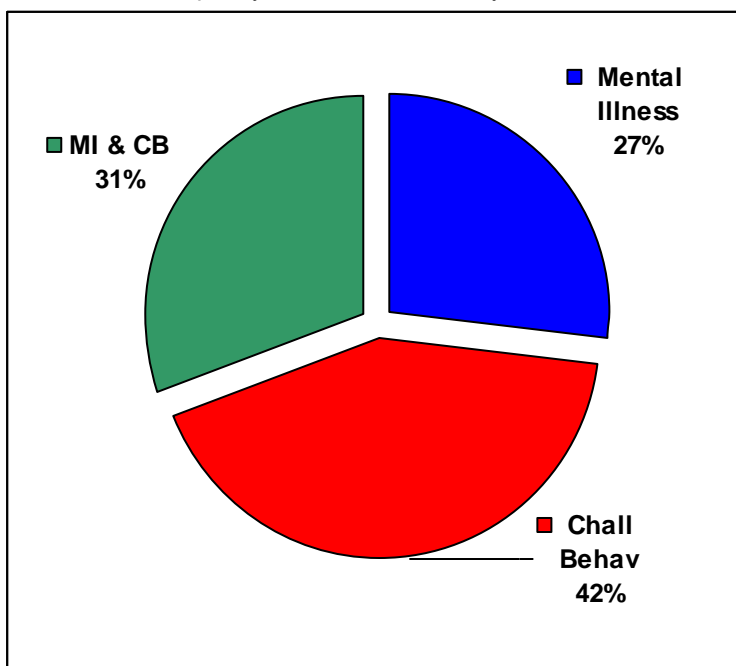
	No of Referrals Admitted	Mental Illness	Challenging Behaviour	MI & CB	Resulting in Placement Breakdown
Glasgow	9	4	5		4
Renfrewshire	2	1	1		1
East Dunbartonshire	0				
East Renfrewshire	1	1			
Argyle & Bute	0				
Inverclyde	0				
NHS Lanarkshire	0				
West Dunbartonshire	1		1		1
	13	6	7	0	6

Bed Occupancy as at 31st December 2018

- 27% of people who remained in beds at 31st December 2018 were admitted because of Mental Illness
- 42% who remained were originally admitted because of challenging behaviour
- 62% of the patient population at 31st December 2018 had experienced a breakdown of their placement

The table below shows the reasons for admission of the 26 patients occupying beds on the 31 December 2018 by area. As this is a census position it does not relate directly to the patient population in section 3 above, since a number of patients admitted prior to 2018 were in beds as at 31st December 2018 and some patients admitted in 2018 have been discharged. One patient from NHS Lanarkshire occupies 2 beds.

Chart 4 Bed Occupancy on 31st December by reason for admission

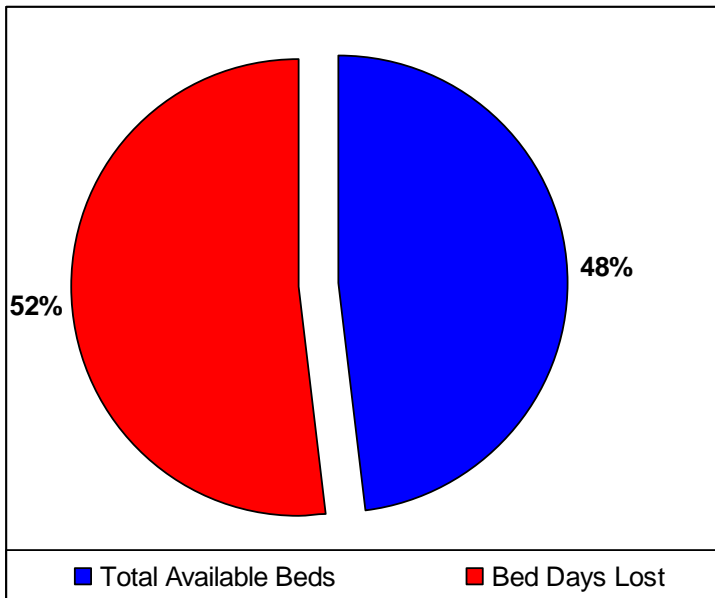


	Beds Occupied Dec 2018	Mental Illness	Challenging Behaviour	MI & CB	Resulting in Placement Breakdown
Glasgow	19	6	6	7	12
Renfrewshire	4	1	3		2
East Dunbartonshire	0				
East Renfrewshire	0				
Argyle & Bute	0				
Inverclyde	0				
NHS Lanarkshire	2			2	1
West Dunbartonshire	1		1		1
	26	7	10	9	16

Bed Days Lost 2018

- Of 9490 bed days 4956 days are lost due to delayed discharge (52%)
- Delayed discharge rates have fluctuated throughout the year to a similar position as last year
- Glasgow, Renfrewshire and Lanarkshire all have delayed discharges

Chart 5 Bed Days Lost to Delayed Discharge as proportion of total bed days



Length of Stay/Delayed Discharges

This table illustrates the lengths of stay and the numbers of people classified as delayed discharge on TrakCare on 31st December 2018. From this it can be seen that:

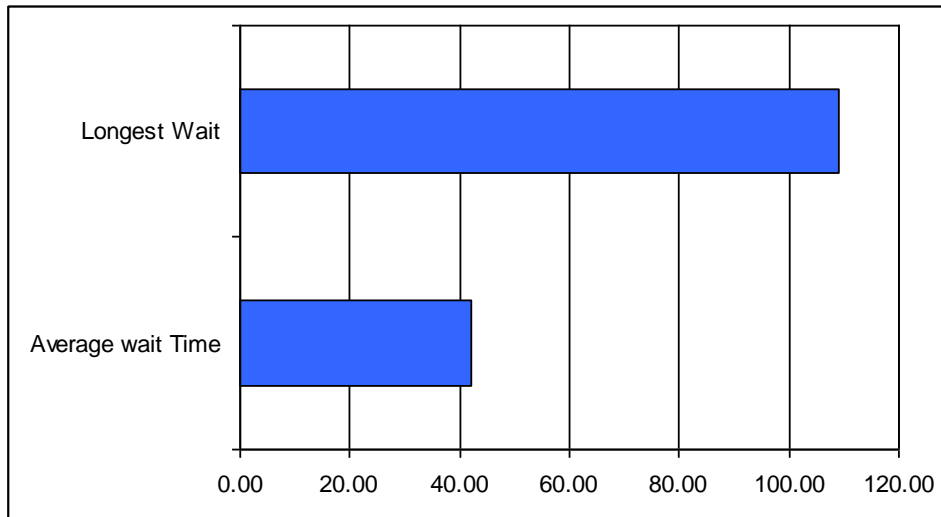
- 58% of Glasgow, 75% of Renfrewshire and 100% of Lanarkshire patients on 31st December 2018 were classified as delayed discharge.
- 73% of Glasgow, 67% of Renfrewshire and 50% of Lanarkshire patients who are ready for discharge did not have established discharge plans in place.

	Patients at 31st December 2018	Longest Length of Stay (Days)	Shortest Stay (days)	Of which have established discharge plan	Of which do not have established discharge plan	Delayed Discharges	Bed Days lost Delayed Discharges during 2018
Glasgow	19	3441	28	3	16	11	3252
Renfrewshire	4	2415	288	2	2	3	974
East Dunbartonshire	0						N/A
East Renfrewshire	0						N/A
Argyle & Bute	0						N/A
Inverclyde	0				0		N/A
NHS Lanarkshire	2	2358	1639	1	1	2	730
West Dunbartonshire	1	22			1		N/A
	26	8236	1955	6	20	16	4956

Waiting Times of 13 Admitted

- Average waiting time for admission is 42 days
- The longest wait was 109 days (over 15 weeks)
- Waiting times are a result of slow turnover and excessive lengths of stay
- The length of time people had to wait for admission is excessive compared to other mental health services and outwith the HEAT Target of 12 weeks

Waiting Times (2018) – Days



- 82% of Glasgow referrals were admitted
- 40% of Renfrewshire patients were admitted
- 100 % of East Renfrewshire referrals were admitted
- None of Inverclyde referrals were admitted
- 50 % West Dunbartonshire referrals were admitted

	Referrals Not Admitted	Removed not Requiring Admission	Still on Waiting List
Glasgow	2	2	
Renfrewshire	3	1	2
East Dunbartonshire	1	1	
East Renfrewshire			
Argyle & Bute			
Inverclyde	3	1	2
NHS Lanarkshire			
West Dunbartonshire	1	1	
	10	6	4

As a result of continuous 100% occupancy, the service is often unable to admit a number of people requiring assessment & treatment as detailed above. These people are either waiting to transfer from a mental health bed or waiting in the community. A further group of people are removed from the waiting list as admission was no longer required or an alternative has been established.

Summary and Actions

- Glasgow is currently reviewing all patients within assessment and treatment to explore future commissioning requirements. This is being done alongside resettlement plans for longer stay patients not featured in this performance report. Glasgow has reported that they intend to discharge 10 patients in April/May 2019.
- Renfrewshire are exploring commissioning options with an aspiration to develop suitable services locally.
- As a result many people who are delayed in hospital do not have a clear and tangible plan about their future care arrangements. This has been more present in 2018 than previous years.
- Delayed discharge rates have increased from the reported figure in the Mental Welfare Commission report 'No through Road' January 2016. This is to be a focus of MWC work in 2019.
- Future redesign of the service is dependent on excessive delays being addressed in order to effectively understand what the future in patient bed requirements are.
- Effective use of systems which ensure visibility of the excessive lengths of stay are essential. Edison has now changed to TrakCare.
- Avoiding admission and preventing placement breakdown is a key priority to addressing delayed discharges.
- There is a fundamental human rights issue for the people who find themselves living in hospital settings for prolonged periods often with no plan for discharge. There are further negative implications for families and carers.
- There is a requirement to improve the length of time people wait to be admitted / receive treatment; this can only be improved by addressing the issue of slow turnover.

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	20 March 2019
Agenda Item	7
Title	Performance of Hosted Services – Physiotherapy
<p>Summary</p> <p>The physiotherapy service that operates in East Renfrewshire HSCP in the two health and care centres is hosted by West Dunbartonshire HSCP.</p> <p>The attached quarter 3 performance report has been shared by the MSK Service Manager and West Dunbartonshire Chief Officer and provides an overview of Physiotherapy performance in East Renfrewshire during October – December 2018.</p>	
Presented by	Candy Millard, Head of Adult Health and Social Care Localities
<p>Action Required</p> <p>The Performance and Audit Committee is asked to note and comment upon the report.</p>	

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NHS Greater Glasgow & Clyde

Beth Culshaw Chief Officer (West Dunbartonshire HSCP)
Janice Miller MSK Service Manager

MUSCULOSKELETAL (MSK) PHYSIOTHERAPY WAITING TIMES REPORT QUARTER 3 2018/19

Referrals – Total referrals up 7% compared to same quarter 17/18

	Oct 2018	Nov 2018	Dec 2018
MSK Service	6,846	6,657	4,684
East Ren HSCP	476	535	346

% patients seen within 4 week waiting time target – All patients requiring an urgent appointment were seen within 4 weeks.

	Oct 2018	Nov 2018	Dec 2018
MSK Service	37%	37%	40%
East Ren HSCP	37%	34%	40%

Patients waiting over 4 week target

	Oct 2018	Nov 2018	Dec 2018
MSK Service	5,565	5,065	5,938
East Ren HSCP	400	310	399

Maximum wait for routine appointment across the service (in weeks)

	Oct 2018	Nov 2018	Dec 2018
MSK Service	12	12	13

New appointments

	Oct 2018	Nov 2018	Dec 2018
MSK Service	5,510	5,484	3,897
East Ren HSCP	255	259	215

Return appointments

	Oct 2018	Nov 2018	Dec 2018
MSK Service	14,541	13,679	10,199
East Ren HSCP	739	685	545

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	20 March 2019
Agenda Item	8
Title	Quarter 3 2018-19 Performance Report
<p>Summary</p> <p>This report provides Performance and Audit Committee with the performance measures developed to monitor progress in the delivery of the strategic priorities set out in the current HSCP Strategic Plan 2018-2021. Where data is available for Quarter 3 this is included (along with any previously unavailable updates for earlier periods).</p>	
Presented by	Steven Reid, Senior Performance Management Officer
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Report 2018-19.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

20 March 2019

Report by Chief Officer

QUARTER 3 2018-19 PERFORMANCE REPORT

PURPOSE OF REPORT

1. This report provides Performance and Audit Committee with the performance measures developed to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan 2018-2021. Where data is available for Quarter 3 this is included (along with any previously unavailable updates for earlier periods. Indicators included in our strategic performance framework but without data updates for Quarter 3 are listed at the end of the report (Annex 1).

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Report 2018-19.

BACKGROUND

3. The last meeting of the Performance and Audit Committee discussed the 2018-19 Mid-Year performance report for the new HSCP Strategic Plan 2018-2021.

REPORT

4. The attached report provides an update on the performance measures set out under the new strategic priorities, with Quarter 3 data provided where available.
 - Mental wellbeing is improved among children, young people and families in need
 - People are supported to stop offending and rebuild their lives through new community justice pathways
 - Wellbeing is improved in our communities that experience shorter life expectancy and poorer health
 - People are supported to maintain their independence at home and in their local community.
 - People who experience mental ill-health are supported on their journey to recovery
 - Unplanned admissions to hospital are reduced
 - People who care for someone are able to exercise choice and control in relation to their caring activities
5. The final section contains a number of organisational indicators relating to customer feedback (including complaints performance), efficiency, and staffing performance.

6. Annex 1 contains a list of the performance measures that will be included in the end of year report for which Quarter 3 data is not available.

RECOMMENDATIONS

7. Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Report 2018-19.

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid, Senior Performance Management Officer
Steven.Reid@eastrenfrewshire.gov.uk

March 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None



HSCP Strategic Plan Performance Report - Q3 2018-19







Report Author: Steven Reid, February 2019

Strategic Priority 1 - Mental wellbeing is improved among children, young people and families in need



Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
DECREASE - Percentage of children looked after away from home who experience 3 or more placement moves	2017/18	1.2%	11.0%	Green	↓	↓	This measure is highly volatile as can be impacted by sibling group moves. Latest figure is for the 2017/18 academic year.
INCREASE - Percentage of positive response to Viewpoint question "Do you feel safe at home?"	Q3 2017/18	100%	90%	Green	↑	↑	This figure is for children 8 years and above. Viewpoint participation is a high priority for Children & Family Teams and support is being made available to increase take up.
INCREASE - Accommodated children will wait no longer than 6 months for a Looked After Review meeting to make a permanence decision	Q3 2017/18	87.5%	100%	Red	↓	↓	This measure relates to children aged under 12. This relates to a small number of children so percentage significantly affected by a very small number of cases.
INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral	Q3 2018/19	75%	90%	Red	↓	↓	A centrally managed and governed Choice Team was established 22nd October 2018 operating across Glasgow City, East Dun and East Renfrewshire HSCPs. This team will offer a CHOICE appointment (assessment) to all accepted referrals to the service to ensure children and young people can quickly access CAMHS. All Choice appointments (assessments) will continue to be delivered in locality services so that the service remains accessible for families. Following completion of a Choice appointment (assessment), the child/young person will be transferred to the locality CAMHS team to receive a Partnership appointment (treatment) if this is an identified need at the Choice (assessment).
INCREASE - 100% of parents of children who have received an autism diagnosis have opportunity to access Cygnet post diagnostic programme within 12 months of receiving diagnosis.	Q3 2018/19	100%	100%	Green	↑	↑	100% of parents of children who have received an autism diagnosis were provided with an offer to access the post diagnostic support programme.
INCREASE - % Mothers confirming they have received information about close	Q3 2018/19	100%	80%	Green	▬	▬	Unicef Baby Friendly accreditation is based on a set of interlinking evidence-based standards for maternity, health

Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
and loving relationships from staff							visiting, neonatal and children's centres services. Of the mothers who were audited by health visitors in East Renfrewshire, all reported receiving information the importance of close and loving relationships with their baby.
INCREASE - Improved outcomes for children after parent/carer completion of POPP	Q3 2018/19	68%	81%	Red			68% of children (whose parents completed a group) moved out of the clinical range of the Strengths and Difficulties Questionnaire (SDQ), compared with a national average of 61%













Strategic Priority 2 - People are supported to stop offending and rebuild their lives through new community justice pathways

Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.	Q3 2018/19	88%	80%	Green			14 out of 16 orders were completed within timescales as set by the Court.
INCREASE - % Change in women's domestic abuse outcomes	Q3 2018/19	57%	70%	Red			As in previous quarters, service users have indicated that their health and well being and empowerment & self esteem has greatly improved with refuge and outreach support. Service users have also indicated that their support networks, safety, money and work & learning has also significantly improved. As women are able to return to work or learning this has had a positive impact on their financial situations.



Strategic Priority 3 - Wellbeing is improved in our communities that experience shorter life expectancy and poorer health

Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
INCREASE - The number of smokers supported to successfully stop smoking in the 40% most deprived SIMD areas. (This measure captures quits at three months and is reported 12 weeks in arrears.)	Q2 2018/19	5	14	Red			This is the latest data to Q2 2018-19. The smoking cessations service (Quit Your Way) is no longer directly managed by East Renfrewshire HSCP and is now hosted by NHSGGC Public Health Directorate.



















Strategic Priority 4 - People are supported to maintain their independence at home and in their local community.



Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
INCREASE - Number of people self-directing their care through receiving direct payments and other forms of self-directed support.	H1 2018/19	391	300	Green			Preliminary figures from the Social Care return shows a total of 391 people were in receipt of SDS 1 and 2 Option payments at the mid point of 2018/19. A further 527 people were covered under SDS Option 3.
Percentage of those whose care need has reduced following re-ablement.	Dec 2018	61.5%	50%	Green			Data relates to January to December 2018. In relation to Reablement discharges, 58% were discharged with no services and a further 16% were discharged with reduced services.
INCREASE - Percentage of people aged 65+ who live in housing rather than a care home or hospital	H1 2018/19	96.5%	97%	Green			There is continuing stability in the number of people living in housing rather than a care home or hospital. For Q1 and Q2 2018/19 there were 662 East Renfrewshire residents living in care homes. (65 and over - 18,694 people, NRS Mid 2017 estimate)
INCREASE - People reporting 'living where you/as you want to live' needs met (%)	Q3 2018/19	91%	90%	Green			In Qtr 3 of the 182 valid responses 166 respondents reported their needs met.
SW02: Direct payments spend on adults 18+ as a % of total social work spend on adults 18+ (LGBF)	2017/18	7.52%		Data Only			LGBF data for 17/18 shows an improvement in this PI with the HSCP moving up 1 place in the ranking from 6 to 5. The Scottish average for 17/18 is 6.74%
INCREASE - Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF)	2017/18	62.5%		Data Only			The LGBF data for the last three years shows a stable increase in the proportion of older people receiving care at home compared with residential and long-term hospital care. This is in part due to more accurate local recording of homecare provision.

Strategic Priority 5 - People who experience mental ill-health are supported on their journey to recovery



Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
INCREASE - Percentage of people waiting no longer than 18 weeks for access to psychological therapies	Q3 2018/19	51%	90%	Red			In the last week of the Qtr 90 people from a total of 143 had waited less than 18 weeks. In the same period the NHSGGC figure was 79% commencing treatment within 18 weeks.

Strategic Priority 6 - Unplanned admissions to hospital are reduced

Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
DECREASE - people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (ISD data)	Q3 2018/19	5	0	Red			For October to Dec 2018 there were 5, 7 and 3 delayed discharges for each of the respective months. Less than half of these were for health and social care reasons.
DECREASE - Bed days lost to delayed discharge rate per 1,000 for patients aged 75+	Q3 2018/19	36	50	Green			This corresponds to an average of 12 days lost per 1,000 (75+ population) a month for quarter 3 of 2018/19.
DECREASE - Delayed discharges (ISD) bed days lost to delayed discharge	Q3 2018/19	509	360	Red			Although we are missing target bed days have been decreasing compared with the previous three quarters. In Qtr 3 235 bed days of the total 509 were lost to Social and Health Care or Patient / Family reasons (46%)
DECREASE - No. of A & E Attendances	Q3 2018/19	4,588	4,474	Amber			This data relates to October and November 2018 only. There was a moderate monthly decrease in A&E attendances for each of the 4 months to November 2018.
DECREASE - Number of Emergency Admissions	October 2018	695	729	Green			This data relates to October 2018 only. We remain ahead of target for emergency admissions.
DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-12: Emergency admission rate (per 100,000 population) for adults.	H1 2018/19	4,450		Data Only			There has been a reduction in emergency admissions with 4,450 per 100,000 in the first half of 2018/19. This is a reduction from 5,200 for the same period in 2017/18. (Source : ISD - Dec 2018)
DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-13: Emergency bed day rate (per 100,000) for adults	H1 2018/19	43,688	58,000	Green			The emergency bed day rate has decreased. The rate for the first half of 2018/19 was 43,688 down from 57,752 for the same period in 2017/18. (Source: ISD Dec 2018)
DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-14: Number of re-admissions to an acute hospital within 28 days of discharge per 1,000 admissions.	H1 2018/19	136		Data Only			This was a reduction in readmissions from 163 for the first half of 2017/18. (Source ISD - Dec 2018)
INCREASE - Health and Social Care Integration - Core Suite of Indicators NI-15: Proportion of last 6 months of life spent at	H1 2018/19	88%	92%	Green			Latest data at December 2018 (Qtrs 1 and 2), historical data also amended at same time. (Source : ISD)









Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
home or in a community setting							
DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-19: The number of bed days due to delay discharge that have been recorded for people aged 75+ resident within the Local Authority area, per 1,000 population in the area.	H1 2018/19	88		Data Only			The bed day rate due to delayed discharge for people aged 75 and over increased in the first half of 2018/19 compared with the same period in 2017/18 (when the rate was 62). (Source ISD - Dec 2018)



Strategic Priority 7 - People who care for someone are able to exercise choice and control in relation to their caring activities

Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
INCREASE - People reporting 'quality of life for carers' needs fully met (%)	Q3 2018/19	100%	72%	Green			In Qtr 3 of the total 30 valid responses all reported their needs met



8 - Organisational outcomes

8.1 Our customers







Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
DECREASE - Average time in working days to respond to complaints at stage one (HSCP)	Q3 2018/19	6.9	5	Red			Although we are missing target on response times due to the complex nature of complaints our response times have improved compared with the previous quarter.
DECREASE - average time in working days to respond to complaints at investigation (stage 2 and esc combined) (HSCP)	Q3 2018/19	24.7	20	Red			Although we are missing target on response times due to the complex nature of complaints our response times have improved compared with the previous quarter.
The total number of complaints received - HSCP	Q3 2018/19	22		Data Only			This equates to 0.2 complaints per 1,000 people.
INCREASE - Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline, 20 days Investigation)	Q3 2018/19	100%	70%	Green			Of the two NHS complaints received in quarter 3, both were responded to within timescale.

Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
INCREASE - Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation)	Q3 2018/19	58%	100%	Red			Of the total 24 ERC complaints in quarter three, 14 were responded to within timescale. Investigation level complaints are proving the most challenging to complete within timescale.

8.2 Efficiency

Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
INCREASE - Payment of invoices: Percentage invoices paid within agreed period (30 days)	Dec 2018/19	84.9%	90%	Red			The rolling year-to-date figure (to Jan 19) is 74.7% This lower score is due to system problems in January that have now been resolved.

8.3 Our People

Indicator	Last Update	Current Value	Current Target	Performance Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
DECREASE - Percentage of days lost to sickness absence for HSCP NHS staff	Q3 2018/19	7.2%	4.0%	Red			Absence continues to be high within the HSCP. However there are only 3 long term cases between 6-9 months and these all have a resolution. There has been an increase in absence within LD however this is monitored with support from the HRASU. Absence panels continue and following the Board audit HR and SMT have developed a local improvement plan to improve compliance.
DECREASE - Sickness absence days per employee - HSCP (LA staff)	Q3 2018/19	4.5	2.8	Red			The increase in absence within the HSCP is mainly due to absence within Care at Home. In the main this is long term absence and serious conditions and employees will take time to recover or look at alternative options within the policy. In late November and December however short term absence showed a significant spike across Care at Home due to seasonal flu / virus and short term absence increased within HSCP.
INCREASE - Percentage of staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System	February 2019	16%	80%	Red			Low compliance on KSF is an issue across the Board area. In East Renfrewshire the compliance rate has been impacted by the transition from the eKSF system to Turas Appraisal (in terms of disrupted scheduling and upskilling to the new system). In addition, changes arising from Fit For The Future has disrupted lines of management and KSF responsibility and new ones are being established.

Annex 1 - Indicators with no further update at Q3 2018/19

1 - Mental wellbeing is improved among children, young people and families in need

- Child & Adolescent Mental Health - longest wait in weeks at month end
- % looked after children and care experienced young people accessing mental health supports
- % of children/ young people attending Family Wellbeing Service with improved emotional health at end of programme

2 - People are supported to stop offending and rebuild their lives through new community justice pathways

- Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending?
- % Change in individual drug and alcohol recovery Outcome Score
- % Increase in the number of people being referred through diversion from prosecution.
- % Positive employability and volunteering outcomes for people with convictions.
- People agreed to be at risk of harm and requiring a protection plan have one in place

3 - Wellbeing is improved in our communities that experience shorter life expectancy and poorer health

- NI-11: Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate)

4 - People are supported to maintain their independence at home and in their local community.

- NI-18: The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care.
- NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible.
- NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided
- % of people with an outcome-focused support plan

5 - People who experience mental ill-health are supported on their journey to recovery

- Mental health hospital admissions (age standardised rate per 1,000 population)

6 - Unplanned admissions to hospital are reduced

- Rate of emergency inpatient bed-days for people aged 75 and over per 1,000 population
- Delayed discharges bed days lost to delayed discharge for Adults with Incapacity (AWI)
- NI-16: Rate per 1,000 population of falls that occur in the population (aged 65 plus) who were admitted as an emergency to hospital.
- NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home
- NI-22: Percentage of people who are discharged from hospital within 72 hours of being ready

7 - People who care for someone are able to exercise choice and control in relation to their caring activities

- NI-8: Total combined % carers who feel supported to continue in their caring role.
- Number of young carers identified
- Percentage of identified Young Carers with a Young Carers Statement

8 - Organisational outcomes

- NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
- NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
- NI-5: Total % of adults receiving any care or support who rated it as excellent or good.
- NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
- NI-9: Percentage of adults supported at home who agreed they felt safe.
- Percentage of HSCP local authority staff with a Performance Review and Development (PRD) plan in place.
- NI-10: Percentage of staff who say they would recommend their workplace as a good place to work



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	20 March 2019
Agenda Item	9
Title	HSCP Strategic Implementation Plan 2018-21
<p>Summary</p> <p>This report provides Performance and Audit Committee with the implementation framework to accompany the HSCP Strategic Plan 2018-21. This shows how critical delivery activities relate to the priorities and outcomes established in the Strategic Plan. The Implementation Plan is set out in 'driver diagram' format incorporating outcome mapping, critical activities and performance measures (now included in our performance reporting framework).</p>	
Presented by	Steven Reid, Senior Performance Management Officer
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the driver diagrams in our Strategic Implementation Plan.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

20 March 2019

Report by Chief Officer

HSCP STRATEGIC IMPLEMENTATION PLAN 2018-19

PURPOSE OF REPORT

1. This report provides Performance and Audit Committee with the Implementation Plan to accompany our Strategic Plan 2018-2021. The Implementation Plan is set out in 'driver diagram' format incorporating outcome mapping, critical activities and performance measures (now included in our performance reporting framework).

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the critical activities set out in the Strategic Implementation Plan.

BACKGROUND

3. Following approval of the HSCP Strategic Plan in 2018 development work was undertaken to establish critical areas of activity to deliver on our strategic priorities. In September 2018 the Performance and Audit Committee received an update on the development of performance measures to monitor progress in the delivery of the strategic priorities set out in the new HSCP Strategic Plan 2018-2021.
4. Through a logic modelling process in consultation with key stakeholders, we developed driver diagrams for each of our strategic priorities. The driver diagrams constitute our Implementation Plan and map out our high level (national) outcomes, intermediate outcomes and service-level contributions to these. Under each strategic priority the diagrams set out critical activities and strategic performance measures to allow us to track progress.

REPORT

5. The driver diagrams in the attached Implementation Plan set out our delivery activities under each strategic priority with the exception of Priority 3 (*Wellbeing is improved in our communities that experience shorter life expectancy and poorer health*). Operational planning for this area will be further developed in line with the development of Fairer EastRen and restructuring of the health improvement service.
 - Mental wellbeing is improved among children, young people and families in need
 - People are supported to stop offending and rebuild their lives through new community justice pathways
 - Wellbeing is improved in our communities that experience shorter life expectancy and poorer health

- People are supported to maintain their independence at home and in their local community.
- People who experience mental ill-health are supported on their journey to recovery
- Unplanned admissions to hospital are reduced
- People who care for someone are able to exercise choice and control in relation to their caring activities

RECOMMENDATIONS

6. Performance and Audit Committee is asked to note and comment on the driver diagrams in our Strategic Implementation Plan.

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid, Senior Performance Management Officer
Steven.Reid@eastrenfrewshire.gov.uk

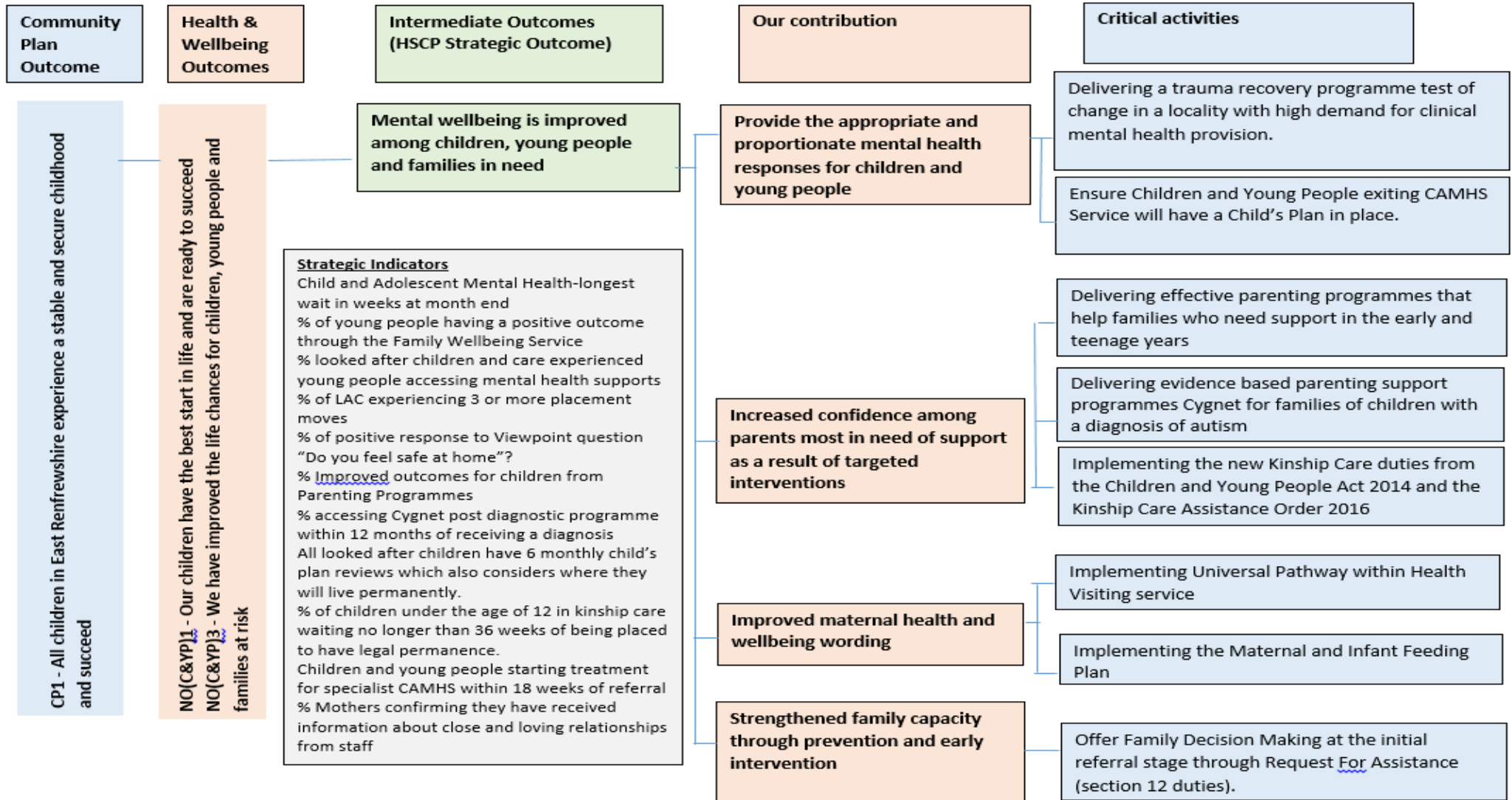
March 2019

Chief Officer, IJB: Julie Murray

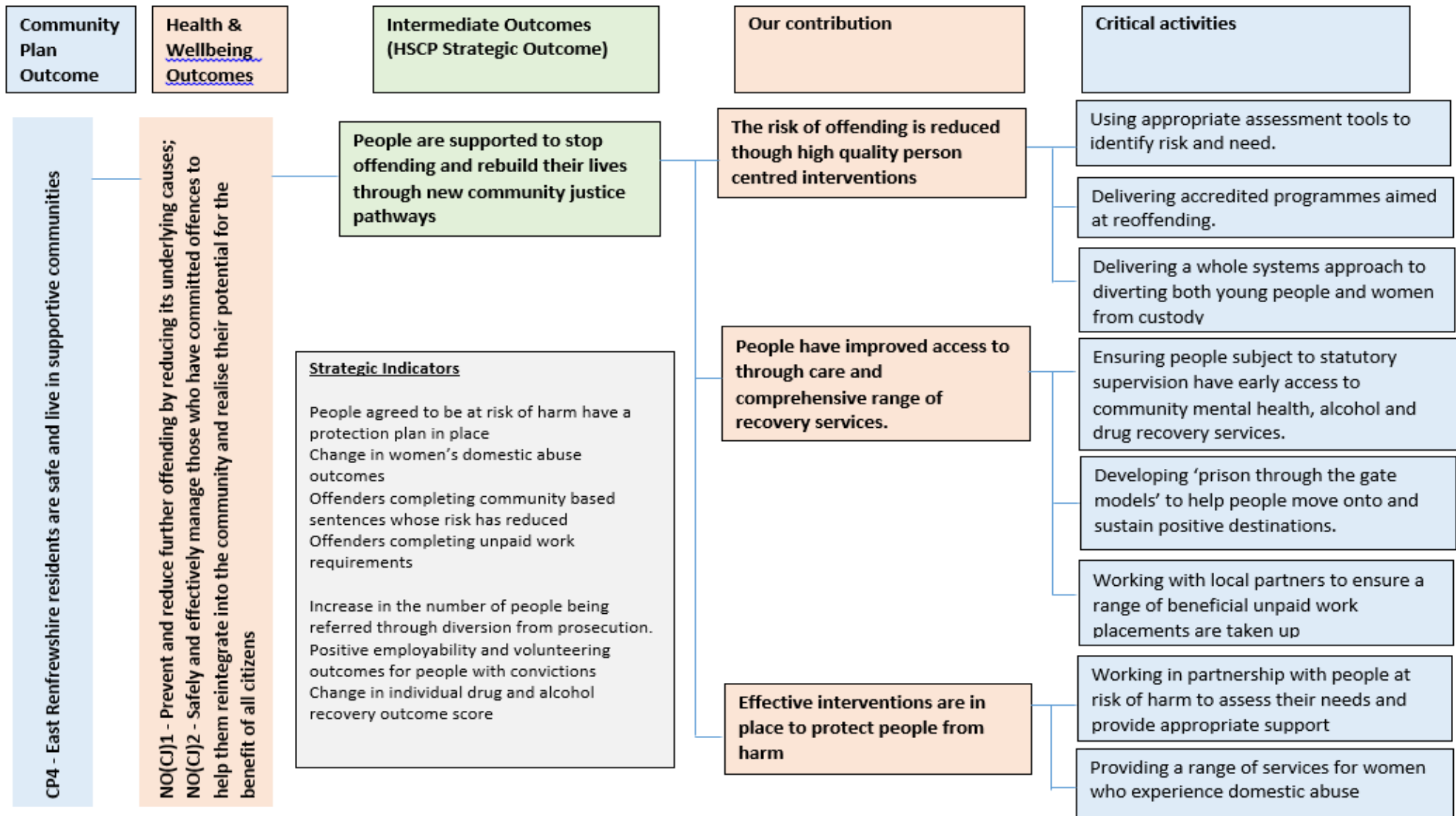
BACKGROUND PAPERS

None

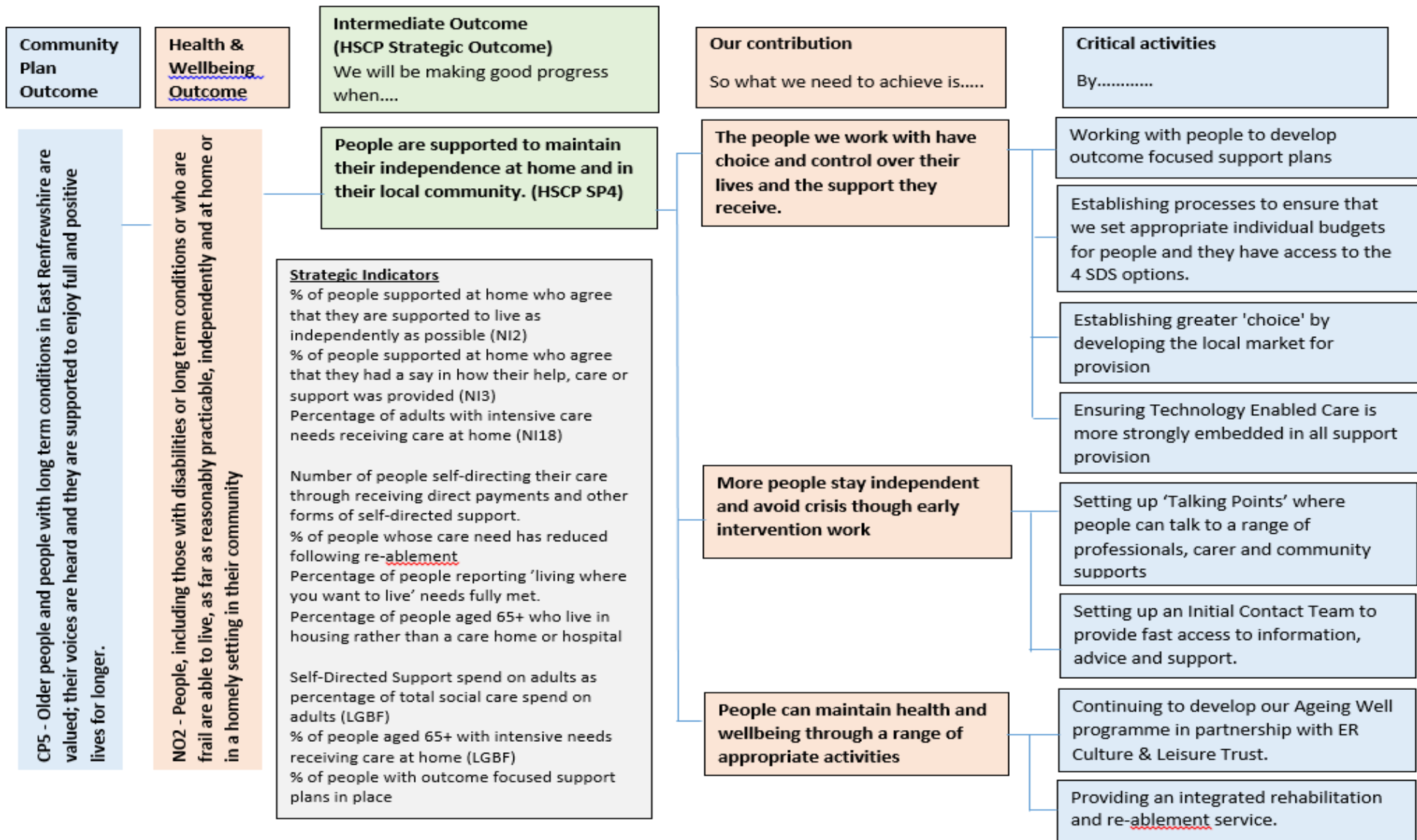
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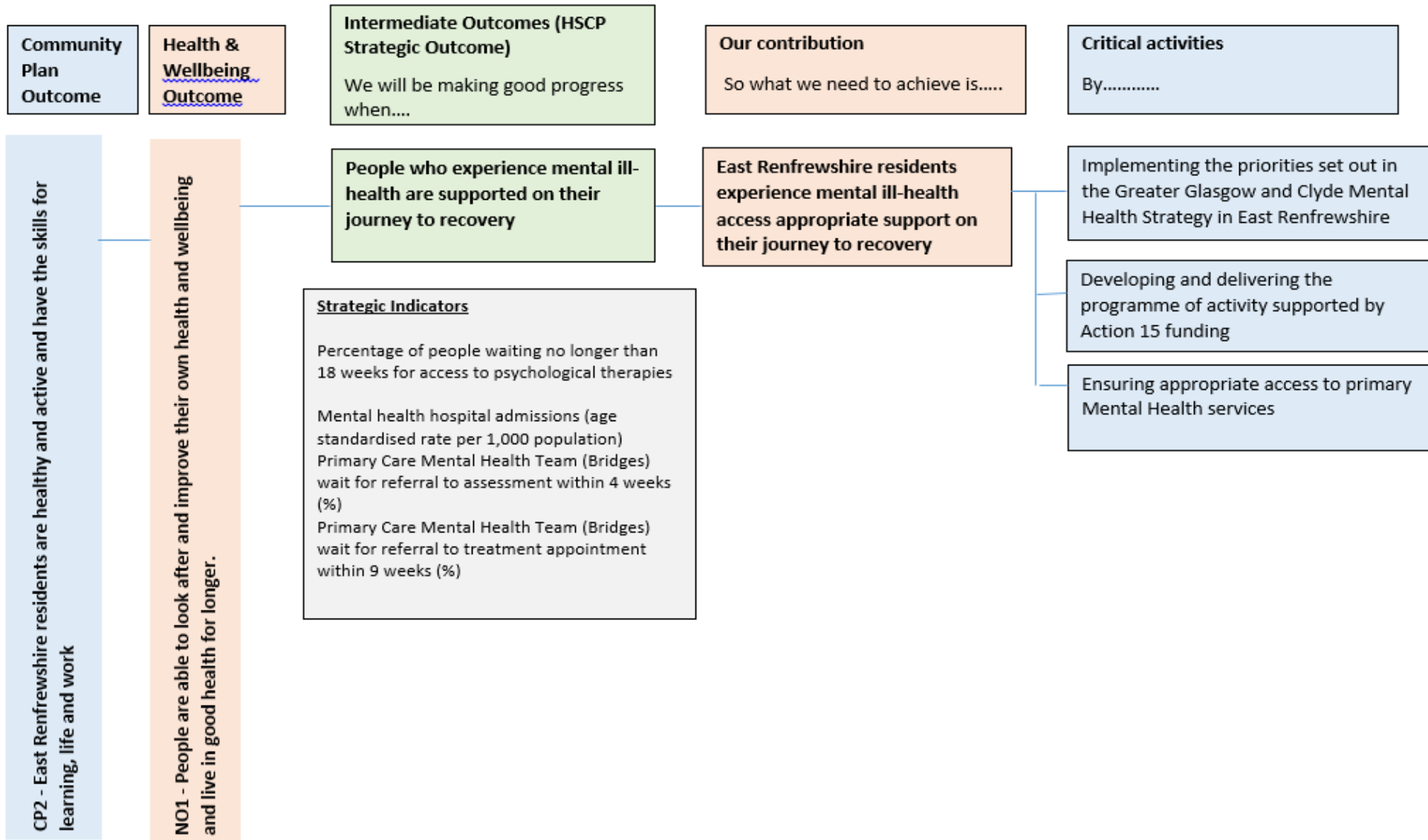
East Renfrewshire HSCP Strategic Plan: Implementation Plan 2018-21 – SP2 Criminal Justice



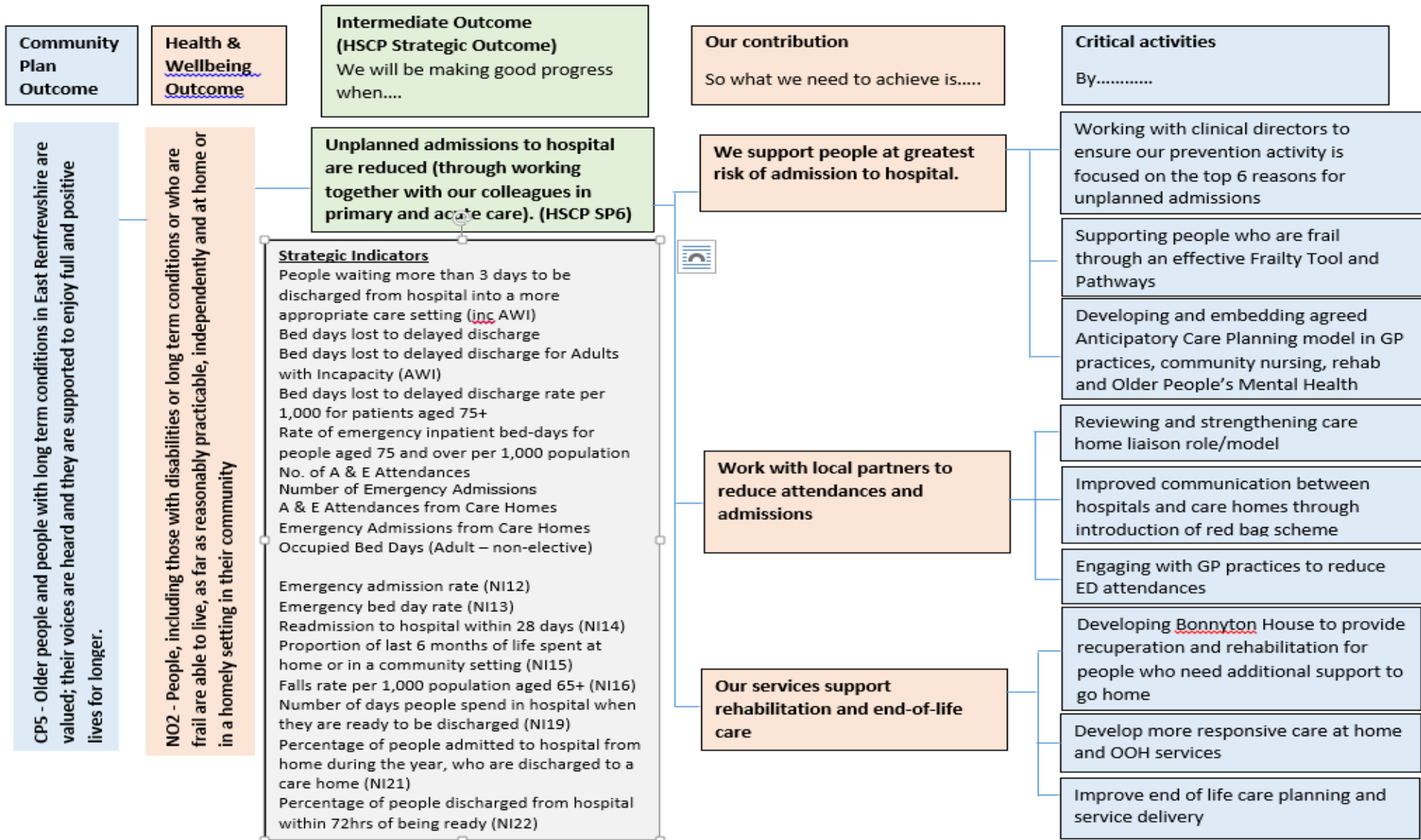
East Renfrewshire HSCP Strategic Plan: Implementation Plan 2018-21 – SP4 Community-led Support



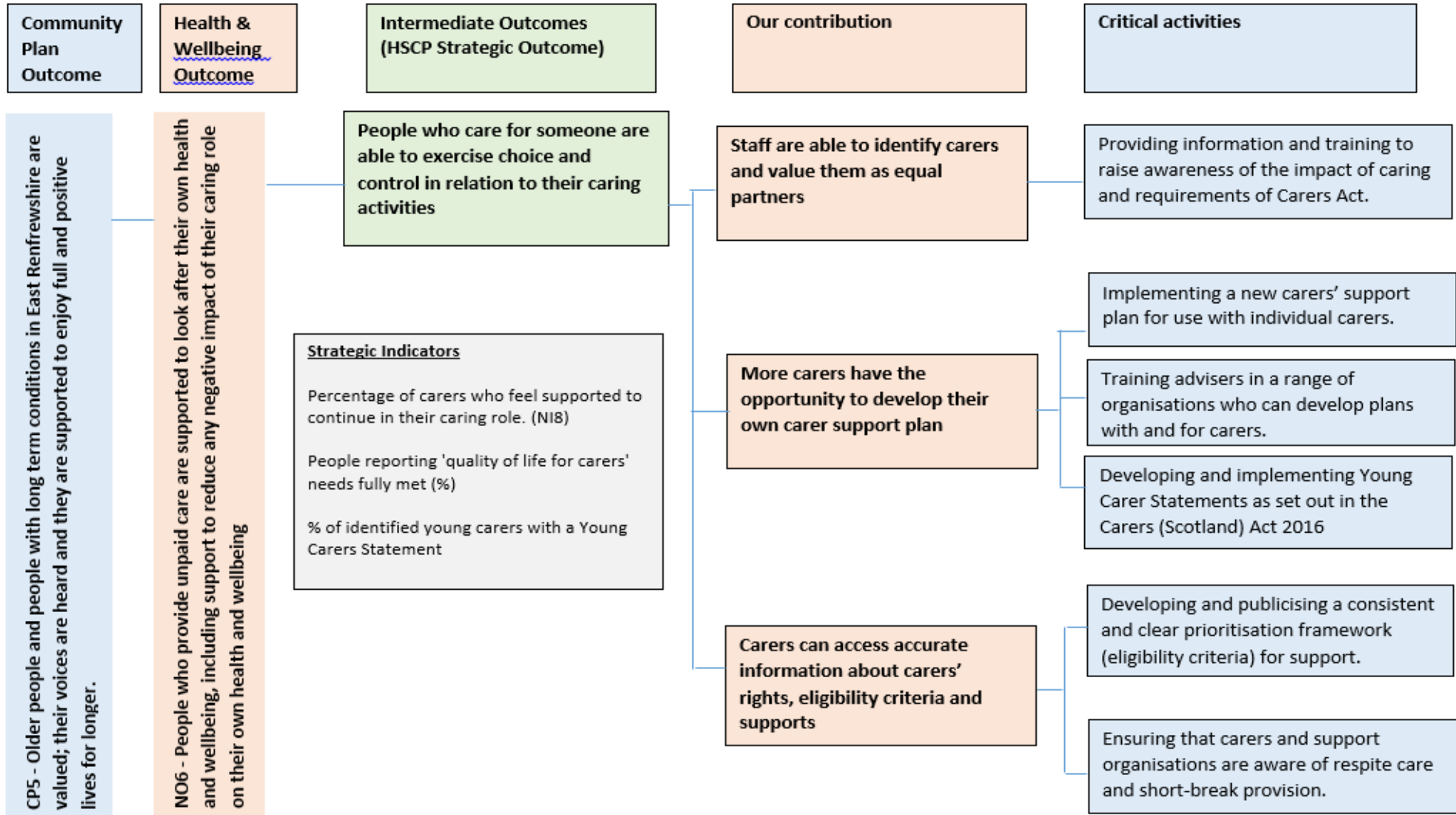
East Renfrewshire HSCP Strategic Plan: Implementation Plan 2018-21 – SP5 Supporting recovery from mental ill-health



East Renfrewshire HSCP Strategic Plan: Implementation Plan 2018-21 – SP6 Unscheduled care



East Renfrewshire HSCP Strategic Plan: Implementation Plan 2018-21 – SP7 Supporting unpaid carers



East Renfrewshire Health and Social Care Partnership Integration Joint Board

Annual Audit Plan 2018/19

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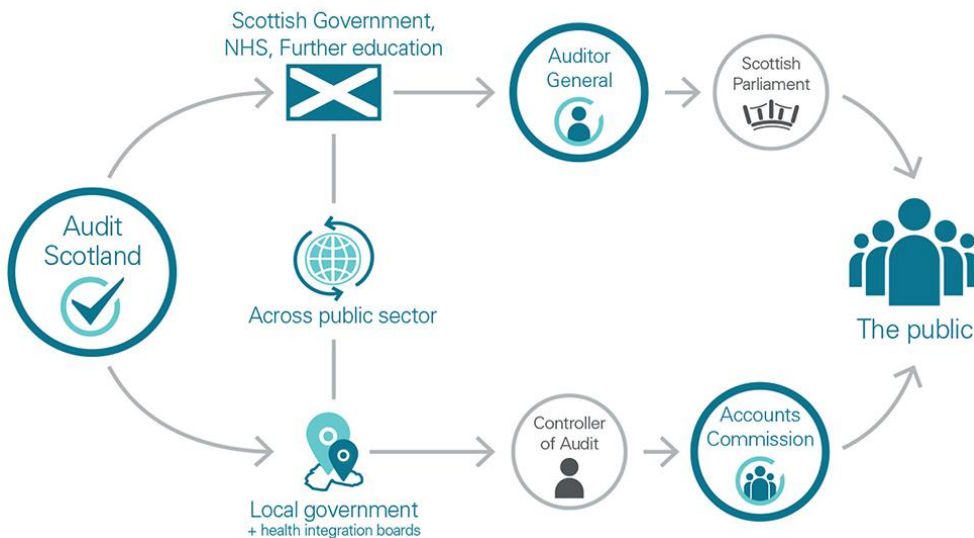
Prepared for by East Renfrewshire Health and Social Care Partnership Integration Joint Board

March 2019

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

Contents

Risks and planned work	4
Audit scope and timing	8

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Risks and planned work

1. This annual audit plan contains an overview of the planned scope and timing of our audit and is carried out in accordance with International Standards on Auditing (ISAs), the [Code of Audit Practice](#), and any other relevant guidance. This plan sets out the work necessary to allow us to provide an independent auditor's report on the financial statements and meet the wider scope requirements of public sector audit.

2. The wider scope of public audit contributes to assessments and conclusions on financial management, financial sustainability, governance and transparency and value for money.

Adding value


3. We aim to add value to the East Renfrewshire Health and Social Care Partnership Integration Joint Board through our external audit work by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. In so doing, we intend to help the East Renfrewshire IJB promote improved standards of governance, better management and decision making and more effective use of resources.


Audit risks

4. Based on our discussions with staff, attendance at committee meetings and a review of supporting information we have identified the following main risk areas for the East Renfrewshire IJB. We have categorised these risks into financial risks and wider dimension risks. The key audit risks, which require specific audit testing, are detailed in [Exhibit 1](#).

Exhibit 1

2018/19 Key audit risks

 Audit Risk	Source of assurance	Planned audit work
Financial statements issues and risks		
<p>1 Risk of management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position disclosed in the financial statements.</p>	<p>Owing to the nature of this risk, assurances from management are not applicable in this instance.</p>	<ul style="list-style-type: none"> • Detailed testing of journal entries. • Review of accounting estimates. • Focused testing of accruals and prepayments. • Evaluation of significant transactions that are outside the normal course of business.
<p>2 Risk of fraud over income and expenditure</p> <p>Under ISA 240 (UK) there is a presumed risk that income may be misstated due to the improper recognition of income. The Financial</p>	<p>East Renfrewshire IJB receives its income by way of budget allocations from East Renfrewshire Council (ERC) and NHS Greater Glasgow and Clyde (NHSGGC). As this</p>	<ul style="list-style-type: none"> • We have rebutted the risks of fraud over income and expenditure, therefore no specific procedures are required as part of our planned audit work.

	Audit Risk	Source of assurance	Planned audit work
	Reporting Council's Practice Note 10 expands this to include the risk that material misstatements occur by the manipulation of expenditure recognition.	<p>limits the opportunity for manipulation we have rebutted the presumed risk of improper recognition of income.</p> <p>East Renfrewshire IJB's expenditure is processed through the financial systems of ERC and NHSGGC. Consequently, the risk of expenditure manipulation lies with the partner bodies.</p> <p>Assurances over the accuracy and completeness of IJB transactions will be obtained from the auditors of ERC and NHSGGC. Consequently we have rebutted the risk of improper recognition of expenditure within the IJB</p>	

Wider dimension issues and risks

3 Financial sustainability

2018/19 budget outturn

As at 30 January 2019, the IJB is facing a predicted year end overspend of £0.425m. This relates to Fit for the Future Savings of £0.398m which are still to be realised. The IJB intends to fund £0.398m of the overspend through a planned use of reserves and the remaining £0.027m operational overspend within existing resources. The IJB is prepared to draw from their in year contingency reserve if required.

There is a risk that if the IJB does not identify the savings to be achieved on a recurring basis, they will be unable to achieve a balanced budget going forward, particularly in the light of uncertain future funding contributions.

2019/20 onwards

The IJB is currently facing uncertainty and pressures in their 2019/20 budget allocation. Indicative figures have been provided from the NHS with estimated savings targets of £0.634 million. Savings targets of £3.097 million have been set up by East Renfrewshire Council. It is anticipated that the IJB will present


Budget update reports to the IJB provide a regular update on budget issues.

Revenue budget monitoring is a standing report on each IJB agenda providing an overview of the current financial year.

The annual report and accounts also provide the outturn per year and show the relationship with the revenue management account reporting.

Seminars and briefings are provided throughout the year as required.

- Review the IJB's reported outturn financial position as part of the financial statements audit;
- Assess the delivery of in-year savings programmes; and
- Review the robustness of future savings plans and targets contained within the Fit for the Future programme.

 Audit Risk	Source of assurance	Planned audit work
<p>plans to address the savings targets to the IJB in March 2019</p> <p>Due to the delays in approving the health budget, there is a risk that given the financial pressures faced by the IJB in 2019/20, any delay will significantly impact the effectiveness of the IJB's financial management and the ability to strategically manage expenditure.</p>		
<p>4 Financial Planning</p> <p>The IJB does not have any published medium or longer term plans in place taking into account the impact of future costs and funding uncertainties on services and the extent of benefits realised from the ongoing Fit for the Future service redesigns. We are aware the IJB intends to present a medium term plan to the Board in March 2019.</p> <p>There is a risk that decisions on financial planning do not reflect a longer term assessment of future cost pressures and funding levels.</p>	<p>Whilst no formal strategy has been published to date the Strategic Commission Plan sets out funding scenarios to 2021</p> <p>Funding scenarios are also discussed at IJB seminars</p>	<ul style="list-style-type: none"> Review the progress the IJB has made in developing and implementing a medium and longer term financial strategy; and Assess whether assumptions within the medium and longer term financial plans are reasonable and consistent with the IJB's strategic plan objectives.

Source: Audit Scotland

Reporting arrangements

5. Audit reporting is the visible output for the annual audit. All annual audit plans and the outputs as detailed in [Exhibit 2](#), and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

6. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft management reports will be issued to the relevant officer(s) to confirm factual accuracy.

7. We will provide an independent auditor's report to the East Renfrewshire IJB East Renfrewshire Health and Social Care Partnership Integration Joint Board and the Accounts Commission setting out our opinions on the annual report and accounts. We will provide the Chief Financial Officer and Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

Exhibit 2 2018/19 Audit outputs

Audit Output	Target date	Committee Date
Annual Audit Plan	5 March 2019	20 March 2019
Annual Audit Report	18 September 2019	25 September 2019

Audit Output	Target date	Committee Date
Independent Auditor's Report	18 September 2019	25 September 2019

Source: Audit Scotland

Audit fee

8. The proposed audit fee for the 2018/19 audit of the East Renfrewshire IJB is £25,000 [2017/18 £24,000]. In determining the audit fee we have taken account of the risk exposure of the East Renfrewshire IJB, the planned management assurances in place and the level of reliance we plan to take from the work of internal audit. Our audit approach assumes receipt of the unaudited annual report and accounts with a complete working papers package on 28 June 2019.

9. Where our audit cannot proceed as planned through, for example, late receipt of unaudited annual report and accounts or being unable to take planned reliance from the work of internal audit, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises out with our planned audit activity.

Responsibilities

Performance and Audit Committee and Chief Financial Officer

10. 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.

11. The audit of the annual report and accounts does not relieve management or the Performance and Audit Committee as those charged with governance, of their responsibilities.

Appointed auditor

12. Our responsibilities as independent auditors are established by the Local Government (Scotland) Act 1973 Act, and the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standards.

13. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual report and accounts. We also review and report on the arrangements within the audited body to manage its performance and use of resources. In doing this, we aim to support improvement and accountability.

Audit scope and timing

Annual report and accounts

14. The annual report and accounts, which include the financial statements, will be the foundation and source for most of the audit work necessary to support our judgements and conclusions. We also consider the wider environment and challenges facing the public sector. Our audit approach includes:

- understanding the business of the East Renfrewshire IJB and the associated risks which could impact on the financial statements
- assessing the key systems of internal control, and establishing how weaknesses in these systems could impact on the financial statements
- identifying major transaction streams, balances and areas of estimation and understanding how the East Renfrewshire IJB will include these in the financial statements
- assessing the risks of material misstatement in the financial statements
- determining the nature, timing and extent of audit procedures necessary to provide us with sufficient audit evidence as to whether the financial statements are free of material misstatement.

15. We will give an opinion on the financial statements as to:

- whether they give a true and fair view in accordance with applicable law and the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19 (the 2018/19 Code) of the state of the affairs of the East Renfrewshire IJB as at 31 March 2019 and of its income and expenditure for the year then ended;
- whether they have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2018/19 Code
- 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.

Other information in the annual report and accounts

16. We also review and report on other information published within the annual report and accounts including the management commentary, annual governance statement and the remuneration report. We give an opinion on whether these have been compiled in accordance with the appropriate regulations and frameworks in our independent auditor's report.

17. We also read and consider any information in the annual report and accounts other than the financial statements and audited part of the remuneration report and report any uncorrected material misstatements.



characteristics



responsibilities



principal activities



risks



governance arrangements

Materiality

18. We apply the concept of materiality in planning and performing the audit. It is used in evaluating the effect of identified misstatements on the audit, and of any uncorrected misstatements, on the financial statements and in forming our opinions in the independent auditor's report.

19. We assess materiality at different levels as described below. The materiality values for the East Renfrewshire IJB are set out in [Exhibit 3](#).

Exhibit 3 Materiality values



Materiality	Amount
Planning materiality – This is the figure we use in assessing the overall impact of audit adjustments on the financial statements. Using our professional judgement, and taking account of the risks relevant to the audit, we have set materiality at 1% of gross expenditure (rounded) for the year ended 31 March 2019 based on the latest audited accounts for 2017/18.	£1.500 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. We have calculated performance materiality at 70% of planning materiality (rounded).	£1.050 million
Reporting threshold (i.e., clearly trivial) – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 3% of planning materiality.	£0.045 million

Source: Audit Scotland

Timetable

20. To support the efficient use of resources it is critical that the annual accounts timetable is agreed with us to produce the unaudited accounts. We have included an agreed timetable at [Exhibit 4](#).

Exhibit 4 Annual report and accounts timetable

 Key stage	 Date
Consideration of unaudited annual report and accounts by those charged with governance	26 June 2019
Latest submission date of unaudited annual report and accounts with complete working papers package	28 June 2019
Latest date for final clearance meeting with Chief Financial Officer	23 August 2019
Issue of Letter of Representation and proposed independent auditor's report	18 September 2019
Agreement of audited unsigned annual report and accounts	18 September 2019
Issue of Annual Audit Report including ISA 260 report to those charged with governance	25 September 2019



Key stage



Date

Independent auditor's report signed

25 September 2019

Internal audit

21. Internal audit is provided by East Renfrewshire Council and is overseen by the Chief Internal Auditor. As part of our planning process we carry out an annual assessment of the internal audit function to ensure that it operates in accordance with the main requirements of the Public Sector Internal Audit Standards (PSIAS). We will report any significant findings to management on a timely basis.

Using the work of internal audit

22. Auditing standards require internal and external auditors to work closely together to make best use of available audit resources. We seek to use the work of internal audit wherever possible to avoid duplication. We plan to consider the findings of the work of internal audit as part of our planning process to minimise duplication of effort and to ensure the total resource is used efficiently or effectively.

23. From our review of current internal audit plans we have not identified any areas where we plan to use their work.

Audit dimensions

24. Our audit is based on four audit dimensions that frame the wider scope of public sector audit requirements as shown in [Exhibit 5](#).

Exhibit 5 Audit dimensions



Source: Code of Audit Practice

25. In the local government sector, the appointed auditor's annual conclusions on these four dimensions will help contribute to an overall assessment and assurance on best value.

Financial sustainability

26. As auditors we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on the body's financial sustainability in the medium to longer term. We define this as medium

term (two to five years) and longer term (longer than five years). We will carry out work and conclude on:

- the effectiveness of financial planning in identifying and addressing risks to financial sustainability in the short, medium and long term
- the appropriateness and effectiveness of arrangements in place to address any identified funding gaps

Financial management

27. Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. We will review, conclude and report on whether East Renfrewshire IJB:

- has arrangements in place to ensure systems of internal control are operating effectively;
- can demonstrate the effectiveness of budgetary control system in communicating accurate and timely financial performance;
- has adequately assured itself that its financial capacity and skills are appropriate; and
- has established appropriate and effective arrangements for the prevention and detection of fraud and corruption.

Governance and transparency

28. Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision – making and transparent reporting of financial and performance information. We will review, conclude and report on:

- whether governance arrangements in place are appropriate and operating effectively;
- the effectiveness of scrutiny, challenge and transparency in decision-making arising from finance and performance reports; and
- the quality and timeliness of financial and performance reporting.

Value for money

29. Value for money refers to using resources effectively and continually improving services. We will review, conclude and report on whether the East Renfrewshire IJB :

- can evidence it is delivering value for money in the use of its resources.
- can demonstrate that there is a clear link between money spent, output and outcomes delivered.
- can demonstrate that outcomes are improving.
- is sufficiently focused on improvement and the pace of it.

Independence and objectivity

30. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements

in place to ensure compliance with these standards including an annual “fit and proper” declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland’s Ethics Partner.

31. The engagement lead for the East Renfrewshire IJB is John Cornett, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of the East Renfrewshire IJB.

Quality control

32. International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor’s report or opinion is appropriate in the circumstances.

33. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice (and supporting guidance) issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality standards Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of Scotland (ICAS) have been commissioned to carry out external quality reviews.

34. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time and this may be directed to the engagement lead.

East Renfrewshire Health and Social Care Partnership Integration Joint Board

Annual Audit Plan 2018/19

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	20 March 2019
Agenda Item	11
Title	Overview of the Preparation of Annual Accounts for the Integration Joint Board
<p>Summary</p> <p>This report provides an overview of the annual accounts preparation for the Integration Joint Board in line with legislative requirements and identifying the key stages.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee members are asked to note the proposed timetable</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

20 March 2019

Report by Chief Financial Officer

**OVERVIEW OF PREPARATION OF ANNUAL ACCOUNTS FOR THE
INTEGRATION JOINT BOARD**

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the preparation of the annual accounts for the Integration Joint Board identifying legislative requirements and key stages.

RECOMMENDATION

2. Performance and Audit Committee members are asked to note the proposed timetable

BACKGROUND

3. The Public Bodies (Joint Working)(Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of Health and Social Care in Scotland.
4. The Integration Joint Board is a legal entity in its own right, created by Parliamentary Order, following Ministerial approval of the Integration Scheme. NHS Greater Glasgow and Clyde (NHSGGC) and East Renfrewshire Council have delegated functions to the Integration Joint Board which has the responsibility for strategic planning, resourcing and ensuring delivery of all integrated services.
5. The Integration Joint Board is specified in legislation as a “section 106” body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.
6. The Local Authority (Scotland) Accounts Advisory Committee (LASAAC) has produced guidance on accounting for the integration of health and social care.

REPORT

7. The annual accounts for the Integration Joint Board will be prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below:
8. **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the Integration Joint Board or a committee of the Integration Joint Board whose remit include audit and governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the Integration Joint Board. The Performance and Audit Committee meets this requirement.

9. **Unaudited Accounts:** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30 June immediately following the financial year to which they relate. The Integration Joint Board annual accounts for the year ended 31 March 2019 will be considered at the Performance and Audit Committee meeting on 26 June 2019 and remitted to the Integration Joint Board meeting on 26 June 2019 for approval.
10. **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1 July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts.
11. **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the Integration Joint Board or a committee of the Integration Joint Board whose remit include audit and governance. This will take account of any report made on the audited annual accounts by the “proper officer” i.e. Chief Financial Officer being the Section 95 Officer for the Integration Joint Board or by the External Auditor by the 30 September immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered.
12. The Performance and Audit Committee will consider for approval the External Auditors report and proposed audit certificate (ISA 260 report) and the audited annual accounts at its meeting on 25 September 2019 and thereafter recommend the annual accounts for approval by the Integration Joint Board at its meeting on 25 September 2019.
13. **Publication of the Audited Accounts:** the regulations require that the annual accounts of the Integration Joint Board be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
14. The annual accounts of the Integration Joint Board must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate.
15. **Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the Integration Joint Board, the Chief Officer and the Chief Financial Officer, namely:

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

16. In addition to the above as the Chair of the Integration Joint Board will change at the end of March 2019 we are seeking advice from Audit Scotland as to whether an assurance statement needs to be issued by the outgoing Chair.

17. LASAAC (Local Authority (Scotland) Accounts Advisory Committee) issued additional guidance on accounting for integrated health and social care on 11 March 2019. The purpose of this guidance is to provide clarity on the accounting treatment for a number of areas where issues such as differing interpretation of the existing guidance have arisen as that statutory accounting for IJB's beds in and is developed. The revised guidance covers the areas set out below and we will ensure continued compliance:
- IJB Running Costs
 - Remuneration Reports in the IJB and Local Authority Partner
 - Presentation in the Local Authority Comprehensive Income and Expenditure Statement (CIES)
 - Management Commentary
 - IJB Comprehensive Income and Expenditure Statement (CIES)
 - Related Party Disclosures
 - Application of Statutory Mitigation
 - Cash & Cash Equivalents
 - Local Authority: Offsetting of Debtor and Creditor Balances with the IJB
 - IJB Balance Sheet and Movement in Reserves Statement (MiRS)
 - Treatment of over and under spends (added 2019)
 - Presentation of a 'net liability' (negative reserves) position (added 2019)
 - Hosted services (added 2019)
 - Set Aside Arrangements (added 2019)
 - Earmarked elements of General Fund balances (added 2019)
 - Critical Judgements (added 2019)
 - Arrangements for agreeing balances and transactions (added 2019)

CONCLUSIONS

18. The preparation of annual accounts for the Integration Joint Board will meet all legislative requirements and approval will be remitted by the Performance and Audit Committee to the Integration Joint Board.
19. The Integration Joint Board's External Auditors have been fully consulted on this report.
20. The Section 95 Officer and Assistant Director of Finance from respective partners are fully consulted with on the preparation of the annual report and accounts for the Integration Joint Board.

RECOMMENDATIONS

21. Performance and Audit Committee members are asked to note the proposed timetable

REPORT AUTHOR AND PERSON TO CONTACT

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11 March 2019
 Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Relevant legislation: Public Bodies (Joint Working) (Scotland) Act 2014
 Local Government Scotland Act 1973

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	20 March 2019
Agenda Item	12
Title	Audit Actions Update
<p>Summary</p> <p>At the Performance and Audit Committee meeting on 26 June 2018, members requested a six monthly update report on the CareFirst Finance audit action plan (MB1044RL), which is attached at Appendix 1.</p> <p>The committee should also note that we are working closely with ERC Finance colleagues to ensure that the implementation of a new council financial system allows us to maintain our current level of financial integrity, governance and control.</p> <p>At the same meeting the Committee also considered the audit report on IJB Governance (MB1046RM). An update is attached at Appendix 2.</p> <p>An update is also provided on the action plan from the Audit Scotland annual report and accounts for 2017/18.</p> <p>It should be noted that the updates provided in the supporting appendices are all subject to internal and external audit follow up respectively.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Performance and Audit committee is requested to note the progress to date against recommendations in the action plans</p>	

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MB1044RL - CareFirst Finance
Audit Actions Update

Ref	Recommendation	Comments	Responsible Officer	Timescale for Completion	Update at 11 March 2019	Date considered closed
4.1.1	Priority needs to be given to ensure that annual review takes place for each client with an authorised service agreement however the Head of Finance and Resources stated that it is not possible to undertake a full annual review on every care package and that this operates on a risk based approach. Details of the risk based approach needs to be documented and approved by the IJB	A risk based approach was agreed a number of years ago. The policy will be revised and taken to the IJB for approval.	Head of Adult Health & Social Care Localities	31-Mar-2019	Review team established as part of structure changes and the team is located at Barrhead HCC. Staff will transition to new roles by the end of March 2019.	
4.1.2	Operational Managers need to review and prioritise cases to ensure that those most likely to have changed are addressed first. In practice these cases should have been reviewed under routine work.	Will be in line with revised policy to be taken to IJB (SEE 4.1.1)	Head of Adult Health & Social Care Localities	31-Mar-2019	The review team will take forward prioritised case review activity.	
4.2.1	Action is required by operational managers to ensure that varies processed are appropriate to the client and that service agreements reflect clients' needs accurately. Operational managers should prioritise checking of vary reports to approve all varies processed and to take action to update service agreements where appropriate.	This is already in place, however the formal sign off recording will be strengthened. To avoid duplication of effort and issues the sign off will incorporate some of the points below, as we suggested during the audit.	Head of Finance and Resources	31-Mar-2019	Quarterly reports and vary reports continue to be sent to managers together and discussed and minuted at budget meetings. Once individual budgets are implemented, along with approval panels, this process will be amended accordingly.	

Ref	Recommendation	Comments	Responsible Officer	Timescale for Completion	Update at 11 March 2019	Date considered closed
					<p>It should be recognised that changes in staffing structure mean that some managers need to take additional time to review areas / cases new to them.</p> <p>The approval panel is expected to commence in April 2019.</p>	
4.2.2	A positive response should be obtained by the Finance Team from each operational manager regarding review and approval of vary reports to ensure that each case is addressed and the manager is confirming an awareness of the differences and any required actions. This could be combined with the quarterly client verification check (which covers existence of client, commitment value and provider) and signed off within budget monitoring to avoid numerous verification checks.	As 4.2.1	Head of Finance and Resources	31-Mar-2019	As per 4.2.1 above, this now forms part of the budget monitoring minute. It should also be noted that due to a recent restructure, managers may be having to familiarise themselves with a new service area	
4.3.1	Operational managers should be reminded that service agreements must be authorised as a priority to avoid backlogs in payments to providers.	Reminder issued 24 May 2018. However the planned centralised entry of service agreements will also improve authorisation times.	Head of Finance and Resources	31-Mar-2019	<p>Email issued 24.5.18.</p> <p>This will be superseded by the centralised entry of service agreements once implemented.</p> <p>The timing will be dependent on the review of business support functions however interim arrangements will be put in place to support the approvals panel.</p>	24/05/2018

Ref	Recommendation	Comments	Responsible Officer	Timescale for Completion	Update at 11 March 2019	Date considered closed
4.3.2	Social Workers should be instructed that updating the CFF system is essential and that this must be done before the service agreement commences where possible.	See 4.3.1	Head of Finance and Resources	31-Mar-2019	Email issued 24.5.18 attached to scorecard outcome	24/05/2018
4.4.1	Regular review of provider rates should take place within the commissioning team and appropriate action taken where anomalies are found. Evidence of this review should be held.	Report developed, will inform actions and any compliance issue will be taken to DMT	Head of Finance and Resources	31-Mar-2019	Commissioning, CareFirst and Finance meet weekly to discuss any new rate anomalies. Records are maintained by CareFirst.	24/05/2018
4.4.2	The report should be presented to DMT in line with procedures to obtain approval of rates not set by commissioning.	See 4.4.1	Head of Finance and Resources	31-Mar-2019	Commissioning report to DMT annually when rates are reviewed. HOS approval for individual non-framework rates is now delegated to locality managers per 4.6.1. the Commissioning team also have access to business objects reports to check rates on an ad-hock basis.	13/11/2018
4.5.1	A review of the uprating process 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.	See 4.2.1 and 4.4.1 However the planned centralised entry of service agreements will mitigate.	Head of Finance and Resources	31-Mar-2019	Once finance structure is fully populated , this will be addressed as part of the finance support officer role. This will be superseded by centralised entry of service agreements.	

Ref	Recommendation	Comments	Responsible Officer	Timescale for Completion	Update at 11 March 2019	Date considered closed
4.5.2	Processing staff should be reminded to check the number of hours charged to the service agreement to ensure that varies processed for rate changes do not also cover increased charges for additional hours.	Reminder issued during audit and will be routinely reviewed	Head of Finance and Resources	31-Mar-2019	Team were reminded at time of audit. This is also included within the procedures to deal with invoice variations.	24/05/18
4.5.3	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.	This was deemed low risk, when team is fully staffed will be a routine process	Head of Finance and Resources	31-Mar-2019	Updates are actioned on an ad-hoc basis depending on query but a proactive and scheduled approach will commence when the Finance Support Office roles are fully recruited.	
4.6.1	Head of service approval must be seen by the carefirst team before they enter a non-framework rate.	Sign off process being refreshed	Head of Finance and Resources	31-Mar-2019	This requirement was causing a delay in Service Agreements going onto the system, due to the demands already on HOS. As agreed with the Chief Officer, this has now been delegated to Locality Managers.	13/11/2018
4.7.1	The deceased clients with open service agreements report should be reviewed and service updated to: - Remove clients whose service agreements were not authorised - Ensure that service agreements effectively ended do not appear Appropriately end agreements on the system.	Reminder issued 24 May 2018 and also see 4.2.1	Head of Finance and Resources	31-Mar-2019	The deceased clients report was updated in July 2018 to ensure cancelled and ended service agreements do not appear on the report. Incomplete/unauthorised service agreements are still included in the report as these require action; i.e. cancelled or completed and authorised.	01/07/2018

Ref	Recommendation	Comments	Responsible Officer	Timescale for Completion	Update at 11 March 2019	Date considered closed
4.7.2	Homecare Managers should be instructed of the procedure and the requirement to end the service agreements promptly of clients who have died.	See 4.7.1	Head of Finance and Resources	31-Mar-2019	All managers instructed, per email of 24 th May 2018. Weekly reports are sent to Intensive Services Manager. Any outstanding service agreements are discussed as part of the routine budget meetings.	24/05/2018

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MB1046RM - IJB Governance
Audit Actions Update

Ref	Recommendation	Comments	Timescale for Completion	Responsible Officer	Update	Completion Date
4.1.1	The IJB should develop a protocol with the auditors to ensure all internal audit reports that affect the IJB are made available to its performance and audit committee.	We will agree a protocol with NHS Internal Audit ensuring that a copy of any Internal audits that impact on IJB will be forwarded to the next available Performance and Audit Committee following the submission of audit response to Internal Audit Section.	31-Oct-2018	Business Support Manager	The Financial Governance Manager, NHS GGC has confirmed that the current process is that after each meeting of the NHSGGC Audit and Risk Committee, a paper is prepared which summarises Integration Joint Boards the internal audit activity within NHSGGC. Where a report has a direct impact on an IJB, that report is shared with the IJB.	07-Nov-2018
4.2.1	A Workforce and Development Plan and an Organisational Development Strategy should be put in place as stipulated in the Integration Scheme.	We will meet this requirement through the production of a workforce plan and a learning & development plan.	31-Mar-2019	HR Business Partner/L&D Team	Learning & Development staff are working with our partners to deliver an integrated approach. This will form the basis of new L&D plan. Data for the workforce plan is currently being analysed and outline text for the documents is being pulled together.	
4.3.1	The two members of the IJB who have not signed a code of conduct undertaking should be requested to do so.	The code of conduct will be forwarded to the two members for sign off.	31-Aug-2018	Democratic Services Manager	This was confirmed as complete at the meeting on 27 June 2018.	27-Jun-2018
4.4.1	A carer's representative should be invited to join the membership of the Clinical and Care Governance Committee as soon as	A carer representative will be invited to join Clinical and Care Governance Committee.	31-Oct-2018	Public Engagement Officer	A carer representative will be invited to join Clinical and Care Governance Committee This matter is an agenda item on Your Voice meeting November 2018 as the	

Ref	Recommendation	Comments	Timescale for Completion	Responsible Officer	Update	Completion Date
	possible in accordance with the Integration Scheme and the IJB decision of 17 June 2016.				previous meeting was postponed. The Public Engagement Officer will discuss with Your Voice members and East Renfrewshire Carers Centre to ensure representation from carers on Clinical and Care Governance Committee.	
4.5.1	All documents relating to the IJB should comply with the requirements of the Records Management Plan.	The IJB has received advanced notice from the Keeper of Scottish Records to produce an IJB Records Management Plan (RMP). The Keepers office indicated they will write formally in October 2018 and ask the IJB to produce an RMP within three months. Meantime we will review IJB documents and ensure they comply with ERC RMP	31-Oct-2018	Business Support Manager	1.At its meeting on 30 January 2019 the Integration Joint Board approved the Records Management Plan and associated Memorandum of Understanding and agreed that they be submitted to the Keeper for the Records of Scotland for agreement. 2.The Records Management Plan has been submitted, however the Memorandum of Understanding is currently awaiting sign off by the Chief Executive of NHS Greater Glasgow and Clyde and will be forwarded thereafter.	
4.6.1	The risk management policy's requirement of quarterly review of the risk profile by the HSCP Management Team should be amended to reflect actual practice.	We will review the existing risk management policy and amend where required.	31-Oct-2018	Business Support Manager	The risk register is reviewed by the DMT prior to submission to every Performance and Audit Committee. In addition, the HSCP key risks are regularly updated with our partners.	1-Nov-18.

2017/18 recommendations for improvement

No	Issue	Risk	Recommendation	Agreed Management Action	Responsible Officer	Timing	Comments
1	Financial Sustainability The IJB has identified a savings requirement of £1.978m in 2018/19 and a potential savings requirement of £8.3m to 2020/21. It is currently estimating a savings gap of £3.97m in the two years to 2020/21 which it has identified may require reductions to care packages and future grant funding.	Future savings requirements cannot be delivered without adversely impacting on services and fully utilising all available reserve balances.	The IJB should continue to closely monitor performance against budgets and wherever possible work towards meeting its agreed reserves policy Paragraph 38	In- year revenue monitoring, budget updates and IJB seminars will continue to take place. Budget reports will continue to consider future years funding scenarios, cost pressures, risks and associated savings targets along with proposals and progress to close any funding gap.	CFO	Ongoing	Revenue monitoring reports are a standing item on the IJB agenda and identify current year performance including savings delivery. Budget update reports are taken to the IJB regularly, and seminars held as required, where funding scenarios are discussed.
2	Medium and long-term financial planning While target areas for savings over the 3 years to 2020/21 are set out in its draft Strategic Commissioning Plan, a broader longer term Financial or Budget Strategy paper has yet to be prepared which considers the impact of future costs and funding uncertainties on services such as future prescribing costs and the extent of benefits realised from the ongoing Fit for the Future service redesigns.	Decisions on financial planning do not reflect a longer term assessment of future cost pressures and funding levels and the potential impact on services and financial sustainability.	The IJB should prepare a medium to long term financial strategy for approval by the Board which includes a range of outcomes and scenarios which reflect as far as possible the current uncertainties surrounding future funding levels, cost pressures and service redesigns. Paragraph 43	A range of financial scenarios and associated impacts have been modelled and included in the Strategic Commissioning Plan 2018-21. A separate financial strategy will be produced and will reflect the Scottish Government financial framework due to be published in September 2018.	CFO	31/03/2019	The November budget update to the IJB included the key messages as well as the full detail of the Scottish Government Medium Term Health and Social Care Financial Framework. A medium term financial plan for the HSCP will be taken to the IJB on 20 March 2019.
3	Strategic Plan The Strategic Plan for 2018-2021 does not clearly link its plans under each of its strategic objectives to the delivery of the national outcomes. The Plan does not include the key indicators by which the IJB will measure its performance and progress in achieving its priorities and the delivery of the national health and wellbeing outcomes	The Strategic Plan does not demonstrate progress against the IJB's key performance measures and links between the IJB's aims and national outcomes are unclear.	The Strategic Plan should include references by which successful performance against strategic aims can be measured and progress against the national outcomes demonstrated. Paragraph 68	We are reviewing our performance reporting to realign this to reflect the new Strategic Plan.	CFO	31/03/2019	The HSCP undertook a strategic mapping exercise and logic modelling to support to the implementation of the Strategic Plan. As a result we have produced driver diagrams for the strategic objectives set out the plan – and a fully aligned performance reporting framework. Each driver diagram clearly sets out which national health and wellbeing outcome(s) are being supported by the strategic priority area – and sets out critical delivery activities and key performance indicators to measure progress. Our reporting framework produces detailed six monthly reports structured under each Strategic Plan priority (linked to National Outcomes) with updates on progress against activities and PIs.
4	GDPR Compliance The IJB does not hold personal data and the intention is to rely on the GDPR arrangements in place in East Renfrewshire Council and NHS Greater Glasgow and Clyde. This position has never been formally reported to the Board along with confirmation that the IJB has met all relevant GDPR requirements.	The arrangements for complying with GDPR are not formally agreed by the Board and the IJB partners.	The Board should formally agree its position regarding GDPR and should set out its position regarding Data Protection Officers. Paragraph 62	A report will be taken to the Integration Joint Board to formalise the position.	CFO	31/03/2019	A paper on GDPR regulations was taken to the IJB on 30 January 2019

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