

Date: 18 September 2020
When calling please ask for: Eamonn Daly (0141-577-3023)
e-mail: eamonn.daly@eastrenfrewshire.gov.uk

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

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD - PERFORMANCE AND AUDIT COMMITTEE

A meeting of the East Renfrewshire Integration Joint Board Performance and Audit Committee will be held on **Wednesday 23 September 2020 at 9.00 am.**

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

ANNE-MARIE MONAGHAN
Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
PERFORMANCE & AUDIT COMMITTEE
WEDNESDAY 23 SEPTEMBER 2020**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1 Apologies for absence**
- 2. Declaration of Interests**
- 3. Minute of meeting of 27 November 2019 (copy attached, pages 5 - 10).**
- 4. Internal Audit Annual Report 2019-20 (copy attached, pages 11 - 18).**
- 5. East Renfrewshire IJB Annual Audit Report 2019-20 (copy attached, pages 19 - 46).**
- 6. Audited Annual Report and Accounts 2019-20 (copy attached, pages 47 - 122).**
- 7. East Renfrewshire HSCP Annual Performance Report 2019-20 (copy attached, pages 123 - 196).**
- 8. Self-Directed Support: 2017 Progress Report – Impact Report published by Audit Scotland in December 2019 (copy attached, pages 197 - 206).**
- 9. Audit Scotland: COVID-19 Guide for Audit and Risk Committees (copy attached, pages 207 - 234).**
- 10. Contracts and Exceptions Update to June 2020 (copy attached, pages 235 - 240).**
- 11. IJB Strategic Risk Register Update (copy attached, pages 241 - 264).**
- 12. Calendar of meetings 2021 (copy attached pages 265 - 268).**
- 13 Date of Next Meeting – Wednesday 25 November 2020 at 9am.**

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**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 27 November 2019 in
the Eastwood Health and Care Centre, Drumby Crescent,
Clarkston**

PRESENT

Councillor Caroline Bamforth, East Renfrewshire Council (Chair)

| | |
|--------------------------|---|
| Councillor Barbara Grant | East Renfrewshire Council co-opted Member |
| Anne Marie Kennedy | Non-voting IJB member |
| Heather Molloy | Local Integration Lead, Independent Sector (substitute for Janice Cameron) |
| Councillor Paul O’Kane | East Renfrewshire Council |
| Dr Ian Ritchie | NHS Greater Glasgow and Clyde Board (substitute for Anne-Marie Monaghan) |

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) |
| Belinda McEwan | Senior Manager, Children and Families (Intensive Services) and Criminal Justice |
| Stuart McMinigal | Business Manager, Finance and Resources |
| Candy Millard | Head of Adult Health and Social Care Localities |
| Ross Mitchell | Senior Auditor, East Renfrewshire Council |
| Steven Reid | Policy, Planning and Performance Manager |

ALSO IN ATTENDANCE

| | |
|-----------------|----------------|
| Aimee MacDonald | Audit Scotland |
| Stephen Shaw | Audit Scotland |

APOLOGIES

| | |
|---------------------|--------------------------------------|
| Janice Cameron | Integration Lead, Independent Sector |
| John Matthews | NHS Greater Glasgow and Clyde Board |
| Anne-Marie Monaghan | 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 25 September 2019.

MATTERS ARISING

3. The committee noted a report by the Chief Officer providing an update on progress regarding matters arising from the discussions that took place at the meeting of 25 September 2019.

Having heard the Head of Finance and Resources comment further, the committee noted the report.

MID-YEAR PERFORMANCE REPORT – 2019/20

4. The committee considered a report by the Chief Officer providing an update on progress against the strategic performance measures developed to monitor progress in the delivery of the strategic priorities set out in the Strategic Plan 2018-21, during the period 1 April to 30 September 2019.

The Policy, Planning and Performance Manager commented further, both in respect of areas where there had been strong performance, and on areas where there were still remaining challenges.

In response to comments from Dr Ritchie on the good performance in relation to delayed discharge, the Chief Officer explained that one of the key tools used was a dashboard that had been developed locally. This enabled East Renfrewshire residents in hospital to be identified and allowed arrangements for discharge to start at an early stage in a person's stay in hospital. In addition, she confirmed that there was a good supply of care homes in the area. This also helped with the outflow of people from hospital. However, she explained that due to the ongoing issues with the Care at Home service, getting people back into their own homes immediately would be a challenge. Staff were working to identify people in hospital who would be prepared to go into residential accommodation on a temporary basis until personal care packages for their own homes were ready.

In addition, the Head of Adult Health and Social Care Localities commented on some of the ongoing work in relation to the promotion of guardianship and power of attorney.

Councillor Bamforth having commented on the recent success of the Home from Hospital team in the recent NHSGGC awards, and the Chief Officer highlight that for a number of weeks in the recent past there had been no delayed discharges for East Renfrewshire, the committee noted the report.

AUDIT ACTIONS UPDATE

5. Under reference to the Minute of the meeting of 20 March 2019 (Item 11 refers), when the committee had noted a report by the Chief Officer providing an update in respect of audit action plans prepared in relation 3 audits; the audit of the CareFirst Finance system; the audit of IJB governance arrangements; and the action plan in relation to the Audit Scotland annual report and accounts, the committee considered a report by the Chief Officer providing a further update. Copies of the 3 action plans containing details of progress in delivering the agreed actions accompanied the report.

Commenting on each of the open actions in the action plans in turn, the Head of Finance and Resources firstly explained that in respect of the CareFirst system actions, whilst a review team had been established, it had been necessary to reprioritise workloads within Adult Services, and processes for undertaking reviews of service agreements were being reviewed. She also provided information on the work required following the changes to the Council's new ledger system, it being noted that to date around 2500 invoices with a value of £5.6 million had been processed.

Having commented further on some of the other open actions in the action plan, the Head of Finance and Resources explained that in respect of the open action in the IJB Governance audit action plan, whilst a workforce development plan was in place for the current year, development of the 2020-23 plan had been delayed as anticipated guidance from the Scottish Government had not yet been received.

In relation to the Audit Scotland report actions, the Head of Finance and Resources explained that in order to meet savings targets it may be necessary to prioritise care packages. This would become clearer once the budget settlement figures from the Scottish Government became available.

In response to Councillor Grant who questioned the availability of the most recent report by the Care Inspectorate into the Care at Home Service, it was clarified that copies of the report were available from the Care Inspectorate website and had also been circulated to all members of the IJB. It was further explained that the article in a recent issue of the Barrhead News related to the Commission's first report on the service produced in February 2019. The Chief Social Work Officer had referred to this report in her recent annual report.

In addition, the Chief Officer acknowledged that whilst the most recent report was still critical of the service it did recognise that improvements were being delivered, although the pace of improvement was not as fast as had been sought.

In response to questions from Dr Ritchie on the potential need to prioritise care packages in future, the Head of Finance and Resources explained that a number of the current packages were of a lower level preventative nature. If review was required it would be these types of package that were most likely to be adversely affected. However it was recognised that this increased the potential for longer term pressures on other parts of the service. In addition, the Chief Officer emphasised that this was not a course of action that officers were keen to pursue and explained that due to the savings targets that had been delivered historically, there were limited opportunities to make savings in other service areas.

The committee noted the report.

REVIEW OF IJB RISK MANAGEMENT POLICY AND STRATEGY

6. The committee considered a report by the Chief Officer providing an update of the review of the IJB Risk Management Policy and Strategy approved by the IJB in August 2016, and seeking the committee's endorsement for a number of amendments.

Having provided details of the review process, the report set out details of feedback received and details of proposed amendments where these had been considered appropriate.

The Business Manager, Finance and Resources was heard further on the report and in response to questions from the Senior Auditor.

The committee having noted that this would be the last meeting attended by the Business Manager as he was moving to another role within the Council, and having wished him well in his future position:-

- (a) noted the report;
- (b) endorsed the draft IJB Strategic Risk Register and the amendments to the Risk Management Policy and Strategy; and
- (c) agreed that these be remitted to the IJB for approval.

IJB STRATEGIC RISK REGISTER UPDATE

7. 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 high risks, these being supported by additional information provided by the Head of Finance and Resources.

The report explained that no risks had been removed from the register since the last update. 6 risks had been updated, with a summary of the changes being provided. 2 risks remained high post-mitigation. These related to financial sustainability and to the Scottish Government's Inquiry into Historical Sexual Abuse.

The Head of Finance and Resources having provided an update in respect of each of the risks listed, the Senior Manager, Children and Families (Intensive Services) and Criminal Justice provided contextual information in relation to the Inquiry into Historical Sexual Abuse and to the operational implications for the service of reviewing all relevant case files and providing the information sought. She explained that the deadline for responses was 27 January 2020. However, the Chief Social Work Officer had written to the Inquiry and had obtained a part extension of the deadline until April 2020 for some of the information to be provided.

The significant changes in inspection and regulation standards during the period covered by the Inquiry was highlighted, it being noted that the review needed to take account of the standards in force at the time. Notwithstanding this, it was reported that it was likely that the case file review would uncover some information that would be pertinent to the Inquiry.

Thereafter, in response to questions from Councillor Grant on the proposed redesign of the Care at Home Service, the Chief Officer explained the background to the decision to move forward with a service redesign, and how the process would be managed and delivered.

She also referred to the support being provided by the Care Inspectorate and to similar redesign exercises taking place in other areas. Visits had been made to these areas in order to identify areas of learning and best practice.

Discussion also took place in particular on the profile of staff in the service and details of efforts to recruit younger people and to make care at home a more attractive career option were outlined.

The committee noted the report.

DATE OF NEXT MEETING

8. It was reported that the next meeting of the committee would take place on Wednesday 18 March 2020 at 9.00 am in the Eastwood Health and Care Centre, Clarkston.

CHAIR

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****23 September 2020****Report by Chief Auditor****INTERNAL AUDIT ANNUAL REPORT 2019/20****PURPOSE OF REPORT**

1. To submit the Chief Auditor's Annual Report for 2019/20 which contains an independent opinion on the adequacy and effectiveness of the governance, risk management and internal control systems operating within the integration joint board (IJB).

BACKGROUND

2. Internal Audit is an autonomous unit within the Chief Executive's Office of East Renfrewshire Council. Independence is achieved through the organisational status of internal audit and the objectivity of internal auditors. For the purposes of providing an annual opinion, reliance will be placed on the work of the NHS Greater Glasgow and Clyde (NHSGGC) internal auditors, East Renfrewshire Council internal auditors and any work carried out by other external assessors, for example Audit Scotland and Care Inspectorate.

3. In order to ensure proper coverage and avoid duplication of effort, the internal auditors of the NHSGGC and all the local authorities operating within this Health Board area are in regular communication when necessary.

ANNUAL REPORT 2019/20

4. The attached annual report (Appendix 1) contains the annual internal audit statement of assurance and concludes that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in the year ended 31 March 2020. The proposed audit plan for 2020/21 is also included within the report.

RECOMMENDATION

5. The Committee is asked to:

- note the contents of internal audit's annual report 2019/20
- note the annual assurance statement and the conclusion that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2019/20.
- approve the proposed audit plan for 2020/21.

Further information is available from Michelle Blair, Chief Auditor, telephone 0141 577 3067.

M Blair, Chief Auditor
14 September 2020

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INTERNAL AUDIT ANNUAL REPORT 2019/20

INTRODUCTION

1. The Scottish Government established the Integrated Resources Advisory Group (IRAG) to consider the financial implications of integrating health and social care, and to develop professional guidance.
2. The IRAG guidance outlines the responsibility of the integration joint board (IJB) to establish good governance arrangements, including proportionate internal audit arrangements for the review of the adequacy of the arrangements for governance, risk management and control of resources delegated to the IJB.
3. East Renfrewshire Council (ERC) and NHS Greater Glasgow and Clyde (NHSGGC) agreed that East Renfrewshire Council's internal audit service would undertake the internal audit role for the IJB and the Chief Auditor of East Renfrewshire Council was formally appointed to that role by the Integration Joint Board on 7 October 2015.
4. The guidance also states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control.
5. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, internal audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework for governance, risk management and control. This annual report contains the opinion on the IJB's internal control framework for the financial year 2019/20.

INTERNAL CONTROL FRAMEWORK

6. In order to ensure the proper conduct of its business, the IJB has a responsibility to develop and implement systems of internal control. The presence of an effective internal audit function contributes towards, but is not a substitute for, effective controls and it remains primarily the responsibility of line management to ensure that internal controls are in place and are operating effectively. A sound control system will help safeguard assets, ensure records are reliable, promote operational efficiency and ensure adherence to IJB policy and procedures. Such systems of internal control can provide only reasonable and not absolute assurance against loss.
7. An excellent working relationship exists between internal audit and Audit Scotland, the IJB's appointed external auditors. Information on audit planning and the progress of audit work is regularly exchanged on an informal basis which helps avoid duplication of effort and maximises audit resources. Audit Scotland review the work of internal audit annually to consider whether reliance can be placed on internal audit's work and it is pleasing to be able to report that Audit Scotland continue to be able to place reliance on internal audit's work as the standard of work meets their requirements.
8. East Renfrewshire IJB commissions East Renfrewshire Council and NHS Greater Glasgow and Clyde to provide services on its behalf, both of which operate in compliance with the Public Sector Internal Audit Standards (PSIAS). As such, any significant governance issues reported in either the Council's or NHS Greater Glasgow and Clyde's 2019/20 Annual Governance Statements are considered for relevance to the East Renfrewshire IJB. No significant issues were reported in either of these specific to the IJB.

ACHIEVEMENT OF 2019/20 ANNUAL AUDIT PLAN

9. The 2019/20 audit plan provided 20 days and was approved by the Performance and Audit Committee on 25 September 2019. The audit work to be covered specific to the IJB was an audit of the risk management arrangements in place and a follow-up of progress against previous internal audit recommendations.

10. The audit of IJB risk management arrangements was completed and issued in February 2020.

The objectives of this audit were to review the IJB's risk management arrangements to ensure:

- Risk management policy and strategy is adhered to
- risk registers are regularly updated and reported to IJB
- actions noted as being required to mitigate risks are SMART
- actions in place to mitigate risks can be evidenced
- risk ratings appear reasonable in light of actions in place and after proposed actions are taken to mitigate risks further.

There were four recommendations made within this report, all were classified as low risk and accepted by management.

11. The proposed follow-up audit would have been to ensure the recommendations made and accepted in the previous follow-up audit report MB/1110/RM issued in August 2019 had been fully implemented. There were two recommendations within this report, one classified as medium risk and one as low risk. This follow-up audit had not commenced prior to the COVID19 lockdown as one of the agreed implementation dates was 31 March 2020. The Head of Finance and Resources has recently advised that this implementation date is delayed due to COVID 19.

PLANNED WORK FOR 2020/21

12. The internal audit plan for the Council was approved by the Audit and Scrutiny Committee on 12 March 2020 and included an allocation of 20 days for IJB audit commitments. This is consistent with previous year audit allocations for the IJB. The audit plan was subsequently revised on 13 August 2020 due to COVID19.

13. Internal audits which are of relevance and interest to the IJB will be carried out in both the Council and the Health Board by their respective internal audit teams and these will be detailed within the relevant organisation's audit plans.

14. The proposed plan includes delivery of standard items that are required each year. In preparing the proposed plan, the Head of Finance and Resources was consulted and previous audit findings and risks affecting the IJB were considered. The plan is prepared on the basis that operational controls over services are assured through the internal audits of NHSGCC and ERC and the IJB internal audit plan therefore complements these other plans.

15. It is proposed that the 20 days allocated are spent as follows:

| Audit | Description/indicative scope | Planned Days |
|-------------------------|---|---------------------|
| | Reserve days to address any emerging issues which may arise during the year, days to be used in consultation with the Head of Finance and Resources (Chief Financial Officer) | 11 |
| Follow-Up | Audit the progress made against implementing previous internal audit recommendations, undertaking additional testing as required. | 3 |
| Planning, Reporting and | Audit committee attendance, preparation of reports and miscellaneous time spent liaising with management, partner | 6 |

| | | |
|----------------|--------------------------|----|
| Administration | organisations and peers. | |
| Total | | 20 |

ANNUAL INTERNAL AUDIT OPINION

16. The ERC annual report and assurance statement for 2019/20 did not highlight any significant failures in controls and was presented to the Council's Audit and Scrutiny Committee in August 2020.

17. The internal auditors for NHSGCC have now provided their annual report and assurance statement for 2019/20 and have concluded that there is reasonable assurance regarding the achievement of objectives, management of key risks and delivery of best value except in relation to the five areas (shown below) where 15 grade 3 (high risk) recommendations were made. These areas are not specific to IJB. No grade 4 (very high risk) recommendations were made:

- Service redesign – acute stroke services
- Operational planning
- Medicines reconciliation in hospital
- Sickness absence follow up and
- IT security.

18. The Internal Audit Annual Statement of Assurance for East Renfrewshire IJB is attached.

CONCLUSION

19. Audit is satisfied that the required financial assurance and governance arrangements were in place to support the delegation of functions to the integration joint board for the year ended 31 March 2020. The IJB has produced a Governance Statement which concurs with this conclusion.

INTERNAL AUDIT ANNUAL STATEMENT OF ASSURANCE FOR 2019/20

As Chief Auditor of East Renfrewshire Integration Joint Board, I am pleased to present my annual statement on the adequacy and effectiveness of the governance, risk management and internal control systems of the East Renfrewshire Integration Joint Board for the year ended 31 March 2020.

Respective responsibilities of management and Internal Audit in relation to Governance, Risk Management and Internal controls

It is the responsibility of the Board and IJB senior management to establish appropriate and sound systems of governance, risk management and internal control and to monitor the continuing effectiveness of these systems. It is the responsibility of the Chief Auditor to provide an annual overall assessment of the robustness of governance, risk management and internal control.

Framework of Governance, Risk Management and Internal Controls

The Integration Joint Board uses the systems of East Renfrewshire Council (ERC) and NHS Greater Glasgow and Clyde (NHSGGC) to manage its financial records.

The main objectives of the internal control systems are:

- To ensure adherence to management policies and directives in order to achieve the Integration Joint Board's objectives;
- To safeguard assets;
- To ensure the relevance, reliability and integrity of information, so ensuring as far as possible the completeness and accuracy of records; and
- To ensure compliance with statutory requirements.

Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, ERC and NHSGGC continually seek to improve the effectiveness of their systems of internal control.

The work of Internal Audit

Internal Audit is an independent appraisal function established for the review of the internal control system as a service to the organisation. It objectively examines, evaluates and reports on the adequacy of internal control as a contribution to the proper, economic, efficient and effective use of the organisation's resources.

The operational delivery of services within ERC and NHSGGC on behalf of the IJB will be covered by their respective internal audit arrangements.

There is a requirement that the IJB internal audit service operates in accordance with the Public Sector Internal Audit Standards (PSIAS) which came into effect on 1 April 2013. The East Renfrewshire Council Internal Audit service operates in accordance with the PSIAS and undertakes an annual programme of work which is approved and monitored by the Council's Audit and Scrutiny Committee. The internal audit service for NHSGGC is provided by Scott-Moncreeff whose audit methodology also conforms to PSIAS.

ERC's internal audit section provided an annual report and assurance statement for 2019/20 which was submitted to the Council's Audit and Scrutiny Committee on 13 August 2020 for approval. The audit opinion concluded that reasonable assurance can be placed upon the adequacy and effectiveness of the Council's framework of governance, risk management and internal control for the year ended 31 March 2020.

NHSGGC's internal auditor has provided an annual report to the NHS and indicated that the internal control framework provides reasonable assurance regarding the achievement of objectives,

management of key risks and delivery of best value, except in relation to areas which were not specific to the IJB.

Basis of Opinion

My evaluation of the control environment is informed by a number of sources:

- The audit work undertaken by ERC Internal Audit staff during the year to 31 March 2020
- The audit work undertaken by Scott-Moncrieff who are the appointed auditors of NHSGGC during the year to 31 March 2020.
- Chief Auditor’s knowledge of the IJB’s activities for the year ended 31 March 2020.

Opinion

It is my opinion, based on the information available and assurances provided, that reasonable assurance can be placed on the framework of governance, risk management and internal controls which operated in the East Renfrewshire Integration Joint Board in the year to 31 March 2020.

Michelle Blair FCA
Chief Auditor

14 September 2020

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East Renfrewshire Integration Joint Board

2019/20 Annual Audit Report - DRAFT



Prepared for the East Renfrewshire Integration Joint Board and the Controller of Audit

23 September 2020

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Contents

| | |
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| Key messages | 3 |
| Introduction | 4 |
| Part 1 Audit of 2019/20 annual accounts | 7 |
| Part 2 Financial management and sustainability | 9 |
| Part 3 Governance, transparency and best value | 14 |
| Appendix 1 Action plan 2019/20 | 17 |
| Appendix 2 Significant audit risks identified during planning | 19 |
| Appendix 3 Summary of national performance reports 2019/20 | 22 |
| Appendix 4 Who we are | 23 |

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Key messages

2019/20 annual report and accounts

- 1 Our audit opinions on the annual accounts of the East Renfrewshire Integration Joint Board (the IJB) are unqualified and report that the accounts present a true and fair view of the financial position of the IJB.
- 2 Whilst Covid-19 created additional challenges for both IJB and audit staff, key dates in the financial reporting process remain unchanged.

Financial management and sustainability

- 3 The IJB has appropriate and effective financial management arrangements in place to support financial monitoring, reporting and decision making.
- 4 A medium-term financial plan has been developed but requires updating for future Covid-19 implications.
- 5 The IJB has developed a cost tracker in conjunction with the NHS GGC Mobilisation plan to anticipate and monitor the financial challenges of Covid-19.

Governance, transparency and best value

- 6 The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.
- 7 Covid-19 significantly impacted on governance arrangements and the changes made to address this by the IJB were appropriate and effective.
- 8 The IJB can demonstrate a range of arrangements to ensure best value.
- 9 The IJB has effective arrangements for managing performance and monitoring progress towards strategic objectives.

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Introduction

1. This report is a summary of our findings arising from the 2019/20 audit of the East Renfrewshire Integration Joint Board (the IJB).

2. The scope of our audit was set out in our Annual Audit Plan and distributed to members of the Performance and Audit Committee ahead of the planned 18 March 2020 committee meeting. Due to Covid-19, the meeting was cancelled. As a result, our Annual Audit Plan was instead presented to the meeting of the Integration Joint Board on 24 June 2020. This report comprises the findings from our main elements of work in 2019/20 including:

- an audit of the IJB's 2019/20 annual accounts including the issue of an independent auditor's report setting out my opinions
- consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#) as illustrated in [Exhibit 1](#).

Exhibit 1 Audit dimensions



Source: *Code of Audit Practice 2016*

3. The impact of the global coronavirus pandemic during the final month of 2019/20 will continue to be felt into financial year 2020/21 and beyond. This has, and will continue to have, significant implications for the provision and costs of services including the suspension of planned projects and activities. Our planned audit work has had to adapt to new emerging risks as they relate to the audit of the financial statements and the wider dimensions of audit.

Adding value through the audit

4. We add value to the IJB, through audit, by:

- making use of remote working to meet the original 23 September 2020 audited annual report and accounts deadline ahead of the new statutory deadline of 30 November 2020
- identifying and providing insight on significant risks, and making clear and relevant recommendations
- sharing intelligence and good practice through our national reports ([Appendix 3](#)) and good practice guides
- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability

5. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

Responsibilities and reporting

6. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

7. Our responsibilities, as independent auditor appointed by the Accounts Commission, are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice (2016), supplementary guidance, and International Standards on Auditing in the UK.

8. As public sector auditors we give independent opinions on the annual accounts. Additionally, we conclude on:

- the appropriateness and effectiveness of the performance management arrangements,
- the suitability and effectiveness of corporate governance arrangements,
- the financial position and arrangements for securing financial sustainability.

9. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice 2016](#) and supplementary guidance.

10. This report raises matters from our audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

11. Our annual audit report contains an agreed action plan at [Appendix 1](#). It sets out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and progress against these.

Auditor Independence

12. 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 comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

13. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2019/20 audit fee of £26,560 as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

14. This report is addressed to both the board and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course.

15. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

Part 1

Audit of 2019/20 annual accounts



Main judgements

Our audit opinions on the annual accounts of the East Renfrewshire Integration Joint Board (the IJB) are unqualified and report that the accounts present a true and fair view of the financial position of the IJB.

Whilst Covid-19 created additional challenges for both IJB and audit staff, key dates in the financial reporting process remain unchanged.

The annual report and accounts are the principal means of accounting for the stewardship of the resources and performance.

Our audit opinions on the annual accounts are unmodified

16. The annual accounts for the year ended 31 March 2020 were approved by the board on 24 June 2020. We reported within the independent auditor's report that:

- the financial statements give a true and fair view of the financial position of the IJB and were properly prepared in accordance with the financial reporting framework
- the audited part of the remuneration report, management commentary, and annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

17. The working papers provided to support the accounts were of a good standard and the audit team received support from finance staff which helped ensure the final accounts audit process ran smoothly.

The annual accounts were signed off in line with the timescales

18. The Scottish Government has advised that it considers the provisions made in Schedule 6 of the Coronavirus (Scotland) Act 2020 to be sufficient to allow each local authority to determine its own revised timetable for the Annual Accounts. The IJB did not use the powers in the 2020 Act to postpone the publication of the unaudited accounts and accounts were submitted to us for audit in line with the original agreed timetable.

19. Remote working brought additional challenges to the audit process. This affected how we were able to work as an audit team and with IJB staff. Our planned audit work had to adapt to new emerging risks as they relate to the audit of the financial statements and the wider dimensions of audit. New ways of working and communicating with each other had to be implemented in order to deliver an efficient and effective audit that met our quality standards. Despite these challenges we were able to deliver the audit two months in advance of the new statutory deadline.

Materiality

20. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement in the annual report and accounts.

21. On receipt of the unaudited annual accounts we reviewed our materiality calculations. The calculated materiality has changed slightly from the amounts identified at planning due to the revision of the set-aside figures within the accounts. Our initial assessment of materiality for the annual accounts was carried out during the planning phase of the audit and is summarised in [Exhibit 2](#). Specifically, regarding the annual accounts we assess the materiality of uncorrected misstatements, both individually and collectively.

Exhibit 2 Materiality values

| | |
|--------------------------------|--------------|
| Overall materiality | £1.6million |
| Performance materiality | £1.12million |
| Reporting threshold | £48 thousand |

Source: Audit Scotland, 2019/20 Annual Audit Plan

Appendix 2 identifies the main risks of material misstatement and our audit work to address these

22. [Appendix 2](#) provides our assessment of risks of material misstatement in the annual accounts and any wider audit dimension risks. These risks influence our overall audit strategy, the allocation of staff resources to the audit and indicate how the efforts of the audit team are directed. Appendix 2 also identifies the work we undertook to address these risks and our conclusions from this work.

23. We have no issues to report from our work on the risks of material misstatement.

We have no significant findings to report on the annual accounts

24. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices covering accounting policies, accounting estimates and financial statements disclosures. We have no significant findings to report.

25. During the audit, the IJB identified three expenditure adjustments whose net impact reduced the year-end deficit by £43,000. Through audit work performed one additional adjustment reducing the deficit by £77,000 was identified. All necessary adjustments to the annual report and accounts were made.

Good progress was made on prior year recommendations

26. The IJB has made good progress in implementing our prior year audit recommendations. For actions not yet implemented, revised responses and timescales have been agreed with management, and are set out in [Appendix 1](#).

Part 2

Financial management and sustainability



Main judgements

The IJB has appropriate and effective financial management arrangements in place to support financial monitoring, reporting and decision making.



A medium-term financial plan has been developed but requires updating for future Covid-19 implications.

The IJB has developed a cost tracker in conjunction with the NHS Greater Glasgow Clyde Mobilisation plan to anticipate and monitor the financial challenges of Covid-19.

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

The 2019/20 budget included planned savings and contributions from reserves to address the funding gap.

27. The IJB approved its 2019/20 budget in March 2020. The budget was set at £117.1 million (not including set-aside) with a funding gap of £3.1 million. Plans to address this gap included savings of £3.1 million with potential transfers from reserves if required. Savings plans included digital efficiencies and reviewing non-residential care packages.

The IJB operated within budget in 2019/20

28. The IJB does not have any assets. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records.

29. The IJB returned an overspend of £0.611 million in 2019/20. Funding and income totalled £164.568 million and expenditure was £165.179 million. Before accounting adjustments, the outturn against the 2019/20 budget was an overspend of £0.065 million. Full details can be seen within [Exhibit 4](#). This year-end overspend was in line with budget monitoring reports throughout the year and was funded, as planned, through reserves.

Exhibit 4 Performance against budget

| IJB budget summary | Budget £m | Actual £m | (Under)/Over spend £m |
|--------------------|--------------|--------------|-----------------------------|
| NHS GGC | 72.462 | 72.180 | (0.282) |
| ERC | 49.598 | 49.945 | 0.346 |

| IJB budget summary | Budget £m | Actual £m | (Under)/Over spend £m |
|---------------------------------------|----------------|----------------|-----------------------------|
| Housing | 0.276 | 0.276 | - |
| Set Aside for Large Hospital Services | 31.223 | 31.223 | - |
| Total Net Expenditure | 153.559 | 153.624 | 0.065 |

Source: 2019/20 IJB Provisional Outturn Report

Budget process was appropriate

30. Detailed and comprehensive budget monitoring reports were submitted to meetings of the IJB throughout 2019/20. The outturn to date and expected year-end outturn position were made clear within each report and the actual year-end position was in line with expectations.

31. Senior management and members receive regular and accurate financial information on the IJB's financial position. The IJB has appropriate budget monitoring arrangements.

32. The set-aside budget refers to the money for functions that are provided by large hospitals but are delegated to IJBs. In previous years the set-aside amounts were based on high-level notional budget figures. NHS Greater Glasgow and Clyde are now able to report the set-aside figures based on actual expenditure and activity for the year which will provide better insight for budget and planning purposes.

33. The IJB's reserves strategy sets a level of unearmarked general reserves at 2% of the IJB's revenue budget, excluding significant fixed costs such as Family Health Service, Prescribing and Specialist Services. This equates to approximately £1 million. The IJB holds unearmarked general reserves of £0.272 million as at 31 March 2020, significantly below the £1 million target. The IJB does, however, have earmarked reserves of £1.178 million to deal specifically with budget savings phasing and in year pressures.

34. The August 2020 revenue budget monitoring report projects an overspend of £0.238 million against a full year budget of £125.8 million for 2020/21. The intention is to fund this from the budget savings reserve as required. The current reserves held by the IJB are considered appropriate in the short term, however, there is a risk in the longer term given the predicted financial challenges.

35. Overall, the IJB has good budgeting processes in place and the change in set-aside recognition will assist in budgeting and planning going forward. The IJB should consider how to align its general reserve level with its stated reserves policy.



Recommendation 1

Take action to comply with the stated reserves policy and bring the level of general reserves held into line with the Board target of £1m.

The IJB has a medium-term financial plan

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

37. The IJB approved its medium-term financial plan (MTFP) for the years 2019/20 to 2023/24 in March 2019. This was prepared with reference to the Scottish Government's medium-term financial strategy (MTFS) and is one of the IJB's key strategic documents along with the strategic plan and strategic commissioning plan.

38. As reported in 2018/19, the IJB's MTFP was reviewed against the Audit Scotland report "Scotland's public finances: A follow-up audit: Progress in meeting the challenges" and it was concluded that, overall the MTFP meets the guidance and is in line with good practice, however, there is scope for improvement, particularly around linking with the targets and outcomes in the IJB's strategic plan.

39. The MTFP details potential future funding gaps of up to £5.4 million per year or £16.2 million over the period to 2023/24 depending on funding levels. The plan highlights that in order to meet future savings levels a reduction of care packages and retraction of services will be likely. The plan has not been updated since its implementation in 2018/19 and therefore does not consider any further challenges as a result of Covid-19. The MTFP therefore requires updating when the impacts of Covid-19 are more fully assessed and understood.

40. Covid-19 will likely have a significant impact on the IJB's future financial plans. The IJB has agreed a mobilisation plan with the Scottish Government (SG), as part of the totality of the mobilisation by NHS Greater Glasgow Clyde. This estimates financial pressures of £9 million between March 2020 and March 2021. As part of this, a cost tracker has been implemented as well as weekly finance returns to SG to continually monitor and update the position as information becomes clearer.

41. The IJB plan to address these challenges through their recovery plan, which attempts to create a route map to recovery. This will be implemented throughout 2020/21 with regular update reports taken to the Board.

42. As mentioned at point 35 above, the MTFP has not yet been updated to reflect the impact of Covid-19. The IJB intends to update the MTFP once impacts become clearer in order to make best use of scenario based financial planning modelling. It is important that the IJB updates their MTFP as soon as possible once more clarity on financial impacts is obtained.



Recommendation 2

Update the MTFP to reflect the impacts of Covid-19 at the earliest appropriate opportunity.

Transformation programmes and efficiency plans

43. The IJB is required to make efficiency savings to maintain financial balance. A total savings target of £2.432 million has been set for 2020/21. Savings proposals of £0.768 million have been identified, with the remaining funding gap of £1.664 million to be met from care packages, revising the individual budget calculator to reflect prioritisation based on national criteria. The August 2020 revenue budget monitoring report projects that all savings targets will be achieved. However, the report goes on to note that the anticipated success in delivering savings targets may be adversely impacted by Covid-19.

44. As noted previously, the IJB have developed a Recovery Plan to address the Covid-19 challenges and the estimated financial impact of £9 million in 2020/21. It is too early to conclude on the success or otherwise of the actions contained in the Recovery plan in mitigating the £9 million pressure.

45. The operation of the set-aside budget is a national issue across all IJBs. There is a disconnect between how the set aside budget should operate in principle compared with how it is operating in practice meaning that this mechanism for shifting the balance of care is not being utilised effectively. An effective set aside mechanism, which takes account of the shift in services from hospitals to community and social care, will provide the IJB more control in utilising the set aside budget to deliver its strategic objectives and help ensure financial sustainability.

46. The IJB has made progress towards the operation of set-aside, with a draft Unscheduled Care Strategic Commissioning Plan being reported to the Board in June 2020. This is a system wide plan that has been developed by all six HSCPs within Greater Glasgow and Clyde in partnership with the NHS Board and Acute Services Division and in line with the IJB's Strategic Plan. The plan builds on the Board wide Unscheduled Care Improvement Programme and is integral to the Board wide Moving Forward Together programme. A financial framework is currently being developed, led by the Glasgow IJB, and this will be assisted by the recognition of set-aside in actual rather than notional budget amounts. The IJB intend to develop a finalised plan once the further work and engagement required is complete.

47. Additionally, in response to an inspection carried out by the Care Inspectorate in 2018/19, and a follow up review in 2019/20, the IJB is undergoing a programme of service redesign for Care at Home. The focus is to review frontline management roles to support home care support workers in the community. The intention is to further recruit and amend work patterns to develop roles and resources that are better aligned to meet service demand.

48. The IJB is facing significant financial challenges going forward. It is essential that the IJB continue to develop and monitor savings plans and seek to identify and consider further potential service transformation projects that will help shift the balance of care and promote long-term sustainability.



Recommendation 3

Deliver planned changes and improvements to the operation of set-aside as a matter of priority.



Recommendation 4

Work with key partners to identify and act on further opportunities to deliver service transformation that will help shift the balance of care. These actions should be integrated into the planned changes to set-aside and into current and future service transformation projects where appropriate.

Financial systems of internal control operated effectively

49. The IJB does not maintain its own financial systems but instead relies on those in place at East Renfrewshire Council and NHS Greater Glasgow and Clyde.

50. As part of our audit approach the assurances we received from the external auditors of NHS Greater Glasgow and Clyde and East Renfrewshire Council (in

accordance with ISA 402) and confirmed that there were no weaknesses in the systems of internal controls at both the health board and the Council.

Standards of conduct and arrangements for the prevention and detection of fraud and error are appropriate

51. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partnership bodies. We reviewed the arrangements in place at East Renfrewshire Council and NHS Greater Glasgow Clyde and found them to be adequate. The IJB has a Code of Conduct in place to which members subscribe and the Members' Registers of Interest is publicly available on the Board's website.

52. Appropriate arrangements are in place for the prevention and detection of fraud and error. We are not aware of any specific issues we require to bring to your attention.

Arrangements for preventing fraud and corruption in the procurement function

53. Our consideration of financial management includes evaluating the arrangements in place for preventing and detecting fraud and corruption. Instances of fraud and corruption can be particularly prevalent in the procurement function.

54. The IJB itself does not procure and as such they rely on the arrangements in place within the partner bodies. The IJB works closely with its partners to allow them to be informed of any issues that arise and follow the relevant policies of its partner bodies, such as the whistleblowing and gifts and hospitality, as appropriate.

Part 3

Governance, transparency and best value



Main judgements

The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.



Covid-19 significantly impacted on governance arrangements and the changes made to address this by the IJB were appropriate and effective.

The IJB can demonstrate a range of arrangements to ensure best value.

The IJB has effective arrangements for managing performance and monitoring progress towards strategic objectives.

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.

Governance arrangements are appropriate

55. The governance and transparency arrangements we consider include:

- board and committee structure and conduct;
- overall arrangements and standards of conduct including those for the prevention and detection of fraud, error, bribery and corruption;
- openness of board and committees; and
- reporting of performance and whether this is fair, balanced and understandable

56. The IJB's governance arrangements are appropriate and support effective scrutiny and accountability.

The Covid-19 pandemic had a significant impact on governance arrangements from March 2020

57. The impact of Covid-19 from March 2020 has been set out in the Governance Statement in the IJB's annual accounts. We note that the following steps were taken to amend governance arrangements:

- Delegated powers were agreed to allow the Chief Officer and the HSCP the flexibility to adapt to the significant public health challenges
- The HSCP complied with the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020
- Decisions taken under delegated authority are logged and support the Local Resilience Management Team and Mobilisation plan

- Working with partners at local and national level to respond to the pandemic and implementing business continuity plans to ensure services deliver and support the most vulnerable and at risk residents
- Virtual hybrid Board and Performance and Audit Committee meetings were held.

58. The revised arrangements in place are reasonable and effective in supporting good governance and accountability.

Openness and transparency

59. There is an increasing focus on how public money is used and what is achieved. In that regard, openness and transparency supports understanding and scrutiny. Transparency means that the general public has access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using resources.

60. For the majority of 2019/20 all Board and Performance and Audit Committee meetings were open to the public and all documents and minutes fully available on the website. Due to Covid-19, the last meetings of 2019/20 were held online, however, papers and minutes were still published on the website.

61. Due to a website redesign, it is now more difficult for specific reports to be found on the IJB website. The filter for committees does not have an option for the Performance and Audit Committee and no documents or minutes are available. We are aware that this issue has now been raised with appropriate individuals and we will follow up in 2020/21.

62. Overall, with the exception of the technological issue above, the IJB shows a commitment to transparency with all IJB and Performance and Audit meeting minutes and documents previously being available on the website and all meetings being open to the public where possible.

Best Value is concerned with using resources effectively and continually improving services.

Arrangements are in place to secure Best Value

63. Integration Joint Boards have a statutory duty to make arrangements to secure best value. To achieve this, IJBs should have effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account. Our audit covers the four audit dimensions, as set out in [Exhibit 1](#), which are key components of securing best value in the provision of services and the use of resources.

64. The main way the IJB aims to secure best value is through their budget monitoring reports. The budget monitoring reports are of sufficient detail and quality to provide decision makers with the information needed to make robust decisions that meet best value. Best value criteria is considered as part of budget decisions and proposals and is an implicit part of reporting.

65. The IJB continually looks for alternative models of service delivery. The current Digital Programme is focussed on transforming traditional services to digital services with the aim of creating savings and efficiencies. The programme takes best value considerations into account in terms of savings and efficiencies as well as the potential impact on the proposed users of digital services and whether their needs will be met.

66. Board members frequently challenge proposals made by the IJB on the basis of what is best for users, taking into account best value.

67. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that an annual performance report is published which includes detail on financial performance and best value. As noted within our 2018/19 AAR, the 2018/19 annual performance report did not include an assessment of how the IJB was meeting its best value duties in the delivery of services. We can confirm that the IJB has included details of how best value duties are being met within the 2019/20 Annual Performance Report.

Performance levels were in line with agreed targets

68. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report covering areas such as; assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities and the inspection of services.

69. Quarterly and mid-year performance management reports are reviewed by the Performance and Audit Committee throughout the year. As noted above, due to Covid-19 the publication of the 2019/20 Annual Performance Report has been delayed and no review will be possible before the publication of the audited annual report and accounts.

70. Performance levels are measured against a suite of key performance indicators. The IJB has 40 key performance indicators it uses to measure performance against strategic priorities. Of these 40, 15 indicators missed the target level in year. It should be noted, however, the majority of these are moving towards the target and have seen improvement from prior year. The areas where improvement is required are clearly documented and highlighted within the performance monitoring reports provided to the Performance and Audit Committee.

71. The IJB has effective arrangements for managing and monitoring performance.

National performance audit reports

72. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2019/20 we published some reports which may be of direct interest to the board as outlined in [Appendix 4](#).

73. From attendance at Board and Performance and Audit Committees we are aware that the IJB has arrangements in place for considering and reviewing national reports including any locally agreed actions.

Appendix 1

Action plan 2019/20



| No. | Issue/risk | Recommendation | Agreed management action/timing |
|-----|--|---|--|
| 1 | <p data-bbox="256 689 555 719">Financial Sustainability</p> <p data-bbox="165 734 209 763">*b/f</p> <p data-bbox="256 734 627 1039">The IJB has a savings requirement of £2.432 million per the 2020/21 budget settlement. This has resulted in a funding gap of £1.644 million that will need to be met from care packages, revising the individual budget calculator to reflect prioritisation based on national criteria.</p> <p data-bbox="256 1061 627 1301">The August 2020 revenue budget monitoring report projects an overspend of £0.238 million against a full year budget of £125.8 million. The intention is to fund this from the budget savings reserve as required.</p> <p data-bbox="256 1323 627 1563">The IJB will also face additional financial challenges due to the impacts of Covid-19. The estimated financial implications of Covid-19 between March 2020 and March 2021 are in the region of £9 million.</p> <p data-bbox="256 1585 627 1760">Risk – The IJB may not be able to deal with future financial challenges and deliver required savings without adversely impacting service delivery.</p> | <p data-bbox="659 734 1023 891">Take action to comply with the stated reserves policy and bring the level of general reserves held into line with the Board target of £1m.</p> <p data-bbox="659 913 1023 1025">Update the MTFP to reflect the impacts of Covid-19 at the earliest appropriate opportunity.</p> <p data-bbox="659 1048 1023 1160">Deliver planned changes and improvements to the operation of set-aside as a matter of priority.</p> <p data-bbox="659 1182 1023 1518">Work with key partners to identify and act on further opportunities to deliver service transformation that will help shift the balance of care. These actions should be integrated into the planned changes to set-aside and into current and future service transformation projects where appropriate.</p> | <p data-bbox="1054 734 1428 1227">On establishment and adoption of the reserves policy the IJB recognised that it would take a number of years to achieve an optimal level of reserves. In the current financial climate there is a tension between holding reserves and delivering operational services and this is supported by our earmarked reserves strategy. Without a significant change in funding it is unlikely that the optimum level off general reserve will be achieved.</p> <p data-bbox="1054 1249 1428 1361">The Medium Term Financial Plan will be updated once the ongoing implications of COVID-19 become clearer.</p> <p data-bbox="1054 1384 1428 1563">We will continue to work with our partners to develop and implement the Unscheduled Care Commissioning Plan as a health board wide approach to set aside.</p> <p data-bbox="1054 1630 1428 1704">Chief Financial Officer 31 March 2021</p> |

Follow up of prior year recommendations

| | | | |
|---|--|---|---|
| 2 | <p data-bbox="256 1865 627 2121">Management Commentary</p> <p data-bbox="256 1910 627 2121">Disclosures within the management commentary could be improved, particularly those regarding the key performance indicators against which the main strategic objectives will be measured.</p> | <p data-bbox="659 1910 1023 2121">The Management Commentary should clearly detail the key performance indicators by which achievement of the IJB's seven strategic priorities will be measured and document</p> | <p data-bbox="1054 1910 1428 2000">The performance section in the management commentary has been revised.</p> <p data-bbox="1054 2022 1428 2089">Chief Financial Officer Closed</p> |
|---|--|---|---|

| | | | |
|----------|--|--|--|
| | | the IJB's performance against them. | |
| | Risk – the management commentary does not meet reporting requirements. | | |
| 3 | Best Value | | |
| | The annual performance report does not include an assessment of how the IJB is meeting its best value duties in the delivery of services. Risk – the IJB does not have appropriate arrangements in place for securing best value. | The IJB should assess how it is meeting its best value duties in the delivery of services and publish a summary and conclusion of the assessment within its Annual Performance Report | A best value section has been added to both the Annual Report and Accounts and the Annual Performance Report. Chief Financial Officer Closed |
| 4 | Care at Home | | |
| | A report published by the Care Inspectorate during 2018/19 identified a number of concerns and areas for improvement regarding the IJB's Care at Home service The IJB have developed a comprehensive improvement plan to address the report findings. Risk – The issues identified within the Care Inspectorate report are not adequately addressed and no improvement is seen within the Care at Home Service, impacting on the achievement of strategic priorities within the strategic plan. | The IJB should work with partners to address the findings of the Care at Home Service report ensuring that responsibility and accountability is clearly defined to enable the IJB to monitor and review progress and initiate remedial action if required. | We have reported progress to the IJB throughout the year and significant improvement has been achieved. We had hoped that the follow up inspection would have been completed by Spring 2020 however this has been delayed as a result of COVID-19. We will continue to report progress to the IJB until the next inspection has taken place. Chief Financial Officer In Progress |
| 5 | Strategic Plan | | |
| | The current strategic plan 2018-2021 does not include the key performance measures/targets by which the IJB intend to measure progress. Risk – the key performance measures by which the IJB intends to measure progress against the strategic plan is not clear. | The IJB should update the Strategic Plan to include the key performance measures and targets against which performance against key strategic priorities will be assessed. | An appendix has been added to the strategic plan to demonstrate. Chief Financial Officer Closed |

* Issue reported in the prior year and re-raised during 2019/20.

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the [Code of Audit Practice 2016](#).

Add in any additional audit risks arising from COVID-19

| Audit risk | Assurance procedure | Results and conclusions |
|---|---|--|
| Risks of material misstatement in the financial statements | | |
| <p>1 Management override of controls</p> <p>Auditing Standards require that audits are planned to consider the risk of material misstatement caused by fraud, which is presumed to be a significant risk in any audit. This includes the risk of management override of controls that results in fraudulent financial statements.</p> | <p>Detailed testing of journal entries</p> <p>Review of accounting estimates</p> <p>Focused testing of accruals and prepayments.</p> <p>Evaluation of significant transactions that are outside the normal course of business.</p> <p>Cut-off testing</p> | <p>All testing was completed as planned.</p> <p>Assurances received from auditors of the partnership bodies regarding the adequacy of controls determined that they were operating effectively. Assurances were also received over transactions carried out at each of the partnership bodies impacting on the Board's income and expenditure.</p> <p>We have not identified any instances of management override of controls.</p> |
| <p>2 New finance ledger</p> <p>East Renfrewshire Council (ERC) introduced a new finance ledger, Integra, during the year. As ERIJB's financial statements are prepared using ERC's ledger and, as with any major change in financial systems, there is an increased risk of misstatement on the figures and balances</p> | <p>Take ISA 402 assurance over the work performed by ERC's external audit team regarding the completeness and accuracy of the new finance ledger</p> | <p>Assurances received confirmed no significant issues identified over the accuracy and completeness of the new finance ledger.</p> |
| <p>3 Staff Capacity</p> <p>The Accountancy and Contracts Manager who took the lead in preparing the financial statements has retired and one of the financial accountants has left the post. This will have potential impact on capacity of the HSCP Accountancy Team and the timetable for the audit of the financial statements.</p> | <p>We will liaise with both the Chief Financial Officer and the new Accountancy and Contracts Manager appointed throughout the audit.</p> | <p>The unaudited annual report and accounts and working papers were delivered in line with the agreed timetable and were of good standard and quality. The capacity issues did not impact on the timetable of the audit of the financial statements.</p> <p>We are aware from discussions with the Chief Financial Officer that staff capacity and changes to the current work environment</p> |

| Audit risk | Assurance procedure | Results and conclusions |
|------------|---------------------|---|
| | | have identified future developing opportunities for the team. |

Risks identified from the auditor's wider responsibility under the Code of Audit Practice

| | | |
|--|--|---|
| <p>3 Financial sustainability</p> <p>2019/20</p> <p>The IJB is facing a funding gap of £3.6 million in 2019/20. A savings plan of £3.6 million has been identified to address this gap.</p> <p>As at the 29 February 2020, the IJB is facing a predicted year end overspend of £0.479m. The IJB intends to fund this overspend from reserves.</p> <p>2020/21 Onwards</p> <p>At the time of writing, the 2020/21 savings requirement is estimated between £3.1 million-£3.5 million and a savings plan has yet to be identified.</p> <p>There is a risk that ERIJB will be unable to achieve a sustainable outturn position going forwards, particularly given the uncertainty of future funding contributions.</p> | <p>Review ERIJB's reported outturn financial position as part of the financial statements audit</p> <p>Assess the delivery of in-year savings programs</p> <p>Review the robustness of future savings plans identified</p> | <p>A review of the outturn position and delivery of in-year and future savings programs was conducted.</p> <p>Financial sustainability has been raised as an issue within Appendix 1.</p> |
| <p>4 Financial management - Set Aside</p> <p>The 2018 Scottish Parliament report, "Looking ahead to the Scottish Government - Health Budget 2019-20: Is the budget delivering the desired outcomes for health and social care in Scotland?", concluded that the set aside budget is, generally, not operating as intended. Significantly, the report highlights that there is a disconnect between how the set aside budget should operate in principle compared with how it is operating in practice meaning that this mechanism for shifting the balance of care is not being utilised effectively.</p> <p>An effective set aside mechanism, which takes account of the shift in services from hospitals to community and social care, will provide the IJB more control in utilising the</p> | <p>Review the IJB's approach to using the set aside budget, specifically through its engagement with the Health Board to improve set-aside arrangements and report on progress made to date.</p> | <p>The IJB has made progress towards the operation of set-aside, with a draft Unscheduled Care Strategic Commissioning Plan being reported to the Board in June 2020. The plan builds on the Board wide Unscheduled Care Improvement Programme and is integral to the Board-wide Moving Forward Together programme.</p> <p>A financial framework is currently being developed, led by the Glasgow IJB, and this will be assisted by the recognition of set-aside in actual rather than notional budget amounts. The IJB intend to develop a finalised plan once the further work and engagement required is complete.</p> |

| Audit risk | Assurance procedure | Results and conclusions |
|---|---------------------|-------------------------|
| <p>set aside budget to deliver its strategic objectives and help ensure financial sustainability.</p> | | |

Appendix 3

Summary of national performance reports 2019/20



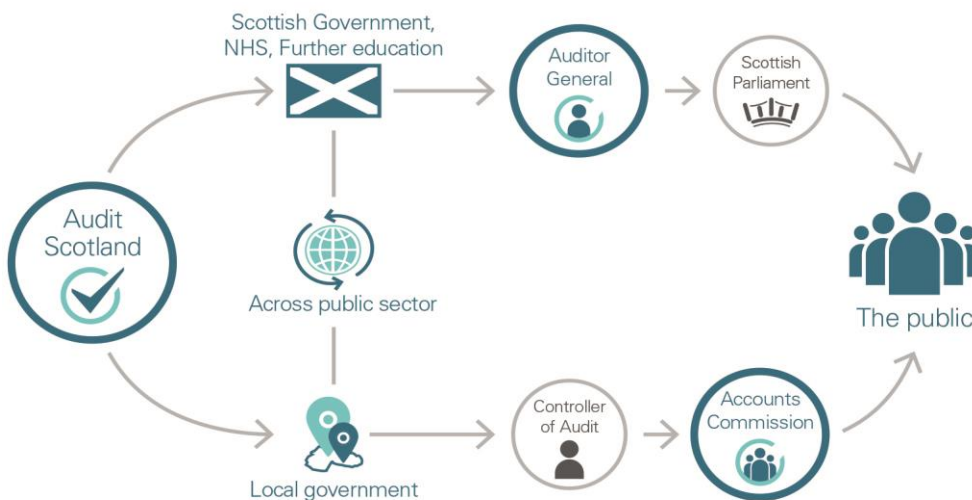
| | | | |
|--|--|-------------|--|
| | | Apr | |
| Social security: Implementing the devolved powers | | May | |
| Scotland's colleges 2019 | | Jun | Enabling digital government |
| | | Jul | |
| NHS workforce planning - part 2 | | Aug | |
| Finances of Scottish universities | | Sept | |
| NHS in Scotland 2019 | | Oct | |
| | | Nov | |
| Local government in Scotland: Financial overview 2018/19 | | Dec | |
| Scotland's City Region and Growth Deals | | Jan | Privately financed infrastructure investment: The Non-Profit Distributing (NPD) and hub models |
| | | Feb | |
| | | Mar | Early learning and childcare: follow-up |

Appendix 4

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.

East Renfrewshire Integration Joint Board

2019/20 Annual Audit Report - DRAFT

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| | |
|--|--|
| Meeting of East Renfrewshire Health and Social Care Partnership | Performance and Audit Committee |
| Held on | 23 September 2020 |
| Agenda Item | 6 |
| Title | Annual Report and Accounts 2019/20 |
| <p>Summary</p> <p>This report provides an overview of the audited annual report and accounts for the IJB covering the period 1 April 2019 to 31 March 2020.</p> <p>The Chair of the Performance and Audit Committee will advise the Integration Joint Board of any audit findings following the remit of approval of the annual report and accounts to the Integration Joint Board, following on from this meeting.</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 agree the audited annual report and accounts be remitted to the Integration Joint Board for approval.</p> | |

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

23 September 2020

Report by Chief Financial Officer

ANNUAL REPORT AND ACCOUNTS 2019/20

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the audited annual report and accounts for the IJB covering the period 1 April 2019 to 31 March 2020. The Chair of the Performance and Audit Committee will advise the IJB of any audit findings.

RECOMMENDATION

2. The Performance and Audit Committee is requested to agree the audited annual report and accounts be remitted to the Integration Joint Board for approval.

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 IJB is a legal entity in its own right, created by Parliamentary Order, following Ministerial approval of the Integration Scheme. NHS Greater Glasgow and Clyde (NHSGGC) and East Renfrewshire Council have delegated functions to the IJB which has the responsibility for strategic planning, resourcing and ensuring delivery of all integrated services.
5. The IJB is specified in legislation as a 'section 106' body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

REPORT

6. The annual report and accounts for the IJB have been prepared in accordance with appropriate legislation and guidance. An overview of the process and legislative requirements was set out in the previous report of 24 June 2020, presented to the IJB.
7. The annual report and accounts are included at Appendix 1 and, following approval, will be signed via the Audit Scotland electronic process.
8. It is a statutory requirement that the Chief Financial Officer (being the proper officer) provide Audit Scotland with a letter of representation (ISA580) along with the annual report and accounts. This is included at Appendix 2.

9. The Chief Internal Auditor's Annual Audit Report 2019/20 and the proposed Audit Scotland Annual Report confirm the annual report and accounts are unqualified, meet legislative requirements, meet good practice, have no significant issues and confirm sound financial governance.
10. The Chair of the Performance and Audit Committee will update the IJB of the key points from that committee and presentation of audit findings.
11. The key messages from Audit Scotland are summarised:
 - The annual accounts are unqualified and present a true and fair view of the financial position of the IJB.
 - Whilst Covid-19 created additional challenges for both IJB and audit staff the key dates in the financial reporting process have been met.
 - The IJB has appropriate and effective financial management arrangements in place to support financial monitoring, reporting and decision making.
 - We have a medium-term financial plan, although this needs to be updated for future COVID-19 implications.
 - We have a cost tracker in place to anticipate and monitor the financial challenges of COVID-19.
 - The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.
 - COVID-19 significantly impacted on governance arrangements and the changes made to address this by the IJB were appropriate and effective.
 - The IJB can demonstrate a range of arrangements to ensure best value.
 - The IJB has effective arrangements for managing performance and monitoring progress towards strategic objectives
12. The action plan included at Appendix 1 of Audit Scotland's Annual Audit Report details two recommendations and shows our response and timescales for these. In summary these relate to:
 - Financial sustainability; our free reserves are less than our optimum policy level, our Medium Term Financial Plan needs to be updated to reflect COVID-19 implications and work is required (system wide) to implement the set aside commissioning arrangements
 - Address the findings relating to the Care at Home service; progress continues to be reported to the IJB until the follow up inspection (expected in Spring 2020 and delayed due to COVID-19).
13. As with prior years I will bring progress against the 2 action plan items to this committee.
14. The unaudited annual report and accounts reported an operational overspend of £0.185 million and this has been revised to £0.065 million for the audited accounts. The reduction in spend related to £0.043 million of adjustments identified by the accountancy team (accrual revisions picked up through routine review) and £0.077 million identified as part of audit testing work (invoice paid in full in 2019/20 should have been adjusted to reflect part prepayment).
15. Whilst the adjustments above were not material to the accounts I chose to adjust for these to show full transparency. I will build in additional checks to our internal process to mitigate in future.

16. We have made some minor changes to wording within the document, added information on best value, infographics and included a reconciliation table to demonstrate the operational position to the Comprehensive Income & Expenditure Statement. As advised in June we have revised the performance section within the management commentary to reflect how we report performance during the year.
17. As a reminder the main messages from the annual report and accounts are:
 - We ended the year with an overspend of £0.065 million which was 0.05% of our budget for the year.
 - We used £1.643 million reserves during the year (£1.578 million planned and £0.065 million to meet the operational overspend).
 - We added £1.032 million to our reserves during the year.
18. The Chief Financial Officer would like to extend thanks to the HSCP Finance and Performance teams and to colleagues in both partner organisations acknowledging the detailed work of all staff involved in the year end closure process for all operational spend within the partnership. Particular thanks to Mandy Mallon and Jennifer Clinton for their input.
19. Similarly I would like to thank colleagues from Audit Scotland for their work and co-operation during the audit.

CONCLUSIONS

20. The accounts were properly prepared with a good standard of working papers and finance staff provided a good support to the audit team which ensured the audit process ran smoothly.

RECOMMENDATIONS

21. The Performance and Audit Committee is requested to agree the audited annual report and accounts be remitted to the Integration Joint Board for approval.

REPORT AUTHOR AND PERSON TO CONTACT

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

17 September 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper 24.06.2020
https://www.eastrenfrewshire.gov.uk/media/1402/Integration-Joint-Board-Item-08-24-June-2020/pdf/Integration_Joint_Board_Item_08_-_24_June_2020.pdf?m=637284227743970000

Annual Report and Accounts 2019/19
<https://www.eastrenfrewshire.gov.uk/media/290/Annual-report-and-accounts/pdf/annual-report-accounts-2018-19.pdf?m=637279207255500000>

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East Renfrewshire Health and Social Care Partnership Integration Joint Board

Annual Report and Accounts 2019/20

Covering the period 1st April 2019 to 31st March 2020

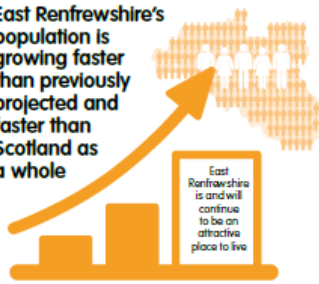


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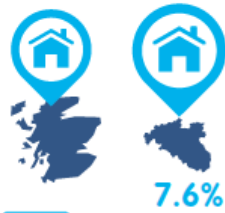
About East Renfrewshire – Some Facts and Figures

EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT

East Renfrewshire's population is growing faster than previously projected and faster than Scotland as a whole



The number of people living in East Renfrewshire is projected to increase by 7.6% by the year 2026 (this is higher than previous projection of 5.7% and higher than the Scottish rate of growth of 3.2%)



The Increase in East Renfrewshire will be as a result of more people moving into the area

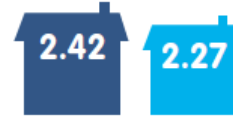
The two age groups that will grow the most



Children and young people aged 0-15 years

Older people aged 65+

East Renfrewshire currently has the highest average household size in Scotland, but this is projected to shrink as more people live alone



More houses are being built for three reasons

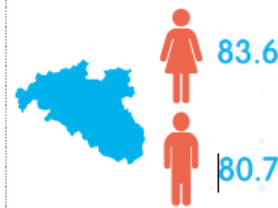


Demand will increase for services

For older people, as well as general public services (such as health and care, leisure and environmental services)

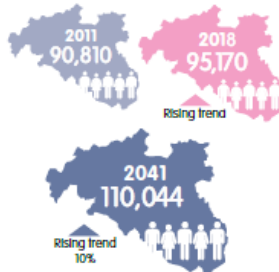
More places will be needed in early years, primary and secondary education establishments

East Renfrewshire has the highest life expectancy at birth for both females and males in Scotland.

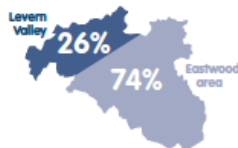


EAST RENFREWSHIRE FAST FACTS

Population



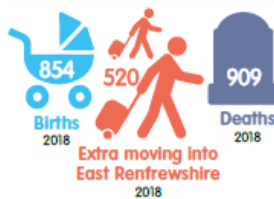
Where people live



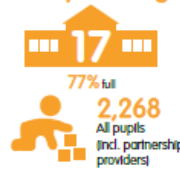
Life expectancy



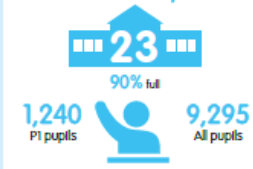
New homes planned up to 2029



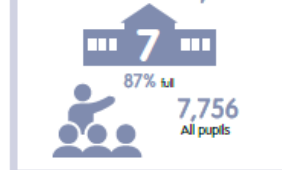
Early learning



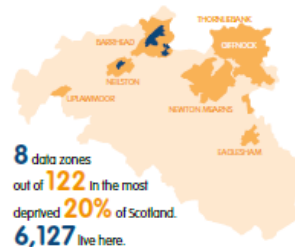
Primary



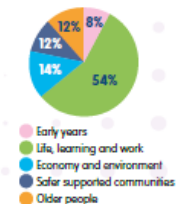
Secondary



ASN School



How money is spent on our key priorities



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Contents

| | |
|-----------------------------------|--------------|
| About East Renfrewshire | inside cover |
| Management Commentary | 2 - 26 |
| Statement of Responsibilities | 27 - 28 |
| Remuneration Report | 29 - 32 |
| Annual Governance Statement | 33 – 41 |
| Independent Auditor’s Report | 42 - 44 |
| The Financial Statements | 45 - 47 |
| Notes to the Financial Statements | 48 - 59 |
| Where to find more information | 60 |

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

Our population is growing and reached 95,530 in 2019. Geographically 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an increasing ageing population with a 42% increase in the number of residents aged 85 years and over during the last decade.



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Management Commentary

Introduction

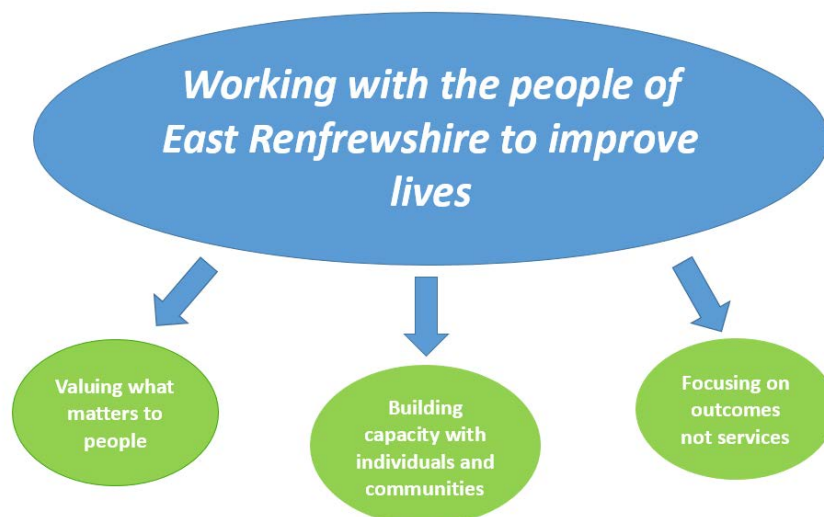
East Renfrewshire Integration Joint Board, hereafter known as the IJB, was legally established on 27th June 2015 and has the strategic responsibility for planning and delivery of health and social care services for the residents of East Renfrewshire. The vision, values, priorities and outcomes we aim to achieve through working together with the people of East Renfrewshire to improve lives are set out in our [HSCP Strategic Plan 2018-21](#).

The IJB is a legal body in its own right, as set out in the legislation, the Public Bodies (Joint Working) (Scotland) Act 2014, which established the framework for the integration of health and social care in Scotland.

The [Integration Scheme](#) for the IJB sets out how we will meet the requirements of this legislation. We are responsible for planning, commissioning and delivery of services for children and adults from both of our partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde, and also have the planning responsibility for our population's use of large hospital based services along with housing aids and adaptations. The Integration Scheme provides a detailed breakdown of all the services the IJB is responsible for.

Our current Strategic Plan covers the period 2018-21 and sets out how we will achieve the National Health and Wellbeing Outcomes prescribed by Scottish Ministers.

Our partnership vision statement is:



This document and our Annual Performance Report demonstrate how we have supported delivery of our strategic priorities.

Strategic Plan 2018-21

With our Strategic Planning Group, we reviewed our first strategic plan, which covered 2015-18 and considered the progress we made and refreshed our strategic priorities for the three years 2018 to 2021. Our plan recognises that to meet future demand pressures from our continued growing and ageing population we needed to change the way we work together. We need to extend beyond traditional health and social care services to a wider partnership with our local people, carers, volunteers, community organisations, providers and community planners.

We need to look at the wider factors that impact on people's health and wellbeing, including activity, housing and employment; supporting people to be well, independent and connected to their communities.

Our emergency admissions, out of hours pressures and carers stress show us we still have work to do to get the right systems in place. We believe that by putting in the right amount of support at the right time we can improve lives, reduce demand and allow us to focus resource on those most in need.

We have identified seven strategic priorities where we need to make significant change or investment during the course of the plan:

- Working together with **children, young people and their families** to improve mental wellbeing
- Working together with our community planning partners on new **community justice** pathways that support people to stop offending and rebuild lives
- Working together with our communities that experience shorter life expectancy and **poorer health** to improve their wellbeing
- Working together with people to maintain their **independence at home** and in their local community
- Working together with people who experience **mental ill-health** to support them on their journey to recovery
- Working together with our colleagues in primary and acute care to care for people to reduce **unplanned admissions** to hospital
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities

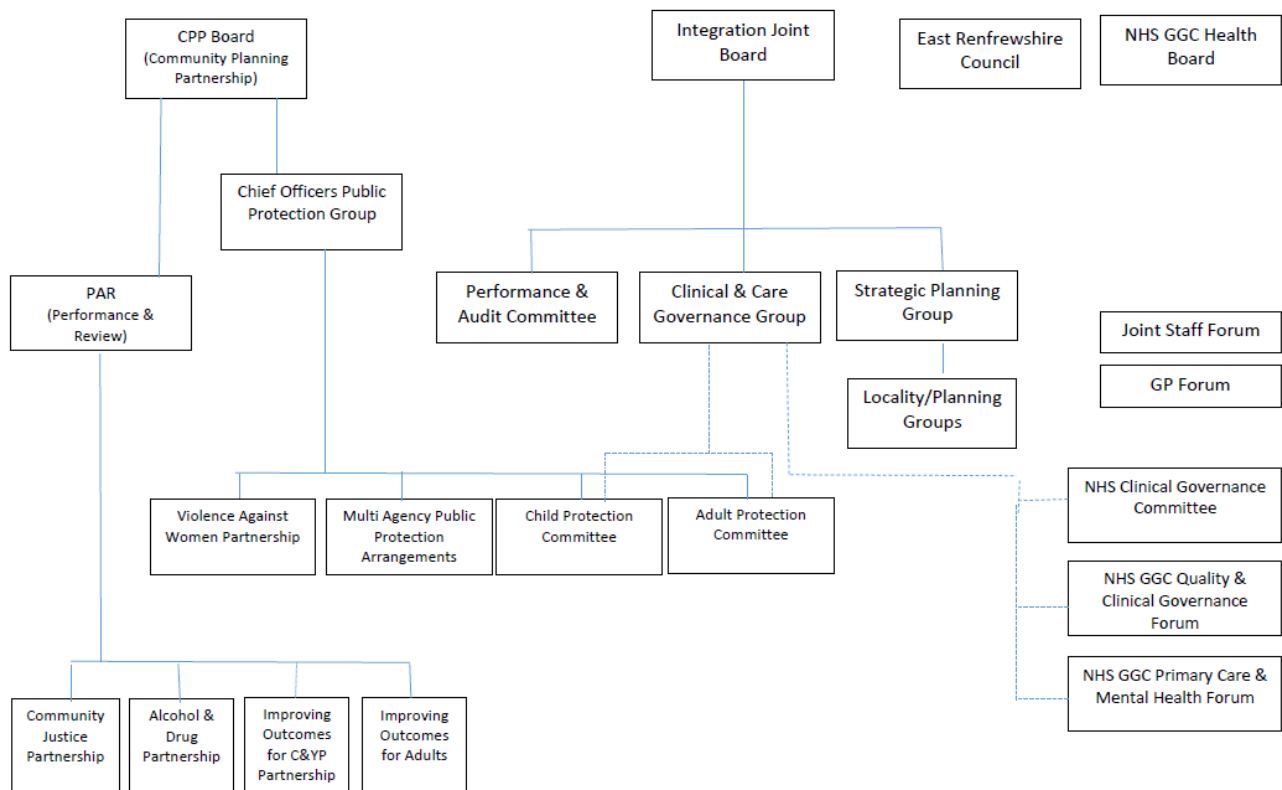
We have two localities: Eastwood and Barrhead. This best reflects hospital flows with the Eastwood Locality linking to the South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. Our management and service structure is designed around our localities and we continue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

Our strategic plan is due to be updated for 2021-24. We will review our strategic needs assessment in light of the COVID-19 outbreak and develop our strategic priorities taking into

account the lessons learned and changing needs and expectations of local residents. The recovery work programme we have implemented will help inform our planning.

The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership, hereafter known as the HSCP.

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



Key Messages and Operational Highlights for 2019/20

This has been a year that falls into two clear parts; pre and post the COVID-19 pandemic. For the majority of the year we operated as normal however the final month of 2019/20 saw the unprecedented challenge of the COVID-19 pandemic. During the emergency, staff across the HSCP have responded with incredible resilience, commitment and creativity. Within a very short space of time teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. There has been innovation and collaborative working across the health and care system including with external stakeholders and our communities. Our commentary below relates to activity under each of the seven strategic outcomes in our Strategic Plan as well as cross-cutting themes.

Children and families

Over the course of 2019/20 our Family Wellbeing Service has continued to deliver positive outcomes for children and young people with mental health and emotional wellbeing concerns. The service is delivered by Children 1st, providing holistic support through our GP surgeries.

Our commitment to supporting the mental wellbeing of our young people is reflected in our concerted work to reducing waiting times for specialist Child and Adolescent Mental Health Services. Steady improvement over 2019 saw us exceeding our waiting time target by the end of the calendar year (91% in December 2019). However, there was some drop-off in the first months of 2020 and significant reduction in March. Performance sits at 78% for 2019/20, up 4% on the previous year.

We have continued to deliver successful parenting programmes throughout the year with improved outcomes for the families taking part. Improved outcomes for children after parent/carer completion of parenting programmes rose to 96% in 2019/20, up by 7% on the previous year and well ahead of target (84%).

Our corporate parenting activity has resulted in strong performance in our support for looked after children, including: no delays in making permanence decisions; minimal placement moves; improving numeracy and literacy for our looked after children; levels of participation higher than national average.

Our Champions Board, a forum to support and improve the experience of young people in East Renfrewshire, provides opportunities for looked after young children giving them the chance to influence policy and practice in services affecting them.

During the COVID-19 outbreak we have adapted our services and have been able to continue supporting the most vulnerable families and individuals in East Renfrewshire, particularly those where there are public/child protection issues or an identified risk of harm. Throughout the emergency, staff have been maintaining contact with the families and individuals we support through telephone, online and visits as appropriate.

Criminal justice

We continue to support people completing Community Payback Orders, with a high volume of people reporting that they have been helped to address their offending behaviour; 100% of those responding to our client survey said they were helped in this regard. Throughout 2019/20 we have supported people subject to Orders through Work EastRen and the Strive preparation for work programme.

We have seen significant improvement and are ahead of our target for the personal outcomes of women who have been victims of domestic abuse. Improved outcomes for victims of abuse improved by 15% on the previous year to 79% (target 70%).

During the COVID-19 emergency we targeted our services on our most vulnerable residents. Our recovery planning is prioritising the re-establishment and strengthening of our approaches to public protection.

Supporting health and wellbeing

We continue to support training and development initiatives to raise awareness and support health improvement. Topics included sexual health, breastfeeding awareness, Childsmile training, mental health, breast health, bowel screening, cancer screening for people with additional needs, second hand smoke training, smokefree training, health behaviour change training and physical activity.

We maintained our Healthy Working Lives Gold award and ensured a focus on those with the greatest inequalities within HSCP and Council staff groups. Our partnership work with East Renfrewshire Culture and Leisure Trust was very successful in developing a range of health and wellbeing opportunities for older people. One of our Paths for All local projects, Rouken Glen Walkers were delighted to receive their award for Health Walk of the Year 2019. Chair based exercise groups for older adults are also provided in Barrhead and other venues.

Supporting independence at home

Our services continue to support older people and people with long-term conditions to live independently and well. We continue to meet our target for the proportion of adults who agreed that they are supported to live as independently as possible.

We continue to expand our telecare services to support people to live independently and we have 88% of people reporting that their “living where / as you want to live” needs are being met.

Whilst 69% of those people receiving reablement have seen their care needs reduce and 58% of people aged over 65 with intensive needs are receiving care in their own home. However, we know we need to do more work in our Care at Home service. During 2019/20 we have been implementing our improvement plan to support this

Our Talking Points engagement events have been working well and demonstrating strong collaborative working with our third and community sector partners. The Talking Points Partnership consists of over 50 local organisations and representatives from the statutory sector.

Care at Home

Following an inspection of our Care at Home services published in February 2019, an improvement delivery plan was put in place allowing the service to focus on activity to meet

Care Inspectorate requirements. A follow-up inspection published in November 2019 and subsequent discussion with the Care Inspectorate highlighted that we would not meet their requirements in a sustainable way unless we embarked on a programme of service redesign for Care at Home.

The programme of improvement and redesign is being led by the Chief Officer and the Programme Oversight Board, chaired by the Council Chief Executive. Membership is drawn from staff side, HR and legal services as well as the Chief Officer, who is the Programme Sponsor, the Chief Social Work Officer, the Intensive Services Manager and a programme manager.

The key element in relation to meeting and sustaining the Care Inspectorate requirements is to review frontline management roles to ensure our home care support workers are properly supported in the community. This will require the development of new roles that are fit for the future. Continuity of support for our service users will require further recruitment and a change to work patterns to ensure the staffing resource is better aligned to meet service demand.

Supporting people experiencing mental ill-health and supporting recovery from addiction

In partnership with the third sector we have established peer support in mental health and addictions. In 2019/20 we recruited new posts funded by Action 15 and Alcohol and Drugs Partnership money and have undertaken a review of the support being delivered by our Mental Health Officers.

The number of acute mental health bed days has reduced as a result of implementing the Bipolar Disorder Framework. We have commissioned Bipolar Scotland to deliver a self-management programme from East Renfrewshire.

Our addiction services have exceeded target, seen an increase in the proportion of service users moving from drug treatment to recovery and recorded our seconded highest performance; 16% (target 10%). The number of acute mental health bed days has reduced as a result of implementing the Bipolar Disorder Framework. We have commissioned Bipolar Scotland to deliver a self-management programme from East Renfrewshire.

Reducing unplanned hospital care

Our new Hospital to Home team has been delivering targeted interventions to ensure local residents have the support they need in place to return home after a stay in hospital.

We continue to perform very well with delayed discharges, averaging around 3-4 per month. The volume of hospital bed days lost to delayed discharges has reduced by 21% compared with 2018/19. We perform well on emergency admissions to hospital which have remained stable during 2019/20. However, latest data shows our number of Accident & Emergency attendances showed a small increase to February 2020.

Our plans for Bonnyton House are to provide dedicated beds for intensive rehabilitation and end of life care, alongside our residential and respite provision. Our residents were temporarily decanted in January 2020 to a property we have rented in Crossmyloof to allow a significant refurbishment of Bonnyton House to take place. This refurbishment project was impacted by COVID-19 as work had to be suspended for a period of time.

Supporting unpaid carers

We have been providing support to unpaid carers in collaboration with our local Carers Centre and have seen significant improvement in the proportion of carers reporting that their needs are being met; 92%, up from 78% in 2018/19.

Working with our Partners

We continue to work with our partner service providers to ensure market choice and sustainability and fund the Living Wage and other Fair Work Practices. Following the COVID-19 pandemic, supporting the sustainability of our partner providers remains a key area of focus as we develop and implement new framework arrangements.

In 2019 we established our Initial Contact Team which is now established as our 'front door' to HSCP and partner supports. This is proving to be a positive approach with residents being directed to the most appropriate support whether through the third/community sector or through formal HSCP services.

During the year we established and embedded a new approach to calculating Individual Budgets for adult social care, and continued initiatives to implement the Carers Act.

We now host a new service supporting Augmentative and Alternative Communication (AAC) which uses a range of techniques to support communication when people do not have a voice, or when they find it difficult to be understood using their voice. AAC often involves the use of specialised computer-based equipment. The service also works with the Scottish Centre for the Communication Impaired (SCTCI) which is an expert AAC assessment service which provides assessment, training, and information and advice to 12 geographical NHS health boards in Scotland, including NHS Greater Glasgow and Clyde.

Management Information

This year we have continued to develop and improve our management information and use of data across services. This has seen service planning work for key adult services involving the development of new suites of local Performance Indicators and management information. New planning leads and business analysts have been appointed to support adult and children's services. The posts are working to support performance management and improve the quality and robustness of our data usage. This process is ongoing and we will continue to develop

our management information and performance data to better inform our strategic and financial planning and decision making processes.

Strategic Inspection

In 2019, the Care Inspectorate and Health Improvement Scotland conducted a strategic inspection of East Renfrewshire HSCP looking at how well the partnership had: improved performance in both health and social care; developed and implemented operational and strategic planning and commissioning arrangements; established the vision, values, and aims across the partnership; and the leadership of strategy and direction. The inspection scored us positively for each element: performance; strategic planning and commissioning; leadership and direction. It found that the HSCP showed capacity for continuous improvement with its record of sound progress with the integration of health and social care services, supported by an integrated management structure and co-located teams of health and social care staff.

Of particular relevance to this annual report and accounts was the inspectors' comment on the Integration Joint Board's commendable record of sound financial performance. They reported that the Partnership managed its finances competently and well. It used its reserve funds creatively to develop new services to replace out-of-date services. The [Medium-Term Financial Plan](#) was seen as a positive development in the face of the challenges the HSCP was facing.

The outcome of this inspection and the five areas of development identified were reported to the IJB on 27 November 2019. The development areas were:

- The partnership should improve its planning processes (including needs assessment and service/locality planning);
- The partnership should improve its approach to meaningful involvement of a full range of stakeholders (for planning, commissioning and service redesign);
- The partnership should work closely with a full range of stakeholders to develop and implement cross-sector market facilitation approaches;
- The partnership should further develop its quality assurance and self-evaluation approaches;
- The partnership should make sure that it has sufficient effective operational leadership and management capacity to fully implement strategies and plans.

A comprehensive Strategic Improvement Action Plan was presented to the IJB in January 2020 setting out the activities to be undertaken in response to these identified development areas as well other improvement priorities identified in the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: Health and Social Care Integration.

COVID-19

The COVID-19 outbreak has impacted most seriously on older people and people with long-term conditions. We have focused our services on supporting those at greatest risk in both

community and residential settings. This has seen additional staff support through redeployment and recruitment for care at home and our care home. There has been increased collaborative working with the third/community sector and additional support given to partner provider organisations, particularly our care home providers.

We needed to respond swiftly to the COVID-19 outbreak and to support this we created a mobilisation plan and associated financial implications. This plan was reported to the Scottish Government as part of the totality of the mobilisation by NHS Greater Glasgow and Clyde. The plan covers;

- Reducing the level of delayed discharges of patients in acute hospital provision through increased staffing of hospital discharge team and daily reporting on care home and care at home capacity
- Ensuring resilience and sustainability of care at home provision
- Purchasing additional care home bed capacity to prepare for expected increasing demand
- Recognising additional provider costs and potential sustainability concerns

Our financial implications across the period March 2020 to March 2021, relating to COVID-19 are expected to be in the region of £9 million and these costs will continue to be monitored and revised as we work our way through this pandemic. The costs and provisions included in the 2019/20 accounts are just under £0.3 million. The working assumption for 2020/21 is that funding will be made available to meet the final costs. The main cost areas include: staffing additional hours and absence cover, both HSCP staff and our partner providers; the sustainability of our partner care providers; personal protective equipment (PPE); unachievable savings and prescribing.

A number of governance arrangements were put in place including drawing on business continuity plans to support critical functions, establishing our Local Resilience Management Team, participating in local and national working groups and establishing a COVID-19 Risk Register. We have also worked very closely with our partners' governance and response arrangements during the emergency, including East Renfrewshire Council, NHS Greater Glasgow and Clyde, National Chief Officer, Chief Social Work Officer and Chief Financial Officer meetings.

The IJB met in March as planned through a hybrid of physical and virtual attendance and this allowed the board to agree a budget for 2020/21 and delegate powers to the Chief Officer during the emergency. The Chairs of the IJB and its Performance and Audit Committee were regularly updated and consulted on developments and a weekly information bulletin ensured that all IJB members were updated weekly. Arrangements are in place for future meetings to take place using digital platforms.

Our staff teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. Across services we have taken innovative approaches and adapted provision to focus on our most vulnerable clients

during the emergency phase of the crisis. We have also had to introduce new ways of working to respond to the crisis including the following areas:

Community Assessment Centre: A Community Assessment Centre for people concerned about their COVID-19 symptoms was set up in Eastwood Health and Care Centre. This involved some adaptations to premises as well as equipping and staffing the centre. The Centre closed in June as a result of falling referrals.

PPE for Health and Social Care: The HSCP implemented a centralised model of PPE stock control to ensure support and supply to those front-line services delivered by the HSCP and our partners providing a range of health and care services throughout East Renfrewshire.

Supporting vulnerable people in the community: In order to prioritise those in greatest need all HSCP services established vulnerable people lists at the start of the crisis. We planned for a significant reduction in the care at home workforce (for all providers) and redeployed staff from day services to support care at home and Bonnyton House. We tailored our training programme for redeployed, new and voluntary staff and this allowed us to prioritise our registered staff to support those most in need.

Care at home has continued to support the majority of people, only withdrawing services at the request of families. The number of visits for some people reduced where support could be provided by informal family care, third/community sector or use of Technology Enabled Care (TEC) where appropriate. To continue to support our residents we have maintained regular telephone contact supported by additional call handling and dedicated phone lines. We have been working closely with the third sector and community groups to coordinate the HSCP, the Council and the community response to non-personal care requests and for wider support to isolated individuals.

Community Pharmacy services has adapted to support people in the community giving priority access to medication for care staff and with HSCP and council support establishing new processes for volunteer drivers to deliver medications to vulnerable and self-isolating residents.

In partnership with Voluntary Action East Renfrewshire and the Council, the HSCP supports the Community Hub helpline which is a “one-stop shop” for residents needing help or those who cannot leave their house and have no means to organise their own essentials.

Supporting unpaid carers: We have been working in close collaboration with the voluntary sector to provide enhanced support to unpaid carers during the COVID-19 crisis. This has seen the establishment of new tailored support and a communication/information strategy for unpaid carers. We established a pathway for carers to access PPE in collaboration with the Carers Centre.

Supporting people in care homes: The care home sector has been particularly affected by the COVID-19 outbreak with a high volume of cases across Scotland. In East Renfrewshire we put in place enhanced support to our care homes from the start of the pandemic. We

established frequent contact with care home management to discuss the issues they are facing, gather information on staffing, bed vacancies and COVID-19 cases, and to support collaborative working across the sector. Care homes have been given priority access to medication through our community pharmacies and we have established new procedures for the stocking of medication in care homes (e.g. specific palliative medication). Care home liaison nursing and commissioning staff are undertaking enhanced assurance and support visits to care. The feedback from these visits has been positive with homes benefitting from independent assurance that they are implementing guidance correctly.

The HSCP established a testing team in response to Scottish Government strategy to undertake enhanced outbreak investigation in all care homes where there are cases of COVID-19. The HSCP has also responded to requests to establish weekly staff testing and surveillance testing in homes.

Alleviating pressure on acute NHS services: Minimising unnecessary use of hospital services is a strategic priority of the HSCP, and this has become even more essential given the additional pressure COVID-19 is putting on acute NHS services. During the period we increased the staff capacity of our hospital discharge team. The team has been working to continually improve referral processes, conducting continuous monitoring of hospital discharges and gathering accurate daily intelligence on care home vacancies and homecare capacity. Delayed discharges have remained low despite significant challenges as a result of the crisis.

The HSCP has also been supporting the primary care sector during the crisis, facilitating remote working arrangements for GPs and support staff through equipment and training. GP Practices worked in collaboration with the HSCP to enhance their business continuity plans, and set up buddying arrangements to mitigate staff absences and ensure the ongoing operation of GP practices.

Supporting vulnerable children and families: The HSCP continued to support children throughout the crisis. Social workers are maintaining keeping in touch contact with all of their other families, albeit engaging in different ways such as telephone, Zoom and now WhatsApp. Where there is high risk activity the emergency team responds to critical situations. Home visiting is continuing to take place across services where this is essential.

The pressure on care placements for children and young people during the COVID-19 lockdown remains significant. Action has been taken to maximise what capacity there is remaining within our fostering service and to continue to find creative solutions in relation to kinship placements. Virtual fostering and kinship panels are taking place on a regular basis to support arrangements. However, as additional demand has placed the service at capacity, the Chief Social Work Officer linked with the Care Inspectorate with regards to the need for emergency provision. An abridged process is being taken forward with a view to the recruitment of existing East Renfrewshire registered employees (e.g. children's social workers, teachers, nurses) to provide care if internal and external placements cease to be available.

There has been an increase of tension within vulnerable family households with teenagers who find it difficult to be confined together with parents/family. As a result of changes in routines and structure, there have been heightened concerns in relation to children and young people diagnosed with Obsessional Compulsive Disorder and Autistic Spectrum Disorder. CAMHS services have offered support through telephone, online and visits as appropriate.

Moving Towards Recovery

Whilst many of the services the HSCP provides are critical and continued to operate through the crisis period we still have a significant programme of work around Recovery and how we move to a “new normal”. This will not simply be reinstating what was in place pre COVID-19, but will look at learning and opportunities from new ways of working. This work will range from small individual service areas to system wide changes in how we work within the HSCP and with our partners. We are using the Scottish Government Recovery Routemap phases to support and inform our recovery plan. A Recovery working group was established and the initial workstreams identified: governance; accommodation, workforce, partner organisations, information technology requirements, PPE, change programme and the ongoing response to COVID-19.

Our recovery planning and the impact on 2020/21 is still in the very early stages and subject to change in this unpredictable and fast-moving environment. Routine reporting and monitoring will take place however the dynamics mean we will have a period of uncertainty. The Medium-Term Financial Plan will be revised when the position stabilises, and the impacts become clearer. Our recovery planning will link to the priorities set out in the HSCP Strategic Improvement Action Plan that was developed in response to the Joint Strategic Inspection of Adult Services, the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: Health and Social Care Integration.




2019-20 Performance Achievements

In addition to our quarterly reports we publish an Annual Performance Report which is made publicly available on our website in line with statutory guidance. The Annual Performance report demonstrates how we review our performance for 2019/20 against local and national performance indicators and against the commitments within our Strategic Plan.



The extract below shows the headline indicators we look at each year to assess our performance.

The RAG status and trend arrows are explained below. Intended performance direction is given in the description of each indicator (i.e. 'increase' or 'decrease').

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

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

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

| Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing | | | | | | |
|--|---------|----------------|---------|---------|---------|---|
| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (INCREASE) | 78% | 90% | 74% | 89% | 90% |  |
| Increase in improved outcomes for children after parent/carer completion | 96% | 84% | 89% | 79% | 78% |  |

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

| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
|--|---------|----------------|---------|---------|---------|--------------------------|
| of Psychology of Parenting Programme (POPP) (INCREASE) | | | | | | |
| Balance of Care for looked after children: % of children being looked after in the Community (LGBF) (INCREASE) | n/a | Data only | 98.0% | 93.6% | 91.5% | ↑ |

*Mid-year 19/20 figure

Strategic Priority 2 - Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending and rebuild lives

| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
|---|---------|----------------|---------|---------|---------|--------------------------|
| Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (INCREASE) | 71% | 80% | 84% | 92% | 96% | ↓ |
| % Change in women's domestic abuse outcomes (INCREASE) | 79% | 70% | 64% | 65% | 66% | ↑ |
| % of service users moving from drug treatment to recovery service (INCREASE) | 16% | 10% | 22% | 12% | 9% | ↓ |

Strategic Priority 3 - Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing

| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
|--|---------|----------------|---------|---------|---------|--------------------------|
| 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.) (INCREASE) | 12* | 6* | 6 | 20 | 27 | ↑ |
| Health and Social Care Integration - Core Suite of Indicators NI-11: Premature mortality rate per 100,000 persons aged under 75. (European | n/a | Data Only | 308 | 301 | 297 | ▬ |

Strategic Priority 3 - Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing

| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
|---|---------|----------------|---------|---------|---------|--------------------------|
| age-standardised mortality rate) (DECREASE) | | | | | | |

*Mid-year 19/20 figure

Strategic Priority 4 - Working together with people to maintain their independence at home and in their local community

| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
|---|---------|----------------|---------|---------|---------|--------------------------|
| Number of people self directing their care through receiving direct payments and other forms of self-directed support. (INCREASE) | 518* | 600 | 514 | 491 | 364 | ↑ |
| Percentage of people aged 65+ who live in housing rather than a care home or hospital (INCREASE) | 96% | 97% | 95.9% | 96.6% | 96.8% | ▬ |
| People reporting 'living where you/as you want to live' needs met (%) (INCREASE) | 88% | 90% | 92% | 84% | 79% | ↓ |

*Mid-year 19/20 figure

Strategic Priority 5 - Working together with people who experience mental ill-health to support them on their journey to recovery

| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
|---|---------|----------------|---------|---------|---------|--------------------------|
| Percentage of people waiting no longer than 18 weeks for access to psychological therapies (INCREASE) | 65% | 90% | 54% | 80% | 56% | ↑ |

Strategic Priority 6 - Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital

| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
|--|---------|----------------|---------|---------|---------|--------------------------|
| Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults) | 1,788 | 1,893 | 2,284 | 1,860 | 2,704 | ↑ |

| Strategic Priority 6 - Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital | | | | | | |
|--|---------|----------------|---------|---------|---------|--------------------------|
| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| with Incapacity) (<i>DECREASE</i>) (Ministerial Steering Group data) | | | | | | |
| No. of A & E Attendances (adults) (<i>DECREASE</i>) (Ministerial Steering Group data) | 20,090 | 18,332 | 20,212 | 19,344 | 18,747 | ↑ |
| Number of Emergency Admissions: Adults (<i>DECREASE</i>) Ministerial Steering Group | 7,504* | 7,130 | 7,320* | 7,432 | 8,032 | ↓ |
| % of last six months of life spent in Community setting (<i>INCREASE</i>) MSG | 88%* | 86% | 86%* | 85% | 86% | ↑ |

* Full year data not available for 2019/20. Figure relates to 12 months Jan-Dec 2019.

Previous year (2018) gives calendar year figure for comparison. Data from ISD release, 5 June 2020

| Strategic Priority 7 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities | | | | | | |
|--|---------|----------------|---------|---------|---------|--------------------------|
| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| People reporting 'quality of life for carers' needs fully met (%) (<i>INCREASE</i>) | 92% | 72% | 78% | 72% | 70% | ↑ |

Funding 2019/20

The net total health and social care funding from our partners for financial year 2019/20 was £153.559 million:

| | £ Million |
|--|----------------|
| NHS Greater Glasgow and Clyde Primary Care | 72.462 |
| NHS Greater Glasgow and Clyde Large Hospital Services | 31.223 |
| East Renfrewshire Council Social Care | 49.598 |
| East Renfrewshire Council Housing Aids and Adaptations | 0.276 |
| Total Net Funding | 153.559 |

The Comprehensive Income and Expenditure Statement (CIES) (page 45) shows the IJB gross income as £175.442 million, as that statement shows service income, grant funding, resource transfer and social care fund monies which are included within the net funding from our partners in the table above. The purpose of the CIES presentation is to show the gross cost of the services we provide.

Work continues to be progressed with the set aside funding for large hospital services, however arrangements under the control of the IJB (and those across Greater Glasgow) are not yet operating as required by the legislation and statutory guidance. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation in line with the statutory guidance published in June 2015. A Greater Glasgow and Clyde wide Unscheduled Care Commissioning Plan has been developed and represents the first steps in developing strategic plans for the unscheduled care pathway (set aside) as set out in legislation. The IJB will consider this plan as part of its consultation, although this may be impacted by changes resulting from COVID 19 implications.

NHS Greater Glasgow and Clyde are now in a position to report the set aside figures based on actual expenditure of £31.223 million which has resulted in the restatement of 2018/19 figures. These were previously based on a notional budget figure of £16.624 million. The notional budgets for set aside were based on NRAC (resource allocation formula) activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

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

Financial Performance 2019/20

The annual report and accounts for the IJB covers the period 1st April 2019 to 31st March 2020, with comparable figures shown for 2018/19.

The budgets and outturns for the operational services (our management accounts) as reported regularly throughout the year to the IJB are summarised below:

| Service | Budget | Spend | Variance (Over) / Under | Variance (Over) / Under |
|---|----------------|----------------|-------------------------|-------------------------|
| | £ Million | £ Million | £ Million | % |
| Children & Families | 13.268 | 12.631 | 0.637 | 4.80% |
| Older Peoples Services | 18.736 | 19.072 | (0.336) | (1.79%) |
| Physical / Sensory Disability | 5.498 | 5.468 | 0.030 | 0.55% |
| Learning Disability – Community | 10.586 | 10.681 | (0.095) | (0.90%) |
| Learning Disability – Inpatients | 8.361 | 8.359 | 0.002 | 0.02% |
| Augmentative and Alternative Communication | 0.220 | 0.220 | - | - |
| Intensive Services | 10.570 | 11.100 | (0.530) | (5.01%) |
| Mental Health | 4.130 | 3.941 | 0.189 | 4.58% |
| Addictions / Substance Misuse | 1.111 | 1.098 | 0.013 | 1.17% |
| Family Health Services | 23.805 | 23.805 | - | - |
| Prescribing | 15.779 | 16.090 | (0.311) | (1.97%) |
| Criminal Justice | - | - | - | - |
| Planning & Health Improvement | 0.230 | 0.132 | 0.098 | 42.61% |
| Finance and Resources | 9.766 | 9.528 | 0.238 | 2.44% |
| Net Expenditure Health and Social Care | 122.060 | 122.125 | (0.065) | (0.05%) |
| Housing | 0.276 | 0.276 | - | - |
| Set Aside for Large Hospital Services | 31.223 | 31.223 | - | - |
| Total Integration Joint Board | 153.559 | 153.624 | (0.065) | (0.05%) |

The £0.065 million overspend (0.05%) is broadly in line with the reporting taken to the IJB during the year and the overspend is funded, as planned, from our reserves. We expected to draw from reserves as we recognised we would not achieve all savings required during the year as our individual budget approach would take many months to implement; we did not have capacity to work on our digital savings programme and we achieved part year savings from the second phase of our structure review.

The impact of COVID-19 in the closing weeks of 2019/20 will have resulted in some reduction in day to day costs. The main variances to the budget were:

- Underspends in a number of services are from staff turnover and vacant posts during the year, reflecting the general trends of recruitment and retention issues within health and social care.

- Children’s services purchased care costs, including residential care, foster and adoption were lower than budget during the year.
- Older Peoples and Intensive Services ended the year with a collective overspend of £0.9 million from care package costs for residential and care at home costs, reflecting the continued impacts of population growth in older people and the demand for services. We are addressing our care at home costs as an element within the action plan and redesign of this service.
- The overspend in prescribing is a result of both cost and volume across a number of drugs and also allowed for an expected spike in demand in February and March 2020 as the implications of the COVID-19 pandemic began to emerge.

The IJB receives regular and detailed revenue budget monitoring throughout the year.

The set aside budget is shown as nil variance as this currently is not a cash budget to the HSCP. To eliminate any “notional” variance to the IJB the budget is shown as the same value as the HSCP share of the collective costs. The budget equivalent share was identified as £25.516 million and the overspend of £5.707 million is contained within the Health Board. As outlined earlier work is ongoing to agree the mechanism for bringing the set aside budget into an operational stage and this includes ensuring a balanced budget will be achieved.

A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 53). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 59).

The information above reflects our management accounts reporting throughout 2019/20 whilst the CIES at Page 45 presents the financial information in the required statutory reporting format; the movement between these of £0.546m million is a result of the management accounting treatment of reserves:

| Reconciliation of CIES to Operational Overspend | £ Million | £ Million |
|---|--------------|-----------|
| IJB operational overspend on service delivery | | (0.065) |
| Reserves planned use during the year | (1.578) | |
| Reserves added during the year | 1.032 | |
| Net movement between management accounts and CIES | | (0.546) |
| IJB CIES overspend | | (0.611) |

| Total Use of Reserves During 2019/20 | £ Million |
|---|-----------|
| Reserves planned use during the year | (1.578) |
| Reserves draw to fund operational overspend | (0.065) |
| Total Reserves used during 2019/20 | (1.643) |

Reserves

We used £1.643 million of reserves in year and we also invested £1.032 million into earmarked reserves. The year on year movement in reserves is set out at Note 8 (Page 58) and is summarised:

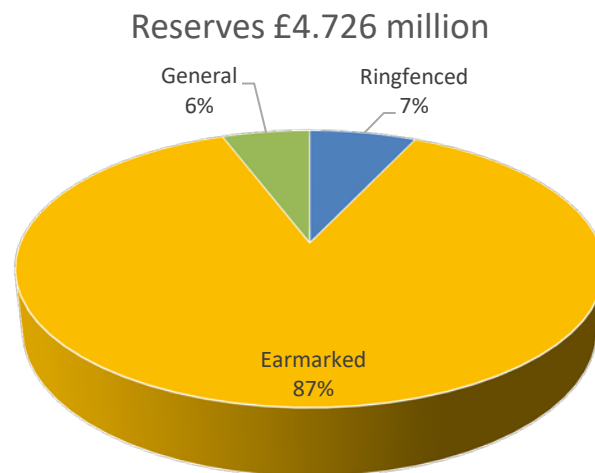
| | £ Million | £ Million |
|--|-----------|-----------|
| Reserves at 31 March 2019 | | 5.337 |
| Planned use of existing reserves during the year | (1.643) | |
| Funds added to reserves during the year | 1.032 | |
| Net decrease in reserves during the year | | (0.611) |
| Reserves at 31 March 2020 | | 4.726 |

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in March 2020 in line with the statutory review of the Integration Scheme.

The reserves of the IJB fall into three types:

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

The current balance of £4.726 million for all reserves falls in these three reserves types:



Our ring-fenced reserves show the funding that comes from the Scottish Government to support national programmes including Primary Care Improvement, Mental Health Action 15 and Alcohol and Drugs. This funding is allocated from the Scottish Government based on the cost and activity returns we are required to submit throughout the year.

We started the year with £0.599 million ring-fenced reserves and during the year we spent £0.463 million. Of the £0.195 million we added in year, £0.078 million is new funding to support GP premises and the remaining £0.117 million is continued programme funding.

Our earmarked reserves are in place to support a number of projects, provide transitional funding for service redesign, provide bridging finance for in year pressures, add capacity to support service initiatives and to support longer term cost smoothing and timing.

We started the year with £4.466 million earmarked reserves and during the year we spent £1.180 million. The main areas of spend were:

- £0.519 million to support the timing and implementation of budget savings as agreed as part of our budget setting and financial planning.
- £0.229 million to support the revenue costs of the decant of Bonnyton House to allow the capital works, as part of East Renfrewshire Council capital programme, to be undertaken. This includes roofing work, internal and external refurbishment.
- £0.250 million to support the Care at Home action plan.

We also added £0.837 million during the year to earmarked reserves, including:

- £0.408 million added to our budget savings reserve which included release of £0.309 million funding previously held as deferred income and transfers from older reserves now closed.
- £0.311 million for school counselling which was transferred to the HSCP towards the end of 2019/20. This was part of the 2019/20 budget funding the Scottish Government announced and is supported, within Children's Services, by an implementation plan.
- £0.101 million for a new reserve for Augmentative and Alternative Communication, newly hosted by the HSCP during 2019/20. This reserve will allow the service to better deal with the flux in demand for assessment and equipment in this highly specialised area.
- £0.100 million for health visitors, new within Children's Services

In addition to the above we have also closed two older reserves where the activity took place and was contained within the core budget (small projects and Learning Disability) and reallocated this £0.158 million to;

- £0.061 million to increase support and training capacity in District Nursing
- £0.097 million added to our budget savings reserve

We had also planned to meet some refurbishment costs for work within our Learning Disability in-patient units, however this work was delayed, and costs will be incurred in 2020/21. We have also committed funding from the transitional funding reserve for Learning Disabilities specialist services to meet the costs of a post; Challenging Behaviours Network Manager, for two years to support this work.

Our general reserve at £0.272 million is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently 0.2% of the 2020/21 revenue budget.

Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan for 2019/20 to 2023/24 which supports our strategic planning process and provides a financial context to support medium-term planning and decision making.

This plan sets out the potential cost pressures of circa £5.1 to £5.7 million per year for the five years 2019/20 to 2023/24. The resulting funding gap will be dependent on the funding settlement for each year.

The 2020/21 budget settlement fell within the poor settlement range of scenario planning assumptions with cost pressures of just over £6 million and subsequent required savings of £2.4 million after all funding uplifts.

The budget agreed on 18th March 2020 set out how we will achieve the £2.4 million savings to balance our budget. We identified £0.8 million from specific budget areas and we will need to prioritise care package costs to meet the remaining balance of £1.6 million savings, as we had previously signalled, this will mean an impact on our frontline services and care packages.

This budget was agreed as the COVID-19 pandemic was emerging in Scotland and the rest of the UK, and regular monitoring of the operational budget and the COVID-19 Mobilisation Plan are in place and implications and risk will continue to be addressed as costs become clearer. There is a significant financial risk to the HSCP if additional costs are not fully funded.

The work undertaken to date on our recovery programme has focussed on the short to medium term to allow us to emerge from the crisis phase and work towards the “new normal”. There will be significant work coming from this programme that will inform our longer term strategic and financial planning.

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

In addition to COVID-19 the consequence of Brexit may also impact on the future of the services we provide and our ability to meet the needs of the communities we serve.

We have successfully operated integrated services for a number of years and we have already faced a number of challenges and opportunities open to newer partnerships. However our funding and savings challenge take no account of this history. Whilst we have agreed a population based approach for future (NHS) financial frameworks and models this does not address the base budget.

Prescribing Costs; The cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is delegated to the IJB. This is a complex and volatile cost base of around £16 million per year. The COVID-19 impact on prescribing in the medium to long term is unclear.

Delayed Discharge; In order to achieve the target time of 72 hours we continue to require more community based provision. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs.

Care Providers: The impact on the sustainability of the care provider market following COVID-19 is unknown and we will continue to work closely with all our partners to work through issues, support where we can and look to develop the best way of working as we move forward. This will build on our work to date, including preparation to move to a new contractual framework.

We continue to develop our performance and financial reporting in more detail at a locality level to allow fuller reporting and understanding of future trends and service demands and include COVID-19 implications and scenarios.

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

- Our Recovery Plan will be implemented throughout 2020/21 and beyond and regular reports will be taken to the IJB.
- We will update our Medium-Term Financial Plan once COVID-19 impacts become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity, funding, pressures, possible savings and associated impacts.
- We will continue to monitor in detail the impacts of COVID-19, Brexit and operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to work through our Care at Home action plan and service redesign, taking into account the changing COVID-19 landscape.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete.
- We have identified savings proposals for 2020/21 and as we previously indicated will now need to move to a prioritisation and criteria-based model for care package support. Our individual budget calculator will be revised. We will continue to use our reserve through 2020/21 to phase in budget savings. It is possible we will deplete this reserve in 2020/21 so there is a significant risk associated with:
 - Ensuring savings are achieved on a recurring basis by the end of the financial year
 - Impact of a similar level of budget settlement in 2021/22
 - Unknown impact of COVID-19

- We have realigned our adult services to reflect a change to our senior management structure which we have increased recognising, as supported in the Strategic Inspection, we had reduced capacity too far in previous savings delivery. We have appointed to our new post; Head of Recovery and Intensive Services.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

We regularly review our strategic risk register for the IJB which identifies the key areas of risk that may impact the IJB and have implemented a range of mitigating actions to minimise any associated impact. A separate COVID-19 Risk Register is in place.

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the impact of COVID-19 and the capacity for the HSCP and its partners to deliver services whilst maintaining financial sustainability are significant risks.

Conclusion

East Renfrewshire Integration Joint Board continued, pre COVID-19, to be well placed in the short term to meet the coming challenges, building on many years of delivering integrated health and social care services and continuing to lead on developing new and innovative models of service delivery, not only ensuring financial sustainability, but also meeting the needs of our population. There is a degree of uncertainty over the medium to longer term funding which could pose risk to meeting future demand, however we continue to plan ahead and prepare for a range of scenarios. The implications of the COVID-19 pandemic are largely unknown at this point and this conclusion must be caveated to that effect.

Caroline Bamforth
Chair
Integration Joint Board

23rd September 2020

Julie Murray
Chief Officer
Integration Joint Board

23rd September 2020

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

23rd September 2020

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The IJB is required to:

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

I confirm that the audited Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 23rd September 2020.

Caroline Bamforth

Chair

Integration Joint Board 23rd September 2020

Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board as at 31st March 2020 and the transactions for the IJB for the period covering 1st April 2019 to 31st March 2020.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 23rd September 2020

Remuneration Report

Introduction

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

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

For 2019/20 no taxable expenses were claimed by members of the IJB.

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

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

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

Integration Joint Board

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

Senior Officers

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

The total remuneration received by the Chief Officer in 2019/20 amounted to £110,954 in respect of all duties undertaken during the financial year. In respect of the Chief Financial Officer, total remuneration for 2019/20 amounted to £84,772.

| Name and Post | Salary, Fees and Allowances £ | Taxable Expenses £ | Total Remuneration £ |
|--|----------------------------------|-----------------------|-------------------------|
| Julie Murray, Chief Officer 2019/20 | 110,954 | - | 110,954 |
| Julie Murray, Chief Officer 2018/19 | 107,767 | - | 107,767 |

| Name and Post | Salary, Fees and Allowances £ | Taxable Expenses £ | Total Remuneration £ |
|--|----------------------------------|-----------------------|-------------------------|
| Lesley Bairden, Chief Financial Officer 2019/20 | 84,759 | 13 | 84,772 |
| Lesley Bairden, Chief Financial Officer 2018/19 | 82,342 | - | 82,342 |

| Voting Board Members 2019/20 | | Total Taxable IJB Related Expenses £ |
|--|-----------------------------|---|
| Councillor Caroline Bamforth (Vice Chair) | East Renfrewshire Council | Nil |
| Councillor Tony Buchanan | East Renfrewshire Council | Nil |
| Councillor Paul O' Kane | East Renfrewshire Council | Nil |
| Councillor Jim Swift | East Renfrewshire Council | Nil |
| Susan Brimelow | NHS Greater Glasgow & Clyde | Nil |
| John Matthews | NHS Greater Glasgow & Clyde | Nil |
| Anne-Marie Monaghan (Chair) | NHS Greater Glasgow & Clyde | Nil |
| Flavia Tudoreanu | NHS Greater Glasgow & Clyde | Nil |

The equivalent cost in 2018/19 was nil for all IJB members.

The Pension entitlement for the Chief Officer for the year to 31st March 2020 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

| Name and Post | In Year Pension Contribution For year to 31 st March £ | Accrued Pension Benefit as at 31 st March | |
|--|--|--|---------------|
| | | Pension £ | Lump Sum £ |
| Julie Murray, Chief Officer 2019/20 | 21,414 | 42,146 | 58,504 |
| Julie Murray, Chief Officer 2018/19 | 20,799 | 38,772 | 56,800 |

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

| Name and Post | In Year Pension Contribution For year to 31 st March £ | Accrued Pension Benefit as at 31 st March | |
|---|--|--|---------------|
| | | Pension £ | Lump Sum £ |
| Lesley Bairden, Chief Financial Officer 2019/20 | 16,358 | 7,104 | - |
| Lesley Bairden, Chief Financial Officer 2018/19 | 15,892 | 5,247 | - |

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

However, the IJB has responsibility for funding the employer's contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2019/20 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers' own contributions.

General Disclosure by Pay Bands

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

General Disclosure by Pay Bands

| Number of Employees 31 st March 2019 | Remuneration Band | Number of Employees 31 st March 2020 |
|--|---------------------|--|
| 1 | £80,000 - £85,999 | 1 |
| 1 | £105,000 - £109,999 | 1 |

Caroline Bamforth
Chair
Integration Joint Board 23rd September 2020

Julie Murray
Chief Officer
Integration Joint Board 23rd September 2020

Annual Governance Statement

Introduction

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

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

Scope of Responsibility

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

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

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

The Purpose of the Governance Framework

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

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's policies, aims and

objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

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

The Governance Framework

The main features of the governance framework in place during 2019/20 are summarised below:

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

The governance framework was put in place during 2015/16 when the IJB was established and the Governance Code was formalised and audited in 2017/18 and continues to operate effectively.

During the majority of 2019/20 our governance system operated as normal, however as a result of COVID-19 from March 2020 we needed to change some of those arrangements including; drawing on business continuity plans to support critical functions, establishing our Local Resilience Management Team, participating in local and national working groups and establishing a COVID-19 Risk Register. We have also worked very closely with our partners' governance and response arrangements during the emergency, including East Renfrewshire

Council, NHS Greater Glasgow and Clyde, National Chief Officer, Chief Social Work Officer and Chief Financial Officer meetings.

We have moved our IJB meetings to a video conferencing platform and agreed with our chair and vice chair a prioritised agenda for each meeting. We did not hold a Performance and Audit Committee meeting in March or June 2020 with relevant reports being taken directly to the IJB. Our Clinical and Care Governance group has met as planned using video conferencing.

Best Value

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



The System of Internal Financial Control

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

- Financial regulations and codes of financial practice.
- Comprehensive budgeting systems.
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts.
- Setting targets to measure financial and other performance.
- Clearly defined capital expenditure guidelines.
- Formal project management disciplines.
- The IJB's financial management arrangements complies with the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2010)'.

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

Review of Adequacy and Effectiveness

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

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2019/20. A member of East Renfrewshire Council's Audit and Scrutiny Committee was co-opted to the IJB Performance and Audit Committee during 2016/17 to promote transparency.

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

During 2019/20 the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditor's opinion as reported to the Audit Committee, confirmed: "It is my opinion, based on the information available and

assurances provided, that reasonable assurance can be placed on the framework of governance, risk management and internal controls which operated in the East Renfrewshire Integration Joint Board in the year to 31 March 2020”.

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

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

The area where we are partly compliant is:

- Workforce; we have a local workforce plan and learning & development plan. A three-year Workforce Plan covering 2021-24 needs to be approved and published by 31st March 2021.

Governance Issues during 2019/20

Whilst all operational and transactional governance issues are considered within our partner’s governance frameworks the IJB Performance and Audit Committee take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31st March 2020.

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

The recommendations from the follow up audit on the implementation of the Care Finance system are taken to the Performance and Audit Committee with progress updates on a six-monthly timescale. Progress has been made on these recommendations however the planned audit follow up work in March 2020 was impacted by COVID-19 so this will be completed during 2020/21.

The IJB Risk Policy was audited during the year and was found to be compliant.

The redesign and improvement plan for the Care at Home service is ongoing and includes all Care Inspectorate requirements.

- The programme is led by the Chief Officer and the programme oversight board is chaired by the Council Chief Executive. Membership includes staff side, human resources, legal services, the Chief Social Work Officer and the Intensive Services Manager and Programme Manager.
- A Report on progress, timelines and key milestones is also taken to each meeting of the Integration Joint Board.

The implementation of a new finance system by East Renfrewshire Council was undertaken with the HSCP having full representation on the project board.

The COVID-19 pandemic has meant that how the IJB operates and therefore associated governance has been impacted. The IJB met on 18 March 2020 and agreed delegated powers to allow the Chief Officer and the HSCP the flexibility to adapt to the significant public health challenges resulting from this pandemic.

The Scottish Government introduced new legislation; The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020. The HSCP has complied with this legislation as appropriate.

All decisions taken under delegated authority are logged and a full record of decisions taken supports the Local Resilience Management Team process put in place as well as our Mobilisation Plan.

The HSCP is working with all partners at a local and national level to play our part in the response to the pandemic and has had to respond swiftly to a number of challenges including establishing a community assessment centre and a PPE Hub; supporting care home testing, as well as implementing business continuity plans to ensure services can deliver as much support as possible and in particular to our most vulnerable and at risk residents.

The Recovery work which is underway builds on this initial emergency response phase and will help inform how we plan to reintroduce as much as we can as we move to the new normal. This will also help inform our next strategic plan for 2022 - 2025. Significant work is required to review the disruption to and impact on services and our aim is to build what we have learned during the initial response, not only by the HSCP, but also that of our partners and most importantly those who use our services.

There are significant implications from both the emergency response and from the ongoing recovery phase. Our Mobilisation Plan was agreed with the Scottish Government and the detailed cost tracker; the funding discussions are ongoing.

Action Plan

The table below shows the progress made during 2019/20 against the actions that we identified in our 2018/19 annual report and accounts:

| Action | Progress |
|---|--|
| Ensure our Care at Home improvement plan is fully implemented, with progress against actions and target dates continuing to be reported to the Integration Joint Board throughout 2019/20. | Our Care at Home action plan is a standing agenda item for our IJB. This will continue to be reported until all actions are closed and the service redesign complete. |
| Continue to develop our management information to better inform our strategic and financial planning, commissioning strategy, change programme and decision-making processes. | We have developed our performance reporting including a new suite of local performance indicators. The changes we have made to our staff structure support and promote the benefits of robust data recording, development and analysis. |
| Maintain and report, at least annually an updated Medium-Term Financial Plan reflecting the latest intelligence and assumptions to support and inform future funding modelling and scenarios. This will be supplemented by seminars at specific stages in the budget setting process. | <p>The budget report submitted to the IJB on 18 March stated that the MTFP would be revised for April following finalisation of any implications from the UK final budget.</p> <p>The subsequent COVID-19 pandemic has overtaken that date and the plan will be revised in due course.</p> <p>It is worth noting that the 2020/21 budget settlements fell within the scenarios of the existing MTFP.</p> |
| Implement commissioning arrangements for the set aside budget and reduce our Accident and Emergency attendances. | A Greater Glasgow and Clyde wide Unscheduled Care Commissioning Plan has been developed and represents the first steps in developing strategic plans for the unscheduled care pathway (set aside) as set out in legislation. The IJB will consider this plan as part of its consultation. |
| Continue to work with NHS Greater Glasgow and Clyde regarding the timing of future years funding confirmation, the budget setting timescale for 2020/21 demonstrates progress despite timeframe constraints. | This is ongoing however the IJB did agree a budget on 18 March with offers from both partners, albeit with caveats around the timing of the UK budget and the emerging implications of the COVID-19 pandemic. |
| Regularly report on the local and national actions, along with our partners, resulting from the Audit Scotland Review of Integration and the Ministerial Strategic Group review of Health and Community Care. | The IJB now has one action plan which combines the actions from these two reports along with those resulting from the areas for development from our strategic inspection. This single action plan – our Strategic Improvement Plan was agreed by the IJB on 29 January 2020. |
| Develop and publish our three-year Workforce Plan for 2020-23. | The date for the three-year Workforce Plan has been revised, by the Scottish Government to 2021-24. |

The actions to take in 2020/21 to improve strengthening our corporate governance arrangements are:

- Continue to report on our Care at Home action plan at each IJB until full implementation of redesign and closure of all actions.
- Revise our Medium-Term Financial Plan once the implications from the COVID-19 pandemic are clearer.
- Implement the commissioning arrangements for unscheduled care once the system wide commissioning plan is finalised.
- Continue to report on our Strategic Improvement Plan until fully complete.
- Review our Best Value reporting with our Annual Performance Report.
- Implement our Recovery work programme whilst recognising that this will need to flex and adapt to changing circumstances.

Conclusion and Opinion on Assurance

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

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

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

Caroline Bamforth

Chair

Integration Joint Board 23rd September 2020

Julie Murray

Chief Officer

Integration Joint Board 23rd September 2020

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

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of East Renfrewshire Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and Notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the body as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- 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.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 07 January 2019. The period of total uninterrupted appointment is five years. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Head of Finance and Resources (Chief Financial Officer) has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the Audit Scotland website, the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Head of Finance and Resources (Chief Financial Officer) and Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Head of Finance and Resources (Chief Financial Officer) is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Head of Finance and Resources (Chief Financial Officer) determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Head of Finance and Resources (Chief Financial Officer) is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Head of Finance and Resources (Chief Finance Officer) is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is

materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

John Cornett, FCPFA
Audit Director
Audit Scotland
4th Floor, 8 Nelson Mandela Place
Glasgow, G2 1BT

The Financial Statements

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

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

For the year ended 31st March 2020

| 2018/19 | | | Objective Analysis | 2019/20 | | | |
|----------------------------------|-----------------------------|--------------------------------|--|---------|------------------------|-------------------|----------------------|
| Gross Expenditure Re-stated £000 | Gross Income Re-stated £000 | Net Expenditure Re-stated £000 | | Note | Gross Expenditure £000 | Gross Income £000 | Net Expenditure £000 |
| 10,252 | 443 | 9,809 | Children and Families | | 11,729 | 697 | 11,032 |
| 26,295 | 1,742 | 24,553 | Older People's Services | | 25,065 | 2,246 | 22,819 |
| 5,312 | 264 | 5,048 | Physical/Sensory Disability | | 5,765 | 58 | 5,707 |
| 17,939 | 1,631 | 16,308 | Learning Disability – Community | | 18,966 | 709 | 18,257 |
| 9,422 | 1,460 | 7,962 | Learning Disability – Inpatients | | 9,673 | 1,314 | 8,359 |
| 0 | 0 | 0 | Augmentative & Alternative Communication | | 393 | 173 | 220 |
| 11,634 | 1,768 | 9,866 | Intensive Services | | 13,065 | 1,848 | 11,217 |
| 4,904 | 176 | 4,728 | Mental Health | | 5,289 | 178 | 5,111 |
| 2,099 | 65 | 2,034 | Addictions / Substance Misuse | | 2,224 | 205 | 2,019 |
| 23,722 | 1,513 | 22,209 | Family Health Services | | 25,276 | 1,471 | 23,805 |
| 16,194 | 0 | 16,194 | Prescribing | | 16,090 | 0 | 16,090 |
| 563 | 563 | 0 | Criminal Justice | | 609 | 609 | 0 |
| 225 | 0 | 225 | Planning and Health Improvement | | 132 | 0 | 132 |
| 9,019 | 552 | 8,467 | Management and Admin | | 10,055 | 1,366 | 8,689 |
| 215 | 0 | 215 | Corporate Services | 6 | 223 | 0 | 223 |
| 137,795 | 10,177 | 127,618 | Cost of Services Managed by ER IJB | | 144,554 | 10,874 | 133,680 |
| 29,837 | - | 29,837 | Set Aside for delegated services provided in large hospitals | | 31,223 | - | 31,223 |
| 290 | - | 290 | Aids and Adaptations | | 276 | - | 276 |
| 167,922 | 10,177 | 157,745 | Total Cost of Services to ER IJB | | 176,053 | 10,874 | 165,179 |
| - | 98,135 | 98,135 | NHS Greater Glasgow and Clyde | 3 | - | 103,447 | 103,447 |
| - | 48,557 | 48,557 | East Renfrewshire Council | 3 | - | 49,565 | 49,565 |
| - | 6,449 | 6,449 | Resource Transfer | 3 | - | 6,424 | 6,424 |
| - | 5,132 | 5,132 | Social Care Fund | 3 | - | 5,132 | 5,132 |
| 0 | 158,273 | 158,273 | Taxation and Non Specific Grant Income | | 0 | 164,568 | 164,568 |
| 167,922 | 168,450 | (528) | (Surplus) or Deficit on Provision of Services | | 176,053 | 175,442 | 611 |
| 167,922 | 168,450 | (528) | Total Comprehensive (Income) and Expenditure | | 176,053 | 175,442 | 611 |

The Augmentative and Alternative Communication service was transferred to East Renfrewshire in 2019/20 so there is no prior year figures shown.

Older Peoples Services and Intensive Services are shown on two separate lines to better reflect service delivery.

MOVEMENT IN RESERVES STATEMENT

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

| 2018/19 £000 | General Reserves | 2019/20 £000 |
|--------------------------------|---|------------------------------|
| (4,809) (528) | Balance as at 31 st March 2019 brought forward Total Comprehensive Income & Expenditure | (5,337) 611 |
| (528) | (Surplus) or Deficit on the Provision of Services | 611 |
| (5,337) | BALANCE AS AT 31st MARCH 2020 CARRIED FORWARD | (4,726) |

BALANCE SHEET**As at 31st March 2020**

The Balance Sheet as at 31st March 2020 is a snapshot of the value at that reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

| 31st March 2019 £000 | | Notes | 31st March 2020 £000 |
|--|----------------------------|--------------|--|
| 5,469 | Current Assets | | 5,249 |
| 5,469 | Short Term Debtors | 7 | 5,249 |
| 132 | Current Liabilities | | 523 |
| 132 | Short Term Creditors | 7 | 523 |
| 5,337 | Net Assets | | 4,726 |
| (5,337) | Reserves | 8 | (4,726) |
| (5,337) | Total Reserves | | (4,726) |

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31st March 2020 and its income and expenditure for the year then ended.

The audited annual report and accounts were submitted for approval and issue by the IJB on 23rd September 2020

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 23rd September 2020

Notes to the Financial Statements

1. Accounting Policies

1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2019/20 reporting period and its position as at 31st March 2020.

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

IJBs are specified as Section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 supported by International Finance Reporting Standards (IFRS).

1.2 Accruals of Income and Expenditure

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

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

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

1.3 Going Concern

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

1.4 Accounting Convention

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

1.5 Funding

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

1.6 Reserves

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

Reserves have been created in order to finance expenditure in relation to specific projects. When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service

in that year and will be funded by an appropriation back to the Comprehensive Income and Expenditure Statement in the Movement in Reserves Statement.

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

1.7 Events after the Balance Sheet Date

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

Where events take place before the date of authorisation and provide information about conditions existing as at 31st March 2020 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

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

1.8 Related Party Transactions

As partners of East Renfrewshire IJB both East Renfrewshire Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 5 (Page 55) in accordance with the requirements of International Accounting Standard 24.

1.9 Provisions, Contingent Assets and Liabilities

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

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

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

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

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

1.10 Indemnity Insurance

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

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

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims, taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31st March 2020

Similarly, the likelihood of receipt of an insurance settlement to cover any claims would be separately assessed, and where material, they would be presented as either a debtor or disclosed as a contingent asset. No such receipts were identified as at 31st March 2020.

The cost of participation in the CNORIS scheme was funded on our behalf by NHS Greater Glasgow and Clyde.

1.11 Corresponding Amounts

These Financial Statements cover the period 1st April 2019 to 31st March 2020, with corresponding full year amounts for 2018/19.

1.12 VAT

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

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

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

1.13 Post - Employment Benefits – Pension Costs

The accounting requirements for pension costs in respect of Post - Employment Benefits under IAS9 and FRS17 are reflected in the accounts of East Renfrewshire Council and NHS Greater Glasgow and Clyde as the respective employers of current and former staff members. The IJB does not directly employ any members of staff in its own right and accordingly has accrued no liability in regards to post employment pension benefits.

1.14 Prior Period Restatement

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

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

2. Expenditure and Income Analysis by Nature

| 2018/19 Re-stated £000 | | 2019/20 £000 |
|------------------------------|---|------------------|
| (158,273) | Partners funding contribution and non-specific grant income | (164,568) |
| (10,177) | Fees and charges and other service income | (10,874) |
| (168,450) | 2019/20 TOTAL FUNDING | (175,442) |
| 36,602 | Employee Costs | 39,793 |
| 818 | Premises Costs | 1,054 |
| 375 | Transport Costs | 315 |
| 7,201 | Supplies & Services | 8,193 |
| 50,995 | Third Party Payments | 51,572 |
| 2,126 | Support Costs | 2,314 |
| 16,024 | Prescribing | 16,090 |
| 23,729 | Family Health Service | 25,276 |
| 29,837 | Acute Hospital Services | 31,223 |
| 190 | Corporate Costs | 196 |
| 25 | External Audit Fee | 27 |
| 167,922 | 2019/20 COST OF SERVICES | 176,053 |

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

3. Taxation and Non Specific Grant Income

| 2018/19 Re-stated £000 | | 2019/20 £000 |
|------------------------------------|---|-------------------------------------|
| 48,557 98,135 6,449 5,132 | East Renfrewshire Council NHS Greater Glasgow and Clyde Resource Transfer Social Care Fund | 49,565 103,447 6,424 5,132 |
| 158,273 | PARTNERS FUNDING CONTRIBUTION & NON SPECIFIC GRANT INCOME | 164,568 |

The funding contribution from NHS Greater Glasgow and Clyde includes £31.223 million in respect of East Renfrewshire's use of set aside for delegated services provided in large hospitals. These are provided by the NHS, which retains responsibility for managing the costs of providing the service. The IJB however, has responsibility for the consumption of and level of demand placed on these services.

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

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2019/20 accounts in respect of Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services hosted by the East Renfrewshire IJB for other IJBs within the NHS Greater Glasgow & Clyde Area. Accordingly, the IJB is considered to be acting as a 'principal' and the 2019/20 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2019/20 financial statements. The cost of the hosted service provided to other IJBs and consumed by East Renfrewshire in regards Learning Disability Inpatients and Augmentative and Alternative Communication is detailed below.

| 2018/19 £000 | LEARNING DISABILITY IN PATIENTS SERVICES HOSTED BY EAST RENFREWSHIRE IJB | 2019/20 £000 |
|-----------------|---|-----------------|
| 6,234 | Glasgow | 5,659 |
| 918 | Renfrewshire | 1,347 |
| 142 | Inverclyde | 199 |
| 570 | West Dunbartonshire | 846 |
| - | East Dunbartonshire | 196 |
| 7,864 | Learning Disability In-Patients Services Provided to other IJBs | 8,247 |
| 98 | East Renfrewshire | 112 |
| 7,962 | TOTAL LEARNING DISABILITY – INPATIENTS SERVICES | 8,359 |

| 2018/19 £000 | AUGEMENTATIVE AND ALTERNATIVE COMMUNICATION HOSTED BY EAST RENFREWSHIRE IJB | 2019/20 £000 |
|-----------------|--|-----------------|
| - | Glasgow | 72 |
| - | Renfrewshire | 7 |
| - | Inverclyde | - |
| - | West Dunbartonshire | 4 |
| - | East Dunbartonshire | 25 |
| - | AAC Services Provided to other IJBs | 108 |
| - | East Renfrewshire | 11 |
| - | TOTAL AAC SERVICES * | 119 |

*These figures above relate only to the hosted element of this service and therefore do not translate to the CIES where the total cost is shown. This service transferred to East Renfrewshire in 2019/20 so there is not a prior year cost.

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

| 2018/19 £000 | SERVICES PROVIDED TO EAST RENFREWSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE | 2019/20 £000 |
|-----------------|---|-----------------|
| 434 | Physiotherapy | 460 |
| 53 | Retinal Screening | 48 |
| 452 | Podiatry | 464 |
| 295 | Primary Care Support | 303 |
| 293 | Continence | 297 |
| 613 | Sexual Health | 618 |
| 876 | Mental Health | 906 |
| 858 | Oral Health | 868 |
| 335 | Addictions | 348 |
| 184 | Prison Health Care | 194 |
| 163 | Health Care in Police Custody | 162 |
| 3,811 | Psychiatry | 4,211 |
| 8,367 | NET EXPENDITURE ON SERVICES PROVIDED | 8,879 |

5. Related Party Transactions

The following financial transactions were made with East Renfrewshire Council and NHS Greater Glasgow and Clyde relating to integrated health and social care functions during 2019/20. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

| 2018/19 Re-stated £000 | Income – payments for integrated functions | 2019/20 £000 |
|---------------------------------------|---|-------------------------|
| 102,698 | NHS Greater Glasgow and Clyde | 108,461 |
| 65,752 | East Renfrewshire Council | 66,981 |
| 168,450 | TOTAL | 175,442 |

| 2018/19 Re-stated £000 | Expenditure – payments for delivery of integrated functions | 2019/20 £000 |
|---------------------------------------|--|-------------------------|
| 102,698 | NHS Greater Glasgow and Clyde | 108,461 |
| 65,224 | East Renfrewshire Council | 67,592 |
| 167,922 | TOTAL | 176,053 |

6. Corporate Expenditure

| 2018/19 £000 | Corporate Expenditure | 2019/20 £000 |
|-----------------|--------------------------|-----------------|
| 190 25 | Staff Costs Audit Fee | 196 27 |
| 215 | TOTAL | 223 |

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

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

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

NHS Greater Glasgow and Clyde did not charge for any support services provided in the year ended 31st March 2020.

The support services for East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and as such have been charged for in 2019/20.

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice 2019/20 amounted to £26,560. Audit Scotland did not provide any non-audit services during 2019/20.

VAT is not included in the costs identified.

7. Short Term Debtors and Creditors

| 2018/19 £000 | Short Term Debtors | 2019/20 £000 |
|-----------------|--|-----------------|
| 761 4,708 | NHS Greater Glasgow and Clyde East Renfrewshire Council | 550 4,699 |
| 5,469 | TOTAL | 5,249 |

| 2018/19 £000 | Short Term Creditors | 2019/20 £000 |
|-----------------|--|-----------------|
| 71 61 | NHS Greater Glasgow and Clyde East Renfrewshire Council | 462 61 |
| 132 | TOTAL | 523 |

8. Reserves

As at 31st March 2020 the IJB has created earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve has been created as part of the financial strategy of the IJB in order to better manage the risk of any future unanticipated events that may materially impact on the financial position of the IJB.

| 2018/19 £000 | Reserves | Used £000 | Added £000 | Transfers In / (out) £000 | 2019/20 £000 |
|-----------------|---|--------------|---------------|---------------------------------|-----------------|
| 111 | Mental Health Action 15 | 111 | - | | - |
| 68 | Alcohol & Drugs Partnership | - | 15 | | 83 |
| 420 | Primary Care Improvement | 352 | 102 | | 170 |
| - | GP Premises Fund | - | 78 | | 78 |
| 599 | TOTAL RING-FENCED RESERVES | 463 | 195 | | 331 |
| 1,139 | Budget Savings Phasing | 519 | 310 | 97 | 1,027 |
| 500 | In Year Pressures | 229 | - | | 271 |
| 222 | Prescribing | - | - | | 222 |
| 1,861 | Total Bridging Finance | 748 | 310 | 97 | 1,520 |
| 664 | Children and Families | 69 | 426 | | 1,021 |
| 1,039 | Transitional Funding Learning Disability Specialist Services | | | | 1,039 |
| 39 | District Nursing | | | 61 | 100 |
| 55 | Active Lives | 55 | | | - |
| 109 | Projects and Initiatives | | | (109) | - |
| 49 | Learning Disability | | | (49) | - |
| - | Augmentative & Alternative Communication | | 101 | | 101 |
| 252 | Total Projects | 55 | 101 | (97) | 201 |
| 100 | Renewal and Repairs | | | | 100 |
| 250 | Care at Home | 250 | | | - |
| 200 | Partnership Strategic Framework | 50 | | | 150 |
| 100 | Organisational learning & Development | 8 | | | 92 |
| 550 | Total Capacity | 308 | | | 242 |
| 4,466 | TOTAL EARMARKED RESERVES | 1,180 | 837 | 0 | 4,123 |
| 272 | TOTAL GENERAL RESERVES | | | | 272 |
| 5,337 | TOTAL ALL RESERVES | 1,643 | 1,032 | 0 | 4,726 |

Note: of the £1.643 million reserves used during the year £1.578 million was planned use and £0.065 million meets the operational overspend.

9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31st March 2020.

10. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have a significant impact on the 2019/20 annual accounts.

11. Critical Judgements & Estimation Uncertainty

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of Learning Disability Inpatients Services and AAC services hosted within the East Renfrewshire IJB for other IJB's within the NHS Greater Glasgow & Clyde area. Within NHS Greater Glasgow & Clyde each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal' and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which the 2019/20 accounts have been prepared.

12. Post Balance Sheet Events

The 2019/20 Annual Report and Accounts were authorised for issue by the IJB on the 23rd September 2020. There have been no adjusting events (events which provide evidence of conditions that existed at the balance sheet date) and no such adjusting events have been reflected in the financial statements or notes. Likewise there have been no non – adjusting events, which are indicative of conditions after the balance sheet date, and accordingly the financial statements have not been adjusted for any such post balance sheet events.

13. Prior Period Restatement

The figure included in the 2019/20 financial statements in respect of set aside for delegated services provided in large hospitals is provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB, however, has responsibility for the consumption of, and level of demand placed on, these resources.

NHS Greater Glasgow and Clyde are now in a position to report the set aside figures based on actual expenditure of £31.223 million which has resulted in the restatement of 2018/19 figures. These were previously based on a notional budget figure of £16.624 million. The notional budgets for set aside were based on NRAC (resource allocation formula) activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

Where to find more information

In This Document

The requirements governing the format and content of the IJB annual accounts follows guidance issued by the Integrated Resources Advisory Group and by The Local Authority (Scotland) Accounts Advisory Committee (LASAAC).

On Our Website

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

Acknowledgement

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

Caroline Bamforth
Chair
Integration Joint Board

23rd September 2020

Julie Murray
Chief Officer
Integration Joint Board

23rd September 2020

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

23rd September 2020

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East Renfrewshire Health and Social Care Partnership
 HSCP Headquarters, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN
 Phone: 0141 451 0749

Date: 23 September 2020

John Cornett, Audit Director
 Audit Scotland
 4th Floor
 8 Nelson Mandela Place
 Glasgow
 G2 1BT

Dear John

East Renfrewshire Integration Joint Board Annual Accounts 2019/20

1. This representation letter is provided in connection with your audit of the annual accounts of the East Renfrewshire Integration Joint Board for the year ended 31 March 2020 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Performance and Audit Committee, the following representations given to you in connection with your audit of the East Renfrewshire Integration Joint Board's annual accounts for the year ended 31 March 2020.

General

3. The East Renfrewshire Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2019/20 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by the East Renfrewshire Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (2019/20 accounting code), mandatory

guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the East Renfrewshire Integration Joint Board at 31 March 2020 and the transactions for 2019/20.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2019/20 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to the East Renfrewshire Integration Joint Board circumstances and have been consistently applied.
8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed the East Renfrewshire Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on the East Renfrewshire Integration Joint Board's ability to continue as a going concern.

Liabilities

10. All liabilities at 31 March 2020 of which I am aware have been recognised in the annual accounts.
11. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.

Fraud

12. I have provided you with all information in relation to
 - my assessment of the risk that the financial statements may be materially misstated as a result of fraud
 - any allegations of fraud or suspected fraud affecting the financial statements
 - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

13. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

14. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2019/20 accounting code. I have made available to you the identity of all the East Renfrewshire Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

15. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

16. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

17. I confirm that the East Renfrewshire Integration Joint Board has undertaken a review of the system of internal control during 2019/20 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.
18. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2020, which require to be reflected.

Balance Sheet

19. All events subsequent to 31 March 2020 for which the 2019/20 accounting code requires adjustment or disclosure have been adjusted or disclosed.

This letter was presented to, and agreed at, the meeting of the East Renfrewshire Integration Joint Board: Audit Committee on 23 September 2020.

Yours sincerely

Lesley Bairden
Head of Finance and Resources (Chief Finance Officer)
East Renfrewshire Integration Joint Board

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|---|---|
| Meeting of East Renfrewshire Health and Social Care Partnership | Performance and Audit Committee |
| Held on | 23 September 2020 |
| Agenda Item | 7 |
| Title | Annual Performance Report 2019/20 |
| <p>Summary</p> <p>This report provides members of the Integration Joint Board with the Annual Performance Report for the Health and Social Care Partnership for 2019/20. This is our fourth Annual Performance Report and outlines performance for the second year of our Strategic Plan 2018-21. The Annual Performance Report is a high level, public facing report. It focuses on the performance of the HSCP prior to the Covid-19 pandemic.</p> | |
| Presented by | Steven Reid Policy, Planning and Performance Manager |
| <p>Action Required</p> <p>The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2019-20.</p> | |

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EAST RENFREWSHIRE PERFORMANCE AND AUDIT COMMITTEE

23 SEPTEMBER 2020

Report by Chief Officer

ANNUAL PERFORMANCE REPORT 2019/20

PURPOSE OF REPORT

1. This report advises the members of the Annual Performance Report for the Health and Social Care Partnership for 2019-20.

RECOMMENDATIONS

2. The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2019-20.

BACKGROUND

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. The 2014 Act requires publication of the report within 4 months of the end of the financial year being reported on, therefore by 31 July each year.
4. In recognition of the exceptional requirements being place on public bodies as they responded to the Covid-19 outbreak, the Coronavirus (Scotland) Act 2020 made a number of temporary changes to statutory reporting and publication requirements (as well as Freedom of Information requests). This gave public authorities the temporary power to postpone publishing reports if they are of the view that continuing with report preparation would impede their ability to take effective action in response to the coronavirus pandemic.
5. The Chief Officer agreed to delay the publication date for the Annual Performance Report until 30 September in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020 to do so. The staff who would have been involved in the preparation of the report have been heavily engaged in supporting the Covid-19 pandemic response.
6. The Public Bodies (Joint Working) (Scotland) 2014 Act requires that publication of the report should include making the report available online, and should ensure that the Report is as accessible as possible to the public. Guidance suggests that partnerships may wish to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report. The Integration Joint Board must also provide a copy of this report to each constituent authority (NHS Greater Glasgow & Clyde and East Renfrewshire Council).
7. The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. In addition Scottish Government has issued guidance for the preparation of performance reports:
 - Performance against national health and wellbeing outcomes.
 - Performance in relation to integration planning and delivery principles.

- Performance in relation to strategic planning and any review of strategic plan during year.
 - Financial planning, performance and best value.
 - Performance in respect of locality arrangements.
 - Inspections of services.
 - Details of any review of the strategic plan.
8. Subject to approval of the report by the Integration Joint Board, the report will be published on our website by 30 September and promoted through appropriate media channels.

REPORT

9. The Annual Performance Report sets out how we delivered on our vision and commitments over 2019-20. This year is the second year of the HSCP Strategic Plan 2018-21 and this is our fourth Annual Performance Report. We review our performance against agreed local and national performance indicators and against the commitments set out in our second Strategic Plan, which covers the period 2018-21. The report is principally structured around the priorities set out in our strategic plan, linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.
10. The main elements of the report set out: the current strategic approach of the East Renfrewshire Health and Social Care Partnership; how we have been working to deliver our strategic priorities over the past 12 months; our financial performance; and detailed performance information illustrating data trends against key performance indicators.
11. National performance indicators can be grouped into two types of complementary measures: outcome measures and organisational measures.
12. The national outcome measures are based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations. These people have not necessarily used HSCP services. The survey was last carried out in 2017 and as such no current data is available for these measures. The HSCP collects local data of people who have used our services and supports. This is included in the report as it is collected throughout the year and can be tracked over a longer time period. We believe better reflects outcomes achieved by the Health and Social Care Partnership.
13. The national organisational measures are taken from data that is collected across the health and care system for other reasons. In all cases we have included the latest available data. The updated indicators may not represent the full end year position as some of the data completion rates are not yet 100% but will be the most up-to-date data available at the statutory deadline. We have identified 'provisional' figures in the report.
14. The remaining performance information in the report relates to the key local indicators and targets developed to monitor progress against our Strategic Implementation Plan 2018-21. Our performance indicators illustrate progress against each of our seven strategic priorities. Chapter 4 of the report gives trend data from 2016/17 and uses a Red, Amber, Green status key to show whether we are meeting our targets.
15. In addition to activity and performance in relation to the seven strategic priorities the report includes sections on:
- Public protection;
 - Our hosted Specialist Learning Disability Service;
 - How we support our staff.

16. Performance indicators that have seen the greatest improvement in 2018/19 are summarised in Chapter 4. These demonstrate significant progress across a number of areas, including:
- Outcomes for children following support from our parenting programmes.
 - Improving the balance of Care for looked after children (% of children being looked after in the community).
 - Outcomes for women who have experienced domestic abuse.
 - Helping older people and people with long-term condition maintain independence at home.
 - Reducing waiting times for people accessing psychological therapies.
 - Reducing delayed discharges from hospital and reducing unplanned hospital bed days.
 - The proportion of people spending the last 6 months of life in a community setting.
 - Supporting the needs of unpaid carers.
17. The report also highlights indicators where we feel we could be doing better and will focus on improving. These include:
- Children and young people accessing support through Child and Adolescent Mental Health Services (CAMHS).
 - Completion of unpaid work placement (Community Payback Orders) within Court timescales.
 - The number of people self-directing their care through receiving direct payments and other forms of self-directed support.
 - Reducing the number of A&E attendances and admissions.
18. Following any comments from either the Performance and Audit Committee or the Integration Joint Board on 23 September 2020, we will use the remaining weeks until the publication date to enhance any content and make presentational changes.

CONSULTATION AND PARTNERSHIP WORKING

19. The Annual Performance Report reflects the work of the Health and Social Care Partnership throughout 2019-20. Through our Strategic Plan we make a commitment to working together:
- With individuals as partners in planning their own care and support.
 - With carers and families as partners in the support they provide to the people they care for. We will ensure the supports carers and families can sometimes require themselves are recognised.
 - With communities as partners in shaping the care and supports available and in providing opportunities for people to get involved in their communities.
 - With organisations across sectors, including our Community Planning partners and the Third Sector. We will work in partnership to co-commission, forecast, prioritise and take action together.
20. There are multiple examples of this commitment in action throughout the report.

CONCLUSIONS

21. The Annual Performance Report is the fourth performance report for East Renfrewshire Health and Social Care Partnership. This report provides a comparison of our performance against Scotland and the previous baseline year.

22. The reports demonstrates continued progress in the delivery of the priority outcomes set out in our Strategic Plan 2018-21.
23. The Annual Performance Report is a statutory requirement and by nature is retrospective. In conjunction with the Chair of the Performance and Audit Committee we started work to look at developing our routine performance reporting to take account of forward trends and required actions to move towards target. This work started at the beginning of the Covid-19 pandemic and as we move towards recovery we will recommence this work.

RECOMMENDATIONS

24. The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2019-20.

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid, Policy, Planning and Performance Manager
steven.reid@eastrenfrewshire.gov.uk
0141 451 0749

September 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

[East Renfrewshire HSCP Annual Performance Report 2018/19](#)

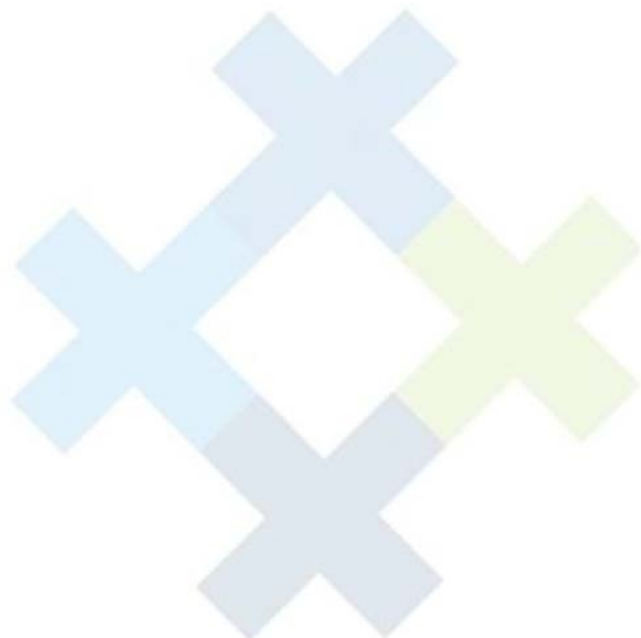
East Renfrewshire HSCP Annual Performance Report 2017/18



East Renfrewshire Health and Social Care Partnership

Annual Performance Report

2019/20



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Contents

| Chapter | Page |
|--|-------------|
| 1. Introduction | 1 |
| 2. Delivering our key priorities | 11 |
| 3. Financial performance and Best Value | 43 |
| 4. Performance summary | 50 |
| Appendix One | 64 |

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1. Introduction

1.1 Purpose of Report

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

This is the fourth report for the East Renfrewshire Integration Joint Board. It sets out how we delivered on our vision and commitments over 2019-20. We review our performance against agreed local and national performance indicators and against the commitments set out in our second Strategic Plan, which covers the period 2018-21. The report looks at performance for the 12 months prior to the Covid-19 pandemic and does not focus significantly on the impacts of the crisis and our response following the introduction of lockdown on 23 March 2020.

The main elements of the report set out:

- the current strategic approach of the East Renfrewshire Health and Social Care Partnership (HSCP);
- how we have been working to deliver our strategic priorities over the past 12 months;
- our financial performance; and,
- key work areas we will be focusing on as we move forward.

Detailed performance information illustrating data trends against key performance indicators is included in the Chapter 4 of the report.

1.2 Local context

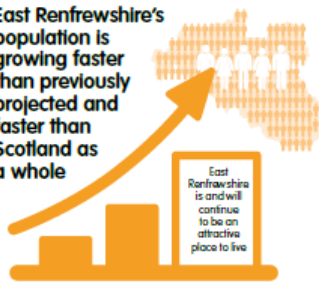
East Renfrewshire covers an area of 174 square kilometres and borders the city of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

Our population is growing and reached 95,530 in 2019. 74% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 26% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

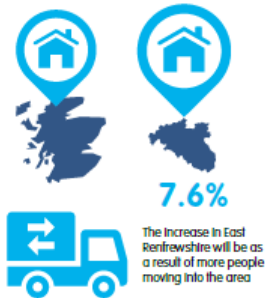
East Renfrewshire has an ageing population with a 44% increase in the number of residents aged 85 years and over during the last decade.

EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT

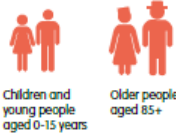
East Renfrewshire's population is growing faster than previously projected and faster than Scotland as a whole



The number of people living in East Renfrewshire is projected to increase by 7.6% by the year 2026 (this is higher than previous projection of 5.7% and higher than the Scottish rate of growth of 3.2%)



The two age groups that will grow the most



East Renfrewshire currently has the highest average household size in Scotland, but this is projected to shrink as more people live alone



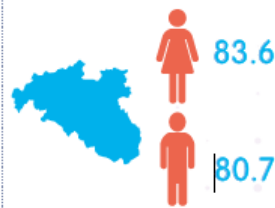
More houses are being built for three reasons



Demand will increase for services

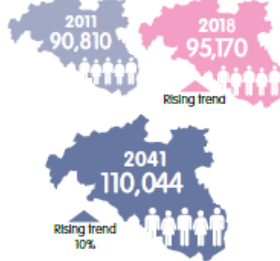


East Renfrewshire has the highest life expectancy at birth for both females and males in Scotland.

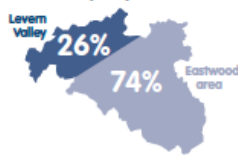


EAST RENFREWSHIRE FAST FACTS

Population



Where people live



Life expectancy



3,374

New homes planned up to 2029



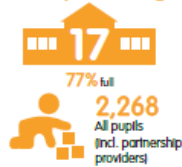
Economically active 70%
Economically inactive 30%



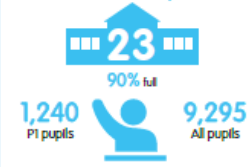
Extra moving into East Renfrewshire 2018



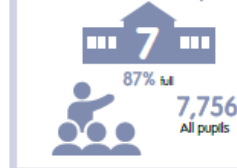
Early learning



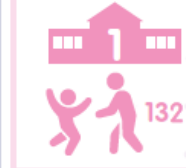
Primary



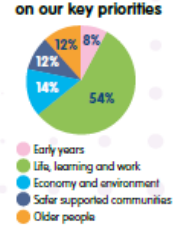
Secondary



ASN School



How money is spent on our key priorities



8 data zones out of 122 in the most deprived 20% of Scotland. 6,127 live here.

East Renfrewshire Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire's Integration Joint Board (IJB) and it has built on the Community Health and Care Partnership (CHCP), which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.

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

During the last 14 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

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

1.3 Our Approach

1.3.1 Our Strategic Vision and Priorities

In East Renfrewshire we have been leading the way in integrating health and care services. From the outset of the CHCP we have focused firmly on outcomes for the people of East Renfrewshire, improving health and wellbeing and reducing inequalities. Under the direction of East Renfrewshire's IJB, our new HSCP builds on this secure foundation. Throughout our integration journey during the last 14 years, we have developed strong relationships with many different partner organisations. Our longevity as an integrated partnership provides a strong foundation to continue to improve health and social care services.

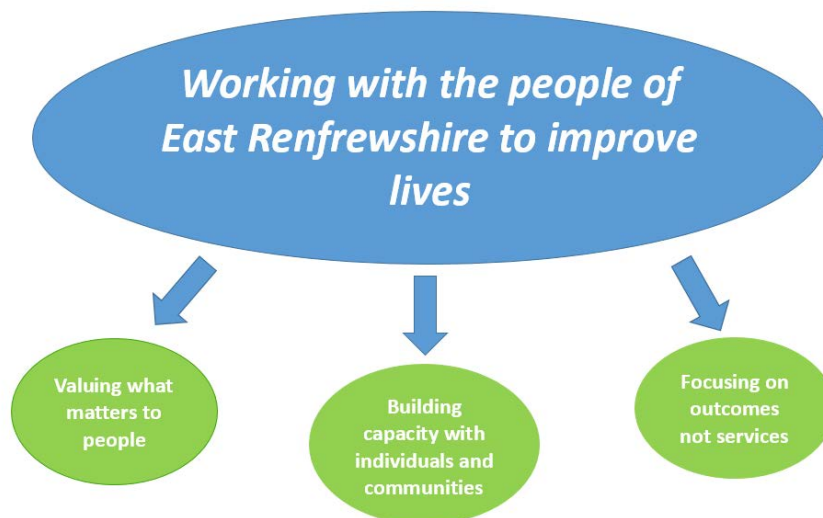
Our Vision

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

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

- *Valuing what matters to people*
- *Building capacity with individuals and communities*
- *Focusing on outcomes, not services*

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



Our Strategic Plan

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

In 2017-18 we reviewed our current Strategic Plan in collaboration with our partners and local communities and began developing the priorities for our second plan. We considered our current performance using the national outcomes and indicators over the period of the first plan and sought feedback from our communities through national and local surveys. Our engagement activity was led by the third sector interface in partnership with Thrive, a commissioned external agency. We also looked at changes in the community planning, regional planning and the NHS Greater Glasgow and Clyde wider partnership landscape.

Through a series of workshops with our Strategic Planning Group, we recognised the need to reduce our strategic priorities in order to give more focus to areas of improvement. Much of our work from our previous strategic plan has continued. However, it was recognised that to meet the range of challenges presented by pressures on our finances and our growing and ageing population, we must fundamentally change the way we work together.

The plan recognises that the partnership must extend beyond traditional health and care services to a real partnership with local people and carers, volunteers and community organisations, providers and community planning partners. We must place a greater emphasis on addressing the wider factors that impact on people's health and wellbeing, including activity, housing, and work; supporting people to be well, independent and connected to their communities.

The plan also identifies that emergency admissions, out of hours pressures and carer stress are signs that our systems must continue to improve. We are committed to increasing the opportunities for people to talk with us earlier, exploring what matters to them and supporting them to plan and take action to anticipate and prevent problems and crises. By putting in place the right support at the right time we believe that we can improve lives and reduce demands on the health and care system.

Moving forward, hospitals will provide highly specialist treatment for people who are acutely unwell, with more locally provided rehabilitation and recuperation services. We have strong relationships with GPs in East Renfrewshire and over the course of the current strategic plan will be investing in primary care services to support people to better manage health conditions. We know that people staying in hospital longer than necessary makes them deteriorate and lose their independence and by reaching out to hospitals and providing a range of local supports we will get people back to East Renfrewshire sooner.

The strategic plan for 2018-21 sets out seven strategic priorities where we need to make significant change or investment during the course of the plan. These are:

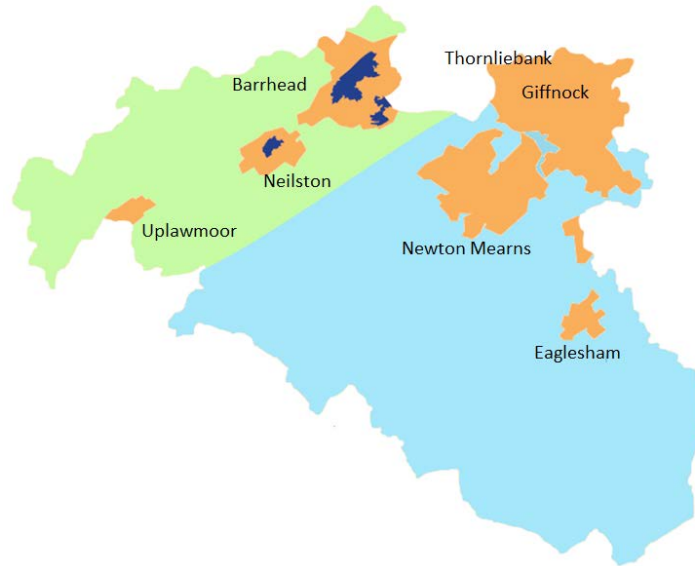
- Working together with **children, young people and their families** to improve mental wellbeing
- Working together with our community planning partners on new **community justice** pathways that support people to prevent and reduce offending and rebuild lives
- Working together with our communities that experience shorter life expectancy and **poorer health** to improve their wellbeing
- Working together with people to maintain their **independence at home** and in their local community
- Working together with people who experience **mental ill-health** to support them on their journey to recovery
- Working together with our colleagues in primary and acute care to care for people to reduce **unplanned admissions** to hospital
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities

1.3.2 Locality planning in East Renfrewshire

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

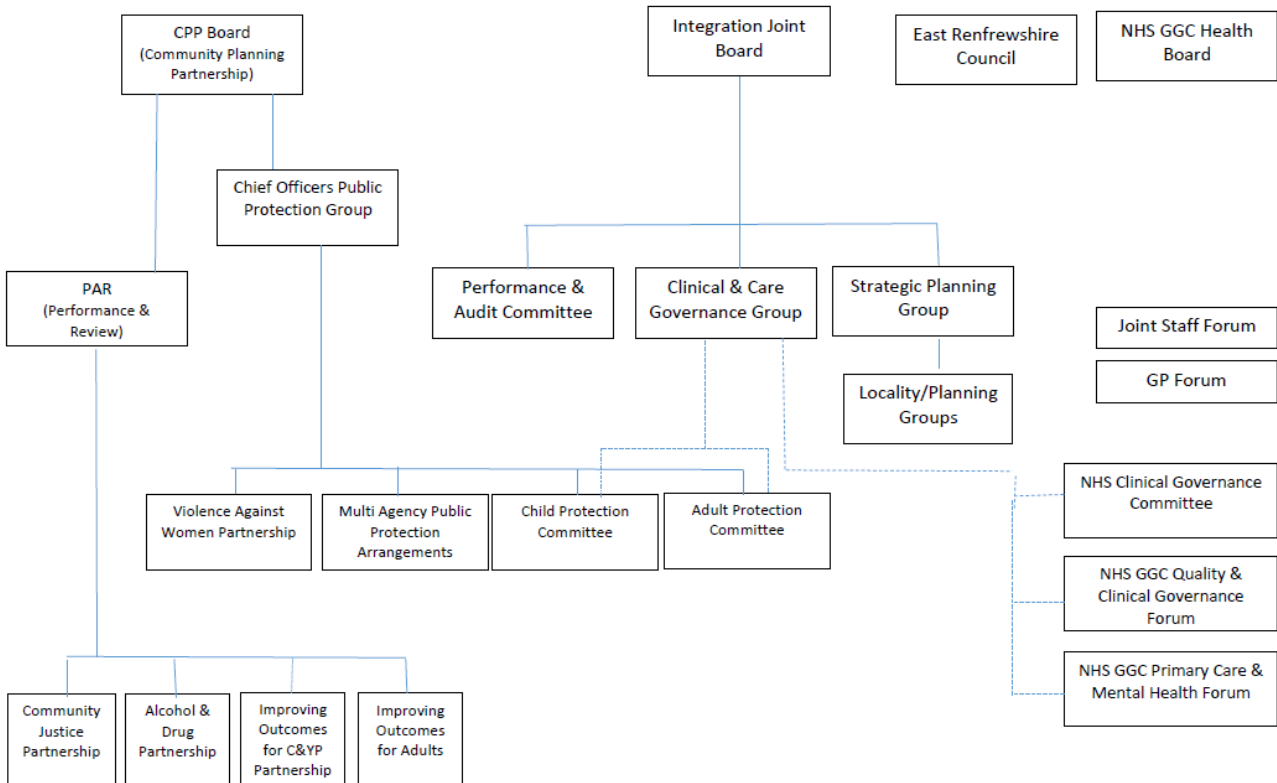
Our new localities also reflect our hospital flows, with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. The Barrhead Locality and Eastwood Locality Managers came into post in 2018. They have responsibility for both locality-based teams and services hosted on behalf of the entire HSCP.

Our management and service structure is designed around our localities. Our locality planning arrangements continue to develop and will be supported by new planning and market facilitation posts and financial reporting at a locality level.

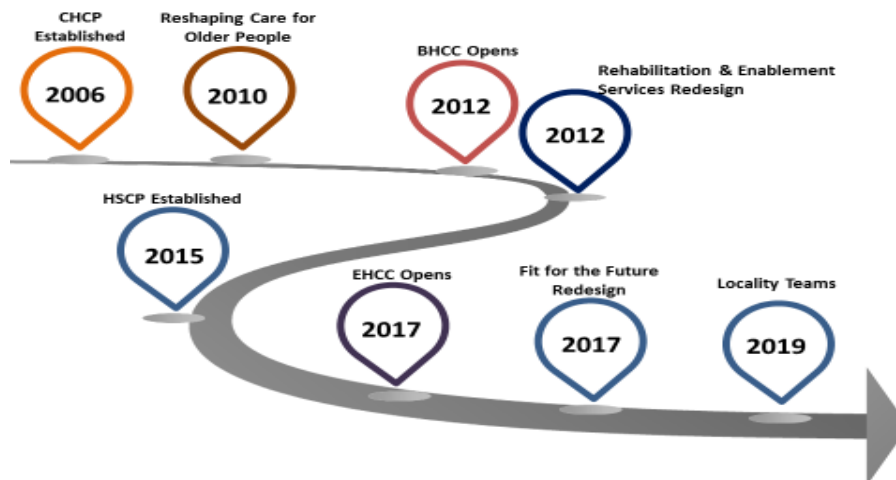


The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership, hereafter known as the HSCP.

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



1.3.3 Realising the strategy through operational delivery

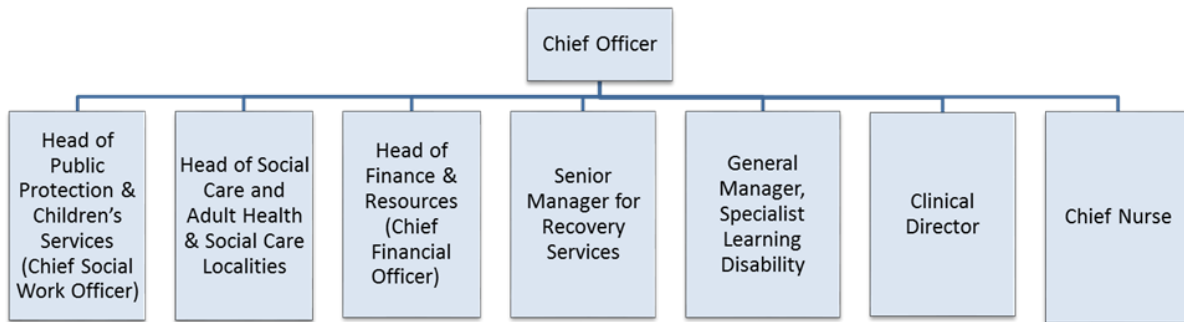


Developing our integrated Health and Care Centres at Barrhead and Eastwood has provided us with an ideal opportunity to facilitate a fundamental change in the operational delivery of health and social care for people in East Renfrewshire. Eastwood Health and Care Centre was designed to support the further integration of health and care, along with wider Council and third sector services, in a setting that promotes wellbeing.

In order to prepare for the move to the Eastwood facility (opened 2017), a significant transformation programme was undertaken. We worked with staff groups to design zones that collocated workers and teams, in environments that supported their ways of working and fostered collaboration. Before finalising the physical design in Eastwood, we tested our new working environment in Barrhead Health and Care Centre. The building design and functionality of the Eastwood Health and Care Centre remains a reference design for future centres and a key asset for the HSCP.

More recently our Fit for the Future change programme (FFTF) has included end to end operational service reviews in conjunction with a review of our organisation structure and in line with our vision. The Chief Financial Officer (CFO) is responsible for ensuring that all project work and service designs are properly supported and that sound financial and risk governance is in place. This includes modelling and monitoring the FFTF programme.

This structure modelled through FFTF recognised the need to strengthen the link between strategy and operations, and to develop a stronger locality focus. Strategic planning, market facilitation and improvement capacity are being embedded in the locality structure. Our new teams have undertaken self-evaluation and planning activity to support the strategic direction. The structure of our leadership team is shown below.



During 2019-20 our partnership provided a wide range of health and social care service for local people including the examples given below.

Our resources include:

- 15** GP practices
- 19** pharmacies
- 15** opticians
- 20** dental practices
- 2** integrated health and care centres
- 12** care homes
- 140** residents in Supported Living services
- 1000** residents in Care at home services
- 2800** community alarm users (Safety Net Telecare call handling)
- 6** day opportunity services
- 526** patients in District nursing

The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership, hereafter known as the HSCP.

1.3.4 Joint Strategic Inspection of East Renfrewshire HSCP

The Care Inspectorate and Health Improvement Scotland carried out a Joint Strategic Inspection of Adult Services in East Renfrewshire Health and Social Care Partnership between April and June 2019. The inspection was one of a series on the effectiveness of strategic planning requested by Scottish Ministers. The key elements during the inspection were how well the partnership had:

- Improved performance in both health and social care;

- Developed and implemented operational and strategic planning arrangements;
- Established the vision, values and aims across the partnership and the leadership of strategy and direction.

The inspection included analysis of the evaluative statements and evidence submitted by the partnership, followed by fieldwork in East Renfrewshire, which included focus groups, interviews and observation of activities. The final report of the inspection was published on 9 October 2019.

The inspection concluded that there was clear evidence that the partnership was improving its health and social services for adults. They found a culture of collaborative leadership, sound governance and a strong commitment to integration. Collaborative working with third sector partners to develop innovative person-centred services and community assets were recognised.

The inspectors considered the issues for the in-house care at home service to be a considerable risk for the partnership. They found no evidence of systemic problems with the partnership's governance and performance management systems. The partnership needs to make progress implementing its improvement plan for its care at home service. This will depend on the effectiveness of the operational management of this service.

The finding of the inspection was that partnership showed capacity for continuous improvement with its record of sound progress with the integration of health and social care services, supported by an integrated management structure and co-located teams of health and social care staff.

1.3.5 Our integrated performance management framework

Since the establishment of the Community Health and Care Partnership in 2006, there has been a commitment to integrated performance management.

Our performance management framework is structured around our new Strategic Plan, with all performance measures and key activities clearly demonstrating their contribution to each of our seven strategic planning priorities. The framework also demonstrates how these priorities link to the National Health and Wellbeing Outcomes and East Renfrewshire's Community Planning Outcomes.

An Implementation Plan and a supporting performance framework accompany our 3-year Strategic Plan. Working with key stakeholders, we developed these through outcome-focused planning. The plan is presented as a series of 'driver diagrams'. These diagrams show how we will achieve our strategic outcomes through 'critical activities' measured by a suite of performance indicators. This is the basis for strategic performance reporting to the Integration Joint Board (IJB) and it also feeds into East Renfrewshire Council's Outcome Delivery Plan and NHS Greater Glasgow and Clyde's Operational Plan. Our Strategic Performance Reports are presented to the IJB Performance and Audit Committee every six months (at mid and end year). We also provide quarterly updates (at Q1 and Q3) when data updates are available.

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

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

We gather service user feedback from a variety of sources. These include patient/service user surveys through for example, our Primary Care Mental Health Team; day centres and community groups; and users of our integrated health and social care centres. We also gather local feedback from East Renfrewshire Council's Citizens' Panel, Talking Points data and the National Health and Wellbeing Survey. We support a Mental Health Carers Group, where carers are able to raise issues about their needs and the support they receive.

1.3.6 Our Covid-19 response and remobilisation

East Renfrewshire HSCP has been at the forefront of the local response to the Covid-19 pandemic. Over the course of the Covid-19 crisis we have seen incredible resilience, commitment and creativity from staff in all services across East Renfrewshire HSCP. Within a very short space of time teams established and adapted to new ways of working and continued to maintain and deliver safe and effective services to our residents. There has been innovation and collaborative working across the health and care system including with external stakeholders and our communities.

Our response to the pandemic has necessarily been tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within these services.

As we moved through the initial emergency phase of the pandemic, services developed (and continue to review) their own recovery plans setting out local milestones and these were collated into an HSCP-wide Operational Recovery Plan. The implementation of the Operational Recovery plan is being closely monitored and priorities are updated by service leads on a weekly basis.

Our strategic plan is due to be updated for 2021-24. We will review our strategic needs assessment in light of the COVID-19 outbreak and develop our strategic priorities taking into account the lessons learned and changing needs and expectations of local residents. The recovery work programme we have implemented will help inform our planning in the medium and longer term.

2. Delivering our key priorities

2.1 Introduction

This section looks at the progress we made over 2019/20 to deliver the key priorities set out in our Strategic Plan. We also set out performance for cross-cutting areas that support our strategic priorities including public protection and staff engagement. For each area we present headline performance data showing progress against our key local and national performance indicators. In addition to an analysis of the data we provide qualitative evidence including case studies and feedback from local people engaging with our services. We also illustrate which of the National Health and Wellbeing Outcomes we are contributing to through each area of activity.

A full performance assessment covering the period 2016/17 to 2019/20 is given in Chapter 4 of the report.

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

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

2.2.1 Our strategic aim

We provide ongoing support to children who are described as vulnerable due to being looked after and in our care, or on the edges of care, who need targeted interventions to safeguard their wellbeing.¹ Our Strategic Plan established a targeted priority of improving mental wellbeing of children and young people. We have been aware for some time of the pressures on our Child and Adolescent Mental Health Services (CAMHS), our disproportionate use of mental health inpatient beds and the number of GP consultations for mental wellbeing. Local community consultation also confirmed this as an area of concern for local residents.

Research suggests that half of adult mental health problems have begun by the age of 15, and once acquired they tend to persist. Mental ill health in children, young people and adults is strongly correlated with exposure to childhood adversity and trauma of various kinds. Adverse Childhood Experiences (ACEs) are an established indicator of exposure to such trauma. ACEs range from verbal, mental and physical abuse, to being exposed to alcoholism, drug use and domestic violence at home.

¹ Our main activities to support children and young people in East Renfrewshire are set out in “Getting it right with you” East Renfrewshire’s Children’s Services Plan 2017-2020.

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

- Providing the appropriate and proportionate mental health responses for children and young people;
- Increasing confidence among parents most in need of support as a result of targeted interventions;
- Improving maternal health and wellbeing;
- Strengthened family capacity through prevention and early intervention.

2.2.2 The progress we've been making

- 96% increase in improved outcomes for children after parent/carer completion of our Psychology of Parenting Project (PoPP)
- 98% positive response to Viewpoint question "Do you feel safe at home?"
- 96% of children/young people attending our Family Wellbeing Service with improved emotional health at end of programme in 2018/19
- Balance of Care for looked after children - 98% of children being looked after in the Community (the best in Scotland)
- 90% of supported mothers confirming they received information about close and loving relationships from staff

2.2.3 How we've been delivering

The Integration Joint Board are aware that many East Renfrewshire children and young people are presenting at GP services with requests for support around anxiety, depression, and distress. Parents expressing worry about the wellbeing of children and young people have been calling upon specialist and clinical services such as CAMHS, or Educational Psychology to respond.

We are aware that these traditional service have been experiencing high demand resulting in longer waiting times. And in many cases this is not the most appropriate support for the young person and their family.

As an alternative approach we have established our **Family Wellbeing Service**, to support these children and young people who present with a range of significant mental and emotional wellbeing concerns. Children 1st have been commissioned to deliver this service since September 2017. The Family Wellbeing Service works with the HSCP to deliver holistic support based in GP surgeries to:

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

As a consequence of a significant new funding stream from Robertson Trust and East Renfrewshire HSCP the newly enhanced Family Wellbeing Service began on 1 June 2019, expanding its reach to include all GP Practices. This has been very successful with almost all practices beginning to refer children and young people.

The service is funded to accept a minimum of one hundred and seventy-eight referrals per year but has exceeded this figure significantly already. Promotion of the service with GPs and strengthening the links with partner agencies is ongoing. Early evaluation of the programme is indicating a significant improvement in the emotional wellbeing of the children and young people referred with fewer repeat presentations to GPs with distress. The service has been delivering positive outcomes for those accessing support.



As part of our preventative approach, we are committed to strengthening family capacity and building confidence among parents where this is required. We continue to invest in and develop our **Psychology of Parenting Project (PoPP)** which offers support to families experiencing difficulties with behaviour. Families can access one-off interventions (discussion groups) focusing on a specific topic. There are also two high quality, evidence-based programmes - Triple P and Incredible Years – offering more intensive support for parents due to challenging developmental behaviours and distress. In 2019/20, 96% of the

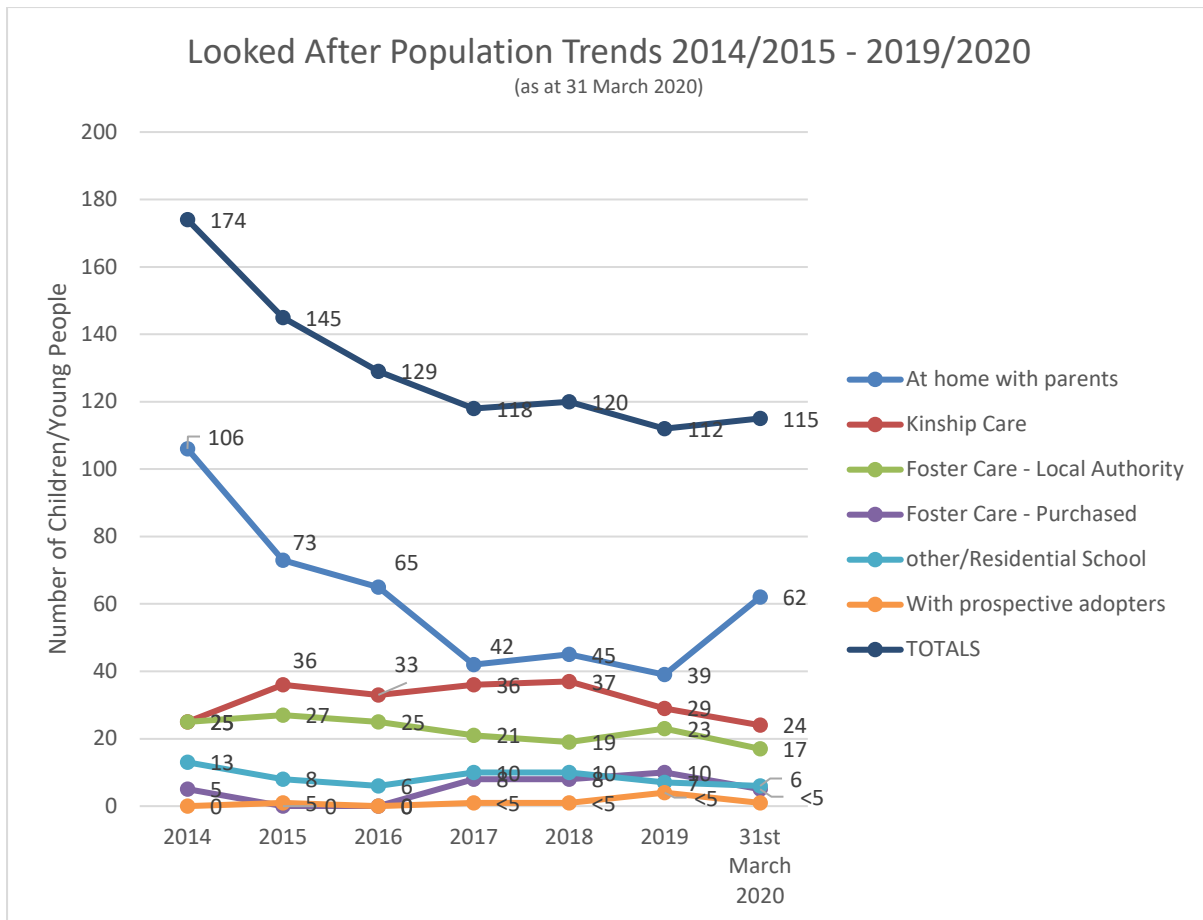


children participating demonstrated improved outcomes as measured by SDQ (Strengths and Difficulties Questionnaire) – up from 89% in 2018/19.

We continue to perform well in keeping children safe in their local community wherever possible and acting quickly to make decisions. Through this work and work with our care experienced young people we aim to improve life chances.

Through **PACE (Permanence and Care Excellence)** we have seen positive joint working, a strong commitment to change, and a developing 'common understanding' of permanence across the whole system. We have streamlined our processes to ensure that children, young people and their families/carers are included throughout the process in decision-making and care planning.

To support the wellbeing of our looked after children we work to ensure they access the most appropriate destinations possible. We are proud that 98% of our looked after children are supported in the community rather than institutional settings (up from 94% for the previous available year).



On 31 March 2020, one hundred and fifteen children and young people in East Renfrewshire were looked after in a range of settings. This constitutes approximately 0.5% of the total children's population of the area and remains one of the smallest proportions in Scotland. Sixty-six of the children were boys (57%) and forty-nine were girls (43%). We have continued to consolidate the PACE Programme, working to improve outcomes for children by securing permanent destinations for them. The numbers of children who are looked after has remained consistent over the past four years.

Although this year has seen an increase in the number of children looked after at home there has been a consistent reduction in the length of time children are looked after for, particularly for children who are twelve and under. At March 2016 the average period a child was looked after for was nineteen months and this has reduced to fifteen months at March 2020.

Further analysis of our reduction in children who are looked after at home has shown that during the 2019/20, 23% of Compulsory Supervision Orders for children and young people at home with parents were terminated. A further 23% remain open on a voluntary basis to the Youth Intensive Support Service and 54% to Children and Families, again on a voluntary basis.

Key successes in supporting our looked after children over the course of 2019/20 include:

- The length of time children and young people are looked after at home has decreased.
- The number of children looked after away from home has decreased.
- Implementation of Signs of Safety approach has strengthened the voice of the family network in looked after reviews and permanence planning.

- Improvement work in multi-agency contribution to Scottish Children’s Reporter Administration to support effective decision making.

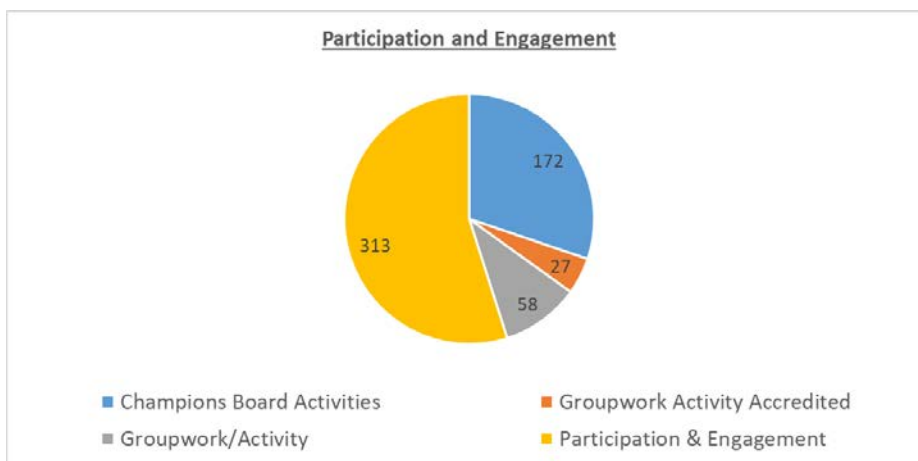
Signs of Safety

Over 2019/20 we have continued the implementation of the Signs of Safety multi-agency model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model supports practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children’s wellbeing.

Our key achievements for the second year of our five year implementation plan are:

- Continued commitment from Multi Agency Implementation Team.
- The development of a multi-agency practice lead network, which meets quarterly with a clear focus of direct practice improvements.
- Continued workforce training provided at different levels, advanced and generic for all staff groups including education, health, police and adult services.
- The implementation and application of revised processes and documentation which complement the model - for Child Protection, Looked After Children, Scottish Children’s Reporter Administration (SCRA) and Children with Additional Needs.
- The application of the model in our Child Protection Case Conferences to ensure they are solution orientated, strength based and risk focused.

Throughout 2019/20, we have continued to engage with our children, young people, families and communities through the **East Renfrewshire Champions Board**, group work and participation activities. Between April 2019 and March 2020 there were five hundred and twenty opportunities for children and young people to take part in participation and engagement, twenty-seven of these have led to an recognised accredited award. These opportunities were taken up by eighty seven children and young people from all age groups across the children and families teams.



The 14-19 age group are most likely to participate but we are seeing increased engagement by the 7-12 age group which demonstrates the continued efforts of the community team to encourage involvement of all ages.

The overall aim of **East Renfrewshire Champions Board** is to improve life chances of looked after young people both within our community planning partnership and in the

wider community. A central focus is on inclusion and participation allowing looked after young people a meaningful forum to directly influence and, through time, redesign services that affect them in a co-produced way by influencing their corporate parents.



Through our Champions Board we offer looked after young people leadership opportunities, develop relationship-based practice and the opportunity to change practice and policy. Our aim is to demystify and challenge misconceptions about looked after children and young people and strengthen awareness of the barriers that they face whilst offering opportunities to develop policy and practice to overcome these. Moreover we aim to reduce stigma and ensure that our looked after young people flourish and become all that they can be so that they move into adulthood and beyond, achieving their aspirations.

2.3 Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending

National Outcomes for Community Justice contributed to:

Prevent and reduce further offending by reducing its underlying causes

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

2.3.1 Our strategic aim

The East Renfrewshire Community Justice Outcome Improvement Plan sets out our core outcomes, what we will deliver as partners and how this will contribute to and improve the lives of people with lived experience of the community justice system from point of arrest through to returning from custody.

Over the course of our Strategic Plan the East Renfrewshire HSCP is strengthening links with other community services and programmes to provide greater access and support for people to prevent and reduce offending. Through this work we will ensure that people moving through the criminal justice system have better access to the services they require, including welfare, health and wellbeing, addiction services, housing and employability.

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

- Reducing the risk of offending is through high quality person centred interventions;
- Ensuring people have improved access to through-care and comprehensive range of recovery services;
- Ensuring effective interventions are in place to protect people from harm.

2.3.2 The progress we've been making

- 100% of people reported that their community payback order helped to reduce their offending.
- 71% of community payback work placements were completed within court timescale.
- 79% of women accessing domestic abuse support services demonstrated a positive improvement in their outcomes.
- 16% of people moved from drug/alcohol treatment into recovery services.

2.3.3 How we've been delivering

We work with our partners to lead, develop, support and promote **Smart Justice** measures that work for those who have offended, those who have been harmed and for our community at large.

In 2019/20, East Renfrewshire's **Community Payback Team** successfully completed 9057 hours of unpaid work. This is approximately a 15% reduction in the number of hours



completed in the previous year (10,779), although we note the significant disruption of COVID-19 in March 2020. The Community Payback Team have been involved in a range of new projects during the year bringing benefits to the environment, local community and service user groups including local people with learning and physical disabilities. We continue to receive regular feedback from the public on the positive impact that community payback has had on their local community.

Dunterlie Foodshare

The Community Payback Team work in partnership with Dunterlie Community Hub to deliver a new food share project. This sees team members processing and delivering food parcels to those in need.



During 2019/20 we enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations. Workshop premises have also been secured to expand opportunities of unpaid work.

Over the course of 2019/20 we have continued to develop strong partnership working in the **early planning of support** for offenders being released from prison. Our criminal justice and housing services are working closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.

We continued to deliver a multi-agency programme of offender focussed **trauma training**. Led by the criminal justice service and delivered to a multi-agency group of professionals (including housing, alcohol and drug services, employability and adult learning), this has supported the multi-agency delivery of interventions with those who hold convictions and have experienced trauma.

Several people with convictions were part of an **employment training programme** called Strive during the summer of 2019. This resulted in a number of positive outcomes for people who accessed this course, including employment. We have continued in 2019/2020 with a strong focus on our "No Barriers" project, which provides support with literacy and numeracy.

We have made significant progress to ensure we have a suitably qualified workforce supported by a clear pathway for domestic abuse referrals. As part of our community planning work to protect people from harm we implemented a multi-agency risk assessment conference (MARAC) for high risk domestic abuse victims. The MARAC is now fully operational as of June 2019. We appointed a Domestic Abuse coordinator in June 2019. This post has a critical role in supporting MARAC operations, co-ordination, risk assessment training, audit and reporting. All high risk domestic abuse victims and children now have multi agency action plans in place to reduce the risks posed to them by perpetrators.

In 2019/2020, the criminal justice team began to facilitate the local delivery of the nationally accredited sex offender treatment programme, **Moving Forward Making Changes (MFMC)**. Three social workers are now trained to deliver the programme, with our Advanced Practitioner

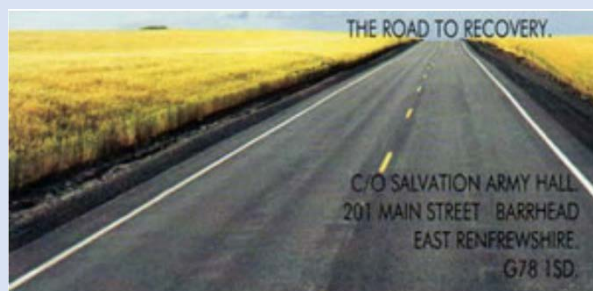
being supported to undertake the treatment management role to ensure accredited standards can be met.

We provide a high level of support for women and children who have experienced **domestic abuse**. We work in partnership with East Renfrewshire Women's Aid Service to deliver a helpline, drop in and direct support services for women, children and young people accessed the. In the past year we saw 79% women experiencing domestic abuse reporting improving their personal outcomes with safety, health and wellbeing, and empowerment and self-esteem scoring highly. This was a significant improvement on performance for the previous year (64%).

We continued to deliver a comprehensive range of services to support people recovering from **drug and alcohol addiction**. During 2019/20 our local Community Addictions and Recovery Team provide tailored support including planning for recovery, one-to-one and group support, family support and links to other agencies and resources to help people in their recovery journey.

P.A.R.T.N.E.R. Group – supporting recovery

A key part of our local recovery community is the P.A.R.T.N.E.R. Group (People Achieving Recovery Together Now East Renfrewshire). The group provides mutual aid support and is run by people who are in recovery and have life experiences which they can pass on to any one struggling with addiction. P.A.R.T.N.E.R. runs weekly group meetings in Barrhead.



2.4 Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing

| National Health and Wellbeing Outcomes contributed to: |
|--|
| NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer. |
| NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected |
| NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services |
| NO5 – Health and social care services contribute to reducing health inequalities |

2.4.1 Our strategic aim

East Renfrewshire's Community Planning Partnership has developed locality plans for the localities that have areas within the 20% most deprived areas in Scotland, with significantly poorer outcomes in health, education, housing and employment. The localities are: Arthurlie, Dunterlie and Dovecothall; Auchenback; and, Neilston. Plans have been developed using a community-led approach, which supported local residents to form steering groups to drive the process. Most of this work has been led by the Council's community planning team but health improvement staff have been involved in supporting the process.

Each plan has a set of priorities that reflect the unique needs of that locality. The plans form a basis for further work to which we are committed as a community planning partner. We will continue to support targeted health improvement interventions in our communities that experience the greatest health inequalities.

Our aim is to **improve wellbeing in our communities that experience shorter life expectancy and poorer health**, by:

- Reducing health inequalities by working with our communities;
- Mitigating health inequalities through targeted interventions.

2.4.2 The progress we've been making

- Our premature mortality rate remains significantly below the national average at 308 per 100,000 (Scotland 432)
- Male life expectancy at birth in our 15% most deprived communities is 74.7 compared to 72.1 for Scotland.
- Female life expectancy at birth in our 15% most deprived communities is 79.8 compared to 77.5 for Scotland.

2.4.3 How we've been delivering

Our **Health Improvement Team** promote self-help and information campaigns throughout the year via face to face events, social media and information resources. Information about self-help and community support is provided via the 'Your Voice' Bulletin which is sent directly to individuals on our database and also available in public places and online. Information materials and health campaign information are also available in Eastwood Health and Care Centre and in other local public and community facilities.



During 2019/20 Health Improvement supported a range of training and information sessions to build staff/partner capacity to address health behaviour and raise awareness of health related issues. Topics included sexual health, breastfeeding awareness, Childsmile training, mental health, breast health, bowel screening, cancer screening for people with additional needs, second hand smoke training, smokefree training, health behaviour change training and physical activity.

Strength and balance **exercise sessions** are being delivered in the Dunterlie area of Barrhead to encourage local people to access physical activity and walking groups have been set up in Barrhead and Neilston. Chair based exercise groups for older adults are also provided in Barrhead and other venues.



The Live Active programme funded by ERHSCP and NHSGGC is being actively promoted in Barrhead to increase referrals and we have strengthened links with East Renfrewshire Culture and Leisure Trust (ERCLT) and other exercise providers to develop smooth referral pathways between services.

East Renfrewshire HSCP continues to provide funding for an active health and wellbeing manager within ERCLT. This post has been developing the **Ageing Well** brand and has supported projects in Barrhead such as Dunterlie Tenancy Sustainability Project. Health Improvement staff have continued to provide information resources for community projects and events.

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

National Health and Wellbeing Outcomes contributed to:

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

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

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

2.5.1 Our strategic aim

A key strategic aim for our partnership is to ensure that people with support needs continue to enjoy a good quality of life in their own home and local community. We do this through a wide range of community-led supports and interventions to ensure that individuals have choice and control in the decisions that affect their life.

We worked together with local people, community groups and organisations to redesign our ‘front door’ and establish new ways of engaging with people in their communities. We have established local ‘Talking Points’, where people can talk to different health and care staff and community volunteers about what matters to them. Through this approach we ensure that people have access to the right conversation at the right time and have the right support to maintain their independence.

Through our partnership with East Renfrewshire Culture and Leisure Trust we continue to deliver a key service for older people under the Ageing Well programme, with a range of activities that support and encourage older people to be physically and mentally active and maintain their independence. For those people who require support for their daily lives, we are moving to a model of “the right amount of support”. In 2019/20 we implemented a new individual budget calculator for self-directed support. This is helping to minimise the barriers for people looking to take on more ‘choice and control’ and providing a more simple and transparent approach. We are also building the outcome focused support plans that move away from the task and time approach and allow more innovation and flexibility.

Our work in localities is building on our strong local partnerships and social enterprise approach, encouraging innovation that supports people to live independently in the community and offers alternatives to residential care.

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

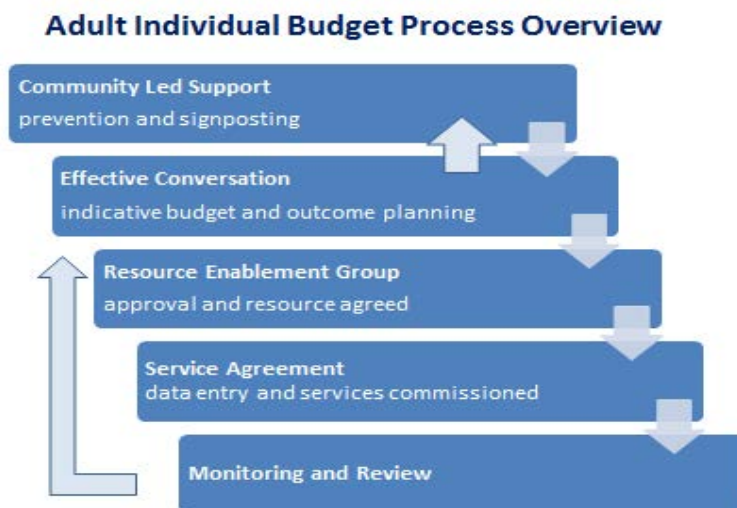
- Ensuring the people we work with have choice and control over their lives and the support they receive;
- Helping more people stay independent and avoid crisis through early intervention work;
- Ensuring people can maintain health and wellbeing through a range of appropriate activities.

2.5.2 The progress we've been making

- 88% of people reported that their 'living where you/as you want to live' needs were being met
- 8.2% of adult social work spend is spent through SDS Options 1 and 2 (4th best in Scotland)
- 58% of people aged 65+ with intensive needs are receiving care at home

2.5.3 How we've been delivering

During 2019/20 we implemented our new approach to planning with people who need support so that they have greater choice and control over their lives. Our individual budget calculated replaced our previous equivalency model for **resource allocation** for adults and was rolled out across our teams. The individual budget approach fits with our new ways of planning with people and allows more innovation and flexibility to meet their desired outcomes.



The 'right amount of support' individual budget calculator is now being used for all types of resource provision from modest one-off interventions through to a complex care package. This removes the barriers and potential inequity of traditional eligibility criteria and recognises the importance of prevention.

Our teams are working creatively with people to make the best use of their budget to meet their outcomes. From the launch of the guidance in December 2019 to the end of March 2020, the Resource Enablement Groups in Barrhead Locality considered fifty-five individual budgets and plans and Eastwood Locality considered seventy individual budgets and plans.

We have listened to the views of local people and have redesigned the way people can access support and information at the first point of contact – our “front door”. Our **Initial Contact Team** came into place in May 2019 and has transformed the way people can engage with the HSCP.

Our team have been trained in good conversations that focus on what matters to each person and what assets and community supports could help them achieve this.

Occupational Therapy Rapid Access is also part of our new Initial Contact Team. This integrated approach has reduced waiting times for occupational therapy assessment and more efficient access to e-advice and equipment to support independence.



The HSCP is committed to promoting Community Led Support which sees a move from traditional day service provision for older people to enabling access to more local, personalised and flexible services.



As part of this approach, **Talking Points** hubs have been established across East Renfrewshire as places where people can go to have a good conversation about their health and wellbeing within their own community. Here they can be directed to services and support that best meet their

needs. The Talking Point hubs are staffed by third sector organisations with support from social work services. A Talking Points Partnership was created to bring together the third sector across East Renfrewshire to support the development and coordination of Talking Point hubs.

The Talking Points Partnership consists of over 50 local organisations and representatives from the statutory sector. The Core Partners Group consists of 12 cross-sector partners; Voluntary Action East Renfrewshire, Carers Centre, Care and Repair, Recovery Across Mental Health, East Renfrewshire Disability Alliance, Enable Scotland, HSCP, ERC Communications Team, Self-Directed Support Forum, Neilston Development Trust, East Renfrewshire Culture and Leisure Trust/Libraries, and Community Volunteers. Talking Points are held in venues across East Renfrewshire

We delivered a total of 102 ‘Talking Points’ engagement sessions during 2019/20. Over the course of the sessions we undertook 959 conversations with individuals resulting in 773 referrals or signposting. Of these less than a fifth (145 – 19%) resulted in referrals to the HSCP. Forty-four percent (336) were referrals/signposting to the 3rd sector, 20% (158) were the provision of general community information and 17% (134) were referrals to East Renfrewshire Council services.

Views on Talking Points

“My conversation with the Talking Points Team was First Class. I got all the information and help I needed and my Home adjustments are now in place. Everything’s sorted.”

- Attendee

“Thank you for your informative and courteous first contact with impressive list of care and recreational possibilities which will certainly help me acquire the necessary cultural and health info to enable my ongoing independence as I enter this new phase in my life”

- Attendee

“I am living on my own since my wife went into a home with dementia. It has been difficult for me as she has changed so much but coming to Talking Points and going to the club you told me about gives me a break from the stress and lets me meet other people and make friends. Thank You.”

- Attendee

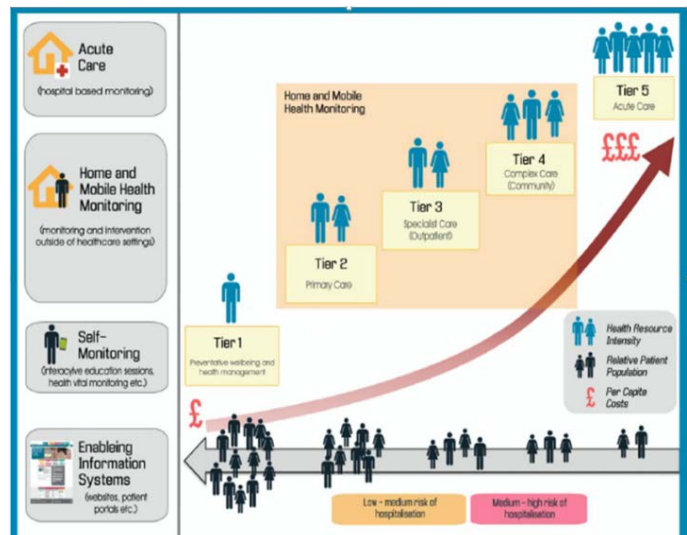
“If one of our clients phones and it’s something we can’t help with, through meeting all the other organisations, I know who to pass them on to. Now I know the services personally.”

- Third sector organisation

“We have a much clearer understanding of who is offering what across East Renfrewshire.”

- Third sector infrastructure organisation

We continue to develop and modernise our approaches to supporting people to live independently and well in the community. The vast majority of East Renfrewshire’s GP practices use **Home and Mobile Health Monitoring (HMHM)** to support the management of hypertension and some practices also offer it for the management of COPD. During 2019/20 Acute Care (hospital based monitoring)



Our new protocol means that the team can monitor the blood pressure and heart rate of East Renfrewshire patients remotely. The benefits include:

- Patients can more effectively self-manage their condition;
- It allows the specialist heart failure nurses to identify patients whose condition is deteriorating and require more input;
- It allows nurses to reduce visits to only those needing a visit.

We have been working closely with eHealth to install Attend Anywhere equipment in all GP surgeries allowing remote access to consultations. Due to the onset of Covid 19, this was fast tracked and all GP surgeries received equipment, equipment installation and training in use of the system which is now utilised as business as usual.



Over the course of 2019/20 we have continued to expand our **telecare** provision. Through active promotion of the service via marketing materials and web pages including online application, around 3,000 residents are benefitting from our Telecare service. The Telecare team continues to work in close partnership with other teams and organisations to support independence at home. The team were delighted with the outcome of the most recent Technology Enabled Care (TEC) Services Association audit which resulted in the service having no requirements or improvement areas identified.

Telecare performance highlights 2019-20

Performance targets:

- Alarm calls answered within 1 minute- 98.9% (target 97.5%)
- Response visits within 45 minutes – 90.82% (target 90%)
- Critical repairs completed within 48 hours-94.7% (target 90%)

Customer satisfaction survey shows:

- 100% were satisfied with installation process, with 85% rating it as excellent
- 99.4% were satisfied with call handling, with 96% rating it as excellent
- 97.4% were satisfied with our response visits, with 93% giving a rating of excellent
- 100% were satisfied with the quality and value for money of the service, with 95% giving a rating of excellent

We continue to support people with **learning disabilities** to live independently in our communities. We support a wide range of meaningful activities in the community for people with learning disabilities. This includes social enterprise groups delivering bike workshops, jewellery making, gardening groups and kitchen/café training. We also support a range of community groups, e.g. social/ leisure groups that allow people to follow their interests as well as health groups.

For **older people**, we support a range of health and leisure activities in the community under our Ageing Well programme to help people keep their bodies and minds as active as possible.

2.6 Working together with people who experience mental ill-health to support them on their journey to recovery

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

2.6.1 Our strategic aim

Health and Social Care Partnerships across Greater Glasgow and Clyde are committed to working together to develop a whole system five-year strategy for adult mental health. Delivering on our strategy will involve a whole series of actions and service changes.

Our local services in partnership with third sector organisations like Recovery Across Mental Health (RAMH) have shifted to recovery-oriented care, supporting people with the tools to manage their own health. A recovery-based approach has the potential to improve quality of care, reduce admissions to hospital, shorten lengths of stay and improve quality of life. While service users will always have access to the clinical and therapeutic services they need, a recovery approach will require services to embrace a new way of thinking about illness, and innovative ways of working. Those changes include:

- A change in the role of mental health professionals and professional expertise, moving from being 'on top' to being 'on tap': not defining problems and prescribing treatments, but rather making their expertise and understandings available to those who may find them useful.
- A recognition of the equal importance of both 'professional expertise' and 'lived experience' and a breaking down of the barriers that divide 'them' from 'us'. This must be reflected in a different kind of workforce (one that includes peer workers), and different working practices founded on co-production and shared decision making at all levels.

We are working in partnership across Greater Glasgow and Clyde to improve responses to crisis and distress, and unscheduled care. The strategy signals a further shift in our balance of care moving away from hospital wards to community alternatives for people requiring longer term, 24/7 care with mental health rehabilitation hospital beds working to a consistent, recovery-focused model.

Our aim is to **support people experiencing mental ill-health on their journey to recovery**, by:

- Ensuring East Renfrewshire residents who experience mental ill-health can access appropriate support on their journey to recovery.

2.6.2 The progress we've been making

- 65% accessing psychological therapies within 18 weeks (improving).
- 16% of service users moving from drug treatment to recovery service

2.6.3 How we've been delivering

Our Primary Care Mental Health Team (PCMHT) have been working to reduce our waiting times for psychological therapies which we acknowledge are currently too high due to capacity issues in the service. The proportion of people accessing psychological therapies within the 18 week target has improved to 65%, up from 54% last year.

Our preventative and holistic approach continued to develop over 2019/20. To support appropriate responses to individuals with mild to moderate mental health issues we have put in place alternative pathways for people needing supports. This includes our Link Workers which are now established in all GP surgeries in East Renfrewshire. Delivered in partnership with RAMH, the **Link Workers** signpost people to a



wide range of support providers offering physical, social and psychological interventions. The workers have provided support to approximately 2000 local people.

We continue to promote the use of computerised cognitive behavioural therapy (**cCBT**) through our GPs, with people referred to an online course of therapy. There continues to be a good uptake of this alternative model with 287 referrals from GPs to cCBT in 2019/20 although this does represent a drop from 2018-19 of 394.

We have been referring individuals who have a Borderline Personality Disorder to the Dialectic Behavioural Therapy (DBT) service in South Glasgow and have seen a reduction in the use of acute mental health days following the intervention compared to the average use in previous years.

2.7 Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital

National Health and Wellbeing Outcomes contributed to:

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

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

2.7.1 Our strategic aim

We are committed to a programme of work with colleagues in acute services to ensure that only those people who require urgent or planned medical or surgical care go to hospital. Together we are looking at the most frequent preventable causes of admission and putting in place new services and pathways to support people in the community wherever possible, including at the end of life. Our aim will always be to return people home as quickly as possible and to support people at home wherever possible. However, sometimes people require additional supports. Over the lifetime of our plan we intend to develop Bonnyton House using six beds as an intensive rehabilitation resource to prevent hospital admission and to ensure a safe return home for people discharged from hospital. We will also create a further six beds so that people who need end of life care, who can't be supported to die at home, could also be supported at Bonnyton.

We want to work together with local care homes, the people who live there and their families to ensure that they get the best care for this final stage of their lives. Over the course of our strategy we have been redesigning our services to focus on this, ensuring that our most skilled nurses and staff are available to offer specialist advice and support.

We are working together with our colleagues in primary care to implement the new GP contract and Primary Care Improvement Plan. The new contract aims to support local GPs to spend more time in managing patients with complex care needs. Over the course of our strategy we will support primary care teams to grow to support more patients in the community, with additional pharmacy, community treatment (e.g. phlebotomy), other health professionals and link workers.

Our aim is to **reduce unplanned admissions to hospital (through working together with our colleagues in primary and acute care)**, by:

- Supporting people at greatest risk of admission to hospital;
- Working with local partners to reduce attendances and admissions;
- Ensuring our services support rehabilitation and end-of-life care.

2.7.2 The progress we've been making

- Average of 2 delayed discharges per month

- 1,788 hospital bed days lost to delayed discharges (adults) – down 21% from 2018/19
- 20,090 A&E attendances (adults) – slight reduction from 2018/19 (20,212)
- 7,504 emergency hospital admissions (adults) – slight increase from 2018/19 (7,320)
- 88% for % of last six months of life spent in community setting (up from 86% previous year)

2.7.3 How we've been delivering

Reducing **Accident and Emergency attendances** continues to be challenging area for us. Over the course of 2019/20 there were 20,090 attendances by adults, above our target of 18,332. Adult emergency **hospital admissions** were 7,504 a slight increase from 2018/19. We have been using local data to identify people making frequent emergency attendances and exploring lines of enquiry to determine what further action would provide better support to the patient and avoid unnecessary presentation at the Emergency Department. We continue to work closely with GPs at cluster level and individual practice level.

During 2019/20 we continued our collaborative work with local **care homes**, working to minimise emergency attendances and admissions. We have seen a reduction for both attendance and admissions from care homes compared with 2018/19 and are ahead of target for both measures. Annual emergency admissions from care homes have continued to fall steadily at 233 in 2019/20, down from 261 in 2018/19 and 338 in 2017/18. We have been looking closely at reasons for admissions and sharing learning on best practice between care homes. There has been several improvement interventions put in place to help reduce emergency attendance and admission:

- Red Bags - This has helped standardise the processes for the admission to hospital and return of care home residents. However, there still remains the challenge of raising awareness of the project with staff across all the services that come into contact with the red bag.
- Anticipatory Care Planning – Role out of pathway and processes at care homes has been shared. The test is in the number that is reported in the Key Information System (KIS).
- Care Home Improvement Forum – this has been set up to be used as an improvement forum with key stakeholders invited to provide advice and share relevant learning and expertise. Having the lead nurse, Care Home Liaison Manager, Prescribing lead and Falls lead joining the forum regularly has helped strengthen relationships with between the Care Home sector and the HSCP. The Care Home Improvement Forum has helped develop integrated working with key teams where gaps have been identified.

East Renfrewshire continues to develop a model to support safe and early discharge from hospital by increasing their resource and skill mix within the **Hospital to Home team**. A Delayed Discharge dashboard is being proactively used along with Improvement activity to support earlier in-reach and effective discharge planning with individuals and their families. Despite this proactive activity the HSCP is still challenged with delays resulting from Adults with Incapacity (AWI) and family choice/indecision. 2019/20 saw a range of development including 'Choices meetings' being fully utilised to support shared decision making and cross partnership working to look at AWI pathways.

Anticipatory Care Planning (ACP) is a person-centred, proactive approach, requiring services and professionals to work with individuals and their carers to set personal goals ensuring the right thing is done at the right time by the right person with the right outcome. ACP evolves reflecting the individual's situation and requires a supportive whole-system infrastructure to ensure delivery of positive outcomes.

East Renfrewshire aims to:

- Improve engagement with the ACP process to facilitate the sharing of key information to prevent hospital admission and facilitate safe, early discharge
- Reduce unnecessary attendances to Emergency Departments and Acute Assessment units
- Connect with the Frailty management process to deliver a more co-ordinated and integrated approach across Health and Social Care, Primary Care and Acute services

Prince and Princess of Wales Hospice Collaborative agreed to implement out multi-disciplinary team (MDT) huddle, initially based at Eastwood HSCP building with the aim of improving communication between HSCP staff to prevent unnecessary admissions and proactively manage ACP, promoting seamless joint care. The work responds to the challenge of providing care for an ageing population with increasing prevalence of long term conditions and multiple core morbidities.

We remain committed to strengthening **End of Life** provision in our communities. We continue to take a collaborative approach working with Prince and Princess of Wales and Accord Hospices. We have been using data and case file reviews to better understand the circumstances of East Renfrewshire residents dying within the hospital setting in last 6 months of life. Positive work in this area has seen an improvement in the percentage of time people are spending in the community in their last 6 months with the indicator rising to 88% from 86%.

During 2019/20, GP practices in East Renfrewshire were supported to deliver an NHSGGC-wide **prescribing initiative** which focussed on improving prescribing in four key areas: oral anticoagulant medicines, medications for pain, diabetes and respiratory medicines. As well as supporting residents in the community, these projects resulted in efficiency savings to the HSCP of approximately £65k.

The **Medication Support Service (MSS)** continued to support patients and their carers to achieve the desired outcomes from their medication, leading to better health and improved quality of life. The team of Clinical Pharmacy Technicians offered home visits to people following discharge from hospital or who were identified as needing help with their medicines at home. The number of referrals into the service has continued to increase with a 34% increase compared to the previous year.

Primary Care Improvement Plan

2019-20 was year two of the East Renfrewshire's Primary Care Improvement Plan. The plan is in place to enable the role of the GP moving forward to evolve into the expert medical generalist. This new GP role will be achieved by embedding multi-disciplinary primary care staff in practices to work alongside and support GPs and practice staff to reduce GP practice workload and improve patient care.

Key impacts of the plan in year two included:

- The Vaccination Transformation Programme (VTP)

The delivery of routine childhood immunisations has fully transferred from all East Renfrewshire GP practices, with delivery now based in two community clinics within our Health Centres, these are delivered by a new NHS GGC Pre School Immunisation Team.

The Heath Visiting team ran a pilot of children's flu clinics in Barrhead Health and Care Centre for 2-5yrs olds and the uptake had increased greatly based on previous years. The learning from this pilot will help inform the shift of this target group in year three.

| HSCP | Pilot Clinic | Accumulative uptake % to date | Historical uptake % of participating GP practices | |
|----------|--------------|-------------------------------|---|---------|
| | | | 2018/19 | 2016/17 |
| East Ren | Barrhead | 73.3% | 47.9% | 52.9% |

Adult Immunisations (Flu, Pneumococcal, Shingles and Travel), the wider programme of adult vaccinations, continues to be scoped and planned through HSCP representation at the NHS Greater Glasgow and Clyde Adult Immunisation VTP group.

- Pharmacotherapy

All 15 GP Practices have a minimum of 0.4WTE allocation of PCIP Pharmacotherapy. Prescribing Lead and Localities Improvement Manager were visited all GP Practices in January 2020 to review their Pharmacotherapy resource and gather views to inform the planning process for year three of PCIP.

Work is currently underway to scope out the feasibility of testing a hub model, in which some level one activities would be carried out in a hub, possibly at GP cluster level, staffed by Pharmacy Technicians and Pharmacy Support Workers. Such a model would increase Pharmacist capacity, reduce demand for space in practices, and might provide a more efficient use of resource by minimising duplication of effort.

- Community Treatment and Care Services

Our Band 3 Community Health Care Assistants 3.8WTE successfully completed the Community Health Care Assistant module at Glasgow Clyde College, improving their competencies to undertake a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting or out in the community including suture removal, urinalysis, simple wound dressings, BMI, health and weight etc.

In collaboration with GP practices data was gathered to understand the activity currently taking place in local practices by the nursing team, to allow us to understand the type and volumes of activity planning to shift from practices to Treatment Rooms. Staff have been recruited for the two Treatment Rooms and Eastwood and Barrhead Health and Care Centre. Two Short Life Working Groups are actively developing referral pathways/processes, appointment allocation, sharing of information between GP Practices and the Treatment Room and Standard Operating Procedures planning to go live in April 2020.

- Urgent care (advanced practitioners)

In June 2019 following three rounds of recruitment our transitioning Advanced Nurse Practitioner (ANP) came in to post. In order to complete transition to ANP a portfolio had to be completed requiring GP support. PCIP funding was used to remunerate two practices who offered to support the competency sign off over a six month period. Competency sign off was completed to a fully-fledged ANP by January 2020. Data will

be reviewed in April 2020 to measure impact of the role in reducing GP House visits, reducing unscheduled hospital admissions, onward referrals and improved outcomes for individuals to help inform the model required for East Renfrewshire GP's.

- Additional Professional roles

We now have 2WTE Advanced Practice Physiotherapists (MSK) in post providing support to four GP practices. A key success factor in utilising this resource appropriately is effective signposting by reception staff, which GGC have noted as a key enabler in East Renfrewshire's high percentage of referrals.

- Community Links Worker (CLW)

We have 4 WTE allocated and embedded across all 15 GP Practices. We are looking to complete a full analysis of the service and impact review by the end of March 2020. To date this service has provided support to 2,000 patients.

- Partnership working

The local PCIP Steering Group continues to progress well and demonstrates positive collaborative working between GP practices, Quality Clusters and the HSCP. Terms of Reference have been approved and several option appraisals and standard operating procedures have been developed in partnership prior to implementation of the MOU's.

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

National Health and Wellbeing Outcomes contributed to:

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

2.8.1 Our strategic aim

Working together, stakeholders including HSCP staff, the Carers Centre, Voluntary Action East Renfrewshire (VAER), the Care Collective and people with experience as carers have considered information and guidance for the Carers (Scotland) Act 2016 as it emerged from Scottish Government along with our local context and implications for implementation of the Act, including local people's thoughts and experiences of caring and support for carers. They have identified the following conditions for success:

- Carers can participate in the decisions and the design of services that affect them;
- Stigma associated with the challenges of caring is reduced;
- Accurate information in relation to rights, eligibility criteria, statutory and non- statutory support is available and accessible.

In delivering our strategic plan we are working together to improve access to accurate, timely information that meets carers' needs and awareness of the range of supports for carers. We will continue to encourage collaboration between providers of supports to carers ensuring local provision best meets carers' needs. We will provide information and training to raise awareness of the impact of caring responsibilities and ensure we have trained advisers in a range of organisations who can develop plans with and for carers.

Through our work on self-directed support we will develop and implement a consistent and clear prioritisation framework and ensure that carers and support organisations are aware of the availability of suitable respite care and short-break provision. Working together with education we have been developing support systems that appreciate young carers and build resilience through opportunities for peer support. This includes implementing a process for a young carers statement that has been designed by young carers for young carers and is owned by the young carer.

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

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

2.8.2 The progress we've been making

- 92% of people reported 'quality of life for carers' needs fully met
- 37% of carers feel supported to continue in their caring role (2017/18 - in line with Scottish average)

2.8.3 How we've been delivering

Our local indicator shows 92% of carers reporting satisfaction with their quality of life, up 14% from 2018/19. This indicator has improved consistently year on year and by 22% since 2016/17. However, the 2017/18 Scottish Health and Care Experience Survey showed that just 37% of carers felt supported in their caring role. While this is in line with the Scottish average, we would like to see this indicator improve and remain focused on ensuring that local people who provide unpaid care are valued and supported.

Over 2019/20, support to carers has been delivered in collaboration with our local Carers Centre. Carers Centre staff have been trained in outcome-focussed, asset-based planning and Good Conversations and have completed 56 Adult Carer Support Plans (ACSP) with carers since January 2019. Of these, using our recently developed eligibility framework, 14 carers were identified as having a substantial or critical need for support and referred for further social work intervention.

Working in partnership with the Care Collective (East Renfrewshire Carers and Voluntary Action East Renfrewshire), the HSCP has undertaken a range of activities to support the implementation of the Carers Act and establish a holistic approach to supporting local carers. We believe we have developed a sound continuum of support for improving outcomes for carers of all ages. To support this the HSCP appointed a Carers Lead in 2019/20 to promote the understanding and uptake of the legislation within East Renfrewshire. The Carers Lead is taking forward the development and implementation of the new East Renfrewshire Carers Strategy.

A CONTINUUM OF SUPPORT



We continue to deliver **community-based integrated support** for carers in East Renfrewshire including access to tailored advice, support, planning and community activities. We work closely with partners to ensure we develop the appropriate range of creative **short breaks and respite** options as support for families with their caring role. Our Short Breaks Statement forms the basis of how we develop short breaks for carers within East Renfrewshire. It provides useful links to sources of advice, information and support and will be reviewed annually as per the Act with partners from the carers centre.

Our Carers Strategy sets out the following key principles in our approach to supporting carers in East Renfrewshire:

| Principles | Outcomes |
|--|---|
| <p>Carers are identified, respected & involved</p> | <ul style="list-style-type: none"> • Carers will be identified at an early stage as carers, valued as equal partners in planning and involved in decisions about any service that affects them |
| <p>Carers experience is positive</p> | <ul style="list-style-type: none"> • Carers will have a positive experience of support and solutions, their voice will be heard in support planning and assessment conversations and their own outcomes will be met as well as the person they care for |
| <p>Carers lead full lives and support their own wellbeing</p> | <ul style="list-style-type: none"> • Carers will be able to lead a full life, to maintain their own health and wellbeing, to plan and identify what matters to them and will know what resources are available to help them with this and where to find them |
| <p>Carers have choice, control and balance in their life</p> | <ul style="list-style-type: none"> • Carers will have choice and control in their caring role and balance in their life with the other things that matter to them |

2.9 Public protection

National Health and Wellbeing Outcomes contributed to:

NO7 - People using health and social care services are safe from harm

2.9.1 Our strategic aim

Ensuring people are safe is a vital part of our work. We take a multi-agency approach to deliver our community planning outcomes:

- Residents are safe and supported in their communities;
- Children and adults at risk are safer as a result of our intervention.

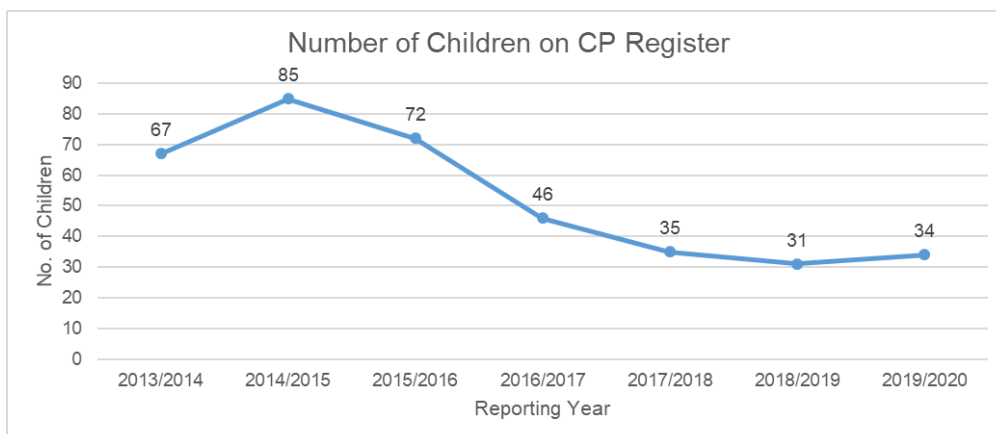
Our aim is to **ensure residents are safe and supported in their communities**, through:

- Prevention - People, communities and services actively promote public protection;
- Identification and Risk Assessment - Services know who is most at risk and understand their needs;
- Interventions - Communities and individuals are supported to manage and reduce risk;
- Monitoring and Reviewing Risk - Services effectively measure progress and identify further problems quickly.

2.9.2 How we've been delivering

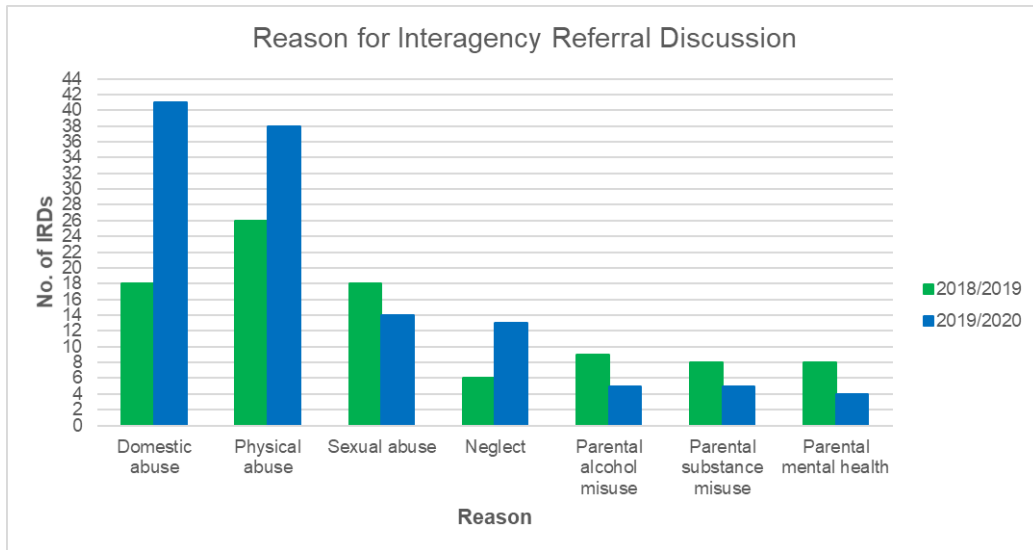
Supporting Children

The number of children on East Renfrewshire's **Child Protection Register** remained stable at 34 in 2019/20. In addition to robust management and audit activity, we continue to benchmark against comparator authorities to ensure that the rate of registration activity is proportionate and necessary.



During the period 2019/20, we undertook 126 **Interagency Referral Discussions (IRDs)** (between social work, police, health and where appropriate education services) in respect of 209 children. As shown in the chart below, there has been a significant increase in IRDs relating to domestic abuse which could be due to the increased awareness raising across the authority of the Multi Agency Risk Assessment Conference (MARAC) process. The associated Risk Assessment and Safe and Together training is also building confidence in the workforce in recognising and understanding the signs and impact of domestic abuse. There

was an increase in concerns of neglect and decrease in referrals relating to parental alcohol/substance misuse and mental health respectively.



During 2019/20 our programme of IRD audits reported significant strengths in our practice, including:

- 100% of the children subject to child protection investigation met the threshold for child protection.
- Initial Referral Discussion was assessed as good or above in identifying, analysing and making a decision for children about the risk of significant harm in over 90% of families.
- Planning to reduce risk to children was assessed as good or above in 97% of families.
- Early analysis suggests that changes to our discussion paperwork have improved the quality of recording around key decisions such as the requirement for medical examination.

In 2019/20 our audit programme also showed continuing improvement in our processes for Joint Investigative Interviews (JII) with children. East Renfrewshire is one of the first areas nationally to pilot and implement the learning from a new Joint Investigative Interviews training course, which aims to design a truly child-centred, trauma-responsive approach to Interviews with the best interests of children at the centre based on European Promise quality standards.

Supporting Adults

Following a period of self-evaluation of Adult Support and Protection (ASP) practice within East Renfrewshire HSCP we developed and have been delivering our ASP Improvement Plan. During 2019/20 this has seen significant progress in the development of more effective and efficient operational procedures as well as improvements in our management information and performance monitoring.



Our Adult Support and Protection Committee is responsible for monitoring and advising on adult protection procedures and practice, for ensuring appropriate cooperation between agencies and for improving the skills and knowledge of those with responsibility for the protection of adults at risk. The Committee has links with a number of key agencies and is supported by a range of sub-committees working to continuously improve our approaches.

Over 2019/20 we have reviewed and implemented new professional governance arrangements for ASP and this has resulted in an improvement in the accuracy of our data in ASP. We have implemented enhanced senior management oversight and decision making within ASP. For example, all Initial and Review Case Conferences are now chaired by a Senior Social Work Manager with escalation processes built in to the Head of Service. This provides professional reassurance to the Chief Social Work Officer about the implementation of ASP within the HSCP.

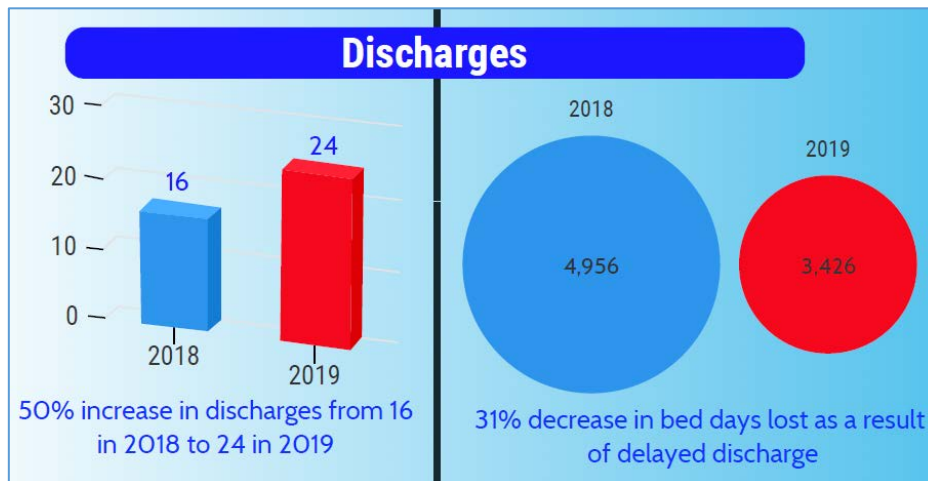
We continue to see improving timescales for the completion of **ASP inquiries** in 2019/20, 82.5% of all inquiries were completed within the five day standard timescale and we are seeing increased compliance with the timescale in comparison to the same period in 2018/19. There were 697 inquiries in 2019/20, up by 11% from 624 in 2018/19.

During 2019/20 there were 191 **ASP investigations** that involved 175 individuals. The conversion rate from inquiry to investigations is 27% and is lower than in previous years. (36% in 2018/19 and 34% in 2017-18). Over 2020/21 we will be quality assuring this process, to gain a greater understanding of the decrease in conversion from inquiry to investigation in the context of an increase in inquiries.

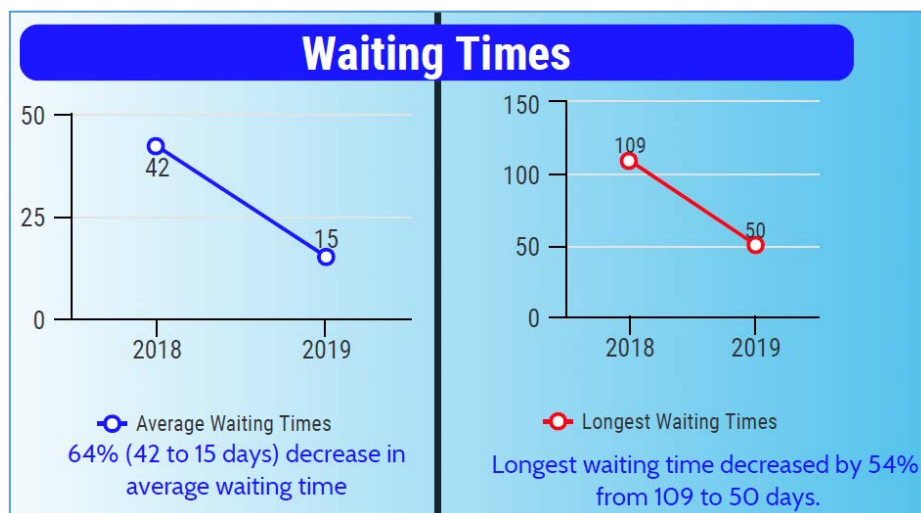
2.10 Hosted Services – Specialist Learning Disability Service

We continue to host the **Specialist Learning Disability Inpatient Service** that supports people requiring a hospital admission. The service works in partnership to manage demand and ensure appropriate support is available in the community on discharge.

Over the course of 2019 we have seen an improvement in patient flow, including a significant reduction in patients being admitted inappropriately for challenging behaviour and an increase in appropriate mental ill-health admissions. In 2019 only 3 people (14% of new admissions) were admitted to the service for challenging behaviour alone. This compared with 7 people (54%) in the previous year. Discharges from the service increased by 50% between 2018 and 2019 (from 16 to 24) and there was a 31% reduction in bed days lost as a result of delayed discharges. At the end of 2019, 56% of people had a discharge plan, compared with 20% for the previous year.



There has been a significant improvement in waiting times for the service, with a 64% reduction in the average waiting time from 42 to 15 days. The longest wait to access the service also reduced from 109 days to 50 days (a 54% reduction).



2.11 Supporting our staff

National Health and Wellbeing Outcomes contributed to:

NO8 – People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

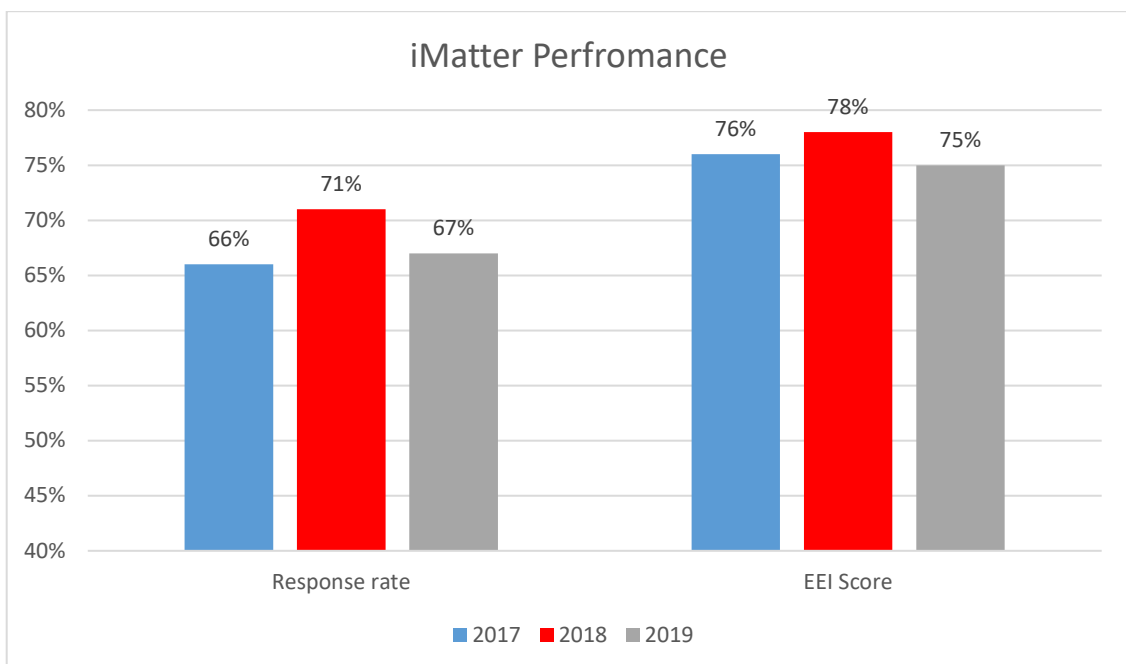
2.11.1 Our strategic aim

We are focused on developing and maintaining a workforce that is engaged and fully committed to delivering the outcomes and key objectives of the HSCP. 2019 was the third year that the HSCP participated in the iMatter survey and team planning. This is a staff experience continuous improvement tool designed with staff in NHS Scotland to help individuals, teams and Boards understand and improve staff experience.



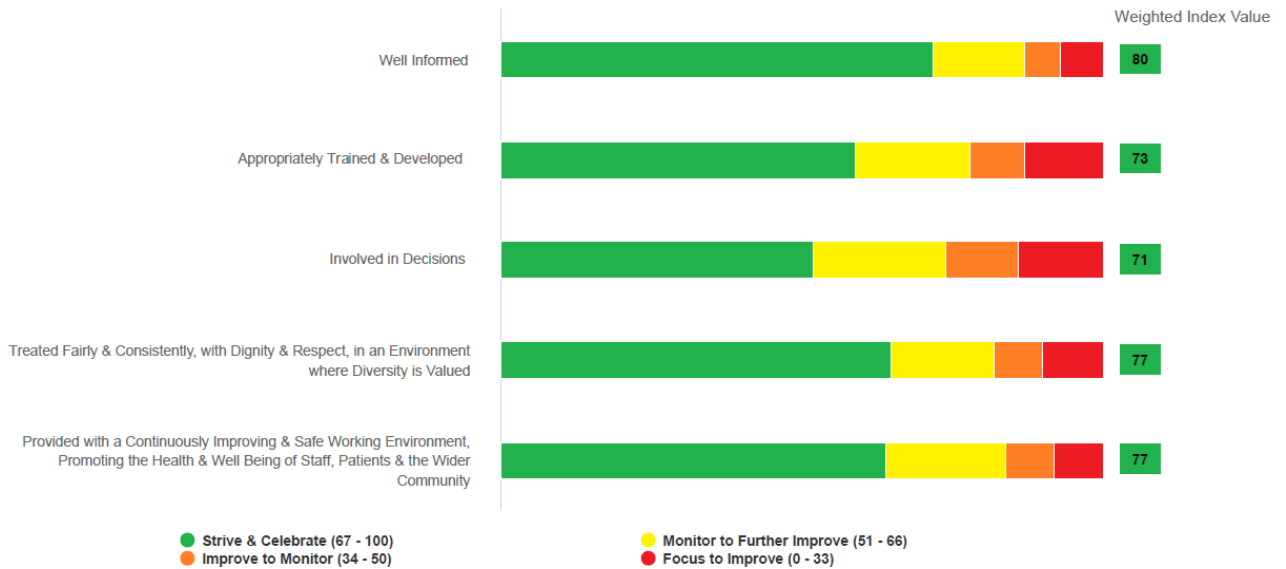
2.11.2 The progress we've been making

In 2019 we continued to see high participation in iMatter although there was a drop on the participation rate from the previous year. This was anticipated due to the expansion of the response group and inclusion of more staff requiring to give paper responses. The chart below shows that in the last year participation was at 67% and that our Employee Engagement Index (an aggregated score relating to key employee engagement measures) was 75%. iMatter is increasingly being used as a development tool with a high level of teams completing Action Plans in response to the survey results. Team action planning was at 96%, up from 93% for the previous year.



In 2019 the HSCP performed well across all of the 28 iMatter questions and we were in the highest scoring sector ('strive and celebrate') for 86% of the questions. The 'strand scores' given below show performance against the main employee engagement topics. 'Well informed' scored highest at 80% with high scores for 'Treated fairly and consistently' (77%) and a 'Continuously improving and safe working environment' (77%).

Staff Governance Standards - Strand Scores



84%
 "I am clear about my duties and responsibilities"

82%
 "I understand how my role contributes to the goals of my organisation"

82%
 "I am treated with dignity and respect as an individual"

87%
 "My direct line manager is sufficiently approachable"

85%
 "My manager cares about my health and wellbeing"

3 Financial performance and Best Value

National Health and Wellbeing Outcomes contributed to:

NO9 - Resources are used effectively and efficiently in the provision of health and social care services

3.1 Introduction

Within this section of the report we aim to demonstrate our efficient and effective use of resources. Our Annual Report and Accounts 2019/20 is our statutory financial report for the year. We regularly report our financial position to the IJB throughout the year.

3.2 Financial Performance 2019/20

The annual report and accounts for the IJB covers the period 1st April 2019 to 31st March 2020 and provides a detailed financial overview of the year which ended with an operational overspend of £0.065 million.

| Service | Budget | Spend | Variance (Over) / Under | Variance (Over) / Under |
|---|----------------|----------------|-------------------------|-------------------------|
| | £ Million | £ Million | £ Million | % |
| Children & Families | 13.268 | 12.631 | 0.637 | 4.20% |
| Older Peoples Services | 18.736 | 19.072 | (0.336) | (1.06%) |
| Physical / Sensory Disability | 5.498 | 5.468 | 0.030 | 0.37% |
| Learning Disability – Community | 10.586 | 10.681 | (0.095) | (0.90%) |
| Learning Disability – Inpatients | 8.361 | 8.359 | 0.002 | 0.02% |
| Augmentative and Alternative Communication | 0.220 | 0.220 | - | - |
| Intensive Services | 10.570 | 11.100 | (0.530) | (6.03%) |
| Mental Health | 4.130 | 3.941 | 0.189 | 4.58% |
| Addictions / Substance Misuse | 1.111 | 1.098 | 0.013 | 1.14% |
| Family Health Services | 23.805 | 23.805 | - | - |
| Prescribing | 15.779 | 16.090 | (0.311) | 1.97% |
| Criminal Justice | - | - | - | - |
| Planning & Health Improvement | 0.230 | 0.132 | 0.098 | 42.81% |
| Finance and Resources | 9.766 | 9.528 | 0.238 | 1.82% |
| Net Expenditure Health and Social Care | 122.060 | 122.125 | (0.065) | (0.05%) |
| Housing | 0.276 | 0.276 | - | - |
| Set Aside for Large Hospital Services | 31.223 | 31.223 | - | - |
| Total Integration Joint Board | 153.559 | 153.624 | (0.065) | (0.05%) |

The £0.065 million overspend (0.05%) is broadly in line with the reporting taken to the IJB during the year and the overspend is funded, as planned, from our reserves. We expected to draw from reserves as we recognised we would not achieve all savings required during the year as our individual budget approach would take many months

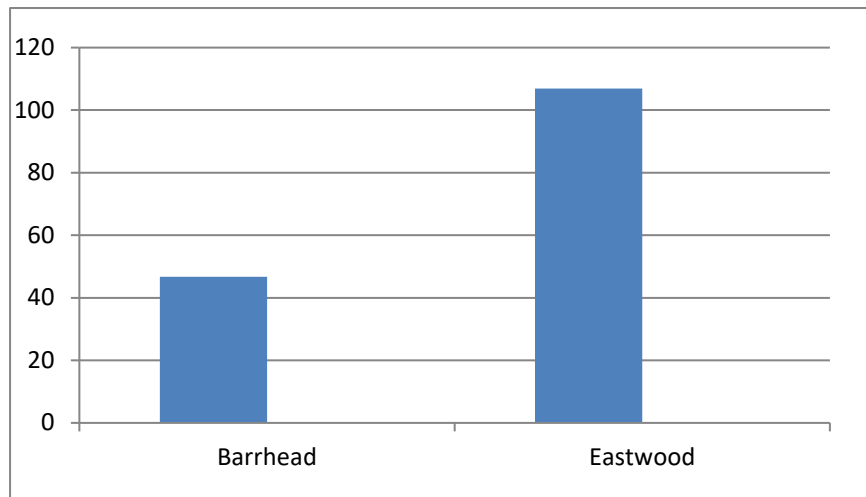
to implement; we did not have capacity to work on our digital savings programme and we achieved part year savings from the second phase of our structure review.

The impact of COVID-19 in the closing weeks of 2019/20 will have resulted in some reduction in day to day costs. The main variances to the budget were:

- Underspends in a number of services are from staff turnover and vacant posts during the year, reflecting the general trends of recruitment and retention issues within health and social care.
- Children's services purchased care costs, including residential care, foster and adoption were lower than budget during the year.
- Older Peoples and Intensive Services ended the year with a collective overspend of £0.9 million from care package costs for residential and care at home costs, reflecting the continued impacts of population growth in older people and the demand for services. We are addressing our care at home costs as an element within the action plan and redesign of this service.
- The overspend in prescribing is a result of both cost and volume across a number of drugs and also allowed for an expected spike in demand in February and March 2020 as the implications of the COVID-19 pandemic began to emerge.

The IJB receives regular and detailed revenue budget monitoring throughout the year.

Expenditure of £153.624 million by Locality



The expenditure split by Locality is shown using a combination of direct costs and population to give an indication of the total cost split.

In addition to the expenditure above a number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of those hosted services is shown below; this not a direct cost to the IJB.

| 2018/19 £000 | SERVICES PROVIDED TO EAST RENFREWSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE | 2019/20 £000 |
|-----------------|--|-----------------|
| 434 | Physiotherapy | 460 |
| 53 | Retinal Screening | 48 |
| 452 | Podiatry | 464 |
| 295 | Primary Care Support | 303 |
| 293 | Continence | 297 |
| 613 | Sexual Health | 618 |
| 876 | Mental Health | 906 |
| 858 | Oral Health | 868 |
| 335 | Addictions | 348 |
| 184 | Prison Health Care | 194 |
| 163 | Health Care in Police Custody | 162 |
| 3,811 | Psychiatry | 4,211 |
| 8,367 | NET EXPENDITURE ON SERVICES PROVIDED | 8,879 |

3.3 Reserves

We used £1.643 million of reserves in year, of which £1.578 million was on a planned range of activities and £0.065 million to balance our budget. We also invested new monies into earmarked reserves. The year on year movement in reserves is summarised below.

| | £ Million | £ Million |
|--|--------------|--------------|
| Reserves at 31 March 2019 | | 5.337 |
| Planned use of existing reserves during the year | (1.643) | |
| Funds added to reserves during the year | 1.032 | |
| Net decrease in reserves during the year | | (0.611) |
| Reserves at 31 March 2020 | | 4.726 |

3.4 Prior Year Financial Performance

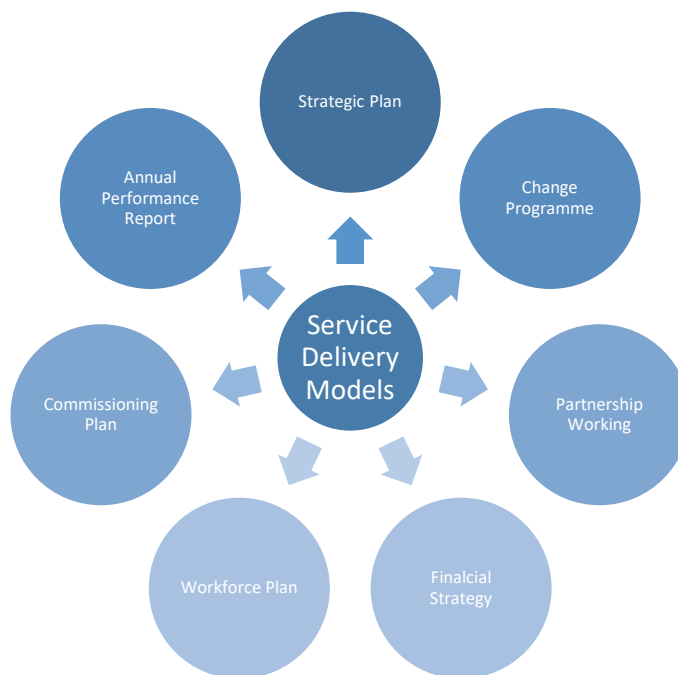
The table below shows a summary of our year-end under / (over) spend by service and further detail can be found in the relevant Annual Report and Accounts and in year reporting.

| | 2019/20 | 2018/19 | 2017/18 | 2016/17 | 2015/16 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | (Over) / Under £ Million | (Over) / Under £ Million | (Over) / Under £ Million | (Over) / Under £ Million | (Over) / Under £ Million |
| Children and Families | 0.637 | 0.800 | 0.083 | 0.537 | 0.604 |
| Older Peoples & Intensive Services | (0.866) | (0.228) | 0.153 | (0.046) | 1.763 |
| Physical / Sensory Disability | 0.030 | 0.056 | (0.167) | (0.280) | (0.345) |
| Learning Disability - Community | (0.095) | (0.047) | (0.214) | 0.986 | (1.801) |
| Learning Disability - Inpatients | 0.002 | 0.123 | - | - | - |
| Augmentative & Alternative Communication | 0 | N/A | N/A | N/A | N/A |
| Mental Health | 0.189 | 0.419 | 0.409 | 0.393 | 0.354 |
| Addictions / Substance Misuse | 0.013 | 0.032 | 0.018 | 0.1229 | 0.085 |
| Family Health Services | - | 0.008 | - | - | - |
| Prescribing | (0.311) | (0.428) | - | - | - |
| Criminal Justice | - | 0.039 | 0.011 | 0.013 | 0.027 |
| Planning and Health Improvement | 0.098 | 0.074 | 0.001 | 0.039 | 0.029 |
| Management and Admin / Finance & Resources | 0.238 | (0.190) | 0.483 | (0.144) | (0.335) |
| Planned Contribution to / from Reserves | | (0.3976) | (0.9536) | ** | - |
| Net Expenditure Health and Social Care | (0.065) | 0.260 | (0.177) | 1.622 | 0.381 |

** In 2016/17 we agreed to carry forward our planned underspend to reserves to provide flexibility to allow us to phase in budget savings including our change programme.

3.5 Best Value

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



3.6 Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan for 2019/20 to 2023/24 which supports our strategic planning process and provides a financial context to support medium-term planning and decision making.

This plan sets out the potential cost pressures of circa £5.1 to £5.7 million per year for the five years 2019/20 to 2023/24. The resulting funding gap will be dependent on the funding settlement for each year.

The 2020/21 budget settlement fell within the poor settlement range of scenario planning assumptions with cost pressures of just over £6 million and subsequent required savings of £2.4 million after all funding uplifts.

The budget agreed on 18th March 2020 set out how we will achieve the £2.4 million savings to balance our budget. We identified £0.8 million from specific budget areas and we will need to prioritise care package costs to meet the remaining balance of £1.6 million savings, as we had previously signalled, this will mean an impact on our frontline services and care packages.

This budget was agreed as the COVID-19 pandemic was emerging in Scotland and the rest of the UK, and regular monitoring of the operational budget and the COVID-19 Mobilisation Plan are in place and implications and risk will continue to be addressed as costs become clearer. There is a significant financial risk to the HSCP if additional costs are not fully funded.

The work undertaken to date on our recovery programme has focussed on the short to medium term to allow us to emerge from the crisis phase and work towards the “new normal”. There will be significant work coming from this programme that will inform our longer term strategic and financial planning.

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

In addition to COVID-19 the consequence of Brexit may also impact on the future of the services we provide and our ability to meet the needs of the communities we serve.

We have successfully operated integrated services for a number of years and we have already faced a number of challenges and opportunities open to newer partnerships. However our funding and savings challenge take no account of this history. Whilst we have agreed a population based approach for future (NHS) financial frameworks and models this does not address the base budget.

Prescribing Costs; The cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is delegated to the IJB. This is a complex and volatile cost base of around £16 million per year. The COVID-19 impact on prescribing in the medium to long term is unclear.

Delayed Discharge; In order to achieve the target time of 72 hours we continue to require more community based provision. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs.

Care Providers: The impact on the sustainability of the care provider market following COVID-19 is unknown and we will continue to work closely with all our partners to work through issues, support where we can and look to develop the best way of working as we move forward. This will build on our work to date, including preparation to move to a new contractual framework.

We continue to develop our performance and financial reporting in more detail at a locality level to allow fuller reporting and understanding of future trends and service demands and include COVID-19 implications and scenarios.

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

- Our Recovery Plan will be implemented throughout 2020/21 and beyond and regular reports will be taken to the IJB.
- We will update our Medium-Term Financial Plan once COVID-19 impacts become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity, funding, pressures, possible savings and associated impacts.
- We will continue to monitor in detail the impacts of COVID-19, Brexit and operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to work through our Care at Home action plan and service redesign, taking into account the changing COVID-19 landscape.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete.
- We have identified savings proposals for 2020/21 and as we previously indicated will now need to move to a prioritisation and criteria-based model for care package support. Our individual

budget calculator will be revised. We will continue to use our reserve through 2020/21 to phase in budget savings. It is possible we will deplete this reserve in 2020/21 so there is a significant risk associated with:

- Ensuring savings are achieved on a recurring basis by the end of the financial year
 - Impact of a similar level of budget settlement in 2021/22
 - Unknown impact of COVID-19
- We have realigned our adult services to reflect a change to our senior management structure which we have increased recognising, as supported in the Strategic Inspection, we had reduced capacity too far in previous savings delivery. We have appointed to our new post; Head of Recovery and Intensive Services.
 - We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups.
 - Governance Code; we have robust governance arrangements supported by a Governance Code.
 - The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

We regularly review our strategic risk register for the IJB which identifies the key areas of risk that may impact the IJB and have implemented a range of mitigating actions to minimise any associated impact. A separate COVID-19 Risk Register is in place.

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the impact of COVID-19 and the capacity for the HSCP and its partners to deliver services whilst maintaining financial sustainability are significant risks.

4 Performance summary




4.1 Introduction

In the previous chapter of this report we outlined key areas of work carried out by the HSCP over the course of 2019/20. In this final chapter we draw on a number of different sources to give a more detailed picture of how the partnership is performing.

The sections below set out how we have been performing in relation to our suite of Key Performance Indicators structured around the strategic priorities in our Strategic Plan 2018-21. We also provide performance data in relation to the National Integration Indicators and Ministerial Steering Group (MSG) Indicators. Finally, we provide summary information on performance reporting during Inspections carried out in 2019/20.

4.2 Performance indicators

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

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

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






| Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing | | | | | | |
|--|---------|----------------|---------|---------|---------|--------------------------|
| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| Percentage of positive response to Viewpoint question "Do you feel safe at home?" (<i>INCREASE</i>) | 98% | 92% | 93% | 94% | 85% | ↑ |
| Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (<i>INCREASE</i>) | 78% | 90% | 74% | 89% | 90% | ↑ |
| Child & Adolescent Mental Health - longest wait in weeks at month end (<i>DECREASE</i>) | 33 | 18 | 34 | 35 | 31 | ↑ |
| 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. (<i>INCREASE</i>) | 100% | 100% | 100% | 97% | n/a | — |
| % Mothers confirming they have received information about close and loving relationships from staff (<i>INCREASE</i>) | 90%* | 80% | 100% | n/a | n/a | — |
| Increase in improved outcomes for children after parent/carer completion of POPP (<i>INCREASE</i>) | 96% | 84% | 89% | 79% | 78% | ↑ |
| Balance of Care for looked after children: % of children being looked after in the Community (LGBF) (<i>INCREASE</i>) | n/a | Data only | 98.0% | 93.6% | 91.5% | ↑ |
| % Child Protection Re-Registrations within 18 months (LGBF) (<i>DECREASE</i>) | n/a | Data only | 7.7% | 0% | 9% | ↓ |

*Mid-yr 19/20 figure




| Strategic Priority 2 - Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending and rebuild lives | | | | | | |
|---|---------|----------------|---------|---------|---------|--------------------------|
| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. <i>(INCREASE)</i> | 71% | 80% | 84% | 92% | 96% | ↓ |
| Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? <i>(INCREASE)</i> | 100% | 100% | 100% | 100% | 100% | ▬ |
| % Change in women's domestic abuse outcomes <i>(INCREASE)</i> | 79% | 70% | 64% | 65% | 66% | ↑ |
| People agreed to be at risk of harm and requiring a protection plan have one in place. <i>(INCREASE)</i> | 100% | 100% | 100% | n/a | n/a | ▬ |

| Strategic Priority 3 - Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing | | | | | | |
|---|---------|----------------|---------|---------|---------|--------------------------|
| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| 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.) <i>(INCREASE)</i> | 12* | 6* | 6 | 20 | 27 | ↑ |
| Health and Social Care Integration - Core Suite of Indicators NI-11: Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) <i>(DECREASE)</i> | n/a | Data Only | 308 | 301 | 297 | ▬ |

*Mid-yr 19/20 figure

| Strategic Priority 4 - Working together with people to maintain their independence at home and in their local community | | | | | | |
|--|-------------|----------------|---------|---------|---------|---|
| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| Number of people self directing their care through receiving direct payments and other forms of self-directed support. <i>(INCREASE)</i> | 518* | 600 | 514 | 491 | 364 |  |
| Percentage of people aged 65+ who live in housing rather than a care home or hospital <i>(INCREASE)</i> | 96% | 97% | 95.9% | 96.6% | 96.8% |  |
| People reporting 'living where you/as you want to live' needs met (%) <i>(INCREASE)</i> | 88% | 90% | 92% | 84% | 79% |  |
| SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) <i>(INCREASE)</i> | n/a | Data Only | 8.15% | 7.5% | 6.6% |  |
| Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) <i>(INCREASE)</i> | n/a | 62.0% | 57.5% | 62.5% | 61.1% |  |

*Mid-yr 19/20 figure

| Strategic Priority 5 - Working together with people who experience mental ill-health to support them on their journey to recovery | | | | | | |
|---|------------|----------------|---------|---------|---------|---|
| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| Percentage of people waiting no longer than 18 weeks for access to psychological therapies <i>(INCREASE)</i> | 65% | 90% | 54% | 80% | 56% |  |
| % of service users moving from drug treatment to recovery service <i>(INCREASE)</i> | 16% | 10% | 22% | 12% | 9% |  |
| Primary Care Mental Health Team (Bridges) wait for referral to 1st appointment within 4 weeks (%) <i>(INCREASE)</i> | 27% | 100% | 14% | 21% | n/a |  |

Strategic Priority 5 - Working together with people who experience mental ill-health to support them on their journey to recovery

| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
|---|---------|----------------|---------|---------|---------|--------------------------|
| Primary Care Mental Health Team (Bridges) wait for referral to treatment appointment within 9 weeks (%) <i>(INCREASE)</i> | 11% | 100% | 8% | 30% | 33% | ↑ |

Strategic Priority 6 - Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital

| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
|---|---------|----------------|---------|---------|---------|--------------------------|
| People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI <i>(DECREASE)</i> (NHSGGC data) | 2 | 0 | 4 | 4 | 4 | ↑ |
| Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) <i>(DECREASE)</i> (MSG data) | 1,788 | 1,893 | 2,284 | 1,860 | 2,704 | ↑ |
| No. of A & E Attendances (adults) <i>(DECREASE)</i> (NHSGGC data) | 12,748 | Data only | 12,943 | 12,587 | 12,503 | ↑ |
| Number of Emergency Admissions: Adults <i>(DECREASE)</i> (NHSGGC data) | 6,859 | Data only | 6,801 | 6,916 | 6,908 | ↓ |
| No. of A & E Attendances (adults) <i>(DECREASE)</i> (MSG data) | 20,090 | 18,332 | 20,212 | 19,344 | 18,747 | ↑ |
| Number of Emergency Admissions: Adults <i>(DECREASE)</i> MSG | 7,504* | 7,130 | 7,320* | 7,432 | 8,032 | ↓ |
| Emergency admission rate (per 100,000 population) for adults <i>(DECREASE)</i> NI-12 | 10,568* | 11,492 | 10,368* | 10,482 | 11,419 | ▬ |

| Strategic Priority 6 - Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital | | | | | | |
|--|----------------|-----------------------|----------------|----------------|----------------|---------------------------------|
| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| Emergency bed day rate (per 100,000 population) for adults (<i>DECREASE</i>) NI-13 | 103,456* | 117,000 | 114,744* | 120,419 | 122,193 | ↑ |
| Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (<i>DECREASE</i>) NI-14 | 76* | 100 | 79* | 79 | 83 | ↑ |
| A & E Attendances from Care Homes (NHSGGC data) (<i>DECREASE</i>) | 338** | 340** | 429 | 541 | n/a | ↑ |
| Emergency Admissions from Care Homes (NHSGGC data) (<i>DECREASE</i>) | 233 | 240 | 261 | 338 | 166 | ↑ |
| % of last six months of life spent in Community setting (<i>INCREASE</i>) MSG | 88%* | 86% | 86%* | 85% | 86% | ↑ |

* Full year data not available for 2019/20. Figure relates to 12 months Jan-Dec 2019.

Previous year (2018) gives calendar year figure for comparison. Data from ISD release, 5 June 2020

**To end Jan 19/20

| Strategic Priority 7 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities | | | | | | |
|--|----------------|-----------------------|----------------|----------------|----------------|---------------------------------|
| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| People reporting 'quality of life for carers' needs fully met (%) (<i>INCREASE</i>) | 92% | 72% | 78% | 72% | 70% | ↑ |

| Organisational measures | | | | | | |
|--|---------|----------------|---------|---------|---------|--------------------------|
| Indicator | 2019/20 | Current Target | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
| Percentage of days lost to sickness absence for HSCP NHS staff (<i>DECREASE</i>) | 7.3% | 4.0% | 6.8% | 8.5% | 7.2% | ↓ |
| Sickness absence days per employee - HSCP (LA staff) (<i>DECREASE</i>) | 19.1 | 10.9 | 16.4 | 13.0 | 13.6 | ↓ |
| Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline, 20 days Investigation) (<i>INCREASE</i>) | 83%* | 70% | 80% | 100% | 63% | ↑ |
| Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation) (<i>INCREASE</i>) | 72% | 100% | 72% | 81% | 68% | ▬ |

*Mid-yr 19/20 figure

4.3 National Integration Indicators

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 are derived from Partnership operational performance data. A further 4 indicators are currently under development by NHS Scotland Information Services Division (ISD). The following tables provide the most recent data for the 19 indicators currently reportable, along with the comparative figure for Scotland, and trends over time where available.

4.3.1 Scottish Health and Care Experience Survey (2017/18)

Information on 9 of the National Integration Indicators are derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. The most recent survey results for East Renfrewshire relate to 2017/18 and are summarised below.

| National indicator | 2017/18 | Scotland 2017/18 | 2015/16 | East Ren trend from previous survey | Scotland trend from previous survey |
|--|---------|------------------|---------|-------------------------------------|-------------------------------------|
| NI-1: Percentage of adults able to look after their health very well or quite well | 94% | 93% | 96% | ↓ | ↓ |
| NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible | 74% | 81% | 80% | ↓ | ↓ |
| NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided | 64% | 76% | 77% | ↓ | ↓ |
| NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated | 60% | 74% | 69% | ↓ | ↓ |
| NI-5: Total % of adults receiving any care or support who rated it as excellent or good | 77% | 80% | 82% | ↓ | ↓ |
| NI-6: Percentage of people with positive experience of the care provided by their GP practice | 84% | 83% | 88% | ↓ | ↓ |
| NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life | 76% | 80% | 79% | ↓ | ↓ |
| NI-8: Total combined % carers who feel supported to continue in their caring role | 37% | 37% | 45% | ↓ | ↓ |
| NI-9: Percentage of adults supported at home who agreed they felt safe | 82% | 83% | 82% | ▬ | ▬ |

Data from ISD release, 7 June 2019

4.3.2 Operational performance indicators

| National indicator | 2019/20 | Scotland 2019/20 | 2018/19 | 2017/18 | 2016/17 | Trend from previous year |
|--|----------|------------------|----------|---------|---------|--------------------------|
| NI-11: Premature mortality rate per 100,000 persons | n/a | 432 | 308 | 301 | 297 | ▬ |
| NI-12: Emergency admission rate (per 100,000 population) for adults | 10,568* | 12,602* | 10,368* | 10,484 | 11,419 | ↓ |
| NI-13: Emergency bed day rate (per 100,000 population) for adults | 103,456* | 117,478* | 114,744* | 120,419 | 122,193 | ↑ |
| NI-14: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) | 76* | 104* | 79* | 79 | 83 | ↑ |
| NI-15: Proportion of last 6 months of life spent at home or in a community setting | 88%* | 89%* | 86%* | 85% | 86% | ↑ |
| NI-16: Falls rate per 1,000 population aged 65+ | 22* | 23* | 24.1* | 22.4 | 21.2 | ↑ |
| NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections | 84% | 82% | 84% | 88% | 88% | ▬ |
| NI-18: Percentage of adults with intensive care needs receiving care at home | n/a | 62% | 64% | 63% | 58% | ↑ |
| NI-19: Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) | 160 | 793 | 171 | 117 | 228 | ↓ |
| NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | 20%* | 23%* | 22%* | 24% | 23% | ↑ |

Data from ISD release, 5 June 2020

*Calendar year data. Full year data not available for 2019/20. Figure relates to 12 months Jan-Dec 2019. Calendar year data used for previous year (2018) for comparison

The indicators below are currently under development by NHS Scotland Information Services Division (ISD).

| National indicators in development |
|---|
| NI-10: Percentage of staff who say they would recommend their workplace as a good place to work |
| NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home |
| NI-22: Percentage of people who are discharged from hospital within 72 hours of being ready |
| NI-23: Expenditure on end of life care, cost in last 6 months per death |

4.4 Ministerial Strategic Group Indicators

A number of indicators have been specified by the Ministerial Strategic Group (MSG) for Health and Community Care which cover similar areas to the above National Integration Indicators.

| MSG Indicator | 2019/20 | Target 19/20 | 2018/19 | 2017/18 | 2016/17 | 2015/16 | Trend from 2018/19 |
|--|---------|--------------|---------|---------|---------|---------|--------------------|
| Number of emergency admissions (adults) | 7,504* | 7,130 | 7,320* | 7,432 | 8,032 | 7,922 | ↓ |
| Number of emergency admissions (all ages) | 8,598* | 8,331 | 8,313* | 8,513 | 9,199 | 9,123 | ↓ |
| Number of unscheduled hospital bed days (acute specialties) (adults) | 58,311* | 57,106 | 61,383* | 62,967 | 62,901 | 58,271 | ↑ |
| Number of unscheduled hospital bed days (acute specialties) (all ages) | 59,764* | 58,899 | 62,875* | 64,769 | 64,455 | 60,064 | ↑ |
| A&E attendances (adults) | 20,090 | 18,335 | 20,212 | 19,344 | 18,747 | 18,332 | ↑ |
| A&E attendances (all ages) | 27,567 | 25,299 | 27,850 | 27,011 | 25,888 | 25,300 | ↑ |
| Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) | 1,788 | 1,893 | 2,284 | 1,860 | 2,704 | 2,366 | ↑ |
| % of last six months of life spent in Community setting (all ages)** | 88%* | 86% | 86%* | 85.2% | 85.8% | 85.6% | ↑ |
| Balance of care: Percentage of population at home (supported and unsupported) (65+) | n/a | Data only | 95.9% | 95.8% | 95.7% | 95.6% | ↑ |
| Balance of care: Percentage of population at home (supported and unsupported) (all ages) | n/a | Data only | 99.0% | 99.0% | 99.0% | 99.0% | — |

Data from ISD release, 28 April 2020 (MSG Indicators)

* Full year data not available for 2019/20. Figure relates to 12 months Jan-Dec 2019. Previous year (2018) given as calendar year.

** Data from ISD release, 5 June 2020 (Core Suite of Integration Indicators)

4.5 Inspection performance 2018/19

East Renfrewshire HSCP delivers a number of in-house services that are inspected by the Care Inspectorate. The following table show the most up to date grades as of 31 March 2020.

Key to Grading:

1 – Unsatisfactory, **2** – Weak, **3** – Adequate, **4** – Good, **5** – Very Good, **6** – Excellent

| Service | Date of Last Inspection | Quality of Care and Support | Quality of Environment | Quality of Staffing | Quality of Management & Leadership |
|------------------------------|-------------------------|-----------------------------|------------------------|---------------------|------------------------------------|
| Adoption Service | 11/10/2019 | 5 | Not applicable | 5 | Not applicable |
| Barrhead Centre | 23/02/2018 | 6 | Not applicable | Not applicable | 6 |
| Fostering Service | 11/10/2019 | 5 | Not applicable | 5 | Not applicable |
| Care at Home | 04/09/2019 | 1 | Not applicable | 2 | 1 |
| HSCP Holiday Programme | 21/07/2017 | 6 | Not applicable | Not applicable | 5 |
| Thornliebank Resource Centre | 07/04/2016 | 4 | Not applicable | Not applicable | 4 |
| HSCP Adult Placement Centre | 25/10/2019 | 5 | Not applicable | 5 | 5 |

The Care Inspectorate launched the new evaluation framework in July 2018, which is based on the Health and Social Care Standards. Bonnyton House and Kirkton have been inspected under the new quality inspection framework.

| Service | Date of Last Inspection | How well do we support people's wellbeing? | How good is our leadership? | How good is our staff team? | How good is our setting? | How well is care and support planned? |
|----------------|-------------------------|--|-----------------------------|-----------------------------|--------------------------|---------------------------------------|
| Bonnyton House | 22/11/2019 | 3 | 3 | 3 | 3 | 3 |
| Kirkton | 23/7/2019 | 5 | Not assessed | Not assessed | Not assessed | 5 |

4.6 Key performance achievements

Key areas where we have seen improvement or continued strong performance over the past 12 months are as follows:

| Indicator | 2019/20 | | 2018/19 |
|--|-----------|------------------------|------------------|
| | Target | Actual | Actual |
| Children and families (SP1: Working together with children, young people and their families to improve mental wellbeing) | | | |
| % of positive response to Viewpoint question "Do you feel safe at home?" (INCREASE) | 92% | 98% | 93% |
| Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (INCREASE) | 90% | 78% | 74% |
| 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. (INCREASE) | 100% | 100% | 100% |
| Increase in improved outcomes for children after parent/carer completion of POPP (INCREASE) | 84% | 96% | 89% |
| Balance of Care for looked after children: % of children being looked after in the Community (LGBF) (INCREASE) | Data only | 98% (18/19) | 93.6% (17/18) |
| Criminal justice (SP2: Working together with our community planning partners on new community justice pathways that support people to prevent and reduce offending and rebuild lives) | | | |
| Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? (INCREASE) | 100% | 100% | 100% |
| % Change in women's domestic abuse outcomes (INCREASE) | 70% | 79% | 64% |
| Living independently (SP4: Working together with people to maintain their independence at home and in their local community) | | | |
| SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) (INCREASE) | Data only | 8.2% (18/19) | 7.5% (17/18) |
| Percentage of people aged 65+ who live in housing rather than a care home or hospital (INCREASE) | 97% | 96% (18/19) | 96% (17/18) |
| Percentage of adults with intensive care needs receiving care at home (INCREASE) | 62% | 64% (18/19) | 63% (17/18) |
| Supporting people experiencing mental ill-health (SP5: Working together with people who experience mental ill-health to support them on their journey to recovery) | | | |
| % of people waiting no longer than 18 weeks for access to psychological therapies (INCREASE) | 90% | 65% | 55% |
| Reducing unplanned hospital care (SP6: Working together with our colleagues in primary and acute care to care for people to reduce unplanned admissions to hospital) | | | |

195

| | | | |
|---|----------------------------|-------------------------------------|------------------------------|
| People (18+) waiting more than 3 days to be discharged from hospital including AWI (NHSGGC data) (<i>DECREASE</i>) | 0 | 3 | 4 |
| Bed days lost to delayed discharge (Adults) (MSG data) (<i>DECREASE</i>) | 1,734 (11 month target) | 1,629 (Apr 19 - Feb 20) | 2,037 (Apr 18 – Feb 19) |
| Unscheduled hospital bed days (all acute) (MSG data) (<i>DECREASE</i>) | 57,056 | 61,191 (Oct 18 – Sept 19) | 61,672 (Oct 17 – Sept 18) |
| % of last six months of life spent at home of in a community setting | 86% | 89% (at Q3 19/20) | 86% |
| Supporting carers (<i>SP7: Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities</i>) | | | |
| People reporting 'quality of life for carers' needs fully met (%) (<i>INCREASE</i>) | 72% | 92% | 78% |

4.7 Indicators we are seeking to improve

Ongoing improvement is sought across all services within the HSCP and the performance management arrangements in place are designed to facilitate this. There are specific areas we would like to improve going forward and these are set out in our current Strategic Plan.

Key indicators we would like to improve on include the following:

Children and Young People

- Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral
- Child and Adolescent Mental Health - longest wait in weeks at month end

Criminal Justice

- Community Payback Orders - % of unpaid work placement completions within Court timescales

Living independently

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

Mental Health services

- Percentage of people waiting no longer than 18 weeks for access to psychological therapies
- Waiting times for Primary Care Mental Health Team (Bridges)

Unscheduled care: Working in partnership with NHS acute services

- People waiting more than 3 days to be discharged from hospital into a more appropriate care setting
- Number of A&E Attendances
- Number of Emergency Admissions

Appendix One - National Outcomes

The National Health and Wellbeing Outcomes prescribed by Scottish Ministers are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

The National Outcomes for Criminal Justice are:

- Prevent and reduce further offending by reducing its underlying causes.
- Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all.



| | |
|--|--|
| Meeting of East Renfrewshire Health and Social Care Partnership | Performance and Audit Committee |
| Held on | 23 September 2020 |
| Agenda Item | 8 |
| Title | Self-Directed Support: 2017 Progress Report Impact Report published by Audit Scotland in December 2019 |
| Summary | |
| <p>To advise Performance and Audit Committee of the key themes within the 2019 Audit Scotland Impact Report following the original Self-Directed Support Progress report published by Audit Scotland in 2017.</p> <p>To update Performance and Audit Committee of East Renfrewshire HSCPs current SDS implementation position and of our planned self-evaluation activity check which will inform our future programme of development.</p> | |
| Presented by | Lee McLaughlin, Head of Recovery and Intensive Services |
| Action Required | |
| <p>The Performance and Audit Committee are asked to:-</p> <ul style="list-style-type: none"> ▪ Note the content of the report and current progress locally in term of SDS implementation. ▪ Agree to receive an update on future SDS development activity following local self-evaluation activity. | |

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EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

23 September 2020

Report by Chief Officer

Self-Directed Support: 2017 Progress Report
Impact Report published by Audit Scotland in December 2019

PURPOSE OF REPORT

1. To advise Performance and Audit Committee of the key themes within the 2019 Audit Scotland Impact Report following the original Self-Directed Support Progress report published by Audit Scotland in 2017.
2. To update Performance and Audit Committee of East Renfrewshire Health and Social Care Partnership's current SDS implementation position and of our planned self-evaluation activity which will inform our future programme of development.

RECOMMENDATION

3. The Performance and Audit Committee is asked to:-
 - Note the content of the report and current progress locally in term of SDS implementation.
 - Agree to receive an update on future SDS development activity following local self- evaluation.

BACKGROUND

4. The Social Care (Self-Directed Support) (Scotland) Act 2014 is a key piece of legislation and was enacted as part of the ten year National Self-Directed Support Strategy. The purpose of this legislation was to drive transformation in terms of shifting the balance of power from services to individuals who use them and to provide greater choice, control and creativity to individuals and families in terms of meeting their agreed personal outcomes.
5. There have been a number of national audits/inspections to scrutinise the performance of Health and Social Care Partnerships across Scotland to measure impact and implementation progress as detailed below:
 - Audit Scotland (Self-Directed Support) Audit and Progress report 2017
 - Scottish Government Round Table Discussion 2017
 - Care Inspectorate (Thematic Review of Self-Directed Support) 2019
6. In 2019 Audit Scotland published an impact report as a follow up to their 2017 Audit Activity in relation to progress of implementation.

REPORT

7. The key messages and recommendations of the 2017 Audit Scotland Report were as follows:
 - There are many examples of positive progress in implementing SDS but there is no evidence that authorities have yet made the transformation to fully implement the SDS strategy.
 - Social work staff are positive about the principles of SDS but require strong leadership, permission and encouragement to use their professional judgement to be bold and innovative.
 - Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services. Within this context, changes to the types of services available have been slow and authorities commissioning plans do not set out clearly how they will re-allocate budgets in repose to people's choices.
 - There are tensions for service providers in terms of managing the tensions of offering flexible services and retaining staff.
 - SDS Implementation stalled during the integration of health and social care services due to changing organisational structures and other priorities taking precedent.

8. The Care Inspectorate Thematic Inspection of SDS in 2019 noted similar themes and key recommendations were echoed across both. Audit Scotland and the Care Inspectorate both highlighted concerns about inconsistency across the 32 Health and Social Care Partnerships.

9. Specifically, the Care Inspectorate noted the following in their findings:
 - Most of the supported people and staff we met were very positive about self-directed support and the principles and values of personalisation. In practice however, more needed to be done to inform, empower and enable people to fully participate.
 - In situations where SDS was effectively implemented, supported people found it transformational and experienced positive personal outcomes. However, effective SDS was not accessible to all.
 - Discussions and decisions about options, choice and control were not routinely documented in case records.
 - Partnerships were not consistently collecting, aggregating, analysing or reporting on personal outcomes. This was making it difficult to evaluate progress in SDS and to drive improvement.

East Renfrewshire HSCP – Local Action Implementation

10. East Renfrewshire HSCP has made good progress in terms of local action implementation. Detail of the recommended actions, plans in 2017 and update as of September 2020 is given in in appendix 1.

11. To support our implementation we have developed a person centred pathway to reflect the values, principles and legal duties to inform our practice around self-directed support. Our seven steps to SDS can be found at appendix 2.

12. In addition in support of the national recommendations we have developed stronger data to inform our implementation progress across the four SDS options by service user group.

13. There has been growth in the number of children and their families using Option 1 to meet their agreed outcomes although we recognise the potential to develop implementation further across mental health, addiction services and with carers. A full breakdown of numbers and spend is detailed below:

| Service Area | Option 1 | | Option 2 | | Option 3 | | Option 4 | | Total | |
|--------------|------------|------------------|------------|------------------|------------|-------------------|-----------|------------------|------------|-------------------|
| | People | Costs | People | Costs | People | Costs | People | Costs | People | Costs |
| Addictions | 0 | - | 0 | - | 47 | 140,647 | 0 | - | 47 | 140,647 |
| C&F's | 81 | 354,784 | 0 | - | 20 | 489,398 | 4 | 93,793 | 105 | 937,975 |
| Carers | 1 | 2,163 | 0 | - | 0 | - | 0 | - | 1 | 2,163 |
| LD | 54 | 893,711 | 4 | 38,541 | 176 | 9,457,111 | 35 | 1,354,293 | 269 | 11,743,656 |
| MH | 2 | 37,320 | 8 | 57,657 | 179 | 1,226,323 | 5 | 47,047 | 194 | 1,368,347 |
| OP | 68 | 908,762 | 80 | 890,315 | 109 | 1,262,483 | 19 | 516,759 | 276 | 3,578,319 |
| PD | 55 | 970,465 | 11 | 145,404 | 31 | 975,602 | 8 | 389,002 | 105 | 2,480,473 |
| Total | 261 | 3,167,204 | 103 | 1,131,917 | 562 | 13,551,564 | 71 | 2,400,895 | 997 | 20,251,580 |

14. Further work required in terms of analysing data in measuring impact aligned to personal outcomes as at present our reporting does not capture this data on an aggregated basis. This is a challenge to all HSCP's across Scotland.
15. As part of our recovery plan, East Renfrewshire HSCP in partnership with SDS Forum, East Renfrewshire Carers Centre and The Advocacy Project have planned some audit and reflection activity to consider the flexible use of SDS during the pandemic (as highlighted as an issue by National Coalition of Carers and to sense check our progress in terms of overall SDS Implementation. We plan to facilitate this via questionnaire, people led focus groups and staff led focus groups.

CONCLUSIONS

16. Progress has been made locally on the implementation of many of the actions recommended by the Audit Scotland Self-Directed Support Progress Report in 2017. However further work is required to embed the changes, further refine and analyse data and most importantly review and reflect on the use of SDS during the pandemic in order to inform future development activity.

RECOMMENDATIONS

17. The Performance and Audit Committee is asked to:-
- Note the content of the report and current progress locally in term of SDS implementation.
 - Agree to receive an update on future SDS development activity following local self- evaluation activity.

REPORT AUTHOR AND PERSON TO CONTACT

Lee McLaughlin, Head of Recovery and Intensive Services

Lee.mclaughlin@eastrenfrewshire.gov.uk

0141 451 0751

September 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Audit Scotland Self-Directed Support 2017 Progress Report - Impact Report (Dec 2019)

https://www.audit-scotland.gov.uk/uploads/docs/report/2019/ir_191217_self_directed_support.pdf

Audit Scotland Self-Directed Support 2017 Progress Report (Aug 2017)

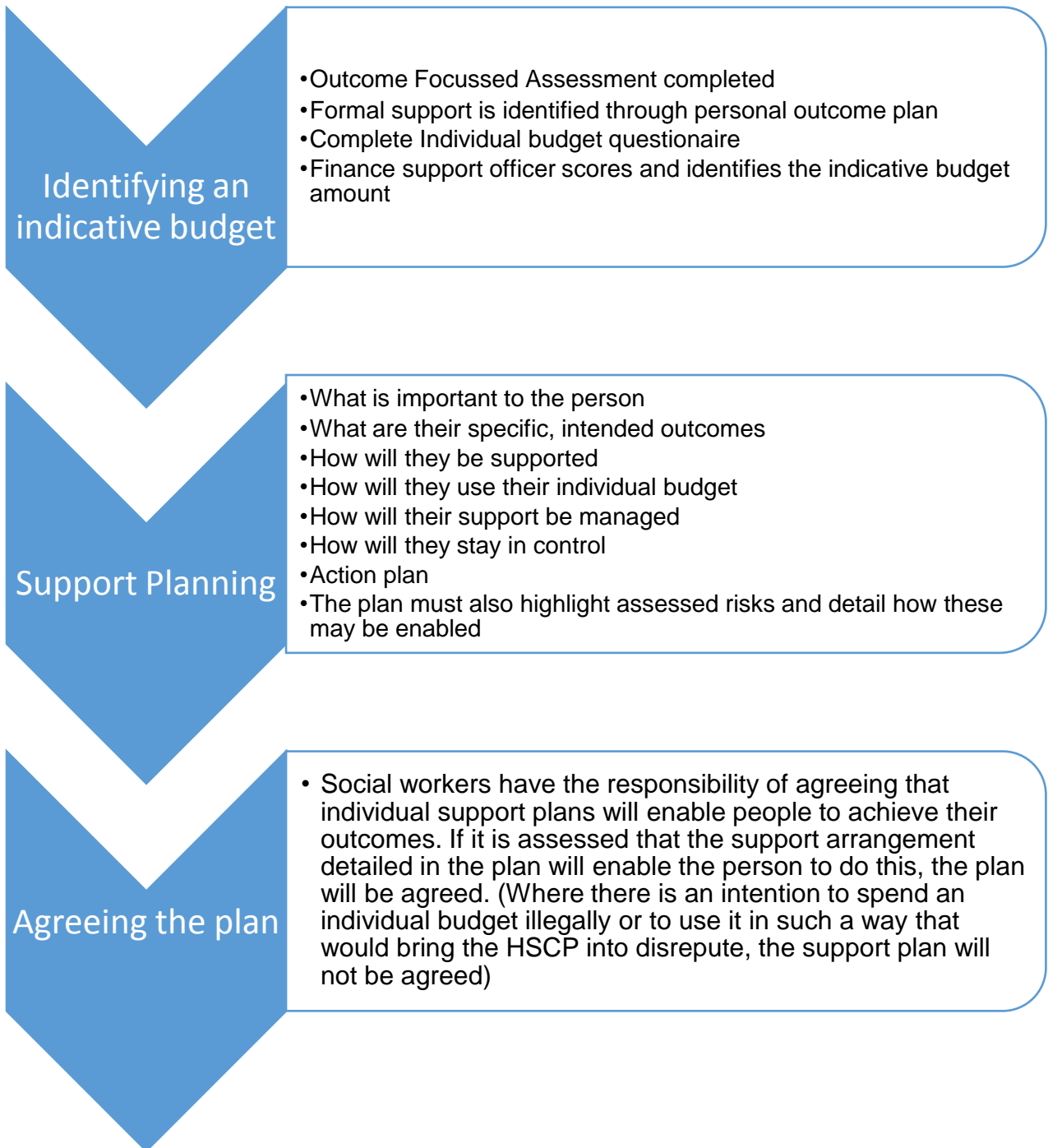
https://www.audit-scotland.gov.uk/uploads/docs/report/2017/nr_170824_self_directed_support.pdf

PAC PAPER 29.11.2017: Audit Scotland SDS Progress Report

| Recommended Action | Position 2017 | Update 2020 |
|---|---|---|
| Directing your own support | | |
| – work in partnership with service users, carers and providers to design more flexibility and choice into support options. | Processes are being redesigned based on feedback and will be tested with users, carers and providers. | Our Individual Budget Process and information materials were developed in partnership with the SDS Forum |
| – review their processes for supporting children to transition into adult services | Work is ongoing to map out likely demand and resource allocation to support transition. | A new advanced practitioner has recently been appointed to support the review and redesign of local transition pathways |
| Assessing needs and planning support | | |
| – provide staff with further training and help on identifying and planning for outcomes | We have undertaken training based on Good Conversations and will continue to develop outcome focussed planning and training. | Training on Outcomes was carried out in 2019 as part of the implementation of the new Individual Budget Approach |
| – work with service users and carers to review their assessment and support planning processes to make them simpler and more transparent | The assessment process has been streamlined in line with the Good Conversation model. All processes, procedures and documentation are being revised to support more transparent individual budgets and outcome focussed planning. | The Individual Budget Calculator was developed to make the calculation of personal budgets more simple and transparent. |
| – establish clear guidance for staff on discussing the balance between innovation, choice and risks with service users and carers and implementing local policies in practice | Guidance, procedures and illustrated examples will support training as part of the individual budget revised process. | Practice guidance on Self Directed Support was developed in 2019. The guidance includes information about along with detailed guidance for each of the 7 steps on the SDS journey |
| – support staff in applying professional judgement when developing innovative solutions to meet individual needs flexibly | We will further develop practice guidance as part of our testing. | A Resource Enablement Group was established in December 2019 to discuss assessments, provide some peer support offer critical challenge. |
| – ensure they are providing information on sources of support to those who are accessing SDS | We will review all our information and staff guidance within our testing. | A series of leaflets and information on SDS options was developed as part of the rollout of Individual Budgets, |
| – work with service users, carers and providers to review the information and help they offer to people during assessments | We will review all our information within our testing. | The information above was developed in consultation with the SDS forum and other partners |

| Recommended Action | Position 2017 | Update 2020 |
|---|---|---|
| Commissioning | | |
| <ul style="list-style-type: none"> – develop longer-term commissioning plans that set out clearly how more choice and flexibility will be achieved for local service users and how decisions will be made to re-allocate money from one type of service to another | <p>The IJB has re-established its strategic planning group to develop a longer term strategic commissioning and market facilitation plan for the HSCP.</p> | <p>A Strategic Commissioning Plan has been developed. The review of the Strategic Plan for 2021- 2013 offers the opportunity to further consider the reallocation of resources.</p> |
| <ul style="list-style-type: none"> – work with service users, carers and provider organisations to develop more flexible outcome-focused contractual arrangements | <p>The HSCP has built on the public social partnership work to develop more flexible approaches. There is provision within the current care and support framework for outcome focused contract arrangements. These need to be further developed over the cycle of the contract.</p> | <p>A series of market shaping events and locality based events took place during 2018 and 2019. This work has been impacted in 2020 by covid but is recommencing as part of the recovery planning</p> |
| <ul style="list-style-type: none"> – continue to work with communities to develop alternative services and activities that meet local needs | <p>Community led support and day opportunities redesign work has involved working with communities on alternative activities and support arrangements. This will be further developed as part of the development of the strategic commissioning plan.</p> | <p>A range of community activities and supports were developed in 2018 and 2019. Communities have played as significant part in responding to Covid developing and coordinating a range of supports for vulnerable and shielding residents.</p> |
| Implementing the national SDS strategy | | |
| <ul style="list-style-type: none"> – develop targeted information and training on SDS for healthcare professionals who have a direct or indirect influence on people's health and social care support | <p>HSCP health staff have been included in the 'good conversations' training along with social care staff, other partners and services.</p> | <p>Training in 2019 was directed at social work staff. Work was carried out with partner organisations and good conversations are the foundation of the Talking Points approach in East Renfrewshire.</p> |
| <ul style="list-style-type: none"> – monitor and report the extent to which people's personal outcomes are being met and use this information to help plan for future processes and services | <p>HSCP reports on talking points personal outcomes. Alternate IJB meeting commence with a presentation on the difference services/test of change are making for people's personal outcomes.</p> | <p>Reporting on personal outcomes has continued as part of regular performance monitoring and the Annual Performance Report.</p> |

Seven steps to SDS in East Renfrewshire



Organising the money

- There are three main ways that individual budgets can be used;
 - As a Direct Payment
 - As an Individual Service Fund where a support provider manages the budget on someone's behalf
 - As a Virtual Budget where the HSCP administers the budget
- People are not restricted to choosing one option and can elect to have a combination of the above

Organising the support

- Self directed support is very flexible; individual budgets do not have to be spent on services but can also be spent on anything that will enable people to achieve their agreed outcomes. People have the option of spending some of their money on a service or a personal assistant and some on other less traditional items or services - so long as their social worker has agreed that what they plan to spend the money on will enable them to achieve their agreed outcomes

Living your life

- Self directed support enables people to arrange flexible support arrangements; if the way that someone has arranged their support is not working, their arrangements can change as they work out what works best for them

Seeing how it's working

- Social workers help people evaluate how effective their support has been in helping them achieve their outcomes through individual meetings and formal reviews. At the point of review, the focus will not be on the service received but to what extent support arrangements have enabled the person to meet their outcomes



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| Meeting of East Renfrewshire Health and Social Care Partnership | Performance and Audit Committee |
| Held on | 23 September 2020 |
| Agenda Item | 9 |
| Title | Audit Scotland: Covid-19 Guide for Audit and Risk Committees |
| <p>Summary</p> <p>This report informs members of the Performance and Audit Committee of new guidance issued by Audit Scotland on key issues for consideration by audit and risk committees during the Covid-19 pandemic.</p> | |
| Presented by | Lesley Bairden, Head of Finance and Resources (Chief Financial Officer) |
| <p>Action Required</p> <p>It is recommended that the Performance and Audit Committee:</p> <ul style="list-style-type: none"> ▪ Consider the contents of the guidance and key issues; and ▪ Agree that the questions posed in the guidance are considered by the Chair and Vice Chair of the Committee, supported by the Chief Internal Auditor and Chief Financial Officer and bring back a further report to this committee as required. | |

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

23 September 2020

Report by Chief Officer

AUDIT SCOTLAND: COVID-19 GUIDE FOR AUDIT AND RISK COMMITTEES

PURPOSE OF REPORT

1. To inform the Performance and Audit Committee of new guidance issued by Audit Scotland on key issues for consideration by audit and risk committees during the Covid-19 pandemic.

RECOMMENDATION

2. It is recommended that the Performance and Audit Committee:
 - Consider the contents of the guidance and key issues; and
 - Agree that the questions posed in the guidance are considered by the Chair and Vice Chair of the Committee, supported by the Chief Internal Auditor and Chief Financial Officer with a further report being brought back to a future meeting of the committee as required.

BACKGROUND

3. In August 2020 Audit Scotland published guidance on key issues for consideration by audit and risk committees during the Covid-19 pandemic: "Guide for Audit and Risk Committees" attached at Appendix 1. This is the second publication which expands on from their July 2020 report: "Covid-19 – Emerging Fraud Risks" attached at Appendix 2.
4. Covid-19 has already had a significant impact on every aspect of society in Scotland. It has affected individuals and communities, public services and the economy.
5. The response of public sector bodies has been strong and the pandemic has highlighted some of their key strengths, such as agility and partnership working. Covid-19 has also exacerbated many pre-existing risks and challenges facing public bodies in areas such as financial sustainability and service demand pressures. There is still significant uncertainty around the potential for a second wave as public bodies balance the move from response to recovery and renewal.

REPORT

6. Throughout the public sector audit and risk committees have a crucial role to play in providing effective scrutiny and challenge. They help public bodies focus on important aspects of the business and maintain effective oversight of spending, performance and governance arrangements. As public bodies manage their business during this global pandemic, the role of audit committees becomes even more important.

7. To assist audit and risk committees in focussing on the short-term challenges facing public bodies in the response phase of the pandemic, this Audit Scotland guidance poses a series of questions designed to assist auditors and public bodies to effectively scrutinise key areas that require additional focus including:
 - Internal control and assurance;
 - Financial management and reporting;
 - Governance; and
 - Risk Management.
8. The Performance and Audit Committee, as a committee of the Integration Joint Board, has responsibility for overseeing and providing independent assurance on the four key areas detailed above.
9. A number of the questions posed in the guidance can be answered and evidenced through the audited 2019/20 Annual Report and Accounts within the management commentary and the annual governance statement.
10. The HSCP response to the Covid-19 pandemic is part of the NHS Greater Glasgow and Clyde Local Mobilisation Plan, the associated costs are closely monitored through this route and our key activity and progress on response and recovery is reported to the IJB.

CONCLUSIONS

11. It is recommended that the Chair and Vice Chair of the Performance and Audit Committee have the opportunity to consider the questions posed in the guidance with the support of the Chief Internal Auditor and Chief Financial Officer as part of the 2020/21 audit work to support the IJB's governance arrangements.

RECOMMENDATIONS

12. It is recommended that the Performance and Audit Committee:
 - Consider the contents of the guidance and key issues; and
 - Agree that the questions posed in the guidance are considered by the Chair and Vice Chair of the Committee, supported by the Chief Internal Auditor and Chief Financial Officer with a further report being brought back to a future meeting of the committee as required.

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Lesley.bairden@eastrenfrewshire.gov.uk ; 0141 451 0749

September 2020

Chief Officer, IJB: Julie Murray

Covid-19

Guide for audit and risk committees

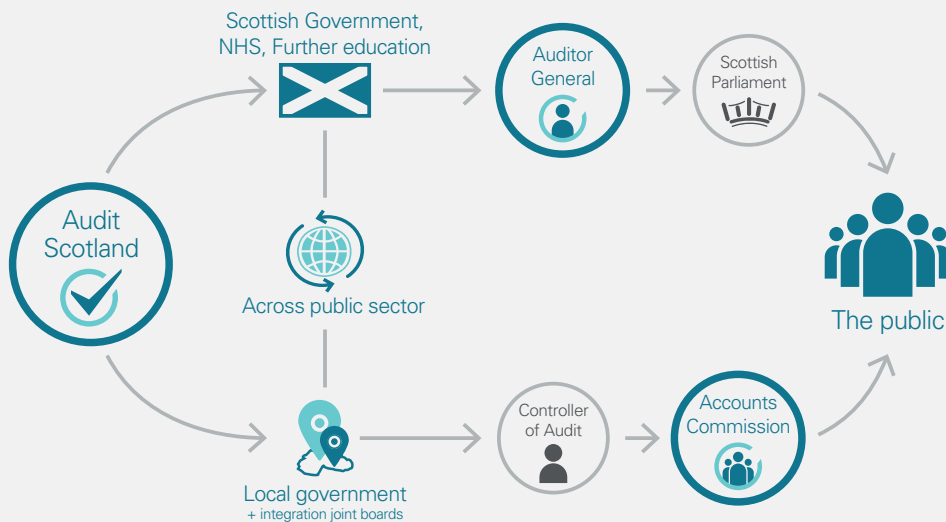


Prepared for public bodies and auditors
August 2020

Who we are

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

- **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.
- 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.



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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

| | |
|--|---|
| Introduction | 4 |
| Key issues for consideration by audit and risk committees during the Covid-19 pandemic | 4 |
| Looking ahead | 9 |
| Further reading | 9 |

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Introduction

1. Covid-19 has already had a significant impact on every aspect of society in Scotland. It has affected individuals and communities, public services and the economy.
2. The response of public-sector bodies has been strong, and the pandemic has highlighted some of their key strengths, such as agility and partnership working. But Covid-19 has also exacerbated many pre-existing risks and challenges facing public bodies in areas such as financial sustainability and service demand pressures. A difficult road lies ahead as public bodies move from response to recovery and renewal.
3. Audit and risk committees have a crucial role to play in providing effective scrutiny and challenge. They help public bodies focus on important aspects of the business and maintain effective oversight of spending, performance and governance arrangements. As public bodies manage their business during this global pandemic, the role of audit and risk committees becomes even more important.
4. This guide for audit and risk committees draws on our recent experience of auditing public bodies during the pandemic. It also refers to key sources of guidance such as the Scottish Government's [Scottish Public Finance Manual](#) and [On Board: a guide for members of statutory boards](#) and the Chartered Institute of Public Finance and Accountancy's *Audit Committees: Practical Guidance for Local Authorities and Police*.

Key issues for consideration by audit and risk committees during the Covid-19 pandemic

5. There are a wide range of short, medium and long-term risks and issues emerging from Covid-19 for public bodies to consider. This guide focuses on the short-term challenges facing public bodies in the response phase of the pandemic. During this phase, key areas that audit and risk committees will need to focus on include:
 - internal controls and assurance
 - financial management and reporting
 - governance
 - risk management.
6. This guide provides audit and risk committee members with suggested questions to help them effectively scrutinise and challenge in these key areas. Answering the questions in this guide will help audit and risk committees better understand how their organisation is responding to the pandemic and managing both the immediate and longer-term challenges that it creates.
7. Audit and risk committees must assure themselves that they are engaged and well-informed about the changes that are occurring and affecting their organisation due to Covid-19. For example, they should be informed of changes to internal reporting arrangements, and policy and legislative changes and the impact they are likely to have on the organisation. They should also be apprised of any fraud and error risks arising from the response to Covid-19.¹

¹ *Covid-19: Emerging fraud risks*, Audit Scotland, July 2020.

Internal controls and assurance

8. Public-sector staff are working under extreme pressure as a consequence of the scale and pace of change created by the pandemic and the need to respond rapidly to unfolding events. This may mean that some internal controls are suspended or relaxed. For example, the segregation of duties between colleagues for completing tasks and subsequent checks may not be possible due to unforeseen capacity issues or the lack of availability of more senior or experienced staff. Staff transfer between departments, for example, to new areas such as those responsible for distributing funding to support people and businesses most affected by Covid-19, may also leave some areas under-staffed. Furthermore, inexperienced staff may be working remotely without a full understanding of the required procedures and controls.

9. Internal audit provides independent assurance on governance arrangements, risk management and internal control processes. As the landscape changes, internal audit will have to consider its approach to audit planning and how it continues to deliver its assurance activities while balancing the workload created by new risks emerging from Covid-19.

10. As staff work remotely, there may also be potential security risks such as an increase in cyber-crime. For example, fraudsters may try to access public-sector systems by claiming to be legitimate technical support services or through phishing emails and scams.

11. [Exhibit 1](#) proposes potential questions for audit and risk committee members to consider.

Exhibit 1

Internal controls and assurance – questions to consider

What changes to internal controls have been required due to Covid-19?

- Has internal audit assessed the design, implementation and operational effectiveness of revised internal controls?

What new controls have been established to account for the distribution of any additional funds received?

- Have officers identified any weaknesses in new controls and if so, how are these being addressed?

To what extent has your organisation assessed the impact of working remotely on the control environment and working practices?

Has internal audit reviewed their audit plan and assessed which projects might need to be cancelled, postponed or accelerated as your organisation navigates its way through the pandemic?

How is management supporting internal audit to balance its 'routine' programme of work and that required to respond to Covid-19-related audit work?

What impact has Covid-19 had on the annual reporting and accounting process?

- Has your organisation's timetable for the annual reporting process been considered for 2019/20 and 2020/21? If so, have the timetables been revised and updated accordingly?
- Has the external auditor's annual audit plan been updated to assess and address new risks?

To what extent has your organisation considered work undertaken by other organisations (via professional networks and bodies), or where appropriate, engaged with external experts to inform decision-making around significant areas of change in response to the pandemic?

How have IT services performed during the pandemic?

- To what extent have cyber security controls been considered?
-

To what extent has management assessed the impact of Covid-19 on overall staff capacity?

- What areas have been identified as being under resourced and how is this being addressed?

What is your organisation doing to support its staff during the pandemic?

- To what extent have workload and working practices been adjusted to allow for the challenges that people may face when working remotely?
- What guidance, advice or signposting has your organisation put in place to support staff wellbeing?

What opportunities and risks have arisen as staff are deployed across departments?

How is your organisation capturing the learning and opportunities that arise from new ways of working?

Financial management and reporting

12. Public bodies face considerable uncertainty during the pandemic and as they plan for the future. Having robust financial management and transparent reporting arrangements in place is critical to ensuring that an organisation can manage its finances and deliver services effectively, identify issues and challenges early and act on them promptly.

13. Financial impacts of the pandemic could include a reduction in income generated from business rates and council tax non-payments as well as a reduction in fees and charges from, for example, leisure, public transport and parking. Organisations may also face increased costs such as higher staff costs to cover the delivery of services. The economic uncertainty and market volatility caused by the pandemic also make it difficult for public bodies to value, for example, property portfolios, inventories and pension schemes.

14. A number of factors will affect how well an organisation can report on and manage its financial position at a time where it is facing significant pressure and challenge. For example, there is likely to be competing pressures on finance staff, significant changes in financial processes and procedures and the introduction of financial systems in new areas, such as those for Covid-19-related government relief, assistance and stimulus packages. [Exhibit 2](#) proposes potential questions for audit and risk committee members to consider.

Exhibit 2

Financial management and reporting – questions to consider

Is financial (and performance) information received in a timely manner, with sufficient detail, to inform the fast-paced changes that are required due to Covid-19?

How is management assessing the financial impact of Covid-19 on income and expenditure?

- What processes or procedures have been put in place to assess, for example, new demands, new expenditure streams, savings from activity foregone and lost income?

What information has been used in determining the value of assets and liabilities?

- To what extent have estimated valuations been impacted by Covid-19, for example, disruption to the revaluation of properties or market volatility impacting on investments?
- What is the likely impact of Covid-19 on pension deficits and what does this mean for your organisation?

What commitments and guarantees have been made to third parties, and how are these being monitored?

- Where relevant, how is your organisation ensuring that the impacts of the pandemic on its arm's-length external organisations (ALEOs) are being appropriately monitored?
-

What impact has Covid-19 had on savings plans?

- Is your organisation on track to deliver these savings and if not, what plans are your organisation putting in place to help with this?

What impact has Covid-19 had on transformational activity?

- If there has been or will be significant delays to activity or a failure to meet savings targets, what are the financial implications and how is management preparing for this?

Is there sufficient capacity within the finance team to deal with competing pressures, such as preparing annual accounts, at a time when working practices are having to be adapted due to Covid-19?**Governance**

15. The pace and scale of change is unprecedented, and changes in governance arrangements are likely to have taken place. This may mean that there has been less opportunity for scrutiny and due diligence as public bodies respond rapidly to the challenges arising from Covid-19. For example, urgent procurement decisions and changes to delegated authority arrangements may have impacted on the level of scrutiny.

16. Governance and accountability arrangements around collaborative working may be increasingly complex but when done effectively, allows for better planning, design and coordination of services. Many aspects of public bodies' responses to the pandemic can only be done in partnership with others.

17. Recent changes to governance arrangements due to Covid-19 may include basic alterations such as documenting authorisation processes through to oversight of the overall running of the business. [Exhibit 3](#) proposes potential questions for audit and risk committee members to consider.

Exhibit 3**Governance – questions to consider****What impact has Covid-19 had on governance arrangements?**

- How is your organisation ensuring that effective oversight and scrutiny of key decisions is maintained as it responds rapidly to the challenges it faces during the pandemic?
- Have any significant changes been made to governance arrangements due to the pandemic, for example, suspension of committees or increased use of delegated decision-making powers?
- Where decisions are being made using delegated or emergency powers, how are these being recorded, made public and subjected to scrutiny by the relevant committee(s)?
- Have changes to processes and procedures made in response to Covid-19 been reviewed and documented appropriately to comply with overall governance arrangements?

Are governance arrangements being reviewed regularly to ensure they remain fit for purpose?**Are non-executive directors providing appropriate levels of support, scrutiny and challenge to your organisation as it responds to the current environment and new risks?****What barriers, if any, have affected your organisation's ability to continue to provide services for individuals and communities during the pandemic?**

- How have these barriers been overcome?
- What was the impact on service users?

What impact has Covid-19 had on your organisation achieving its stated objectives?

- Does performance reporting highlight any changes on your organisation's ability to meet its objectives as a consequence of Covid-19?

- Has the pandemic caused new risks to achieving your organisation's objectives? If so, how are these being addressed?

What impact has Covid-19 had on collaborative working?

Risk management

18. While public bodies will have risk management processes in place, the likelihood and impact of existing risks and the emergence of new risks will need to be monitored carefully. There may also be a change in the risk appetite during the pandemic to allow for services to operate effectively and respond to issues in a timely manner. Some changes may be significant therefore officers and audit and risk committee members need to consider how sustainable these changes will be in the longer term.

19. Public bodies were already facing risks and challenges around, for example, financial sustainability, outcomes and inequalities. These risks and challenges have become greater due to Covid-19. They are also heightened further because of the uncertainty around the UK's exit from the European Union and increasing budget pressures.

20. [Exhibit 4](#) proposes potential questions for audit and risk committee members to consider.

Exhibit 4
Risk management – questions to consider**Are there new expenditure or procurement streams, or delivery methods arising from Covid-19 that introduce new risk?**

- What indicators does management have to support informed decisions on risk and is this data available in real time?
- Is your organisation's risk management strategy up-to-date to include risks associated with Covid-19?
- What risks have emerged that need to be addressed and what protocols are in place to report and analyse emerging risks as the situation evolves?
- Are risks being reported to the relevant committee?

Has your organisation's risk register been updated to reflect new risks arising from Covid-19?

Is there a need for management's risk appetite framework to be reviewed to ensure it is appropriate in this rapidly evolving environment?

- If so, when will the committee be informed of the outcome and any next steps?

How does Covid-19 impact on any financial risks already facing your organisation and how does this affect short, medium and long-term financial plans?

What impact does Covid-19 have on any scenario planning that your organisation has in place for events such as EU withdrawal and increasing budget uncertainty?

Looking ahead

21. This is the second in a series of Covid-19 guides prepared for public bodies and auditors. Our first publication, [Covid-19 Emerging fraud risks](#), sets out a range of fraud risks that may arise due to the pandemic. By drawing on our position as external auditors across the public sector in Scotland, we have used our recent experience to develop these Covid-19 outputs. We will be issuing further guidance to public bodies to support them as they move beyond the response phase of the pandemic into recovery and renewal.

22. We invite feedback on how the role of external audit can further support public bodies as they respond to the challenges Covid-19 presents.

Further reading


- [Guide for Audit and Risk Committees on Financial Reporting and Management during COVID-19](#), National Audit Office, June 2020.
- Financial scrutiny practice guide, The Chartered Institute of Public Finance and Accountancy, June 2020.
- <https://www.ifac.org/knowledge-gateway/contributing-global-economy/discussion/implications-audit-committees-arising-covid-19>
- <https://www.iaa.org.uk/covid-19-hub/covid-19-guidance/>

Covid-19

Guide for audit and risk committees

This report is available in PDF and RTF formats,
along with a podcast summary at:

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Covid-19

Emerging fraud risks



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Covid-19: Emerging fraud risks

The Covid-19 pandemic has brought significant challenges across the Scottish public sector as bodies seek to deliver services for individuals, communities and businesses in an extremely difficult time.

Since the start of the pandemic, the risk of fraud and error has increased as organisations become stretched, and controls and governance are changing. These risks are emerging for a range of reasons including:

- public-sector staff working remotely and under extreme pressure
- an increase in phishing emails and scams which try to get staff to click on links which allow fraudsters to access public-sector systems
- government stimulus packages to support individuals and businesses being provided quickly, possibly with a lower level of scrutiny and due diligence than has previously been in place for similar schemes.

This briefing sets out a range of fraud risks emerging from the Covid-19 crisis, and what public bodies might do to help reduce these risks. It aims to raise awareness of these new fraud risks with public bodies and their auditors; and support them in identifying and managing these risks, and ensure that sound governance and controls are in place.

Additional risks will continue to emerge as fraudsters identify new ways to target public money and services. Public bodies and auditors should stay alert to new scams and approaches by fraudsters, and regularly review their controls and governance arrangements to ensure they remain fit for purpose.

The information in this briefing is based on our professional judgement in auditing risk factors in the public sector. We would like to thank colleagues in Police Scotland, NHS Scotland Counter Fraud Services, local government chief internal auditors and fraud investigators for their support in preparing this briefing.

1. Emerging public sector fraud risks due to Covid-19

Covid-19 has raised significant challenges for the public sector. In such emergency situations, existing controls may be compromised, and it can be difficult to put in place robust controls for new processes. Good governance and sound controls are essential in such crisis situations. The risks include, but are not limited to:

 General governance risk
  Procurement risk
  Covid-19 funding
  Payroll/recruitment risk
  IT/cyber crime risk
  Health and wellbeing risk



Public sector staff are working under extreme pressure which may mean some internal controls are suspended or relaxed



Procurement fraud could increase as normal controls may be relaxed to allow bodies to buy goods or services which are required urgently, possibly from new suppliers



Staff may be transferred from their own departments to other areas experiencing resource pressures. This may leave some departments under-staffed at the same time that inexperienced staff may be working remotely without a full understanding of the required procedures and controls



An increase in medical and sanitary waste may see criminals attempt to gain waste management contracts. This could result in the inadequate disposal of the waste, with the potential associated harm to public health as well as generating proceeds for the criminals



There is a risk of weakened governance arrangements as internal audit teams are redeployed to operational areas



Duplicate payments are possibly not detected, or payments may be made without checking goods and services were received to a satisfactory quality



Mandate and diversion fraud¹ may increase as fraudsters try to get employees to update bank details and make payments to suppliers as soon as possible, knowing that staff are under pressure and that the normal controls may have been relaxed



Fraudsters may be 'selling' popular and/or hard to get items online. The products may not arrive or may turn out to be counterfeit, eg medicines, PPE and hand sanitiser products that are unsafe and do not provide the necessary level of protection

Note 1. Mandate fraud is when an employee is deceived into changing bank payment details (eg, of a supplier) in order to divert payments to fraudsters.

 General governance risk
  Procurement risk
  Covid-19 funding
  Payroll/recruitment risk
  IT/cyber crime risk
  Health and wellbeing risk



Government stimulus packages to support individuals and businesses are being provided quickly, possibly with a lower level of scrutiny and due diligence than has previously been in place



Councils may receive requests for business rate liabilities to be changed. This may be an attempt to ensure a business falls within a category qualifying for grants



Councils may receive Freedom of Information requests asking for details that may be used for business grant applications. Fraudsters are possibly looking to identify eligible businesses that have not applied for grants, with a view to putting in a fraudulent application



There is a risk of recruitment fraud as new staff are needed immediately due to increased demands for services and the normal checks may not be completed



Councils may receive fraudulent email enquires purporting to come from national companies asking for property details, reference numbers, etc, possibly with a view to making fraudulent applications for Covid-19 business grants



Payroll fraud may increase as normal controls around expenses, overtime, etc may be relaxed



There is a risk that applications for Covid-19 related support due to being made online, are made using fraudulent documents and details



Staff returning to work in the NHS to help respond to Covid-19 may be targeted by unscrupulous tax avoidance schemes

 General governance risk
  Procurement risk
  Covid-19 funding
  Payroll/recruitment risk
  IT/cyber crime risk
  Health and wellbeing risk



Staff working remotely may pose potential security risks, eg when using personal devices and/or using removable devices to download data. Household members may gain unauthorised access to confidential information such as payroll, social work client details, etc, via screens or in documents used by staff



More remote working may result in isolation and /or mental health issues which could lead to increased addictive behaviours (eg, gambling), which could result in vulnerability to serious organised crime gangs



There is a risk of increased cyber crime as more public-sector staff connect remotely to access systems and for meetings using online video conference services



An increase in internal fraud in public bodies is possible as employees and their families are under increased levels of financial and health pressures



Staff working remotely may receive calls from fraudsters claiming to be legitimate technical support services and attempting to gain access to systems



Working for sustained periods of time at high levels of demand may lead to errors or fraud due to lapses in concentration



There is a risk of an increase in phishing¹ emails and scams trying to get staff working under pressure to click on links which allow fraudsters access to public-sector systems



Employees/volunteers could take advantage of vulnerable service users, eg by gaining access to bank cards, cash drop-offs at client's house, befriending with sinister intentions



There is a risk of more system access breaches where personal information is accessed without a valid reason by staff working remotely, eg possibly to check friends' applications for services

Note 1. Phishing is where criminals send emails purporting to be from reputable sources in order to deceive individuals into providing information or data such as passwords, user names or bank details.

2. What public bodies can do to reduce these fraud risks

- Discuss and agree the organisation's risk appetite and associated approach to the newly emerging risks
- Carry out a risk assessment to identify the most vulnerable areas under the new working conditions. This will include a review of IT system security for remote working
- Ensure Internal Audit reviews systems of control. Some of the existing controls are unlikely to be still relevant and appropriate
- Introduce new systems of control to address new and emerging risks
- Ensure existing ways of reporting fraud or irregularity are still operating and are promoted, eg fraud hotlines and whistleblowing processes are still operating
- Continue staff training, especially for staff moved to work in areas that are new to them
- Ensure staff and customers receive regular, appropriate communications on the new ways of working and changes to services
- Review the NHS Counter Fraud Authority's guidance including: [Covid-19 counter fraud guidance](#)
- Review the UK Government Counter Fraud Function's website for latest guidance including [Covid-19 Counter fraud response team](#) and [Fraud Control in Emergency Management: Covid-19 UK Government Guidance](#)
- Consider bank account verification and active company search services, eg that are available from the Cabinet Office or NAFN¹ to the UK public sector
- Review NFI² submission requirements that will require data to be submitted related to Covid-19 payments and services
- Run 'dummy phishing' exercises to test employees' reactions, with a requirement to revisit training modules if an employee 'fails'
- Rotate employees or volunteers working with vulnerable service users and ensure appropriate employee disclosures are up to date

Notes:

1. NAFN is a shared service organisation open to all public-sector organisations. NAFN provides data, intelligence and best practice services for member organisations.
2. NFI is the National Fraud Initiative, an exercise that matches electronic data within and between public and private-sector bodies to prevent and detect fraud.

3. Wider Covid-19 fraud risks

Covid-19 could unfortunately see an increase in fraud across all areas of life.



Texts may be received advising recipients that they are eligible for a tax refund under the Self-Employment Income Support Scheme. Recipients are asked to click on a link which leads to a fake HMRC website where they are asked for personal and financial details



Cold callers posing as the NHS contact tracing service may call people to advise that they have been in contact with someone who has tested positive for Covid-19. The caller may ask the recipient for bank details to pay for a Covid-19 test



Texts may be received posing as coming from the NHS contact tracing service. The texts advise people they have been in contact with someone with symptoms of Covid-19. The texts direct the recipient to a website which attempts to obtain personal details



Texts may be received advising that a 'Covid-19 Home Testing Team' will visit your home and that you will need to wait in a separate room while they put on protective clothing. This is an attempt by fraudsters to gain entry to people's homes



Blackmailing and phishing emails may be received, telling victims that family or friends will be infected with Covid-19 if they do not pay



Texts posing as coming from the local council may be received, eg asking local residents to pay for food boxes which are being delivered to families with children eligible for free school meals



Fraudulent emails may be received telling people they can claim a tax refund to help with Covid-19 financial challenges. Recipients are asked to submit personal and financial details



People may receive telephone calls from fraudsters posing as police officers to tell them that they have breached Covid-19 restrictions and have to pay a fine



Special offers may appear online containing malicious links that users click to allegedly receive free or discounted goods



There is a risk of online child sexual exploitation increasing as children spend the majority of their time online during the lockdown, either during their spare time or while receiving education



With the possible increase in online gaming during lockdown, criminals may be developing more sophisticated ways of attacking online gaming systems



Criminals may exploit loneliness during lockdown by looking through online dating profiles in order to commit romance crime¹



Fraudsters may be posing as council, NHS or charity staff and taking money from people to buy shopping which is never delivered



During lockdown, illicit or prescription drug use may have increased which in turn pushes prices up due to a lack of availability. The pandemic may induce 'panic buying' from different suppliers and stockpiling, leading to possible increased consumption or consuming substitute or contaminated drugs



Fake and malicious apps purporting as providing Covid-19 information and trackers may start emerging



Under lockdown, illegal drug producers may have been manufacturing pills in preparation for the summer and festivals. As a result they may have significant stockpiles of drugs, which could see the market being flooded with cheap drugs as soon as lockdown eases

Note 1. Romance crime is the engineering of a supposed friendship or relationship for fraudulent, financial gain. This may involve, for example, gaining access to the victim's bank accounts.

4. If you see or suspect fraud or would like to find out more...



Please visit the Audit Scotland [counter-fraud hub](#)



Report fraud or illegal activity to [Police Scotland](#)



[Police Scotland – Keep Secure Online](#)



[Police Scotland – Reporting Cybercrime](#)



[Trading Standards](#)



[NHS Scotland Counter Fraud services](#)

Information

You can find our reports and other material on counter-fraud on our [website](#)

Contacts

Anne Cairns
acairns@audit-scotland.gov.uk

Angela Canning
acanning@audit-scotland.gov.uk

Covid-19: Emerging fraud risks

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| Meeting of East Renfrewshire Health and Social Care Partnership | Performance and Audit Committee |
| Held on | 23 September 2020 |
| Agenda Item | 10 |
| Title | Contracts and Exceptions Update to June 2020 |
| <p>Summary</p> <p>This report provides the Performance and Audit Committee with information about direct spend through the Health and Social Care Partnership's two framework contracts. The report also provides the Committee with information in relation to exceptions to East Renfrewshire Council Contract Standing Orders along with the business reasons for such exceptions.</p> | |
| Presented by | Lesley Bairden, Head of Finance and Resources |
| <p>Action Required</p> <p>The Performance and Audit Committee are asked to note and comment on the contents of the report.</p> | |

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

23 September 2020

Report by Lesley Bairden, Chief Financial Officer

CONTRACTS AND EXCEPTIONS UPDATE TO JUNE 2020

PURPOSE OF REPORT

1. The report provides Performance and Audit Committee with information about direct spend through the HSCP framework contracts; grant activities; non-framework spend together with spend activity on national framework agreements.
2. The report also provides the Committee with information in relation to exceptions to ERC Contract Standing Orders along with the business reasons for such exceptions.

RECOMMENDATION

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

BACKGROUND

4. In October 2016 the HSCP approved a framework of providers designed to be compliant with the Scottish Government's living wage policy and to provide greater choice and options to support individual's choice with social care support.
5. A replacement framework for Care and Support is now in place through the national procurement agency, Scotland Excel. To date one intake of care providers is included and the next intake is October 2020.
6. The Commissioning and Contracts Manager for the HSCP has a detailed work programme running from August 2020 to March 2021 to transition from our existing arrangements to the national framework.
7. We have 4 Care at home providers with an interim agreement to cover the period from June 2019 when the current contract expired. This provides purchasing certainty until transition to the national framework.
8. It was agreed with the Chief Officer and the management team that wherever reasonably practicable we should only use framework providers to arrange care and support under option 3 of the Social Care (Self-directed Support) (Scotland) Act 2012.
9. All exceptions to this are to be agreed with the relevant operational Head of Service and Chief Financial Officer, with operational arrangements to be agreed to ensure a workable approach across the operational functions of the HSCP.

10. Exceptions can occur for a range of reasons including provider capacity requiring recruitment processes to be taken forward; provider contract compliance and other quality of care related matters. Often these arrangements can be of short duration and care arrangements can be moved to a suitable framework provider as soon as possible.
11. The report shows spend for purchased care for the 12 months from June 2019 to June 2020.

REPORT

12. **Care at Home** – £2.262 million total expenditure with £2.111 million through framework providers and £0.151 million off framework.
13. **Care and Support** – £11.264 million total expenditure with £8.290 million through framework providers and £2.973 million off framework.
14. **Nursing and Residential Care Contracts** – the total expenditure for both nursing and residential placements was £10.487 million
15. **Quick Quotes** – The value of quick quotes in the reporting period in question was zero. A quick quote value is between £10,000 and £49,999.
16. **Direct Awards** – There were no direct awards made during this period.
17. **Grant Payments** - the HSCP issued a number of grant payments to a number of organisations totalling £1.078 million.
18. **Scotland Excel Frameworks** – the HSCP makes use of a range of nationally procured social care frameworks and we use 5 of 7 available frameworks:
 - a. Secure Care
 - b. Fostering & Continuing Care Services
 - c. Children’s residential care and education including short breaks
 - d. Agency Workers (Social Care)
 - e. Technology Enabled Care
19. The workplan to support the transition to the new national framework will also allow us to look at how we can improve our use of information and enhance reporting.

CONCLUSIONS

20. Exceptions to contract standing orders within this report are taken from a snap shot of commitments at the end of the financial year showing costs outside of a contractual framework. We will explore reasonable procurement options within the light touch procurement regime, including where direct awards can be made. The new social care frameworks should begin to mitigate the non-framework activity as this is developed during 2020/21.
21. As stated above the Commissioning and Contracts Manager for the HSCP has a detailed work programme to support the transition to the new national framework.

RECOMMENDATIONS

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

17 September 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper 25 September 2019: Contracts and Exceptions Update

https://www.eastrenfrewshire.gov.uk/media/1980/Performance-and-Audit-Committee-item-10/pdf/Performance_Audit_Committee_Item_10_-_25_September_2019.pdf?m=637347469481500000

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| Meeting of East Renfrewshire Integration Joint Board | Performance and Audit Committee |
| Held on | 23 September 2020 |
| Agenda Item | 11 |
| 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 and the recent audit undertaken by East Renfrewshire Council Internal Audit. The objectives of the audit were agreed by the Performance and Audit Committee on 25 September 2019. A copy of the resultant action plan is included at appendix 2.</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 and audit action plan.</p> | |

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****23 September 2020****Report by Chief Financial Officer****IJB STRATEGIC RISK REGISTER UPDATE****PURPOSE OF REPORT**

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

RECOMMENDATION

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

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 a 'live' document; the latest version is attached at Appendix 1.
8. The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place in November 2019, as meetings scheduled for March and June were suspended due to Covid-19.
9. The majority of Performance and Audit Committee members attended the IJB on 12 August 2020 and will recall the IJB Strategic Risk Register Annual Update where it was noted that all risk scores and risk control measures had been reviewed and updated where necessary and that three new risks had been added to the register.
10. There have been no material changes since the update to IJB in August, however members should note that since last reported to Performance and Audit Committee:-
- The risk score for In-house Care at Home reduced following the significant investment and improvement work undertaken by the service
 - The three new risks have been added
 - *Failures within IT System*
 - *Covid-19 and Recovery*
 - *Analogue to Digital Switchover*
 - No risks have been removed

Post Mitigation - Red and Significant Risks Exception Report

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

Scottish Child Abuse Inquiry

12. Despite any proposed risk control measures, the score remains the same due to the historical nature of this risk. It should be noted that we have responded to the Section 21 notice however the Inquiry have stated that they may come back to us seeking further information – to mitigate this we have gone as far as we could with available records. There could be increased interest in subject access requests and possible enquiries/ claims against the Council as a result of this work and national interest.

Financial Sustainability

13. Financial Sustainability remains a high/red risk as last reported. This is still considered red post mitigation reflecting the current economic climate and the uncertainty around Covid-19 and Brexit implications.

14. 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
15. Although '*Failure of a Provider*' is scored at 9 'medium' after mitigation is taken into account, this is still considered a significant risk given the potential impact on service delivery.

Internal Audit Report on IJB Risk Management

16. As part of audit coverage of the Integration Joint Board (IJB), a review of risk management was carried out. This is the first occasion that this area has been the subject of an audit. The review covered the following key control objectives:
 - Risk management policy and strategy is adhered to
 - Risk registers are regularly updated and reported to IJB
 - Actions noted as being required to mitigate risks are SMART
 - Actions in place to mitigate risks can be evidenced
 - Risk ratings appear reasonable in light of actions in place and after further proposed actions are taken to mitigate risks further
17. Four recommendations were made as a result of the audit. The action plan is attached at appendix 2.

CONCLUSIONS

18. Since the last update in November 2019, the revised Risk Policy and Strategy was approved by the Integration Joint Board in January 2020. This has been shared with the Senior Management Team for action, however as we progress towards recovery, a session with the HSCP senior management team will be arranged to review the risk register in full, particularly given the changes to structures and responsibilities following the appointment of our new Head of Recovery and Intensive Services. Any changes will be in line with the recommendations from the audit.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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

September 2020

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper: August 2020: IJB Strategic Risk Register Annual Update

https://www.eastrenfrewshire.gov.uk/media/1786/Integration-Joint-Board-Item-11-12-August-2020/pdf/Integration_Joint_Board_Item_11_-_12_August_2020.pdf?m=637323284404970000

IJB Paper: January 2020: IJB Risk Management Policy and Strategy

https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000

PAC Paper: November 2019: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/1987/Performance-and-Audit-Committee-item-08-27-November-2019/pdf/Performance_and_Audit_Committee_Item_08_-_27_November_2019.pdf?m=637356832342130000

PAC Paper: September 2019: IJB Strategic Risk Register Update

PAC Paper: June 2019: IJB Strategic Risk Register Update

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 08.09.2020

| ERC Ref | No. | Risk Status S/C/N (Same, Changed, New) | Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description) | Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column) | Assessment of Risk (As it is now) | | | Proposed Risk Control Measures (should be SMART with detail included) | Completion date for proposed Risk Control Measure | Assessment of Residual Risk (with proposed control measures implemented) | | | Risk Owner | | | |
|---------|-----|--|---|--|--------------------------------------|----------------|----|---|---|---|----------------------|---------------------|---|-----------------------------|----------------------|---------------------|
| | | | | | Risk Score | Overall rating | | | | Likelihood (probability) | Impact (Severity) | Risk Score (LxI) | | Likelihood (probability) | Impact (Severity) | Risk Score (LxI) |
| | | | | | 11-16 | HIGH | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| n/a | 1 | C | Death or significant harm to vulnerable individual | | | | | | | | | | | | | |
| | | | Risk of death or significant harm to a service user/patient as a result of HSCP actions. | New Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services. | | | | Revise Quality assurance framework for ASP activity (being considered by APC) | 31.08.2020 | | | | | | | |
| | | | Consequences could include: - loss of life or long term damage and impact on service user & family - possible perception of failure of care - poor workforce morale - reputational damage | ASP Improvement Plan in place. Interim ASP Team set up to manage referrals and investigations during Covid-19. Implemented revised procedures in line with coronavirus legislation Regular reporting to COPP HSCP training programme revised – focus on management oversight, partnership working and risk assessment. | 3 | 4 | 12 | Undertake evaluation of interim ASP team model to inform future model | 30.09.2020 | 2 | 4 | 8 | Head of Adult Health and Social Care Localities / Chief Social Work Officer | | | |
| | | | | | | | | Commence implement revised ASP procedures once ratified by ASP | 01. 10.2020 | | | | | | | |
| | | | | | | | | Develop new schedule for performance reporting for adult services by | 31.12.2020 | | | | | | | |
| | | | | | | | | Prepare for forthcoming ASP inspections – Dec 2020 | 31.10.2020 | | | | | | | |
| | | | | | | | | Senior Manager rota for chairing ASP to be implemented | 31.02.2021 | | | | | | | |
| | | | | | | | | Implement new risk management framework | 31.10.2020 | | | | | | | |

| | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|
| | | | <p>Rolling programme for refresher training for Council Officers and frontline managers</p> <p>Statutory inspection reports continue to highlight good practice and areas for improvement</p> <p>Self-evaluation and audit activity being undertaken by Lead Officer: Policy and Practice Development</p> <p>Revised structure of Council officer and managers forums</p> <p>Increased frequency of APC. Improved reporting schedule from sub-committees</p> <p>Single agency audit completed September 2019</p> <p>New quality assurance measures for monitoring ASP activity in registered services</p> <p>New Service Manager ASP commenced in post May 2020</p> <p>Professional supervision policy in place</p> | | | <p>(Signs of Safety) across adult services</p> <p>Implement new procedures (currently being devised) in relation to ASP, AWI and LSI (following approval at APC)</p> <p>Devise new screening tool for waiting lists</p> <p>Recruit external consultants to support improvement programme</p> <p>Lead Officer: Policy and Practice Development (Adult Services) undertaking self-evaluation and audit activity</p> | <p>31.10.2020</p> <p>31.10.2020</p> <p>ONGOING</p> | | | |
|--|--|--|---|--|--|---|--|--|--|--|

| | | | | | | | | | | | |
|-----|---|---|--|--|---|---|----|--|---|---|---|
| 4.4 | 2 | C | Scottish Child Abuse Inquiry | | | | | | | | |
| | | | <p>Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care.</p> <p>Capacity to meet the demands of the S21 notice and the possibly increased demand of access to records and potential claims against the Council as Inquiry work progresses</p> | <p>Adult Protection Committee and Child Protection Committee have been sighted on these issues.</p> <p>Clear process for managing historical cases and protocol in place with Legal Services.</p> <p>Work completed to date on S21 notice as far as possible (likely to be further requests from enquiry team)</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made</p> | 4 | 3 | 12 | <p>Debriefing session to take place for children's managers to identify key learning from this work and any implications for future staff briefings/ training etc.</p> | 30.09.2020 | 4 | 3 |
| 4.1 | 3 | C | Child Protection, Adult protection and Multi-Agency Public Protection Arrangements | | | | | | | | |
| | | | <p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPAs) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p> | <p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPAs meetings deal with strategic and practice issues.</p> <p>Service Manager ASP has responsibility for chairing Case Conferences and leading on self evaluation and audit activity.</p> <p>Risk assessment integral part of the assessment process</p> <p>Interim APC Chair in place</p> <p>New Service Manager ASP commenced in post May-2020</p> <p>Council officer and managers forums established</p> | 2 | 4 | 8 | <p>Develop new schedule for performance reporting for adult services.</p> <p>Review Quality assurance framework for ASP activity annually.</p> <p>Engagement with social workers not yet vetted to NPPV status. Increase in vetting coverage for criminal justice has improved but focus engagement consulting with non-vetted Social Workers for NPP status.</p> <p>Introduce rolling review of PVGs on 3 yearly basis. Consistent with Care Inspectorate regulations</p> | <p>13/11/2020</p> <p>31/10/2020</p> <p>31/12/2020</p> <p>31/03/2021</p> | 1 | 4 |

| | | | | | | | | | | |
|--|--|--|---|--|--|---|------------|--|--|--|
| | | | <p>Rolling programme of All front line managers provided with refresher training concerning statutory compliance.</p> <p>Partnership working is at an advanced stage with Police Scotland, NHS, Scottish Prison Service and other statutory partners.</p> <p>Job descriptions for statutory criminal justice social work posts in East Renfrewshire have been amended and candidates are required to be eligible to achieve NPPV (Non Police Personal Vetting) level 2 vetting status.</p> <p>Quarterly external audit of MAPPA cases in place.</p> <p>Multi Agency Risk Assessment Conference (MARAC) fully operational (05.03.19)</p> <p>"Safe Together" model implemented.</p> <p>PVG (Protecting Vulnerable Groups) scheme in place</p> <p>Increased communication and intelligence sharing with other statutory bodies implemented during Covid-19</p> <p>New Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.</p> <p>Data report and outcome report for children's services completed (COPP - May 2020)</p> | | | Strengthen reporting arrangements around SSSC registrations | 31.03.2021 | | | |
|--|--|--|---|--|--|---|------------|--|--|--|

| 4 | S | 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 and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food.</p> <p>5) Financial risks relating to COVID 19 There is a significant financial implication to the IJB if the costs of the response to the crisis are not fully funded. There may be longer term implications that may have financial impact.</p> | <p>The CFO provides regular financial advice and reporting to IJB, including savings progress</p> <p>Budget seminars are held with IJB Members</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in the budget setting process with each of our partners and tri-partite discussions take place with Partner engagement included in Strategic Improvement Action Plan</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including prescribing and hosted services.</p> <p>The use of earmarked reserves allows us to deal with prescribing volatility in any one year.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGCC.</p> <p>Planning for Brexit implications taking place at both national and local levels.</p> <p>Covid-19 cost monitoring takes place monthly and informs our revenue reporting as well as reporting to the Scottish Government through NHSGCC</p> | 3 | 4 | 12 | <p>Conclude review of hosted service arrangements (indicative date)</p> <p>Plan for the 2021/22 budget</p> <p>Review and revise the medium term financial plan</p> <p>Continue to develop the tri-partite financial planning discussions with partners.</p> <p>Detailed financial planning and monitoring on COVID 19 is in place and costs are considered by the Scottish Government as part of the NHSGCC response.</p> | 31/03/2021 | 31/03/2021 | 31/03/2021 | 31/13/2021 | 31/03/2021 | 3 | 4 | 12 | Chief Financial Officer |

| | | | | | | | | | | | | |
|-----|---|---|--|---|---|---|----|--|------------|---------|---------|---|
| 5.2 | 5 | C | 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>We work with the 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 undertaken</p> <p>Independent learning review concluded – action plan developed following recommendations and plan to disseminate learning agreed.</p> | 4 | 3 | 12 | <p>Implement learning from independent review of recent provider failure</p> <p>Work with providers at risk to agree phased and managed approach to closure if required</p> | 31/10/2020 | Ongoing | 3 | 3 |
| 6 | | C | Access to Primary Care | | | | | | | | | |
| | | | <p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>Inability to recruit/cover posts resulting in poor access for local residents.</p> | <p>Stage 2 bid submitted for Newton Mearns hub as part of the GGC capital prioritisation process. Awaiting feedback</p> <p>Primary Care Improvement Plan agreed by IJB</p> <p>Local practices are supported to manage list size by encouraging patients from out with the practice's contracted catchment area to register with a GP more local to them.</p> <p>Work with practices to maximise premises capacity to enable them to extend primary care team</p> <p>Back scanning completed for practices to ensure all East Renfrewshire practices notes are scanned to free up space.</p> | 3 | 3 | 9 | <p>Work with planning department to consider impact and mitigation for new housing developments</p> <p>Meet regularly with GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Within clusters explore space availability within practices to support the extending Primary Care team as outlined in the PCIP.</p> | Ongoing | Ongoing | Ongoing | 3 |

| | | | | | | | | | | | | | |
|-----|---|---|---|--|---|---|----|--|----------------------------------|----------------------------------|------------|---------|---|
| 5.1 | 7 | C | Increase in Older population | | | | | | | | | | |
| | | | <p>Increase in older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p> | <p>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 wider council prevention and early intervention strategy for older people.</p> <p>Agile working for HSCP employees improved 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.</p> <p>Rollout of Talking Points commenced May 19</p> | 4 | 4 | 16 | <p>Conclude redesign work focusing on rehabilitation and frailty pathways</p> <p>Further rollout of Talking Points as part of Community Led Support programme diverting people to community resources and building own assets.</p> <p>Continue Council funding for demographic cost pressures</p> <p>Unscheduled Care Action Group to take forward agreed unscheduled care commissioning programme of activity - Financial Framework to be agreed.</p> | 31/03/2021 | Ongoing | Ongoing | 4 | 2 |
| 8 | | C | Workforce Planning and Change | | | | | | | | | | |
| | | | <p>Lack of appropriately skilled workforce due to the combination of loss of experience from retirement of ageing workforce and changes to registration and job requirements leads to a reduction in service levels and inability to deliver redesigns in line with Strategic Plan requirements. Use of temporary contracts as mitigation for financial</p> | <p>2019/20 workforce plan update complete.</p> <p>All intensive services staff made permanent (late 2019).</p> <p>Workforce planning group established (although on hold due to Covid-19)</p> <p>HSCP management team actively review of all request to recruit.</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from</p> | 3 | 4 | 12 | <p>Develop Workforce Statement for 2020/21 (<i>The 3 year Workforce Plan has been postponed</i>)</p> <p>Restart Workforce Planning Group following receipt of SG guidance</p> <p>Improve partnership workforce planning working with providers in line with developing strategic commissioning plan</p> <p>Develop workforce information to include data on staff with long</p> | DATE TBA PENDING SG ADVICE | DATE TBA PENDING SG ADVICE | 31/03/2021 | Ongoing | 2 |

| | | | | | | | | | | | | | | |
|------------|-----------|----------|---|---|----------|----------|-----------|---|---------------------------|----------|----------|----------|--------------------|--|
| | | | uncertainty impacts on ability to recruit and retain staff. | Covid-19 and our response to the emergency). | | | | term health conditions to better understand the impact of covid-19 on service delivery | | | | | | |
| | | | | | | | | Continue to provide personalised supports to the workforce in relation to trauma experienced during covid-19 | Ongoing | | | | | |
| 2.2 | 10 | C | Increase in children & adults with additional support needs | | | | | | | | | | | |
| | | | Increase in the number of children and adults with additional support requirements leading to a rise in demand on services. | Appointed Advanced Practitioner to improve practice across adult and children services in preparing young people with additional support needs for adulthood Analysis of demographic changes. Increased financial forecasting. Children's Services redesign implemented Inclusive Support redesign completed and implemented (April 2019) Education Resource Group to manage specialist resources and admission to specialist provision Phase 1 Fit for the Future Redesign implemented The Resource Allocation Group (RAG) has strengthened its membership to include an educational psychologist and occupational therapist | | | | HSCP/Education to meet to look at strengthening transition arrangements Council continues to contribute to funding to demographic cost pressures | 31/10/2020 Ongoing | | | | | |
| | | | | | 4 | 3 | 12 | | | 4 | 2 | 8 | Chief Officer HSCP | |

| | | | | | | | | | | | | | | |
|-----|----|---|---|---|---|---|----|---|------------|--|---|---|---|---------------------|
| 5.3 | 11 | C | In-House Care at Home Service | | | | | | | | | | | |
| | | | <p>Significant pressures and lack of service capacity (vacancies and absence) impacts on service delivery and quality standards Impact on service users and carers Reputational risk to HSCP and Council Risk of enforcement action should we fail to meet the Care Inspectorate requirements</p> | <p>Ongoing transfer of some packages to external providers to ensure capacity</p> <p>Increased resource to support robust absence management</p> <p>Recruitment campaign complete - additional care at home staff recruited.</p> <p>Medication policy in place</p> <p>Medication management training embedded in rolling training programme</p> <p>Oversight Board chaired by Chief Executive established.</p> <p>Improvement Task Force overseeing phase 2 of improvement activity re-established</p> <p>Regular updates being provided to CI</p> <p>Performance management of reviewing activity in place through weekly reporting</p> <p>Co-location during Covid-19 to Care at Home Hub has had Positive impact on relationships and performance</p> <p>Embedded full time Pharmacy resource within the service (Jul-20)</p> <p>Permanent Registered Manager to commence in post (Aug-20)</p> | 3 | 4 | 12 | <p>Increase level of quality assurance.</p> <p>Roll out medication management training to remaining staff.</p> <p>Arrangements for singular base for Care at Home to be agreed (and allow for resolution of longstanding telecommunication issues for the service)</p> <p>Re-mobilise the service redesign activity</p> | 01.09.2020 | | | | | |
| | | N | Failures within IT System | | | | | | | | | | | |
| | | | <p>Critical information not been received due to failures in IT system</p> <p>Emails from outside the East Renfrewshire domain have been blocked or receipt</p> | <p>Specific email addresses can be added to whitelist if required</p> <p>Emails can be manually released</p> <p>Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway</p> | 3 | 2 | 6 | <p>Undertake analysis of referral source and destination mapping, to ensure information can be shared with ICT mailboxes and specific senders / emails prioritised, should an issue arise</p> | 31.10.2020 | | 2 | 2 | 4 | IT Business Partner |

| | | | | | | | | | | | |
|--|----------|---|---|---|---|----|--|---|---|---|---|
| | | failed due to ERC and 3rd party technical system issues. | solution) concluded 14.4.20 with changes to rules that should reduce some of the technical complexity with regards to email blocking. | | | | Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure | TBC | | | |
| | N | COVID19 & RECOVERY | | | | | | | | | |
| | | Emergence of a pandemic disease with potential to significantly impact our workforce, supply chain, demand for and availability of services, IT, accommodation, and resultant impact on financial and service planning. | <p>Business Continuity and Operational Recovery Plans are in place.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC & NHSGGC) response and recovery.</p> <p>Weekly care home staff testing and surveillance testing if residents with daily calls to oversee.</p> <p>Resilience Management Team established (currently stood down) although regular sit rep reporting remains in place</p> <p>Agile working capability for majority of staff</p> <p>Recovery Steering Group established with 7 key workstreams; Governance, Accommodation, Workforce, Partner Organisations, IT, PPE and Change Programme</p> <p>Interim ASP Team established and core group of staff identified to oversee CP and MAPPA statutory functions.</p> <p>Risk assessment and shielding pathways and procedures in place to identify and support our most vulnerable people</p> <p>Increased awareness raising/ campaigns for vulnerable groups</p> | 4 | 3 | 12 | <p>Further scoping of accommodation and resource requirements in relation to adult vaccinations over the winter period.</p> <p>Reintroduction of services as outlined in Operational Recovery Plan linked to the Scottish Government Routemap. This includes planned changes to accommodation and activity supported by recovery plans.</p> <p>Regular sit rep reporting identifies changes in response and recovery and identifies escalations.</p> <p>Weekly recovery meeting to review progress.</p> <p>SMT focus on recovery</p> | <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> | 3 | 3 | 9 |

| | | | | | | | | | | | | |
|--|--|----------|---|--|----------|----------|----------|--|------------|----------|----------|----------|
| | | | <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including supporting Care Homes.</p> <p>Revised Initial Contact Team procedures to alleviate pressures at 'front door'.</p> <p>Redeployment of staff to support critical functions.</p> <p>Infection control procedures and arrangements for PPE in place. PPE Lead linking with local partner groups and national Hub working group.</p> <p>Monthly Covid-19 cost monitoring informs our revenue reporting as well as reporting to the Scottish Government through NHSGCC</p> <p>All operating procedures and accommodation for Community Assessment Centre (currently closed) but clinical space being maintained.</p> | | | | | | | | | |
| | | N | ANALOGUE TO DIGITAL SWITCHOVER | | | | | | | | | |
| | | | <p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p> | <p>Programme board established and programme team currently being recruited to take forward the transition to analogue to digital</p> <p>HSCP representation on programme board</p> <p>Analogue to digital implementation plan</p> | 3 | 3 | 9 | <p>Programme board to ensure a functional central system capable of handling digital technology is implemented in suitable timeframe.</p> <p>There is a Capital Project with our partner East Renfrewshire Council to manage replacement of analogue devices and peripherals within people's houses.</p> | 31.03.2022 | 2 | 3 | 6 |

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Report on Audit of IJB Risk Management

| <u>Contents</u> | <u>Page No</u> |
|----------------------------|-----------------------|
| Introduction | 1 |
| Scope | 1 |
| Findings & Recommendations | 1-2 |
| Action Plan | 3 |

Chief Auditor
MB/1118/RM
21 February 2020

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Report on Audit of IJB Risk Management**1. Introduction**

As part of audit coverage of the Integrated Joint Board (IJB), a review of risk management was carried out. This is the first occasion that this area has been the subject of an audit.

2. Scope

The review covered the following key control objectives:

- Risk management policy and strategy is adhered to
- Risk registers are regularly updated and reported to IJB
- Actions noted as being required to mitigate risks are SMART
- Actions in place to mitigate risks can be evidenced
- Risk ratings appear reasonable in light of actions in place and after further proposed actions are taken to mitigate risks further

The objectives of the audit were agreed by the IJB Performance and Audit Committee on 25 September 2019.

3. Conclusion

An update of the IJB Strategic Risk Register (SRR) is a standing agenda item for each meeting of the Performance and Audit Committee. Each update covering report includes a useful paragraph highlighting any changes from the previous update in terms of new risks added or updated/removed risks. The findings in this report are considered to be minor and all categorised as low risk. Some of the proposed risk control measures could be clearer as to timescale for implementation.

The following points are made and require attention:

4. Findings and Recommendations**4.1 Risk scores**

In the latest update of the SRR as submitted to the Performance & Audit Committee on 27 November 2019, there are 32 proposed control measures. Of these, 14 show “ongoing” in the column headed “Completion date for proposed Risk Control Measure”. This makes it difficult to verify in terms of whether this means ongoing implementation, or full implementation has been achieved and continues to operate, or the control has yet to be started and is in development only.

One of the proposed risk control measures did not show any entry in this column.

Recommendation

4.1.1 In the column headed “Completion date for proposed Risk Control Measure” all proposed risk control measures should show an implementation date for being put in place or a review date where they are “ongoing”.

4.2 Format of operational risk registers

A check of the 15 HSCP operational risk registers which have been updated in 2019 highlighted that two are using the NHS template, others are using the Council’s format. There are good features in both, but different information is

being shown. For example, there are no actual risk scores in the NHS version, only high, medium or low. There are also no proposed control measures, only those deemed to be currently in place. The Head of Finance and Resources stated that it is necessary to have both formats as whichever organisation operates the service should be responsible for ownership of the register.

Three operational risk registers were selected at random and two control measures checked for each. Two of these registers were found to be in the previous Council format which is several years out of date. Specifically, the previous version did not require specific timescale to be provided for proposed control measures.

Recommendation

4.2.1 The most recent version of the ERC operational risk register should be used in all cases.

4.3 SMART control measures

A sample of control measures was selected on a random basis from both the SRR and operational risk registers. Efforts have been made to make the control measures more SMART. However, it was found that some of the control measures were easier to demonstrate and evidence as complying with SMART criteria than others. It was also noted that some of the risks had a large number of control measures listed which possibly reflects the wide-ranging, far reaching and high level nature of some of the risks however not all of them were actual control measures, rather notes or comments.

Recommendation

4.3.1 Control measures should comply with SMART criteria and consideration given to removing or annotating as notes those which are not genuine controls.

4.4 Business Continuity Plan

Two of the operational risk registers sampled included as a control measure that a Business Continuity Plan is in place. When Audit asked to see these, in both cases the Business Impact Assessment which is different from the Plan was provided. It is acknowledged that the business impact assessment is the initial document used to form the business continuity plan. One of these was an NHS operational risk register and business impact assessment and therefore may be included within a wider NHS business continuity plan.

Recommendation

4.4.1 Either the Business Continuity Plans should be provided to Audit or the risk registers amended to refer to the Business Impact Assessment as the risk control measure in place.

Chief Auditor
21 February 2020

ACTION PLAN

| Risk Ratings for Recommendations | |
|---|--|
| High | <ul style="list-style-type: none"> • Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole. • Corrective action must be taken and should start immediately. |
| Medium | <ul style="list-style-type: none"> • There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole. • Corrective action should be taken within a reasonable timescale. |
| Low | <ul style="list-style-type: none"> • Area is generally well controlled or minor control improvements needed. • Lower level controls absent, not being operated as designed or could be improved |
| Efficiency | <ul style="list-style-type: none"> • These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice. |

| Ref. | Recommendation | Risk Rating | Accepted Yes/No | Comments (if appropriate) | Officer Responsible | Timescale for completion |
|-------------|--|--------------------|------------------------|---|-------------------------------|---------------------------------|
| 4.1.1 | In the column headed "Completion date for proposed Risk Control Measure" all proposed risk control measures should show an implementation date for being put in place or a review date where they are "ongoing". | Low | Yes | Where a risk control measure is ongoing a review date will be added. | Head of Finance and Resources | 23-09-2020 |
| 4.2.1 | The most recent version of the ERC operational risk register should be used in all cases. | Low | Yes | Where the ERC format is appropriate we will ensure the current version is used. The revised Risk Management Policy was issued to SMT in March and a follow up check will be done to ensure the most recent version is being used by operational services. | Head of Finance and Resources | 31-03-2021 |

| Ref. | Recommendation | Risk Rating | Accepted Yes/No | Comments (if appropriate) | Officer Responsible | Timescale for completion |
|-------|--|-------------|-----------------|---|--|--------------------------|
| 4.3.1 | Control measures should comply with SMART criteria and consideration given to removing or annotating as notes those which are not genuine controls. | Low | Yes | The IJB risk register will be reviewed to ensure all measures comply with SMART criteria. | Head of Finance and Resources | 23-09-2020 |
| 4.4.1 | Either the Business Continuity Plans should be provided to Audit or the risk registers amended to refer to the Business Impact Assessment as the risk control measure in place | Low | Yes | The HSCP Business Continuity Plan has been updated and a copy shared with Audit. | Business Manager: Resources & Recovery | 01-06-2020 |



| | | | | | | | |
|---|---|-----|--------------------------|-------|--------------------------|------------|----------------|
| Meeting of East Renfrewshire Health and Social Care Partnership | Integration Joint Board | | | | | | |
| | Performance and Audit Committee | | | | | | |
| Held on | 23 September 2020 | | | | | | |
| Agenda Item | 12 | | | | | | |
| Title | CALENDAR OF MEETINGS 2021 | | | | | | |
| Summary: | | | | | | | |
| Proposed meetings dates for the committee for 2021. | | | | | | | |
| Presented by | Eamonn Daly, Democratic Services Manager, East Renfrewshire Council | | | | | | |
| Action required: | | | | | | | |
| That the committee approves the proposed meeting dates for 2021 | | | | | | | |
| Implications checklist – check box if applicable and include detail in report | | | | | | | |
| Financial | <input type="checkbox"/> | HR | <input type="checkbox"/> | Legal | <input type="checkbox"/> | Equalities | Sustainability |
| Policy | <input type="checkbox"/> | ICT | <input type="checkbox"/> | | <input type="checkbox"/> | | |

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

23 September 2020

Report by Chief Officer

CALENDAR OF MEETINGS

PURPOSE OF REPORT

1. To seek approval of proposed meetings dates for the committee for 2021.

RECOMMENDATION

2. That the committee approves the proposed meeting dates.

REPORT

3. The 2021 calendar of meetings for the Integration Joint Board was approved at the meeting in June and subsequently amended at the meeting on 12 August. In view of this it is considered prudent for the committee to also consider proposed 2021 meeting dates.

4. As for previous years, it is proposed that the committee meets on 4 occasions during the year. To maximise attendance it is proposed to continue the arrangement that the meetings are held on the same day and at 9am prior to 4 meetings of the IJB. 2 of the 4 meetings will be held prior to the consideration of the draft and final accounts by the Board, (June and September) whilst the remaining meetings will take place prior to the meetings of the Board taking place in March and November. All meeting will continue to be virtual until further notice but in the event that in person meetings resume they will be held in the Eastwood Health and Care Centre.

5. The dates in full are as follows:-

Wednesday 17 March

Wednesday 23 June (including draft accounts)

Wednesday 22 September (including annual accounts)

Wednesday 24 November

FINANCE AND EFFICIENCY

6. There are no financial implications arising from this report.

IMPLICATIONS OF THE REPORT

7. There are no implications in respect of staffing, property, legal IT, equalities or sustainability arising from this report.

CONCLUSIONS

8. Confirmed meeting dates will help committee members to more efficiently manage their diaries and ensure that they are able to maximise attendance at Board meetings.

RECOMMENDATION

9. That the committee approves the proposed meeting dates.

REPORT AUTHOR AND PERSON TO CONTACT

Name: Eamonn Daly, Democratic Services Manager, East Renfrewshire Council:

Tel: 0141 577 3023

Email address: eamonn.daly@eastrenfrewshire.gov.uk

BACKGROUND PAPERS - NONE