

Date: 18 June 2021
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD PERFORMANCE AND AUDIT COMMITTEE

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD - PERFORMANCE AND AUDIT COMMITTEE

A meeting of the East Renfrewshire Integration Joint Board Performance and Audit Committee will be held on **Wednesday 23 June 2021 at 1.00 pm.**

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 JUNE 2021**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1 Apologies for absence**
- 2. Declaration of Interests**
- 3. Draft Minute of meeting of 25 November 2020 (copy attached, pages 5 - 10).**
- 4. Matters Arising (copy attached, pages 11 - 14).**
- 5. Rolling Action Log (copy attached, pages 15 - 18).**
- 6. Audit Scotland Annual Audit Plan (copy attached, pages 19 - 34).**
- 7. Unaudited Annual Report and Accounts (copy attached, pages 35 - 110).**
- 8. 2021-21 End Year Performance Update and Postponement of Annual Performance Report (copy attached, pages 111 - 150).**
- 9. Self-Directed Support (copy attached, pages 151 - 156).**
- 10. Audit Update (copy to follow).**
- 11. IJB Strategic Risk Register Update (copy attached, pages 157 - 174).**
- 12. Calendar of Meetings 2022 (copy attached, pages 175 - 178).**
- 13. Date of Next Meeting – Wednesday 22 September 2021 at 9am.**

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NOT YET ENDORSED AS A CORRECT RECORD

AGENDA ITEM No.3

**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 25 November 2020**

PRESENT

Anne-Marie Monaghan, NHS Greater Glasgow and Clyde Board (Chair)

Councillor Caroline Bamforth	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Councillor Barbara Grant	East Renfrewshire Council co-opted member
Anne Marie Kennedy	Non-voting IJB member
Councillor Alan Lafferty	East Renfrewshire Council

IN ATTENDANCE

Liona Allison	Assistant Committee Services Officer
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Aimee MacDonald	Audit Scotland
Lee McLaughlin	Head of Recovery and Intensive Services
Candy Millard	Head of Adult Health and Social Care Localities
Julie Murray	Chief Officer - IJB
Steven Reid	Policy, Planning and Performance Manager

APOLOGIES FOR ABSENCE

Heather Molloy	Scottish Care
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INTRODUCTORY REMARKS

1. Ms Monaghan welcomed Councillor Lafferty to his first meeting of the committee following his recent appointment to the IJB as replacement for Councillor O’Kane.

DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING

3. The committee considered and approved the Minute of the meeting of 23 September 2020.

MATTERS ARISING

4. The Board considered a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

The Chief Financial Officer was heard further on the benchmarking exercise carried out by the Council's Chief Auditor examining the split of audit time between specific IJB and HSCP work. The exercise had shown from the responses received that the split was comparable. She also confirmed that there was contingency time available if required.

Having heard the comments made Ms Forbes explained that through personal experience she had seen levels of variation. She further clarified that a number of functions which although carried out by the Council impacted on the operation of the HSCP, for example payroll, were audited but the results were not reported to the committee. She explained that this would provide the committee with reassurance that no relevant matters were being overlooked.

In reply the Chief Financial Officer explained that discussions about the reporting of such functions to committee had taken place when the committee had been set up. The view had been taken that in many cases these audits were part of a Council-wide or NHS-wide audit and that reporting these matters to the committee would be duplication. She also highlighted that it had been agreed to co-opt a member of the Council's Audit & Scrutiny Committee to the committee to provide the link between scrutiny by the Council and scrutiny by the committee. Reference was also made to the Chief Auditor's Annual Assurance Statement whereby the Chief Auditor had to be satisfied that the arrangements in place in the HSCP were satisfactory.

However the Chief Financial Officer agreed to review the way in which matters were reported to the committee to provide the reassurances sought by Ms Forbes, the Chief Officer suggesting that this could be by way of providing a list of audits conducted by the Council and NHSGGC with actions for the HSCP.

The Chief Financial Officer having also confirmed in response to Ms Monaghan that an audit actions update report would be brought to the next meeting, the committee noted the report.

ROLLING ACTION LOG

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

The Chief Financial Officer provided an update in respect of the open actions explaining that the indicative dates for action in the report would be COVID-dependent.

The Committee noted the report.

MID-YEAR PERFORMANCE UPDATE 2020-21

6. The committee considered a report by the Chief Officer providing an update on key performance measures relating to the delivery of strategic priorities set out in the HSCP Strategic Plan.

The report explained that due to the ongoing COVID-19 pandemic the availability of mid-year data was more limited than normal although it was highlighted that there was usually a smaller number of updates compared with end-year information in any case. Furthermore it was reported that the normal reporting of data trends against established targets was less meaningful for many indicators due to the impact of COVID-19 on provision during the reporting

period April to September 2020. Consequently the format of the report differed from previous reports considered by the committee, including data for mid-year and any updated end-year data for indicators from the Strategic Plan that had not previously been reported to the committee and also including a summary analysis of the latest Ministerial Strategic Group (MSG) indicators relating to unscheduled care and a brief summary of headline data from our recent social care return.

Having explained further the layout and content of the report it was explained that the available data showed that despite the pressures of the pandemic there had been strong performance across a range of activities including supporting independent living for older people and people with long-term conditions; and quality of life outcomes for unpaid carers. Minimising delayed discharges, A&E attendance reduction and unplanned hospital admissions had also seen improved performance although these measures had been impacted by the pandemic and figures had started to rise following lockdown.

The report also referred to areas of continuing challenge. These included waiting times for CAMHS and psychological therapies although there had been evidence of improved performance pre-lockdown. First quarter complaints data had seen a deterioration of performance although it was recognised this was during a period of exceptional pressure on staff and other services which had been significantly affected by the pandemic such as Community Payback Orders (CPOs) and alcohol recovery services which were showing signs of recovery.

The Policy, Planning and Performance Manager provided further comment on the report. In particular he referred to the significant increase in demand for CAMHS and psychological services during the pandemic. Quarterly figures showed a significant drop for Q1 and Q2 for people being seen within 18 weeks. Notwithstanding there had been significant recovery over Q2 with figures in the 40s during July rising up to 74% on target for September. Latest weekly figures showed recovery up to 80% on target. Improvements were also being seen in psychological services with figures for mid-November showing 78% on target.

It was also noted that performance on delayed discharges had been significantly affected by the pandemic with in many cases patients not being able to be discharged into care homes.

Full discussion then took place and in response to comments from Councillor Grant on CAMHS waiting times the Chief Officer highlighted the efforts being put in to reduce waiting times. She emphasised that prevention was key and the Chief Social Work Officer in collaboration with colleagues in the Education Department was developing a COVID recovery team to be based in schools. The purpose of the team would be to provide support for pupils with mental health issues to remove the need for referral to CAMHS. The Chief Social Work Officer would be presenting a report on the development of the service to the IJB in February.

Responding to a number of questions from Ms Forbes the Policy, Planning and Performance Manager confirmed that he would provide information on the number of CPOs that would be expected in normal circumstances. He confirmed that in relation to delayed discharges the information provided related only to NHSGGC acute services and acknowledged that further investigation was required to establish if there were any delayed discharges in the Lanarkshire Health Board area that impacted on the HSCP. Finally he clarified that the increase in A&E attendance was most likely due to a relaxation of the restrictions imposed as a result of COVID-19.

Councillor Bamforth supported the comments made by the Chief Officer in relation to the new school based service to assist diversion from CAMHS and to the role of the Family Wellbeing Service on easing the pressure on CAMHS. She also referred to challenges associated with adults with incapacity and to the drop in the total number of homecare hours provided from Q2 to Q4 and to whether there was service capacity to restore these.

In response the Chief Officer outlined the challenge facing the service in relation to adults with incapacity; to ongoing national discussions between the Cabinet Secretary and Chief Officers and to the development of a national campaign. In response to the total number of homecare hours provided the Chief Officer explained that recording methods had been changed and it would be clarified if this was the reason for the drop in the number of hours provided.

Having heard the Head of Recovery and Intensive Services commend staff for their efforts in providing services in such challenging circumstances and the committee having offered its own thanks to staff for their efforts, the committee noted the report.

AUDIT SCOTLAND – COVID-19 GUIDE FOR AUDIT AND RISK COMMITTEES

7. Under reference to the Minute of the previous meeting (Item 9 refers), the committee took up consideration of a report by the Chief Financial Officer advising of the response to the guidance issued by Audit Scotland on key issues for consideration by audit and risk committees during the COVID-19 pandemic.

The report reminded the committee of the publication in August 2020 of new guidance entitled *Guide for Audit and Risk Committees* on key issues for consideration by audit and risk committees during the COVID-19 pandemic. The guidance posed a series of questions designed to assist auditors and public bodies to effectively scrutinise key areas that required additional focus. These included internal control and assurance; financial management and reporting; governance; and risk management.

The committee had agreed that the Chair and Vice Chair of the committee, supported by the Chief Financial Officer and Chief Auditor, consider the questions posed as part of the 2020/21 audit work to support the IJB's governance arrangements and submit a report to a future meeting of the committee.

The report explained that the issues raised had now been considered as agreed by the committee and it had been determined that there were no issues of concern. An appendix setting out the questions posed by Audit Scotland and the corresponding response setting out the IJB's position accompanied the report.

Welcoming the report Ms Forbes reported that she had spoken with the Chair of the NHSGGC Audit Committee in respect of the guidance. It had been confirmed that the NHSGGC auditor would be conducting a review to make sure that NHSGGC had appropriate arrangements in place. She would provide an update in due course.

Noting the information from Ms Forbes, the committee noted that following consideration of the issues raised by Audit Scotland in their guide no issues of concern had been identified.

IJB STRATEGIC RISK REGISTER UPDATE

8. Under reference to the Minute of the previous meeting (Item 11 refers), the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report.

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 23 September and explained that since then there had been no change in risk scores, no new risks added or and existing risks removed from the register.

Details of those risks still considered to be high or significant post-mitigation were outlined. It was highlighted that financial sustainability continued to be a high/red risk as last reported and that this was still considered red post-mitigation reflecting the current economic climate and

uncertainty around COVID-19 and Brexit implications. It was also highlighted that although “Failure of a Provider” was considered as a medium level risk post-mitigation it was still considered to be a significant risk given the potential impact on service delivery.

The committee noted the report.

DATE OF NEXT MEETING

9. It was reported that the next meeting of the committee would take place on Wednesday 17 March 2021 at 9.00am.

CHAIR

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	23 June 2021
Agenda Item	4
Title	Matters Arising
Summary	
<p>The purpose of this paper is to update members of the Performance and Audit Committee on progress regarding matters arising from the discussion which took place at the meeting of 25 November 2020.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

23 June 2021

Report by Chief Officer

MATTERS ARISING

PURPOSE OF REPORT

1. To update the Integration Joint Board on progress regarding matters arising from the discussion that took place at the meeting of 25 November 2020.

RECOMMENDATION

2. Integration Joint Board members are asked to note the contents of the report.

REPORT

CAMHS and Family Wellbeing Service

3. At the last meeting it was requested that an update showing the impact of the new COVID recovery team on service demand for both CAMHS and Family Wellbeing Service be presented to the IJB. This has been deferred to September as due to ongoing pandemic full impact has not yet been fully assessed. There is ongoing work at NHSGGC level.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

Julie Murray, IJB Chief Officer
julie.murray@eastrenfrewshire.gov.uk

June 2021

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	23 June 2021
Agenda Item	5
Title	Rolling Action Log
Summary	
The attached rolling action log details all actions, including those which have been completed since the meeting on 25 November 2020.	
Presented by	Julie Murray, Chief Officer
Action Required	
Members are asked to note progress.	

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ACTION LOG: Performance and Audit Committee (PAC)

March 2021

Action No	Meeting Date	Item No	Item Name	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
12	25.11.2020	4	Matters Arising	Bring update reports on the CareFirst audit and Audit Scotland action plan 2 recommendations to the March meeting of the committee.	Chief Financial Officer	CLOSED	Jun-21	Included in Audit Update to PAC 23.06.21
11	25.11.2020	4	Matters Arising	Look at ways in which those audit matters reported to the partner organisations can be reflected in reports to the IJB and the committee.	Chief Financial Officer	CLOSED	Mar-21	Included in Audit Update to PAC 23.06.21
10	25.11.2020	6	Mid-Year Performance Update 2020-21	Submit a report to the next meeting of the IJB showing the impact of the new COVID recovery team on service demand for both CAMHS and FWS.	Chief Social Work Officer	OPEN	Mar-21	Deferred to September
9	25.11.2020	6	Mid-Year Performance Update 2020-21	Get back to Jacqui Forbes with details of the numbers that would have been expected in normal circumstances for CPOs.	Policy, Planning and Performance Manager	CLOSED	Mar-21	Shows 79% reduction on previous year. Full details in Performance Update 23.06.21
8	25.11.2020	7	Audit Scotland: COVID-19 Guide for Audit and Risk Committees	Note that Jacqui Forbes will report back once the GGC audit committee has considered a report on the guide and GGC levels of compliance.	-	OPEN	Jun-21	Asked Jacqui if she wants to note anything
6	23.09.2020	5	Audit Scotland Report 2019/20	Carry out the agreed actions as contained in the action plan	Chief Financial Officer	CLOSED	Jun-21	SUPERCEDED BY ACTION 12
5	23.09.2020	6	Annual Report and Accounts 2019/20.	Work on the development of an easy-read version of the report and accounts	Chief Financial Officer	OPEN	Nov-21	We will aim to put this in place for the next annual report and accounts
4	23.09.2020	7	East Renfrewshire HSCP Annual Performance Report 2019/20	Submit a report to a future meeting of the committee of the impact of the Family Wellbeing Service on CAMHS waiting times.	Chief Officer	OPEN	Mar-21	This will be included in detail next year's annual report on the Family Wellbeing Service. An update report will be brought to the March meeting of the committee.
3	23.09.2020	8	Self-Directed Support – 2017 Progress Report – Impact Report published by Audit Scotland	Submit a report to a future meeting of the committee on future SDS development activity following local self-evaluation to include examples of how the SDS agenda fits with the telecare/telehealth agenda.	Head of Recovery and Intensive Services	CLOSED	Jun-21	Report included on PAC agenda 23.06.21
1	23.09.2020	10	Contracts and Exceptions Update to June 2020.	Submit a report to a future meeting on service implications following the next intake of care providers to the national framework.	CFO	CLOSED	Jun-21	Incorporated within Recovery and Renewal Programme

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East Renfrewshire Integration Joint Board

Annual Audit Plan 2020/21



 AUDIT SCOTLAND

Prepared for East Renfrewshire Integration Joint Board

April 2021

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Risks and planned work

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

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

3. The public health crisis caused by the coronavirus disease 2019 (COVID-19) pandemic has had a significant and profound effect on every aspect of Scottish society. Public services have been drastically affected, requiring immediate changes to the way they are provided. The impact on public finances has been unprecedented, which has necessitated both the Scottish and UK governments providing substantial additional funding for public services as well as support for individuals, businesses and the economy. It is likely that further financial measures will be needed and that the effects will be felt well into the future.

4. Public audit has an important contribution to the recovery and renewal of public services. The Auditor General, the Accounts Commission and Audit Scotland are responding to the risks to public services and finances from COVID-19 across the full range of audit work including annual audits and the programme of performance audits. Audit Scotland views 2020/21 as a transitional year, leading in future to audit timetables which were possible before COVID-19. The well-being of audit teams and the delivery of high-quality audits remain paramount. Maintaining a pragmatic and flexible approach will enable change at short notice as new issues emerge, or current risks change in significance. Where this impacts on annual audits, an addendum to this annual audit plan may be necessary.

Adding value

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


Audit risks

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

Exhibit 1

2020/21 Significant audit risks

 Audit Risk	Source of assurance	Planned audit work
Financial statements risks		
<p>1 Management override of controls</p> <p>International Auditing Standards require that audits are planned to consider the risk of material misstatement in the financial statements caused by fraud, which is presumed to be a significant risk in any audit. This includes the risk of management override of controls.</p>	<p>Owing to the nature of this risk, assurances from management are not applicable in this instance.</p>	<ul style="list-style-type: none"> • Detailed testing of journal entries • Focused testing of accruals and prepayments • Evaluation of significant transactions that are outside the normal course of business • Cut-off testing.
<p>2 Impact of additional funding due to Covid-19 on the financial statements</p> <p>The Covid-19 pandemic has resulted in significant financial pressures for the Integration Joint Board. The Scottish and UK governments have announced a range of additional funding streams to support frontline services and help the organisation manage the financial pressures caused by Covid-19.</p> <p>This has also resulted in an associated increase in expenditure with some new expenditure streams. Total additional funding in 2020/21 for the IJB is expected to be in the region of £9.327 million. This additional income and expenditure includes a mixture of principle and agency transactions which are subject to different accounting considerations in the preparation of the financial statements.</p> <p>The IJB should ensure that any funding carried forward and recognised in the reserves balance does not include funding where they would be considered to be acting as the 'agent'.</p>	<p>There is an agreed process for identifying the additional costs associated with Covid-19 and the information for East Renfrewshire is included as part of the NHSGCC regular reporting to the Scottish Government.</p> <p>The local cost implications, expected funding, issues and risks are included in the revenue monitoring reporting to the IJB.</p> <p>All guidance will be followed in relation to the treatment of costs as principle or agent and only those funds where the IJB is principle will be reflected in our reserves.</p>	<ul style="list-style-type: none"> • Assess how the Integration Joint Board has processed and controlled the additional funding and associated expenditure, • Assess how the additional funding and associated expenditure impacts on the financial statements. • Review the Annual Report and Accounts and consider how the additional funding and associated expenditure has been reported.
Wider dimension risks		
<p>3 Financial sustainability – short term</p> <p>The financial plan for 21/22 outlines unfunded cost pressures of £4.38 million. The plan outlines savings identified to date of £522k and for budget phasing and in year pressure reserves to be utilised to a value of</p>	<p>The IJB is aware of the savings challenge and that the approach to achieving recurring savings of this magnitude will be very challenging.</p> <p>Given the complexity and numerous unknowns on the post Covid landscape,</p>	<ul style="list-style-type: none"> • Review ERIJB's reported outturn financial position as part of the financial statements audit • Assess the delivery of in-year savings programs • Review the robustness of future savings plans identified.

 Audit Risk	Source of assurance	Planned audit work
<p>£1.419 million. This results in an in year funding gap of £2.4 million.</p> <p>There is a risk that ERIJB will be unable to achieve a sustainable outturn position going forwards, particularly given the uncertainty around covid-19 and increasing service demands.</p>	<p>the demand for services and health implications on our population the transformation programme will be fundamental to service recovery and our savings will be an integral element.</p> <p>The transformation programme and the savings delivery will need to be an iterative process and in the event we cannot achieve the required level of savings during 2021/22 we will need to invoke the financial recovery process as defined in the Integration Scheme.</p>	

Source: Audit Scotland

7. As set out in ISA(UK) 240, there is a presumed risk of fraud in revenue recognition. We have rebutted this presumed risk in 2020/21 because, while the possibility of fraud exists, we do not judge it to be a significant risk due to the revenue streams coming from the partner bodies of NHS Greater Glasgow and Clyde and East Renfrewshire Council.

8. In line with Practise Note 10, as most public-sector bodies are net expenditure bodies, the risk of fraud is more likely to occur in expenditure. Due to the nature of the Integration Joint Board's expenditure, we have also rebutted the significant risk of material misstatement due to fraud in expenditure in 2020/21.

9. Assurances over the accuracy and completeness of IJB transactions will be obtained from the auditors of East Renfrewshire Council and NHS Greater Glasgow and Clyde. East Renfrewshire Council have implemented a new payroll system within 20/21, so we will look to seek appropriate assurances over the new system as part of our audit.

Reporting arrangements

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

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

12. We will provide an independent auditor's report to East Renfrewshire Integration Joint Board and Accounts Commission setting out our opinions on the annual report and accounts. We will provide the Accountable Officer and Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

Exhibit 2

2020/21 Audit outputs

Audit Output	Target date	Committee Date
Annual Audit Plan	30 April 2021	
Independent Auditor's Report	30 November 2021	TBC
Annual Audit Report	30 November 2021	TBC

Source: Audit Scotland

13. The statutory deadline for certifying the annual accounts has been pushed back to 31 October 2021 now extended to 30 November 2021. There is still considerable uncertainty around the impact of Covid-19 and therefore, our approach when necessary will be flexible. Whilst we will do our best to achieve the statutory deadlines, we are unable to make any definitive commitments to meeting them at this early stage of the audit. We will continue our ongoing and regular dialogue with finance staff to ensure they, and we, remain sighted on these challenges.

Audit fee

14. The agreed audit fee for the 2020/21 audit of the East Renfrewshire Integration Joint Board is £27,330 [2019/20: £26,560]. In determining the audit fee we have taken account of the risk exposure of East Renfrewshire Integration Joint Board, the planned management assurances in place and the level of reliance we plan to take from the work of internal audit. Our audit approach assumes receipt of the unaudited annual report and accounts, with a complete working papers package on 30 June 2021.

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

Responsibilities

Performance and Audit Committee and Chief Financial Officer

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

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

Appointed auditor

18. Our responsibilities as independent auditors are established by the 1973 Act for local government, and the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standard.

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

Audit scope and timing

Annual report and accounts

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

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

21. We will give an opinion on whether the financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the body as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code.
- 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.



characteristics



responsibilities



principal activities



risks



governance arrangements

Statutory other information in the annual report and accounts

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

23. We also review the content of the annual report for consistency with the financial statements and with our knowledge. We report any uncorrected material misstatements in statutory other information.

Materiality

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

25. Materiality values for East Renfrewshire Integration Joint Board are set out in [Exhibit 3](#). The values will be revisited upon receipt of the 2020/21 annual report and accounts.

Exhibit 3 Materiality values

Materiality	Amount
Planning materiality – This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 1% of gross expenditure for the year ended 31 March 2020 based on the latest audited accounts for 2019/20 and adjusted by an additional £9m to reflect estimated covid expenditure in year.	£1.850 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement, we have calculated performance materiality at 60% of planning materiality.	£1.115 million
Reporting threshold (i.e., clearly trivial) – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 5% of planning materiality.	£100,000

Source: Audit Scotland

Internal audit

26. Internal audit is provided by East Renfrewshire Council and is overseen by the Chief Internal Auditor. As part of our planning process we carry out an annual assessment of the internal audit function to ensure that it operates in accordance with the main requirements of the Public Sector Internal Audit Standards (PSIAS). ISA (UK)610 requires an assessment on whether the work of the internal audit function can be used for the purposes of external audit. This includes:

- the extent to which the internal audit function's organisational status and relevant policies and procedures support the objectivity of the internal auditors
- the level of competence of the internal audit function
- whether the internal audit function applies a systematic and disciplined approach, including quality control.

27. We will report any significant findings to management on a timely basis.

Using the work of internal audit

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

29. From our initial review of internal audit plans we do not plan to use the work of internal audit as part of our audit of the 2020/21 accounts.

Audit dimensions

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

Exhibit 5

Audit dimensions



Source: Code of Audit Practice

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

32. Our standard audits are based on four audit dimensions that frame the wider scope of public sector audit requirements. These are: financial sustainability, financial management, governance and accountability and value for money.

Financial sustainability

33. As auditors we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years) sustainability. We will carry out work and conclude on:

- the effectiveness of financial planning in identifying and addressing risks to financial sustainability in the short, medium and long term
- the appropriateness and effectiveness of arrangements in place to address any identified funding gaps
- whether there are arrangements in place to demonstrate the affordability and effectiveness of funding decisions.

Financial management

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

- whether arrangements are in place to ensure systems of internal control are operating effectively
- the effectiveness of budgetary control systems in communicating accurate and timely financial performance can be demonstrated
- how the IJB has assured itself that its financial capacity and skills are appropriate

- whether there are appropriate and effective arrangements in place for the prevention and detection of fraud and corruption.

35. As part of our work this year we will broaden our consideration of these matters in light of the impact of the COVID-19 pandemic.

Governance and transparency

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

- whether the IJB can demonstrate that the governance arrangements in place are appropriate and operating effectively (including services delivered by, or in partnership with partners)
- whether there is effective scrutiny, challenge and transparency on the decision-making and finance and performance reports.
- the quality and timeliness of financial and performance reporting.

37. As part of our work this year we will broaden our consideration of these matters in light of the impact of the COVID-19 pandemic.

Value for money

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

- value for money in the use of resources
- there is a clear link between money spent, output and outcomes delivered.
- that outcomes are improving.
- there is sufficient focus on improvement and the pace of it.

Best Value

39. Integration Joint Boards have a statutory duty to make arrangements to secure best value. We will review and report on these arrangements.

Independence and objectivity

40. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual “fit and proper” declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland’s Ethics Partner.

41. The engagement lead (i.e. appointed auditor) for East Renfrewshire Integration Joint Board is John Cornett, Audit Director. Auditing and ethical standards require the appointed auditor, John Cornett, to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of East Renfrewshire Integration Joint Board.

Quality control

42. International Standard on Quality Control 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide

reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

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

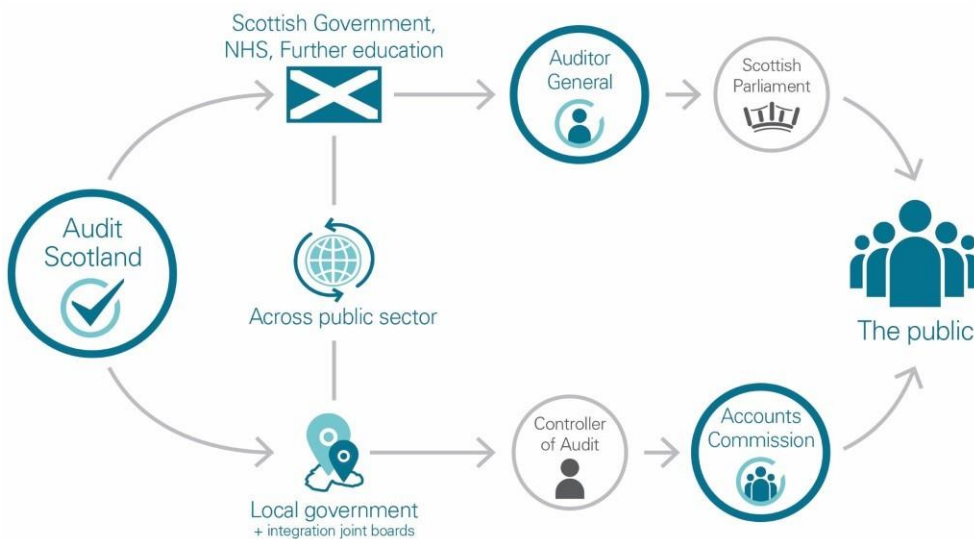
44. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time and this may be directed to the engagement lead.

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Appendix 1: 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

Annual Audit Plan 2020/21

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or info@audit-scotland.gov.uk

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	23 June 2021
Agenda Item	7
Title	Unaudited Annual Report and Accounts 2020/21
<p>Summary</p> <p>This report provides an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2020 to 31 March 2021.</p> <p>The report recognises the decision to remit the approval of the annual report and accounts to the Integration Joint Board, following approval by the Performance and Audit Committee.</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:</p> <ol style="list-style-type: none"> a) Agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval b) Agree and endorse the proposed reserves allocations c) Note the annual report and accounts is subject to audit review d) Agree to receive the audited annual report and accounts in November, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee 	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23 JUNE 2021

Report by Chief Financial Officer

UNAUDITED ANNUAL ACCOUNTS 2020/21

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2020 to 31 March 2021 and outline the legislative requirements and key stages.
2. The report recognises the decision to remit the approval of the annual report and accounts to the Integration Joint Board, following approval by the Performance and Audit Committee.

RECOMMENDATION

3. The Performance and Audit Committee is requested to:
 - a) Agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval
 - b) Agree and endorse the proposed reserves allocations
 - c) Note the annual report and accounts is subject to audit review
 - d) Agree to receive the audited annual report and accounts in November, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee

BACKGROUND

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

REPORT

7. The (unaudited) annual report and accounts for the IJB has been prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below:

8. **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the IJB or a committee of the IJB whose remit include audit and governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB. The Performance and Audit Committee meet this requirement, as delegated by the IJB
9. **Unaudited Accounts:** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30th June immediately following the financial year to which they relate.
10. **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1st July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts. The required notice has been agreed with the external auditors and will be published on the HSCP website.
11. **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the IJB or a committee of the IJB whose remit include audit and governance. This will take account of any report made on the audited annual accounts by the 'proper officer' i.e. Chief Financial Officer being the Section 95 Officer for the IJB or by the External Auditor by the 30th November immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered. The extended timetable to November, normally September, is a result of the workloads associated with the pandemic.
12. The Performance and Audit Committee will consider for approval the External Auditors report and proposed audit certificate (ISA 260 report) and the audited annual accounts at its meeting on 24 November 2021 and remit to the IJB for approval on that same day.
13. **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
14. The annual accounts of the IJB must be published by 30th November and any further reports by the External Auditor by 31st December immediately following the year to which they relate.
15. **Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the IJB, the Chief Officer and the Chief Financial Officer, namely:

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

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

16. The main messages from the annual report and accounts are set out below:
17. We ended the year with an operational underspend of £0.833 million which was 0.56% of our budget for the year. This was marginally better than the position last reported to the IJB in May when the projected outturn was £0.672 million.
18. Our reserves position is also in line with the position as we reported in May with the final detail included at note 8 in the annual report and accounts and set out below.
19. The Covid-19 spend is shown as £9.095 million and we received funding of £12.260 million with the balance taken to our reserves, again very much in line with the position reported during the year to the IJB. We know there will be changes to the guidance on accounting for the activity and costs of the PPE Hub and for Testing however the detail is not yet finalised, so this will be included in the final accounts to be reported in November.
20. We are also aware of a minor adjustment of £20k that is required between our core costs and our Covid-19 costs. As we know there will be at least one change between now and November, per above, this change will also be reflected in November. Neither change will impact on the bottom line position reported.
21. The main variances to the budget were:
- £0.410 million underspend within Children & Families and Public Protection from staff turnover and the costs of care packages.
 - £2.071 million underspend in within Older Peoples Nursing, Residential and Daycare Services. This reflects the reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.
 - £1.744 million overspend within Intensive Services as our Care at Home costs reflect that we were able to operate a near full service throughout the pandemic, in part as a result of a successful recruitment campaign early in the year.
22. During the year we used £0.831 million of reserves in year and we also invested £6.590 million into earmarked reserves; the majority of this (£4.383 million) relates to specific ring-fenced funding we have received from the Scottish Government during the year. We can only spend this funding on those initiatives that the funding supports; the majority of this increase relates to Covid-19 funding of £3.165 million and this will support the ongoing response to the pandemic in 2021/22. The year on year movement in reserves is summarised:

Summary	£ Million	£ Million
Reserves at 31 March 2020		4.726
Planned use of existing reserves during the year	(0.831)	
Funds added to reserves during the year	6.590	
Net increase in reserves during the year		5.759
Reserves at 31 March 2021		10.485

23. The increase above mirrors the national position and is not unique to our IJB.
24. As stated above the reserves position is in line with reporting during the year to the IJB and I am now formally proposing that the reserves position is approved as reflected in the detail at note 8 (pages 59-60) in the annual report and accounts. The main points to note are:
- £4.383 million increase to Scottish Government ringfenced reserves
 - £1.121 million increase to our bridging finance strategy (£0.833 million from the operational underspend to support the phasing in of savings and £0.288 million prescribing to smooth the flux in demand)
 - £0.687 million within Childrens services;
 - £0.376 million for school counselling increasing the existing reserve with work delayed
 - £0.127 million being the balance of the Children and Young Peoples Mental Health Framework funding received late in the year
 - £0.101 million to support recovery work with partners
 - £0.083 million added to our existing reserve to support Health Visitor capacity
 - £0.399 million with Adult Services;
 - £0.295 million new funding received to support the Learning Disability Community Change Fund
 - £0.037 million to smooth the impact of residential rehabilitation costs, given the ongoing impacts of the pandemic this will help manage smooth costs in 2021/22
 - £0.016 million to support addition psychology sessions in 2021/22
 - £0.051 million received late in the year for ongoing support in relation to care homes
25. Our general reserve remains unchanged 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 just under 0.2% of the 2020/21 revenue budget.
26. Given the scale of the financial challenge we have faced pre pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges has not allowed any investment into general reserves. As we have previously discussed the IJB has recognised that whilst this means we are below our policy level the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide. In the event we find ourselves unable to achieve sufficient savings delivery during 2021/22 we may need to un-hypothecate (i.e. un-earmark) reserves to meet operational costs.

CONCLUSIONS

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

RECOMMENDATIONS

28. The Performance and Audit Committee is requested to:
- a) Agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval
 - b) Agree and endorse the proposed reserves allocations
 - c) Note the annual report and accounts is subject to audit review
 - d) Agree to receive the audited annual report and accounts in November, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee

REPORT AUTHOR AND PERSON TO CONTACT

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

16 June 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Annual Report and Accounts 2019/20
https://www.eastrenfrewshire.gov.uk/media/4451/IJB-audited-annual-Report-and-accounts-2019-2020/pdf/IJB_Annual_Report_and_Accounts_2019-20_FINAL_web.pdf?m=637441633455770000

Annual Report and Accounts 2018/19
https://www.eastrenfrewshire.gov.uk/media/2248/Integration-Joint-Board-Item-07-25-September-2019/pdf/Integration_Joint_Board_Item_07_-_25_September_2019.pdf?m=637351714681700000

Annual Report and Accounts 2017/18
https://www.eastrenfrewshire.gov.uk/media/2825/Integration-Joint-Board-Item-06-26-September-2018/pdf/Integration_Joint_Board_Item_06_-_26_Setpember_2018.pdf?m=637375997307930000

Annual Report and Accounts 2016/17
https://www.eastrenfrewshire.gov.uk/media/3666/Integration-Joint-Board-Item-10-27-September-2017/pdf/Integration_Joint_Board_Item_10_-_27_September_2017.pdf?m=637394072745500000

Annual Report and Accounts 2015/16

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

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

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East Renfrewshire Health and Social Care Partnership Integration Joint Board

Annual Report and Accounts 2020/21

(Unaudited as at 23 June 2021)

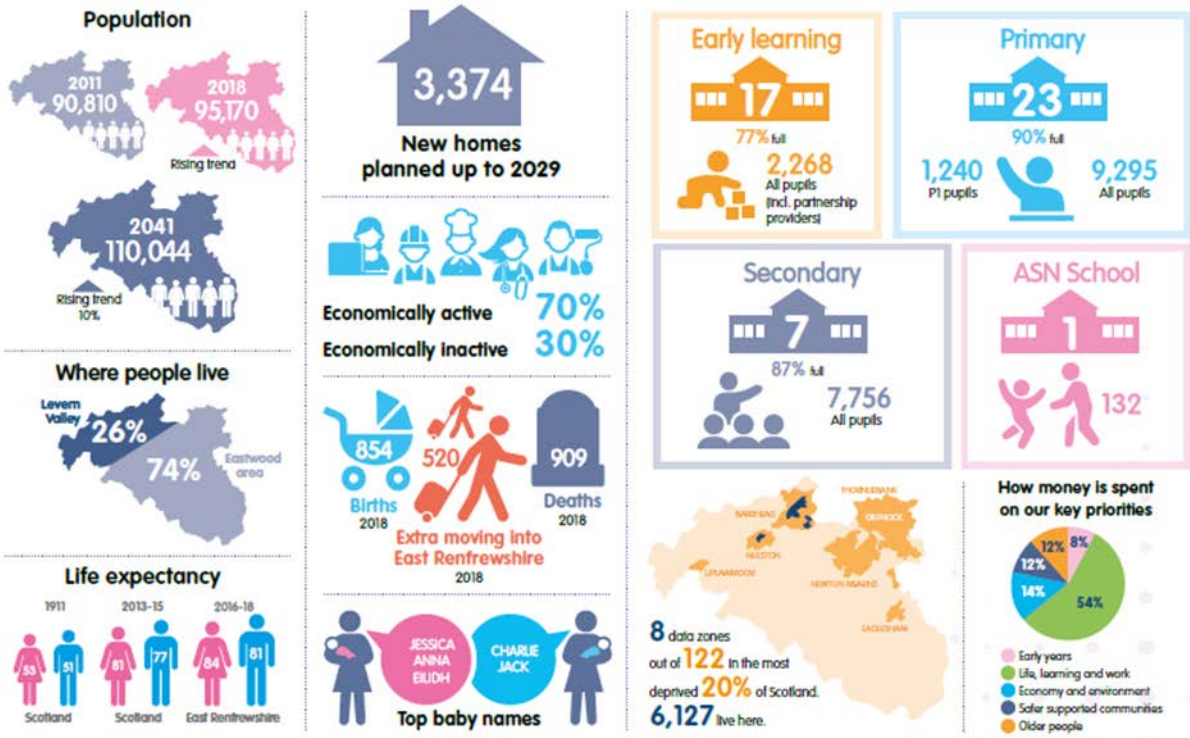
Covering the period 1st April 2020 to 31st March 2021



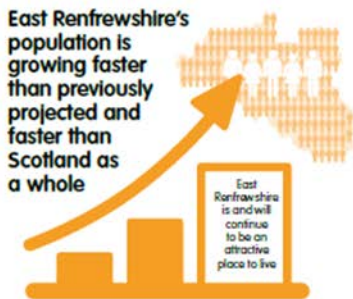
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About East Renfrewshire – Some Facts and Figures

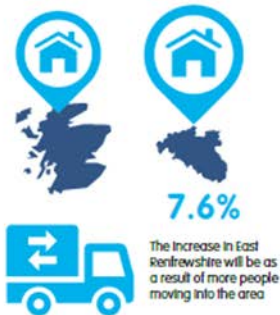
EAST RENFREWSHIRE FAST FACTS



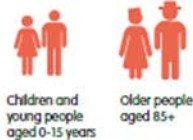
EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT



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



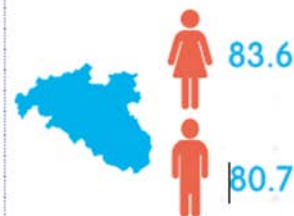
More houses are being built for three reasons



Demand will increase for services



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



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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 1 Year [Strategic Plan for 2021-22](#) Recovery Period.

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 1 year period 2021-22 and sets out how we will achieve the National Health and Wellbeing Outcomes prescribed by Scottish Ministers as we continue to support our residents and our workforce through Covid-19 and make preparation for recovery and renewal. Our partnership vision statement is:



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

Strategic Plan 2021-22

With our Strategic Planning Group, we reviewed our second strategic plan, which covered 2018-21. Our current plan has been produced during an exceptionally challenging period. Our experiences over the Covid-19 pandemic have reinforced the benefits of partnership working, building on our long standing 15 years of integration.

As we work towards recovery and renewal we will strengthen our supportive relationships with independent and third sector partners and continue to recognise the increased levels of participation in our communities and informal support within our localities that have developed in response to Covid-19.

We recognise that we need to extend beyond traditional health and social care services to a long term wider partnership with our local people, carers, volunteers, community organisations, providers and community planners.

Our high level strategic focus remains unchanged from our previous 3 year plan however the coming year will see particular focus on mental health including community wellbeing. We have also recognised the wellbeing of our workforce as a priority. Our strategic priorities are:



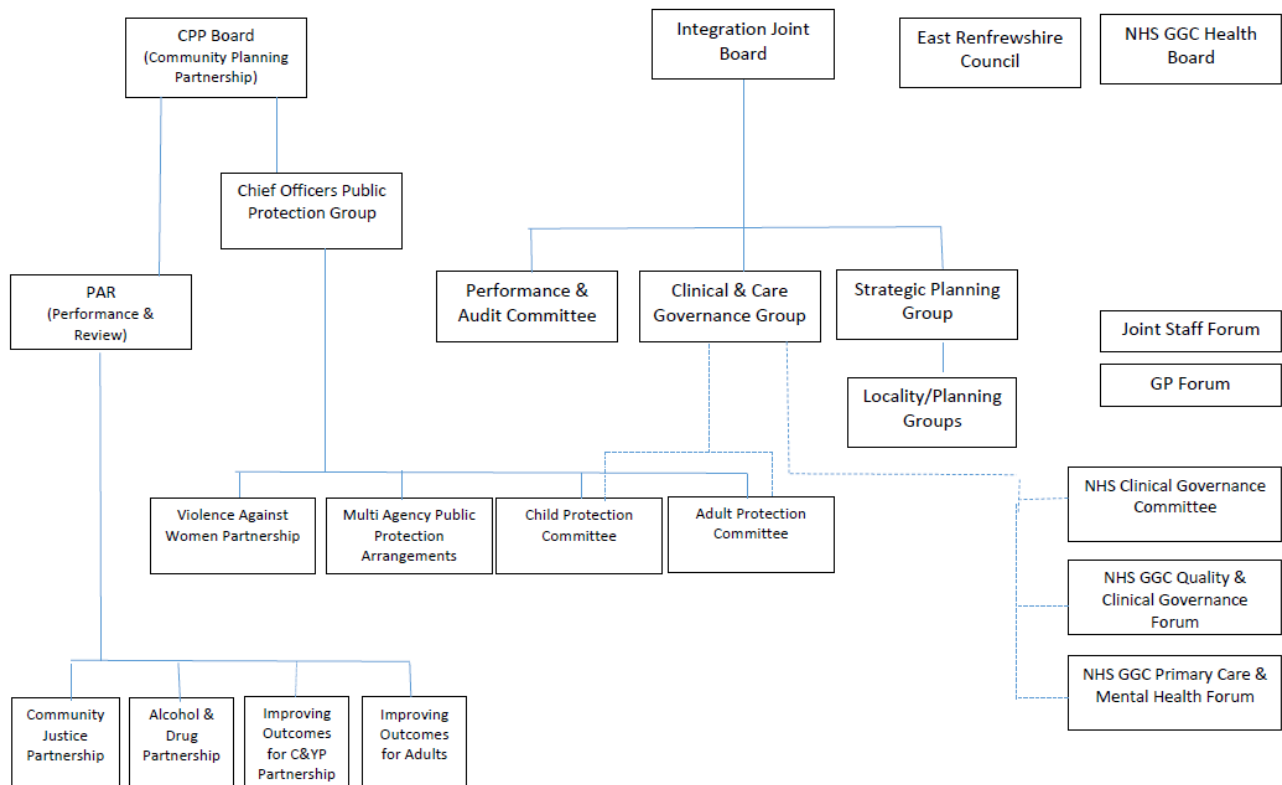
We have two localities: Eastwood and Barrhead. This best reflects hospital flows with the Eastwood Locality linking to the South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. Our management and service structure is designed around our localities and we continue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

This Strategic Plan is a one-year ‘bridging’ plan covering the 12 month period that will see us moving through our emergency response to the Covid-19 pandemic. Due to the exceptional circumstances we temporarily moved away from producing a longer-term 3 year plan but will return to this approach for 2022-25.

We wish to take a collaborative approach to our long-term strategic planning driven by our multi-agency Strategic Planning Group. This will mean that over the course of 2021 and into 2022 we want to engage in conversations about future priorities for change. We will also look to refresh the more detailed plans that support the implementation of our Strategic Plan including our Medium-Term Financial Plan, Strategic Commissioning and Market Shaping Plan, and a range of thematic and service-specific plans. Our engagement with residents and partners in developing this work will be in accordance with the principles and approaches set out in our recently revised Participation and Engagement Strategy.

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 2020/21

The year of 2020/21 has been characterised by 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 established and adapted to new ways of working and continued to maintain and deliver safe and effective services to our residents. Our strong local partnerships have responded with great innovation and greater collaborative working with and in support of our local communities.

Responding to the Covid-19 pandemic

Early in the outbreak, with the support of local GPs, nurses from across the HSCP and support staff from the HSCP and Council family we established and ran a local Community Assessment Centre for people with respiratory problems, which we ran until no longer required locally.

We have developed and coordinated many services and supports to care homes, who have been caring for some of our most vulnerable residents. The diagram below sets out some of the activities that we have undertaken over the last year.



Through the PPE hub set up by HSCP support staff, we have successfully distributed essential protective supplies (1,764,020 gloves, 812,757 aprons, 933,500 masks, 2,146 litres sanitiser) to those who needed them, including our own and our partner providers staff, carers, and personal assistants. Our physiotherapy staff trained to fit special FP3 mask and carried out over 300 individual mask fittings.

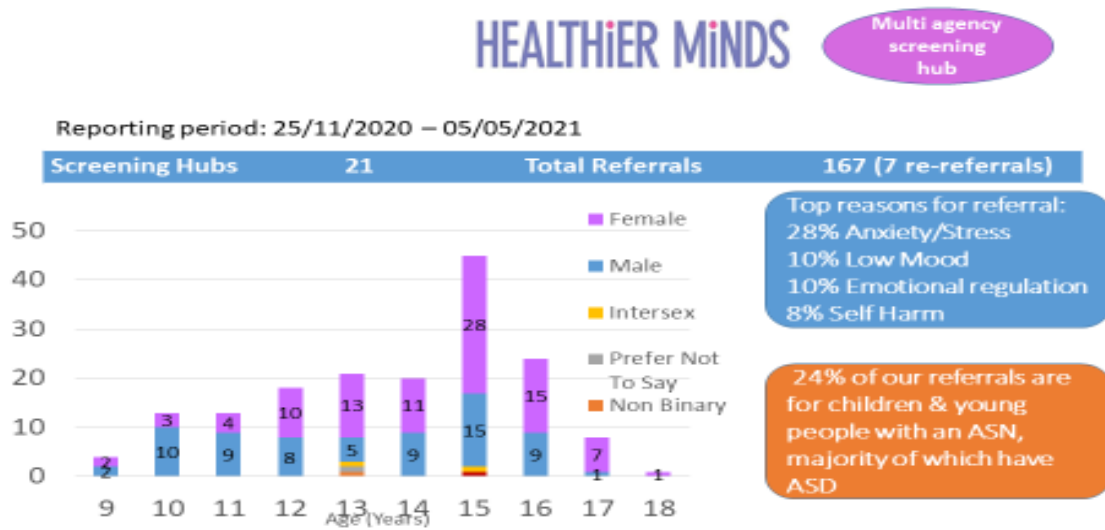
Our teams have supported extensive vaccination programmes establishing local Flu clinics to vaccinate over 15,000 residents aged over 60. We have also carried out Covid-19 vaccinations for those unable to attend vaccination centres, including care homes (400 residents, 400 staff, 1,663 doses) and housebound (1,000 residents, 2,000 doses).

Responding to the Impact of the Pandemic

The impact of the pandemic has been wider than the immediate effects of the coronavirus itself with many people’s wellbeing affected by the isolation and changes to routine.

A local Community Hub was developed to coordinate the community response to Covid-19. The Community Hub is a partnership between Voluntary Action East Renfrewshire, Talking Points and ERC Communities and Strategic teams. It has supported residents to access information and signposted to local community supports as well as establishing new shopping and prescription delivery service. It also responded to the growing need for social contact by those who were reporting feeling isolated, especially those who were shielding. “Welfare Calls” were conducted either weekly or fortnightly by newly recruited volunteers. The Community Hub has now formalised the partnership and will continue to co-produce new delivery models in response to Community need.

With our colleagues in Education we set up the Healthier Minds service to respond to the mental wellbeing of our children and young people. Working with schools and young people prior to and following referral helps the team build a fuller picture of the support required and they are then assigned to the most appropriate support based on their needs.



For many people recovering from mental health and addiction the lockdown has been challenging. Despite the significant challenges presented by Covid-19, we have worked with individuals with lived experience and our partner Penumbra to design and develop a peer support service. Peer support is where people with similar life experiences offer each other support, especially as they move through difficult or challenging experiences. The East Renfrewshire service had its first referrals in early September, initially offering opportunities to meet face-to-face, within the restrictions at that time. More recently peer support is being offered via phone or video call, in line with individuals’ preferences.

Wellbeing

We recognise the enormity of the work of the HSCP in responding to the Covid-19 pandemic and the potential effects of vicarious trauma across our workforce as they support our citizens facing grief, loss and significant changes in their lives.

The East Renfrewshire HSCP Wellbeing Group has developed a Wellbeing Plan 'YOU care...WE care too' to support our workforce to cope with the emotional and physical impact of their overall health and wellbeing.

We hope to extend the focus of our Wellbeing Action Plan in 2021 to support colleagues in the third and independent sector and local volunteers.

Children and Families

Our Children's Services maintained high rates of contact with children. (Childs Plan contacts averaged 72%/week; Child Protection averaged 100%/week; Throughcare/aftercare averaged 90%/week.), and have successfully managed to support the highest number of looked after children in school (57%). Our teams are seeing increasing complexity particularly for children with diagnosed neurodevelopmental disorders and a higher prevalence of families in crisis leading to more of these children coming under child protection and an associated increase in numbers coming into care. Despite this 95% of children under child protection are supported in our local communities. Intensive Family Support packages of support and intervention have been designed to prevent breakdown and will be a focus for 2021/22.

Our Family Wellbeing service has supported families throughout the pandemic to deal with the impact of lockdown, bereavement and relationship difficulties.



Family Wellbeing Service

Total Number of Referrals = 164

Total Number of Families Currently Supported = 192



75% - experience anxiety

65% - impact of relationship difficulties/breakdown at home

60% - impact of loss/bereavement/significant change

39% of our CYP currently self harming / experiencing thoughts of self harm and/or suicide

2% of our CYP have attempted suicide

63% of our parents find it difficult to respond to their child's emotional needs

40% of our families have at least one family member with ASD diagnosis or are waiting for ASD assessment

53% of our families experienced increased distress during lockdown

There have been pressures on CAMHS (Children and Adolescent Mental Health Services) and Speech and Language Therapy services but waiting list initiatives are in place as part of our remobilisation and recovery work.

Community Justice

Despite the significant impact of Covid-19 with unpaid work suspended on 23rd March 2020, the Community Payback Team completed 2,417 hours of activity equating to £21,535 of unpaid work which directly benefited the local community. Through creative use of ‘other activity homeworking pack’ the team helped reduce the number of outstanding hours and ensured some people completed orders within timescales.

The new Information Sharing Protocol with The Scottish Prison Service has helped underpin the reintegration of people back into East Renfrewshire. The early prison release programme was managed exceptionally well with support from colleagues in Housing Services. Whilst there has been an overall reduction in referrals for employability support, positive employment outcomes have been maintained at 65%.

Supporting people at home

Whilst we had to close our day services our learning disability staff worked with our provider partners to develop outreach and wraparound support for individuals and their families and our older people’s Kirkton service staff were redeployed to support care at home.

Care at home has seen additional pressures due to a desire from more people to be supported at home and despite the increase the % of people 'living where you/as you want to live' needs met is 91% up from 88%, even with more complex discharges. At the start of the pandemic some families wanted to limit the number of people coming into their homes and asked for their services to be suspended but as more people have been vaccinated the majority have reinstated services.

Our rehabilitation teams have experienced increased pressures in the absence of a number of specialist rehabilitation services and earlier discharges from hospital; the average of 40–50 referrals per week in 2019 / early 2020 has risen to 70-80 per week over the past 10 months. The increased frailty and complexity of people referred to our services has seen a downturn in the percentage of people whose care need has reduced following re-ablement now at 31% down from 67%.

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

Our teams have been dealing with a significant increase in demand across mental health and addiction services due to increased complexity and we expect this trend to continue. With the aid of technology our teams have been able to offer people ongoing support throughout pandemic, and access to treatment has been maintained. The % waiting no longer than 18 weeks for access to psychological therapies is 74% up from 65% and the % accessing alcohol/drug recovery treatment within 3 weeks is 95% up from 89%.

We established a peer research programme relating to alcohol and drugs that will enhance the influence of people with lived experience on service delivery and design and piloted a Buvidal clinic (a new, long-acting opiate substitution treatment and alternative to methadone and other substitutes).

Mental health services have delivered a mental health and wellbeing remobilisation programme with the third sector including a recovery college pilot, staff capacity building around bereavement, mental health and suicide prevention, and wellbeing support to carers.

Reducing unplanned hospital care

Patterns of accident and emergency and unplanned hospital admissions were altered by the pandemic but the HSCP has worked with other partnership and acute services in the Glasgow area to develop new services and pathways that will continue as we move into recovery.

Our hospital to home team worked throughout the pandemic using virtual technology to undertake assessments and communicate with patients, relatives and ward staff. Overall bed days lost to delayed discharge are up 30% from 2019/20, however the majority of these are due to delays in moving adults with incapacity, which has been impacted by court delays. Our performance for standard delays remains one of the best in Scotland.

Supporting unpaid carers

Throughout 2020/21 we have maintained our positive partnership working with ER Carers, ensuring carers had access to guidance and PPE. Check-in calls to carers were introduced by ER Carers and carers were offered support to set up and manage a peer support Facebook Group. The Mental Health Carers group also continued to run virtually. The pandemic has impacted on carers, with the lack of resources and stimulation for the cared for person impacting on the health and wellbeing of all individuals. We have worked with the Care Collective to refresh our Carers Strategy. East Renfrewshire's Short Breaks Statement has also been updated to ensure all advice and information is current and includes the development of creative, Covid-19-safe online breaks that meet the outcomes of the Carer and the cared for person.

Protecting and supporting adults at risk of harm

During 2020/21 we established a new Adult Support and Protection team responding to a 20% increase in referral numbers and a rise in referrals of a more complex nature. We revised the adult support and protection processes and procedures effective from November 2020 and 239 staff have been trained across Adult Services, Children & Families, Mental Health, Addictions, Housing, Education, Health and our partner agencies; Safe and Together and MARAC (Multi Agency Risk Assessment Conference).

We made improvements in developing our practice in supporting adults at risk of harm and have set out our key development priorities for the coming year. We carried out two Large Scale Investigations in line with our duties under The Adult Support and Protection (Scotland) Act 2007 in local care homes and moved 57 residents to new homes early in 2021.

Hosted Learning Disability Service

Our service has operated at full capacity throughout the pandemic. We increased staffing levels and took a GGC wide approach to contingency through Board wide collaboration. We were able to maintain good attendance and importantly achieved good infection control in challenging environments.

There has been a steady increase in request for admission as a result of distress. Our team have worked very closely with community services to mitigate the effects of stress and reduced community supports to maintain people at home. Our patient flow has been challenging with longer waits for admission or initial admission to mental health but everyone who requires the service has been admitted. The service was quite well protected by the good progress made in previous years in terms of better patient flow, moving forward we need to refocus on our redesign plans to support people better in the community and thus reduce the need for admission.

Bonnyton House

Our residents settled back into their home following an extended period of decant whilst refurbishment work took place; we had rented a property in Crossmyloof whilst works took place and were able to extend this as work was delayed as a result of Covid-19 restrictions. Our staff at Bonnyton House have provided compassionate support and care throughout the pandemic and have welcomed new residents to the home.

Our Support Staff

There has been tremendous work behind the scenes from our staff who support the front line service delivery illustrated in this report. Their dedication and hard work has been invaluable to setting up and adapting to new ways of working, keeping our workplaces safe, ensuring colleagues are kitted out to work through the pandemic, assessing and mitigating risk and continuing to respond to the day job too.

Governance during Covid-19

A number of governance arrangements were put in place at the beginning of the pandemic 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 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.

Our IJB has met as planned throughout the pandemic using a virtual meetings solution. This has allowed us to maintain our full governance requirements during the pandemic and ensure our statutory requirements were met including agreeing a budget for 2021/22. We have also developed regular communication to the IJB and to our workforce during the pandemic response.

Covid-19 Funding

The operational implications from the Covid-19 outbreak are summarised above and the mechanism for co-ordination and consolidation of our local and system wide response was reported to the Scottish Government as part of the Local Mobilisation Plan submitted by NHS Greater Glasgow and Clyde Health Board; this plan covered the community and acute response across the totality of the Health Board area.

The additional activity was significant and the Scottish Government provided funding to support the associated costs of responding to the pandemic. This included supporting response, sustainability and new ways of working. The guidance was frequently revised as the situation evolved. We have also followed the Local Authority (Scotland) Account Advisory Committee (LASAAC) guidance on Accounting for Coronavirus (Covid-19) Grants / Funding streams and our treatment of the £12.260 million funding and associated £9.095 million of costs.

The funding position is summarised:

Covid-19 Related Expenditure Summary:	£ million
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	2.940
Infrastructure, equipment, PPE	0.314
Sustainability payments to partners	3.447
Unachieved savings due to limited capacity	2.394
Total Expenditure	9.095
Funding Received:	12.260
Balance to Earmarked Reserve	3.165

The 2020/21 accounts include the £500 payment to our staff employed through NHS Greater Glasgow and Clyde as part of the Scottish Government initiative. The payment for our staff employed through East Renfrewshire Council and to our partner providers will be shown in the 2021/22 accounts. These timings reflect the payment instructions received nationally.

The treatment of costs relating to PPE Hub and testing activity is yet to be finalised. This will be reflected in the audited accounts.

Independent Review of Adult Social Care

On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families; and the experience of people who work in adult social care. The independent review published its report on 3rd February 2021.

The report suggests a bold vision for adult social care support in Scotland building on the opportunity for meaningful change as we move beyond the Covid-19 pandemic.

Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity.

It calls for new thinking and a new positive narrative around the role of social care support, recognising its 'foundational' importance in society and moving towards a human rights based approach.

Old Thinking	New Thinking
<i>Social care support is a burden on society</i>	<i>Social care support is an investment</i>
<i>Managing need</i>	<i>Enabling rights and capabilities</i>
<i>Available in a crisis</i>	<i>Preventative and anticipatory</i>
<i>Competition and markets</i>	<i>Collaboration</i>
<i>Transactions</i>	<i>Relationships</i>
<i>A place for services (e.g. a care home)</i>	<i>A vehicle for supporting independent living</i>
<i>Variable</i>	<i>Consistent and fair</i>

It also argues that we must strengthen the foundations of the social care system. This means: fully implementing positive approaches such as self-directed support and the integration of health and social care; as well as nurturing and strengthening our workforce and supporting unpaid carers.

The independent review calls for some structural changes such as the establishment of a National Care Service (NCS) with accountability for social care support moving from local government to Scottish Ministers. The proposed NCS would oversee improvements in the consistency, quality and equity of care and support. The report also suggests a reformed role for Integration Joint Boards in implementing the social care vision outcome measures, and delivering planning, commissioning/procurement, managing local GP contracts, as well as local planning and engagement.

The report makes 53 wide-ranging recommendations in relation to the following priorities:

- Mainstreaming and embedding a human rights approach;
- Ensuring better, more consistent support for unpaid carers;
- Establishing a National Care Service (NCS) for Scotland;
- Establishing a new approach to improving outcomes through a National Improvement Programme for social care;
- Developing models of care;
- Commissioning for the public good through collaborative commissioning and a greater focus on people's needs;
- Developing fair work arrangements with national oversight;
- Improving investment with a focus on prevention rather than crisis response.

The report suggested that additional investment estimated at c£0.66 billion per annum was required to support the recommendations and that future funding for social care needed to be as a minimum sufficient to meet the increased needs due to demographic change. This would require a 3.5% real terms increase in funding each year.

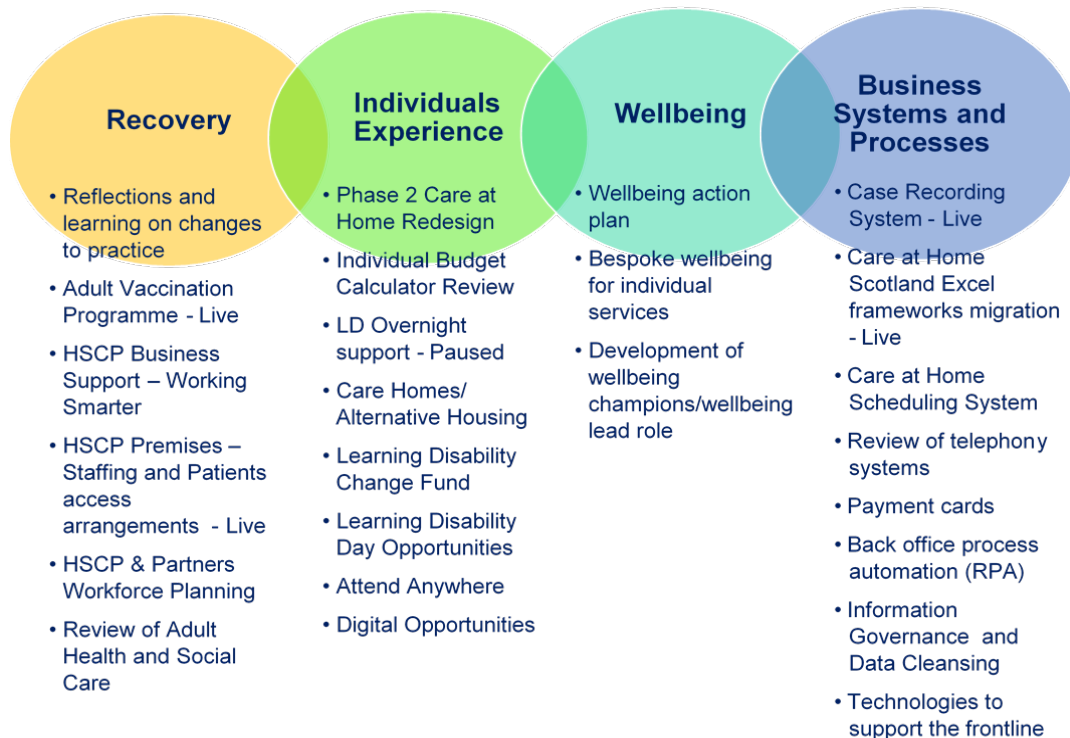
It is expected that the findings from the review will have significant impacts for the delivery of social care and wider supports moving forward. We will implement any recommendations or specific actions arising from the review as requested by Scottish Government as they arise.

Moving Towards Recovery

Whilst many of the services the HSCP provides are critical and continued to operate through the pandemic we have an opportunity to learn from the last 14 months and how we can build back better.

We are working on our Recovery and Renewal programme; a complex and multi-year programme of work that will allow us to emerge from the pandemic in a stronger and more informed position to face the challenges ahead. This should not only support the significant financial challenge we are facing but will also help us to better understand and quantify the longer term impact of Covid-19 on our population.

The IJB have recognised this needs to be an iterative and emerging approach as we work towards recovery, including any implications from the independent review of adult social care. Our Recovery and Renewal Programme is summarised:



Key Risks and Uncertainties

The IJB regularly reviews its Strategic Risk Register over the course of each year; there are currently 13 risks rated red, amber or green (RAG) depending on the likelihood and severity of the impact. The table below summarises those risks and shows the RAG rating of each after mitigating actions to minimise impact.

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

Each service area holds an operational risk register and business continuity plan. There is a separate risk register for Covid-19 activity. In addition to the risks shown above there are also a number of uncertainties facing the IJB and these are identified in the future challenges section within this report.

2020-21 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 2020/21 against local and national performance indicators and against the commitments within our Strategic Plan.

As we have outlined in this report Covid-19 has impacted on how we have delivered services during the year and despite the challenges we have maintained or improved in some areas; however with those services particularly relating to hospital use the patterns have significantly changed.

Our Covid-19 response activity has happened in addition to our planned operational priorities. Much of the performance data for 2020-21 reflects the direct impact of the pandemic on operational activity and changed behaviours among the population during lockdowns and the pandemic period more generally.

The data shows that despite the significant challenges of the Covid-19 pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. We have seen some service areas more directly impacted by restrictions and areas where patterns of demand have shifted significantly during the reporting period. Through our recovery and renewal planning and the development of our next strategic plan we will ensure that our priorities and approaches meet the changing needs of our population.

The recovery and improvement actions that we are taking forward as we move beyond the pandemic relate to the following areas:




- Redesign of service delivery building on lessons from the pandemic e.g. Care at Home, Learning Disability, Day opportunities
- Review and development of our customer journey with those who use our services
- Development and maximisation of digital opportunities for connectivity and service delivery (e.g. Attend Anywhere)
- Ongoing development of our adult vaccination programmes
- Review of access arrangements for our premises – service users and staff
- Delivery of a Workforce Wellbeing Action Plan and support for staff wellbeing across the partnership
- Development of our workforce planning arrangements
- Redesign of our administrative and business support functions
- Establish arrangements to meet the priorities set out in the National Review of Adult Social Care

These actions will be considered alongside or part of our Recovery and Renewal programme.



The extract below show 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	2020/21	Current Target	2019/20	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 (<i>INCREASE</i>)	61%	90%	78%	74%	89%	90%	
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) (<i>INCREASE</i>)	n/a	Data only	94.9%	98.0%	93.6%	91.5%	

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	2020/21	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. <i>(INCREASE)</i>	75%	80%	71%	84%	92%	96%	↑
% Change in women's domestic abuse outcomes <i>(INCREASE)</i>	84%	70%	79%	64%	65%	66%	↑
% of service users moving from drug treatment to recovery service <i>(INCREASE)</i>	6%	10%	16%	22%	12%	9%	↓

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

Indicator	2020/21	Current Target	2019/20	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>	15*	9*	22	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	295	308	301	297	↑

*Data and target Q1-Q3 only

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

Indicator	2020/21	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Number of people self directing their care through receiving	556	600	518	514	491	364	↑

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

Indicator	2020/21	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
direct payments and other forms of self-directed support. <i>(INCREASE)</i>							
Percentage of people aged 65+ who live in housing rather than a care home or hospital <i>(INCREASE)</i>	n/a	97%	97%	96%	97%	97%	↑
People reporting 'living where you/as you want to live' needs met (%) <i>(INCREASE)</i>	91%	90%	88%	92%	84%	79%	↑


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

Indicator	2020/21	Current Target	2019/20	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>	74%	90%	65%	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	2020/21 (2020)*	Current Target	2019/20 (2019)**	2018/19 (2018)**	2017/18	2016/17	Trend from previous year
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) <i>(DECREASE)</i> (Ministerial Strategic Group (MSG) data)	2,049	1,893	1,732	2,360	1,860	2,704	↓
No. of A & E Attendances (adults) <i>(DECREASE)</i> (MSG data)	14,771	18,332	20,626	19,969	19,344	18,747	↑
Number of Emergency Admissions: Adults <i>(DECREASE)</i> (MSG data)	6,662***	7,130	7,540	7,358	7,432	8,032	↑

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


Indicator	2020/21 (2020)*	Current Target	2019/20 (2019)**	2018/19 (2018)**	2017/18	2016/17	Trend from previous year
% of last six months of life spent in a community setting (INCREASE) (MSG data)	n/a	86%	88%	86%	85%	86%	

* Full year data not available for 2020/21. Figure relates to 12 months Jan-Dec 2020.

**We give calendar year figures for previous 2 years (2019 and 2018) for comparison.

***Provisional – data complete to Sept 2020. Data from PHS release, 7 May 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	2020/21	Current Target	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (INCREASE)	91%	72%	92%	78%	72%	70%	

Funding 2020/21

The net total health and social care funding from our partners for financial year 2020/21 was £179.318 million:

	£ Million
NHS Greater Glasgow and Clyde Primary Care	91.321
NHS Greater Glasgow and Clyde Large Hospital Services	36.149
East Renfrewshire Council Social Care	51.674
East Renfrewshire Council Housing Aids and Adaptations	0.174
Total Net Funding	179.318

The Comprehensive Income and Expenditure Statement (CIES) (page 46) shows the IJB gross income as £211.925 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. The Greater Glasgow and Clyde wide Unscheduled Care Commissioning Plan continues to be developed and a final plan will be presented to the IJB during 2021/22 and represents the first steps in developing strategic plans for the unscheduled care pathway (set aside) as set out in legislation.

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 2020/21

The annual report and accounts for the IJB covers the period 1st April 2020 to 31st March 2021.

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	12.823	12.413	0.410	3.20%
Older Peoples Services	20.158	18.087	2.071	10.27%
Physical / Sensory Disability	5.001	4.902	0.099	1.98%
Learning Disability – Community	13.411	13.678	(0.267)	(1.99%)
Learning Disability – Inpatients	8.691	8.691	0.000	0.00%
Augmentative and Alternative Communication	0.237	0.237	0.000	0.00%
Intensive Services	10.928	12.672	(1.744)	(15.96%)
Mental Health	5.305	5.113	0.192	3.62%
Addictions / Substance Misuse	1.799	1.747	0.052	2.89%
Family Health Services	26.036	26.036	0.000	0.00%
Prescribing	15.858	15.858	0.000	0.00%
Criminal Justice	0.009	(0.002)	0.011	122.22%
Planning & Health Improvement	0.207	0.142	0.065	31.40%
Finance and Resources	22.532	22.588	(0.056)	(0.25%)
Net Expenditure Health and Social Care	142.995	142.162	0.833	0.58%
Housing	0.174	0.174	-	-
Set Aside for Large Hospital Services	36.149	36.149	-	-
Total Integration Joint Board	179.318	178.485	0.833	0.58%

The £0.833 million underspend (0.58%) is marginally better than the reporting taken to the IJB during the year and the underspend will be added to our budget phasing reserves. We had expected to draw from reserves as we recognised we would not achieve all savings required during the year however we received Covid-19 funding to support us as we did not have capacity to progress the required work as a result of our focus on the Covid-19 response.

The impact of Covid-19 throughout the year meant that the focus of many of our services was on response and the variances against budget reflect this; the £9.1 million we spent on Covid-19 related costs was fully funded by the Scottish Government so has nil impact on each service. The main variances to the budget were:

- £0.410 million underspend within Children & Families and Public Protection from staff turnover and the costs of care packages.
- £2.071 million underspend in within Older Peoples Nursing, Residential and Daycare Services. This reflects the reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.

- £1.744 million overspend within Intensive Services as our Care at Home costs reflect that we were able to operate a near full service throughout the pandemic, in part as a result of a successful recruitment campaign early in the year.

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 £32.160 million and the overspend of £3.989 million is contained within the Health Board. The impact of Covid-19 resulted in a reduction in activity however this reduction in activity is offset by an increase in expenditure, predominantly as a result of additional staff costs, increased beds and pathways, additional cleaning, testing, equipment and PPE. These costs associated with Covid-19 were fully funded by Scottish Government. 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 54). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 61).

The information above reflects our management accounts reporting throughout 2020/21 whilst the CIES at Page 46 presents the financial information in the required statutory reporting format; the movement between these of £4.926 million is a result of the management accounting treatment of reserves:

Reconciliation of CIES to Operational Overspend	£ Million	£ Million
IJB operational underspend on service delivery		0.833
Reserves planned use during the year	(0.831)	
Reserves added during the year	5.757	
Net movement between management accounts and CIES		4.926
IJB CIES underspend		5.759

Total Use of Reserves During 2020/21	£ Million
Reserves planned use during the year	(0.831)
Reserves added from operational underspend and new funding	6.590
Total Reserves added during 2020/21	5.759

Reserves

We used £0.831 million of reserves in year and we also invested £6.590 million into earmarked reserves, with much of this increase from Scottish Government ring-fenced funding. The year on year movement in reserves is set out in detail at Note 8 (Page 59) and is summarised:

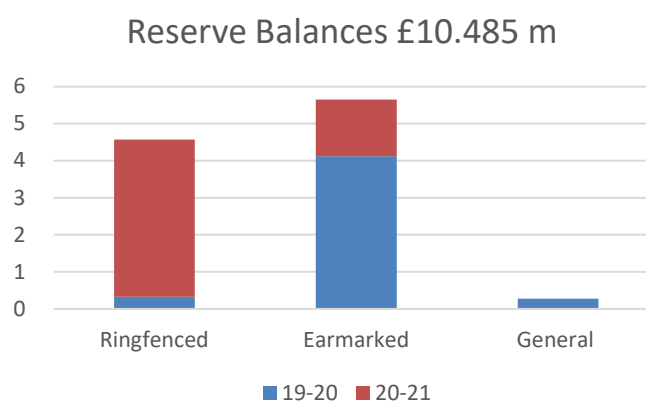
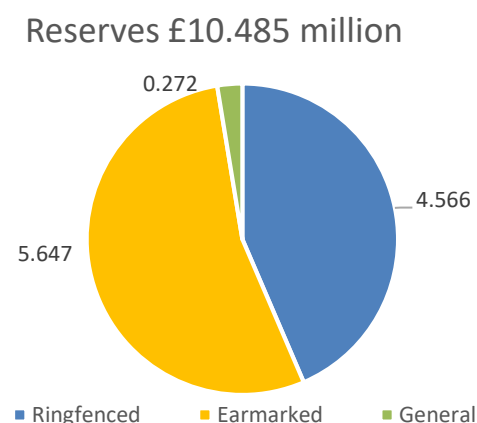
	£ Million	£ Million
Reserves at 31 March 2020		4.726
Planned use of existing reserves during the year	(0.831)	
Funds added to reserves during the year	6.590	
Net increase in reserves during the year		5.759
Reserves at 31 March 2021		10.485

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 timescale.

The reserves of the IJB fall into three types:

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

The current balance of £10.485 million for all reserves falls in these three reserves types:



The majority of the increase in reserves relates to specific ring-fenced funding we have received from the Scottish Government during 2020/21 with £4.383 million added during the year. We can only spend this funding on those initiatives that the funding supports; the majority of this increase relates to Covid-19 funding of £3.165 million and this will support the ongoing response to the pandemic in 2021/22.

We spent £0.148 million of non Covid-19 ring-fenced reserves during the year and we are working on plans to utilise the balances within the scope of each area of activity during 2021/22 ensuring that we can support any ongoing activity from the one off investment of this funding.

The increase in ring-fenced funding during 2020/21 is not unique to East Renfrewshire and mirrors the national position.

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 of spend across multiple years.

Within our earmarked reserves we spent £0.683 million, which is less than we planned given the prioritisation of services on the response to the pandemic. We had also planned to meet some refurbishment costs for work within our Learning Disability in-patient units, however this work was delayed at the start of the pandemic; this work is now on hold and will be incorporated as part of the work supported by the Community Living Change Fund. We have added £2.207 million to our earmarked reserves during the year.

Our general reserve remains unchanged 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 just under 0.2% of the 2020/21 revenue budget.

Given the scale of the financial challenge we have faced pre pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges has not allowed any investment into general reserves. We have recognised whilst this means we are below our policy level the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide. In the event we find ourselves unable to achieve sufficient savings delivery during 2021/22 we may need to un-hypothecate (i.e. un-earmark) reserves to meet operational costs.

The use of reserves is reported to the IJB within our routine revenue reporting.

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 2022/23 to 2026/27 which supports our strategic planning process and provides a financial context to support medium-term planning and decision making.

The funding gap in future years could range anywhere from £0 to £4.7 million per year, excluding unknown factors and any additional savings requirements in future years. The resulting funding gap will be dependent on the funding settlement for each year.

The 2021/22 budget settlement fell within the poor settlement range of scenario planning assumptions with cost pressures of just over £9.3 million and subsequent required savings of £3.9 million after all funding uplifts of £4.9 million and deduction of immediately achievable savings of £0.5 million.

The budget for the year 2021/22 was agreed by the IJB on 17th March 2021 and identifies a funding gap of £3.9 million which relates to the £2.4 million legacy savings from 2020/21 we did not achieve as a result of the pandemic response and the funding gap of £1.5 million relating to 2021/22.

In setting this budget the IJB recognised the scale of the challenge; that we were still in response mode; that there are still many unknowns as we work our way towards recovery and the impact and implications from the plans for a national care service are unknown.

Pre the pandemic we had identified that the majority of the 2020/21 savings would come from the introduction of a contribution from individuals towards the cost of non-residential care, the prioritisation of care package costs and that we would need to further consider prioritisation and eligibility criteria for future savings options. This is now potentially at odds with the recommendations included in the Independent Review of Adult Social Care and the timing of any local decisions will need to be balanced with the risk of implementing change that may require subsequent reversal.

The implications from this review will be reflected in our short and medium term financial planning and in our Recovery and Renewal Programme as 2021/22 progresses and the policy decisions and directions become clearer. We will support any changes to policy/strategic approach that are adopted following the review and will look to include these in our strategic planning engagement for 2022 and beyond. During 2021-22 we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

The IJB have recognised that 2021/22 will require an iterative approach and we will need to adapt, respond and flex in a timely manner. As one of the smaller IJBs we are nimble and can react quickly however we do have a significant financial risk; our funding gap is £3.9 million, we have c£2 million in reserves to phase in those savings we can achieve, but we will only achieve savings by fully resourcing our Recovery and Renewal programme; and the only options to do this, at present are to divert existing resources and / or invest in the short term thus reducing the reserve available to phase in the savings.

The 2021/22 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

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.

The consequences of Brexit have not manifested in any specific issues during 2020/21 however given this period is far from normal this will continue to be monitored and working groups with partners remain active.

We have successfully operated integrated services for over 15 years so 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 post Covid-19 impact on prescribing in the medium to long term is unclear. During 2020/21 the volume of items prescribed reduced by 4.8% over the year as a result of the pandemic; the post Covid-19 implication is not yet clear in terms of complexity of need, population demand and mental health impacts.

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 through an Unscheduled Care Commissioning Plan.

Care Providers: The longer term impact on the sustainability of the care provider market following Covid-19 is unknown and we 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 building on our collaborative and ethical commissioning approach as we move forward. This will build on our work to date, including the move to national contractual frameworks along with the implications from the independent review of adult social care; this may impact on how we commission services.

We intend 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 and Renewal Programme will be implemented throughout 2021/22 and beyond and regular reports will be taken to the IJB.
- We will update our Medium-Term Financial Plan on a regular basis reflecting the ongoing impact of Covid-19 and the independent review of adult social care as these 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 report our Covid-19 costs through the NHS Greater Glasgow and Clyde Mobilisation Plan and to the IJB. At this stage we do not know if we will receive any further support for non-delivery of savings.
- We will continue to work through our Care at Home action plan and service redesign, taking into account any issues that are identified once the follow up inspection has taken place.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the pandemic response.
- We will complete the review of our Integration Scheme; work had been undertaken pre the pandemic and was then put on hold.
- We will review and revise savings proposals for 2021/22 for our funding gap, reflecting our Recovery and Renewal Programme and the impact of any policy decisions around a national care service. Our individual budget calculator will continue to be used and we may still need to revise the funding parameters. We will continue to use our reserve through 2021/22 to phase in budget savings. It is possible we will deplete this reserve in 2021/22 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 not achieving full year savings on a recurring basis
 - A similar level of budget settlement in 2021/22
 - Unknown impact of Covid-19
- We will continue to monitor the costs and funding of Covid-19 related activity through the NHS Greater Glasgow and Clyde Mobilisation Plan.
- We have realigned our senior management structure to ensure we are best placed to meet the challenges over the next period and to ensure leadership continuity following the planned retirement of key colleagues.
- 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.
- Workforce planning will support identifying our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. Given the overwhelming response to the pandemic our staff are tired both physically and mentally and the wellbeing of our workforce is paramount.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the impact of Covid-19 on our population and the capacity for the HSCP and its partners to deliver services and implement our Recovery and Renewal programme 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.

Post Covid-19 there is a greater uncertainty over the medium to longer term impact on our population and the associated demand for services, a difficult shorter term financial challenge and potential opportunities that may arise around a national care service. We continue to plan ahead and prepare for a range of scenarios.

Caroline Bamforth
Chair
Integration Joint Board

24th November 2021

Julie Murray
Chief Officer
Integration Joint Board

24th November 2021

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

24th November 2021

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 24th November 2021.

Caroline Bamforth

Chair

Integration Joint Board 24th November 2021

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 2021 and the transactions for the IJB for the period covering 1st April 2020 to 31st March 2021.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 23rd June 2021

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 2020/21 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 2020/21 amounted to £114,269 in respect of all duties undertaken during the financial year. In respect of the Chief Financial Officer, total remuneration for 2020/21 amounted to £87,291.

2019/20			Name and Post	2020/21		
Salary, Fees & Allowances £	Taxable Expenses £	Total Remuneration £		Salary, Fees & Allowances £	Taxable Expenses £	Total Remuneration £
110,954		110,954	Julie Murray Chief Officer	114,269		114,269
84,759	13	84,772	Lesley Bairden Chief Financial Officer	87,291		87,291

Voting Board Members 2020/21		Total Taxable IJB Related Expenses £
Councillor Caroline Bamforth (Chair)	East Renfrewshire Council	Nil
Anne-Marie Monaghan (Vice Chair)	NHS Greater Glasgow & Clyde	Nil
Susan Brimelow (until June 2020)	NHS Greater Glasgow & Clyde	Nil
Councillor Tony Buchanan	East Renfrewshire Council	Nil
Jacqueline Forbes (from June 2020)	NHS Greater Glasgow & Clyde	Nil
Amina Khan (from June 2020)	NHS Greater Glasgow & Clyde	Nil
Councillor Alan Lafferty (from November 2020)	East Renfrewshire Council	Nil
John Matthews (until June 2020)	NHS Greater Glasgow & Clyde	Nil
Councillor Paul O' Kane (until November 2020)	East Renfrewshire Council	Nil
Councillor Jim Swift	East Renfrewshire Council	Nil
Flavia Tudoreanu	NHS Greater Glasgow & Clyde	Nil

The equivalent cost in 2019/20 was nil for all IJB members.

The Pension entitlement for the Chief Officer for the year to 31st March 2021 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

2019/20			Name and Post	2020/21		
In Year Pension Contribution to 31 March £	Accrued Pension Benefits at 31 March			In Year Pension Contribution to 31 March £	Accrued Pension Benefits at 31 March	
	Pension £	Lump Sum £			Pension £	Lump Sum £
21,414	42,146	60,259	Julie Murray Chief Officer	22,054	45,593	60,259
16,358	7,104	-	Lesley Bairden Chief Financial Officer	16,847	9,006	-

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.

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 2020/21 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 2020	Remuneration Band	Number of Employees 31 st March 2021
1	£80,000 - £84,999	
	£85,000 - £89,999	1
1	£105,000 - £109,999	
	£110,000 - £114,99	1

Caroline Bamforth
Chair
Integration Joint Board 24th November 2021

Julie Murray
Chief Officer
Integration Joint Board 24th November 2021

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 2020/21 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.

As a result of Covid-19 from March 2020 we needed to change some of our governance 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 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. We held two IJB seminars during the year focussing on the Interim Strategic Plan and the Budget for 2021/22.

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 2021/22 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:

The Chief Internal Auditor's opinion for 2020/21 will be included in the audited accounts.

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

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

As we have an interim workforce plan for 2021/22 and are working on the three-year Workforce Plan covering 2022-25 we are now compliant in this area.

Governance Issues during 2020/21

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 2021.

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

Significant Governance Issues

The Covid-19 pandemic has meant that how the IJB operates and therefore associated governance has been impacted. The IJB has met virtually since ay 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 worked with all partners at a local and national level to play our part in the response to the pandemic and had to respond swiftly to a number of challenges as we have demonstrated in this report.

As the situation evolved over the last year we have responded to lockdowns, changing restrictions and many iterations of guidance on a range of Covid-19 related issues. We have outlined in this report how we have governed these changes, adapted existing and set up new services and how we have funded the associated costs.

Operational Governance

The recommendations from the follow up audit on the implementation of the Care Finance system were taken pre Covid-19 to the Performance and Audit Committee with progress updates on a six-monthly timescale. Progress had 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 2021/22.

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.

Oversight of the Care at Home service and the required improvement activity has been maintained over the course of the pandemic by the Chief Officer, with continued regular updates to the IJB and the Clinical and Care Governance forum.

The improvement activities required by the Care Inspectorate are now embedded within our care at home operations and we are confident this will be recognised at the next inspection. Whilst some improvement areas, such as training and medication management, have been impacted by restrictions associated with the challenges faced over the pandemic, we hope the Care Inspectorate will acknowledge that significant progress has been made to evidence the required improvements. The follow up inspection itself has been delayed as a result of the pandemic.

Phase two of our service redesign has recommenced and is incorporated as part of the Recovery and Renewal programme. This will focus on the review and development of our

management roles to ensure our frontline workers are supported in the community. Whilst we have been successful in recruiting new care at workers we still have work to do around historic work patterns, ensuring our workforce is better aligned to meet service demand and continuity of support for the people we support. The follow up inspection has yet to take place, delayed by the pandemic.

We had a brief period during 2020/21 where we had started to look at Recovery prior to the second wave of the pandemic and this is incorporated into our Recovery and Renewal Programme. This will also help inform our next three year Strategic Plan for 2023-2026.

There are significant implications from both the emergency response and from the emerging recovery phase. We continue to report Covid-19 activity and costs to the Scottish Government via the NHS Greater Glasgow and Clyde Mobilisation Plan as well as to the IJB.

Action Plan

The table below shows the progress made during 2020/21 against the actions that we identified in our 2019/20 annual report and accounts. It does need to be recognised that these actions were agreed at the start of the pandemic and the focus and prioritisation of the last year has been on our response to the pandemic.

Action	Progress
Complete our Care at Home action plan with updates at each IJB until full implementation.	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.
Revise our Medium-Term Financial Plan once the implications from the Covid-19 pandemic are clearer.	A refreshed Medium-Term Financial Plan will be presented to the IJB on 23 June 2021. Regular updates will be provided thereafter.
Implement commissioning arrangements for unscheduled care once the system wide commission plan is finalised.	Work is ongoing and the plan and associated financial framework will be brought to the IJB during 2021/22.
Continue to report on our Strategic Improvement Plan until fully complete.	This work was not a priority during the pandemic response.
Review our Best Value reporting with our Annual Performance Report.	This has not progressed during the Covid-19 response, with the exception of attendance at a national workshop in preparation for future work.
Implement our Recovery work programme whilst recognising that this will need to flex and adapt to changing circumstances.	We had a brief period where we started to consider recovery during 2020/21 however the second wave of the pandemic meant we quickly returned to response. Our Recovery and Renewal Programme will be regularly reported to the IJB throughout 2021/22.

The actions to take in 2021/22 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.
- Regularly review and refresh our Medium-Term Financial Plan once the implications from the Covid-19 pandemic and the national care service become clearer. This will include reporting progress on savings achieved and operational financial performance throughout the year.
- Implement the commissioning arrangements for unscheduled care once the development work has been 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 and Renewal programme with regular reporting to the IJB including the associated financial implications.

- Refresh our Integration Scheme as work on this was paused during 2020/21.
- Continue to monitor the costs associated with Covid-19 and sustainability throughout 2021/22 and beyond.
- Recommence review of our Strategic Action Plan, paused during the response to the pandemic.

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 24th November 2021

Julie Murray

Chief Officer

Integration Joint Board 24th November 2021

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

Need to leave space for Audit Scotland – last year 3 pages

This will be included for the audited accounts in November

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 2021

2019/20			2020/21				
Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Objective Analysis	Note	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
11,729	697	11,032	Children and Families		13,879	1,361	12,518
25,065	2,246	22,819	Older People's Services		24,607	3,159	21,448
5,765	58	5,707	Physical/Sensory Disability		5,923	395	5,528
18,966	709	18,257	Learning Disability – Community		20,305	1,703	18,602
9,673	1,314	8,359	Learning Disability – Inpatients		9,818	1,128	8,690
393	173	220	Augmentative & Alternative Communication		503	266	237
13,065	1,848	11,217	Intensive Services		16,078	2,306	13,772
5,289	178	5,111	Mental Health		6,387	492	5,895
2,224	205	2,019	Addictions / Substance Misuse		2,488	156	2,332
25,276	1,471	23,805	Family Health Services		26,198	166	26,032
16,090	0	16,090	Prescribing		15,858	0	15,858
609	609	0	Criminal Justice		696	698	(2)
132	0	132	Planning and Health Improvement		142	0	142
10,055	1366	8,689	Management and Admin		26,732	4,007	22,725
223	0	223	Corporate Services	6	229	-	229
144,554	10,874	133,680	Cost of Services Managed by ER IJB		169,843	15,837	154,006
31,223	-	31,223	Set Aside for delegated services provided in large hospitals		36,149	-	36,149
276	-	276	Aids and Adaptations		174	-	174
176,053	10,874	165,179	Total Cost of Services to ER IJB		206,166	15,837	190,329
-	103,447	103,447	NHS Greater Glasgow and Clyde	3	-	126,714	126,714
-	49,565	49,565	East Renfrewshire Council	3	-	57,531	57,531
-	6,424	6,424	Resource Transfer	3	-	6,568	6,568
-	5,132	5,132	Social Care Fund	3	-	5,275	5,275
0	164,568	164,568	Taxation and Non Specific Grant Income		0	196,088	196,088
176,053	175,442	611	(Surplus) or Deficit on Provision of Services		206,166	211,925	(5,759)
176,053	175,442	611	Total Comprehensive (Income) and Expenditure		206,166	211,925	(5,759)

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.

2019/20 £000	General Reserves	2020/21 £000
(5,337)	Balance as at 31 st March 2020 brought forward	(4,726)
611	Total Comprehensive Income & Expenditure	(5,759)
611	(Surplus) or Deficit on the Provision of Services	(5,759)
(4,726)	BALANCE AS AT 31st MARCH 2021 CARRIED FORWARD	(10,485)

The reserves above are all useable.

BALANCE SHEET**As at 31st March 2021**

The Balance Sheet as at 31st March 2021 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 2020 £000		Notes	31st March 2021 £000
5,249	Current Assets		11,245
5,249	Short Term Debtors	7	11,245
523	Current Liabilities		760
523	Short Term Creditors	7	760
4,726	Net Assets		10,485
(4,726)	Reserves	8	10,485
(4,726)	Total Reserves		10,485

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31st March 2021 and its income and expenditure for the year then ended.

The audited annual report and accounts will be submitted for approval and issue by the IJB on 24th November 2021.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 23rd June 2021

Notes to the Financial Statements

1. Accounting Policies

1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2020/21 reporting period and its position as at 31st March 2021.

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 2020/21 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 an historic cost basis.

1.5 Funding

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

1.6 Reserves

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

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

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

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

1.7 Events after the Balance Sheet Date

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

Where events take place before the date of authorisation and provide information about conditions existing as at 31st March 2021 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 56) 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 2021.

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 2021.

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 2020 to 31st March 2021, with corresponding full year amounts for 2019/20.

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

2019/20 £000		2020/21 £000
(164,568)	Partners funding contribution and non-specific grant income	(195,878)
(10,874)	Fees and charges and other service income	(15,837)
(175,442)	2019/20 TOTAL FUNDING	(211,715)
39,793	Employee Costs	46,345
1,054	Premises Costs	1,202
315	Transport Costs	296
8,194	Supplies & Services	20,438
51,572	Third Party Payments	57,140
2,314	Support Costs	2,454
16,089	Prescribing	19,717
25,276	Family Health Service	21,986
31,223	Acute Hospital Services	36,149
196	Corporate Costs	202
27	External Audit Fee	27
176,053	2019/20 COST OF SERVICES	205,956

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

2019/20 £000		2019/20 £000
49,565	East Renfrewshire Council	57,531
103,447	NHS Greater Glasgow and Clyde	126,714
6,424	Resource Transfer	6,568
5,132	Social Care Fund	5,275
164,568	PARTNERS FUNDING CONTRIBUTION & NON SPECIFIC GRANT INCOME	196,088

The funding contribution from NHS Greater Glasgow and Clyde includes £36.149 million for East Renfrewshire's use of set aside for delegated services provided in large hospitals. These services are provided by the NHS, which retains responsibility for managing the costs of providing the service; the IJB however, has responsibility for the consumption of and level of demand placed on these services.

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

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2020/21 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 2020/21 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2020/21 financial statements. The cost of the hosted service provided to other IJBs as well as that consumed by East Renfrewshire for the Learning Disability Inpatients and Augmentative and Alternative Communication is detailed below.

2019/20 £000	LEARNING DISABILITY IN-PATIENTS SERVICES HOSTED BY EAST RENFREWSHIRE IJB	2020/21 £000
5,659	Glasgow	4,754
1,347	Renfrewshire	1,349
199	Inverclyde	612
846	West Dunbartonshire	653
196	East Dunbartonshire	0
8,247	Learning Disability In-Patients Services Provided to other IJBs	7,368
112	East Renfrewshire	1,926
8,359	TOTAL LEARNING DISABILITY IN-PATIENTS SERVICES	9,294
2019/20 £000	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION HOSTED BY EAST RENFREWSHIRE IJB	2020/21 £000
72	Glasgow	89
7	Renfrewshire	33
-	Inverclyde	3
4	West Dunbartonshire	3
25	East Dunbartonshire	19
108	AAC Services Provided to other IJBs	147
11	East Renfrewshire	19
119	TOTAL AAC SERVICES *	166

*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.

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.

2019/20 £000	SERVICES PROVIDED TO EAST RENFREWSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE	2020/21 £000
460	Physiotherapy	451
48	Retinal Screening	43
464	Podiatry	352
303	Primary Care Support	285
297	Continence	325
618	Sexual Health	594
906	Mental Health	1,168
868	Oral Health	867
348	Addictions	346
194	Prison Health Care	197
162	Health Care in Police Custody	158
4,211	Psychiatry	4,644
8,879	NET EXPENDITURE ON SERVICES PROVIDED	9,430

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 2020/21. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

2019/20 £000	Income – payments for integrated functions	2020/21 £000
108,461	NHS Greater Glasgow and Clyde	130,367
66,981	East Renfrewshire Council	81,558
175,442	TOTAL	211,925
2019/20 £000	Expenditure – payments for delivery of integrated functions	2020/21
108,461	NHS Greater Glasgow and Clyde	130,367
67,592	East Renfrewshire Council	75,799
176,053	TOTAL	206,166

6. Corporate Expenditure

2019/20 £0	Corporate Expenditure	2020/21 £0
196	Staff Costs	202
27	Audit Fee	27
223	TOTAL	229

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 2021.

The support services provided through East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and the charge is included for 2020/21. The Covid-19 related costs within these services has been met from our Covid-19 funding.

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice for 2020/21 amounted to £27,330. Audit Scotland did not provide any non-audit services during 2020/21.

VAT is not included in the costs identified.

7. Short Term Debtors and Creditors

2019/20 £000	Short Term Debtors	2020/21 £000
550	NHS Greater Glasgow and Clyde	5,890
4,699	East Renfrewshire Council	5,355
5,249	TOTAL	11,245
2019/20 £000	Short Term Creditors	2020/21 £000
462	NHS Greater Glasgow and Clyde	760
61	East Renfrewshire Council	0
523	TOTAL	760

8. Reserves

As at 31st March 2021 the IJB holds earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve is also held to allow us to meet any unforeseen or unanticipated events that may impact on the IJB.

The reserves are part of the financial strategy of the IJB in order to better manage the costs and risks across financial years.

The reserves of the IJB fall into three types:

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

The year on year movement in reserves is summarised:

Summary	£ Million	£ Million
Reserves at 31 March 2020		4.726
Planned use of existing reserves during the year	(0.831)	
Funds added to reserves during the year	6.590	
Net increase in reserves during the year		5.759
Reserves at 31 March 2021		10.485

The table on the following page provides the detailed movement across all reserves.

2019/20 £000	Reserves	Used £000	Added £000	Transfers In / (Out) £000	2020/21 £000
	0 Mental Health Action 15		156		156
	83 Alcohol & Drugs Partnership	15	123		191
	0 Drugs Death Taskforce		39		39
	170 Primary Care Improvement	133	877		914
	78 GP Premises Fund		23		101
	0 COVID Allocations		3,165		3,165
331	TOTAL RING-FENCED RESERVES	148	4,383	0	4,566
1,027	Budget Savings Phasing		833		1,860
271	In Year Pressures	106			165
222	Prescribing		288		510
1,520	Total Bridging Finance	106	1,121	-	2,535
460	Residential Accommodation				460
100	Health Visitors		83		183
100	Home & Belonging	42			58
311	Counselling in Schools		376		687
35	Continuing Care	35			0
15	Child Healthy Weight Programme				15
0	Children and Young Peoples Mental Health Framework		127		127
0	Recovery Activity with Partners		101		101
1,021	Children & Families	77	687	-	1,631
1,039	Transitional Funding Learning Disability Specialist Services	385	-	-	654
100	District Nursing	26			74
0	Community Living Change Allocation		295		295
0	Additions Residential Rehabilitation		37		37
0	Mental Health Community Psychology		16		16
0	Care Home Oversight Support		51		51
101	Augmentative & Alternative Communication	31			70
201	Total Projects	57	399	-	543
100	Renewals & Repairs	-	-	-	100
150	Partnership Strategic Framework	58			92
92	Organisational Learning & Development				92
242	Total Capacity	58	-	-	184
4,123	TOTAL EARMARKED RESERVES	683	2,207	0	5,647
272	TOTAL GENERAL RESERVES	-	-	-	272
4,726	TOTAL ALL RESERVES	831	6,590	0	10,485

9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31st March 2021.

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 2020/21 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 2020/21 accounts have been prepared.

12. Post Balance Sheet Events

The 2020/21 Annual Report and Accounts will be authorised for issue by the IJB on the 24th November 2021. 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.

The treatment of costs relating to PPE Hub and testing activity is yet to be finalised. This will be reflected in the audited accounts.

13. Prior Period Restatement

There are no prior period restatement included for the annual report and accounts for 2020/21.

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

24th November 2021

Julie Murray
Chief Officer
Integration Joint Board

24th November 2021

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board

24th November 2021

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	23 June 2021
Agenda Item	8
Title	2020-21 End Year Performance Update and postponement of Annual Performance Report
<p>Summary</p> <p>Following emergency legislation in response to the Covid-19 outbreak, public authorities were granted the temporary power to delay publication of statutory reports where this would interfere with our coronavirus response. In March 2021, recognising the continuing pressures from the pandemic, the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30th September 2020. This means that IJBs are able to extend the date of publication of Annual Performance Reports through to November, using the same mechanisms as the previous year. Given the volume of work and requirement for input to the review from partners and services, it has been decided that we will postpone publication of our Annual Performance Report to August 2021.</p> <p>This paper provides an update on the End Year performance data for 2020-21 and a summary of key performance trends for consideration. The performance measures were developed to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan 2018-2021. 2020-21 is the final year of the current strategic plan.</p>	
Presented by	Steven Reid Policy, Planning and Performance Manager
<p>Action Required</p> <p>The Performance and Audit Committee is asked to:</p> <ul style="list-style-type: none"> • note that the publication date for the HSCP Annual Performance Report 2020-21 has been postponed from 31 July 2021 to 31 August 2021; and • note and comment on the End-Year Performance Update for 2020-21. 	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

23 JUNE 2021

Report by Chief Officer

**2020-21 END YEAR PERFORMANCE UPDATE
AND POSTPONEMENT OF ANNUAL PERFORMANCE REPORT**

PURPOSE OF REPORT

1. The purpose of this report is to notify the Performance and Audit Committee of the decision to postpone publication of our Annual Performance Report for 2020-21 and provide a summary update of key performance for 2020-21.

RECOMMENDATION

2. The Performance and Audit Committee is asked to:
 - note that the publication date for the HSCP Annual Performance Report 2020-21 has been postponed from 31 July 2021 to 31 August 2021; and
 - note and comment on the End-Year Performance Update for 2020-21.

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 placed 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. In March 2021, recognising the continuing pressures from the pandemic, the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30th September 2020. This means that IJBs are able to extend the date of publication of Annual Performance Reviews through to November 2021, using the same mechanisms as the previous year, which are laid out in the [Coronavirus Scotland Act \(2020\), Schedule 6, Part 3](#).
6. Given the volume of work required for a full review of performance and activity during 2020-21, and specifically the requirement for input to the review from partners and services, it has been decided that we will postpone publication of our Annual Performance Review to August 2021. As an interim measure we provide the IJB with a full performance data report and summary of key performance trends below.

REPORT

7. The Chief Officer has agreed to delay the publication date for the Annual Performance Report until 31 August 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.
8. A draft of the report will be presented to the Integration Joint Board at its next meeting on 11 August for approval. Subject to approval, the report will be published on our website by 31 August and promoted through media channels. We will post a public notification of the rescheduling of the report on our website before the original publication date of 31 July. This approach is in line with most other IJBs in Scotland.
9. The attached report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Strategic Plan 2018-2021:
 - Mental wellbeing is improved among children, young people and families in need.
 - People are supported to stop offending and rebuild their lives through new community justice pathways.
 - Wellbeing is improved in our communities that experience shorter life expectancy and poorer health.
 - People are supported to maintain their independence at home and in their local community.
 - People who experience mental ill-health are supported on their journey to recovery.
 - Unplanned admissions to hospital are reduced.
 - People who care for someone are able to exercise choice and control in relation to their caring activities.
10. The final section of the data report contains a number of organisational indicators relating to our staff and customers. The report presents each indicator with a RAG status in relation to the target for the reporting period (where a target is set), along with trend arrows, charts and commentary on performance. Key performance messages are summarised below.

Performance impact during Covid-19 pandemic

11. 2020-21 has seen the HSCP face the unprecedented challenge of the Covid-19 pandemic. During the crisis, 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. Our strong local partnerships have responded with great innovation and greater collaborative working with and in support of our local communities. During the pandemic we established and ran a local Community Assessment Centre for people with respiratory problems. We successfully distributed high volumes of essential PPE supplies and have delivered an enhanced flu vaccination programme and Covid-19 vaccination programme. We have developed and coordinated many services and supports to care homes, who have been caring for some of our most vulnerable residents.
12. To support the wider wellbeing needs of our residents we worked in partnership to support the development of the Community Hub which has supported residents to access information and signposted to local community supports as well as establishing new shopping and prescription delivery service. It also responded to the growing need for social contact by those who were reporting feeling isolated, especially those who

were shielding. With our colleagues in education we set up the Healthier Minds service to respond to the mental wellbeing of our children and young people.

13. Our Covid-19 response activity has happened in addition to our planned operational priorities. Much of the performance data for 2020-21 reflects the direct impact of the pandemic on operational activity and changed behaviours among the population during lockdowns and the pandemic period more generally.

Supporting children and families

14. Our children's services have maintained high rates of contact with children during the pandemic (Childs Plan contacts – av. 72%/week; Child Protection – av. 100%/week; throughcare/aftercare – av. 90%/week), and have successfully managed to support the highest number of looked after children in school (57%). Teams are seeing increasing complexity particularly for children with diagnosed neurodevelopmental disorders and a higher prevalence of families in crisis leading to more of these children coming under child protection and an associated increase in numbers coming into care. Headline performance data includes:

- % starting CAMHS treatment within 18 weeks – 61% down from 78%
- Care experienced children – positive performance on permanence – 1 child with 3+ placements
- 95% of care experienced children supported in community – Ranked 3rd best in Scotland (Local Government Benchmarking Framework (LGBF))
- Child protection - 88% child protection cases with increased safety
- Reduced % of children subject to child protection offered advocacy – 66%

Supporting people through criminal justice pathways

15. Despite the significant impact of the pandemic which saw unpaid work suspended on 23rd March 2020, the Community Payback Team completed 2,417 hours of activity equating to £21,535 of unpaid work which directly benefited the local community. Through creative use of “other activity homeworking pack” the team helped reduce the number of outstanding hours and ensured some people completed orders within timescales. Whilst there has been an overall reduction in referrals for employability support, positive employment outcomes have been maintained at 65%. Strong support for women and families affected by domestic abuse continued throughout the pandemic. Headline performance data for the Criminal Justice service includes:

- Percentage of unpaid work placement completions within Court timescale – 75% up from 71% (although significant reduction in Community Payback Orders - 44 compared to 205 previous year)
- Positive Employability outcomes for people with convictions – overall reduction in referrals but positive outcomes maintained - 66% previous year 65%
- 92% of people reported that their order had helped address their offending - 8% reduction
- Domestic abuse outcomes for women - 114 reviews completed with 84% of women assessed noting improvement in progress (5.5% improvement on previous year).

Supporting people to maintain their independence at home

16. Whilst we had to close our day services during the pandemic, our learning disability staff worked with provider partners to develop outreach and wrap around support for individual and their families and our older people's Kirkton service staff were redeployed to support care at home supports. Care at home has seen additional pressures due to a

desire from more people to be supported at home and more complex discharges. Our rehabilitation teams have experienced increased pressures in the absence of a number of specialist rehabilitation services and earlier discharges from hospital (average of 40–50 referral per week in 2019/early 2020; now 70-80 per week over past 10 months). The increased frailty and complexity of people referred to our services has seen a decrease in the percentage of people whose care need has reduced following re-ablement. Headline performance data includes:

- Number of people self-directing their care through receiving direct payments and other forms of self-directed support – 556 up 7% from 518 in 19/20
- % of people 'living where you/as you want to live' needs met (%) – 91% up from 88%.
- % whose care need has reduced following re-ablement – 31% down from 67% (reflecting increased frailty, complexity of hospital discharge, pressure on service)

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

17. During 2020-21 our teams were dealing with a significant increase in demand across mental health and addiction services due to increases in complexity, and we expect this to increase going forward. With the aid of technology teams have been able to offer people ongoing support throughout pandemic, and access to treatment has been maintained. We established a peer research programme in alcohol and drugs settings that will enhance the influence of people with lived experience on service delivery and design and piloted a Buprenorphine clinic (a new, long-acting opiate substitution treatment and alternative to methadone and other substitutes). Mental health services have delivered a mental health and wellbeing remobilisation programme with the third sector including a recovery college pilot, staff capacity building around bereavement, mental health and suicide prevention, and wellbeing support to carers. Headline performance data for mental health and recovery includes:

- % waiting no longer than 18 weeks for access to psychological therapies – 74% up from 65% in 19/20
- % accessing alcohol/drug recovery treatment within 3 weeks – 95% up from 89%
- % moving from treatment to recovery – 6% down from 14% due to focus on maintaining stability for service users and reduction in staffing in recovery team due to vacancies which are now being filled
- No significant increase in mental health acute admissions during pandemic – latest age standardised rate is 1.6 per 1,000 population. Psychiatric admissions (adult and older people) was 175 in 20/21 - up slightly from 169 for 19/20.

Reducing unplanned hospital care

18. Patterns of accident and emergency and unplanned hospital admissions were significantly altered by the pandemic. During 2020-21 the HSCP has worked with other partnership and acute services in the Glasgow area to develop new services and pathways that will continue as we move into recovery. Our hospital to home team worked throughout the pandemic using virtual technology to undertake assessments and communicate with patients, relatives and ward staff. Overall bed days lost to delayed discharge are up 30% from 19/20, however the majority of these are due to delays in moving adults with incapacity, which has been impacted by court delays. Our performance for standard delays remains one of the best in Scotland. Headline performance data includes:

- Adult bed days lost to delayed discharge – 2,342 – up from 1,788 in 2019/20
- Adult A&E attendances – 13,677 – down 32% from 20,159
- Adult Emergency admissions – 6,518 – down 13.5% from 7,532

Supporting unpaid carers

19. Throughout 2020/21 we have maintained our positive partnership working with the ER Carers, ensuring carers had access to required guidance and PPE. Check-in calls to carers were introduced by ER Carers and carers were offered support to set up and manage a peer support Facebook Group. The Mental Health Carers group also continued to run virtually. We have worked with the Care Collective to refresh our carer's strategy. East Renfrewshire's Short Breaks Statement has been updated to ensure all advice and information is accurate and includes the development of creative, Covid-safe online breaks that meet the outcomes of the carer and the cared-for person. Headline performance data includes:
- 91% of unpaid carers reporting 'quality of life for carers' needs fully met (154 respondents) – similar to 19/20 result (92%)

Organisational performance

20. The way staff have been working has changed significantly during the pandemic with home working becoming the norm for large groups of employees. There have been shifts in patterns of sickness absence. We have also seen weakening performance on some operational processes such as complaints handling and invoice processing with staff focused on pandemic response and many staff members being redeployed into other work areas. Headline performance data includes:
- Sickness absence days per employee (ERC staff) – 13.6 days down from 19.1 days in 19/20.
 - Percentage of days lost to sickness absence for NHS staff – 5.5% down from 7.3%
 - Percentage of HSCP complaints responded to within timescale – NHS – 50% down from 56%; ERC – 65% down from 72%
 - Payment of invoices within timescale – 69% down from 74%

CONCLUSION

21. Significant work has been undertaken to establish a comprehensive performance report for 2020-21. The data shows that despite the significant challenges of the Covid-19 pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. We have seen some service areas more directly impacted by restrictions and areas where patterns of demand have shifted significantly during the reporting period. Through our recovery and renewal planning and the development of our next strategic plan we will ensure that our priorities and approaches meet the changing needs of our population. We will complete and publish our Annual Performance Report for 2020-21, building on the performance data and highlighting the experiences of services, partners and residents during the past year.

RECOMMENDATION

22. The Performance and Audit Committee is asked to:
- note that the publication date for the HSCP Annual Performance Review 2020-21 has been postponed from 31 July 2021 to 31 August 2021; and
 - note and comment on the End-Year Performance Update for 2020-21.

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

4 June 2021

HSCP Strategic Plan Performance Report 2020-21



Report Author: I Smith / S Reid
Generated on: May 2021

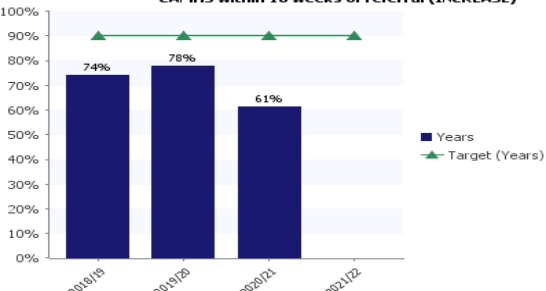
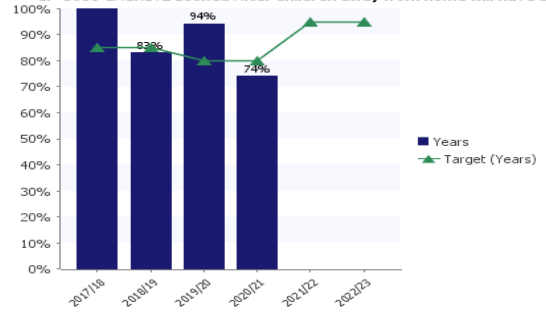
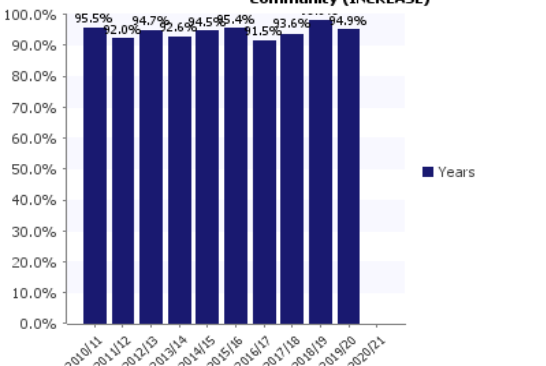
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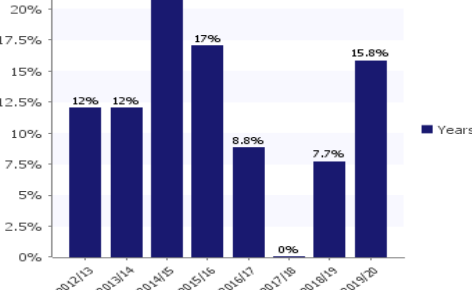

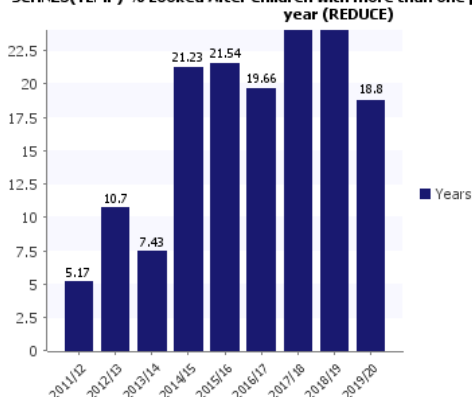
Green	performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)


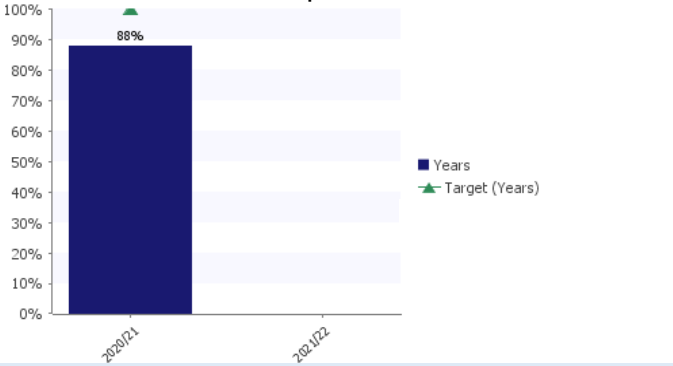

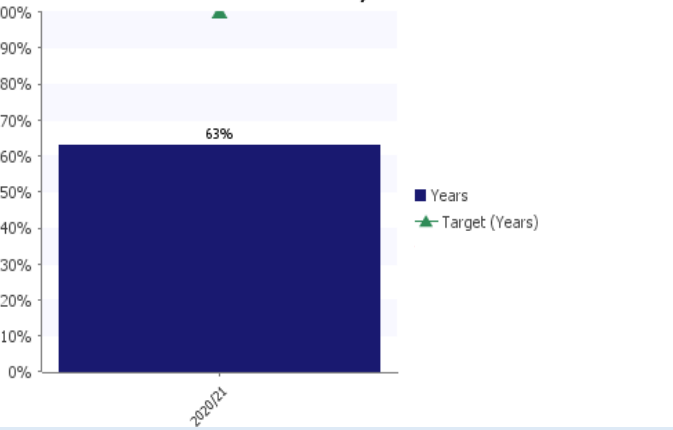
Trend arrows point upwards where there is **improved** performance (inc. where we aim to decrease the value).

East Renfrewshire Outcome Delivery Plan indicators highlighted in blue

1 - Mental wellbeing is improved among children, young people and families in need																											
Indicator	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend chart	Latest Note																				
DECREASE - Percentage of children looked after away from home who experience 3 or more placement moves	2020/21	1.2%	11.0%	Green	↓	<p>SOA09PI - 004.1 Percentage of children looked after away from home who experience 3 or more placement moves (REDUCE)</p> <table border="1"> <caption>SOA09PI - 004.1 Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2017/18</td><td>19.0%</td></tr> <tr><td>2018/19</td><td>8.3%</td></tr> <tr><td>2019/20</td><td>5.1%</td></tr> <tr><td>2020/21</td><td>1.2%</td></tr> </tbody> </table>	Year	Percentage	2017/18	19.0%	2018/19	8.3%	2019/20	5.1%	2020/21	1.2%	One child had 3 or more placement moves in the reporting year (86 children looked after between 01.04.20 and 31.03.21).										
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DECREASE -Child & Adolescent Mental Health - longest wait in weeks at month end	2020/21	35	18	Red	↓	<p>CHCP-CSP-CAMHS Child & Adolescent Mental Health - longest wait in weeks at month end (REDUCE)</p> <table border="1"> <caption>CHCP-CSP-CAMHS Data</caption> <thead> <tr> <th>Year</th> <th>Longest Wait (Weeks)</th> </tr> </thead> <tbody> <tr><td>2013/14</td><td>15</td></tr> <tr><td>2014/15</td><td>18</td></tr> <tr><td>2015/16</td><td>16</td></tr> <tr><td>2016/17</td><td>31</td></tr> <tr><td>2017/18</td><td>35</td></tr> <tr><td>2018/19</td><td>34</td></tr> <tr><td>2019/20</td><td>33</td></tr> <tr><td>2020/21</td><td>35</td></tr> <tr><td>2021/22</td><td>35</td></tr> </tbody> </table>	Year	Longest Wait (Weeks)	2013/14	15	2014/15	18	2015/16	16	2016/17	31	2017/18	35	2018/19	34	2019/20	33	2020/21	35	2021/22	35	Data is average monthly longest wait. Compares to 33 in 2019/20. Performance has been impacted by the Covid pandemic.
Year	Longest Wait (Weeks)																										
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2020/21	35																										
2021/22	35																										

Indicator	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend chart	Latest Note																								
<p>INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral</p>	2020/21	61%	90%	Red	↓	<p>HSCP-SP18-CAMHS Children and young people commencing treatment for specialist CAMHS within 18 weeks of referral (INCREASE)</p>  <table border="1"> <caption>HSCP-SP18-CAMHS Data</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>74%</td> <td>90%</td> </tr> <tr> <td>2019/20</td> <td>78%</td> <td>90%</td> </tr> <tr> <td>2020/21</td> <td>61%</td> <td>90%</td> </tr> <tr> <td>2021/22</td> <td>-</td> <td>90%</td> </tr> </tbody> </table>	Year	Value (%)	Target (%)	2018/19	74%	90%	2019/20	78%	90%	2020/21	61%	90%	2021/22	-	90%	<p>Average weekly data 2020/21. Performance has deteriorated against last year's figure (78%) this is thought to be due to the effects of the continuing Covid pandemic.</p>									
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2021/22	-	90%																													
<p>INCREASE - Accommodated children will wait no longer than 6 months for a Looked After Review meeting to make a permanence recommendation</p>	2020/21	74%	80%	Amber	↓	<p>CP-1618-LACREV2 Looked After Children away from home will have a LAC Review</p>  <table border="1"> <caption>CP-1618-LACREV2 Data</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>100%</td> <td>80%</td> </tr> <tr> <td>2018/19</td> <td>83%</td> <td>80%</td> </tr> <tr> <td>2019/20</td> <td>94%</td> <td>80%</td> </tr> <tr> <td>2020/21</td> <td>74%</td> <td>80%</td> </tr> <tr> <td>2021/22</td> <td>94%</td> <td>80%</td> </tr> <tr> <td>2022/23</td> <td>94%</td> <td>80%</td> </tr> </tbody> </table>	Year	Value (%)	Target (%)	2017/18	100%	80%	2018/19	83%	80%	2019/20	94%	80%	2020/21	74%	80%	2021/22	94%	80%	2022/23	94%	80%	<p>Of the 19 children who are looked after in this period, 14 have waited no longer than 6 months for a Looked After review to make a permanence recommendation. This is lower than the aim of 80% however COVID -19 restrictions had an impact on the ability to carry out assessments in relation to permanence with children and families within timescales.</p>			
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2022/23	94%	80%																													
<p>INCREASE - Balance of Care for looked after children: % of children being looked after in the Community (LGBF)</p>	2019/20	94.9%	-	Data Only	↓	<p>SCHN09 Balance of Care for looked after children: % of children being looked after in the Community (INCREASE)</p>  <table border="1"> <caption>SCHN09 Balance of Care Data</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2010/11</td> <td>95.5%</td> </tr> <tr> <td>2011/12</td> <td>92.0%</td> </tr> <tr> <td>2012/13</td> <td>94.7%</td> </tr> <tr> <td>2013/14</td> <td>92.6%</td> </tr> <tr> <td>2014/15</td> <td>94.5%</td> </tr> <tr> <td>2015/16</td> <td>95.4%</td> </tr> <tr> <td>2016/17</td> <td>91.5%</td> </tr> <tr> <td>2017/18</td> <td>93.6%</td> </tr> <tr> <td>2018/19</td> <td>94.9%</td> </tr> <tr> <td>2019/20</td> <td>94.9%</td> </tr> <tr> <td>2020/21</td> <td>94.9%</td> </tr> </tbody> </table>	Year	Value (%)	2010/11	95.5%	2011/12	92.0%	2012/13	94.7%	2013/14	92.6%	2014/15	94.5%	2015/16	95.4%	2016/17	91.5%	2017/18	93.6%	2018/19	94.9%	2019/20	94.9%	2020/21	94.9%	<p>East Renfrewshire has for the past three years been in the top 5 ranking for keeping children within their community. For this period we are significantly above the national average and our family group averages for the proportion of children who are looked after in a community rather than a residential setting.</p>
Year	Value (%)																														
2010/11	95.5%																														
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Indicator	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend chart	Latest Note																				
<p>DECREASE - % Child Protection Re-Registrations within 18 months (LGBF)</p>	<p>2019/20</p>	<p>15.8%</p>		<p>Data Only</p>		<p>SCHN22(TEMP) % Child Protection Re-Registrations within 18 months (REDUCE)</p>  <table border="1"> <caption>Child Protection Re-Registrations within 18 months (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2012/13</td><td>12%</td></tr> <tr><td>2013/14</td><td>12%</td></tr> <tr><td>2014/15</td><td>20%</td></tr> <tr><td>2015/16</td><td>17%</td></tr> <tr><td>2016/17</td><td>8.8%</td></tr> <tr><td>2017/18</td><td>0%</td></tr> <tr><td>2018/19</td><td>7.7%</td></tr> <tr><td>2019/20</td><td>15.8%</td></tr> </tbody> </table>	Year	Percentage	2012/13	12%	2013/14	12%	2014/15	20%	2015/16	17%	2016/17	8.8%	2017/18	0%	2018/19	7.7%	2019/20	15.8%	<p>Child protection re-registrations are higher than the previous year and also above the Scottish average. The increase from 18/19 – 19/20 is as a result of larger sibling groups being re-registered. Overall low figures locally mean that small numbers can appear as bigger variations and so the increase is not in fact statistically significant.</p>		
Year	Percentage																										
2012/13	12%																										
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2019/20	15.8%																										
<p>DECREASE - % Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF)</p>	<p>2019/20</p>	<p>18.8%</p>		<p>Data Only</p>		<p>SCHN23(TEMP) % Looked After Children with more than one placement within the last year (REDUCE)</p>  <table border="1"> <caption>Looked After Children with more than one placement within the last year (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>5.17</td></tr> <tr><td>2012/13</td><td>10.7</td></tr> <tr><td>2013/14</td><td>7.43</td></tr> <tr><td>2014/15</td><td>21.23</td></tr> <tr><td>2015/16</td><td>21.54</td></tr> <tr><td>2016/17</td><td>19.66</td></tr> <tr><td>2017/18</td><td>23.5</td></tr> <tr><td>2018/19</td><td>23.5</td></tr> <tr><td>2019/20</td><td>18.8</td></tr> </tbody> </table>	Year	Percentage	2011/12	5.17	2012/13	10.7	2013/14	7.43	2014/15	21.23	2015/16	21.54	2016/17	19.66	2017/18	23.5	2018/19	23.5	2019/20	18.8	<p>Our performance has improved on this indicator. Although the figure for placement moves is higher than the national average it is lower than the family group average. The context in this respect is important to understand. Given the small numbers of looked after children in East Renfrewshire sibling groups who move make a significant effect on our overall percentage. One placement move can also represent a rehabilitation home and move to adoptive parents therefore there are placement moves which are positive moves for a child which increase security and stability.</p>
Year	Percentage																										
2011/12	5.17																										
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Indicator	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend chart	Latest Note						
INCREASE - Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods	2020/21	88%	100%	Red		<p>HSCP-SoS-01 Percentage of children with child protection plans assessed by the multi-agency team as having an increase in their scaled level of safety at three monthly review periods</p>  <table border="1"> <caption>HSCP-SoS-01 Data</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2020/21</td> <td>88%</td> <td>100%</td> </tr> </tbody> </table>	Year	Value (%)	Target (%)	2020/21	88%	100%	Average annual outturn based on Qtrs 3 and 4 data only. Review Case Conferences mainly saw an increase in the safety of the child, however for one the risk increased and the child was accommodated.
Year	Value (%)	Target (%)											
2020/21	88%	100%											
INCREASE - Percentage of children subject to child protection who have been offered advocacy	Q2 2020/21	63%	100%	Red		<p>HSCP-ADV-01 Percentage of children subject to child protection who have been offered advocacy</p>  <table border="1"> <caption>HSCP-ADV-01 Data</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Q2 2020/21</td> <td>63%</td> <td>100%</td> </tr> </tbody> </table>	Year	Value (%)	Target (%)	Q2 2020/21	63%	100%	The Covid pandemic and lockdown has impacted on our ability to engage with children and young people in the way we would under pre-lockdown conditions. Therefore conversations about advocacy can be more challenging. What we are seeing overall is that there is a more consistent offer of advocacy to children subject to child protection and this is an overall improvement in practice.
Year	Value (%)	Target (%)											
Q2 2020/21	63%	100%											

2 - People are supported to stop offending and rebuild their lives through new community justice pathways																																	
Indicator	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																										
INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.	2020/21	75%	80%	Amber	↑	<p>CJOIP-PI-6a Community Payback Orders - Percentage of unpaid work placement completions within Court timescales (INCREASE)</p> <table border="1"> <caption>CJOIP-PI-6a Community Payback Orders - Percentage of unpaid work placement completions within Court timescales (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>93%</td></tr> <tr><td>2010/11</td><td>83%</td></tr> <tr><td>2011/12</td><td>90%</td></tr> <tr><td>2012/13</td><td>85%</td></tr> <tr><td>2013/14</td><td>75%</td></tr> <tr><td>2014/15</td><td>96%</td></tr> <tr><td>2015/16</td><td>92%</td></tr> <tr><td>2016/17</td><td>84%</td></tr> <tr><td>2017/18</td><td>71%</td></tr> <tr><td>2018/19</td><td>75%</td></tr> <tr><td>2019/20</td><td>71%</td></tr> <tr><td>2020/21</td><td>75%</td></tr> </tbody> </table>	Year	Percentage	2009/10	93%	2010/11	83%	2011/12	90%	2012/13	85%	2013/14	75%	2014/15	96%	2015/16	92%	2016/17	84%	2017/18	71%	2018/19	75%	2019/20	71%	2020/21	75%	There was significant disruption to CPO activity as a result of Covid-19, with a much lower number completed within the year. 44 Community Payback Orders were completed compared to 205 in the previous year (a 79% reduction).
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INCREASE - % of service users moving from treatment to recovery service.	2020/21	6%	10%	Red	↓	<p>HSCP-ADP-12 % of service users moving from drug treatment to recovery service</p> <table border="1"> <caption>HSCP-ADP-12 % of service users moving from drug treatment to recovery service</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>17%</td></tr> <tr><td>2012/13</td><td>10%</td></tr> <tr><td>2013/14</td><td>12%</td></tr> <tr><td>2014/15</td><td>7%</td></tr> <tr><td>2015/16</td><td>13%</td></tr> <tr><td>2016/17</td><td>9%</td></tr> <tr><td>2017/18</td><td>12%</td></tr> <tr><td>2018/19</td><td>22%</td></tr> <tr><td>2019/20</td><td>14%</td></tr> <tr><td>2020/21</td><td>6%</td></tr> <tr><td>2021/22</td><td>10%</td></tr> <tr><td>2022/23</td><td>10%</td></tr> </tbody> </table>	Year	Percentage	2011/12	17%	2012/13	10%	2013/14	12%	2014/15	7%	2015/16	13%	2016/17	9%	2017/18	12%	2018/19	22%	2019/20	14%	2020/21	6%	2021/22	10%	2022/23	10%	<p>19 service users moved from treatment to recovery.</p> <p>Team had 351 referral for 1 April 20 - 31 March 21 which equates to 6%</p>
Year	Percentage																																
2011/12	17%																																
2012/13	10%																																
2013/14	12%																																
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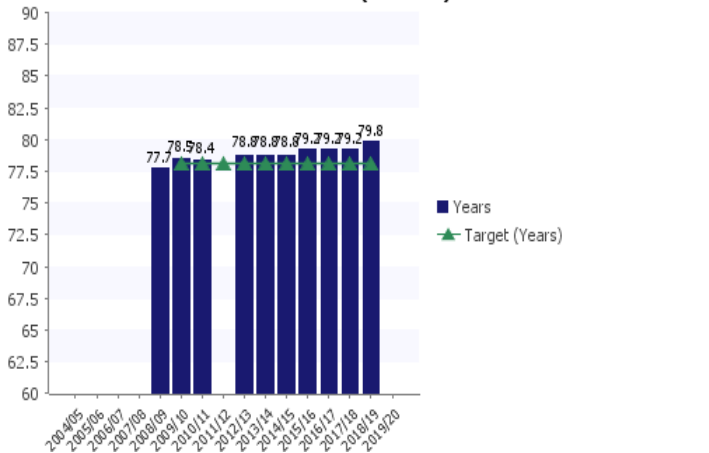

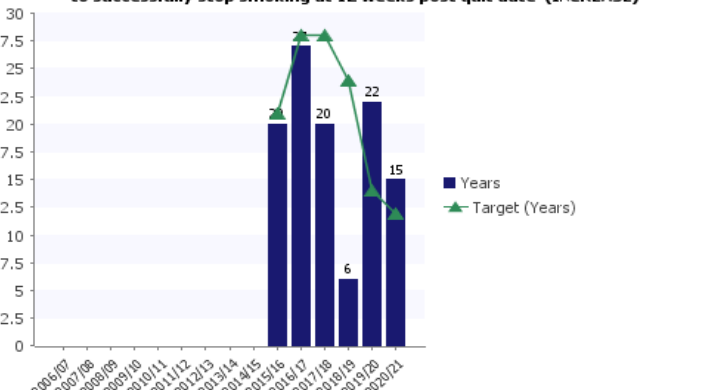
Indicator	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																											
<p>INCREASE - Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending?</p>	2020/21	92%	100%	Amber	↓	<p>CJOIP-PI-1 Did your Community Payback Order help you look at how to stop offending?</p> <table border="1"> <caption>CJOIP-PI-1 Data</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>2015/16</td><td>95%</td><td>100%</td></tr> <tr><td>2016/17</td><td>100%</td><td>100%</td></tr> <tr><td>2017/18</td><td>100%</td><td>100%</td></tr> <tr><td>2018/19</td><td>100%</td><td>100%</td></tr> <tr><td>2019/20</td><td>100%</td><td>100%</td></tr> <tr><td>2020/21</td><td>92%</td><td>100%</td></tr> <tr><td>2021/22</td><td>-</td><td>100%</td></tr> </tbody> </table>	Year	Value (%)	Target (%)	2015/16	95%	100%	2016/17	100%	100%	2017/18	100%	100%	2018/19	100%	100%	2019/20	100%	100%	2020/21	92%	100%	2021/22	-	100%	<p>Due to the Covid-19 pandemic, unpaid work was suspended on 23rd March 2020. As a result, just 44 Community Payback Orders were completed compared to 205 in the previous year (a 79% reduction). 13 survey forms were returned for those completing CPOs in 2020/21 with a 92% positive response.</p>			
Year	Value (%)	Target (%)																																
2015/16	95%	100%																																
2016/17	100%	100%																																
2017/18	100%	100%																																
2018/19	100%	100%																																
2019/20	100%	100%																																
2020/21	92%	100%																																
2021/22	-	100%																																
<p>INCREASE - % Change in women's domestic abuse outcomes</p>	2020/21	84%	70%	Green	↑	<p>CJOIP-PI-5 % Change in women's domestic abuse outcomes</p> <table border="1"> <caption>CJOIP-PI-5 Data</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>2015/16</td><td>87%</td><td>70%</td></tr> <tr><td>2016/17</td><td>66%</td><td>70%</td></tr> <tr><td>2017/18</td><td>65%</td><td>70%</td></tr> <tr><td>2018/19</td><td>64%</td><td>70%</td></tr> <tr><td>2019/20</td><td>79%</td><td>70%</td></tr> <tr><td>2020/21</td><td>84%</td><td>70%</td></tr> <tr><td>2021/22</td><td>-</td><td>70%</td></tr> <tr><td>2022/23</td><td>-</td><td>70%</td></tr> </tbody> </table>	Year	Value (%)	Target (%)	2015/16	87%	70%	2016/17	66%	70%	2017/18	65%	70%	2018/19	64%	70%	2019/20	79%	70%	2020/21	84%	70%	2021/22	-	70%	2022/23	-	70%	<p>From April 2020 – March 2021, East Renfrewshire Women's Aid service reported significant change and improvement for women across all reported outcomes 114 reviews were completed with 84% of women assessed noting improvement in progress in their outcomes overall. Reduction in risk is reflected in the significant increases in the areas of safety with 89% improvement, health & wellbeing 80%, and empowerment and self-esteem 80%.</p>
Year	Value (%)	Target (%)																																
2015/16	87%	70%																																
2016/17	66%	70%																																
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2020/21	84%	70%																																
2021/22	-	70%																																
2022/23	-	70%																																
<p>INCREASE - % Positive employability and volunteering outcomes for people with convictions.</p>	2019/20	65%	60.0%	Green	↑	<p>CJOIP-PI-7 % Positive employability and volunteering outcomes for people with convictions (INCREASE)</p> <table border="1"> <caption>CJOIP-PI-7 Data</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>2017/18</td><td>-</td><td>60%</td></tr> <tr><td>2018/19</td><td>55.0%</td><td>60%</td></tr> <tr><td>2019/20</td><td>65.0%</td><td>60%</td></tr> <tr><td>2020/21</td><td>-</td><td>60%</td></tr> </tbody> </table>	Year	Value (%)	Target (%)	2017/18	-	60%	2018/19	55.0%	60%	2019/20	65.0%	60%	2020/21	-	60%	<p>In 2019/20 Justice Services referred 27 people to a range of employability support services. Work East Ren reported 17 new registrations for people with convictions. 10 young people subject to a CPOs were registered with the Family Firm service. A total of 35 people demonstrated a positive employability outcome. Latest data at May 2021.</p>												
Year	Value (%)	Target (%)																																
2017/18	-	60%																																
2018/19	55.0%	60%																																
2019/20	65.0%	60%																																
2020/21	-	60%																																

Indicator	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																								
<p>INCREASE - Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines.</p>	2020/21	5	419	Red	↓	<p>HSCP-ADP02bi Alcohol brief interventions - Brief interventions delivered</p> <table border="1"> <caption>HSCP-ADP02bi Alcohol brief interventions - Brief interventions delivered</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>538</td></tr> <tr><td>2011/12</td><td>469</td></tr> <tr><td>2012/13</td><td>460</td></tr> <tr><td>2013/14</td><td>306</td></tr> <tr><td>2014/15</td><td>579</td></tr> <tr><td>2015/16</td><td>1268</td></tr> <tr><td>2016/17</td><td>468</td></tr> <tr><td>2017/18</td><td>331</td></tr> <tr><td>2018/19</td><td>93</td></tr> <tr><td>2019/20</td><td>33</td></tr> <tr><td>2020/21</td><td>5</td></tr> </tbody> </table>	Year	Value	2010/11	538	2011/12	469	2012/13	460	2013/14	306	2014/15	579	2015/16	1268	2016/17	468	2017/18	331	2018/19	93	2019/20	33	2020/21	5	<p>The delivery of Alcohol Brief Interventions has been greatly affected by the Covid pandemic and no HSCPs in the Greater Glasgow and Clyde Health Board area have met targets. Although the number of ABIs carried out in East Renfrewshire (5 up to end of Q3) is very low there were 415 ABI screenings conducted in primary care settings.</p>
Year	Value																														
2010/11	538																														
2011/12	469																														
2012/13	460																														
2013/14	306																														
2014/15	579																														
2015/16	1268																														
2016/17	468																														
2017/18	331																														
2018/19	93																														
2019/20	33																														
2020/21	5																														
<p>INCREASE - Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks.</p>	2020/21	95.0%	90.0%	Green	↑	<p>HSCP-ADP-05 Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.</p> <table border="1"> <caption>HSCP-ADP-05 Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>64.0%</td></tr> <tr><td>2011/12</td><td>84.0%</td></tr> <tr><td>2012/13</td><td>88.0%</td></tr> <tr><td>2013/14</td><td>92.0%</td></tr> <tr><td>2014/15</td><td>96.0%</td></tr> <tr><td>2015/16</td><td>95.0%</td></tr> <tr><td>2016/17</td><td>92.0%</td></tr> <tr><td>2017/18</td><td>95.0%</td></tr> <tr><td>2018/19</td><td>95.0%</td></tr> <tr><td>2019/20</td><td>95.0%</td></tr> <tr><td>2020/21</td><td>95.0%</td></tr> </tbody> </table>	Year	Value	2010/11	64.0%	2011/12	84.0%	2012/13	88.0%	2013/14	92.0%	2014/15	96.0%	2015/16	95.0%	2016/17	92.0%	2017/18	95.0%	2018/19	95.0%	2019/20	95.0%	2020/21	95.0%	<p>Performance has improved steadily over the course of the pandemic from 64% in Q1 to 95% at the end of Q4. At the start of the year the service was affected by staff absences and the ongoing impact of Covid restrictions on service delivery. By Q2 effective arrangements for assessment and beginning treatment were well embedded.</p>
Year	Value																														
2010/11	64.0%																														
2011/12	84.0%																														
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Indicator	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note														
INCREASE - People agreed to be at risk of harm and requiring a protection plan have one in place	2020/21	100%	100%	Green	■	<p>OD8-HSCP-PROPLAN People agreed to be at risk of harm and requiring a protection plan have one in place</p> <table border="1"> <caption>OD8-HSCP-PROPLAN Data</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2016/17</td><td>100</td></tr> <tr><td>2017/18</td><td>100</td></tr> <tr><td>2018/19</td><td>100</td></tr> <tr><td>2019/20</td><td>100</td></tr> <tr><td>2020/21</td><td>100</td></tr> <tr><td>2021/22</td><td>100</td></tr> </tbody> </table>	Year	Value (%)	2016/17	100	2017/18	100	2018/19	100	2019/20	100	2020/21	100	2021/22	100	All residents identified as at risk of harm by the HSCP have a bespoke protection plan in place.
Year	Value (%)																				
2016/17	100																				
2017/18	100																				
2018/19	100																				
2019/20	100																				
2020/21	100																				
2021/22	100																				

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

Indicator	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Notes & History Latest Note																																		
INCREASE - Male life expectancy at birth in 15 per cent most deprived communities	2018/19	74.7	71.7	Green	▲	<p>SOA09PI - 005.1E Male life expectancy at birth in 15 per cent most deprived communities (INCREASE)</p> <table border="1"> <caption>SOA09PI - 005.1E Data</caption> <thead> <tr> <th>Year</th> <th>Value (Years)</th> </tr> </thead> <tbody> <tr><td>2004/05</td><td>71.7</td></tr> <tr><td>2005/06</td><td>71.7</td></tr> <tr><td>2006/07</td><td>71.7</td></tr> <tr><td>2007/08</td><td>71.7</td></tr> <tr><td>2008/09</td><td>71.7</td></tr> <tr><td>2009/10</td><td>71.7</td></tr> <tr><td>2010/11</td><td>71.7</td></tr> <tr><td>2011/12</td><td>71.7</td></tr> <tr><td>2012/13</td><td>71.7</td></tr> <tr><td>2013/14</td><td>71.7</td></tr> <tr><td>2014/15</td><td>71.7</td></tr> <tr><td>2015/16</td><td>71.7</td></tr> <tr><td>2016/17</td><td>73.9</td></tr> <tr><td>2017/18</td><td>73.9</td></tr> <tr><td>2018/19</td><td>74.7</td></tr> <tr><td>2019/20</td><td>74.7</td></tr> </tbody> </table>	Year	Value (Years)	2004/05	71.7	2005/06	71.7	2006/07	71.7	2007/08	71.7	2008/09	71.7	2009/10	71.7	2010/11	71.7	2011/12	71.7	2012/13	71.7	2013/14	71.7	2014/15	71.7	2015/16	71.7	2016/17	73.9	2017/18	73.9	2018/19	74.7	2019/20	74.7	The most recent NRS figure for male life expectancy at birth in SIMD 1 areas of East Renfrewshire was 74.7 years (up from 73.9 years in 2017/18) compared to 84 years in SIMD 5 areas (Published by NRS Dec 2019). For the whole male population estimated life expectancy at birth was 80.3 years, 2017-19. Over the period between 2001-03 and 2017-19, male life expectancy at birth in East Renfrewshire has risen by 5.8%. This is the 8th highest percentage change out of all 32 council areas in Scotland and this is higher than the percentage change for Scotland overall (+5.0%). (Source: National Records of Scotland, Dec 2020)
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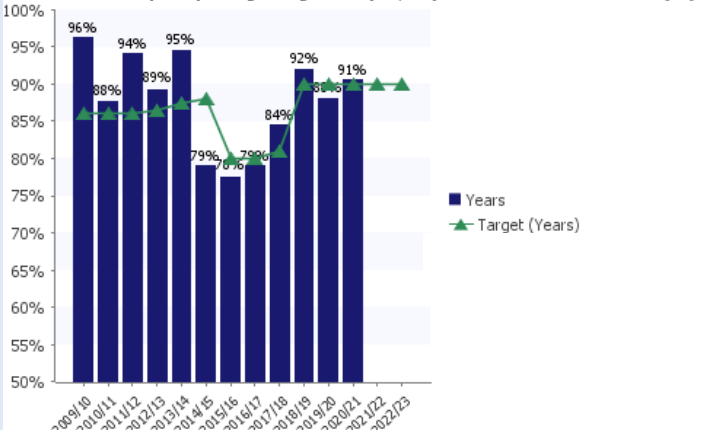

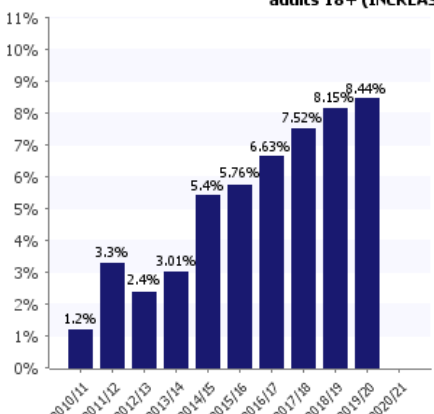
Indicator	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Notes & History Latest Note																																		
<p>INCREASE - Female life expectancy at birth in 15 per cent most deprived communities</p>	<p>2018/19</p>	<p>79.8</p>	<p>78.1</p>	<p>Green</p>		<p>SOA09PI - 005.1F Female life expectancy at birth in 15 per cent most deprived communities (INCREASE)</p>  <table border="1"> <caption>Female life expectancy at birth in 15 per cent most deprived communities (Years)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2004/05</td><td>77.7</td></tr> <tr><td>2005/06</td><td>78.5</td></tr> <tr><td>2006/07</td><td>78.4</td></tr> <tr><td>2007/08</td><td>78.8</td></tr> <tr><td>2008/09</td><td>78.8</td></tr> <tr><td>2009/10</td><td>78.8</td></tr> <tr><td>2010/11</td><td>79.2</td></tr> <tr><td>2011/12</td><td>79.2</td></tr> <tr><td>2012/13</td><td>79.2</td></tr> <tr><td>2013/14</td><td>79.2</td></tr> <tr><td>2014/15</td><td>79.2</td></tr> <tr><td>2015/16</td><td>79.2</td></tr> <tr><td>2016/17</td><td>79.2</td></tr> <tr><td>2017/18</td><td>79.2</td></tr> <tr><td>2018/19</td><td>79.8</td></tr> <tr><td>2019/20</td><td>79.8</td></tr> </tbody> </table>	Year	Value	2004/05	77.7	2005/06	78.5	2006/07	78.4	2007/08	78.8	2008/09	78.8	2009/10	78.8	2010/11	79.2	2011/12	79.2	2012/13	79.2	2013/14	79.2	2014/15	79.2	2015/16	79.2	2016/17	79.2	2017/18	79.2	2018/19	79.8	2019/20	79.8	<p>The most recent NRS figure for female life expectancy at birth in SIMD 1 areas of East Renfrewshire was 79.8 years (up from 79.2 years in 2017/18) compared to 85.4 years in SIMD 5 areas (Published by NRS Dec 2019). For the whole female population estimated life expectancy at birth was 84 years, 2017-19. Over the period between 2001-03 and 2017-19, female life expectancy at birth in East Renfrewshire has risen by 3.5%. This is the 7th highest percentage change out of all 32 council areas in Scotland and this is higher than the percentage change for Scotland overall (+2.9%). (Source: National Records of Scotland, December 2020)</p>
Year	Value																																								
2004/05	77.7																																								
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<p>INCREASE - The number of smokers in our most deprived areas (SIMD1) supported to successfully stop smoking at 12 weeks post quit date'</p>	<p>Q1-Q3 2020/21</p>	<p>15</p>	<p>9</p>	<p>Green</p>		<p>OD2CHCP5-0201 The number of smokers in our most deprived areas (SIMD1) supported to successfully stop smoking at 12 weeks post quit date' (INCREASE)</p>  <table border="1"> <caption>The number of smokers supported to successfully stop smoking at 12 weeks post quit date (Years)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2006/07</td><td>0</td></tr> <tr><td>2007/08</td><td>0</td></tr> <tr><td>2008/09</td><td>0</td></tr> <tr><td>2009/10</td><td>0</td></tr> <tr><td>2010/11</td><td>0</td></tr> <tr><td>2011/12</td><td>0</td></tr> <tr><td>2012/13</td><td>0</td></tr> <tr><td>2013/14</td><td>0</td></tr> <tr><td>2014/15</td><td>0</td></tr> <tr><td>2015/16</td><td>20</td></tr> <tr><td>2016/17</td><td>27</td></tr> <tr><td>2017/18</td><td>20</td></tr> <tr><td>2018/19</td><td>6</td></tr> <tr><td>2019/20</td><td>22</td></tr> <tr><td>2020/21</td><td>15</td></tr> </tbody> </table>	Year	Value	2006/07	0	2007/08	0	2008/09	0	2009/10	0	2010/11	0	2011/12	0	2012/13	0	2013/14	0	2014/15	0	2015/16	20	2016/17	27	2017/18	20	2018/19	6	2019/20	22	2020/21	15	<p>Latest data to Q3 20/21. This measure captures quits at three months and is reported 12 weeks in arrears. Annual target is 12 quits – exceeded in first three quarters of the year.</p>		
Year	Value																																								
2006/07	0																																								
2007/08	0																																								
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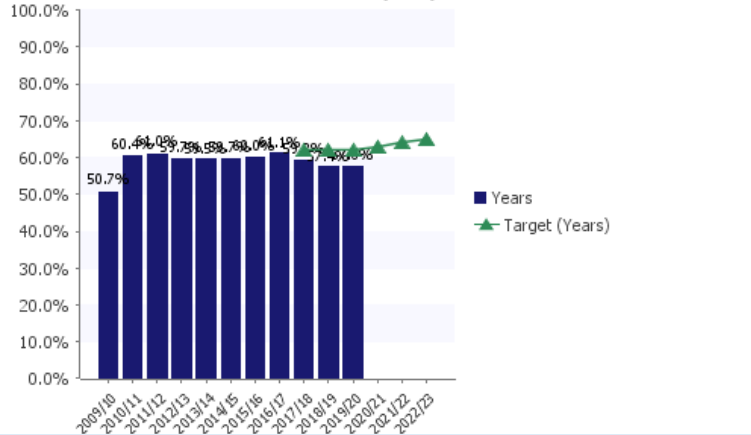
Indicator	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Notes & History Latest Note																												
<p>INCREASE - Breastfeeding at 6-8 weeks most deprived SIMD data zones</p>	<p>2019/20</p>	<p>15.4%</p>	<p>25%</p>	<p>Red</p>	<p>↓</p>	<p>OD2CHCP4-0201d Breastfeeding at 6-8 weeks most deprived SIMD data zones (INCREASE)</p> <table border="1"> <caption>OD2CHCP4-0201d Breastfeeding at 6-8 weeks most deprived SIMD data zones (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2007/08</td><td>5.4%</td></tr> <tr><td>2008/09</td><td>19.3%</td></tr> <tr><td>2009/10</td><td>16.9%</td></tr> <tr><td>2010/11</td><td>16.5%</td></tr> <tr><td>2011/12</td><td>19.7%</td></tr> <tr><td>2012/13</td><td>16.3%</td></tr> <tr><td>2013/14</td><td>12.8%</td></tr> <tr><td>2014/15</td><td>13%</td></tr> <tr><td>2015/16</td><td>15.4%</td></tr> <tr><td>2016/17</td><td>17.2%</td></tr> <tr><td>2017/18</td><td>22.9%</td></tr> <tr><td>2018/19</td><td>22.9%</td></tr> <tr><td>2019/20</td><td>15.4%</td></tr> </tbody> </table>	Year	Value (%)	2007/08	5.4%	2008/09	19.3%	2009/10	16.9%	2010/11	16.5%	2011/12	19.7%	2012/13	16.3%	2013/14	12.8%	2014/15	13%	2015/16	15.4%	2016/17	17.2%	2017/18	22.9%	2018/19	22.9%	2019/20	15.4%	<p>15.4% of infants living in our most deprived areas (SIMD 1) were exclusively breastfed at the 6-8 week child health review. We tend to see variation in the breast feeding rates across years as was the case for 2019-20 and there may be further variations for the year of the pandemic. Children & Family Team are aware of this and continue to prioritise and fully support all breast feeding mothers with a focus on those living within SIMD 1 & 2. The antenatal pathway within the Universal Pathway commences in July 2021 with home visits commencing late August. This will enable early discussions with pregnant women particularly around infant feeding which we hope will lead to an increase in interest in breast feeding particularly in SIMD 1 & 2.</p>
Year	Value (%)																																		
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<p>DECREASE - 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)</p>	<p>2019/20</p>	<p>295</p>	<p>Data Only</p>	<p>↑</p>	<p>HSCP-NI-11 Premature mortality rate per 100,000 persons under 75 (REDUCE)</p> <table border="1"> <caption>HSCP-NI-11 Premature mortality rate per 100,000 persons under 75 (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>345</td></tr> <tr><td>2010/11</td><td>350</td></tr> <tr><td>2011/12</td><td>310</td></tr> <tr><td>2012/13</td><td>351</td></tr> <tr><td>2013/14</td><td>364</td></tr> <tr><td>2014/15</td><td>297</td></tr> <tr><td>2015/16</td><td>297</td></tr> <tr><td>2016/17</td><td>301</td></tr> <tr><td>2017/18</td><td>308</td></tr> <tr><td>2018/19</td><td>308</td></tr> <tr><td>2019/20</td><td>295</td></tr> </tbody> </table>	Year	Value	2009/10	345	2010/11	350	2011/12	310	2012/13	351	2013/14	364	2014/15	297	2015/16	297	2016/17	301	2017/18	308	2018/19	308	2019/20	295	<p>This is an improvement on the 2018 figure (308). In comparison Scotland rate in 2019 was 426 per 100,000. (Source: Public Health Scotland, March 2021)</p>					
Year	Value																																		
2009/10	345																																		
2010/11	350																																		
2011/12	310																																		
2012/13	351																																		
2013/14	364																																		
2014/15	297																																		
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4 - People are supported to maintain their independence at home and in their local community.


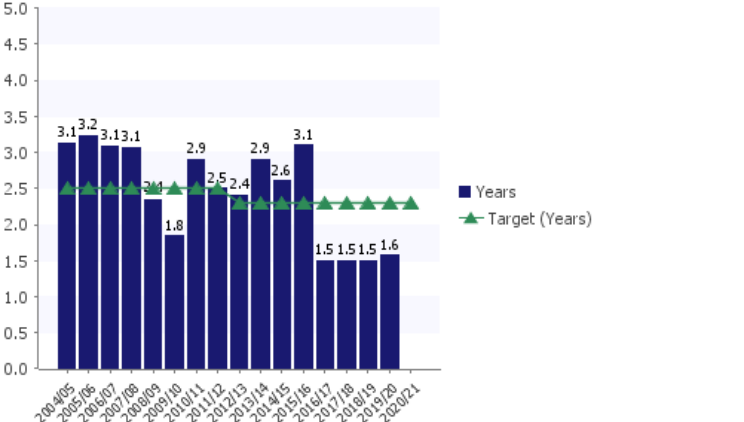


Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																																
<p>INCREASE - Number of people self-directing their care through receiving direct payments and other forms of self-directed support.</p>	2020/21	556	600	Amber	↑	<p>CHCP HCC051 Number of people self directing their care through receiving direct payments and other forms of self-directed support (INCREASE)</p> <table border="1"> <caption>CHCP HCC051 Data</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2006/07</td><td>0</td></tr> <tr><td>2007/08</td><td>0</td></tr> <tr><td>2008/09</td><td>0</td></tr> <tr><td>2009/10</td><td>0</td></tr> <tr><td>2010/11</td><td>0</td></tr> <tr><td>2011/12</td><td>0</td></tr> <tr><td>2012/13</td><td>0</td></tr> <tr><td>2013/14</td><td>0</td></tr> <tr><td>2014/15</td><td>0</td></tr> <tr><td>2015/16</td><td>0</td></tr> <tr><td>2016/17</td><td>442</td></tr> <tr><td>2017/18</td><td>491</td></tr> <tr><td>2018/19</td><td>514</td></tr> <tr><td>2019/20</td><td>518</td></tr> <tr><td>2020/21</td><td>556</td></tr> </tbody> </table>	Year	Value	2006/07	0	2007/08	0	2008/09	0	2009/10	0	2010/11	0	2011/12	0	2012/13	0	2013/14	0	2014/15	0	2015/16	0	2016/17	442	2017/18	491	2018/19	514	2019/20	518	2020/21	556	<p>Data calculated from preliminary Social Care Quarterly returns show a total of 556 people were in receipt of SDS 1 and 2 Option payments at end year 2020/21. A further 724 people were covered under SDS Option 3. Note figures are not exclusive and do not equal total clients (1,165) in receipt of SDS (i.e. a client may have SDS 1,2 and/or SDS 3 packages as part of their overall care).</p>
Year	Value																																						
2006/07	0																																						
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2019/20	518																																						
2020/21	556																																						
<p>INCREASE - Percentage of those whose care need has reduced following re-ablement</p>	2020/21	31%	60%	Red	↓	<p>OD2CHCP6-0102 Percentage of those whose care need has reduced following re-ablement</p> <table border="1"> <caption>OD2CHCP6-0102 Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2006/07</td><td>0%</td></tr> <tr><td>2007/08</td><td>0%</td></tr> <tr><td>2008/09</td><td>0%</td></tr> <tr><td>2009/10</td><td>0%</td></tr> <tr><td>2010/11</td><td>0%</td></tr> <tr><td>2011/12</td><td>86.6%</td></tr> <tr><td>2012/13</td><td>91.5%</td></tr> <tr><td>2013/14</td><td>91.5%</td></tr> <tr><td>2014/15</td><td>70.5%</td></tr> <tr><td>2015/16</td><td>70.5%</td></tr> <tr><td>2016/17</td><td>64.4%</td></tr> <tr><td>2017/18</td><td>61.5%</td></tr> <tr><td>2018/19</td><td>68%</td></tr> <tr><td>2019/20</td><td>67%</td></tr> <tr><td>2020/21</td><td>31%</td></tr> </tbody> </table>	Year	Percentage	2006/07	0%	2007/08	0%	2008/09	0%	2009/10	0%	2010/11	0%	2011/12	86.6%	2012/13	91.5%	2013/14	91.5%	2014/15	70.5%	2015/16	70.5%	2016/17	64.4%	2017/18	61.5%	2018/19	68%	2019/20	67%	2020/21	31%	<p>Of the 237 reablement discharges, 73 were discharged with a reduced or no service in 2020/21. Additionally 22 people were re-admitted to hospital and a further 19 died or were transferred out of the authority. Performance in this regard has significantly decreased on the 2019/20 (67%) outturn. This is the result of increased levels of frailty and greater complexity at the point of hospital discharge during the pandemic and additional resource pressures on the service.</p>
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Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																																						
<p>INCREASE - Percentage of people aged 65+ who live in housing rather than a care home or hospital</p>	2019/20	99%	97%	Green	↑	<p>HSCP-MSG-Home Percentage of people aged 65+ who live in housing rather than a care home or hospital</p> <table border="1"> <caption>HSCP-MSG-Home Percentage of people aged 65+ who live in housing rather than a care home or hospital</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2005/06</td><td>96%</td></tr> <tr><td>2006/07</td><td>96%</td></tr> <tr><td>2007/08</td><td>96%</td></tr> <tr><td>2008/09</td><td>96%</td></tr> <tr><td>2009/10</td><td>96%</td></tr> <tr><td>2010/11</td><td>97%</td></tr> <tr><td>2011/12</td><td>97%</td></tr> <tr><td>2012/13</td><td>97%</td></tr> <tr><td>2013/14</td><td>97%</td></tr> <tr><td>2014/15</td><td>97%</td></tr> <tr><td>2015/16</td><td>97%</td></tr> <tr><td>2016/17</td><td>97%</td></tr> <tr><td>2017/18</td><td>97%</td></tr> <tr><td>2018/19</td><td>97%</td></tr> <tr><td>2019/20</td><td>99%</td></tr> <tr><td>2020/21</td><td>97%</td></tr> <tr><td>2021/22</td><td>97%</td></tr> <tr><td>2022/23</td><td>97%</td></tr> </tbody> </table>	Year	Percentage	2005/06	96%	2006/07	96%	2007/08	96%	2008/09	96%	2009/10	96%	2010/11	97%	2011/12	97%	2012/13	97%	2013/14	97%	2014/15	97%	2015/16	97%	2016/17	97%	2017/18	97%	2018/19	97%	2019/20	99%	2020/21	97%	2021/22	97%	2022/23	97%	<p>Latest data released March 2021. Indicator is still under development by Scottish Government and may change in future. Due to different configurations of services, figures for the hospital/hospice categories may not be comparable across partnership areas. Figure comprises 98.1% of people living unsupported at home, with a further 1.1% being supported to live at home.</p>
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2020/21	97%																																												
2021/22	97%																																												
2022/23	97%																																												
<p>INCREASE - The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care. (NI-18)</p>	2019/20	57%	62%	Amber	↓	<p>HSCP-NI-18 Percentage of adults with intensive care needs receiving care at home</p> <table border="1"> <caption>HSCP-NI-18 Percentage of adults with intensive care needs receiving care at home</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>72%</td></tr> <tr><td>2011/12</td><td>64%</td></tr> <tr><td>2012/13</td><td>64%</td></tr> <tr><td>2013/14</td><td>61%</td></tr> <tr><td>2014/15</td><td>61%</td></tr> <tr><td>2015/16</td><td>58%</td></tr> <tr><td>2016/17</td><td>63%</td></tr> <tr><td>2017/18</td><td>64%</td></tr> <tr><td>2018/19</td><td>64%</td></tr> <tr><td>2019/20</td><td>57%</td></tr> <tr><td>2020/21</td><td>62%</td></tr> <tr><td>2021/22</td><td>63%</td></tr> <tr><td>2022/23</td><td>64%</td></tr> </tbody> </table>	Year	Percentage	2010/11	72%	2011/12	64%	2012/13	64%	2013/14	61%	2014/15	61%	2015/16	58%	2016/17	63%	2017/18	64%	2018/19	64%	2019/20	57%	2020/21	62%	2021/22	63%	2022/23	64%	<p>Data relates to all adults receiving personal care at home against care home residents and those receiving continuing care in acute settings. Updated reporting of care home resident numbers in 2019/20 impacted on performance for this indicator. In the reporting period we continued to develop our reablement approach and invested in more Occupational Therapists to support this. The aim of reablement is to maximise individuals' ability to care better for themselves. (Source: Public Health Scotland).</p>										
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Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																														
<p>INCREASE - People reporting 'living where you/as you want to live' needs met (%)</p>	<p>2020/21</p>	<p>91%</p>	<p>90%</p>	<p>Green</p>		<p>HSCP-TP-5 People reporting 'living where you/as you want to live' needs met (%)</p>  <table border="1"> <caption>HSCP-TP-5 People reporting 'living where you/as you want to live' needs met (%)</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>96%</td></tr> <tr><td>2010/11</td><td>88%</td></tr> <tr><td>2011/12</td><td>94%</td></tr> <tr><td>2012/13</td><td>89%</td></tr> <tr><td>2013/14</td><td>95%</td></tr> <tr><td>2014/15</td><td>79%</td></tr> <tr><td>2015/16</td><td>76%</td></tr> <tr><td>2016/17</td><td>79%</td></tr> <tr><td>2017/18</td><td>84%</td></tr> <tr><td>2018/19</td><td>92%</td></tr> <tr><td>2019/20</td><td>88%</td></tr> <tr><td>2020/21</td><td>91%</td></tr> <tr><td>2021/22</td><td>91%</td></tr> <tr><td>2022/23</td><td>91%</td></tr> </tbody> </table>	Year	Value (%)	2009/10	96%	2010/11	88%	2011/12	94%	2012/13	89%	2013/14	95%	2014/15	79%	2015/16	76%	2016/17	79%	2017/18	84%	2018/19	92%	2019/20	88%	2020/21	91%	2021/22	91%	2022/23	91%	<p>In 2020/21 of the 663 valid responses 601 reported their needs met. This year's figure is up on 2019/20 (88%)</p>
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<p>INCREASE - Direct payments spend on adults 18+ as a % of total social work spend on adults 18+ (LGBF)</p>	<p>2019/20</p>	<p>8.44%</p>	<p>Data Only</p>	<p>Data Only</p>		<p>SW02 Self Directed Support spend on adults 18+ as a % of total social work spend on adults 18+ (INCREASE)</p>  <table border="1"> <caption>SW02 Self Directed Support spend on adults 18+ as a % of total social work spend on adults 18+ (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>1.2%</td></tr> <tr><td>2011/12</td><td>3.3%</td></tr> <tr><td>2012/13</td><td>2.4%</td></tr> <tr><td>2013/14</td><td>3.01%</td></tr> <tr><td>2014/15</td><td>5.4%</td></tr> <tr><td>2015/16</td><td>5.76%</td></tr> <tr><td>2016/17</td><td>6.63%</td></tr> <tr><td>2017/18</td><td>7.52%</td></tr> <tr><td>2018/19</td><td>8.15%</td></tr> <tr><td>2019/20</td><td>8.44%</td></tr> <tr><td>2020/21</td><td>8.44%</td></tr> </tbody> </table>	Year	Value (%)	2010/11	1.2%	2011/12	3.3%	2012/13	2.4%	2013/14	3.01%	2014/15	5.4%	2015/16	5.76%	2016/17	6.63%	2017/18	7.52%	2018/19	8.15%	2019/20	8.44%	2020/21	8.44%	<p>We continue to perform well on this measure. % spend on SDS continued to improve (8.44% up from 8.15% for 18/19) and we remain among the best performing partnerships in Scotland (ranked 6th).</p>						
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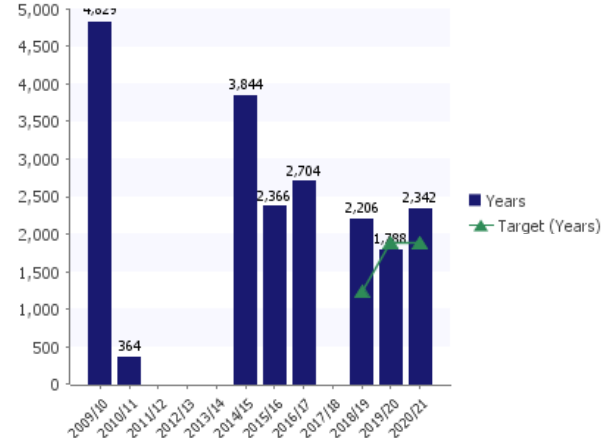

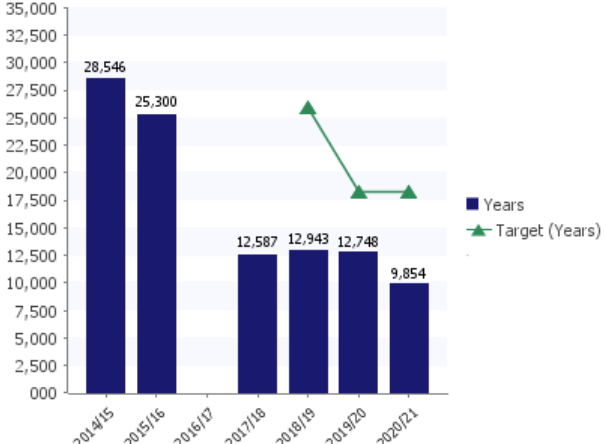
Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																														
<p>INCREASE - Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. (LGBF)</p>	2019/20	57.6%	62.0%	Amber		<p>SW03a % of people aged 65 or over with long term care needs receiving personal care at home (LGBF)</p>  <table border="1"> <caption>SW03a % of people aged 65 or over with long term care needs receiving personal care at home (LGBF)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>50.7%</td></tr> <tr><td>2010/11</td><td>60.4%</td></tr> <tr><td>2011/12</td><td>61.0%</td></tr> <tr><td>2012/13</td><td>59.7%</td></tr> <tr><td>2013/14</td><td>59.2%</td></tr> <tr><td>2014/15</td><td>59.7%</td></tr> <tr><td>2015/16</td><td>60.0%</td></tr> <tr><td>2016/17</td><td>61.1%</td></tr> <tr><td>2017/18</td><td>60.0%</td></tr> <tr><td>2018/19</td><td>57.4%</td></tr> <tr><td>2019/20</td><td>57.6%</td></tr> <tr><td>2020/21</td><td>60.0%</td></tr> <tr><td>2021/22</td><td>60.0%</td></tr> <tr><td>2022/23</td><td>60.0%</td></tr> </tbody> </table>	Year	Percentage	2009/10	50.7%	2010/11	60.4%	2011/12	61.0%	2012/13	59.7%	2013/14	59.2%	2014/15	59.7%	2015/16	60.0%	2016/17	61.1%	2017/18	60.0%	2018/19	57.4%	2019/20	57.6%	2020/21	60.0%	2021/22	60.0%	2022/23	60.0%	<p>The LGBF data shows that our performance has improved slightly compared with the previous year (57.4%). The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues.</p>
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5 - People who experience mental ill-health are supported on their journey to recovery

Indicator	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note
<p>DECREASE - Mental health hospital admissions (age standardised rate per 1,000 population)</p>	<p>2019/20</p>	<p>1.6</p>	<p>2.3</p>	<p>Green</p>		<p>SOA09PI - 006.2 Mental health hospital admissions (age standardised rate per 1,000 population) (REDUCE)</p> 	<p>Latest data for 2019/20 for non-psychiatric admissions (the combined rate for psychiatric and non-psychiatric admissions is 2.9 per 1,000) this is up slightly on 2018/19 (1.5 per 1,000). In comparison East Dunbartonshire's rate was 1.7 per 1,000. Across NHS GGC the main diagnosis for admissions in the period were mental & behavioural disorders due to psychoactive substance use. (Source: Public Health Scotland November 2020)</p>
<p>INCREASE - Percentage of people waiting no longer than 18 weeks for access to psychological therapies</p>	<p>2020/21</p>	<p>74%</p>	<p>90%</p>	<p>Red</p>		<p>HSCP-LDP1718 Psychological therapies - Percentage of people waiting no longer than 18 weeks for access (INCREASE)</p> 	<p>Average of weekly data 2020/21. The proportion of people accessing psychological therapies within the 18 week target; whilst still below target (90%) has improved significantly on 2019/20 (65%).</p>


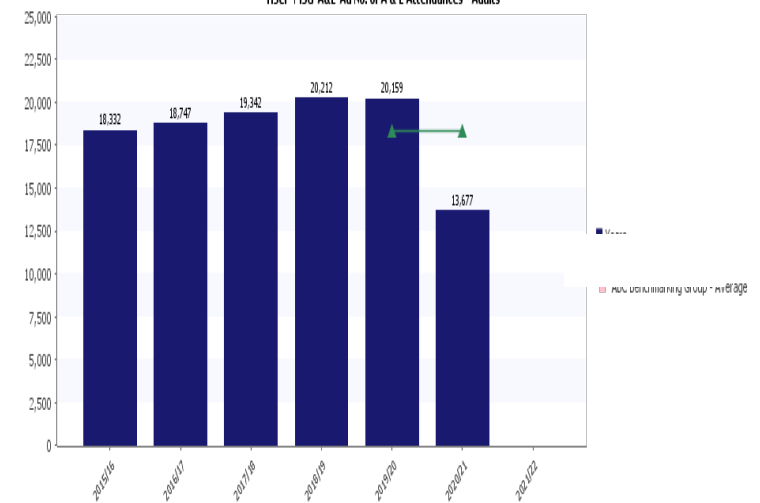
6 - **Unplanned admissions to hospital are reduced**

Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																					
DECREASE - people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting (excluding Code 9/AWI) (NHSGGC Acute data only)	2020/21	2	0	Amber	↓	<p>HSCP-GGC-DD3 Delayed discharge (NHSGGC data): people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting (excluding Code 9/AWI) (REDUCE)</p> <table border="1"> <caption>HSCP-GGC-DD3 Delayed discharge (NHSGGC data)</caption> <thead> <tr> <th>Year</th> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>4</td> <td>0</td> </tr> <tr> <td>2018/19</td> <td>4</td> <td>0</td> </tr> <tr> <td>2019/20</td> <td>2</td> <td>0</td> </tr> <tr> <td>2020/21</td> <td>2</td> <td>0</td> </tr> <tr> <td>2021/22</td> <td>-</td> <td>0</td> </tr> </tbody> </table>	Year	Value	Target	2017/18	4	0	2018/19	4	0	2019/20	2	0	2020/21	2	0	2021/22	-	0	Data is Quarterly average to week ending 22 March 2021. Although above target (0) we continue to perform relatively well on delayed discharges from hospital; ranging from 1 to 2 each Qtr this year. (Figure differs between NHSGGC and ISD data (7) due to omission of Code 9 cases in former)			
Year	Value	Target																										
2017/18	4	0																										
2018/19	4	0																										
2019/20	2	0																										
2020/21	2	0																										
2021/22	-	0																										
DECREASE - people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (ISD data)	2020/21	7	0	Red	↑	<p>HSCP-HWB0-DD3 Delayed discharges (ISD data): Adults waiting more than 3 days to be discharged from hospital into a more appropriate care setting (REDUCE)</p> <table border="1"> <caption>HSCP-HWB0-DD3 Delayed discharges (ISD data)</caption> <thead> <tr> <th>Year</th> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>5</td> <td>0</td> </tr> <tr> <td>2017/18</td> <td>5</td> <td>0</td> </tr> <tr> <td>2018/19</td> <td>6</td> <td>0</td> </tr> <tr> <td>2019/20</td> <td>5</td> <td>0</td> </tr> <tr> <td>2020/21</td> <td>7</td> <td>0</td> </tr> <tr> <td>2021/22</td> <td>-</td> <td>0</td> </tr> </tbody> </table>	Year	Value	Target	2016/17	5	0	2017/18	5	0	2018/19	6	0	2019/20	5	0	2020/21	7	0	2021/22	-	0	Figure relates to the annual monthly average. It has risen from 5 in 2019/20 though this can be attributed to the additional difficulties in discharging people from hospital during the Covid-19 pandemic combined with increasing numbers of Adults with Incapacity. Latest data at May 2021 (ISD)
Year	Value	Target																										
2016/17	5	0																										
2017/18	5	0																										
2018/19	6	0																										
2019/20	5	0																										
2020/21	7	0																										
2021/22	-	0																										

Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																										
<p>DECREASE - Delayed discharges adult bed days lost to delayed discharge (ISD)</p>	<p>2020/21</p>	<p>2,342</p>	<p>1,893</p>	<p>Red</p>		<p>HSCP-DD-Beddays Delayed discharges adult bed days lost to delayed discharge (REDUCE)</p>  <table border="1"> <caption>HSCP-DD-Beddays Delayed discharges adult bed days lost to delayed discharge (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>4,842</td></tr> <tr><td>2010/11</td><td>364</td></tr> <tr><td>2011/12</td><td></td></tr> <tr><td>2012/13</td><td></td></tr> <tr><td>2013/14</td><td></td></tr> <tr><td>2014/15</td><td>3,844</td></tr> <tr><td>2015/16</td><td>2,366</td></tr> <tr><td>2016/17</td><td>2,704</td></tr> <tr><td>2017/18</td><td></td></tr> <tr><td>2018/19</td><td>2,206</td></tr> <tr><td>2019/20</td><td>1,788</td></tr> <tr><td>2020/21</td><td>2,342</td></tr> </tbody> </table>	Year	Value	2009/10	4,842	2010/11	364	2011/12		2012/13		2013/14		2014/15	3,844	2015/16	2,366	2016/17	2,704	2017/18		2018/19	2,206	2019/20	1,788	2020/21	2,342	<p>There has a significant increase in bed days lost to Delayed Discharge this year up from 1,788 in 2019/20. This can be attributed to the additional difficulties in discharging people from hospital during the Covid-19 pandemic. Latest data at May 2021 (ISD)</p>
Year	Value																																
2009/10	4,842																																
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<p>DECREASE - No. of A & E Attendances (NHSGGC data)</p>	<p>2020/21</p>	<p>9,854</p>	<p>18,332</p>	<p>Green</p>		<p>HSCP-GGC-A&E No. of A & E Attendances (NHSGGC data) (REDUCE)</p>  <table border="1"> <caption>HSCP-GGC-A&E No. of A & E Attendances (NHSGGC data) (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2014/15</td><td>28,546</td></tr> <tr><td>2015/16</td><td>25,300</td></tr> <tr><td>2016/17</td><td></td></tr> <tr><td>2017/18</td><td>12,587</td></tr> <tr><td>2018/19</td><td>12,943</td></tr> <tr><td>2019/20</td><td>12,748</td></tr> <tr><td>2020/21</td><td>9,854</td></tr> </tbody> </table>	Year	Value	2014/15	28,546	2015/16	25,300	2016/17		2017/18	12,587	2018/19	12,943	2019/20	12,748	2020/21	9,854	<p>Data from NHSGGC monthly dashboard. A&E attendances have remained low during the pandemic period but have risen as lockdown restrictions have eased.</p>										
Year	Value																																
2014/15	28,546																																
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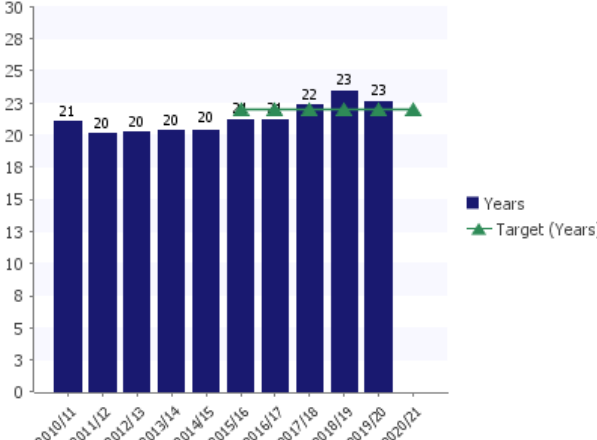
Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note														
DECREASE - A & E Attendances from Care Homes (NHSGGC data)	2020/21	236	400	Green	↑	<p>HSCP-GGC-CHA&E A & E Attendances from Care Homes (NHSGGC data) (REDUCE)</p> <table border="1"> <caption>HSCP-GGC-CHA&E A & E Attendances from Care Homes (NHSGGC data)</caption> <thead> <tr> <th>Year</th> <th>Attendances</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>541</td> </tr> <tr> <td>2018/19</td> <td>430</td> </tr> <tr> <td>2019/20</td> <td>394</td> </tr> <tr> <td>2020/21</td> <td>236</td> </tr> <tr> <td>Target (Years)</td> <td>400</td> </tr> </tbody> </table>	Year	Attendances	2017/18	541	2018/19	430	2019/20	394	2020/21	236	Target (Years)	400	A&E attendances from Care Homes were low over 2020-21 with fluctuation month-on-month.		
Year	Attendances																				
2017/18	541																				
2018/19	430																				
2019/20	394																				
2020/21	236																				
Target (Years)	400																				
DECREASE - Emergency Admissions from Care Homes (NHSGGC data)	2020/21	154	240	Green	↑	<p>HSCP-GGC-CHEmerg Emergency Admissions from Care Homes (NHSGGC data) (REDUCE)</p> <table border="1"> <caption>HSCP-GGC-CHEmerg Emergency Admissions from Care Homes (NHSGGC data)</caption> <thead> <tr> <th>Year</th> <th>Admissions</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>166</td> </tr> <tr> <td>2017/18</td> <td>338</td> </tr> <tr> <td>2018/19</td> <td>261</td> </tr> <tr> <td>2019/20</td> <td>233</td> </tr> <tr> <td>2020/21</td> <td>154</td> </tr> <tr> <td>Target (Years)</td> <td>240</td> </tr> </tbody> </table>	Year	Admissions	2016/17	166	2017/18	338	2018/19	261	2019/20	233	2020/21	154	Target (Years)	240	Hospital admissions from care homes were lower than expected during the pandemic period.
Year	Admissions																				
2016/17	166																				
2017/18	338																				
2018/19	261																				
2019/20	233																				
2020/21	154																				
Target (Years)	240																				

Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note														
DECREASE - Number of Emergency Admissions: Adults (NHSGGC data)	2020/21	6,217	7,124	Green	↑	<p>HSCP-GGC-EmerAd Number of Emergency Admissions: Adults (NHSGGC data) (REDUCE)</p> <table border="1"> <caption>HSCP-GGC-EmerAd Number of Emergency Admissions: Adults (NHSGGC data)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>6,938</td> </tr> <tr> <td>2017/18</td> <td>6,946</td> </tr> <tr> <td>2018/19</td> <td>6,800</td> </tr> <tr> <td>2019/20</td> <td>6,865</td> </tr> <tr> <td>2020/21</td> <td>6,217</td> </tr> <tr> <td>Target (Years)</td> <td>7,124</td> </tr> </tbody> </table>	Year	Value	2016/17	6,938	2017/18	6,946	2018/19	6,800	2019/20	6,865	2020/21	6,217	Target (Years)	7,124	Hospital admissions were lower during the pandemic period but rose when lockdown restrictions were reduced.
Year	Value																				
2016/17	6,938																				
2017/18	6,946																				
2018/19	6,800																				
2019/20	6,865																				
2020/21	6,217																				
Target (Years)	7,124																				
DECREASE - Occupied Bed Days (Adult – non-elective) (NHSGGC data)	2020/21	58,336	58,220	Green	↑	<p>HSCP-GGC-OBD Occupied Bed Days (Adult – non-elective) (REDUCE)</p> <table border="1"> <caption>HSCP-GGC-OBD Occupied Bed Days (Adult – non-elective)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>66,792</td> </tr> <tr> <td>2017/18</td> <td>67,347</td> </tr> <tr> <td>2018/19</td> <td>63,068</td> </tr> <tr> <td>2019/20</td> <td>61,767</td> </tr> <tr> <td>2020/21</td> <td>58,336</td> </tr> <tr> <td>Target (Years)</td> <td>58,220</td> </tr> </tbody> </table>	Year	Value	2016/17	66,792	2017/18	67,347	2018/19	63,068	2019/20	61,767	2020/21	58,336	Target (Years)	58,220	We have seen steady decline in non-elective bed days each year since 2017/18. Reduced bed days reflects the reduced use of hospitals during the pandemic.
Year	Value																				
2016/17	66,792																				
2017/18	67,347																				
2018/19	63,068																				
2019/20	61,767																				
2020/21	58,336																				
Target (Years)	58,220																				

Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																
<p>DECREASE - No. of A & E Attendances - All</p>	<p>2020/21</p>	<p>17,798</p>	<p>25,300</p>	<p>Green</p>		 <table border="1"> <caption>HSCP-MSG-A&E No. of A & E Attendances - All</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2019/20</td> <td>28,546</td> </tr> <tr> <td>2020/21</td> <td>25,300</td> </tr> <tr> <td>2021/22</td> <td>25,812</td> </tr> <tr> <td>2022/23</td> <td>26,993</td> </tr> <tr> <td>2023/24</td> <td>27,850</td> </tr> <tr> <td>2024/25</td> <td>27,644</td> </tr> <tr> <td>2025/26</td> <td>17,798</td> </tr> </tbody> </table>	Year	Value	2019/20	28,546	2020/21	25,300	2021/22	25,812	2022/23	26,993	2023/24	27,850	2024/25	27,644	2025/26	17,798	<p>Latest data released June 2021, data corrected back to April 2020. (Source: MSG Scottish Govt, June 2021)</p>
Year	Value																						
2019/20	28,546																						
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<p>DECREASE - No. of A & E Attendances – Adults</p>	<p>2020/21</p>	<p>13,677</p>	<p>18,332</p>	<p>Green</p>		 <table border="1"> <caption>HSCP-MSG-A&E-Ad No. of A & E Attendances - Adults</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2019/20</td> <td>18,332</td> </tr> <tr> <td>2020/21</td> <td>18,747</td> </tr> <tr> <td>2021/22</td> <td>19,342</td> </tr> <tr> <td>2022/23</td> <td>20,212</td> </tr> <tr> <td>2023/24</td> <td>20,159</td> </tr> <tr> <td>2024/25</td> <td>13,677</td> </tr> </tbody> </table>	Year	Value	2019/20	18,332	2020/21	18,747	2021/22	19,342	2022/23	20,212	2023/24	20,159	2024/25	13,677	<p>Data to March 2021, historical data amended back to April 2019. This year's outturn is a significant fall on previous 2019/20 (20,159) due to the effects of the Covid pandemic. (Source: MSG Scottish Govt, June 2021)</p>		
Year	Value																						
2019/20	18,332																						
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2023/24	20,159																						
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Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																					
<p>DECREASE - Number of Emergency Admissions: Adults (18+)</p>	<p>2020/21</p>	<p>6,518</p>	<p>7,124</p>	<p>Green</p>	<p>↑</p>	<p>HSCP-MSG-EmerAd Number of Emergency Admissions: Adults</p> <table border="1"> <caption>HSCP-MSG-EmerAd Number of Emergency Admissions: Adults</caption> <thead> <tr> <th>Year</th> <th>Number of Admissions</th> </tr> </thead> <tbody> <tr> <td>2014/15</td> <td>8,765</td> </tr> <tr> <td>2015/16</td> <td>9,112</td> </tr> <tr> <td>2016/17</td> <td>9,185</td> </tr> <tr> <td>2017/18</td> <td>8,329</td> </tr> <tr> <td>2018/19</td> <td>8,136</td> </tr> <tr> <td>2019/20</td> <td>7,532</td> </tr> <tr> <td>2020/21</td> <td>6,518</td> </tr> </tbody> </table>	Year	Number of Admissions	2014/15	8,765	2015/16	9,112	2016/17	9,185	2017/18	8,329	2018/19	8,136	2019/20	7,532	2020/21	6,518	<p>Interim data Jan - Mar 2021, released June 2021. Monthly data corrected back to April 2020. (Source: MSG Scottish Govt, June 2021)</p>					
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<p>DECREASE - Emergency admission rate (per 100,000 population) for adults. (NI-12)</p>	<p>Q3 2020/21</p>	<p>2,106</p>	<p>Data Only</p>	<p>↓</p>	<p>HSCP-NI-12 Emergency admission rate (per 100,000 population) for adults (REDUCE)</p> <table border="1"> <caption>HSCP-NI-12 Emergency admission rate (per 100,000 population) for adults (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Admission Rate</th> </tr> </thead> <tbody> <tr> <td>2010/11</td> <td>9,682</td> </tr> <tr> <td>2011/12</td> <td>10,521</td> </tr> <tr> <td>2012/13</td> <td>10,676</td> </tr> <tr> <td>2013/14</td> <td>10,491</td> </tr> <tr> <td>2014/15</td> <td>10,729</td> </tr> <tr> <td>2015/16</td> <td>11,401</td> </tr> <tr> <td>2016/17</td> <td>11,425</td> </tr> <tr> <td>2017/18</td> <td>10,497</td> </tr> <tr> <td>2018/19</td> <td>10,340</td> </tr> <tr> <td>2019/20</td> <td>10,438</td> </tr> </tbody> </table>	Year	Admission Rate	2010/11	9,682	2011/12	10,521	2012/13	10,676	2013/14	10,491	2014/15	10,729	2015/16	11,401	2016/17	11,425	2017/18	10,497	2018/19	10,340	2019/20	10,438	<p>Interim data March 2021 (Source: Public Health Scotland)</p>
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Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																								
<p>DECREASE - Emergency bed day rate (per 100,000) for adults. (N1-13)</p>	<p>Q3 2020/21</p>	<p>20,557</p>	<p>29,000</p>	<p>Green</p>	<p>↑</p>	<p>HSCP-NI-13 Emergency bed day rate (per 100,000) for adults (REDUCE)</p> <table border="1"> <caption>HSCP-NI-13 Emergency bed day rate (per 100,000) for adults (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>119,760</td></tr> <tr><td>2011/12</td><td>123,545</td></tr> <tr><td>2012/13</td><td>109,082</td></tr> <tr><td>2013/14</td><td>113,742</td></tr> <tr><td>2014/15</td><td>117,771</td></tr> <tr><td>2015/16</td><td>122,875</td></tr> <tr><td>2016/17</td><td>121,097</td></tr> <tr><td>2017/18</td><td>117,771</td></tr> <tr><td>2018/19</td><td>113,336</td></tr> <tr><td>2019/20</td><td>105,623</td></tr> <tr><td>2020/21</td><td>20,557</td></tr> </tbody> </table>	Year	Value	2010/11	119,760	2011/12	123,545	2012/13	109,082	2013/14	113,742	2014/15	117,771	2015/16	122,875	2016/17	121,097	2017/18	117,771	2018/19	113,336	2019/20	105,623	2020/21	20,557	<p>Interim data at March 2021 (Source: Public Health Scotland)</p>
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<p>DECREASE - Number of re-admissions to an acute hospital within 28 days of discharge per 1,000 admissions. (N1-14)</p>	<p>Q3 2020/21</p>	<p>78</p>	<p>100</p>	<p>Green</p>	<p>↑</p>	<p>HSCP-NI-14 Re-admission to hospital within 28 days (per 1,000 population) (REDUCE)</p> <table border="1"> <caption>HSCP-NI-14 Re-admission to hospital within 28 days (per 1,000 population) (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>71</td></tr> <tr><td>2011/12</td><td>76</td></tr> <tr><td>2012/13</td><td>78</td></tr> <tr><td>2013/14</td><td>74</td></tr> <tr><td>2014/15</td><td>76</td></tr> <tr><td>2015/16</td><td>79</td></tr> <tr><td>2016/17</td><td>82</td></tr> <tr><td>2017/18</td><td>79</td></tr> <tr><td>2018/19</td><td>79</td></tr> <tr><td>2019/20</td><td>76</td></tr> <tr><td>2020/21</td><td>78</td></tr> </tbody> </table>	Year	Value	2010/11	71	2011/12	76	2012/13	78	2013/14	74	2014/15	76	2015/16	79	2016/17	82	2017/18	79	2018/19	79	2019/20	76	2020/21	78	<p>Interim data at March 2021 (Source: Public Health Scotland). No national target established to date, local target of 100 re-admissions per 1,000 established in June 2019 (based on historic national average).</p>
Year	Value																														
2010/11	71																														
2011/12	76																														
2012/13	78																														
2013/14	74																														
2014/15	76																														
2015/16	79																														
2016/17	82																														
2017/18	79																														
2018/19	79																														
2019/20	76																														
2020/21	78																														

Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																																				
<p>INCREASE - Proportion of last 6 months of life spent at home or in a community setting. (NI-15)</p>	<p>Q3 2020/21</p>	<p>91%</p>	<p>86%</p>	<p>Green</p>		<p>HSCP-NI-15 Proportion of last 6 months of life spent at home or in a community setting (INCREASE)</p>  <table border="1"> <caption>HSCP-NI-15 Data</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>82%</td><td>90%</td></tr> <tr><td>2011/12</td><td>84%</td><td>90%</td></tr> <tr><td>2012/13</td><td>84%</td><td>90%</td></tr> <tr><td>2013/14</td><td>85%</td><td>90%</td></tr> <tr><td>2014/15</td><td>84%</td><td>90%</td></tr> <tr><td>2015/16</td><td>86%</td><td>90%</td></tr> <tr><td>2016/17</td><td>86%</td><td>90%</td></tr> <tr><td>2017/18</td><td>85%</td><td>90%</td></tr> <tr><td>2018/19</td><td>86%</td><td>90%</td></tr> <tr><td>2019/20</td><td>86%</td><td>90%</td></tr> <tr><td>2020/21</td><td>89%</td><td>90%</td></tr> </tbody> </table>	Year	Value (%)	Target (%)	2010/11	82%	90%	2011/12	84%	90%	2012/13	84%	90%	2013/14	85%	90%	2014/15	84%	90%	2015/16	86%	90%	2016/17	86%	90%	2017/18	85%	90%	2018/19	86%	90%	2019/20	86%	90%	2020/21	89%	90%	<p>Interim data at March 2021 (Source: Public Health Scotland).</p>
Year	Value (%)	Target (%)																																									
2010/11	82%	90%																																									
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2015/16	86%	90%																																									
2016/17	86%	90%																																									
2017/18	85%	90%																																									
2018/19	86%	90%																																									
2019/20	86%	90%																																									
2020/21	89%	90%																																									
<p>DECREASE - Rate per 1,000 population of falls that occur in the population (aged 65 plus) who were admitted as an emergency to hospital. (NI-16)</p>	<p>Q3 2020/21</p>	<p>5.8</p>	<p>5.5</p>	<p>Amber</p>		<p>HSCP-NI-16 Falls rate per 1,000 population aged 65+ (REDUCE)</p>  <table border="1"> <caption>HSCP-NI-16 Data</caption> <thead> <tr> <th>Year</th> <th>Value</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>21</td><td>22</td></tr> <tr><td>2011/12</td><td>20</td><td>22</td></tr> <tr><td>2012/13</td><td>20</td><td>22</td></tr> <tr><td>2013/14</td><td>20</td><td>22</td></tr> <tr><td>2014/15</td><td>20</td><td>22</td></tr> <tr><td>2015/16</td><td>21</td><td>22</td></tr> <tr><td>2016/17</td><td>21</td><td>22</td></tr> <tr><td>2017/18</td><td>22</td><td>22</td></tr> <tr><td>2018/19</td><td>23</td><td>22</td></tr> <tr><td>2019/20</td><td>23</td><td>22</td></tr> <tr><td>2020/21</td><td>23</td><td>22</td></tr> </tbody> </table>	Year	Value	Target	2010/11	21	22	2011/12	20	22	2012/13	20	22	2013/14	20	22	2014/15	20	22	2015/16	21	22	2016/17	21	22	2017/18	22	22	2018/19	23	22	2019/20	23	22	2020/21	23	22	<p>Interim data March 2021 (Source: Public Health Scotland)</p>
Year	Value	Target																																									
2010/11	21	22																																									
2011/12	20	22																																									
2012/13	20	22																																									
2013/14	20	22																																									
2014/15	20	22																																									
2015/16	21	22																																									
2016/17	21	22																																									
2017/18	22	22																																									
2018/19	23	22																																									
2019/20	23	22																																									
2020/21	23	22																																									

Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																		
DECREASE - The number of bed days due to delay discharge that have been recorded for people aged 75+ resident within the Local Authority area, per 1,000 population in the area. (NI-19)	Q3 2020/21	62		Data Only	↓	<p>HSCP-NI-19 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population (REDUCE)</p> <table border="1"> <caption>HSCP-NI-19 Data</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2012/13</td><td>656</td></tr> <tr><td>2013/14</td><td>344</td></tr> <tr><td>2014/15</td><td>213</td></tr> <tr><td>2015/16</td><td>209</td></tr> <tr><td>2016/17</td><td>228</td></tr> <tr><td>2017/18</td><td>117</td></tr> <tr><td>2018/19</td><td>170</td></tr> <tr><td>2019/20</td><td>156</td></tr> </tbody> </table>	Year	Value	2012/13	656	2013/14	344	2014/15	213	2015/16	209	2016/17	228	2017/18	117	2018/19	170	2019/20	156	Interim figure at March 2021 (Source: Public Health Scotland)
Year	Value																								
2012/13	656																								
2013/14	344																								
2014/15	213																								
2015/16	209																								
2016/17	228																								
2017/18	117																								
2018/19	170																								
2019/20	156																								

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



Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																												
INCREASE - People reporting 'quality of life for carers' needs fully met (%)	2020/21	91%	73%	Green	↓	<p>HSCP-TP-7 People reporting 'quality of life for carers' needs fully met (%) (INCREASE)</p> <table border="1"> <caption>HSCP-TP-7 Data</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>82%</td></tr> <tr><td>2010/11</td><td>67%</td></tr> <tr><td>2011/12</td><td>69%</td></tr> <tr><td>2012/13</td><td>69%</td></tr> <tr><td>2013/14</td><td>71%</td></tr> <tr><td>2014/15</td><td>75%</td></tr> <tr><td>2015/16</td><td>70%</td></tr> <tr><td>2016/17</td><td>70%</td></tr> <tr><td>2017/18</td><td>72%</td></tr> <tr><td>2018/19</td><td>78%</td></tr> <tr><td>2019/20</td><td>92%</td></tr> <tr><td>2020/21</td><td>91%</td></tr> <tr><td>2021/22</td><td>92%</td></tr> </tbody> </table>	Year	Value (%)	2009/10	82%	2010/11	67%	2011/12	69%	2012/13	69%	2013/14	71%	2014/15	75%	2015/16	70%	2016/17	70%	2017/18	72%	2018/19	78%	2019/20	92%	2020/21	91%	2021/22	92%	In 2020/21 of the 154 valid responses 141 reported their needs met. This year's figure is similar to 2019/20 (92%)
Year	Value (%)																																		
2009/10	82%																																		
2010/11	67%																																		
2011/12	69%																																		
2012/13	69%																																		
2013/14	71%																																		
2014/15	75%																																		
2015/16	70%																																		
2016/17	70%																																		
2017/18	72%																																		
2018/19	78%																																		
2019/20	92%																																		
2020/21	91%																																		
2021/22	92%																																		

8 - Organisational outcomes


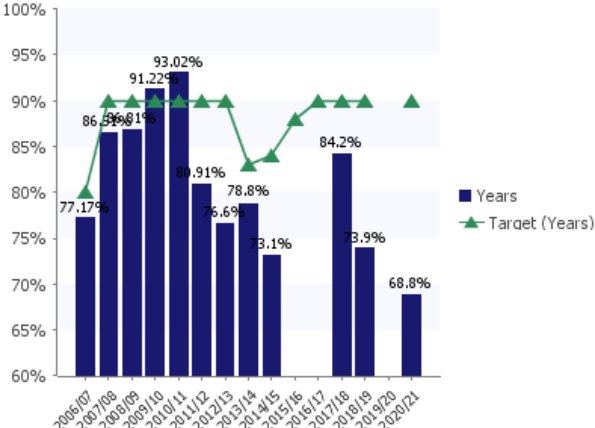


8.1 Our customers

Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note										
DECREASE - Average time in working days to respond to complaints at stage one (HSCP)	2020/21	9.9	5	Red	↓	<p>SP5004aHSCP The average time in working days to respond to complaints at stage one (HSCP) (REDUCE)</p> <table border="1"> <caption>SP5004aHSCP Data</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>8.1</td> </tr> <tr> <td>2018/19</td> <td>4.6</td> </tr> <tr> <td>2019/20</td> <td>5.4</td> </tr> <tr> <td>2020/21</td> <td>9.9</td> </tr> </tbody> </table>	Year	Value	2017/18	8.1	2018/19	4.6	2019/20	5.4	2020/21	9.9	Relates to 72 complaints, data is provisional. Performance affected by focus on pandemic response.
Year	Value																
2017/18	8.1																
2018/19	4.6																
2019/20	5.4																
2020/21	9.9																
DECREASE - Average time in working days to respond to complaints at investigation (stage 2 and esc combined) (HSCP)	2020/21	37.4	20	Red	↓	<p>SP5004dHSCP The average time in working days to respond to complaints at investigation (stage 2 and esc combined) (HSCP) (REDUCE)</p> <table border="1"> <caption>SP5004dHSCP Data</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>20</td> </tr> <tr> <td>2018/19</td> <td>25.7</td> </tr> <tr> <td>2019/20</td> <td>22.2</td> </tr> <tr> <td>2020/21</td> <td>37.4</td> </tr> </tbody> </table>	Year	Value	2017/18	20	2018/19	25.7	2019/20	22.2	2020/21	37.4	Relates to 27 complaints, data is provisional. Performance affected by focus on pandemic response.
Year	Value																
2017/18	20																
2018/19	25.7																
2019/20	22.2																
2020/21	37.4																

Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																								
<p>INCREASE - Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline, 20 days Investigation)</p>	2020/21	100%	70%	Green	↑	<p>HSCP Qual 01 Percentage of HSCP (NHS) complaints received and responded to within timescale (INCREASE)</p> <table border="1"> <caption>HSCP Qual 01 Performance Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>70%</td></tr> <tr><td>2011/12</td><td>80%</td></tr> <tr><td>2012/13</td><td>100%</td></tr> <tr><td>2013/14</td><td>84%</td></tr> <tr><td>2014/15</td><td>70%</td></tr> <tr><td>2015/16</td><td>100%</td></tr> <tr><td>2016/17</td><td>63%</td></tr> <tr><td>2017/18</td><td>100%</td></tr> <tr><td>2018/19</td><td>68%</td></tr> <tr><td>2019/20</td><td>56%</td></tr> <tr><td>2020/21</td><td>100%</td></tr> </tbody> </table>	Year	Percentage	2010/11	70%	2011/12	80%	2012/13	100%	2013/14	84%	2014/15	70%	2015/16	100%	2016/17	63%	2017/18	100%	2018/19	68%	2019/20	56%	2020/21	100%	<p>Of the 13 NHS complaints received in 2020/21 all were responded to within target timescales. 5 were categorised as frontline and 8 were dealt with as investigations. This was a significant achievement despite the pressures on staff during the Covid-19 pandemic.</p>
Year	Percentage																														
2010/11	70%																														
2011/12	80%																														
2012/13	100%																														
2013/14	84%																														
2014/15	70%																														
2015/16	100%																														
2016/17	63%																														
2017/18	100%																														
2018/19	68%																														
2019/20	56%																														
2020/21	100%																														
<p>INCREASE - Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation)</p>	2020/21	65%	100%	Red	↓	<p>HSCP Qual 02 Percentage of HSCP (local authority) complaints received and responded to within timescale (INCREASE)</p> <table border="1"> <caption>HSCP Qual 02 Performance Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>100%</td></tr> <tr><td>2011/12</td><td>79%</td></tr> <tr><td>2012/13</td><td>69%</td></tr> <tr><td>2013/14</td><td>83%</td></tr> <tr><td>2014/15</td><td>60%</td></tr> <tr><td>2015/16</td><td>77%</td></tr> <tr><td>2016/17</td><td>68%</td></tr> <tr><td>2017/18</td><td>81%</td></tr> <tr><td>2018/19</td><td>72%</td></tr> <tr><td>2019/20</td><td>72%</td></tr> <tr><td>2020/21</td><td>65%</td></tr> </tbody> </table>	Year	Percentage	2010/11	100%	2011/12	79%	2012/13	69%	2013/14	83%	2014/15	60%	2015/16	77%	2016/17	68%	2017/18	81%	2018/19	72%	2019/20	72%	2020/21	65%	<p>There were 94 local authority complaints in 2020/21. Of the 69 frontline complaints, 47 (67%) were responded to within timescale. Of 25 investigations, 15 (60%) were responded to on time. This is a decline in performance from the previous year reflecting staff pressures during the Covid-19 pandemic.</p>
Year	Percentage																														
2010/11	100%																														
2011/12	79%																														
2012/13	69%																														
2013/14	83%																														
2014/15	60%																														
2015/16	77%																														
2016/17	68%																														
2017/18	81%																														
2018/19	72%																														
2019/20	72%																														
2020/21	65%																														

Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																
<p>INCREASE - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections. (NI-17)</p>	2019/20	84%		Data Only		<p>HSCP-NI-17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (INCREASE)</p> <table border="1"> <caption>HSCP-NI-17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections</caption> <thead> <tr> <th>Year</th> <th>Proportion (%)</th> </tr> </thead> <tbody> <tr> <td>2014/15</td> <td>88%</td> </tr> <tr> <td>2015/16</td> <td>86%</td> </tr> <tr> <td>2016/17</td> <td>88%</td> </tr> <tr> <td>2017/18</td> <td>88%</td> </tr> <tr> <td>2018/19</td> <td>84%</td> </tr> <tr> <td>2019/20</td> <td>84%</td> </tr> <tr> <td>2020/21</td> <td>84%</td> </tr> </tbody> </table>	Year	Proportion (%)	2014/15	88%	2015/16	86%	2016/17	88%	2017/18	88%	2018/19	84%	2019/20	84%	2020/21	84%	<p>This is the same as last year, in comparison the Scotland figure was 81.8%. Data at March 2021 (Source: Care Inspectorate). Note this indicator is still at the developmental stage.</p>
Year	Proportion (%)																						
2014/15	88%																						
2015/16	86%																						
2016/17	88%																						
2017/18	88%																						
2018/19	84%																						
2019/20	84%																						
2020/21	84%																						
<p>DECREASE - The total number of complaints received - HSCP</p>	2020/21	95		Data Only		<p>SPS0001HSCP The total number of complaints received (HSCP) (REDUCE)</p> <table border="1"> <caption>SPS0001HSCP The total number of complaints received (HSCP)</caption> <thead> <tr> <th>Year</th> <th>Total Number of Complaints</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>68</td> </tr> <tr> <td>2018/19</td> <td>168</td> </tr> <tr> <td>2019/20</td> <td>168</td> </tr> <tr> <td>2020/21</td> <td>95</td> </tr> </tbody> </table>	Year	Total Number of Complaints	2017/18	68	2018/19	168	2019/20	168	2020/21	95	<p>0.99 per 1,000 population. Data is provisional. The number of complaints received decreased significantly during the pandemic (down from 168 in 2019/20).</p>						
Year	Total Number of Complaints																						
2017/18	68																						
2018/19	168																						
2019/20	168																						
2020/21	95																						


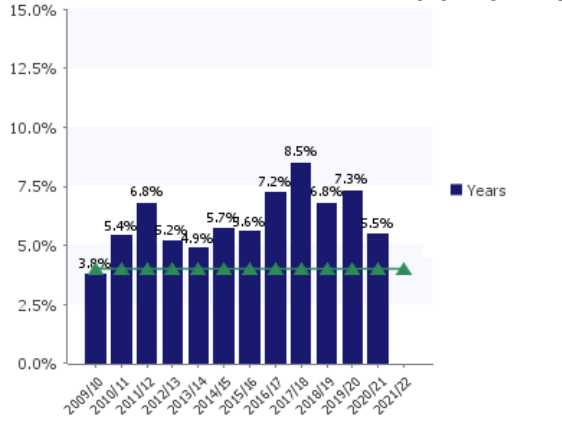

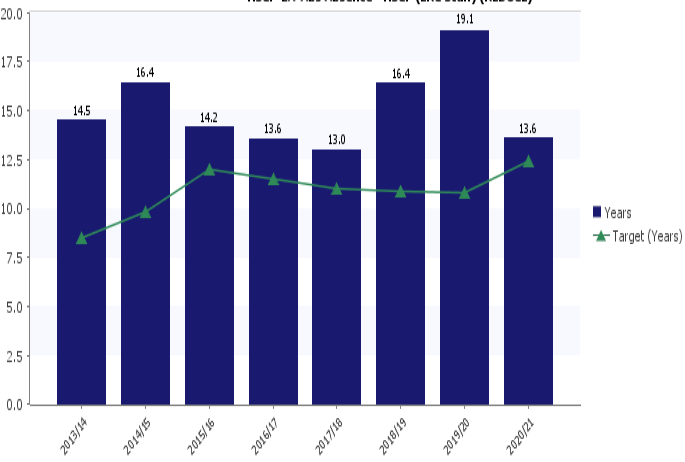
8.2 Efficiency

Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																																
<p>INCREASE - Payment of invoices: Percentage invoices paid within agreed period (30 days)</p>	<p>2020/21</p>	<p>68.8%</p>	<p>90%</p>	<p>Red</p>		<p>CHCP-IN02 Payment of invoices: Percentage invoices paid within agreed period (30 days) (INCREASE)</p>  <table border="1"> <caption>CHCP-IN02 Payment of invoices: Percentage invoices paid within agreed period (30 days)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2006/07</td><td>77.17%</td></tr> <tr><td>2007/08</td><td>86.91%</td></tr> <tr><td>2008/09</td><td>89.81%</td></tr> <tr><td>2009/10</td><td>91.22%</td></tr> <tr><td>2010/11</td><td>93.02%</td></tr> <tr><td>2011/12</td><td>89.91%</td></tr> <tr><td>2012/13</td><td>78.8%</td></tr> <tr><td>2013/14</td><td>78.8%</td></tr> <tr><td>2014/15</td><td>73.1%</td></tr> <tr><td>2015/16</td><td>84.2%</td></tr> <tr><td>2016/17</td><td>84.2%</td></tr> <tr><td>2017/18</td><td>84.2%</td></tr> <tr><td>2018/19</td><td>84.2%</td></tr> <tr><td>2019/20</td><td>84.2%</td></tr> <tr><td>2020/21</td><td>68.8%</td></tr> </tbody> </table>	Year	Percentage	2006/07	77.17%	2007/08	86.91%	2008/09	89.81%	2009/10	91.22%	2010/11	93.02%	2011/12	89.91%	2012/13	78.8%	2013/14	78.8%	2014/15	73.1%	2015/16	84.2%	2016/17	84.2%	2017/18	84.2%	2018/19	84.2%	2019/20	84.2%	2020/21	68.8%	<p>Invoice processing timescales were impacted significantly in the first months of the pandemic but have recovered over the remainder of the year. Payments within the 30 day target were at 86% for March 2021. Moving forward we will continue to work with the Council to improve Purchase2Pay processes.</p>
Year	Percentage																																						
2006/07	77.17%																																						
2007/08	86.91%																																						
2008/09	89.81%																																						
2009/10	91.22%																																						
2010/11	93.02%																																						
2011/12	89.91%																																						
2012/13	78.8%																																						
2013/14	78.8%																																						
2014/15	73.1%																																						
2015/16	84.2%																																						
2016/17	84.2%																																						
2017/18	84.2%																																						
2018/19	84.2%																																						
2019/20	84.2%																																						
2020/21	68.8%																																						
<p>INCREASE - Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency. (NI-20)</p>	<p>Q3 2020/21</p>	<p>17%</p>	<p>24%</p>	<p>Green</p>		<p>HSCP-NI-20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (REDUCE)</p>  <table border="1"> <caption>HSCP-NI-20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>21%</td></tr> <tr><td>2011/12</td><td>21%</td></tr> <tr><td>2012/13</td><td>21%</td></tr> <tr><td>2013/14</td><td>20%</td></tr> <tr><td>2014/15</td><td>19%</td></tr> <tr><td>2015/16</td><td>23%</td></tr> <tr><td>2016/17</td><td>23%</td></tr> <tr><td>2017/18</td><td>23%</td></tr> <tr><td>2018/19</td><td>21%</td></tr> <tr><td>2019/20</td><td>21%</td></tr> <tr><td>2020/21</td><td>17%</td></tr> </tbody> </table>	Year	Percentage	2010/11	21%	2011/12	21%	2012/13	21%	2013/14	20%	2014/15	19%	2015/16	23%	2016/17	23%	2017/18	23%	2018/19	21%	2019/20	21%	2020/21	17%	<p>Interim data at March 2021 (Source: Public Health Scotland)</p>								
Year	Percentage																																						
2010/11	21%																																						
2011/12	21%																																						
2012/13	21%																																						
2013/14	20%																																						
2014/15	19%																																						
2015/16	23%																																						
2016/17	23%																																						
2017/18	23%																																						
2018/19	21%																																						
2019/20	21%																																						
2020/21	17%																																						

Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																						
DECREASE - The gross cost of "children looked after" in residential based services per child per week £ (LGBF)	2019/20	£4,109			↑	<p>SCHN08a The gross cost of "children looked after" in residential based services per child per week £ (REDUCE)</p> <table border="1"> <caption>SCHN08a Data</caption> <thead> <tr> <th>Year</th> <th>Cost (£)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>4830</td></tr> <tr><td>2011/12</td><td>3010</td></tr> <tr><td>2012/13</td><td>5810</td></tr> <tr><td>2013/14</td><td>4357</td></tr> <tr><td>2014/15</td><td>6889</td></tr> <tr><td>2015/16</td><td>7776</td></tr> <tr><td>2016/17</td><td>2983</td></tr> <tr><td>2017/18</td><td>3896</td></tr> <tr><td>2018/19</td><td>12308</td></tr> <tr><td>2019/20</td><td>4109</td></tr> </tbody> </table>	Year	Cost (£)	2010/11	4830	2011/12	3010	2012/13	5810	2013/14	4357	2014/15	6889	2015/16	7776	2016/17	2983	2017/18	3896	2018/19	12308	2019/20	4109	Gross costs of residential placements are relatively stable and comparable with the Scottish average and the benchmarking family group.
Year	Cost (£)																												
2010/11	4830																												
2011/12	3010																												
2012/13	5810																												
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2015/16	7776																												
2016/17	2983																												
2017/18	3896																												
2018/19	12308																												
2019/20	4109																												
DECREASE - The gross cost of "children looked after" in a community setting per child per week £ (LGBF)	2019/20	£223			↓	<p>SCHN08b The gross cost of "children looked after" in a community setting per child per week £ (REDUCE)</p> <table border="1"> <caption>SCHN08b Data</caption> <thead> <tr> <th>Year</th> <th>Cost (£)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>147</td></tr> <tr><td>2011/12</td><td>95</td></tr> <tr><td>2012/13</td><td>108</td></tr> <tr><td>2013/14</td><td>151</td></tr> <tr><td>2014/15</td><td>186</td></tr> <tr><td>2015/16</td><td>191</td></tr> <tr><td>2016/17</td><td>178</td></tr> <tr><td>2017/18</td><td>205</td></tr> <tr><td>2018/19</td><td>217</td></tr> <tr><td>2019/20</td><td>223</td></tr> </tbody> </table>	Year	Cost (£)	2010/11	147	2011/12	95	2012/13	108	2013/14	151	2014/15	186	2015/16	191	2016/17	178	2017/18	205	2018/19	217	2019/20	223	Community settings gross costs for children subject to statutory measures are the same as the previous year and we are ranked 4 th in Scotland. N.b. formulae for costings is to be revised as part of local accountancy review for following year.
Year	Cost (£)																												
2010/11	147																												
2011/12	95																												
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2013/14	151																												
2014/15	186																												
2015/16	191																												
2016/17	178																												
2017/18	205																												
2018/19	217																												
2019/20	223																												

Description	Data Period	Current Value	Current Target	Traffic Light	Trend Arrow	Trend Chart	Latest Note																								
DECREASE - Older Persons (Over65) Home Care Costs per Hour (LGBF)	2019/20	£25		Data Only	↔	<p>SW01 Home care costs for people aged 65 or over per hour £ (REDUCE)</p> <table border="1"> <caption>SW01 Home care costs for people aged 65 or over per hour £ (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Cost (£)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>£9</td></tr> <tr><td>2011/12</td><td>£11</td></tr> <tr><td>2012/13</td><td>£10</td></tr> <tr><td>2013/14</td><td>£18</td></tr> <tr><td>2014/15</td><td>£22</td></tr> <tr><td>2015/16</td><td>£25</td></tr> <tr><td>2016/17</td><td>£23</td></tr> <tr><td>2017/18</td><td>£23</td></tr> <tr><td>2018/19</td><td>£25</td></tr> <tr><td>2019/20</td><td>£25</td></tr> <tr><td>2020/21</td><td>£25</td></tr> </tbody> </table>	Year	Cost (£)	2010/11	£9	2011/12	£11	2012/13	£10	2013/14	£18	2014/15	£22	2015/16	£25	2016/17	£23	2017/18	£23	2018/19	£25	2019/20	£25	2020/21	£25	Performance has remained consistent with the previous year at £25/h. We performed more favourably than other partnerships in 2019/20 and our ranking improved from 17 th to 15 th .
Year	Cost (£)																														
2010/11	£9																														
2011/12	£11																														
2012/13	£10																														
2013/14	£18																														
2014/15	£22																														
2015/16	£25																														
2016/17	£23																														
2017/18	£23																														
2018/19	£25																														
2019/20	£25																														
2020/21	£25																														
DECREASE - The Net Cost of Residential Care Services per Older Adult (+65) per Week (LGBF)	2019/20	£170		Data Only	↑	<p>SW05 Net Cost of Residential Care Services per Older Adult (+65) per Week (REDUCE)</p> <table border="1"> <caption>SW05 Net Cost of Residential Care Services per Older Adult (+65) per Week (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Cost (£)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>£353</td></tr> <tr><td>2011/12</td><td>£388</td></tr> <tr><td>2012/13</td><td>£377</td></tr> <tr><td>2013/14</td><td>£370</td></tr> <tr><td>2014/15</td><td>£364</td></tr> <tr><td>2015/16</td><td>£326</td></tr> <tr><td>2016/17</td><td>£233</td></tr> <tr><td>2017/18</td><td>£165</td></tr> <tr><td>2018/19</td><td>£160</td></tr> <tr><td>2019/20</td><td>£170</td></tr> <tr><td>2020/21</td><td>£170</td></tr> </tbody> </table>	Year	Cost (£)	2010/11	£353	2011/12	£388	2012/13	£377	2013/14	£370	2014/15	£364	2015/16	£326	2016/17	£233	2017/18	£165	2018/19	£160	2019/20	£170	2020/21	£170	We continue to be one of the best performers in Scotland on this measure (ranked 2 nd) although costs rose slightly compared with the previous year.
Year	Cost (£)																														
2010/11	£353																														
2011/12	£388																														
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2017/18	£165																														
2018/19	£160																														
2019/20	£170																														
2020/21	£170																														

8.3 Our People

Description	Data Period	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Trend Chart	Notes & History Latest Note
<p>DECREASE - Percentage of days lost to sickness absence for HSCP NHS staff</p>	<p>2020/21</p>	<p>5.5%</p>		<p>Data Only</p>		<p>HSCP-AB05d Sickness absence (%) NHS (REDUCE)</p> 	<p>Within the NHS the average percentage for the year 2020/21 is 5.5% against a target of 4%. This compares to 7.3% for the year 2019/20 a reduction of over 2% year on year. Again the reasons for the reductions can be attributed to the reduction in short term absence. The top reason for absence prior to the pandemic was psychological reasons and we expect an increase in this for 2021/22. Absence levels reduced to 3.8 and 4.2 respectively in Dec and Jan. However have been rising in February and March due to a number of serious cases where the expectation is ill health retiral.</p>
<p>DECREASE - Sickness absence days lost to sickness absence per employee - HSCP (LA staff)</p>	<p>2020/21</p>	<p>13.6</p>		<p>Data Only</p>		<p>HSCP-LA-Abs Absence - HSCP (ERC Staff) (REDUCE)</p> 	<p>Within the Council the cumulative absence PI based on the Q1-Q4 above for the year 2020/21 is 13.61 days lost per fte. This is a significant reduction from the 19/20 total of 19.1 days lost per fte. It should be noted no formal target were set for 2021. The reduction in absence is in part down to the social distancing and reduction in other infections and the ongoing work of the Care at Home and HR teams to reduce absence within the service. Prior to the pandemic the top reason for absence within the HSCP was non work related stress. Given the increases demand on our workforce during the pandemic and levels personal stress the pandemic has caused we anticipate there will be increase in absence levels due to stress / mental health. As restrictions lift</p>

Description	Data Period	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Trend Chart	Notes & History Latest Note										
							there will be more opportunities for people to mix and therefore we anticipate an increase in short term illness due to infections.										
INCREASE - Percentage of staff who say they would recommend their workplace as a good place to work. (NI-10)	2019/20	77%		Data Only	↑	<p>HSCP-NI-10 Percentage of staff who say they would recommend their workplace as a good place to work (INCREASE)</p> <table border="1"> <caption>HSCP-NI-10 Percentage of staff who say they would recommend their workplace as a good place to work (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>75%</td> </tr> <tr> <td>2017/18</td> <td>75%</td> </tr> <tr> <td>2018/19</td> <td>77%</td> </tr> <tr> <td>2019/20</td> <td>77%</td> </tr> </tbody> </table>	Year	Percentage	2016/17	75%	2017/18	75%	2018/19	77%	2019/20	77%	National Indicator remains under development at March 2021 (Source: Public Health Scotland). Data relates to iMatter Survey Report July 2018 as a proxy figure.
Year	Percentage																
2016/17	75%																
2017/18	75%																
2018/19	77%																
2019/20	77%																

Performance indicators with no new updates

(n.b. Latest data not published for National Core Suite of Integration Indicators 1 to 9 due to proposed changes to survey methodology – to be included in our Annual Performance Report)

- Percentage of adults able to look after their health very well or quite well (NI-1)
- Percentage of adults supported at home who agreed that they are supported to live as independently as possible. (NI-2)
- Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided (NI-3)
- Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated (NI-4)
- Total % of adults receiving any care or support who rated it as excellent or good. (NI-5)
- Percentage of people with positive experience of the care provided by their GP Practice. (NI-6)
- Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (NI-7)
- Total combined % carers who feel supported to continue in their caring role. (NI-8)
- Percentage of adults supported at home who agreed they felt safe. (NI-9)



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	23 June 2021
Agenda Item	9
Title	Self-Directed Support
Summary	
To provide members of Performance and Audit Committee with an update on progress in relation to the implementation of Self-Directed Support (SDS) within East Renfrewshire Health and Social Care Partnership	
Presented by	Lee McLaughlin, Head of Recovery and Intensive Services
Action Required	
The Performance and Audit Committee are asked to note and comment on the report.	

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EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

23 June 2021

Report by Chief Officer

Self-Directed Support

PURPOSE OF REPORT

1. To update Performance and Audit Committee on progress in relation to the implementation of Self-Directed Support (SDS) within East Renfrewshire Health and Social Care Partnership.

RECOMMENDATION

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

BACKGROUND

3. 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.
4. Members may recall the paper presented to Performance and Audit Committee in September 2020 which provided an overview of the 2019 Audit Scotland Impact Report on Self-Directed support along with an update on the HSCP's local action implementation.
5. Between November 2020 and March 2020, The East Renfrewshire SDS Forum and East Renfrewshire Carers Centre were commissioned by East Renfrewshire HSCP to sense check local SDS implementation, policy, practice and guidance. They completed this by holding focus groups for people who use our services and their unpaid carers and by facilitation focus groups for frontline practitioners and managers.
6. The values underpinning this review was to model a collaborative person centred approach and to focus on the following key themes in order to inform our local implementation and improvement plan:
 - What is working well?
 - What requires to improve?
 - Gaps in practice or process
 - Resources and Resource Allocation
7. Alongside this review, Head of Service and Locality Manager attended Breaking Down Barriers training delivered by SDS Forum to hear first-hand the experience of local residents of using Self-Directed Support. We heard many areas of good practice, grounded in relationship and human rights based practice. We also heard feedback about HSCP processes and practice which could be improved. These reflected the key areas for improvement highlighted by the review.

REPORT

What is working well?

8. East Renfrewshire HSCP have implemented Self Directed Support in line with the principles and values of The Social Care (Self Directed Support) (Scotland) Act 2013. The review noted many examples of creative, personalised practice where SDS had made a positive difference to the lives of individuals and families.
9. The review recognised that Self-Directed Support is used creatively in East Renfrewshire and there are very good examples of this. Budgets are fair and give people opportunity and choice when managing their support. All Social Workers that contributed commented on the success of the REG and RAG systems although would like to see the coaching/mentoring element to return to this forum.
10. The review noted the benefits of an Independent SDS Forum and Carers Centre locally and it was clear the current relationships were positive and partnership working is valued. The general public are well informed and know how to access services within East Renfrewshire. Social Workers are positive about the model of SDS and would like to ensure it continues to improve. The adult budget calculator assessment tool is good and is easy to use.
11. The Independent Review of Adult Social Care reflects much of the practice and aspiration in terms of a relationship and human rights based approach to adult social work and social care.
12. East Renfrewshire Talking Points have been recognised both locally and nationally as a model of good practice in terms of building capacity in communities and providing natural supports as part of our early intervention and prevention approach. The aim is to continue to develop this model as we move towards recovery from Covid-19, reflecting the vision in our Strategic Plan and the recommendations in the Independent Review of Social Care.

What could be improved?

13. Individuals, unpaid carers and practitioners described a “lengthy and complex” assessment and support plan approval process highlighting the need to streamline the process and for independent advice/brokerage services to support individuals throughout the support planning phase.
14. Social Workers explained that the focus on sustainability and budget pressures often presents as a barrier to personalised, creative support planning. Feedback showed that worker and manager confidence varies across the HSCP due to varied interpretations of the SDS policies and guidance. A more streamlined approach was suggested with messages to practitioners/managers reinforced to give them permission to think differently transferring the balance of power from professionals to individuals and families where possible.

Process/practice gaps

15. Practitioners and managers identified a gap with respect to training, specifically in relation to SDS legislative duties, creative support planning and sharing good practice.
16. Information and practitioner guidance could be streamlined and improved and practice and processes for SDS Option 2 require to be reviewed and strengthened to inform practice.

17. We noted the increased demand for independent advice, brokerage and support with option 1 over the last year with 50% of all referrals to East Renfrewshire SDS Forum from children, young people and families. The HSCP has increased short term funding support to SDS Forum until March 2022 to meet this increased demand.

Resources/resource allocation

18. The review noted some frustrations from practitioners when supporting carers/recipients to look at how they can use their budget creatively. More flexibility and choice when looking at supports within the home and as an alternative to a care home are key areas where increased flexibility and creativity could make a difference.
19. Frontline Practitioners have undoubtedly been affected by the working from home and the missed opportunities for informal coaching/challenge/inspiration from colleagues and as such require support and permission to support creativity and flexibility. Sharing personal stories and more examples of how to be more creative has been highlighted by practitioners as the best solution to support improvement in this area.
20. Further testing and review of the Individual Budget Calculator are required although early indicators are that the model is working well for both individuals and practitioners.
21. We have signalled for some time the conflict between short to medium term decisions required to achieve savings and the longer term preventative strategy achieved through early intervention. The 2020/21 savings we could not deliver due to pandemic included significant savings to come from the individual budget calculator being revised to tighten the prioritisation/eligibility criteria and implement the individual contribution mechanism. The additional savings challenge in 2021/22 has exacerbated this. We also recognise that the implementation of these changes may conflict with the recommendations contained within the Independent Review of Adult Social Care, so the timing of any local decisions will need to be balanced with the risk of implementing change that may require subsequent reversal.
22. We also need to consider how we resource capacity to ensure we deliver the recommendations in this report; either through re-alignment of existing staff or should we require additionality this will need to be funded and we will need to demonstrate a clear business case and identify a funding source, potentially on an invest to save basis.

CONCLUSION

23. The East Renfrewshire SDS Forum and East Renfrewshire Carers Centre have worked in partnership with East Renfrewshire HSCP to sense check local SDS implementation, policy, practice and guidance. The review highlighted many areas of good practice alongside areas where our processes/systems could be improved to improve practice and the user experience. Common themes were evident as well as responsive positive solutions. Some gaps in the implementation of SDS still exist locally although there is a strong value base and willingness to streamline systems to work from.
24. Person centred and relationship practice is the foundation to social work practice and Self-Directed Support. There are clear opportunities to build on our strengths locally and drive forward improvements in processes and practice.
25. In the spirit of collaboration and partnership working, a SDS steering group has been established to oversee our implementation programme locally. The group will be co-chaired by Head of Service and SDS Forum Manager and the membership will include people with lived experience of using Self-Directed Support, practitioners, managers and finance officers.

26. The group will collaborate to agree and oversee a local implementation plan highlighting key priorities, achievements and risk to Directorate Management Team, Performance and Audit Committee and Integration Joint Board as required.

RECOMMENDATIONS

27. The Performance and Audit Committee are asked to:
- Note the update with respect to SDS implementation in East Renfrewshire
 - Note the establishment of the SDS Steering Group
 - Note the intention to update Integration Joint Board and Performance and Audit Committee moving forward.

REPORT AUTHOR AND PERSON TO CONTACT

Lee McLaughlin, Head of Adult Services, Communities and Wellbeing
Lee.mclaughlin@eastrenfrewshire.gov.uk

0141 451 0751

June 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC PAPER 23.09.2020: Self-Directed Support: 2017 Progress Report Impact Report published by Audit Scotland in December 2019 -

https://www.eastrenfrewshire.gov.uk/media/3485/Performance-and-Audit-Committee-Item-08-23-September-2020/pdf/Performance_and_Audit_Committee_Item_08_-_23_September_2020.pdf?m=637360286464100000

Outside the Box Community Solutions – Finding the Right Support

https://otbds.org/wp-content/uploads/2021/05/Finding_the_right_support.pdf



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	23 June 2021
Agenda Item	11
Title	IJB Strategic Risk Register
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****23 June 2021****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 2020 as the March meeting was cancelled as a result of the pandemic response.
9. There have been no major changes since the last update in November in that:-
- There has been no change to risk scores
 - No new risks have been added
 - No risks have been removed
10. The risk control measures in place have been updated to include any proposed mitigation which has been completed since last reported. Proposed implementation dates have also been reviewed and updated where necessary.
11. In addition members should also note the following:-
- We have now had feedback on the Newton Mearns capital bid which was unsuccessful with deprivation being a strong weighting factor.
 - We have updated the IT risk to reflect the global supply shortage affecting NHS GGC who are currently experiencing procurement issues with regards to laptops. We are looking at the possibility of reprioritising existing equipment as a temporary solution.
 - We are seeing increased frailty along with an increase in severity of mental health conditions post pandemic and this is creating additional pressure on services.

Post Mitigation - Red and Significant Risks Exception Report

12. 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

13. Key learning from the Section 21 notice has been shared and no further mitigations have been identified due to the historic nature of this risk

Financial Sustainability

14. 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.

15. Brexit working groups and national events have recommenced and we continue to monitor developments.
16. There remains 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 and other pressures, or realise future efficiencies and savings
 - Implications from hosted services
 - Prescribing volatility
17. 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.

RECOMMENDATIONS

18. 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

June 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: November 2020: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/4339/Performance-and-Audit-Committee-item-8-25-November-2020/pdf/Performance_and_Audit_Committee_item_8_-_25_November_2020.pdf?m=637413112993830000

PAC Paper: September 2020: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/3488/Performance-and-Audit-Committee-Item-11-23-September-2020/pdf/Performance_and_Audit_Committee_Item_11_-_23_September_2020.pdf?m=637360286481870000

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

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 15.06.2021

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 11-16 5-10 1-4	Overall rating HIGH MEDIUM LOW	Likelihood (probability) L			Impact (Severity) I	Risk Score (LxI) L	Impact (Severity) I	
n/a	1	C	Death or significant harm to vulnerable individual										
			<p>Risk of death or significant harm to a service user/ patient as a result of HSCP actions.</p> <p>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.</p>	<p>Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.</p> <p>Updated professional supervision policy adopted for social work and social care staff.</p> <p>Review of rising demands and pressure points across adult services.</p> <p>Rolling programme for refresher training and quality assurance for Council Officers and frontline managers and registered services following launch of ASP procedures 1 November.</p> <p>Completed self-evaluation and audit of Practice Development.</p>	3	4	12	<p>Quality assurance of Adult Service Improvement Plans</p> <p>Develop new schedule for performance reporting for adult services.</p> <p>Prepare for forthcoming ASP inspections.</p> <p>Implement new risk management framework</p> <p>MHC&T Act procedure to be developed and implemented following mental health review</p>	<p>31.12.2021</p> <p>Ongoing (review Dec 21)</p> <p>31.10.2021</p> <p>31.03.2022</p> <p>30.09.2021</p>	2	4	8	<p>Head of Adult Health and Social Care Localities / Head of Recovery and Intensive Services / Chief Social Work Officer</p>

			<p>Increased frequency of APC. Improved reporting schedule from sub-committees.</p> <p>New ASP Team commenced January 2021. Senior Management rota for chairing ASP implemented</p> <p>Professional supervision policy in place to provide professional leadership.</p> <p>Adult service improvement plans implemented</p> <p>New ASP & LSI procedures finalised and will go live 1st July 21</p> <p>ASP Quality Assurance framework implemented</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>Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. The Inquiry have noted that they may come back for further information. Key learning from S21 work shared with managers</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.</p>	4	3	12			4	3	12	Chief Social Work Officer

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>"Safe Together" model implemented.</p> <p>Data report and outcome report for children's services completed (COPP - May 2020).</p> <p>Rolling programme for 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>Increased communication and intelligence sharing with other statutory bodies implemented during Covid-19.</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. Engagement taken place with workers not yet vetted to NPPV status.</p> <p>Quarterly external audit of MAPPAs cases in place.</p> <p>Multi Agency Risk Assessment Conference (MARAC) fully operational (05.03.19).</p>	2	4	8	<p>Develop new schedule for performance reporting for adult services.</p> <p>Introduce rolling review of PVGs on 3 yearly basis. Consistent with Care Inspectorate regulations.</p> <p>Strengthen reporting arrangements around SSSC registrations.</p>	<p>Ongoing (review Dec 21)</p> <p>31/12/2021</p> <p>31/12/2021</p>	1	4	4	Chief Social Work Officer

			<p>PVG (Protecting Vulnerable Groups) scheme in place.</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>Process in place for annual review of quality assurance framework for ASP activity</p> <p>Interim APC Chair in place.</p> <p>Training delivered to managers within adult services on supervision policy, quality assurance framework, management oversight.</p> <p>Council officer and managers forums established.</p> <p>New Head of Recovery and Intensive Services taken on role of professional lead for social work practice within adult services.</p>								
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4	S	Financial Sustainability Risk of being unsustainable due to one of the following causes: 1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget. 2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies & savings. 3) Implications of cessation of prescribing risk share and changes from hosted services funding structure. 4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food. 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.	The CFO provides regular financial advice and reporting to IJB, including savings progress. Budget seminars are held with IJB Members. 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. Medium Term Financial Plan latest revision June 21 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. The use of earmarked reserves allows us to deal with prescribing volatility in any one year. Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGCC. Planning for Brexit implications taking place at both national and local levels. Covid-19 cost monitoring takes place monthly and informs our revenue reporting as well as reporting to the Scottish Government through NHSGCC.	3	4	12	Conclude review of hosted service arrangements (indicative date). Plan for the 2022/23 budget. Continue to develop the tri-partite financial planning discussions with partners. 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.	31/03/2022 31/03/2022 Ongoing (review 31/03/2022) Ongoing (review 31/03/2022)	3	4	12	Chief Financial Officer
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5.2	5	C	<p>Failure of a Provider</p> <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>Actions from independent learning review complete – reporting procedure in place and monthly meetings established</p> <p>We work with providers at risk to agree phased and managed approach to closure if required.</p> <p>We are working with providers to ensure market sustainability and explore the service models moving forward.</p> <p>Care Home assurance group established May 2020 (meets twice weekly). Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support</p> <p>Two community hubs established to provide range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support</p>	4	3	12	<p>Reshape strategic commissioning plan based on outcome of the work exploring models of service delivery. Annual progress will inform our longer term approach.</p>	31/03/2022	3	3	9	CFO
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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>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>Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Signpost new residents to Practices registering patients for postcode area.</p> <p>Scoping ways to increase capacity for PCIP staff at existing sites, and exploring potential other sites</p> <p>Exploring revenue funded solutions around GP space in Newton Mearns and Neilston</p>	<p>Ongoing (review Mar 22)</p> <p>Ongoing (review Mar 22)</p> <p>Ongoing (review Mar 22)</p> <p>Ongoing (review Mar 22)</p> <p>Ongoing (review Mar 22)</p>	3	2	6	Clinical Director
5.1	7	C	Increase in frail older population									
			<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>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. Conclude redesign work focusing on rehabilitation</p> <p>Agile working for HSCP employees improved efficiency.</p> <p>Talking Points (commenced May 19).</p> <p>Annual budget setting takes account of demographic projections.</p>	4	4	16	<p>Develop frailty pathways as part of wider UCC work</p> <p>Reopen and further rollout of Talking Points as part of Community Led Support programme diverting people to community resources and building own assets.</p> <p>Reviewing front door arrangements to ensure fit for purpose in terms of recovery</p> <p>Unscheduled Care Action Group to take forward agreed unscheduled care commissioning programme of activity - Financial Framework to be agreed.</p>	<p>31.03.2022</p> <p>Ongoing (review Mar 22)</p> <p>30.09.2021</p> <p>30.09.2021</p>	4	2	8

			Partnership with various professional agencies and community/public to support hospital admission avoidance and safe hospital discharge for older people.				Continued Council funding for demographic cost pressures.	Ongoing (review Mar 22)					
8	C	Workforce Planning and Change											
		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 uncertainty impacts on ability to recruit and retain staff.	2019/20 workforce plan update complete. All intensive services staff made permanent (late 2019). Workforce planning group restarted HSCP management team actively review of all request to recruit. Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).	3	4	12	Publication of Interim Workforce Plan for 2021/22 (This has been developed and submitted to SG for feedback) (<i>The 3 year Workforce Plan has been postponed</i>). Include provider representation in workforce planning group and actions Develop workforce information to include data on staff with long term health conditions to better understand the impact of covid-19 on service delivery. Continue providing personalised supports to workforce in relation to trauma experienced during covid-19.	31/08/2021 31/03/2022 Ongoing (review Mar 22) Ongoing (review Mar 22)	2	4	8	Chief Officer HSCP	
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.	Advanced Practitioner post to improve practice across adult and children services in preparing young people with additional support needs for adulthood. Analysis of demographic changes and increased financial forecasting. Education Resource Group manage specialist resources and admission to specialist provision. Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.	4	3	12	Conclude work currently being undertaken by Children's and Adult Services reviewing the Transitions Pathway to enable a smoother transition for young people transitioning to adult services Council continues to contribute to funding to demographic cost pressures.	30.09.2021 Ongoing (review Mar 22)	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. Increased resource to support robust absence management. Medication policy reviewed Jun 21 Medication management training embedded in rolling training programme. Oversight Board chaired by Chief Executive established. Improvement Task Force overseeing phase 2 of improvement activity re-established. Regular updates being provided to CI Performance management of reviewing activity in place through weekly reporting. Single base agreed for Care at Home Embedded full time Pharmacy resource within the service (Jul-20). Increased level of quality assurance in place.</p>	3	4	12	<p>Roll out medication management training to remaining staff. Re-mobilise the service redesign activity.</p>	31/03/2022 Ongoing (review Mar 22)	2	3	6	Chief Officer HSCP
		N	Failures within IT System										
			<p>Critical information not been received due to failures in IT system Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.</p>	<p>Specific email addresses can be added to whitelist if required. Emails can be manually released. Analysis completed of referral source and destination mapping, to ensure information can be shared with ICT mailboxes and specific senders / emails prioritised, should an issue arise. Phase 1 of ICT Clearswift Review (looking at setup of rules and</p>	3	2	6	<p>Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure.</p>	TBC	2	2	4	IT Business Partner

			<p>configuration within the email gateway solution) concluded 14.4.20 with changes to rules that should reduce some of the technical complexity with regards to email blocking.</p> <p>Availability of IT equipment due to global supply issues</p> <p>Discussions taking place at NHSGGC Tactical Group</p> <p>Exploring options around BLAST</p>				<p>Finalise prioritisation exercise to identify individuals with highest need for equipment</p>	30.06.2021				
		N	COVID19 & RECOVERY									
			<p>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> <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>Regular testing regime in place for care home and health and social care staff</p> <p>Majority of staff fully vaccinated</p> <p>Resilience Management Team continues to meet regularly</p> <p>Agile working capability for majority of staff.</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>	<p>4</p>	<p>3</p>	<p>12</p>	<p>Scoping of accommodation and resource requirements and reintroduction of services</p> <p>Regular sit rep reporting identifies changes in response and recovery and identifies escalations.</p> <p>Regular recovery meeting to review progress.</p> <p>SMT focus on recovery.</p>	<p>Ongoing (review Sep 21)</p> <p>Ongoing (review Sep 21)</p> <p>Ongoing (review Sep 21)</p> <p>Ongoing (review Sep 21)</p>	<p>3</p>	<p>3</p>	<p>9</p>	

			<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' with further review underway</p> <p>Redeployment of staff to support critical functions.</p> <p>Infection control procedures and arrangements for PPE in place.</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>									
		S	ANALOGUE TO DIGITAL SWITCHOVER									
			<p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p>	<p>Programme board established and 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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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board						
Held on	Performance and Audit Committee						
	23 June 2021						
Agenda Item	12						
Title	CALENDAR OF MEETINGS 2022						
Summary:							
Proposed meetings dates for the committee for 2022.							
Presented by	Eamonn Daly, Democratic Services Manager, East Renfrewshire Council						
Action required:							
That the committee approves the proposed meeting dates for 2022							
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 June 2021

Report by Chief Officer

CALENDAR OF MEETINGS

PURPOSE OF REPORT

1. To seek approval of proposed meetings dates for the committee for 2022.

RECOMMENDATION

2. That the committee approves the proposed meeting dates.

REPORT

3. The 2022 calendar of meetings for the Integration Joint Board will be considered at the meeting following this meeting of the committee. In view of this it is considered prudent for the committee to also consider proposed 2022 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.

5. The dates in full are as follows:-

Wednesday 16 March

Wednesday 22 June (including draft accounts)

Wednesday 21 September (including annual accounts)

Wednesday 23 November

CONSULTATION AND PARTNERSHIP WORKING

6. As a number of the NHS non-Executive members of the IJB also sit on the Glasgow IJB a copy of the proposed calendar for IJB meetings has also been sent to the Clerk to the Glasgow IJB to try and minimise meeting clashes. The Glasgow IJB Clerk has confirmed that they are not yet in a position to consider proposed meeting dates but will endeavour to ensure there are no meeting clashes. In the event this is not possible and changes need to be made to the IJB meetings calendar, this may have an impact on the committee meetings calendar.

FINANCE AND EFFICIENCY

7. There are no financial implications arising from this report.

IMPLICATIONS OF THE REPORT

8. There are no implications in respect of staffing, property, legal IT, equalities or sustainability arising from this report.

CONCLUSIONS

9. Confirmed meeting dates will help committee members to more efficiently manage their diaries and ensure that they are able to maximise attendance at meetings.

RECOMMENDATION

10. That the committee approves the proposed meeting dates.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS - NONE