



Date: 14 September 2022  
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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 21 September 2022 at 9.00 am.**

**Please note this is a virtual meeting.**

The agenda of business is attached.

Yours faithfully

COUNCILLOR KATIE PRAGNELL  
Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
PERFORMANCE & AUDIT COMMITTEE  
WEDNESDAY 21 SEPTEMBER 2022**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**AGENDA**

- 1 Apologies for absence**
- 2. Declaration of Interests**
- 3. Minute of meeting of 22 June 2022 (copy attached, pages 5 - 14).**
- 4. Matters Arising (copy attached, pages 15 - 22).**
- 5. Rolling Action Log (copy attached, pages 23 - 26).**
- 6. Annual Performance Report 2021-22 (copy attached pages 27 - 114).**
- 7. Bonnyton House Care Home Inspection Report (copy attached, pages 115 - 138).**
- 8. Internal Audit Plan 2022-23 (copy attached, pages 139 - 140).**
- 9. Audit Update (copy attached, pages 141 - 194).**
- 10. Policy Update (copy attached, pages 195 - 272).**
- 11. IJB Strategic Risk Register Update (copy attached, pages 273 - 288).**
- 12. Calendar of meetings 2023 (copy attached, pages 289 - 292).**
- 13. Date of Next Meeting – Wednesday 23 November 2022 at 9am.**

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**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
Performance and Audit Committee  
held at 9.00am on 22 June 2022**

**PRESENT**

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

Lynsey Allan	Scottish Care
Councillor Caroline Bamforth	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Non-voting IJB member

**IN ATTENDANCE**

Liona Allison	Assistant Committee Services Officer (East Renfrewshire Council)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor (East Renfrewshire Council)
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services – Learning Disability and Recovery
Ian McLean	Accountancy Manager
Julie Murray	Chief Officer – IJB
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Louisa Yule	Audit Scotland

**DECLARATIONS OF INTEREST**

1. There were no declarations of interest intimated.

**MINUTE OF PREVIOUS MEETING**

2. The committee considered and approved the Minute of the meeting of 16 March 2022.

**MATTERS ARISING**

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

**ROLLING ACTION LOG**

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

Having heard the Chief Financial Officer explain that action 32 had now been superseded by action 35 on the log, the committee noted the report.

**AUDIT SCOTLAND ANNUAL AUDIT PLAN**

5. The committee took up consideration of the Audit Scotland Annual Audit Plan for 2021-22.

The Plan summarised the work plan for Audit Scotland's 2021/22 external audit of the Integration Joint Board highlighting that the main elements of work included an evaluation of the key controls within the main accounting systems; an audit of, and provision of an Independent Auditor's Report; an audit opinion on regularity and other statutory information published within the annual report and accounts including the Performance Report, the Governance Statement and the Remuneration Report; consideration of arrangements in relation to the audit dimensions: financial management, financial sustainability, governance and transparency and value for money that frame the wider scope of public sector audit; and consideration of Best Value arrangements.

Ms Monaghan introduced Louisa Yule from Audit Scotland who was heard further on the plan. In particular she referred to planning materiality levels which had been set at 1.5% of gross budgeted expenditure for 2021/22 with this being reviewed on receipt of the financial statements.

Reference was also made to one significant risk of material misstatement to the financial statements. However it was clarified that this was a risk that was included in all Audit Scotland's audit plans.

She explained that due to the nature of the risk, management were not able to provide any assurances against it. Audit Scotland gained their assurance through testing of the parts of the accounts that were viewed by them as being susceptible to management override, for example areas where management may have to exercise judgement. Audit Scotland's work in this area would focus on assessing any changes to the assumptions and estimates used to prepare the financial statements and also through written assurances from partner bodies' auditors.

In relation to reporting arrangements, Ms Yule explained that the COVID pandemic had impacted on the delivery and timing of audit work and that the Audit Scotland management team had decided to use this year as a transitional year with the aim of returning to pre-pandemic audit timescales in 2022-23. To support this a prioritisation programme based on the statutory deadlines had been out in place.

As outlined in the report the target date for completing the audit was 31 October 2022. However, since the preparation of the annual audit plan the Local Government Finance Circular had been issued in May. This extended the statutory deadline for audited accounts to November 2022.

Since agreeing the plan Audit Scotland had continued to refine their resourcing position and looked to complete the audit work for the Integration Joint Board by the target date of 31 October albeit with final sign off of the accounts likely to be in November.

In addition Ms Yule explained that John Cornett, the appointed auditor for the IJB, had been appointed to the role of Executive Director of Audit Services. As a consequence he was stepping away from his audit delivery role. His successor would join Audit Scotland in mid-August. Given this change Audit Scotland would not be in a position to meet the September committee meeting date with the accounts as there were a number of auditing standard requirements that the incoming Audit Director would have to fulfil prior to certifying the accounts.

Discussions on timings and arrangements would continue with the Chief Financial Officer over the summer and work to achieve the completion of the audit within October with the accounts and audit report being taken to the November committee meeting would be ongoing.

Ms Forbes expressed concerns regarding the timescales for the completion of the audit in response to which both Ms Yule and the Chief Financial Officer confirmed that the timetable for East Renfrewshire IJB was not changing and that it had always been planned for the accounts to be signed off in November. Furthermore, in response to further questions from Ms Forbes, it was confirmed that the change in external auditor would have no impact on the audit of the accounts.

Commenting on Exhibit 4 of the plan in relation to audit dimension risks, Ms Monaghan emphasised that financial sustainability was not a new risk; that whilst the IJB appeared to be well-resourced most of the funding was earmarked, and therefore the financial challenges ahead should not be underestimated.

The committee noted the audit plan.

## **UNAUDITED ANNUAL REPORT AND ACCOUNTS 2021-22**

**6.** The committee considered a report by the Chief Financial Officer providing an overview of the unaudited report and accounts for the IJB covering the period 1 April 2021 to 31 March 2022. The report also outlined legislative requirements and key stages associated with the approval of the annual report and accounts.

Having referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee, the report set out an overview of the process for the preparation and approval of the IJB's annual report and accounts.

The report highlighted the main key messages. There was a year-end underspend of £0.837 million which was 0.54% of the annual revenue budget and which was marginally better than the position last reported in March when the projected outturn was an underspend of £0.554 million; COVID-19 spend had been £8.945 million with funding of £15.066 million being received and the balance taken to reserves.

The main variances to the budget were set out in the report. In addition, it was reported that reserves had increased significantly during the year to £20.752 million as at 31 March 2022. This increase was in line with the national position the vast majority of which related to Scottish Government ring-fenced funding. £11,933 million had been received during the year for ring-fenced activity with £3.153 million being used. It was clarified that this funding could only be spent on specified initiatives, that the majority of the increase related to COVID-19 and would support the ongoing response to the pandemic in 2022/23.

The year on year movement in reserves was summarised. It being noted that during the year £0.785 million of earmarked reserves had been used with a further £2.272 million added. Approval for the reserves position as set out in the annual report and accounts was sought.

It was noted that the general reserve remained unchanged at £0.272 million, just under 0.15% of the 2021/22 revenue budget and well below the optimum level at a value of 2% of budget.

The Chief Financial Officer was heard further on the annual report and account. She highlighted that it had been another complex year with continued Covid-19 cost returns as well as new funding streams which led to a significant increase in cash flow of over £15 million in the final quarter of the year.

The main variances were set out in the report and were in line with previous reporting, an underspend in older peoples nursing, residential and day services offsetting the overspend in care at home. There was also a continuing underspend within Learning Disability community services.

In relation to the reserves, she reminded members that an increase in reserves had been reported during the year. The opening reserves balance had been £10.485 million of which £3.937million was spent. A further £14.204 million was added so subject to audit the reserves balance was £20.752 million. Whilst this was significant over £13 million was ringfenced for Scottish Government initiatives and could only be used for those purposes. She clarified that the increase in reserves very much mirrors the national position and the vast majority of this relates to Scottish Government ring-fenced funding as summarised the report. The main increase in East Renfrewshire was COVID-19 funding to be used for costs in 22/23 in the continued pandemic response.

Whilst some new reserves had been requested and approved agreed during the year further approval was being sought for new reserves to be reflected in the annual report and accounts.

Reference was also made to the unchanged general reserve which at under 0.2% of budget remained well below the policy level of 2%. This had previously been recognised and discussed at length in prior years and given continuing financial challenges there was no resource to invest in general reserves.

The Chief Financial Officer clarified that the set aside budget for the previous year 2020/21 had been restated based on information provided by colleagues at NHSGGC as costs relating to The Royal Hospital for Children had been included. This restatement showed a reduction of £0.148 million and against the restated figure of just over £28 million and was not material. This had nil impact on IJB balances as is it remains notional.

Additional cross reference and triangulation checks in the annual accounts working papers for 2021/22 had been included. This had identified a cost decrease in some of the hosted services, shown at note 4 to the accounts. For some of these services COVID-19 related expenditure was included in 2020/21 but not included for 2021/22.

So whilst this note is for information only and has no impact on the bottom line it does mean the comparison year on year is not like for like. Discussion was ongoing with CFO peers and if required the note will be revised for the final report.

The opinion of both Audit Scotland and the IJB Chief Auditor would be included in the final report, scheduled to come to committee and the Board in November, subject to any changes in meeting cycle dates.

Finally the Chief Financial Officer thanked her staff for the work undertaken by them in preparing the accounts.

Thereafter the Chief Financial Officer responded to questions from Councillor Bamforth and Ms Monaghan in the course of which she clarified the position regarding the use of ring-fenced reserves, confirmed that there would be no further COVID funding from the Scottish Government, and that at this stage it was not clear whether or not the Scottish Government would look to reclaim any unspent COVID funding.



The Chief Financial Officer then commented further on some of the reserves available and explained in response to Ms Forbes that it was possible for the IJB to reallocate non-ringfenced funds that had already been earmarked.

Having heard the Chief Financial Officer confirm that additional winter funding would be provided this year the committee agreed to recommend that the Board:-

- (a) approve the unaudited annual report and accounts;
- (b) approve the proposed reserves allocations;
- (c) note that the annual report and accounts was subject to review;
- (d) agree to receive the annual report and accounts in November, subject to any recommendations made by the external auditor and/or the committee.

### **2021-2022 END-YEAR PERFORMANCE UPDATE AND POSTPONEMENT OF ANNUAL PERFORMANCE REPORT - QUARTER 3**

7. The committee considered a report by the Chief Officer advising of the postponement of the publication of the 2021-22 Annual Performance Report and providing a summary update of key performance for 2021-22.

Having referred to the legislative requirement for Integration Joint Boards to publish Annual Performance Reports, and to temporary legislative changes in relation to the timescales for the publication of such reports, the report explained that given the volume of work required for a full review of performance and activity during 2021-22, and specifically the requirement for input to the review from partners and services, publication of the Annual Performance Report had been postponed until 31 August 2022 with a draft report being submitted to the next meeting of the IJB on 10 August for approval.

In the interim, summary information was provided relating to performance measures set out under the strategic priorities in the HSCP Interim Strategic Plan 2021-22.

The report made particular reference to the unprecedented challenge faced by the HSCP in responding to the COVID-19 pandemic highlighting that during the pandemic period staff across the HSCP had responded with incredible commitment and had adapted to new ways of working; continuing to maintain and deliver safe and effective services to residents. As the pandemic had continued the workforce was becoming increasingly fatigued and a significant focus was being placed on supporting staff health and wellbeing.

Despite progressing recovery during the year, the emergence of the Omicron variant during the winter months had a significant impact on progress. The HSCP and partner organisations experienced increased staff absence with resulting pressures within the health and social care system. There had also been significant recruitment and retention challenges in the sector impacting on performance. Notwithstanding, the data showed that despite the continuing pressures of the pandemic there had been strong performance across service areas. Throughout the period there had been excellent collaboration across the HSCP and with independent, third and community sector partners, with many positive signs of recovery across many performance indicators.

The Policy, Planning and Performance Manager was heard in further explanation of the report drawing to the committee's attention a number of performance highlights as well as areas where steps to seek improvement would continue, following which full discussion took place.

Councillor Bamforth referred to the reduction in The Child and Adolescent Mental Health Service (CAMHS) referrals and the increase in referrals to Family Wellbeing Service, welcoming that children were now more likely to be referred to appropriate services. However she commented on anecdotal information suggesting that delays to accessing the Family Wellbeing Service were increasing and if it was not just a case now of delays being spread across more services.

In reply the Chief Officer indicated that she would look into the matter. She also suggested that it might be helpful to bring to the committee information that had been presented to the Chief Executives of East Renfrewshire Council and NHSGGC as part of the HSCP end of year performance review.

Ms Monaghan suggested it was no surprise to see increased service demand. In relation to the way in which the information was presented, she suggested it would be helpful to see plotting of targets as this would make the information presented easier to understand.

The committee noted:-

- (a) that the publication date for the 2021-22 Annual Performance Report had been postponed to 31 August 2022; and
- (b) the End-Year Performance Update for 2021-22.

### **SPECIALIST LEARNING DISABILITY IN PATIENTS SERVICE PERFORMANCE REPORT**

8. The committee considered a report by the Chief Officer providing performance data on Specialist Learning Disability Inpatient Services, with a particular focus on admission and discharge activity from 1 January 2021 to 31 December 2021. This service was hosted by East Renfrewshire HSCP on behalf of NHS Greater Glasgow and Clyde.

It was explained that the report focussed on activity relating to the Assessment and Treatment Services (Blythswood House and Claythorn House) which had 27 beds across the two sites. The service was available to people with a learning disability residing in 9 Health and Social Care Partnerships, 6 of which lay within the NHS Greater Glasgow and Clyde boundary and a further 3 outwith NHS Greater Glasgow and Clyde area which were provided via service level agreements.

It was further explained that the data in the report had been collected from the bed management and patient management systems; EMIS and TrakCare. There were some limitations in the data provided due to patients admitted in the previous years but not yet discharged being included in the report. There was also missing data for the number of individuals appropriately admitted to mental health care, who had not needed specialist learning disability inpatient care.

The report highlighted some key performance related messages following which it provided an overview of activity in 2021.

The Head of Adult Services – Learning Disability and Recovery was then heard further on the report.

Ms Monaghan highlighted that the report covered a calendar rather than financial year, that this was at odds with most other performance plans and asked it steps could be taken to make sure that the reporting period be adjusted accordingly. In addition, Thereafter she expressed disappointment at the number of in patients without a placement. This was echoed by Councillor Bamforth. She further noted that Glasgow HSCP had the largest number of in

patients in this category and enquired what East Renfrewshire HSCP as service host could do to support them.

In reply the Head of Adult Services – Learning Disability and Recovery explained some of the work that East Renfrewshire as host undertook to support other HSCPs using the service. This included widely sharing examples of good practice amongst HSCPs. Also commenting, the Chief Officer reported that conversations regarding this issue had taken place with the Chief Executive of NHS Greater Glasgow and Clyde. She further clarified that whilst East Renfrewshire HSCP could influence the activities of other HSCPs, it could not control them.

It was suggested that it would be useful for the report to be updated and thereafter shared with other HSCPs.

The Head of Adult Services – Learning Disability and Recovery having explained in response to Mrs Kennedy that Netherton was still scheduled to close, leaving Claythorn and Blythwood House, Ms Forbes referred to the increase in admissions due to challenging behaviour alone and questioned the reasons for this and what was being done to address it. In reply the Head of Adult Services – Learning Disability and Recovery acknowledged that there was no doubt the pandemic had been a contributory factor in the increase. In addition, responding to Ms Monaghan, he explained the staff infrastructure in place to help prevent hospital admission.

Thereafter Ms Monaghan proposed that an updated version of the report, with the reporting timescales adjusted, be prepared and submitted to the Integration Joint Board for consideration and thereafter sent to the Performance and Audit Committees of other HSCPs that used the service.

The committee:-

- (a) noted the report; and
- (b) agreed that an updated report be submitted to the Integration Joint Board and thereafter sent to the Performance and Audit Committees of other HSCPs that used the service.

## AUDIT UPDATE

9. Under reference to the Minute of the previous meeting (Item 8 refers), the committee considered a report by the Chief Officer providing an update on new audit activity relating to the IJB and HSCP since last reported to the committee in March 2022, and summarising all open audit recommendations. Accompanying the report were a series of appendices. These contained information regarding audit activity relating to the IJB and HSCP; and information on recommendations from previous audits. Summary information in relation to the appendices was contained in the report

Commenting on the report, the Head of Finance and Resources (Chief Financial Officer) explained that since March a lot of follow up work had been carried out, that it had not yet been finalised, but it was anticipated that this work would be complete prior to the next meeting in September.

Having commented on some of the new reports, the Head of Finance and Resources (Chief Financial Officer) referred to the constraints on the Chief Auditor's service but they were working collaboratively to progress matters. It was noted that the Chief Auditor would bring the audit plan to the committee in September.

Ms Forbes acknowledged the progress that had been made. She highlighted the number of audit recommendations where the associated comments suggested that reminders would be issued to managers and questioned what steps were taken to ensure managers did comply with the advice issued in reminders.

In reply the Head of Finance and Resources (Chief Financial Officer) acknowledged the comments and that steps would be taken for this to become a standing item on management team meeting agendas. In addition, the Chief Auditor explained that her staff did conduct follow ups and whether or not recommendations were complied with was examined as part of that. Ms Forbes suggested that some further comment be added to reports to confirm whether managers had complied with recommendations.

The committee noted the report.

## **POLICY UPDATE**

**10.** The committee considered and noted a report by the Chief Officer providing details of a number of policy documents relating specifically to the governance of the IJB. The report contained a table showing each of the policy documents, when they had been approved by the IJB, when last considered by the committee if at all, and any review cycle. The report advised that of the documents listed, 6 would be submitted to the September meeting of the committee for review.

## **IJB STRATEGIC RISK REGISTER UPDATE**

**11.** Under reference to the Minute of the previous meeting (Item 9 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 16 March 2022 and explained that since then no new risks had been added; no existing risks had been removed, one risk score relating to *Workforce Planning and Change* had been increased, and 1 risk score relating to *In-House Care at Home Service* had been reduced.

Ms Monaghan suggested that in light of the earlier discussions around hosted services, this should appear as a risk on the register, specifically in relation to reputational risk associated with service failure and also risk to individual service users. The Head of Adult Services – Learning Disability and Recovery explained that the service did have an operational risk register and the Chief officer confirmed this would be reviewed to establish the best place for the risk to be recorded.

Ms Monaghan recognised that the service would have an operational register but it was important for the committee to have sight of the risk. As such the strategic register would be best placed to deliver this.

The Head of Finance and Resources (Chief Financial Officer) highlighted that financial sustainability remained a high risk post-mitigation and that financial risks were reported to the Board through the regular revenue budget monitoring reports.

Ms Forbes commented on the 3 whole time equivalent consultant vacancies referred to in the report. She suggested this was a major risk and that it did not appear to be reflected in the risk register. She also suggested a review of the likelihood and impact scores of two of the risks listed.

Responding to Ms Forbes the Head of Finance and Resources (Chief Financial Officer) explained that the consultant vacancies was reflected in the workforce planning risk and that she would review the scoring as suggested by Ms Forbes.

The committee noted the report.

**DATE OF NEXT MEETING**

**12.** It was reported that the next meeting of the committee would take place on Wednesday 21 September 2022 at 9.00am.

CHAIR

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	21 September 2022
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<b>Summary</b>	
<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 22 June 2022.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
<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**

**21 September 2022**

**Report by Chief Officer**

**MATTERS ARISING**

**PURPOSE OF REPORT**

1. To update the Performance and Audit Committee on progress regarding matters arising from the discussion that took place at the meeting of 22 June 2022.

**RECOMMENDATION**

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

**REPORT**

**Performance Reporting – CAMHS**

3. It was agreed at the previous meeting of the Performance and Audit Committee that an update in terms of CAMHS performance would be shared. The slides from our Performance Review with partner Chief Executive are attached at Appendix 1.
4. The recent local East Renfrewshire CAMHS statistical update is that in the month of July 44 referrals were received with 15 of these being accepted. In August 63 referrals were received with 33 of these being accepted. In relation to first treatments offered, in July 76 Choice/ Partnership were made with a further 60 offered in August. CAMHS received 1 referral from Healthier Minds in this period with 6 referrals passed from CAMHS to Healthier Minds after initial assessment. The current longest waiting period from ERC CAMHS is 14/ 15 weeks.

**Healthier Minds**

5. The Children 1<sup>st</sup> Family Wellbeing Service has continued to see increased demand. To mitigate this there has been an initial engagement team developed by the service to make contact with the parents/ child to maintain contact, offer group work and other informal supports like coffee mornings until a worker identified. Children 1<sup>st</sup> also have staff working exclusively with Healthier Minds and education to expand the compliment of staff support to the Healthier Minds team. A weekly hub takes place to monitor referrals before identifying the appropriate support. There has not been an increase in delays in accessing support from Healthier Minds and it continues to offer timely, responsive assistance.

**RECOMMENDATIONS**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Chief Financial Officer  
[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

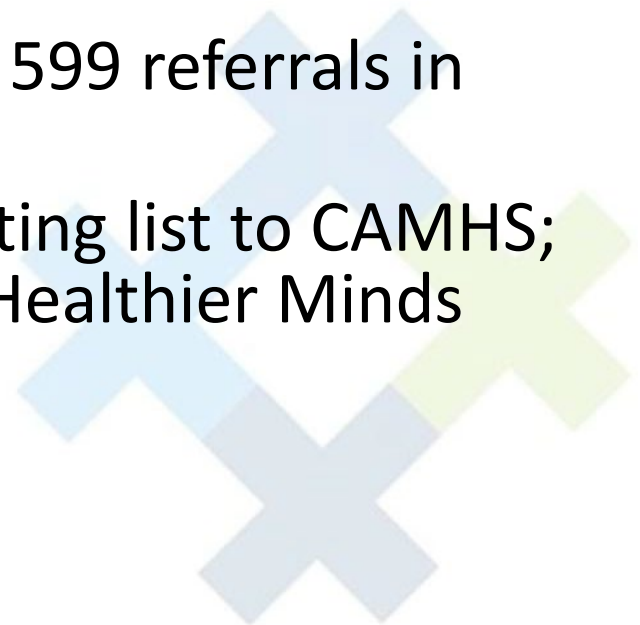
Julie Murray, IJB Chief Officer

August 2022

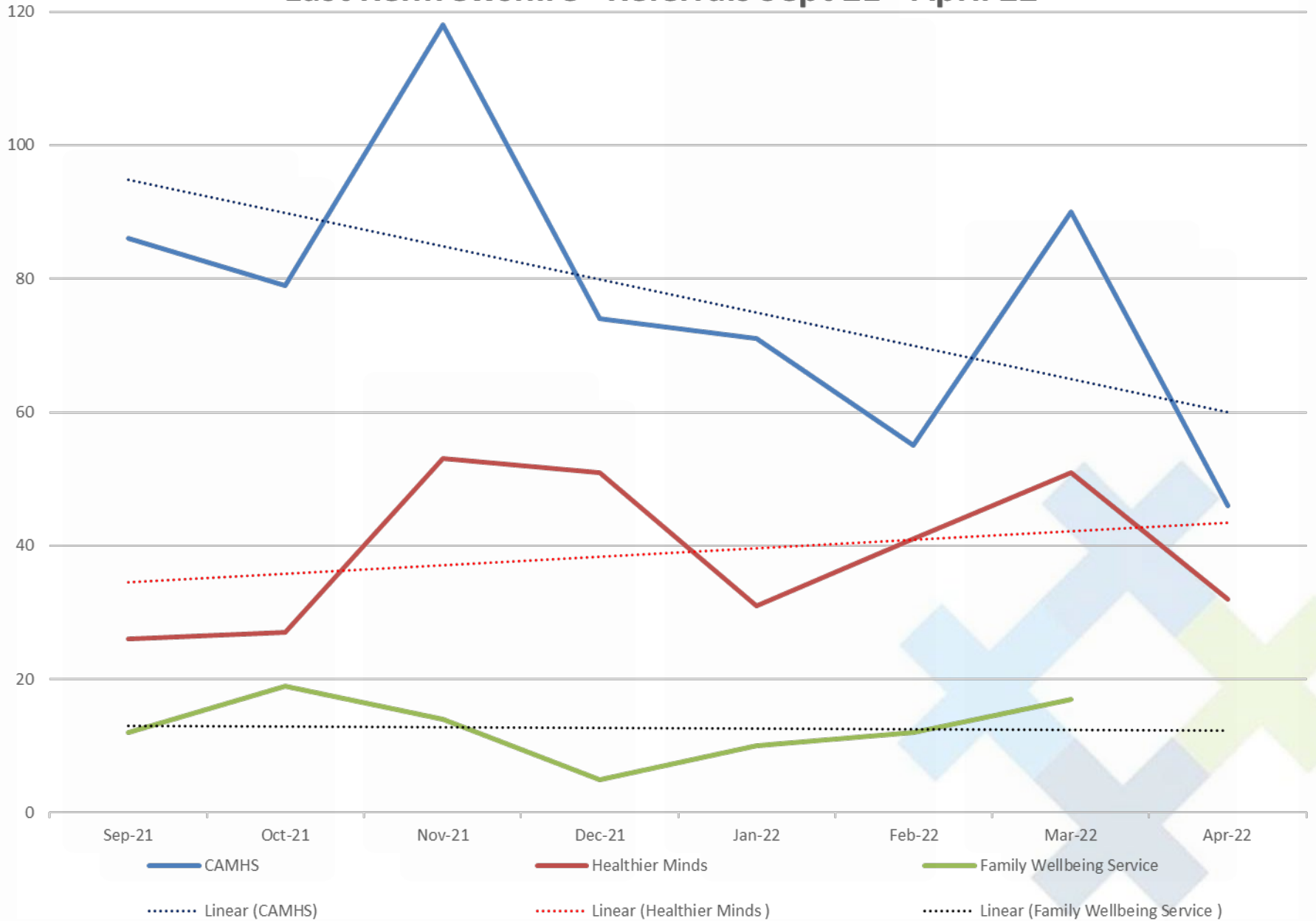
# Children and families

## Performance and activity

- CAMHS waiting:
  - End March 22 – 63% seen within 18 weeks
  - End March 22 – longest wait at month end - 35 weeks. ER CAMHS longest wait currently 22 weeks – aiming for target by end June.
- Supporting the wellbeing of our young people
  - Healthier Minds
    - 435 referrals (Apr 21 - Mar 22), 599 referrals in total (Nov 20 - Mar 22)
    - 79 referrals are open to/on waiting list to CAMHS; 35 discharged from CAMHS to Healthier Minds
  - Family Wellbeing Service
    - 142 referrals in 2021-22



# Children and Young People's wellbeing supports East Renfrewshire - Referrals Sept 21 - April 22



# Children and families

## Performance and activity

- CAMHS - Eating disorder clinic working to meet increased presentations.
  - Clinical analysis of activity identified a significant increase in eating disorder presentations (49 in Oct 21 – highest of GGC Teams)
- CAMHS - significant reduction in hospital admissions (5 in 21/22; down from 14 in 20/21)
- Completion of risk assessment for CAMHS clinical service delivery
  - Duty structure was expanded and cases prioritised for clinical assessment and treatment

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	21 September 2022
<b>Agenda Item</b>	5
<b>Title</b>	Rolling Action Log
<b>Summary</b>	
The attached rolling action log details all actions, including those which have been completed since the meeting on 22 June 2022.	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>	
Integration Joint Board members are asked to note progress.	

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## ACTION LOG: Performance and Audit Committee (PAC)

September 2022

Action No	Meeting Date	Agenda Item	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
49	22.06.2022	Rolling Action Log	Close off Action 32 as this has now been superseded by Action 35.		CLOSED	Jun-22	
48	22.06.2022	Unaudited Annual Report and Accounts	The committee approved the recommendations and the Annual Report and accounts should now go to the IJB		CLOSED	Jun-22	Presented to IJB 22 Jun 2022
47	22.06.2022	2021-22 End Year Performance Update and postponement of	Seek clarification regarding Cllr Bamforth's concerns that there have been increasing delays in accessing FWS/Healthier Minds.		CLOSED	Sep-22	No increasing delays
46	22.06.2022	Annual Performance Report	Submit the information presented to the ERC and NHS Chief Execs' performance review meeting to a future meeting		CLOSED	Sep-22	CAMHS update in Matters Arising
45	22.06.2022	Specialist Learning Disability In Patients Service Performance Report 2021	Submit a further report with the most up to date information to a future meeting of the IJB for circulation thereafter to the relevant committees in each of the other HSCPs within NHSGGC.		CLOSED	Sep-22	Included on IJB agenda (21.09.22)
44	22.06.2022		Make arrangements to adjust the reporting timeframes to financial and not calendar year.		CLOSED	Jun-23	Future reports will be in calendar years. The 2022/23 performance report has scheduled for June 2023
43	22.06.2022	Audit Update	For those audits where the audit action is for a reminder to be issued to managers, consider how to reflect in the report if managers are taking account of the reminders issued.		OPEN	Dec-22	Where practical we can diarise reminders to Service Managers and HoS to support compliance. If possible exception reports will be issued.
42	22.06.2022	Policy Update	Submit the 6 policies identified in the report to the September meeting of the committee		CLOSED		Policy update included on PAC agenda (21.09.22)
41	22.06.2022	IJB Strategic Risk Register Update	Add a risk to the register in relation to reputational risk and risk to service users due to service failure.		CLOSED		As confirmed at the meeting, reputation service impact and issues relating to patient flow are already contained in the service risk register. Agreement to share the updated performance report as above for other HSCP to consider as part of their own risk management process
40	16.03.2022	Rolling Action Log	Arrange for a presentation on overhead allocations at a future seminar for Board member	Chief Financial Officer	OPEN	OPEN	Will be included as part of 2023/24 budget discussions.
38	16.03.2022	East Renfrewshire HSCP Strategic Plan	Make arrangements to contact members to discuss views on the timing of the Performance and Audit Committee.	Governance and Compliance Officer/Democratic Services Manager	OPEN	Sep-22	PAC members contacted to seek view on any changes to the meeting cycle. Calendar dates remain unchanged for 2022.
37	16.03.2022	Performance Report 2021/22 – Quarter 3	Make arrangements to set up a short-life working group to review performance reporting arrangements including the format of future performance reports.	Policy, Planning and Performance Manager	OPEN		Meeting arranged for 28 September 2022
35	16.03.2022	Audit Update	Arrange to meet to discuss which of the items considered implemented by the HSCP can be closed off.	Chief Financial Officer	OPEN		We are working with colleagues in audit to continue to progress.
31	24.11.2021	Internal Audit Annual Report 2020-21 and Internal Audit Plan 2021-22	Bring details of the matter under investigation by Police Scotland to the committee at an appropriate time.	Chief Financial Officer	OPEN	OPEN	No update as at September 2022
17	23.06.2021	Unaudited Annual Report and Accounts	Make arrangements to add reference about discussions with Council colleagues relative to early notice of central support costs	Chief Financial Officer	OPEN	Sep-22	Mid year review is being undertaken in Impact will be included in ongoing revenue reporting and also in action 40 above.

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	21 September 2022
<b>Agenda Item</b>	6
<b>Title</b>	Annual Performance Report 2021/22
<b>Summary</b>	
<p>This report provides members of the Performance and Audit Committee with the Annual Performance Report for the Health and Social Care Partnership for 2021-22. This is our sixth Annual Performance Report and outlines performance for our Interim Strategic Plan 2021-22. The Annual Performance Report is a high level, public facing report. It summarises the performance of the HSCP with specific focus on the delivery of services and supports during the continuing Covid-19 pandemic.</p>	
<b>Presented by</b>	Steven Reid Policy, Planning and Performance Manager
<b>Action Required</b>	
<p>The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2021-22.</p>	
<b>Implications checklist – check box if applicable and include detail in report</b>	
<input type="checkbox"/> Finance	<input checked="" type="checkbox"/> Policy
<input type="checkbox"/> Risk	<input type="checkbox"/> Staffing
	<input checked="" type="checkbox"/> Legal
	<input type="checkbox"/> Directions
	<input checked="" type="checkbox"/> Equalities
	<input type="checkbox"/> Infrastructure

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**EAST RENFREWSHIRE PERFORMANCE AND AUDIT COMMITTEE**

**21 SEPTEMBER 2022**

**Report by Chief Officer**

**ANNUAL PERFORMANCE REPORT 2021/22**

**PURPOSE OF REPORT**

1. This report advises the members of the Annual Performance Report for the Health and Social Care Partnership for 2021-22.

**RECOMMENDATIONS**

2. The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2021-22.

**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. Recognising the continuing pressures from the pandemic, the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30th September 2022. This means that IJBs are able to extend the date of publication of Annual Performance Reviews through to November 2022, 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 2021-22, 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 September 2022.
7. The Public Bodies (Joint Working) (Scotland) 2014 Act requires that publication of the report should include making the report available online, and should ensure that the Report is as accessible as possible to the public. Guidance suggests that partnerships may wish to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report. The Integration Joint Board must also provide a copy of this report to each constituent authority (NHS Greater Glasgow & Clyde and East Renfrewshire Council).

8. The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. In addition Scottish Government has issued guidance for the preparation of performance reports:
  - Performance against national health and wellbeing outcomes.
  - Performance in relation to integration planning and delivery principles.
  - Performance in relation to strategic planning and any review of strategic plan during year.
  - Financial planning, performance and best value.
  - Performance in respect of locality arrangements.
  - Inspections of services.
9. Subject to approval of the report by the Integration Joint Board, the report will be published on our website by 30 September and promoted through appropriate media channels.

## REPORT

10. The Annual Performance Report sets out how we delivered on our vision and commitments over 2021-22 recognising the continuing challenges of the Covid-19 pandemic, its impact of our ways of working and potential disruption to performance trends. This is our sixth Annual Performance Report. We review our performance against agreed local and national performance indicators and against the commitments set out in our Interim Strategic Plan for 2021-22. The report is principally structured around the priorities set out in our strategic plan, linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.
11. The main elements of the report set out: the current strategic approach of the East Renfrewshire Health and Social Care Partnership; our response to the Covid-19 pandemic; how we have been working to deliver our strategic priorities and meet the challenges of the pandemic over the past 12 months; our financial performance; and detailed performance information illustrating data trends against key performance indicators.
12. The report meets the requirements of the national statutory guidance and is a static 'backward looking' review of activities and performance during the previous financial year. We will work with the Chair of the Performance and Audit Committee to look at our in-year reporting to ensure we are looking at forward actions to improve performance as well as a retrospective.
13. National performance indicators can be grouped into two types of complementary measures: outcome measures and organisational measures.
14. The national outcome measures are based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations. The respondents have not necessarily used HSCP services. The survey was last carried out in 2021. The HSCP collects local data relating to people who have used our services and supports. This is included in the report as it is collected throughout the year and can be tracked over a longer time period. We believe this better reflects outcomes achieved by the HSCP.
15. The national organisational measures are taken from data that is collected across the health and care system for other reasons. In all cases we have included the latest available data. The updated indicators may not represent the full end year position as some of the data completion rates are not yet 100% but will be the most up-to-date data available at the statutory deadline. We have identified 'provisional' figures in the report.

16. The remaining performance information in the report relates to the key local indicators and targets developed to monitor progress against our Interim Strategic Plan 2021-22. Our performance indicators illustrate progress against each of our seven strategic priorities. Chapter 4 of the report gives trend data from 2016-17 and uses a Red, Amber, Green status key to show whether we are meeting our targets.
17. In addition to activity and performance in relation to the eight strategic priorities the report includes sections on:
  - Public protection; and
  - Our hosted Specialist Learning Disability Service.

### **Continuing impact of the pandemic**

18. During 2021-22 the partnership has continued to experience unprecedented challenges. Throughout the pandemic period, staff across the HSCP have responded with incredible commitment and have adapted to new ways of working; continuing to maintain and deliver safe and effective services to our residents. As the pandemic has continued we are seeing an increasingly fatigued workforce and we are placing a significant focus on supporting staff health and wellbeing.
19. Despite progressing our recovery during the year, the emergence of the Omicron variant during the winter months had a significant impact on progress. The HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system. This year we have also seen significant recruitment and retention challenges in the sector impacting on our performance.
20. The data shows that despite the continuing pressures of the pandemic there has been strong performance across service areas. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive signs of recovery across many of our performance indicators as discussed below.
21. A performance update was presented to the IJB at its meeting in June 2022. Headline performance information by service area are given below.

#### **Supporting children and families**

- % starting CAMHS treatment within 18 weeks – 55% (year average) down from 61% in 20/21. Team reporting 63% at end March 22.
- Care experienced children – positive performance on permanence – 2 children with 3+ placements
- 91% of care experienced children supported in community – a high rate but reducing during pandemic
- Child protection - 84% child protection cases with increased safety
- Reduced % of children subject to child protection offered advocacy – 62%

#### **Supporting people to maintain their independence at home**

- 60% of people with reduced care need following re-ablement / rehabilitation (up from 31% at end 2020/21; was 67% pre-pandemic)
- 89% reporting 'living where you/as you want to live' – down slightly from 91%
- 62% aged 65+ with intensive needs receiving care at home – up from 58%

#### **Supporting mental health and wellbeing and supporting recovery from addiction**

- Mental health hospital admissions remain low (at 1.4 admissions per 1,000 population)
- 76% waiting no longer than 18 weeks for access to psychological therapies (av. 2021/22); End March 2022 - 65%

- 95% accessing recovery-focused treatment for drug/alc within 3 weeks – up from 69% in 20/21
- 9% of service users moving from treatment to recovery services in the year – up from 6% in 20/21

#### **Meeting healthcare needs and reducing unplanned hospital care**

- Discharge without delay – averaged 7 delays for 2021-22 – up from 3 for 20/21
- Adult bed days lost to delayed discharge – 4,546 for 21/20 – up significantly from 2,342 in 20/21
- Adult A&E attendances – 16,877 up from 13,677 in 20/21
- Adult Emergency admissions – 6,772 - up from 6,518 in 20/21

#### **Supporting unpaid carers**

- 92% of those asked reported that their 'quality of life ' needs were being met – up from 91% in 20/21

#### **Supporting people through criminal justice pathways / Keeping people safe from harm**

- 58% Community Payback Orders (CPOs) commencing within 7 days – down from 65% in 20/21
- 81% of unpaid work placement completions within Court timescale – up from 75%
- Positive employability outcomes for people with convictions – 75% up from 66% in 20/21
- 100% of people reported that their order had helped address their offending – up from 92% in 20/21
- Improvement in domestic abuse outcomes women – 87% increase by 3% - target met.
- Improvement in domestic abuse outcomes children – 84% increase by 1% - target met.

#### **Tackling health inequalities and improving life chances**

- Our premature mortality rate remains significantly below the national average at 334 per 100,000 (Scotland 457)
- 7.5% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at the 6-8 weeks (19.2% Scotland wide) (2020-21 figure)
- Male life expectancy at birth in our 15% most deprived communities is 74.7 compared to 72.1 for Scotland.
- Female life expectancy at birth in our 15% most deprived communities is 79.8 compared to 77.5 for Scotland.

#### **Supporting staff resilience and wellbeing**

- 61% response rate for our staff engagement survey (iMatter) – despite challenges of pandemic
- Composite 'Employee Engagement Index' score was 78% up from 75% at the previous survey
- 88% of staff agreed that "My manager cares about my health and wellbeing" – up from 85% and best score to date
- 72% agreed that "I feel involved in decisions in relation to my job" – up from 69%
- 75% agree that "I am given the time and resources to support my learning growth" – down slightly from 77%

22. Following any comments from either the Performance and Audit Committee or the Integration Joint Board on 21 September 2022, we will use the remaining weeks until the publication date to enhance any content and make presentational changes.



## CONSULTATION AND PARTNERSHIP WORKING

23. The Annual Performance Report reflects the work of the Health and Social Care Partnership throughout 2021-22. The East Renfrewshire HSCP Participation and Engagement Strategy 2020-23 sets the following objectives for the ways in which we work with our communities:
- Our communities, our partners, our staff and those who receive support will be engaged with, involved and participate in ways that are meaningful to them.
  - We will deliver a strategy that supports and resources new ways of engagement, and embraces digital platforms.
  - We will deliver a strategy that has a focus on prevention, choice and stronger communities and people will be enabled to share their views.
  - We will have a coordinated approach to community engagement and participation.
24. There are multiple examples of these commitments in action throughout the report.
25. The Participation and Engagement Strategy is being delivered and developed through our local multi-agency Participation and Engagement Network. Partners in the network have been engaged with in the drafting of the Annual Performance Report.

## IMPLICATIONS OF THE PROPOSALS

### Finance

26. The Annual Performance Report incorporates relevant financial end of year performance information in Chapter 3. A separate Annual Accounts Report has also been produced and will be presented at the next meeting of the IJB in November.

### Staffing

27. One of the national outcomes is “People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide”. There is a section in the report on this outcome.

### Legal

28. The Annual Performance Report is a statutory requirement of the Integration Joint Board.

### Equalities

29. The Integration planning and delivery principles include a requirement that Integration Joint Boards:
- Take account of the particular needs of different service-users.
  - Takes account of the particular needs of service-users in different parts of the area in which the service is being provided.
  - Take account of the particular characteristics and circumstances of different service-users.
30. There are examples of this throughout the report.
31. There are no implications in relation to risk, policy, property, or IT.

## CONCLUSIONS

32. The Annual Performance Report is the sixth performance report for East Renfrewshire Health and Social Care Partnership. This report provides a comparison of our performance against Scotland and the previous baseline year, recognising the significant impact of the Covid-19 pandemic on the work of HSCPs across Scotland.
33. The report demonstrates the exceptional work undertaken by the partnership during the second year of the Covid-19 pandemic and the continued progress in the delivery of our priority outcomes. It shows that despite the continuing challenges resulting from the pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Through our recovery and renewal planning and the delivery of our next Strategic Plan for 2022-25 we will ensure that our priorities and approaches meet the changing needs of our population.

## RECOMMENDATION

34. The Performance and Audit Committee is asked to note and comment on the contents of the Annual Performance Report 2021-22.

## REPORT AUTHOR AND PERSON TO CONTACT

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0141 451 0749

September 2022

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

[East Renfrewshire HSCP Annual Performance Report 2017/18](#)

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

[East Renfrewshire HSCP Annual Performance Report 2019/20](#)

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



# Working Together for East Renfrewshire

## East Renfrewshire Health and Social Care Partnership (HSCP) Annual Performance Report 2021-22



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# 1. Introduction

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## 1.1 Purpose of Report

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

This is the sixth report for the East Renfrewshire Integration Joint Board. It sets out how we delivered on our vision and commitments over 2021-22. As required, we review our performance against agreed local and national performance indicators and against the commitments set out in our 2021-22 Interim Strategic Plan. This one-year 'bridging' plan was developed in recognition of the need for the partnership to continue its focus on our response and recovery from the Covid-19 pandemic. The plan has been succeeded by a full three-year plan for the period 2022-25.

This report looks at our performance during another exceptional 12 month period as the impacts from the pandemic have continued and changed in nature. During the period we have seen a combination of increased demand and more complex presentations across all services. As such our performance outcomes for the period are different from those previously predicted. In our discussion of performance we seek to include as much information as possible on the additional activities undertaken, although we recognise the challenge in doing justice to the incredible efforts of individuals and teams during 2021-22.

The main elements of the report set out:

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

## 1.2 Our Covid-19 response

East Renfrewshire HSCP has been at the forefront of the local response to the Covid-19 pandemic. Over the course of the Covid-19 crisis we have seen incredible resilience, commitment and creativity from staff at the HSCP, our partner providers and community groups in East Renfrewshire. Our teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. During the pandemic period there has been innovation and collaborative working across the health and care system building on and strengthening local partnerships. This positive response is informing current and future approaches and we will continue to build on innovation and best practice moving forward.

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

The HSCP provides care, support and protection for people of all ages, to enhance their wellbeing and improve outcomes for them as children, young people, families and adults. Over the course of 2021-22, our teams in collaboration with our partners and communities have continued to deliver this work in the most unprecedented and challenging times throughout the Covid-19 pandemic. This has involved responding to higher demands for support,

supporting individuals with higher levels of emotional distress, complex needs and limited informal support networks. Our teams have responded compassionately, creatively and with an unwavering commitment to improve outcomes for the individuals and families we support.

Our strong local partnerships continue to respond with great innovation and we have seen greater collaborative working with and in support of our local communities.

Despite progressing our recovery during the year, the emergence of the Omicron variant during the winter months had a significant impact on progress. The HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system. This year we have also seen significant recruitment and retention challenges in the sector impacting on our performance. As the pandemic has continued we are seeing an increasingly fatigued workforce and we are placing a significant focus on supporting staff health and wellbeing.

Our Covid-19 response activity has happened in addition to our planned operational priorities. Much of the performance data for 2021-22 reflects the direct impact of the pandemic on operational activity and changed behaviours among the population during the pandemic period.

The performance data shows that despite the continuing pressures of the pandemic there has been strong performance across service areas. We have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive signs of recovery across many of our performance indicators as discussed below.

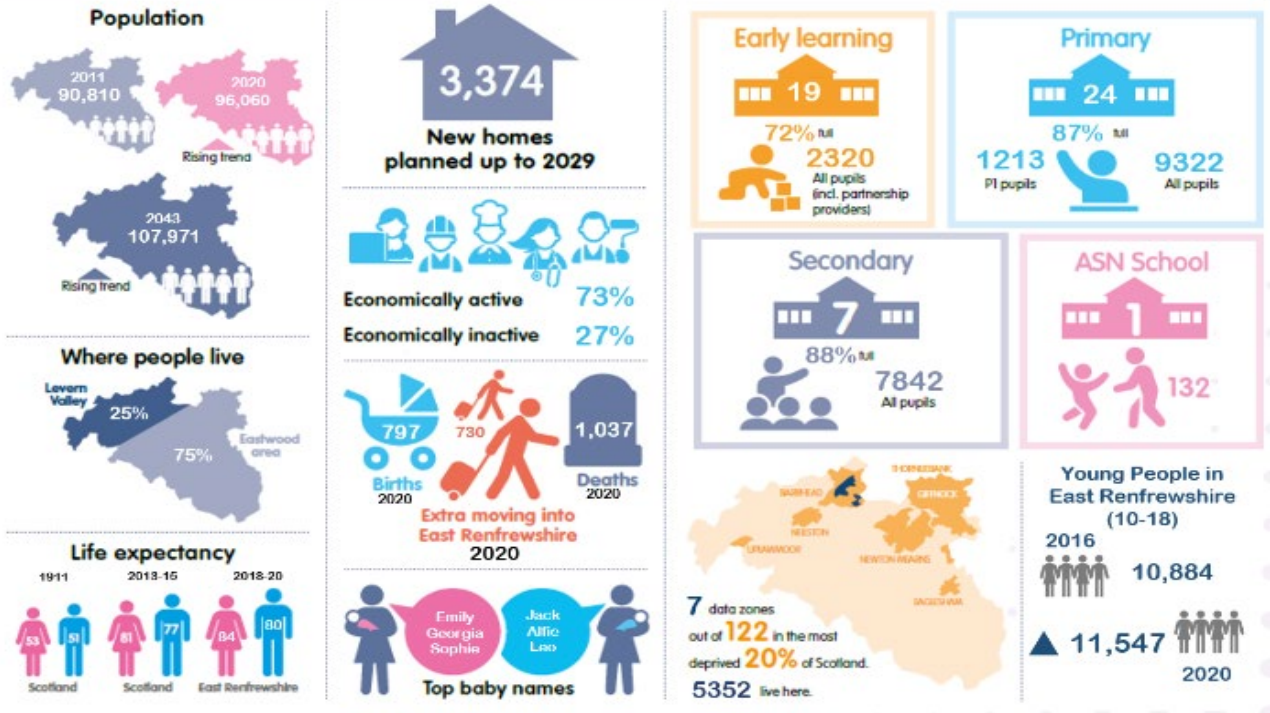
### **1.3 Local context**

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

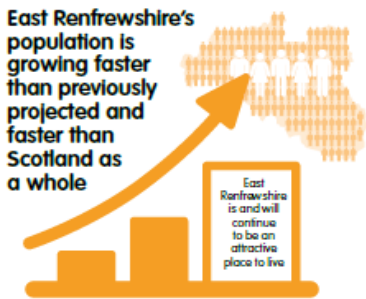
Our population continues to grow and reached 96,060 in 2020. 74% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 26% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population with a 44% increase in the number of residents aged 85 years and over during the last decade. The 85+ population is projected to increase by 18% between 2019 and 2024. People over 80 are the greatest users of hospital and community health and social care services.

EAST RENFREWSHIRE FAST FACTS



EAST RENFREWSHIRE'S POPULATION - WHAT TO EXPECT



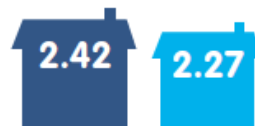
The number of people living in East Renfrewshire is projected to increase by 7.6% by the year 2026 (this is higher than previous projection of 5.7% and higher than the Scottish rate of growth of 3.2%)



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



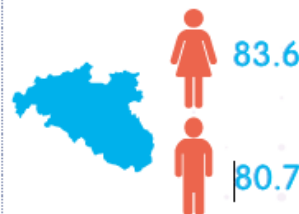
More houses are being built for three reasons



Demand will increase for services



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



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

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

During the last 16 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

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

## 1.4 Our Strategic Approach

### 1.4.1 Our Strategic Vision and Priorities

In East Renfrewshire we have been leading the way in integrating health and care services. From the outset of the CHCP we have focused firmly on outcomes for the people of East Renfrewshire, improving health and wellbeing and reducing inequalities. Under the direction of East Renfrewshire's IJB, our new HSCP builds on this secure foundation. Throughout our integration journey during the last 16 years, we have developed strong relationships with many different partner organisations. Our longevity as an integrated partnership provides a strong foundation to continue to improve health and social care services.

#### Our Vision

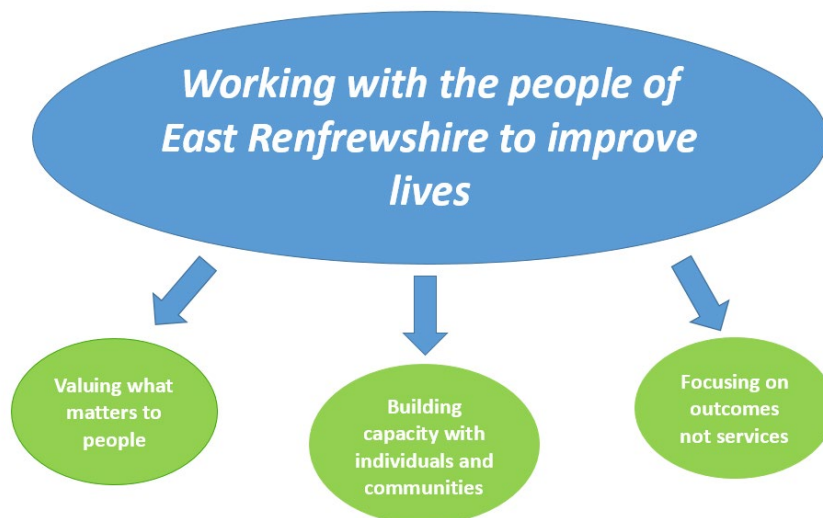
Our vision statement, *“Working together with the people of East Renfrewshire to improve lives”*, was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction through our Strategic Plan. At the heart of this are the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

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

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

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





## Our Strategic Plan

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

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

Recognising the impact of the Covid-19 pandemic on capacity, it was that for the next round of strategic planning, the HSCP would depart from the normal approach of developing a three-year plan and establish a one-year 'bridging' plan for 2021-22 reflecting priorities during our continuing response and recovery from the pandemic. It was also agreed that during 2021-22 we would undertake a more comprehensive strategic needs assessment and full programme of community and stakeholder engagement to support the establishment of a full three-year strategic plan for the period 2022-25. This revised approach recognised the challenges of undertaking planning activity during the pandemic period and was in line with the other HSCPs in Scotland.

The interim Strategic Plan 2021-22 described our partnership and vision recognising the benefits of working together as a broad and inclusive partnership and the opportunities that exist to build on the strengthened partnership working we have seen during the pandemic. The plan provided an updated assessment of our operating context including current needs assessment information, the key impacts from the Covid-19 pandemic that we continued to face during 2021-22 and changes in our approach to delivery resulting from the pandemic. It also recognised the changing strategic planning landscape notably through the priorities set out in the NHS Greater Glasgow and Clyde Remobilisation Plan 3 (2021-22), Moving Forward Together and the findings and recommendations from the recent Independent Review of Adult Social Care.

In light of our review of performance to date and recognising the context we are now working in, we have revised our headline strategic planning priorities. The majority of our priorities remain unchanged for 2021-22 but were to be taken forward recognising the challenges and changing requirements following the pandemic. We extended our planning priority for mental health which had previously focused on mental illness to include mental health wellbeing

across our communities. We changed the emphasis of our priorities relating to health inequalities and primary and community-based healthcare. Finally, we introduced a new strategic priority focusing on the crucial role of the workforce across the partnership. For each priority we set out the contributing outcomes that we will work to, key activities for 2021-22 and performance measures. Our revised strategic priorities under the plan are:

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

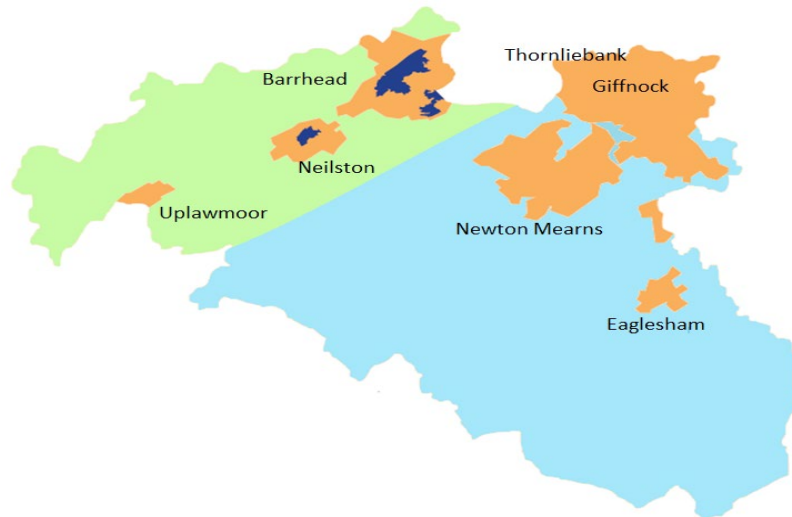
The partnership has now published its full three-year Strategic Plan for 2022-25. The plan was developed consultation with stakeholders and East Renfrewshire residents, despite the continuing challenges of the pandemic. This included a highly participative engagement process coproduced with wider partners through our Participation and Engagement Network and a comprehensive strategic needs assessment.

The 2022-25 plan carries forward the strategic priorities set out in our interim plan but we have also added a distinct priority focusing on protecting people from harm, reflecting the cross-cutting and multi-agency nature of this activity. The key messages from the plan are being communicated to our residents through innovative, user friendly methods including an interactive online version of the plan. The plan represents a strong strategic footing for the partnership over the next three years as we continue our recovery and renewal following the Covid-19 pandemic.

#### 1.4.2 Locality planning in East Renfrewshire

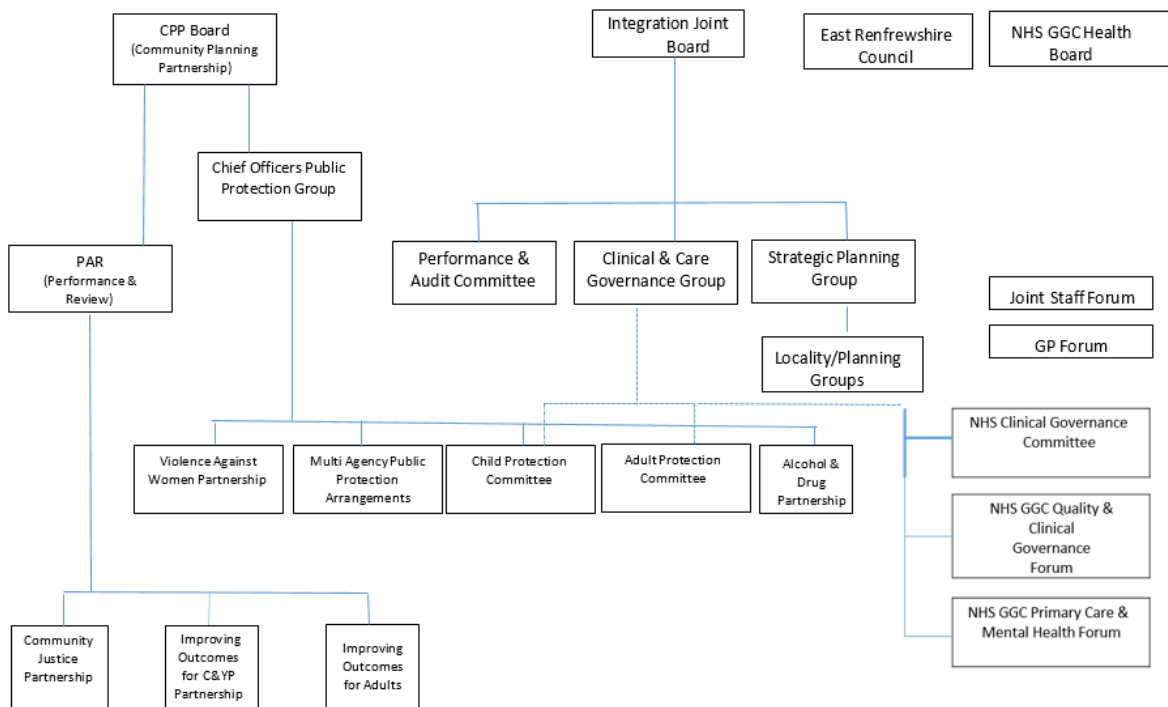
Our previous 2018-21 Strategic Plan reduced our locality planning areas from three to two localities – one for Eastwood and another for Barrhead. This allowed us to coordinate our approach with our local GP clusters while also reflecting the natural communities in East Renfrewshire.

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



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

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



### 1.4.3 Our integrated performance management framework

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

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

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

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

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

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

## 2. Delivering our key priorities during the pandemic

### 2.1 Introduction

This section looks at the progress we made over 2020-21 to deliver the key priorities set out in our Strategic Plan and how we are performing in relation to the National Health and Wellbeing Outcomes. We also set out performance for cross-cutting areas that support our strategic priorities including public protection. For each area we present headline performance data showing progress against our key local and national performance indicators. In addition to an analysis of the data we provide qualitative evidence including case studies and experience from local people engaging with our services. Our intention is to illustrate the wide range of activity taking place across the partnership during the pandemic.

A full performance assessment covering the period 2016-17 to 2021-22 is given in Chapter 4 of the report.

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

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

#### 2.2.1 Our strategic aims and priorities during 2021-22

Improving the mental and emotional wellbeing of children and young people continues to be one of the highest priorities for East Renfrewshire HSCP. Our multi-agency approach to supporting the needs of children and young people in East Renfrewshire is set out in our Children and Young People's Services Plan 2020-2023.

Our Strategic Plan recognises the impact of the Covid-19 pandemic in exacerbating the circumstances of many children, young people and families, resulting in a significant rise in the number of those experiencing challenges with their mental health and wellbeing. We aim to provide a holistic range of appropriate supports through our multi-stakeholder Healthier Minds Service which works alongside our Family Wellbeing Service and links to GP practices and the Child and Adolescent Mental Health Services (CAMHS) service. Through preventative approaches we aim to reduce the use of mental health inpatient beds, the number of GP consultations for mental wellbeing and alleviate pressures on CAMHS.

We continue to support our care experienced children and young people and are committed to fully implementing the findings of the national Independent Care Review report "The Promise". We will work in our role as Corporate Parents to ensure all care experienced children and young people have settled, secure, nurturing and permanent places to live, within a family setting.

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

- Protecting our most vulnerable children, young people and families
- Delivering on our corporate parenting responsibilities to our care experienced children and young people by fully implementing The Promise

- Responding to the mental and emotional health and wellbeing needs of children and young people
- Ensuring children and young people with complex needs are supported to overcome barriers to inclusion at home and in their communities

During 2021-22 the impacts from the Covid-19 pandemic continued to present significant challenges and required us to refocus our operational priorities. These are areas that we continue to focus on as we recover from the pandemic.

- The pandemic has exacerbated the circumstances of many children, young people and families, and we have seen a significant rise in the number of those experiencing challenges with their mental health and wellbeing. This is a key priority in our new multi-agency Children and Young Peoples Services Plan 2020-2023.
- 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.
  - There was a 30% increase in the number of children placed on the Child Protection Register (39 children in 2021-22 compared with 30 in 2020-21).
  - Children accommodated in residential care settings has increased by a quarter compared with 2020-21. 83% have a neurodevelopmental diagnosis.
  - There has been a 20% increase in referrals to the CAMHS duty system for urgent or crisis referrals.
- Coronavirus (COVID-19) has brought particular challenges for disabled children and their families. This can be seen by the increase in numbers of disabled children in the child protection system and becoming looked after.
  - The proportion of looked after children away from home with additional support needs increased from 17% to 22% over the year

### 2.2.2 The progress we made in 2021-22

Our children's services have continued to see increasing demand and complexity following the pandemic. In particular we are seeing more 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. CAMHS continues to experience high demand and an increase in urgent referrals. However, referrals to our alternative (Tier 2) services, Healthier Minds and the Family Wellbeing service are increasing while monthly referrals to CAMHS have been reducing. As a result we are beginning to see more positive performance on CAMHS waiting times.

Headline performance data includes:

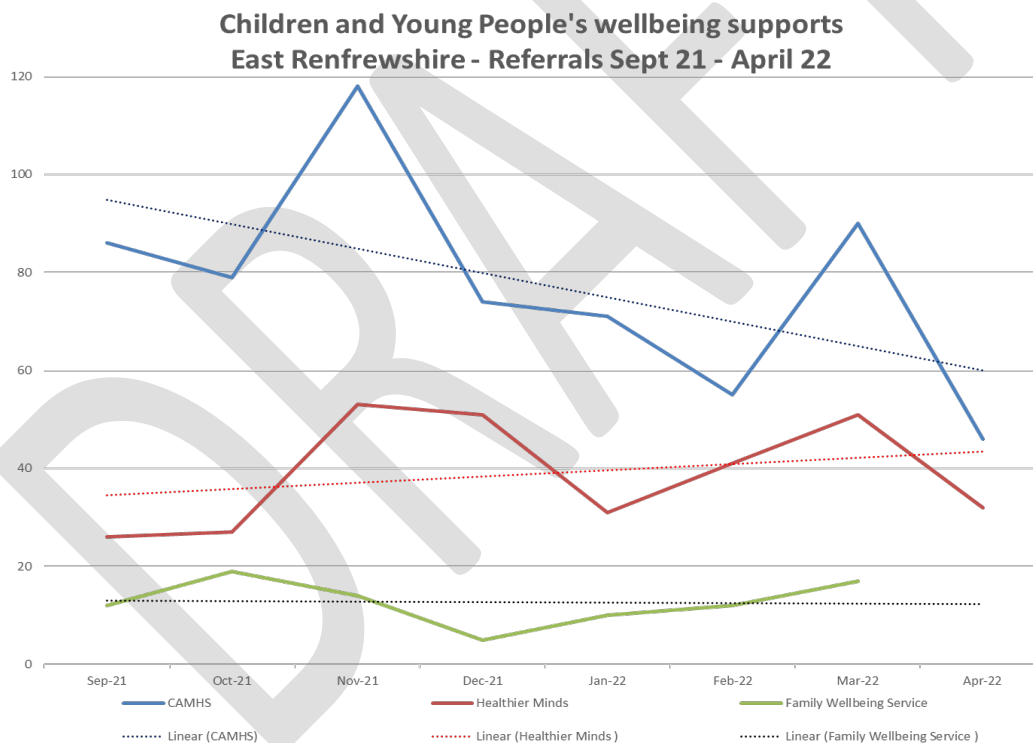
- % starting CAMHS treatment within 18 weeks – 55% (year average) down from 61% in 20/21. Team reporting 63% at end March 22.
- Care experienced children – good performance on permanence – 2 children with 3 or more placements
- 91% of care experienced children supported in community – a high rate but has been reducing during pandemic
- 94% care experienced children waiting no longer than 6 months for a review
- Child protection - 84% child protection cases with increased safety
- Reduced % of children subject to child protection offered advocacy – 62%

### 2.2.3 The support we provided in 2020-21

East Renfrewshire HSCP and our partners recognise the extent of mental health concerns among the children's population, and in our multi-agency Children and Young Peoples Services Plan 2020-2023 we have agreed mental and emotional wellbeing as a key priority. The impact of the Covid-19 pandemic has exacerbated the circumstances of many children, young people and families, and we have seen a significant rise in the number of those experiencing challenges with their mental health and wellbeing and this also includes those who have a neurodevelopmental diagnosis.



We have been working to alleviate pressure on CAMHS by establishing appropriate (Tier 2) alternatives that work with young people and families to support recovery and minimise crisis. During 2021-22 we have seen a declining number of referrals to CAMHS services as more referrals have been made to Healthier Minds and the Family Wellbeing service, demonstrating that we are achieving our strategic intent.



In response to growing demand during the pandemic a multi-stakeholder **Healthier Minds Service** approach aligned to school communities was developed to identify and ensure delivery of mental wellbeing support to promote children and families' recovery. Working with schools and young people prior to and following referral helps the team build a fuller picture of the support required and the young people are then assigned to the most appropriate support based on their needs. This is in addition to the existing Family Wellbeing Service which links to GP practices.

#### Healthier Minds Hub

In recognition of the identified increase in mental health concerns for children and young people, the partnership invested in multi-agency mental health provision. The Healthier

Minds Hub is East Renfrewshire's framework for supporting and nurturing the mental health and wellbeing of children, young people and families. It is also a resource for staff. The component parts of the hub are:

- Family Wellbeing Service
- Healthier Minds Service
- School Wellbeing Service
- Youth Counselling Service.

The hub is enhanced by the Healthier Minds website and resources.

The hub has representatives from CAMHS, Social Work, Youth Counselling, Educational Psychology, and the Family Wellbeing Service which is delivered by Children 1st. Hub members meet weekly to consider referrals. The needs of the child or young person determine the route for provision of the optimal support. The newly-formed, multi-agency recovery team, Healthier Minds Service, was developed and aligned to school communities to identify and ensure delivery of mental wellbeing supports that promote children and families' recovery.

The three key elements of the service are:

- strategic mapping and support to maximise school community capacity to be trauma responsive
- provision of direct services to children and families to build on strengths and improve social, emotional and mental wellbeing
- strengthening of the existing school counselling model.

One young person described how the trusting relationship with the staff had supported them to overcome many challenges such as not attending school, difficult relationships at home and an eating disorder. The young person detailed how this support impacted positively on their wellbeing.

The Healthier Minds Service gathers data effectively to evaluate and improve its work. Recent self-evaluation shows that more girls accessed the service and Black and minority ethnic groups were underrepresented. Staff considered how to address these issues and introduced a worker with a focus on sport to encourage boys to access services.

602 Referrals were received between 25 November 2020 and 30 April 2022. The majority (247) were referred to the Youth Counselling Service, 179 were referred to Healthier Minds Team, and 104 continued with existing services. The majority of persons referred were female and aged 13-16 years.

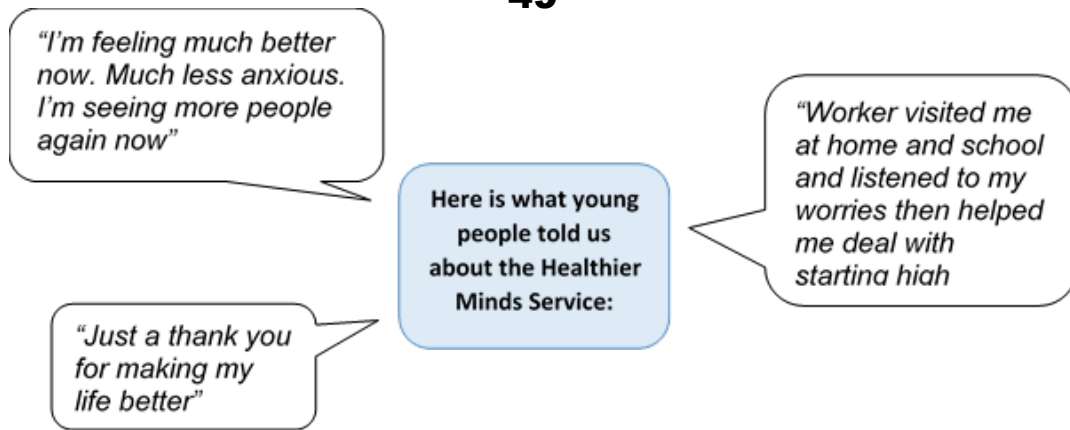
*"He is a different child from when we first referred him to the Healthier Minds service"*

**Here is what parents told us about the Healthier Minds Service:**

*"I never once felt judged. She was so nice to me and made the process so much easier."*

*"Worker was very flexible with my young person and was able to (quicker than I've seen anyone else) respond to their mood/state of mind at the time and adjust the level of interaction they could cope with"*





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

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

During 2021-22 there have been significant developments at **East Renfrewshire CAMHS** including the establishment of a dedicated eating disorder clinic. This followed an unprecedented increase in the number of young people presenting with an eating disorder to CAMHS, particularly during the COVID 19 pandemic many of whom have been acutely and severely unwell with this illness. During 2021-22 East Renfrewshire was seeing the highest number of eating disorder presentations across the CAMHS teams in Greater Glasgow and Clyde. A key measure of success for the clinic has been a significant reduction in hospital admissions - 5 in 2021-22; down from 14 in 2020-21.

During the year the partnership underwent a **joint inspection of services for children and young people at risk of harm**. We are proud that the inspection found strengths that significantly impacted on the experiences and outcomes for children and young people at risk of harm and rated our quality of service as "Excellent". The inspection found that the partnership has a long track record of innovative, effective practice and very high-quality performance across a wide range of activities. And that the partnership is fully committed to the promotion and protection of children's rights

#### **Joint inspection – Key Messages**

The inspection of services for children and young people at risk of harm was carried out by the Care Inspectorate in partnership with Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary in Scotland, and Education Scotland. It's report highlighted the following key messages:

1. Staff recognised and responded quickly to concerns raised about children and young people at risk of harm. Very effective collaborative early interventions were preventing risk from escalating.
2. Children and young people at risk of harm were benefiting from high-quality assessments, plans and support from a wide range of services. These were impacting positively on their safety and wellbeing.

3. The safety and wellbeing of children and young people who were at risk of harm was improving as a result of the caring relationships they had with key members of staff. Children and young people were listened to and respected.
4. Children and young people at risk of harm and their families were actively participating and influencing service planning, delivery and improvement.
5. The partnership was successfully using data and quality assurance information to inform and support decision making, service planning and delivery. This helped to identify emerging risks and inform future priorities.
6. The partnership was providing strong and effective leadership and shared a very strong vision for children and young people. This continued throughout the Covid-19 pandemic ensuring appropriate supports reached the families who were in most need.
7. The partnership has a strong track record of continuous development and improvement of its services. Focused plans were in place to support improvements and build on achievements. They had realistic goals and strong measures in place to monitor progress with clear timescales.

Our **Inclusive Support Service (ISS)** continues to provide three distinct services: holiday provisions, out of school activity clubs and individualised support services. Providing a range of targeted supports for children and young people aged 5-18 years. All of the children and young people who access the service have either complex health or behavioural support needs, with a significant number having limited verbal communication. ISS, in consultation with partners, has refocused its activity over the course of the pandemic. The service supported 247 children and their families ensuring that they received support when many services had ceased. The team also worked with Adult Services supporting young people transitioning from children's services meaning young people received the right support at the right time.

Prior to the pandemic our practice for vulnerable young people was to undertake regular multi-agency reviews of their plan to ensure that they, and their family, were getting the right support at the right time. Children looked after at home had additional Child's Plan meetings compensating for reduced provision of Children's Hearings. This meant that delays in decision making and planning were minimised and immediate action was taken to manage any risk presented.



During the pandemic Children's statutory processes were prioritised to ensure the safety of children. Meetings took place online and we also used a blended approach due to feedback from staff and families. Support was given to families to access laptops, tablets and internet allowing them to participate.

Increased levels of isolation for children and families meant that we wanted to increase our face-to-face contact. In partnership with Culture and Leisure Trust and Youth Services, we delivered an Enrichment Activity Programme. Children were able to try new skills outside of their home, build confidence, encouraging them to socialise and feel part of their community. We provided 321 events reaching 68 children and young people. Evidence indicates that this enabled improving



relationships between children and their families with general feedback positive. The work of the multi-agency team was recognised when they won the Innovation of the Year award in the NHSGGC Excellence Awards.

In summer 2021, we delivered a programme of activities via the Get into Summer Programme. Over 2000 children and young people participated in activities and this included high numbers of vulnerable children and young people. Evaluations told us that the programme increased the time children spent outdoors with their peers engaged in physical activity. Children felt part of their community and parental stress was reduced.



Over 2021-22 we have continued the implementation of the **Signs of Safety** model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model supports practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. It is the most effective framework to assess and manage risk for children and young people while supporting families. The approach recognises the need to define harm, outline danger and identify safety goals. Children's assessments and plans benefit from the use of the Signs of Safety analytical tools such as the harm matrix, scaling questions, the danger or worry statements and the safety and wellbeing goals. They provided children and their families with opportunities to fully engage in assessment activity and decision-making.

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

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

The **Youth Intensive Support Service (YISS)** makes a positive difference in the lives of young people at risk of harm, and their families. The team's ethos is to support young people and ensure their rights are upheld and promoted. The service provides intensive intervention (including out of hours and weekend support) to enhance recovery from trauma, neglect and abuse. Additionally, the service provides the defined pathway for protective processes for young people at risk of harm.

The service supports children and young people aged 12 – 26 years, who are at risk of being accommodated, custody, placement breakdown and hospitalisation due to poor mental health. Support is also provided to young people who are looked after, in continuing care or in aftercare. The School Nursing Service is aligned to the Youth Intensive Support Service. Both services adopt a relational-based approach to effectively engage the hardest to reach young people by co-ordinating and providing multi-dimensional support plans. The responsiveness of the service to the young person's needs has made mental health support more accessible.

The success of the Youth Intensive Support Service was reflected during the Covid-19 pandemic with an average of 81% of young people having contact at least fortnightly. Young people told us the support they received had made a positive difference to their lives. The approach taken by staff working together helped them to accept support to keep them safe. We consider this relational based collaborative approach, which resulted in positive outcomes for young people and their families, to be an example of good practice.

**East Renfrewshire Champions Board** aims to improve life chances of looked after young people both within our community planning partnership and in the wider community. A central focus is on inclusion and participation allowing looked after young people a meaningful forum to directly influence and, through time, redesign services that affect them in a co-produced way by influencing their corporate parents. The Champions Board offers looked after young people leadership opportunities and the opportunity to change practice and policy. Our aim is to demystify and challenge misconceptions about looked after children and young people and strengthen awareness of the barriers that they face.



### **Participation and influence through the Champions Board**

The Champions Board offers young people opportunities for leadership and to influence policy and practice development. Young people involved with the Champions Board have expressed that they are encouraged to share their views and expertise, even when their views might challenge the partnership.

In recognition that the views of younger care experienced children were under-represented, the Mini-champs group for those aged 8-12 years was formed. Young people in the Champions Board were responsible for shaping the agenda of the group. They identified themes and influenced change. The influence of the Champions Board and feedback from parents and children, was central in the development of the Healthier Minds service. The Champions Board has also influenced the establishment of care experienced traineeships. Care experienced trainees support the partnership to further improve their approach to participation and consultation. This included ensuring the voice of older young people at risk of harm was heard and influencing development. Other influencers such as young people who were at risk of offending, have been actively engaged in the co-development of harm reduction programmes. This included a programme with police, which took a young person through a mock custody process. Some young people who were involved in carrying knives helped frame and took part in the local No Knives, Better Lives campaign, which heightened young people's and community awareness.

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

### National Health and Wellbeing Outcomes contributed to:

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

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

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

### 2.3.1 Our strategic aims and priorities during 2021-22

Ensuring as many East Renfrewshire residents as possible can maintain their independence at home remains a priority of the partnership and a key area of focus as we move through and beyond the Covid-19 pandemic. Our approaches are person-centred and focused on the rights of individuals to exercise choice and control. We are able to deliver on this priority thanks to the enthusiasm and commitment of our partner providers and community support organisations and will continue to promote collaborative approaches.

We work to minimise isolation and engage with those in need through approaches such as befriending, peer support and the work of our Kindness Collaborative and Talking Points, linking people to local supports. We will continue to build on this collaborative working going forward to increase the community supports and opportunities available. We will make best use of technology and health monitoring systems to support independence and self-management. We are committed to increasing choice and control and delivering the full potential of Self-directed Support.

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

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

The pandemic has impacted our approaches to supporting independence and the delivery of our preventative supports. Teams were required to establish and adjust to alternative ways of working in a short space of time. Across our services we have seen increased demand and higher levels of complexity among the people we support. And as a direct consequence of the pandemic restrictions we have seen increased frailty and social isolation particularly among older people.

The pandemic has changed some of the choices people make and disrupted pathways within the health and social care system. For example, our care at home services have seen additional pressures due to a desire from more people to be supported at home and we have been dealing earlier and more complex hospital discharges. We are aware that many older people, shielding residents and those who live alone have become more isolated and had less opportunities for leisure, exercise and social activities. At the same time, the response to the pandemic has demonstrated the resilience of our community-based supports with teams of volunteers and staff keeping touch with the most vulnerable and isolated, notably through the Community Hub.

### 2.3.2 The progress we made in 2021-22

Over 2021-22 we have continued to support people to live independently and well at home, despite additional demand pressures on our services due to more people seeking support at home as well as increased levels of frailty and complexity. During the year we have seen continuing pressure on our Care at Home service with increased referrals and reducing capacity among partner providers. Quarterly referral rates have doubled since 19/20 and this level of demand was sustained during 2021-22. We saw a 48% reduction in support packages from partner providers between 20/21 and 21/22. Increased frailty, complexity of need and de-conditioning has been evident with higher referrals to rehabilitation services and twice as many Care at Home service users requiring two or more carers during visits.

Headline performance data includes:

- 60% of people with reduced care need following re-ablement / rehabilitation (up from 31% at end 2020-21; was 67% pre-pandemic)
- 89% reporting 'living where you/as you want to live' – down slightly from 91%
- 62% aged 65+ with intensive needs receiving care at home – up from 58%

### 2.3.3 How we delivered in 2021-22

The HSCP remains committed to promoting Community Led Support which sees a move from traditional day service provision for older people to enabling access to more local, personalised and flexible services. The pandemic has resulted in many people's wellbeing being affected by the isolation and changes to routine. Through strong local partnerships our teams have responded with great innovation and greater collaborative working in support of our communities. And with the aid of technology teams have been able to offer people ongoing support throughout the pandemic, and access to support and treatment has been maintained.



**An East Renfrewshire community  
phonenumber for local people and  
organisations looking for support,  
signposting and community  
information.**

#### **Support**

Get in touch with The Community Hub if you or someone you know needs support.

In East Renfrewshire a local **Community Hub** was developed to coordinate the community response to the Covid-19 pandemic. The Community Hub is a partnership between Voluntary Action East Renfrewshire, HSCP Talking Points and East Renfrewshire Council 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. The Community Hub has now formalised the partnership and will continue to co-produce new delivery models in response to community need.

## Responding in partnership with our communities – Talking Points and the Community Hub

Talking Points hubs were established across East Renfrewshire as places where people can go to have a good conversation about their health and wellbeing within their own community. Here residents can be directed to services and support that best meet their needs. The Talking Point hubs are led by a single paid staff member and supported through the participation of third and independent sector organisations with support from social work services.



At an early stage in the pandemic, it became clear that Talking Points in its existing format, was unable to continue its community based work due to the lockdown restrictions (closures and support services, staff and potential attendees remaining at home).

It was decided at a very early stage that the Talking Points coordinator should be the link between the new Community Hub and the HSCP Initial Contact Team within Social Work and provide advice and support to Voluntary Action East Renfrewshire in the creation and delivery of new community supports. To facilitate this the Coordinator based himself within VAERs building in order to better respond to identified needs and when appropriate, provide support. It was also decided that, as Talking Points was unable to carry out its duties, we should concentrate on giving the message that if during the pandemic you needed help and support, that there were three conduits to access that support:

- The Community Hub
- The Initial Contact Team
- East Renfrewshire Council

This strategy strengthened the relationship between the organisations and allowed for new ways of working that previously did not exist. The benefits of a closer working model was clearly of benefit to the organisations and in turn the residents themselves.

Talking Points now has a membership of over 60 groups and organisations that provide advice and support for residents. This group continued to meet with its partners via Microsoft Teams and continued to link in with Talking Points when their particular expertise in their field was needed to give advice and support to residents either by phone or video call. During this period the Coordinator acted as a conduit for collating and sharing information between agencies and groups via fortnightly emails that ranged from online Mental Health support groups, changes in benefits, to dementia supports and everything in-between. This allowed partners to stay in touch and remain relevant to each other and culminated in the creation of a Directory detailing contact details, the roles of their organisation as well as their referral process.

Following discussions with partners it was decided that Talking Points should explore further how we could formalise and capitalise on the relationships forged during the pandemic within the Community Hub. Following discussions between the three Community Hub partners as well as HSCP management and Talking Point partners, it was agreed that we should formalise the relationship and in March of 2021, the message that "Talking Points has a new Home at the Community Hub".

At this point we let our partners, HSCP staff and public know (via press our own Facebook page) that Talking Points was again open and that it could be contacted via the new number at the Community Hub. Since the relaunch we have been receiving referrals and have designed Postcards produced by the Community Hub which will be disseminated across the authority by HSCP and Third Sector partners. We are also redesigning HSCP leaflets and posters that will emphasise the Talking Point approach.

Talking Points continues to explore how, when and where we shall be engaging with our residents and partners and we move through the pandemic in collaboration our Culture and Leisure Trust regarding libraries and Community Centres, VAER regarding their Market Place events.

*I felt frustrated, anxious, angry and didn't know where to turn to next. Phoned the Community Hub and within 15 minutes the officer from Talking Points had phoned and was on my case. He's a great listener, had a very calming manner and told me not to worry as he would find out the required information... I'd like to thank him for helping me and resolving my problem so quickly*

### Using resources to address pressure on services

During 2021-22, the Scottish Government provided additional funding to support health and social care providers tackle demand pressures on services following the Covid-19. Phase One of the additional resources was for the recruitment of 16 additional **Health Care Assistants** for the NHS Greater Glasgow and Clyde health board area with local deployment to East Renfrewshire to enhance the capacity of our Care at Home Responder Service, Community Nursing and Community Rehabilitation teams.

We have strengthened our HSCP **adult services 'front door'** to include a much wider Multi-disciplinary Team (MDT) approach, a focus on Technology Enabled Care (TEC) and more streamlined pathways for individuals and families to access our supports. East Renfrewshire HSCP have contributed to the development of a **hospital discharge hub** across Greater Glasgow and Clyde (GGC) hospitals to prevent hospital admissions and support timeous hospital discharges.

Phase Two of the funding programme included an additional £2.1m for East Renfrewshire in 2021-22 to support **Interim Care, Care at Home** and **Multi-disciplinary Teams**. In 22/23 we have continued to implement our model for interim care including the development of our intensive support model at Bonnyton care home. This creates a step up/step down service locally, to avoid unnecessary hospital admissions and timely discharge to home/homely settings.

For Care at Home, the additional resource has been used to address the ongoing demand pressures the service has been experiencing, increase frontline staff as well as management and support, and increase capacity for the **Home First model** and **Technology Enabled Care**. We are continuing to enhance the capacity of our multi-disciplinary teams across the HSCP including: developing our multi-disciplinary Front Door model and leadership arrangements; additional capacity for social work and our Care Home and Community Review Team; support for the wider GGC frailty hubs; and increased capacity for frailty practitioners, data and quality analysis and peripatetic business support.



Phase Three funding to strengthen Adult Social Work has allowed us to create additional leadership posts within Communities and Wellbeing. This has provided us an opportunity to create a **dedicated transition team** to support young people with complex needs in the transition to adulthood, and **Long Term Conditions team** to support the local residents with long term conditions as we recover from the pandemic.

During 2021-22 our focus on developing approaches for **day services** has continued. Days Services staff were key to supporting our Intensive Services particularly throughout the challenges presented by the Omicron variant. This resulted in Day Services being reduced. However, by March 2022 staff were returning to the day service and the service began increasing. We are now establishing a fuller blended model of building based and outreach for our day service. During 2021-22 we met regularly with carers to develop our model and identify where support has been most required. A survey for carers focussing on the pandemic experience was also conducted. Face-to-face carers support meetings also recommenced and these have been well received by attendees.

### Improving access through our 'Front door'

We recognise the impact of the pandemic on the individuals and families and commissioned an independent review of the HSCP Front Door for adult services in partnership with individuals, families and professionals in order to ensure that the single point of access to adult services was fit for purpose as we move towards recovery.

The independent review noted many strengths of our approach, mainly in terms of our rapid access Occupational Therapy service, our Talking Points and the single point of access model. The report also noted some key recommendations to strengthen our front door which includes:

- Widening out the Multi-disciplinary element of our front door to include access to Rehab Physio, Rehab Nurse (prescriber), Pharmacy, technology enabled care and money advice.
- Operating a daily huddle model to support our right support, right place, right person approach to referrals.
- Strengthening our call handling model to free up our social work assistants to complete less complex assessments.
- Streamline our assessment and resource allocation process to reduce duplication and make more user friendly for individuals and families.

An implementation plan was developed in partnership with the team, people who use our services, unpaid carers and frontline practitioners with a new model to be launched during 2022-23.

For our **Care at Home** team, there has been continued pressure throughout 2021-22 as a result of the volume and complexity of new referrals into the service as well as reduced capacity among partner providers in the independent and third sectors. Covid-related absence amongst frontline staff was a significant challenge for the service during the year. Recruitment into the service has continued despite significant challenges and following a multi-channel advertising campaign running during the early months of 2022, 59 new members of staff were appointed.

**At a glance – Supporting people at home in 2021-22**

- 164,632 hours\* of homecare provided by the HSCP's in-house Care at Home Service
- 401,549 hours\* of homecare provided by partner providers
- 1,729 service users receiving homecare support
- 395 Community Care outcomes assessments completed by Adult and Older People Social Work
- 111 Care at home staff trained in dementia awareness
- 67 Care at Home staff trained in medication management

\*Inc. homecare elements from SDS packages

The **Telecare Team** also recruited extra staff during the year to assist in delivering its overnight response. Face-to-face reviews resumed, having been conducted by telephone throughout the pandemic. This is allowing responders to more thoroughly check on telecare customers and their home environments and ensure they have telecare equipment appropriate to their level of need, helping keep them safe in their homes. Progress is being made on the analogue-to-digital transition with our new cloud-based call handling system (including responder app) which is scheduled to go-live later in 2022.

Our partnership with local **care home** providers has continued to develop and strengthen in following the pandemic. Testing and vaccination for residents continued during 2021-22. Care homes have been caring for some of our most vulnerable residents over the course of the pandemic. Care home liaison staff have supported homes to manage residents' care, with advice on pressure area care, food, fluids and nutrition and individual nursing issues. Along with NHSGGC colleagues, they have offered infection prevention control advice and supportive visits. Commissioning and contracts staff continued to support homes with daily welfare calls, and arranged virtual meetings and workshops for managers, updating them on changes to guidance and providing a forum for peer support. The HSCP adult support and protection team has worked closely with homes advising and investigating to keep the most vulnerable individuals safe from harm. Bespoke support has been offered to care homes particularly affected by the pandemic and the wellbeing of staff and residents continues to be a high HSCP priority.

**Care Home Collaborative Hub**

Support to our care homes continues using our existing support and governance mechanisms including the newly established Care Home Collaborative Hub model. The Collaborative is made up of three multidisciplinary teams (Hubs) of health professionals to support care homes: one to cover Glasgow City HSCP; one hosted by Inverclyde HSCP on behalf of the remaining 5 partnerships; and, one central 'specialist' team with shared resources spanning both local Hubs. Additionally, the MDT Hubs are supported via a Corporate Hub in order to strengthen professional oversight and robust governance. The overarching purpose is to enable care home residents to live their best life aligned to what matters to them. The Hubs provide professional and practical support, oversight and leadership offering a range of additional support in key areas including, but not limited to, infection prevention and control, person centeredness, food fluid and nutrition, tissue viability, quality improvement, leadership and education.

## 2.4 Working together to support mental health and wellbeing

### National Health and Wellbeing Outcomes contributed to:

NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

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

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

### 2.4.1 Our strategic aims and priorities during 2020-21

During the pandemic we have adapted our approaches across services to support the mental wellbeing of the people we work with. As we move forward we will continue to focus on good mental wellbeing, and on ensuring that the right help and support is available whenever it is needed. We recognise that different types of mental health need will continue to emerge as time passes and that we will need to continually adapt our approach to reflect this. We are focused on close collaboration with primary care, and further enhancing the mental health and wellbeing supports within primary care settings. We will work with GPs, third sector partners and people with lived experience to develop our approach to ensure people get the right service, in the right place at the right time.

We are enhancing our approach to minimising drug-related harms and deaths and improving overall wellbeing amongst people with harmful drug or alcohol use and their families.

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

Our aim is to **support better mental health and wellbeing**, by:

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

For many people experiencing and recovering from mental health and addiction the lockdown has been particularly challenging. Our teams have been dealing with a significant increase in demand across mental health and addiction services due to increased complexity in the cases we are working with and we expect this to increase going forward.

### 2.4.2 The progress we made in 2021-22

During 2021-22 our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. With the aid of technology teams have been able to offer people ongoing support throughout the pandemic, and access to treatment has been maintained. The HSCP has been supporting mental health and wellbeing concerns across care groups related to stress and distress related to the pandemic but also wider economic problems. There have been increased caseloads across all teams (Community Addictions Team, Adult Mental Health Team, Primary Care Mental Health Team,

and Older Adult Team). For older people we are seeing overall wellbeing impacted by issues such as isolation and reduction in mobility.

Headline performance data includes:

- Mental health hospital admissions remain low (at 1.4 admissions per 1,000 population)
- 76% waiting no longer than 18 weeks for access to psychological therapies (av. 2021-22); End March 2022 - 65%
- 95% accessing recovery-focused treatment for drug/alc within 3 weeks – up from 69% in 20/21
- 9% of service users moving from treatment to recovery services in the year – up from 6% in 20/21

### 2.4.3 How we delivered in 2021-22

Our teams continue to deal with a significant increase in demand across mental health and addiction services due to increases in complexity. We will build on the new approaches and ways of working that have been developed during the pandemic to help meet the demands on us going forward as we support good mental health and wellbeing, help people manage their own mental health, and build their emotional resilience.

During 2021-22 we have seen mental health concerns across the care groups that we work with, related to stress and distress resulting from the pandemic but also due wider economic problems.

Among older people we have seen the continuing impacts of isolation and reduction in mobility affecting overall wellbeing. Across our services we are remaining in contact with individuals over longer periods of time.

#### **Demand pressures – increased caseloads at our mental health teams**

- Community Addictions Team – 15% increase (from 363 in April 2021 to 420 in March 2022)
- Adult Mental Health Team caseload increased by 7% during 2020-21 (from 1283 to 1373 and has remained around that level over past year)
- Primary care mental health team – increased 33% this year from 256 in April 2021 to 341 in March 2022 although this reflects a gradual return to pre-Covid levels
- Older adult team caseload increased from 850 to 942 over the year (10% increase)

During the year we have faced challenges on workforce recruitment and retention across internal and external providers, and higher turnover within HSCP teams. We are planning our recovery from the pandemic in terms of establishing what a hybrid-working model looks like for all teams. This work is led by our short life working group reviewing use of accommodation. Primary Care Mental Health Team (PCMHT) staff have devised a rota of staff returning to the office this month, in order to deliver more face-to-face interventions with patients as our recovery continues.

The **Mental Health Officer (MHO) team** continue to support our most vulnerable population. We are in the process of hiring a Development Officer to facilitate the coaching and mentoring of newly qualified MHO staff, which is also increasing capacity within the team. We successfully hired an additional **Post-diagnostic Support (PDS) worker** through our partnership with Alzheimer's Scotland. Recruitment to psychiatry has been a concern during the year due to long term vacancies and pending retirement of a consultant psychiatrist. We remain focused on ensuring that we have adequate psychiatry capacity across both the

Community Mental Health Team (CMHT) and the Older People's Mental Health Team (OPMHT).

*I am absolutely delighted with the psychiatric services I have received. I have had many, many positive experiences in all respects from all the helpful and supportive staff*

*It was very apparent from first meeting the lead at the Adult Autism Team that this was a clinician who adopted a very different approach and style to working with patients than a lot of mental health professionals I have encountered...she truly values [my views] and actively listens*

During the year we rolled-out the **Medication Assisted Treatment (MAT) standards**. This enables people to access same-day prescribing for opioid use disorder, facilitating low barrier access to assessment and treatment.

Local **care homes** (Norwood House and Eastwood Court) have been benefitting from expanded **Occupational Therapy input**. In Eastwood Court, an under-utilised space was transformed into a dementia-friendly "pub-like" environment creating a new social space for residents, signage was introduced to aid orientation particularly for those with dementia, simple technology was introduced to support activities and dementia-friendly menus were developed. In Norwood House, a sensory room was created, dementia-friendly décor was adopted such as repainting areas with a more calming colour with contrasting handrails, lighting was altered to decrease distress and the risk of falls, dementia-friendly signage and simple technology for activities were also introduced.

During 2021-22 we have continued to invest in alternative models including **peer support** for mental health and addictions. Peer support is where people with similar life experiences offer each other support, especially as they move through difficult or challenging experiences. The service received its first referrals in 2020, initially offering opportunities to meet face-to-face, within the restrictions at that time. Peer support is also being offered via phone or video call, in line with individuals' preferences.

#### **East Renfrewshire Peer Support Service**

East Renfrewshire HSCP recognised the potential of peer support to enhance the opportunities for recovery, working alongside formal services, and prioritised investment in a peer support test of change. Perhaps uniquely, it was proposed to test peer support as a joint service across the alcohol and drugs and mental health service settings. A 12-month test of change was proposed, incorporating a robust service design and evaluation approach from the outset, to design and develop the service, implement and evaluate, to identify the optimum model of service delivery for individuals.

Penumbra were identified as the preferred provider of peer support in East Renfrewshire. Penumbra is one of Scotland's largest mental health charities and have significant experience of delivering peer work in locality based recovery teams across Scotland. Penumbra brings to East Renfrewshire a strong understanding of recovery, robust evidence based recovery tools to measure outcomes and an inclusive approach where peer workers and individuals who use services influence the development of services. Identifying goals is a core part of Penumbra's approach to peer support and is enabled by their use of the

I-ROC (Individual Recovery Outcomes Counter) outcome measurement tool and HOPE (focusing on Home, Opportunity, People and Empowerment) model of wellbeing.

Despite the significant challenges presented by Covid-19, the service design work with stakeholders took place virtually from summer 2020. Ensuring that individuals with lived experience were involved remained a high priority and interviews via telephone took place. The East Renfrewshire peer support service took the first referrals in early September. Peer support was offered to individuals for the first time very quickly thereafter with opportunities to meet face-to-face, within the restrictions at that time. In line with the test of change approach, a robust evaluation model was built in from the outset, working with an independent evaluation facilitator, Matter of Focus, and utilising the OutNav outcome mapping tool.

The peer support service works with individuals already engaged with services in East Renfrewshire, with referrals made by Health and Social Care Partnership adult mental health and alcohol and drugs services, as well as RAMH and RCA Trust. It is an additional, complementary support to help individuals identify their personal goals for recovery.

A recent evaluation of the services made the following findings:

- Strengths of the project include how quickly it reached capacity and the way in which people using the service chose to sustain their engagement. There is strong evidence that the Peer Support Service has been well-received by people accessing support. People using the service valued the nature of the relationship and the holistic approach taken.
- People valued working with someone with lived experience because it helped them develop a sense of clarity and reflection on their own experiences. In this way of working connections can extend beyond the experience of mental ill-health or substance use to other experiences or passions.
- A common thread across the experiences of those using the service was that it supported greater self-awareness and knowledge, and therefore aided their own personal goals. In this evaluation we heard powerful testimonies of people using the service.
- There was evidence that people who engaged with the service used the space for open dialogue to understand what was important to them and to take positive steps forward.

*Peer support has given me a better understanding of what mental health is, and how it can affect me*

*Having a peer helps me feel not alone because they empower me. I don't know where I'd be without peer support*

We are committed to working together with community planning partners on activities that support mental wellbeing and resilience across our communities, with Voluntary Action East Renfrewshire taking a leading role. During the year, the rollout of the Scottish Government's **Community Mental Health and Wellbeing Fund** in East Renfrewshire has enabled grassroots community organisations to provide vital supports and activities to local communities with £238,000 already distributed – ranging from community food, cooking and exercise initiatives, mindfulness courses, social activities to reduce loneliness and isolation, a

recovery college and dementia support services. We continue to work closely with Voluntary Action and wider partners to assure the success and sustainability of funded programmes.

We have continued to deliver our **mental health and wellbeing remobilisation programme** with the third sector including staff capacity building around bereavement, mental health and suicide prevention, and wellbeing support to carers.

### **Remobilisation programme for health and wellbeing**

Following on from the success of the 2020/2021 remobilisation fund, NHSGGC led another successful bid for remobilisation funding with East Renfrewshire receiving an allocation of £35,657. An additional fund of £3,700 was also allocated to East Renfrewshire later in the year due to underspend in other local authority areas. The total for remobilisation spend was therefore £39,357.

Activities delivered in partnership have included:

#### **Staff & Volunteer Training / Capacity Building – delivered by SAMH**

Delivery of 16 training courses including:

- Having the Conversation Workplace
- Looking After Your Wellbeing
- Impact of Poor Mental Health
- Intro to Suicide Prevention
- Food and Mood
- 5 Ways to Wellbeing Workplace
- Using Wellness Action Plan
- Sleep & Mental Health
- Managing Stress in Workplace
- Having the Conversation Hybrid Working
- Mental Health: Supporting Others

#### **SMHFA (Scottish Mental Health First Aid) – delivered by SAMH**

20 delegates attended SAMH SMHFA training. Delegates included Health Improvement staff, Social Work, Addiction, third sector partners and two volunteers. SMHFA training took place over two full days.

#### **Bereavement training - delivered by Cruse Scotland**

Bereavement and Loss training was identified as a need from staff within our primary care mental health team and third sector partner RAMH Addictions Team. Cruse Scotland delivered Bereavement and Loss training online.

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

### National Health and Wellbeing Outcomes contributed to:

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

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

### 2.5.1 Our strategic aims and priorities during 2021-22

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

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

Significant investment in winter 2022 has helped add resilience to our health and care response. We have strengthened the capacity of our Care at Home Responder Service, Community Nursing and Community Rehabilitation teams and have established an intensive support service at our in-house care home for a multidisciplinary 'step-up', 'step-down' approach. This is supporting rehabilitation and re-ablement and timely discharge to home/homely settings. Additional resources are being used to address the accelerated demand pressures we have seen for Care at Home services, with increased frontline staff as well as management and support, and increased capacity for the Home First model and Technology Enabled Care.

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

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

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



### 2.5.2 The progress we made in 2021-22

Patterns of accident and emergency use and unplanned hospital admissions were significantly altered by the pandemic; but for some measures have been moving above pre-pandemic levels during the year. Despite increased activity we remain ahead of target for emergency admissions and A&E attendances. During the reporting period we have seen an increase in discharges with delay. This is being driven by the pressure on care at home services which is restricting access. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. During the pandemic the team have experienced significant issues around supporting 'adults with incapacity' and establishing appropriate guardianship/Power of Attorney arrangements. However, our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be immediately accommodated.

Headline performance data includes:

- Discharge without delay – averaged 7 delays for 2021-22 – up from 3 for 20/21
- Adult bed days lost to delayed discharge – 4,546 for 21/20 – up significantly from 2,342 in 20/21
- Adult A&E attendances – 16,877 up from 13,677 in 20/21
- Adult Emergency admissions – 6,772 - up from 6,518 in 20/21

### 2.5.3 How we delivered in 2021-22

During 2021-22 the HSCP has continued to work with other partnerships 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** (which facilitates complex hospital discharges) has been supplemented by the creation of a new team focussing on the appropriate and effective use of intermediate care beds. This supports timely hospital discharge where the required homecare package is not immediately available and delivers improved outcomes from assessment activity carried out in this setting (versus hospital). The targeted work by the new team includes requests for intermediate care beds, care home liaison, occupancy tracking, data collation, arranging interventions / re-ablement and carrying out outcome-focussed reviews and care planning. A specific test of change within this promotes early involvement at hospital admission point. The collaborative working between these teams has ensured that delays in hospital discharges have been minimised and kept within manageable levels.

The team is taking forward improvement activity to support earlier in-reach and effective discharge planning with individuals and their families. Despite this proactive activity the HSCP is still challenged with delays resulting from Adults with Incapacity (AWI) and family choice/indecision and delays due to Power of Attorney (PoA) not being in place.

Our **Community Rehabilitation Teams** continue to experience increased pressures due to the ongoing impacts and consequences of the pandemic on the older population, with an increase in frailty and frailty related falls. The average of 40–50 referrals per week in 2019 and early 2020 has risen to and been sustained at 65-70 referrals per week over the past two years. Due to increased complexity of need and deconditioning, the service is finding that services users are requiring longer and more frequent inputs, adding to demand pressures.

The partnership has seen increased falls/frailty presentations due to unintended consequences of Covid-19 lockdown restrictions on individuals' health including deconditioning, reduced social supports, implications of the pausing, ceased or phased remobilisation of NHS and community services and groups. There remains increased pressure

on HSCP community assessment and rehabilitation teams to deliver assessment, intervention, and rehabilitation but without some of the wider supports previously available.

#### **Multi-agency approach to prevent falls in the home- case example.**

Mrs B. is a 76 year old lady who lives on her own. She has worsening breathing problems due to COPD, and had recently been discharged from hospital with medical oxygen to use if required. She was independent although had lost confidence with some of her activities of daily living such as showering, preparing meals, and mobilising out with the house due to her fear of falls. She had becoming increasingly reliant on her daughter since being in hospital. Mrs B had a fall in her bathroom when turning at the toilet. She managed to phone her daughter who called the emergency services as she was unable to assist her mother up from the floor, and she had also sustained a minor injury to her lower leg as a result of the fall.

The Scottish Ambulance Service (SAS) responded and, following full clinical assessment, treated the injury on scene and it was agreed that no conveyance to hospital was required. Mrs B agreed to SAS making a referral to East Renfrewshire HSCP to request urgent follow up by the Community Rehabilitation Team in relation to falls multifactorial assessment and any additional supports which could be offered.

A home visit was carried out by the Community Rehabilitation Team the following day to assess Mrs B. It was found that there were a number of factors contributing to her risk of falls. Over the next ten weeks, Rehabilitation Support staff helped Mrs B to improve her function, strength, balance, mobility, independence and confidence by working through the rehabilitation programme devised between Mrs B, the Physiotherapist and the Occupational Therapist. Dietetic advice was also provided to improve Mrs B's nutrition. Equipment was provided which improved her ability to get in and out of bed, off and on to the toilet and with access to her shower, and also a mobility aid to help Mrs B move safely around her home independently, and outdoors with family. A community alarm referral was made, and Telecare was installed comprising of a wrist strap "red button" alarm to press for assistance if, for example, she had a further fall. A referral was made to the Scottish Fire and Rescue Service for a home fire safety visit and advice was given to her daughter about the local Carer's Centre.

Mrs B has made significant improvements. She is independent at this time with all her activities of daily living, and Mrs B and her daughter are aware of how to access advice about additional supports, if they require them, through Talking Points and the Initial Contact Team. She is going to commence the local Vitality exercise classes which run in the leisure centre with the help of her daughter, in order to continue with her strength and balance programme

During 2021-22, all 15 **GP Practices** in East Renfrewshire were operating at Escalation Level 1. The HSCP has continued to support GP Practices with list pressures due to new housing developments to improve sustainability.

The HSCP has supported the development of primary care through the delivery of the Primary Care Improvement Plan (PCIP) which neared full implementation over the year.

#### **East Renfrewshire's Primary Care Improvement Plan (PCIP) 2018-2021**

The national priority for PCIPs) was to reduce GP and practice workload with HSCPs delivering services through a range of multi-disciplinary teams (MDTs) including pharmacists, physiotherapists and advance nurse practitioners and other health

professionals. The development of this new Primary Care service redesign should not only reduce GP workload but deliver a safe, person-centred, equitable, outcome focused, effective, sustainable, affordability and value for money service according to the seven key principles of the new General Medical Services (GMS) Contract 2018 by increasing access and reducing inequalities for our patients.

We began implementing the new GMS Contract in 2018 through our East Renfrewshire Primary Care Improvement Plan (PCIP) 2018 – 2021. We recruited a 1.0 wte PCIP Implementation and Development Officer to deliver the plan objectives and since 2018 we have worked steadily to recruit and train staff to deliver services across the six Memorandum of Understanding (MOU) areas.

### **Progress on MOU priority areas**

#### Vaccination Transformation Programme (VTP)

All vaccinations within the VTP in place by spring 2022 and we moved from a GP based delivery model to an NHSGGC board delivery model, through various vaccination teams reducing GP practice workload. Of the five vaccination work streams, three have been fully shifted and two are in transition.

#### Pharmacotherapy Services

Early in 2018 we agreed to expand existing pharmacy teams to introduce the pharmacotherapy service for the new GMS Contract in a phased approach across the HSCP. By increasing pharmacists and pharmacy technicians working within GP practices we were able to provide a new medicines management service, referred to as the Pharmacotherapy Service. The development of the new service has allowed GPs to: focus on their role as expert medical generalists; improve clinical outcomes; more appropriately distribute workload; enhance practice sustainability; and support prescribing improvement work. There have also been positive impacts in terms of effective and efficient prescribing and polypharmacy all of which have real outcomes for patients.

#### Community Treatment and Care Services (CTAC)

The creation and implementation of CTAC services providing support to General Practice for minor injuries, chronic disease monitoring and other services suitable for delivery within the community began in October 2018 by recruiting 3.0 wte Community Health Care Assistants (CHCAs). These were shared across all 15 GP practices offering not only clinic and domiciliary phlebotomy but additional CHCA tasks including: B12s; biometric data collection including BP; and suture removal. We have subsequently increased provision by an additional 0.8 wte CHCA within GP Practices. In year three, following a delay due to the pandemic, we were able to develop the CTAC services further by implementing our new treatment room provision across both localities of Eastwood and Barrhead to all GP practices, offering leg ulcer management, Doppler assessment, wound dressings and suture/staple removal.

#### Urgent Care (Advanced Practitioners)

The creation and implementation of 3.0 wte Advanced Nurse Practitioners (ANP) to work across 3 GP clusters within Eastwood and Barrhead localities proved challenging due to workforce availability. Recruitment was slow therefore we were unable to establish this service until years 2 and 4. Two practices, Mearns and Carolside Medical Centres in EW2 Cluster, were chosen to participate in the first test of change for 1.0 wte ANP provision from October 2019 to June 2020 and further scale up progressed to the three other GP Practices within the cluster following this. Overall, the test was positive and was able to show that GP time was released across all practices by the ANP. We will reflect on the cluster test as we continue to develop and train a further 2.0 wte newly recruited ANPs to EW1 and Levern Clusters, spreading the Urgent Care provision across all of our GP practices.

### Additional Professional Roles

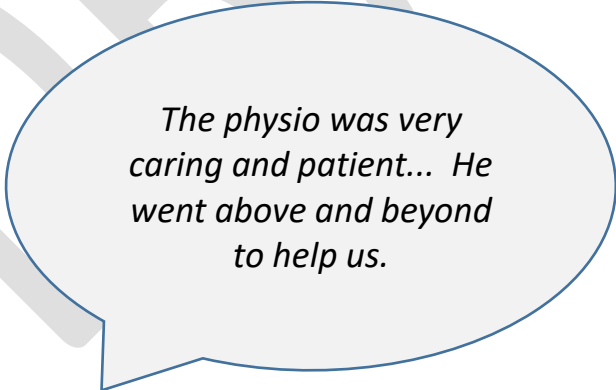
We originally agreed provision of 3.0 wte NHSGGC Advanced Practice Physiotherapists (APP)/ musculoskeletal (MSK) Physiotherapists to work across 6 of our 15 GP practices (40%) based on modelling from Inverclyde New Ways of Working. However, following successful implementation of our first 1.0 wte in two GP practices in year 1 we remodelled our planned 3.0 wte to work at cluster level. This helped to expand provision to 9 of our 15 GP practices (60%) in year 3, covering a total of 72% of our population. The service has allowed patients to benefit from quicker access to a physiotherapists and treatment therefore reducing unnecessary referrals to GPs. NHSGGC are scoping models to ensure this approach can be greater equity across practices going forward.

### Community Link Workers (CLW)

Prior to the GMS Contract we had piloted a CLW programme in December 2016, an output following our Safe and Supported Programme. The development was a partnership between Recovery Across Mental Health (RAMH) and East Renfrewshire HSCP. It reflected shared awareness of the impact of a significant cohort of patients who sought recurring and regular support from GPs, for what were often issues associated with loneliness, social isolation, and lack of community connectedness and associated 'social' issues. Following the success of this programme in nine of our GP practices with 2.0 wte practitioners, we agreed to increase the total number of CLWs to 4.0 wte in 2018.

We also regularly collect qualitative GP practice feedback across the MOU services including the following comments:

- *"The Advanced Nurse Practitioner has played a very valuable role in the practice which has facilitated a reduction in GP workload".*
- *"Consistently positive feedback from patients about the Community Link Workers".*
- *"They Community Link Workers are an extremely valuable resource".*
- *"The Advanced Practice Physiotherapist has very effectively complemented our clinical skill-mix and feedback from patients continues to be extremely positive".*



*The physio was very caring and patient... He went above and beyond to help us.*

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

### National Health and Wellbeing Outcomes contributed to:

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

### 2.6.1 Our strategic aims and priorities during 2021-22

The contribution of unpaid carers to our social care system is beyond measure and the daily efforts of families and loved ones to those needing support is fully recognised by the partnership. Carers have been significantly impacted by the pandemic and changes to a range of supports available to those providing care. Unpaid carers have also taken on increased caring during this time and have faced additional pressures. As we move beyond the pandemic we must ensure that the right supports and services are in place for carers. The ongoing work of the East Renfrewshire Care Collective has demonstrated the need to maintain and strengthen our approach to involving carers throughout the planning process in identifying the outcomes that matter to them and by ensuring carers voices are valued and reflected within our strategic planning work.

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

Peer support and having the opportunity to share experiences is highly valued by our carers but has been disrupted during the pandemic. As a wider partnership we will ensure that these informal supports that enable people to continue in their caring role are re-established and strengthened going forward.

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

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

### 2.6.2 The progress we made in 2020-21

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout 2021-22. Check-in calls to carers were delivered by ER Carers, and carers have been offered support to set up and manage a peer support Facebook Group. The Mental Health Carers group continued to run virtually.

Headline performance data includes:

- 92% of those asked reported that their 'quality of life' needs were being met – up from 91% in 20/21

### 2.6.3 How we delivered in 2021-22

The pandemic has impacted significantly on carers, with potentially restricted access to support, resources and activities away from caring. The restrictions during the crisis have impacted on the health and wellbeing of carers and the people being cared for.

Throughout 2021-22 we have maintained our positive partnership working with the **East Renfrewshire Carers' Centre**, continuing to deliver community-based integrated support for carers in East Renfrewshire including access to tailored advice, support, planning and community activities.

A **newsletter** is sent weekly with updates and guidance on Covid-19 and support available to all carers registered with ER Carers by email or post. We subscribed to a Carers digital advice and information resource and care coordination app was available 24/7 on the HSCP and partner's websites. This was promoted in local press and social media.

**Check-in calls** to Carers continued to be delivered by ER Carers and carers were offered support to manage a **peer support** Facebook Group.

**Carer awareness sessions** have been being delivered online since January 2021 across HSCP teams and partner organisations to increase awareness of Carers Rights, the impact of caring and the support available.

The **Mental Health Carers Group** is a vital support for many of our local unpaid carers. The group has continued to run virtually throughout the year.

East Renfrewshire Carer's Strategy – "**I Care, You Care, We Care**" was updated for 2021-22 in collaboration with carers and the Care Collective (East Renfrewshire Carers' Centre and Voluntary Action East Renfrewshire). The Care Collective approach involved research, interviews, face to face engagement events and social media activity involving 2,000 local people. The work of the Care Collective demonstrated how we needed to strengthen our approach to involving carers through the planning process and with identifying the outcomes that matter to them.

East Renfrewshire Carers' Strategy has four strategic carer outcomes that are fully in line with the principles of the Carers (Scotland) Act 2016, the National Health and Wellbeing Outcomes and East Renfrewshire HSCPs Strategic Plan.

- Carers are identified, valued and involved
- Carers have choice, control and a life alongside caring
- Carers are living full lives and able to support their health and wellbeing
- Caring is a positive experience



### Local Implementation of the Carers Strategy

Using the Care Collective's approach to involvement:

- A leadership collaborative was established involving carers, partner organisations and HSCP managers to form the Carers Act Implementation Group (CAIG) to ensure a shift to meaningful co-production with carers in the process of planning and commissioning services. A Carers Lead post was appointed in January 2020.
- Adult Carers were involved in developing an Adult Carer Support Plan and a Carer's Emergency Plan.
- We collaborated with third sector organisations to ensure good, accurate and up to date online advice and information.
- We worked closely with our partner ER Carers and a group of around 20 carers who meet regularly and are actively involved in the planning of community support and services for carers and the people they care for.

*I can feel vulnerable as a carer. I have had times when services have made it very clear that I am not the client. The biggest challenge is being unable to follow my own activities and have a break for a few hours during the course of the day to recharge my energy.*

*There has to be a far greater appreciation from Government, Health and other bodies of what unpaid carers do and the sacrifices they have to make to do the caring role*

East Renfrewshire's **Short Breaks Statement** was also updated for 2021-22 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. In collaboration with carers and other stakeholders we established guiding principles for planning short breaks with carers and these remain key to short break provision. These are:

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

### **Supporting carers during the pandemic – a partnership approach.**

Very few of us have been unaffected by Covid-19, but we recognise that carers have been affected more than most. In East Renfrewshire Carers' Centre's annual survey:

- 76% of carers reported that their caring role had increased.
- 76% of carers reported that their own mental health had been impacted.
- 53% reported that their physical health had been impacted
- 46% reported that the pandemic had impacted on their caring relationship.

Against such a difficult picture, it is positive that referrals to the Carers' Centre increased to 567; a number that exceeds pre-pandemic levels.

The HSCP have appointed a Carers Lead Officer post who along with the Centre Manager has delivered 22 carer awareness sessions across the HSCP. This has resulted in the HSCP being responsible for half of all new referrals made to the Centre.

The Carers' Centre has continued to deliver a range of emotional and practical support to carers in line with the restrictions, but we recognises that support for carers and their families has been affected or reduced during the pandemic.

The Carers Lead has worked with carers to try and mitigate some of these challenges and carers have been actively involved in making suggestions and improvements to many of our services and supports including day centres, dementia supports, hospital discharge experience, transition planning and Self-directed support.

The partnership is committed to keeping carers at the heart of the Carers Collective Strategy Group and building on the information and awareness session that carers delivered to the East Renfrewshire Integration Joint Board in June 2022.

Access to short breaks and time out from caring has been the biggest challenge for carers during the pandemic. The HSCP and Carers Centre are committed to providing carers with short breaks and again, we continue to work with carers to improve the awareness and availability of short breaks and pilot new and different approaches to supporting carers.



The Carers Centre continues to deliver Adult Carer Support Plans and Young Carer Statements on behalf of the HSCP with 128 completed in the last year. We have developed a pathway and increased funding to enable carers to get the support they need timeously and efficiently.

The HSCP is supporting the Carers' Centre to set up a respitality initiative in East Renfrewshire with local businesses showing their support to carers in East Renfrewshire by providing a range of discounts and concessions.

The Carers Centre continues to provide grants to carers through the Time to Live initiative. This was supplemented this year by additional funding to support carers through the winter which saw grants totalling over £80,000 being awarded and directly supporting over 180 carers.

The Centre also participated in the Scotspirit Holiday scheme which used £18,000 of funding awarded by the Scottish Government to provide 47 carers families with breaks away in hotels and bed and breakfast accommodation in locations across Scotland.

We know that there are many challenges ahead, but we are confident that by continuing to develop the partnership between the HSCP, Carers Centre, carers and other stakeholders we can work together to provide the best possible support for carers in East Renfrewshire.

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

### National Outcomes for Community Justice contributed to:

Prevent and reduce further offending by reducing its underlying causes

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

### 2.7.1 Our strategic aims and priorities during 2021-22

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

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

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

We are aware of the impact of lockdown on people experiencing domestic abuse. As part of our community planning work to protect people from harm and abuse, we have established and continue to support a Multi-Agency Risk Assessment Conference (MARAC) in East Renfrewshire for high-risk domestic abuse victims. During the pandemic we have seen higher numbers of referrals to MARAC and greater levels of complexity in the cases being dealt with. We will ensure that all high-risk domestic abuse victims and children have multi agency action plans in place to reduce the risks posed to them by perpetrators. We will work together with East Renfrewshire Women's Aid Service to provide direct support for women and children who have experienced domestic abuse.

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

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

### 2.7.2 The progress we made in 2020-21

The provision of unpaid work was significantly impacted by the pandemic with Community Payback Orders suspended on 23rd March 2020. At end-year we were missing targets for commencement of unpaid work placements within seven days but had reached target for completion of placements within court timescales. At the end of March 2022 there remained a backlog of 6,200 hours of unpaid work for East Renfrewshire although this is low in

comparison with other areas and only represents 1% of Scotland's overall backlog. During the year we increased our capacity to deliver by focusing on outdoor work activities and increasing the number of supervisors available.

Adult Support and Protection (ASP) activity is significantly higher than pre-pandemic levels but decreased during 2021-22 compared with 20/21. We have seen an increase in support required as a result of domestic abuse / violence against women. 125 victims and 205 children discussed at MARAC (Multi-agency risk assessment conference) - an increase of 4% and 19% respectively compared to 20/21. 1226 women and children supported by Women's Aid - a 52% increase across the service. And the reporting period noted the highest recorded number of women supported in outreach services in the past two years. Despite this additional demand for support we have continued to improve personal outcome measures for women and families affected by domestic abuse throughout the pandemic.

Headline performance data includes:

- 58% Community Payback Orders (CPOs) commencing within 7 days – down from 65% in 20/21
- 81% of unpaid work placement completions within Court timescale – up from 75%
- Positive employability outcomes for people with convictions – 75% up from 66% in 20/21
- 100% of people reported that their order had helped address their offending – up from 92% in 20/21
- Improvement in domestic abuse outcomes women – 87% increase by 3% - target met.
- Improvement in domestic abuse outcomes children – 84% increase by 1% - target met.

### 2.7.3 How we delivered in 2021-22

The provision of unpaid work was significantly impacted by the pandemic with **Community Payback Orders** suspended on 23rd March 2020. Legislation was introduced in March 2021 to reduce the number of hours originally imposed on Community Payback Orders (CPOs) by 35%. This excluded Community Payback Orders imposed for domestic abuse, sexual offending or stalking. The legislation reduced the backlog of hours by 2,329 hours. The current outstanding backlog of hours for completion totals 6,402. East Renfrewshire has one of the lowest rates of outstanding hours in mainland Scotland and the justice service has significantly increased capacity to ensure people complete their orders. During the period of January to March 2022, the percentage of unpaid work placement completions within court timescale has risen to 93%.

In line with the increased throughput through the courts the justice service has seen a 166% increase in Diversion from Prosecution requests received from the Crown Office and Procurator Fiscal Service (COPFS) during April 2021 to March 2022. Requests for Criminal Justice Social Work Reports have also increased by 149% over this period compared to the same period last year.



To support recovery and renewal the justice service modernised key aspects of the unpaid work service. Two new workshop premises were secured with the space upgraded and equipped for future use. This will allow the service to expand and assist in addressing the outstanding balance of hours. A full-time supervisor and sessional workers were recruited who have skillsets in joinery and carpentry. This enabled socially distanced 1:1 work with service users and supported people to learn a range of new skills. We were able to provide

benefit to the community by delivering the items built by the service users to community projects, nursery schools and care homes.

During the period April 2021 to March 2022, **East Renfrewshire Women's Aid** service reported a significant increase in referrals across their services compared to the same period last year. In total, 1,226 women and children were supported across the three core services, helpline and drop-in enquiries compared to 805 during the same period the previous year. This is an increase of 16% supported in the three core services, 72% increase in duty and helpline contacts and 52% increase across the whole service.

The reporting period saw the highest recorded number of women supported in outreach services in the past two years. Outreach staff have worked closely with partner services including mental health, the Community Addictions Team and Justice Social Work to reach and support very vulnerable women.

#### **East Renfrewshire Women's Aid – Wellbeing Group**

A wellbeing group established post-Covid provides a safe space for women who have experienced domestic abuse to explore and enhance their mental health and wellbeing. It is recognised that domestic abuse has significant psychological consequences for women and a profound and enduring impact on mental health.

Women had expressed that generic services may lack the required understanding of the complex and longstanding impacts of domestic abuse on mental health and wellbeing. The wellbeing group was formed in response.

In the summer months the group operates outdoors from the Rouken Glen Centre with links made with Young Enterprise Scotland and introductions made to the various projects taking place there - gardening, bee keeping, vegetable growing.

Group activities include stress management, improving nutrition, gentle exercise, yoga, positive self-talk, mindfulness, and complimentary therapies. The group focus is on improving coping skills and developing new ways of dealing with problems. The group also discusses the impact of domestic abuse on mental health. The group is informal, and women can join whenever they are able to. The group moved indoors or to zoom over the winter months.

The women embraced learning new techniques to enhance their own wellbeing and spoke about the improvements in their mood through the yoga and meditations. They used the space to discuss events in their own lives regarding domestic abuse and general stresses they were trying to overcome. They offered each other support through shared experience. It was noticeable that the women were growing in confidence and camaraderie over the weeks as they made each other welcome and prepared the space for activity. This created a strong core group.

Women's Aid report an increase in complex trauma, mental health issues, alcohol dependency and child contact issues. The service is supporting children with a range of needs and vulnerabilities including anxiety, self-harm, eating issues, autism and behavioural problems.

A range of actions have been taken to respond and mitigate risk and ensure a whole system response to meet the needs of women, children and young people. Additional resource ensured that Women's Aid were able to provide immediate support and safety planning for all women and children. This reduced waiting times for allocation and provided independent domestic abuse support at the earliest opportunity ensuring all MARAC referrals were

responded to promptly, risk was identified at an earlier stage and all necessary safety planning completed.

In collaboration with housing services two additional refuge units were provided to meet increased demand ensuring women and children and young people were protected from risk and harm. In partnership with the HSCP and the Culture and Leisure Trust a new base and additional outreach accommodation were provided, ensuring Women's Aid are able to operate effectively across the local authority.

Domestic abuse continues to be the predominant reason for referral/concern reported to HSCP Children and Families **Request for Assistance (RFA) Team**. Total RFA referrals received in 2021-22 was 748: a 30.4% decrease on previous year's 1074 referrals. The number of referrals where domestic abuse was the primary concern was 177. This is 23.7% of total referrals received for 21/22 and a 51.5% decrease in the number of referrals where domestic abuse is the primary concern when compared to last year's 365. Similar to last year, domestic abuse remains the main cause of referral to the request for assistance team.

#### **East Renfrewshire Women's Aid - Peer Support Group**

Women's Aid peer support group was set up in 2019 following a meeting with the Chief Social Work Officer and the Chief Executive of East Renfrewshire Council. The women expressed the need to meet and support each other in an informal way but were also keen to contribute to service development and to improve agency responses and outcomes.

The Chief Social Work Officer met with the women on a regular basis to hear their views and concerns. The women's voices have been represented at strategic level and included in the VAWG partnership Improvement Plan

The group have been consulted on a variety of issues and their feedback used to shape policy and procedure not only for Women's Aid South Lanarkshire and East Renfrewshire (WASLER) but at planning level within East Renfrewshire Council. The group have worked with the local authority to inform a new HR approach to staff experiencing domestic abuse and had a significant contribution to the development of the Housing Domestic Abuse Policy with many of their suggestions included. The group have also met with Safe & Together Champions to discuss their training programme and with the Police Inspector to discuss safety issues.

The group continue to meet in the community and provide an "expert" view on domestic abuse policy.

**Multi-Agency Risk Assessment Conferences (MARAC)** are recognised nationally as best practice for addressing cases of domestic abuse that are categorised as high risk. In East Renfrewshire Multi-Agency Risk Assessment Conferences was first introduced in March 2019. MARAC has witnessed an increase in referrals for high risk victims and children as the Covid-19 restrictions have eased. In the period April 2021 to March 2022, there were 125 victims and 205 children discussed at MARAC. This is an increase of 4% and 19% respectively compared to the previous year. It is expected that domestic abuse referrals will continue to increase longer-term and that there are significant challenges in ensuring our services have sufficient capacity to respond.

### Training and Capacity Building

Training on Domestic Abuse, Risk Assessment and MARAC is delivered by the Domestic Abuse Co-ordinator and Gender Based Violence Lead Planner. This is a half day course, multi-agency and currently delivered online with pre reading / course materials sent to all participants in advance. All scheduled courses are promoted on the Public Protection Training Calendar. A decision will be made this year about the return to face-to-face training.

Between April 2021 and March 2022, 149 staff from Children & Families Social Work, Justice Social Work, Health Visiting, CAMHS, Adult Social Work, Adult Mental Health, Addictions, Housing, Education, Care at Home organisers / reviewers, Police, Women's Aid and Human Resources attended the sessions. This is compared to 127 staff trained last year an increase of 17%. The evaluations have been extremely positive. Additionally, ten bespoke sessions were delivered to each fire crew within East Renfrewshire's Fire & Rescue Service.

The Domestic Abuse Coordinator delivered MARAC representatives training to our new MARAC representatives via Microsoft Teams in October 2021

Bespoke domestic abuse training was delivered to the Citizens Advice Bureau in response to the increase in domestic abuse disclosures since the ease of lockdown restrictions.

Bespoke training was also delivered to the Primary Mental Health Team in January to raise awareness of the complexity of domestic abuse and the MARAC pathway for referral.

The MARAC Co-ordinator and Safe & Together Lead Practitioner continue to offer monthly Domestic Abuse Advice Sessions. These monthly drop-ins are available to support all professionals in any aspect of domestic abuse work and scheduled dates are advertised in the Public Protection calendar.

At the end of each training session participants are offered the opportunity to come and observe a MARAC to increase their understanding of the meeting and to hear the variety of situations and action plans that are discussed. Over the last year 37 observers attended the MARAC.

MARAC / DASH and Safe & Together are now essential training for all children and families HSCP staff.

**Gender Based Violence Prevention** is a significant priority in the Violence Against Women (VAW) Partnership Improvement Plan and Children's Services Plan. We have developed multi-agency Gender Based Violence Guidance for schools, which was launched with training for all child protection coordinators in schools. We work closely in partnership with Rape Crisis Rosey Project, Equally Safe in Schools and the Mentors in Violence Prevention programme.

Key Successes include:

- Rape Crisis Rosey Project prevention worker has engaged with 6 secondary schools, delivering 48 workshops to 1183 young people through partnership working with pastoral care staff;
- Secondary school working to become our first accredited Equally Safe school;
- All secondary schools now trained in the Mentors in Violence Prevention approach.

**16 Days of Action on Gender Based Violence**

A significant range of national and local communications were progressed to support the 16 days campaign (25 November to 10 December 2021) with a specific programme of key messaging developed by the HSCP and shared with partner's through-out this period. Gender Based Violence and Disability was specifically highlighted with a briefing event led by the MARAC Co-ordinator. This event brought in a wide range of partners who haven't been reached before with services requesting further training for their staff.

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## 2.8 Working together with individuals and communities to tackle health inequalities and improve life chances.

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

### 2.8.1 Our strategic aims and priorities during 2021-22

We are committed to the local implementation of Greater Glasgow and Clyde's Public Health Strategy: Turning the Tide through Prevention which requires a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. This includes a commitment to reduce the burden of disease through health improvement programmes and a measurable shift to prevention and reducing health inequalities through advocacy and community planning.

The significance of health inequalities has been brought into even sharper focus as a result of the Covid-19 pandemic. We will continue to work together with community planning partners to improve health and wellbeing outcomes for our most disadvantaged localities and those who have been disproportionately impacted by the pandemic. We will also work collaboratively with local and regional partners to develop our understanding of health inequalities in East Renfrewshire and changing patterns of need as we recover from the pandemic.

Longer-term, the HSCP will continue to support community planning activity that aims to tackle the root causes of health inequalities as reflected in our Community Plan (Fairer EastRen). This includes activity to address child poverty, household incomes and strengthen community resilience. We will continue to promote digital inclusion with a particular focus on supporting people to live well independently and improve health and wellbeing.

Our aim is to **tackle health inequalities and improve life chances**, by:

- Increasing activities which support prevention and early intervention, improve outcomes and reduce inequalities;
- Reducing health inequalities will be reduced by working with communities and through targeted interventions.

### 2.8.2 The progress we made in 2021-22

- Our premature mortality rate remains significantly below the national average at 334 per 100,000 (Scotland 457)
- 7.5% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at the 6-8 weeks (19.2% Scotland wide) (2020-21 figure)
- Male life expectancy at birth in our 15% most deprived communities is 74.7 compared to 72.1 for Scotland.
- Female life expectancy at birth in our 15% most deprived communities is 79.8 compared to 77.5 for Scotland.



### 2.8.3 How we delivered in 2021-22

Although we are seeing a decrease in numbers of people **breastfeeding** (data to 20/21), East Renfrewshire continues to have the highest breastfeeding rates in Scotland. Across East Renfrewshire, the initiation rate of breastfeeding in 2020-21 was 75% (av. 66% for Scotland) which is a reduction of 5% from the previous year. The data shows that there has been a reduction in the percentage of children exclusively breastfed within our most deprived neighbourhoods (SIMD 1) from 15% in 2019-20 to 8% in 2020-21. This reduction is also seen in SIMD 5 neighbourhoods with a reduction from 52% in 2019-20 to 42% in 2020-21.

The Covid-19 pandemic is most likely to have influenced this drop due to several factors. There is evidence that maternity services were unable to provide breastfeeding support in hospital due to the requirement to discharge mothers from hospital quickly at the height of the pandemic. Other factors include lack of wider family support available, NHS services being provided from digital platforms and lack of peer support.

Our staff have continued to work exceptionally hard during the pandemic supporting mothers with breastfeeding in all areas in East Renfrewshire, and have continued to offer face-to-face visits, telephone calls and virtual support. The HSCP is currently looking to develop an infant feeding group within Dunterlie centre to focus on our more vulnerable families. We currently offer extra support visits to parents within our more deprived areas where they are breastfeeding. We have managed to retain our UNICEF Gold award during the pandemic and we are due to revalidate in July 2022.

Our **Health Improvement Team** have continued to promote self-help and information campaigns throughout the year using alternative communication methods. Information about self-help and community support is provided via the 'Your Voice' Bulletin which is sent directly to individuals on our database and online. As we moved beyond lockdown restrictions health and social care information was made available in public settings including our Health and Care Centres, libraries and other local public and community facilities.



As we move beyond the pandemic, we were keen to implement a health improvement campaign and promote health prevention resources alongside our annual health events campaigns, such as suicide prevention week. In 2021-22 we allocated funding to create targeted social media campaigns around mental health and wellbeing with advertising which targets East Renfrewshire residents. Tailored social media campaigns allow us to target individuals by gender, age range etc. The **Health Improvement Communication Plan** has now been approved for 2022-23. Social media and marketing plans will now be established to create targeted social media campaigns that align with our target audience for each campaign. Evaluation of our social media reach can be collated at the end of each campaign to allow for learning, reflection and evaluation.



The **Live Active programme** funded by ERHSCP and NHSGGC continues to be actively promoted in Barrhead to increase referrals and we have strengthened links with East Renfrewshire Culture and Leisure Trust (ERCLT) and other exercise providers to develop smooth referral pathways between services. The programme has been operational throughout the pandemic, adapting services continually to support existing and new clients to be physically active.

We continue to support third sector organisations promoting health and wellbeing including **Barrhead Men's Shed**. The shed involves retired people who want to remain physically, mentally and socially active. It supports older men and women in Barrhead "to be happy, healthy and connected to their communities, with interesting things to do, things they have chosen to do and things which reflect the skills and interests they have". Covid-19 remobilisation funding was provided to purchase health and safety equipment (ventilation) to support the safe return of members to the shed following the pandemic restrictions.



### Health and wellbeing for minority ethnic carers

Funding was provided to East Renfrewshire Carers' Centre to support the health and wellbeing of local black and minority ethnic carers through the provision of wellbeing activities. Health & Wellbeing activities included :

- Weekly Badminton
- Monthly peer support
- Monthly Walk and Coffee group (Rouken Glen)
- Eid Celebration event
- Monthly Book Club
- Monthly Gardening Club

In addition, the BAME parent carers group requested meetings with professions from a range of services and we have facilitated meetings with Education Psychology, Learning Disability Team, Education Department, SDS Forum, Speech and Language Team.

The HSCP allocated funding to extend the post of the **Community Health Worker** by an additional day per week. This supported the remobilisation of **Community Health Walks** and **Community exercise classes** such as Strength and Balance and chair based exercise.

Consultation with both primary services and community partners highlighted widespread negative outcomes from the pandemic such as decreased mobility for many adults, increased weight (due to lack of mobility), loss of independence and increased isolation. Locally this impact is reflected in physiotherapy currently seeing a 200% increase in referrals. As Covid-19 restrictions slowly eased, we were keen to re-establish local community walking groups and exercise provision to support communities and individuals impacted with the issues mentioned above. Additional hours to support this post were also used to recruit and train volunteers to become Walk Leaders and lead Chair-based exercise programmes to build local capacity longer term.

### 2021-22 Service Provision

Community Exercise Classes (delivered by our Community Health Worker)

- 8 Strength & Balance delivered per week across the area (Barrhead and Eastwood Locality)

Community Walks (delivered by Health Walk Volunteers and Community Walk Leader)

- 9 Community Walks are delivered per week across the area. (Barrhead and Eastwood Locality)

## 2.9 Working together with staff across the partnership to support resilience and wellbeing

### National Health and Wellbeing Outcomes contributed to:

NO8 – People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

### 2.9.1 Our strategic aims and priorities during 2021-22

During the pandemic the people who comprise the health and social care workforce have gone above and beyond to deliver much needed care to individuals under incredibly difficult circumstances. While these challenges are still evolving, we continue to rely on the workforce to support all aspects of health and social care and their wellbeing and resilience has never been more important.

The HSCP has established a health and wellbeing ‘champion’ who contributes to discussions at a national level and we have appointed a dedicated Health and Wellbeing Lead Officer for the wider partnership. A local Health and Wellbeing Group has been established to support the workforce across the partnership. The group is chaired by Head of Recovery and Intensive Services who also holds the national champion role. The group have put in place a wellbeing plan entitled ‘You care....We care too.’

Our activity aligns to the NHSGGC Mental Health and Wellbeing Action Plan and national objectives. We will continue to input at a national level to the health and wellbeing conversation and to the development and delivery of the NHSGGC vision to support the mental health and wellbeing of staff. This includes ensuring rest and recuperation, peer support, helping staff fully utilise their leave allowance, and ensuring working arrangements are sustainable in light of continuing constraints and reflect ongoing changes to services and pathways.

Our aim is to **support resilience and wellbeing among staff across the partnership**, by:

- Ensuring staff have access to resources and information that can improve their wellbeing;
- Ensuring staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership;
- Promoting opportunities for staff to take part in physical activity, rest and relaxation;
- Ensuring staff feel safe in the work place.

### 2.9.2 The progress we made in 2021-22

Supporting staff wellbeing is a key focus of the partnership especially as a result of the pandemic which has placed significant pressure on our workforce. The way staff have been working has changed significantly with home working becoming the norm for large groups of employees. During 2021-22, the HSCP recruited a Health and Wellbeing Lead Officer who is undertaking a scoping exercise across the wider health and social care landscape. This role has been specifically designed to acknowledge the growing pressures and challenges upon the health and social care workforce, and to create resources, tools and services to support the health and wellbeing of all staff and volunteers who work for and support the HSCP.

Headline performance data includes:

- 61% response rate for our staff engagement survey (iMatter) – despite challenges of pandemic
- Composite 'Employee Engagement Index' score was 78% up from 75% at the previous survey
- 88% of staff agreed that "My manager cares about my health and wellbeing" – up from 85% and best score to date
- 72% agreed that "I feel involved in decisions in relation to my job" – up from 69%
- 75% agree that "I am given the time and resources to support my learning growth" – down slightly from 77%

### 2.9.3 How we delivered in 2021-22

Our local **East Renfrewshire HSCP Wellbeing Group** continued to run during 2021-22 with links to both the National and NHSGGC wellbeing groups. The group developed a regular **newsletter** and cascaded information to ensure colleagues across the partnership, including colleagues within primary care, independent and third sector had access to **information and support** in order their workforces wellbeing and resilience was enhanced. We are continue to develop and refresh a series of positive measures to promote staff wellbeing throughout the year. The HSCP Wellbeing Group is chaired by Head of Recovery and Intensive Services who also holds the national health and wellbeing **champion role** and contributes to discussions at a national level.

During 2021-22 we have worked to implement our wellbeing plan '**YOU care...WE care too**' to support our workforce to cope with the continuing emotional and physical impact following the pandemic. The plan identifies four strategic objectives / outcomes and has a supporting action plan.

- Overview and Communication - Staff have access to resources and information that can improve their wellbeing;
- Resilience and connectedness - Build resilience across HSCP ensuring all employees feel connected to their team or service and embed health and wellbeing culture across HSCP;
- Promotion of physical activity, rest and relaxation - Opportunities for staff to take part in physical activity are promoted across the HSCP and opportunities for rest and relaxation are provided;
- Staff feel safe in their workplace - Appropriate measures are in place to ensure staff feel safe in the workplace.

In January 2022, a dedicated **Health and Wellbeing Lead Officer** came into post at the partnership. The post holder undertook a scoping exercise across the partnership to determine staff health and wellbeing challenges and needs, including a **staff health and wellbeing survey** - issued February 2022. Findings from staff wellbeing survey (160 responders) indicated a variety of health and wellbeing needs and requests for support across HSCP.

In response to the staff feedback a **Summer of Wellness programme** was designed and launched in June with 32 separate health and wellbeing activities made available for staff to become involved in. Partnerships were developed with NHSGGC Live Active staff and SMART Gym (social interest company) to provide ongoing fitness instructors for the Summer of Wellness free fitness classes at both Health and Care Centres to all staff/volunteers.

Other key areas of activity that have taken place during the year include:

- Dedicated **health and wellbeing webpage** was made available on the HSCP staff intranet.
- 1 to 1 **staff wellbeing conversations** offering holistic wellbeing advice, support and signposting.
- **Team wellbeing conversations** (resulting in our first team wellbeing day for the CAMHS team in July 2022).
- Development of **outside spaces** at both health centres for staff use (including wellbeing activities) - work ongoing from March 2022. The Community Payback Team are supporting development of outside balcony spaces at Health and Care Centres.
- Development of staff **wellbeing champion network** (9 members currently - Aug 2022).
- **Act of kindness initiative** began in March 2022 (and is ongoing) where staff can nominate a colleague for a small gift.
- **Financial wellbeing infographic** for HSCP staff/volunteers developed. This is a joint project between the HSCP, Council and the Money Advice and Rights Team (MART).

## 2.10 Public protection

### National Health and Wellbeing Outcomes contributed to:

NO7 - People using health and social care services are safe from harm

#### 2.9.1 Our strategic aims and priorities during 2021-22

Ensuring people are safe is a vital part of our work. We take a multi-agency approach to deliver our community planning outcomes:

- Residents are safe and supported in their communities;
- Children and adults at risk are safer as a result of our intervention.

Our aim is to **ensure residents are safe and supported in their communities**, through:

- Prevention - People, communities and services actively promote public protection;
- Identification and Risk Assessment - Services know who is most at risk and understand their needs;
- Interventions - Communities and individuals are supported to manage and reduce risk;
- Monitoring and Reviewing Risk - Services effectively measure progress and identify further problems quickly.

During the challenge of the pandemic our focus remained the safety and reduction of harm for children and adults. We have seen an increase in child protection referrals in particular of children who have a diagnosis of autism and or complex needs. Despite the increase in referrals, registration numbers have been retained at a relatively low level, indicating that many of the families coming through the child protection referral route are in need of increased supports rather than child protection plans.

We have maintained our Adult Support and Protection response throughout the pandemic and kept adult at the heart of what we do.

#### 2.9.2 How we delivered in 2020-21

**Section to be completed in line with CSWO Report evidence**

## 2.11 Hosted Services – Specialist Learning Disability Service

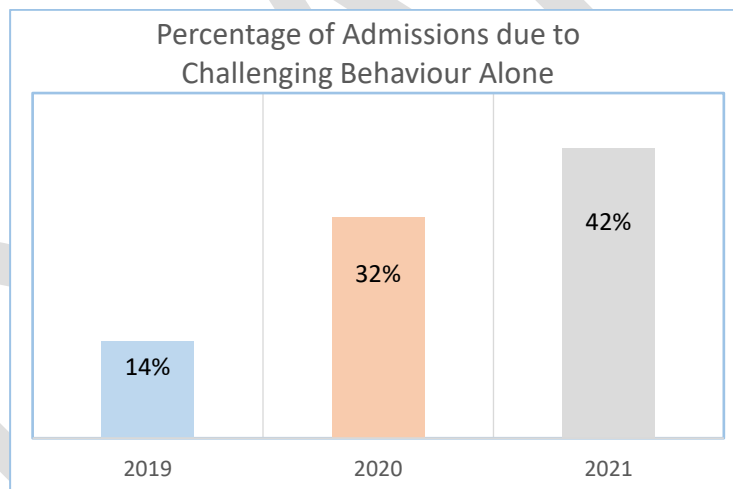
We continue to host the **Specialist Learning Disability Inpatient Service** that supports people requiring a hospital admission. The service works in partnership to manage demand and ensure appropriate support is available in the community on discharge.

The service has operated at full capacity throughout the pandemic despite many challenges related to the Covid-19 pandemic. In response to the pandemic we increased staffing levels and took a GGC wide approach to contingency through Board-wide collaboration. Over the year the service maintained good staff attendance and importantly achieved good infection control in challenging environments.

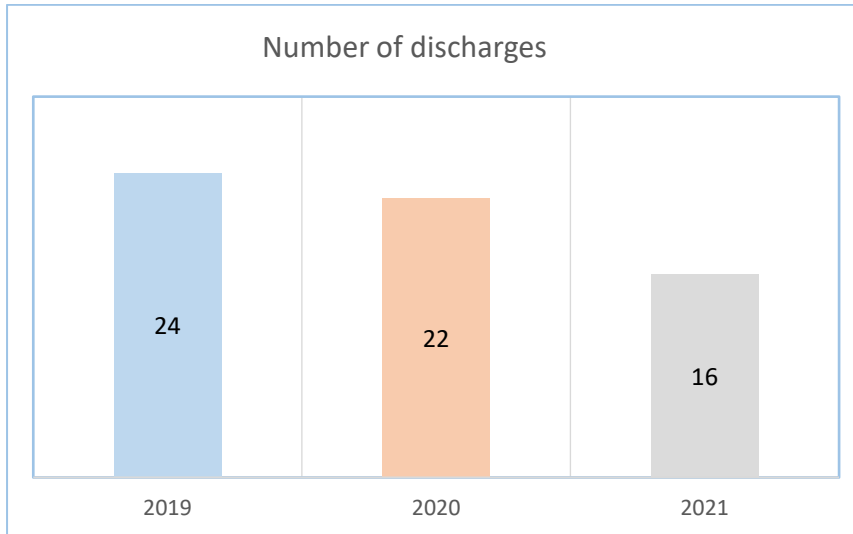
Beds were mainly occupied by people who were admitted due to mental illness (58%). However, there was an increase in admissions due to challenging behaviour alone from previous years (42% compared to 32% in 2020). There has also been an increased profile of patients with complex needs.

Delayed discharge caused significant issues, with a number of patients having no discharge plan for a significant period of time; nor a home to return to. The reasons for delay were due to no suitable accommodation and/or no providers in place and/or providers in place having real difficulty with recruitment.

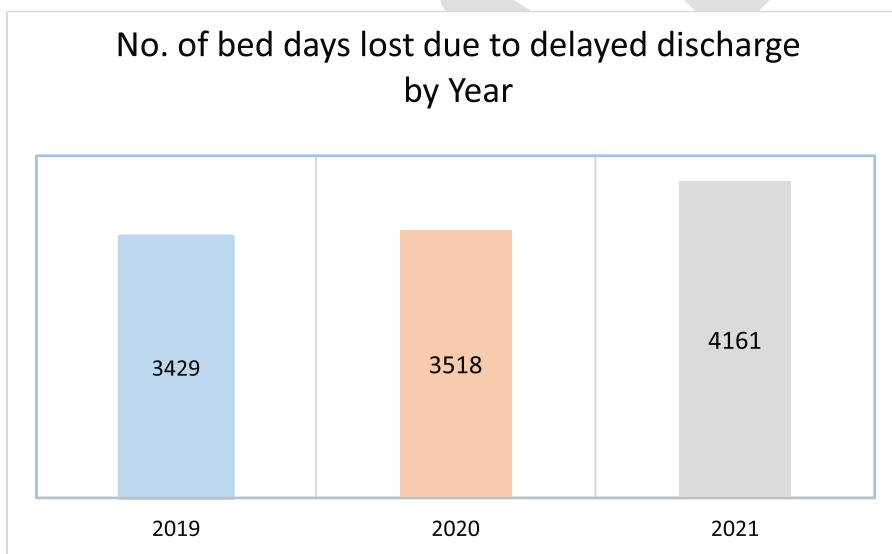
People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health.



Latest complete performance data for the service relates to January-December 2021. The chart above shows admissions relating to challenging behaviour. There was a 10% increase in proportion of admissions due to challenging behaviour alone compared with the previous years (42% up from 32% in 2020) and a significant increase since 2019. This may be due to a reduction in community supports and provider staffing issues during the pandemic resulting in some community services being less able to support those with the most challenging behaviour.



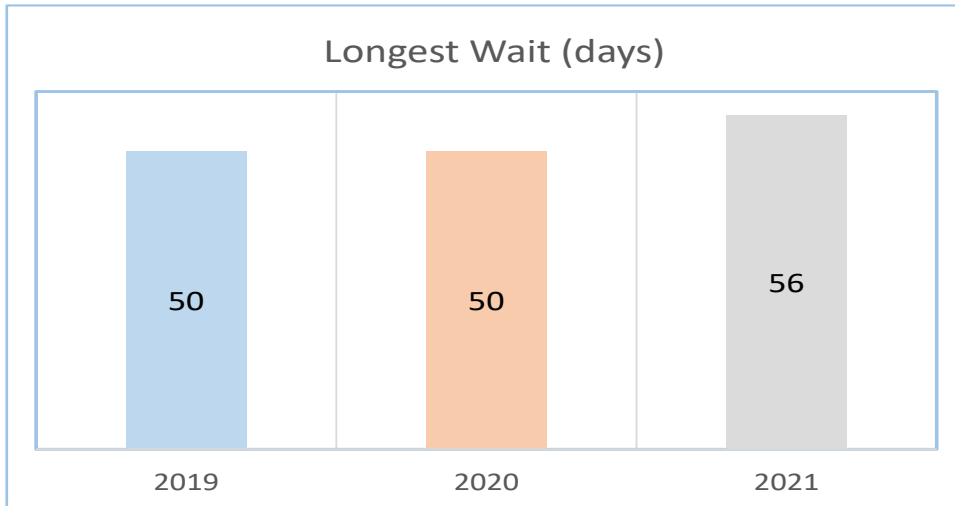
The service saw a decrease in the number of discharges to 16 for the year. The average length of stay for those patients discharged in 2021 was 294 days with a range of 12-694 days. For patients able to be discharged back home during 2021 the average length of stay was 106 days (range 12-211 days) and for patients requiring a new placement to be discharged to during 2021 the average length of stay was 407 days (range 190-694 days).



There was a 15% increase in beds days lost due to delayed discharge between 2020 and 2021. This reflected weaker performance on discharge planning with just 33% of inpatients having a discharge plan in place at the end of December 2021. This was a significant reduction from 67% for the previous year.

At the end of the year, 16 inpatients were noted to not have a home/community placement to return to. This is over half the patient group and reduces the ability of the service to successfully manage patient flow. The majority of placement breakdowns originating from Glasgow City and Renfrewshire HSCPs.





The longest wait to access a bed increased from 50 to 56 days for the year. As a result of continuous occupancy, the service is often unable to directly admit several people requiring specialist learning disability assessment and treatment. During the year, a group of people were removed from the waiting list as admission was no longer required or an alternative had been established.

### 3. Financial performance and Best Value

#### National Health and Wellbeing Outcomes contributed to:

NO9 - Resources are used effectively and efficiently in the provision of health and social care services

#### 3.1 Introduction

Within this section of the report we aim to demonstrate our efficient and effective use of resources. Our Annual Report and Accounts 2020-21 is our statutory financial report for the year. We regularly report our financial position to the IJB throughout the year.

#### 3.2 Financial Performance 2021/22

The annual report and accounts for the IJB covers the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

Service	Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	14.102	14.122	(0.020)	(0.14%)
Older Peoples Services	23.500	21.596	1.904	8.10%
Physical / Sensory Disability	5.655	5.624	0.031	0.55%
Learning Disability – Community	16.033	15.575	0.458	2.86%
Learning Disability – Inpatients	8.822	8.822	-	0.00%
Augmentative and Alternative Communication	0.226	0.226	-	0.00%
Intensive Services	13.472	15.187	(1.715)	(12.73%)
Mental Health	5.361	5.225	0.136	2.54%
Addictions / Substance Misuse	2.135	2.114	0.021	0.98%
Family Health Services	27.704	27.704	-	0.00%
Prescribing	16.588	16.588	-	0.00%
Criminal Justice	0.016	0.011	0.005	31.25%
Finance and Resources	22.632	22.615	0.017	0.08%
<b>Net Expenditure Health and Social Care</b>	<b>156.246</b>	<b>155.409</b>	<b>0.837</b>	<b>0.54%</b>
Housing	0.398	0.398	-	-
Set Aside for Large Hospital Services	27.892	27.892	-	-
<b>Total Integration Joint Board</b>	<b>184.536</b>	<b>183.699</b>	<b>0.837</b>	<b>0.54%</b>

The £0.837 million operational underspend (0.54%) is marginally better than the reporting taken to the IJB during the year and this underspend will be added to our budget phasing reserve. The main variances to the budget were:

- £1.904 million underspend in within Older Peoples Nursing, Residential and Daycare Services. This reflects the ongoing trend of reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.
- £1.715 million overspend within Intensive Services as our Care at Home costs reflect that we continued to operate a near full service in the second year of the pandemic. This is the position after we applied £0.826 million of winter funding to meet the increases in demand and complexity within this service.

- £0.458 million underspend within Learning Disability Community Services from a combination of staff turnover and running costs.

We received full Covid-19 support for unachieved savings during the year as the continued focus on response meant we still did not have capacity to progress the work required to deliver redesign.

The financial performance table above includes the £8.945 million we spent on Covid-19 activity and as this was fully funded by the Scottish Government there is nil impact on the operational variance of each service.

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

In addition to the expenditure above a number of services are hosted by other IJBs who partner NHS Greater Glasgow and Clyde and our use of those hosted services is shown below for information. This is not a direct cost to the IJB.

2020/21 £000	SERVICES PROVIDED TO EAST RENFREWSHIRE IJB BY OTHER IJBs WITHIN NHS GREATER GLASGOW AND CLYDE	2021/22 £000
451	Physiotherapy	435
43	Retinal Screening	43
352	Podiatry	474
285	Primary Care Support	289
325	Continence	342
594	Sexual Health	600
1,168	Mental Health	990
867	Oral Health	789
346	Addictions	350
197	Prison Health Care	209
158	Health Care in Police Custody	171
4,644	Psychiatry	3,846
<b>9,430</b>	<b>Net Expenditure on Services Provided</b>	<b>8,538</b>

We also host the Specialist Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services on behalf of the other IJBs within the NHS Greater Glasgow & Clyde. The cost of these two hosted services are met in full by East Renfrewshire. The use by other IJBs is shown below for information.

2020/21 £000	LEARNING DISABILITY IN-PATIENTS SERVICES HOSTED BY EAST RENFREWSHIRE IJB	2021/22 £000
5,855	Glasgow	5,655
1,942	Renfrewshire	1,993
795	Inverclyde	551
691	West Dunbartonshire	310
-	East Dunbartonshire	-
9,283	Learning Disability In-Patients Services Provided to other IJBs	8,509
11	East Renfrewshire	313
<b>9,294</b>	<b>Total Learning Disability In-Patients Services</b>	<b>8,822</b>

2020/21 £000	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION HOSTED BY EAST RENFREWSHIRE IJB	2021/22 £000
89	Glasgow	97
33	Renfrewshire	22
3	Inverclyde	26
3	West Dunbartonshire	4
19	East Dunbartonshire	22
147	AAC Services Provided to other IJBs	171
19	East Renfrewshire	40
<b>166</b>	<b>Total AAC Services</b>	<b>211</b>

### 3.3 Reserves

We used £3.937 million of reserves in year and we also invested £14.204 million into earmarked reserves, with the majority of this increase from Scottish Government ring-fenced funding (£11.933 million). The year on year movement in reserves is summarised:

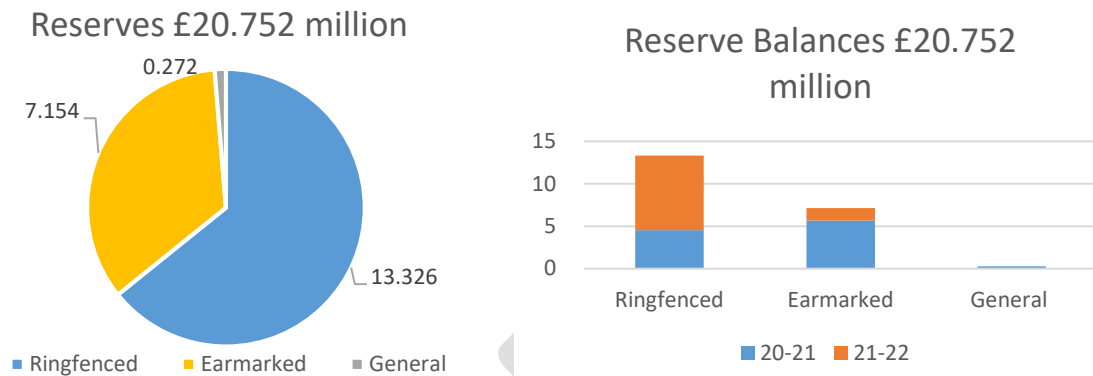
Reserves Movement	£ Million	£ Million
Reserves at 31 March 2021		10.485
Planned use of existing reserves during the year	(3.937)	
Funds added to reserves during the year	14.204	
Net increase in reserves during the year		10.267
Reserves at 31 March 2022		20.752

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2021.

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 £20.752 million for all reserves falls in these three reserves types:



### Ring-Fenced Reserves

The majority of the increase in reserves relates to specific ring-fenced funding we have received from the Scottish Government during 2021-22 with £11.933 million added during the year and £3.153 million used. We can only spend this funding on those initiatives that the funding supports; the majority of this increase relates to Covid-19 and this will support the ongoing response to the pandemic in 2022-23.

We only spent £0.008 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 2022-23 as we work towards recovery. The increase in ring-fenced funding during 2021-22 is not unique to East Renfrewshire and mirrors the national position.

### Earmarked Reserves

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 £0.785 million supporting service pressures and delivering on projects as planned. We added £2.272 million mainly from our operational underspend (£0.837 million) and in year CAMHS funding (£0.888 million) which we will use to support this service in 2022-23. The balance relates to a number of smaller projects and initiatives with the detail provided at Note 8 (page 60-61).

### General Reserves

Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently 0.15% of the 2021-22 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. We received Covid-19 support for unachieved savings during the pandemic and we expect to utilise the budget phasing reserve in 2022-23 as we work to deliver our legacy savings on a recurring basis.

In the event our operational costs exceed budget in 2022-23 we may need to un-hypothecate (i.e. un-earmark) reserves to meet costs. The use of reserves is reported to the IJB within our routine revenue reporting.

### 3.4 Prior Year Financial Performance

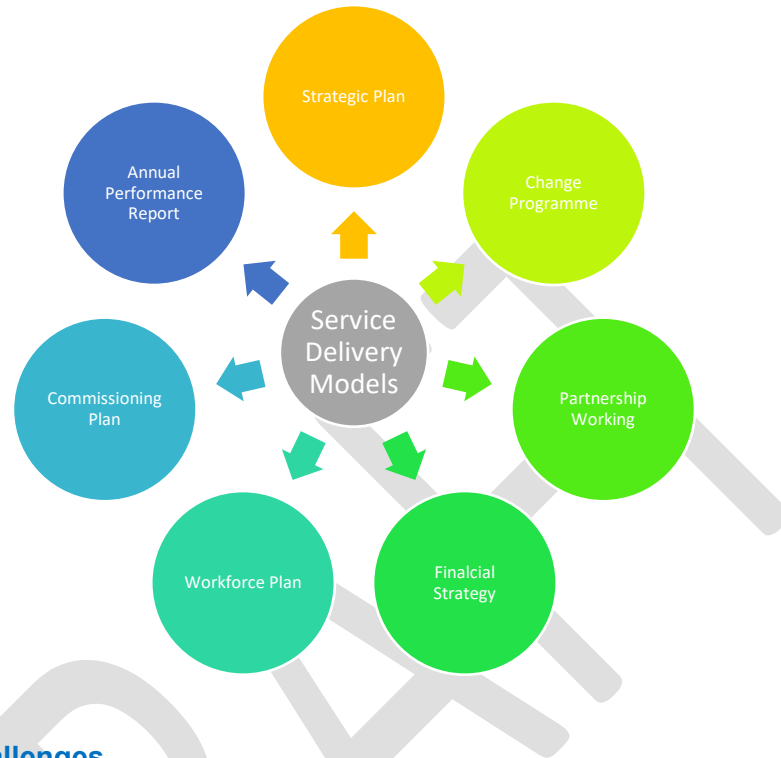
The table below shows a summary of our year-end under / (over) spend by service and further detail can be found in the relevant Annual Report and Accounts and in year reporting.

	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16
<b>SERVICE</b>	<b>(Over) / Under £ Million</b>	<b>(Over) / Under £ Million</b>	<b>(Over) / Under £ Million</b>	<b>(Over) / Under £ Million</b>	<b>(Over) / Under £ Million</b>	<b>(Over) / Under £ Million</b>	<b>(Over) / Under £ Million</b>
Children and Families	(0.020)	0.410	0.637	0.800	0.083	0.537	0.604
Older Peoples & Intensive Services	0.189	0.327	(0.866)	(0.228)	0.153	(0.046)	1.763
Physical / Sensory Disability	0.031	0.099	0.030	0.056	(0.167)	(0.280)	(0.345)
Learning Disability - Community	0.458	(0.267)	(0.095)	(0.047)	(0.214)	0.986	(1.801)
Learning Disability - Inpatients	0	0	0.002	0.123	0	0	0
Augmentative & Alternative Communication	0	0	0	N/A	N/A	N/A	N/A
Mental Health	0.136	0.192	0.189	0.419	0.409	0.393	0.354
Addictions / Substance Misuse	0.021	0.052	0.013	0.032	0.018	0.123	0.085
Family Health Services	0	0	-	0.008	0	0	0
Prescribing	0	0	(0.311)	(0.428)	0	0	0
Criminal Justice		0.011	-	0.039	0.011	0.013	0.027
Planning and Health Improvement	0.005	0.065	0.098	0.074	0.001	0.039	0.029
Management and Admin / Finance & Resources	0.017	(0.056)	0.238	(0.190)	0.483	(0.144)	(0.335)
Planned Contribution to / from Reserves	0	0		(0.398)	(0.600)	**	0
<b>Net Expenditure Health and Social Care</b>	<b>0.837</b>	<b>0.833</b>	<b>(0.065)</b>	<b>0.260</b>	<b>(0.177)</b>	<b>1.622</b>	<b>0.381</b>

\*\* In 2016/17 we agreed to carry forward our planned underspend to reserves to provide flexibility to allow us to phase in budget savings including our change programme.

### 3.5 Best Value

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



### 3.6 Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan for 2022-23 to 2026-27 and our Strategic Plan for 2022-23 to 2024-25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The funding gap in future years could range anywhere from £0 to £5.7 million per year, excluding unknown factors, recent inflation implications and any additional savings requirements in future years. The resulting funding gap will be dependent on the funding settlement for each year.

The investment in health and social care by the Scottish Government was welcomed by the IJB and whilst the majority of this new funding supports specific policy decisions such as the living wage for care providers, we were able to mitigate to some degree our pressures, including pre-pandemic savings.

Despite this investment the 2022-23 budget settlement fell within the poor settlement range of scenario planning assumptions with cost pressures of just over £14.4 million, funding uplifts of £11.3 million and therefore required savings of £3.1 million. We were able to identify £0.5 million of immediately achievable savings so our current savings challenge for 2022-23 is £2.6 million.

The budget for the year 2022-23 was agreed by the IJB on 16<sup>th</sup> March 2022 and recognised that we have legacy savings of £2.6m from before the pandemic and that the landscape has changed, particularly around demand and complexity, the ability to introduce new charges or

increase criteria for care package support. Our reserves strategy, in place pre the pandemic, should see us through the year as we work towards gaining efficiencies from our Recovery & Renewal programme and also by managing, as best we can, the budget we have allowed for to meet increased demand. We are not anticipating Covid funding for unachieved savings in 2022-23.

The Recovery and Renewal Programme is a significant area of work that spans multiple years. We have recently restarted this as part of our recovery. At present there are 25 projects with 9 currently live and we expect further projects will be added over time. Our case recording system replacement project is one of the most significant and recruitment is underway to ensure key posts can support delivery.

There are currently 3 projects that should support delivery of savings as a combination of cash and efficiencies, which in turn should allow us to manage demand and release budget.

- Care at Home redesign (phase 2) – staffing and balance of in-house and purchased care
- Replacing the Scheduling system for Care at Home – more efficient use of resources
- Learning Disability redesign – use of technology as an alternative to sleepovers and more individualised approach from outreach work; better outcomes

These projects were paused as part of our response and will recommence imminently.

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.

The 2022-23 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.

Economy; The consequences of Brexit did not manifest in any specific issues during 2021-22 however given this period remained far from normal this will continue to be monitored. The impacts of the war in Ukraine and economic factors such as possible shortages in supplies, inflation, fuel and utilities are all of concern and will be closely monitored throughout the coming year.

Any changes relating to the NCS (National Care Service) will be analysed and reflected in our future plans.

We have successfully operated integrated services for over 17 years so we have faced a number of challenges and opportunities over the years. 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. During 2021-22 the volume of items prescribed began to increase to the pre-pandemic trend; 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 use of national contractual frameworks along with the implications from the NCS; this may impact on how we commission services.

We will fully implement our plans for continued use of the winter and Social Work Capacity funding during 2022-23 and we will continue to implement our model for interim care including the development of our intensive support model at Bonnyton care home. This creates a step up/step down service locally, to avoid unnecessary hospital admissions and timely discharge to home/homely settings. For Care at Home, the additional resources address the ongoing demand pressures we are experiencing, increase frontline staff as well as management and support, and increase capacity for the Home First model and Technology Enabled Care. We are continuing to enhance the capacity of our multi-disciplinary teams across the HSCP including: developing our multi-disciplinary Front Door model and leadership arrangements; additional capacity for social work and our Care Home and Community Review Team; support for the wider NHSGGC frailty hubs; and increased capacity for frailty practitioners, data and quality analysis and peripatetic business support.

The funding to strengthen Adult Social Work has allowed us to create additional leadership posts within Communities and Wellbeing. This has provided us an opportunity to create a dedicated transition team to support young people with complex needs in the transition to adulthood, and Long Term Conditions team to support the local residents with long term conditions as we recover from the pandemic.

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 were not able to progress this work during 2021-22 as our focus remained on response.

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

- Our Recovery and Renewal Programme has restarted and will be implemented in 2022-23 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, the economic climate and any impact from the NCS 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. This will also inform our planning for our 2023-24 budget.
- We will continue to monitor the impacts of Covid-19, Brexit, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to report our Covid-19 activity costs through the NHS Greater Glasgow and Clyde Mobilisation Plan and to the IJB. At this stage we do not expect any further support for non-delivery of savings. This will include how we transition as funding will reduce / cease over time.
- We will continue to work through our Care at Home redesign as part of our Recovery and Renewal Programme recognising the context of significant increase in demand for services, including increased complexity of needs due to the pandemic.

- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the ongoing pandemic response.
- We will complete the review of our Integration Scheme; work had been undertaken pre pandemic and was then put on hold.
- 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. We intend to develop our performance reporting during 2022-23.
- 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 over a prolonged period 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 longer term 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 remain significant risks.

## 4. Performance summary

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### 4.1 Introduction

In the previous chapters of this report we have focused on the key areas of work carried out by the HSCP over the course of 2021-22 including crucial activities as we responded to and have started to recover from the pandemic. In this final chapter we draw on a number of different data sources to give a more detailed picture of the progress the partnership has been able to make against our established performance indicators. Our quantitative performance for 2021-22 reflects the continuing challenges being faced from the pandemic during the Covid-19 pandemic.

The sections below set out how we have been performing in relation to our suite of Key Performance Indicators structured around the strategic priorities in our Interim Strategic Plan 2021-22. We also provide performance data in relation to the National Integration Indicators and Ministerial Steering Group (MSG) Indicators. Finally, we provide a performance summary relating to recent inspections of our in-house services.

### 4.2 Performance indicators

Key to performance status	
<b>Green</b>	Performance is at or better than the target
<b>Amber</b>	Performance is close (approx. 5% variance) to target
<b>Red</b>	Performance is far from the target (over 5%)
<b>Grey</b>	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	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of children and young people subject to child protection who have been offered advocacy. <i>(INCREASE)</i>	<b>62%</b>	100%	63%	n/a	n/a	n/a	n/a	↓
Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods. <i>(INCREASE)</i>	<b>84%</b>	100%	87.5%	n/a	n/a	n/a	n/a	↓
Percentage of children looked after away from home who experience 3 or more placement moves <i>(DECREASE)</i>	<b>1.8%</b>	11%	1.2%	0.0%	1.4%	1.2%	7.1%	↓
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral <i>(INCREASE)</i>	<b>55%</b>	90%	61%	78%	74%	89%	90%	↓
Child & Adolescent Mental Health - longest wait in weeks at month end <i>(DECREASE)</i>	<b>41</b>	18	35	33	34	35	31	↓
Accommodated children will wait no longer than 6 months for a Looked After Review meeting to make a permanence recommendation <i>(INCREASE)</i>	<b>94%</b>	95%	74%	94%	83%	100%	n/a	↑
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) <i>(INCREASE)</i>	n/a	Data only	<b>91.1%</b>	94.9%	98.0%	93.6%	91.5%	↓
% Child Protection Re-Registrations within 18 months (LGBF) <i>(DECREASE)</i>	n/a	Data only	<b>0</b>	15.8%	7.7%	0%	9%	↑


Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF) (DECREASE)	n/a	Data only	20%	18.8%	24.5%	29.1%	19.6%	↓

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Number of people self directing their care through receiving direct payments and other forms of self-directed support. (INCREASE)	458	600	551	575	514	491	364	↓
Percentage of people aged 65+ who live in housing rather than a care home or hospital (INCREASE)	n/a	97%	97%	97%	95.9%	96.6%	96.8%	—
The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care. (INCREASE) NI-18	n/a	62%	58%	57%	64%	64%	63%	↑
People reporting 'living where you/as you want to live' needs met (%) (INCREASE)	89%	90%	91%	88%	92%	84%	79%	↓
SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) (INCREASE)	n/a	Data Only	8.69%	8.44%	8.15%	7.5%	6.6%	↑
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) (INCREASE)	n/a	62%	62.2%	57.6%	57.5%	62.5%	61.1%	↑

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of those whose care need has reduced following re-ablement ( <i>INCREASE</i> )	60%	60%	31%	67	68	62	64	↑



Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Mental health hospital admissions (age standardised rate per 1,000 population) ( <i>DECREASE</i> )	n/a	2.3	1.4	1.6	1.5	1.5	1.5	↑
Percentage of people waiting no longer than 18 weeks for access to psychological therapies ( <i>INCREASE</i> )	76%	90%	74%	65%	54%	80%	56%	↑
% of service users moving from drug treatment to recovery service ( <i>INCREASE</i> )	9%	10%	6%	16%	22%	12%	9%	↑
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. ( <i>INCREASE</i> )	0	419	5	33	93	331	468	↓
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. ( <i>INCREASE</i> )	95%	90%	95%	89%	95%	87%	96%	—



Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (DECREASE) (NHSGGC data)	7	0	2	2	4	4	4	↓
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) (DECREASE) (MSG data)	4,546	1,893	2,342	1,788	2,284	1,860	2,704	↓
No. of A & E Attendances (adults) (DECREASE) (NHSGGC data)	11,654	Data only	9,854	12,748	12,943	12,587	12,503	↓
Number of Emergency Admissions: Adults (DECREASE) (NHSGGC data)	7,372	Data only	6,217	6,859	6,801	6,916	6,908	↓
No. of A & E Attendances (adults) (DECREASE) (MSG data)	16,877	18,335	13,677	20,159	20,234	19,344	18,747	↓
Number of Emergency Admissions: Adults (DECREASE) MSG	7,894	7,130	7,281	7,538	7,264	7,432	8,032	↓
Emergency admission rate (per 100,000 population) for adults (DECREASE) NI-12	9,549*	11,492	9,210	10,439	10,345	10,497	11,427	-
Emergency bed day rate (per 100,000 population) for adults (DECREASE) NI-13	104,390*	117,000	96,914	105,544	110,0628	119,011	121,099	↑
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (DECREASE) NI-14	82*	100	98	78	79	79	83	↑
A & E Attendances from Care Homes (NHSGGC data) (DECREASE)	252	400	236	394	429	541	n/a	↓
Emergency Admissions from Care Homes (NHSGGC data) (DECREASE)	141	240	154	233	261	338	166	↑

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% of last six months of life spent in Community setting ( <i>INCREASE</i> ) MSG	<b>89.5%**</b>	86%	89.8%	88.3%	86.2%	85.0%	85.8%	

\* Full year data not available for 2021/22. Figure relates to 12 months Jan-Dec 2021. Data from PHS release, 12 July 2022

\*\*Provisional figure for 2020/21

Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) ( <i>INCREASE</i> )	<b>92%</b>	72%	91%	92%	78%	72%	70%	
Total combined % carers who feel supported to continue in their caring role ( <i>INCREASE</i> ) NI 8	<b>28.4%</b>	Data only	n/a	35.3%	n/a	37.5%	n/a	

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. ( <i>INCREASE</i> )	<b>81%</b>	80%	75%	71%	84%	92%	96%	
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? ( <i>INCREASE</i> )	<b>100%</b>	100%	92%	100%	100%	100%	100%	



Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Positive employability and volunteering outcomes for people with convictions. (INCREASE)	56.5%	60%	66%	65%	55%	n/a	n/a	↓
% Change in women's domestic abuse outcomes (INCREASE)	87%	70%	84%	79%	64%	65%	66%	↑
People agreed to be at risk of harm and requiring a protection plan have one in place. (INCREASE)	100%	100%	100%	100%	100%	n/a	n/a	—

Strategic Priority 7 - Working together with our communities that experience shorter life expectancy and poorer health to improve their wellbeing								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Breastfeeding at 6-8 weeks most deprived SIMD data zones (INCREASE)	n/a	25%	7.5%	15.4%	22.9	27.3	17.2	↓
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) (DECREASE) NI-11	338	Data Only	334	295	308	301	297	↑
Percentage of adults able to look after their health very well or quite well (INCREASE) NI-1	92%	Data Only	n/a	94%	n/a	94%	n/a	↓

Strategic Priority 8 - Working together with staff across the partnership to support resilience and well-being								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
% Staff who report 'I am given the time and resources to support my learning growth'. <i>(INCREASE)</i>	<b>75%</b>	90%	n/a	77%	76%	70%	n/a	↓
% Staff who report "I feel involved in decisions in relation to my job". <i>(INCREASE)</i>	<b>72%</b>	Data Only	n/a	n/a	69%	n/a	n/a	↑
% Staff who report "My manager cares about my health and well-being". <i>(INCREASE)</i>	<b>88%</b>	Data Only	n/a	n/a	85%	n/a	n/a	↑

Organisational measures								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of days lost to sickness absence for HSCP NHS staff <i>(DECREASE)</i>	<b>6.9%</b>	4.0%	5.5%	7.3%	6.8%	8.5%	7.2%	↓
Sickness absence days per employee - HSCP (LA staff) <i>(DECREASE)</i>	<b>14.7</b>	12.4	13.6	19.1	16.4	13.0	13.6	↓
Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline, 20 days Investigation) <i>(INCREASE)</i>	<b>70%</b>	70%	100%	56%	67%	100%	63%	↓
Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation) <i>(INCREASE)</i>	<b>71%</b>	100%	65%	72%	72%	81%	68%	↑

### 4.3 National Integration Indicators

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 are derived from Partnership operational performance data. A further 4 indicators are currently under development by NHS Scotland Information Services Division (ISD). The following tables provide the most recent data for the 19 indicators currently reportable, along with the comparative figure for Scotland, and trends over time where available.

#### 4.3.1 Scottish Health and Care Experience Survey (2021-22)

Information on nine of the National Integration Indicators are derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. The most recent survey results for East Renfrewshire relate to 2021-22 and are summarised below.

The results show that we performed better than the Scottish average for seven of the nine indicators and performed close to the national rate for the remaining two. While performance declined for all of the indicators at the national level since the previous survey, we saw improving performance for five of the nine indicators.

National indicator	2021/22	Scotland 2021/22	2019/20	2017/18	2015/16	East Ren trend from previous survey	Scotland trend from previous survey
NI-1: Percentage of adults able to look after their health very well or quite well	91.9%	90.9%	94%	94%	96%	↓	↓
NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible	80.4%	78.8%	78%	74%	80%	↑	↓
NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	73.8%	70.6%	75%	64%	77%	↓	↓
NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	65.1%	66.4%	62%	60%	69%	↓	↓
NI-5: Total % of adults receiving any care or support who rated it as excellent or good	75.5%	75.3%	70%	77%	82%	↑	↓
NI-6: Percentage of people with positive experience of the care provided by their GP practice	69.7%	66.5%	85%	84%	88%	↓	↓
NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83.6%	78.1%	78%	76%	79%	↑	↓
NI-8: Total combined % carers who feel supported to continue in their caring role	28.4%	29.7%	35%	37%	45%	↑	↓
NI-9: Percentage of adults supported at home who agreed they felt safe	90.5%	79.7%	81%	82%	82%	↑	↓

Data from PHS release, 12 July 2022

## 4.3.2 Operational performance indicators

National indicator	2021/22	Scotland 2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
NI-11: Premature mortality rate per 100,000 persons	<b>338*</b>	471* (2021)	334*	259*	308*	301*	297*	▬
NI-12: Emergency admission rate (per 100,000 population) for adults	<b>9,549**</b>	11,636	9,210	10,439	10,345	10,497	11,427	↓
NI-13: Emergency bed day rate (per 100,000 population) for adults	<b>104,390**</b>	109,429	96,914	105,544	110,0628	119,011	121,099	↓
NI-14: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	<b>82**</b>	110	98	78	79	79	83	↑
NI-15: Proportion of last 6 months of life spent at home or in a community setting	<b>89.4%**</b>	90.1%**	89.8%	88%	86%	85%	86%	▬
NI-16: Falls rate per 1,000 population aged 65+	<b>25.6**</b>	23.0**	21.5	22.6	23.4	22.4	21.2	↓
NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	<b>78.9%</b>	75.8%	84%	84%	84%	88%	88%	↓
NI-18: Percentage of adults with intensive care needs receiving care at home	<b>65%*</b>	65%* (2021)	58%*	57%*	64%*	64%*	63%*	↑
NI-19: Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	<b>347</b>	761	189	156	170	117	228	↓
NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	n/a	24.1% (2019/20)	n/a	<b>21.1%</b>	20.8%	22.4%	22.2%	↑

Data from PHS release, 12 July 2022. \*Calendar years.

\*\*Full year data not available for 2020/21. Figure relates to 12 months Jan-Dec 2021\*\*. N.B. Scotland fig is Jan-Dec 2021 for comparison.

The indicators below are currently under development by Public Health Scotland.

<b>National indicators in development</b>
NI-10: Percentage of staff who say they would recommend their workplace as a good place to work
NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home
NI-22: Percentage of people who are discharged from hospital within 72 hours of being ready
NI-23: Expenditure on end of life care, cost in last 6 months per death

#### 4.4 Ministerial Strategic Group Indicators

A number of indicators have been specified by the Ministerial Strategic Group (MSG) for Health and Community Care which cover similar areas to the above National Integration Indicators.

MSG Indicator	2021/22	Target 21/22	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16	Trend from previous year
Number of emergency admissions (adults)	<b>6,851*</b>	7,130	6,517	7,538	7,264	7,432	8,032	7,922	↓
Number of emergency admissions (all ages)	<b>7,894*</b>	8,331	7,281	8,645	8,246	8,513	9,199	9,123	↓
Number of unscheduled hospital bed days (acute specialties) (adults)	<b>65,453*</b>	57,106	58,333	62,861	60,953	62,967	62,901	58,271	↓
Number of unscheduled hospital bed days (acute specialties) (all ages)	<b>67,058*</b>	58,899	59,593	59,764	64,407	64,769	64,455	60,064	↓
A&E attendances (adults)	<b>16,877</b>	18,335	13,697	20,159	20,234	19,344	18,747	18,332	↓
A&E attendances (all ages)	<b>24,270</b>	25,299	17,843	27,567	27,850	27,011	25,888	25,300	↓
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity)	<b>4,546</b>	1,893	2,342	1,788	2,284	1,860	2,704	2,366	↓
% of last six months of life spent in Community setting (all ages)	<b>89.5%**</b>	86%	89.8%	88.3%	86.2%	85.0%	85.8%	85.6%	—
Balance of care: Percentage of population at home (supported and unsupported) (65+)	n/a	Data only	<b>96.6%</b>	96.5%	95.9%	95.8%	95.7%	95.6%	—
Balance of care: Percentage of population at home (supported and unsupported) (all ages)	n/a	Data only	<b>99.1%</b>	99.2%	99.0%	99.0%	99.0%	99.0%	—

Data from PHS release, 2 August 2022. (MSG Indicators)

\*Full year data not available for 2021/22. Figure relates to 12 months Jan-Dec 2021.

\*\*Provisional figure for 2020/21

## 4.5 Inspection performance

East Renfrewshire HSCP delivers a number of in-house services that are inspected by the Care Inspectorate. The following table show the most up to date grades as of 31 August 2022.

Key to Grading:

**1** – Unsatisfactory, **2** – Weak, **3** – Adequate, **4** – Good, **5** – Very Good, **6** – Excellent

Service	Date of Last Inspection	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Adoption Service	11/10/2019	5	Not assessed	5	Not assessed
Barrhead Centre	23/02/2018	6	Not assessed	Not assessed	6
Fostering Service	11/10/2019	5	Not assessed	5	Not assessed
Care at Home	25/06/2021	4	Not assessed	Not assessed	Not assessed
HSCP Holiday Programme	21/07/2017	6	Not assessed	Not assessed	5
Thornliebank Resource Centre	07/04/2016	4	Not assessed	Not assessed	4
HSCP Adult Placement Centre	25/10/2019	5	Not assessed	5	5

The Care Inspectorate launched the new evaluation [framework](#) in July 2018, which is based on the Health and Social Care Standards. Bonnyton House and Kirkton were inspected under the new quality inspection framework.

Service	Date of Last Inspection	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Bonnyton House	01/07/2022	4	4	5	5	4
Kirkton	23/7/2019	5	Not assessed	Not assessed	Not assessed	5



The quality framework for children and young people in need of care and protection, published in August 2019.

Service	Date of Last Inspection	Evaluation of the impact on children and young people			
Joint Inspection for children at risk of harm	February – July 2022	6			

Evaluation of the impact on children and young people - quality indicator 2.1

For our inspections of services for children at risk of harm, we are evaluating quality indicator 2.1. This quality indicator, as it applies to children and young people at risk of harm considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

Evaluation of quality indicator 2.1: Excellent

## Appendix One - National Outcomes

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The National Health and Wellbeing Outcomes prescribed by Scottish Ministers are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

The National Outcomes for Criminal Justice are:

- Prevent and reduce further offending by reducing its underlying causes.
- Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all.



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	21 September 2022
<b>Agenda Item</b>	7
<b>Title</b>	Bonnyton House Care Home Inspection Report
<p><b>Summary</b></p> <p>This report provides an overview of the report from our recent Care Inspectorate report at Bonnyton House.</p>	
<b>Presented by</b>	Lee McLaughlin
<p><b>Action Required</b></p> <p>Members of the Performance and Audit Committee are asked to note the report and the proposed improvement work.</p>	

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**EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**

**PERFORMANCE & AUDIT COMMITTEE**

**21 September 2022**

**Report by Chief Officer**

**BONNYTON HOUSE CARE HOME INSPECTION REPORT**

**PURPOSE OF REPORT**

1. To provide the committee with an overview of the most recent Care Inspection and subsequent report for Bonnyton House

**RECOMMENDATION**

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

**BACKGROUND**

3. The Care Inspectorate is the scrutiny body which supports improvement and ensures the quality of care in Scotland meets high standards. In evaluating quality, they use a six point scale where 1 is unsatisfactory and 6 is excellent.
4. The Care Inspectorate undertook an unannounced inspection of Bonnyton House on 28, 29, 30 June 2022. This is the third inspection under the new Quality Inspection Framework which the Care Inspectorate began to roll out in 2018.
5. In preparation for the inspection the Care Inspectorate reviewed information about the service, including previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.
6. Inspectors spoke with 5 residents, 18 members of staff and received feedback from 7 relatives and 3 visiting professionals.

**REPORT**

7. The Care Inspectorate's key messages were that:-
  - People were well cared for and their health needs well managed.
  - Staff were knowledgeable about people's needs and had a caring approach.
  - Management were very responsive to making improvements to the service.
  - The care home setting was clean, comfortable and homely.

**FEEDBACK FROM FAMILIES**

The Inspectorate sought feedback from families over the course of the inspection  
.Comments received included:

- My aunt is well taken care of the staff are excellent.
- The home is well managed.
- Staff do keep in contact with us regarding updates as well as any changes.
- I have peace of mind that my relative is being well taken care.

8. Overall the inspection was positive with grades of good and very good awarded and no requirements made. This is an improvement on our previous inspection and the table below details grades from both this inspection and the previous 2.

	July 2022	November 2019	November 2018
How well do we support people's wellbeing?	4 – Good	3 – Adequate	4 – Good
How good is our leadership?	4 - Good	3 – Adequate	3 – Adequate
How good is our staff team?	5 – Very Good	3 – Adequate	4 – Good
How good is our setting?	5 – Very Good	3 – Adequate	3 – Adequate
How well is our care and support planned?	4 – Good	3 – Adequate	3 – Adequate

9. The report noted that the four recommendation from the previous inspection had been met and no further recommendations were made, however they did highlight some areas for improvement.

Inspection Area	Areas for Improvement	Health and Social Care Standard
How well do we support people's wellbeing?	<p>1. To ensure that people fully enjoy their mealtime experience, the manger should minimise the number of extraneous staff in the dining area at mealtimes.</p> <p>2. To ensure that arrangements for visiting or outings are in line with best practice guidance the manager should review the current arrangements to ensure that any barriers or restrictions to visiting or outings are in line with relevant guidance and the reasons for any restrictions are clearly communicated to visitors.</p> <p>3. The management team should ensure that staff use PPE in accordance with</p>	<p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible"(HSC 1.35)</p> <p>This is to ensure that care and support is consistent with the Scottish government document "Open with Care: supporting meaningful contact in adult care homes – principles" guidance and the Health and Social Care Standards (HSC) which state "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing. " (2.18)</p> <p>This is to ensure that care and support is consistent with the Health and Social</p>

	current guidance and best practice. The correct terminology should be used when referring to processes contained in IPC guidance.	Care Standards (HSCS) which state: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)
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## 10. ACTIVITY AND ACTION PLAN

Inspection Area	Areas for Improvement	Health and Social Care Standard	Action Plan
How well do we support people's wellbeing	1. To ensure that people fully enjoy their mealtime experience, the manger should minimise the number of extraneous staff in the dining area at mealtimes.	This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible"(HSC 1.35)	1. We have reduced the number of staff in the dining areas who are not directly supporting with meals. We have also looked at new ways to administer medication during meals times either in a resident's bedroom or somewhere of the resident's choice.  Timescales – Now in place.
	2. To ensure that arrangements for visiting or outings are in line with best practice guidance the manager should review the current arrangements to ensure that any barriers or restrictions to visiting or outings are in line with relevant guidance and the reasons for any restrictions are clearly communicated to visitors.	This is to ensure that care and support is consistent with the Scottish government document" Open with Care: supporting meaningful contact in adult care homes – principles" guidance and the Health and Social Care Standards (HSC) which state "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing. " (2.18). I experience high quality care and support based on relevant evidence, guidance and best	2. We have now reviewed the transport risk assessment for outings and we have increased the number of residents and staff in each vehicle.  We now ensure that all relatives are aware that they can visit freely but visits are still being supported in the resident's bedrooms or for larger groups in a dedicated lounge on request.  Timescales – Now in place.

	<p>3. The management team should ensure that staff use PPE in accordance with current guidance and best practice. The correct terminology should be used when referring to processes contained in IPC guidance.</p>	<p>practice." (HSCS 4.11)</p>	<p>3. All staff are aware of their responsibilities and we carryout individual PPE audits of staff.</p> <p>Time scale – In place.</p> <p>Additional training has been identified for some of the team in relation to IPC guidance.</p> <p>Time scale December 2022.</p>
<p>How well is care and support planned</p>	<p>1. When care is reviewed the information should be updated clearly, agreed actions should be recorded and the completion of actions should be recorded in a way that is easy to track.</p> <p>2. When people have been offered support and have declined, this should be recorded.</p>	<p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state (HSCS 1.15) "Assessment and personal planning reflects peoples outcomes and wishes" (HSCS5.1)</p>	<p>1. Following each review a clear timeline of cations will be agreed and a mechanism of recording is now in place to identify when each action is achieved.</p> <p>Timescale – In place.</p> <p>2. Refresher training will be arranged for staff to ensure they fully understand the importance of recording.</p> <p>Timescales- December 2022.</p>
<p>How good is our leadership</p>	<p>1. Develop its quality assurance activity by encouraging feedback and participation from people who use the service and their relatives.</p>	<p>This is to ensure that care and support is consistent with the health and social care standards (HSCS) which state "I am actively encouraged to be involved in improving</p>	<p>1. New feedback questionnaires will be developed for the residents and families to ensure that they actively involved in shaping and improving the future of the service.</p>



	<p>2. Record quality assurance actions in a way that evidences how feedback from relatives and people using the service has informed the actions in the plan. This should include how people who gave their views were responded to.</p> <p>3. Record the actions in the service plan in a way that demonstrates how they have improved outcomes for people who use the service.</p>	<p>the service I use, in a spirit of genuine partnership” (HSCS 4.7) and “I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve” (HSCS 4.8)</p>	<p>2. We will develop a system for giving feedback to residents and families which will include how we have responded to their views – ‘You said – we did’.</p> <p>3. We will develop a new service plan which will demonstrate how we have involved people within the service to support the improvement journey.</p> <p>Time scales Feb 2023.</p>
<p>How well is care and support planned</p>	<p>1. When care is reviewed, the information should be update clearly, agreed actions should be recoded, and the completion of the action should be recorded in a way that is easy to track.</p> <p>2. When people have been offered support and have declined, this should be</p>	<p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: (HSCS 1.15) and assessment and personal planning reflects peoples outcomes and wishes (HSCS5.1)</p>	<p>1. Following each review a clear timeline of actions will be agreed and a mechanism of recording is now in place to identify when each action is achieved</p> <p>Timescale – In place.</p> <p>2. Refresher training will be arranged for staff to ensure they fully understand the</p>

	recorded.		importance of recording.  Timescales- December 2022.
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**CONCLUSIONS**

11. This most recent inspection evidences positive improvements within this service demonstrating the continued focus on the provision of a high standard of care and the professional development of the staff team to support this. The service is currently performing to a good standard and continues to develop ways to improve the service to promote good outcomes for residents.

**RECOMMENDATIONS**

12. Members are asked to note the report and the improvement activity undertaken to ensure a journey of continuous improvement within the service.

**REPORT AUTHOR AND PERSON TO CONTACT**

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August 2022

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

## Bonnyton House - Busby Care Home Service

Bonnyton House  
Oliphant Crescent  
Busby  
Glasgow  
G76 8PU

Telephone: 01415 774 845

**Type of inspection:**  
Unannounced

**Completed on:**  
1 July 2022

**Service provided by:**  
East Renfrewshire Council

**Service provider number:**  
SP2003003372

**Service no:**  
CS2003045155

## About the service

Bonnyton House is situated in a quiet residential area of Busby and provides care and support for up to 34 older people, with physical and cognitive impairment including, six places for respite and short-term rehabilitation. The service is provided by East Renfrewshire Council and is within close proximity to local amenities and transport links. The home has three units and is purpose-built over two levels with a passenger lift providing access to the first floor. There are communal bathrooms, dining room and lounges, with quieter rooms and spaces for residents and visitors to use if they choose.

The ground floor provides unrestricted access into the enclosed patio area, with seated areas for residents and visitors to use. The building had undertaken a comprehensive refurbishment programme since the last inspection. To allow the major works to take place, the service had temporarily decanted to another building but was back in Bonnyton House at the time of the inspection. The stated aims of the service are to provide residential care to older people affording them the opportunity to enhance their quality of life and to provide each with an individual care package, tailored to meet their specific needs. At the time of this inspection, there were 25 people residing in Bonnyton

## About the inspection

This was an unannounced inspection which took place on 28, 29, 30 June 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 5 people using the service and received feedback from 7 of their relatives
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- received feedback from 3 visiting professionals

## Key messages

- People were well cared for and their health needs well managed
- Staff were knowledgeable about peoples needs and had a caring approach
- Management were very responsive to making improvements to the service.
- The care home setting was clean, comfortable and homely

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

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

## How well do we support people's wellbeing?

4 - Good

While some of the strengths identified had significant positive impact on people's outcomes, some improvements were needed, therefore we made an overall evaluation of good for this key question.

We saw that people looked clean, tidy and well cared for. There was regular and frequent monitoring and review of key clinical information, for example weights, falls, skin integrity issues. We asked that MUST (Malnutrition Universal Screening Tool) scores were always completed, not only BMI (Body Mass Index) scores to ensure the accuracy of the data used for analysis and this was agreed during the inspection. We saw that the home had good relationships with community based services and they were involved in people's care as needed. People had equipment that supported their mobility where necessary and we saw this was clean, well maintained and people were encouraged to use their mobility aids.

People were encouraged to have as much control over their medication as they were able. Day to day medication was stored, managed, reviewed and administered appropriately, although a protocol for as required medication needed to be put in place for each person who required one. We saw that these measures to monitor and review people's healthcare needs were effective and that people's health benefitted from them.

People had plenty of access to food and drink. There were snack fridges available in each living area which people had free access to. Mealtimes were managed sensitively and people could have alternative meals if they no longer wanted their first choice. The food was of a good quality and several people told us that they enjoyed the food on offer. Textured diets, assistance and fortification of meals were provided as necessary.

We could see from records that residents were consulted about what food or meals they would like and that some people had put on weight since living in the home. We discussed how the open plan arrangement of the dining area did lead to a high volume of people passing through during the mealtime, making the experience rather busy. Management of flow through the area would make for a more enjoyable mealtime experience. (Area For Improvement 1) People should be offered hand hygiene before eating.

We saw that there were daily activities in the home that promoted movement and mobility and provided mental stimulation, which we observed was much enjoyed by the residents who participated. We saw that the home was working to the latest visiting guidance and that visiting was unrestricted for people who lived permanently in the home. Visitors for people who were in the home for intermediate care were encouraged to visit during a specified timeframe.

We saw examples of people enjoying organised visits outside the home and also visits with family and friends. The home also used technology to support people to keep in touch with their family according to their preferences. Significant dates such as birthdays were celebrated and families encouraged to participate. We asked the home to look for ways to reduce any unintended barriers to visiting or outings from the home. (Area For Improvement 2)

The standard of cleanliness in the home was very high and was commented on positively by both people living in the service and relatives. Housekeeping staff had cleaning schedules to work to and these were effective. Laundry was being washed and transported in accordance with guidance. We asked that the home uses the correct terms to describe processes to avoid confusion. The home had robust systems in place and safe systems of work in relation to infection prevention and control practices.

The home had notified agencies appropriately when outbreaks did occur. These measures meant that people were protected from the risk of infection.

The home had sufficient personal protective equipment (PPE) stations with appropriate signage and hand sanitising stations and bins for disposal of used PPE. Staff received training on donning and doffing PPE and Infection Prevention and Control (IPC) measures and their practice was observed and recorded. We asked that observation of hand hygiene be added to the recorded observations. During the inspection we saw that some staff wore masks and gloves inappropriately. This practice could put people at risk of cross infection.

We are confident that the manager will continue to address this and to support this we will make an area for improvement.

### Areas for improvement

1. To ensure that people fully enjoy their mealtime experience, the manager should minimise the number of extraneous staff in the dining area at mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible"(HSC 1.35)

2. To ensure that arrangements for visiting or outings are in line with best practice guidance the manager should review the current arrangements to ensure that any barriers or restrictions to visiting or outings are in line with relevant guidance and the reasons for any restrictions are clearly communicated to visitors.

This is to ensure that care and support is consistent with the Scottish government document "Open with Care: supporting meaningful contact in adult care homes – principles" guidance and the Health and Social Care Standards (HSC) which state "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing. " (2.18)

3. The management team should ensure that staff use PPE in accordance with current guidance and best practice. The correct terminology should be used when referring to processes contained in IPC guidance.

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

### How good is our leadership?

4 - Good

We made an evaluation of good for this key question. There were several important strengths that outweighed the areas for improvement.

The management team were responsive to feedback and worked hard to ensure that standards of good practice were adhered to. The service benefits from a range of quality assurance systems including but not limited to health monitoring, care plan audits and environmental checks, all of which are carried out at an appropriate frequency.

We saw there were plans for the development of the service and the ongoing refurbishment of the building. The service plan would benefit from having identified lead people for each section and would benefit from using the SMART format (Specific, Measurable, Attainable, Relevant, Time bound) as this would better evidence how the actions were improving outcomes for people using the service.

The home managed complaints and suggestions in line with their policy and feedback from professionals and relatives confirmed that the home was responsive when issues were raised and responded appropriately. We could see from records that the home appropriately informed relevant agencies of notifiable events.

The manager kept oversight of staff training, supervisions and registration with professional bodies. We saw that supervision was being carried out in line with the provider's policy and we saw evidence that staff were being encouraged to keep up to date with their training and completion of training was monitored. We were satisfied that the services quality assurance processes were effective in having a positive impact on people's outcomes.

We saw evidence of meetings with staff, residents and relatives and staff and relative stakeholders surveys were carried out. It was harder to see how the feedback was used to inform the service plan or how people who gave their views were responded to.

Further ways of promoting relatives and residents engagement and collecting and responding to their views should continue to be explored to ensure that resident's views are driving the service's improvement plan going forward. (Area For Improvement 1)

### Areas for improvement

1. To inform improvements to the service, the service should:

- a) develop its quality assurance activity by encouraging feedback and participation from people who use the service and their relatives.
- b) record quality assurance actions in a way that evidences how feedback from relatives and people using the service has informed the actions in the plan. This should include how people who gave their views were responded to.
- c) record the actions in the service plan in a way that demonstrates how they have improved outcomes for people who use the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership." (HSCS 4.7) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8)

### How good is our staff team?

5 - Very Good

We made an evaluation of very good for this key question. There were major strengths that supported positive outcomes for people.

Staff had the necessary skills to support the people living in the home and there were a number of learning and support measures in place that support better outcomes for people.



There is a structure of training for each role within the care home, including a clear pathway for staff to achieve the relevant qualification for their role. Completions of training, qualifications and staff's registration with the relevant professional body are recorded and monitored. Staff spoken to felt that the learning opportunities that they received gave them the skills to perform their roles. We asked that the dates for refresher courses were added to the training matrix to better monitor the completions of this training and this was agreed at the time of the inspection.

There was a positive learning culture in the home. Staff receive supervision in line with the provider's policy and benefit from access to a range of personal and professional wellbeing supports. Observations of staff practice are completed and recorded. We saw that staff were able to access additional supports or learning opportunities outwith formal supervision if required. We saw evidence that additional learning opportunities are developed in response to people's changing needs and changes to good practice guidance. Learning is delivered using a range of approaches to suit different learning styles and staff are given additional support to attend and get the most out of the training opportunities, if needed.

During the inspection we saw several example of good practice from staff when dealing with individuals who were confused. Professionals and relatives positively commented on the staff's knowledge, skills and willingness to learn. This gave us confidence that people are being cared for by staff who understand people's needs and wishes and that learning and development supports improved outcomes for people.

### How good is our setting?

### 5 - Very Good

We made an evaluation of very good for this key question. There were major strengths that supported positive outcomes for people.

A comprehensive refurbishment programme had taken place since the last inspection. To allow the major the works to take place, the service had temporarily decanted to another building but was back in Bonnyton House at the time of the inspection. The manager had worked closely with the Care Inspectorate, relatives and people living in the home to ensure that the proposed adaptations to the building would result in an environment that would support high quality care, taking account of good practice guidance. There are some works which remain to be completed and these will take place according to the works schedule.

The home was bright and clean with no intrusive odours. The setting benefitted from homely touches and looked freshly decorated. The environment was welcoming, warm and comfortable.

Several people commented positively about the high standard of cleanliness.

People could make use of both communal and private spaces including a conservatory space and an outside courtyard. The refurbishment of people's bedrooms included design features that were dementia friendly but unobtrusive, such as contrasting coloured sanitary accessories. The open plan design of the dining area had some limitations, however this did not detract from the homely environment. (See "How well do we support people's wellbeing?")

The layout of the setting supported people to maintain their mobility and independence. Signage throughout the home was helpful in orienting people to bathrooms, communal areas and handwashing facilities. People were able to move round the home easily and had appropriate equipment to do so if needed.

Schedules for the ongoing maintenance of the building and equipment were in place, carried out and monitored regularly. We saw servicing of care equipment checks being carried out during the inspection.

This gave us confidence that the setting is safe and well maintained.

### How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We sampled across 4 care plans during the inspection. Care plans were generally easy to follow with a good range of information. People had comprehensive plans including their health and wellbeing, preferences and choices around food, and how they liked to spend their time. Daily notes were completed and there were some good examples of how these clearly related to people's care plans. We saw that the regular monitoring of this information resulted in actions and interventions that benefitted people's health. The system is well maintained for individuals including a schedule of care plan audits.

Plans included risk assessments (risk enablement plans) that described how the support should be delivered and were reviewed monthly. We asked that the review updates were recorded more clearly.

We could see that reviews happened regularly and people could choose if they wanted to attend. We asked that a note of who attended should be added to the review minute and that the actions agreed at the review and the completion of these actions be recorded more clearly. (Area For Improvement 1)

We were satisfied that people's care plans were used to deliver care and support effectively, that they were reviewed and updated as people's needs changed and that agreed changes to care and support were implemented quickly.

Legal documentation was not consistently available in people's plans. The service should continue to try to obtain these documents for individuals where they should be in place.

Anticipatory Care Plans (ACP) were in place for some people. The service should record if people have been offered an ACP but have declined. (Area For Improvement 1)

### Areas for improvement

1. To ensure that care plans are person centred the service should ensure that:

- a) When care is reviewed, the information should be updated clearly, agreed actions should be recorded, and the completion of the actions should be recorded in a way that is easy to track.
- b) When people have been offered support and have declined, this should be recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: (HSCS 1.15) and "Assessment and personal planning reflects people's outcomes and wishes (HSCS 5.1)

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

The service provider must ensure that the service users' personal plans set out how the health, welfare and safety needs of the individuals are to be met. In order to do this the service must ensure that the personal plans:

- A description of each service users' current healthcare needs, how these present and how staff are expected to effectively manage and support these needs.
- Where risk is identified this must include, information on how staff are expected to manage and minimise the risk, and include information about the care and support interventions required to support people who are anxious/distressed. All of which, must be fully reviewed and evaluated to describe any changes in need and how this should be managed.

This is to ensure care and support is consistent with the Health and Social Care Standards My support, my life which states 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15). And The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210) Regulations 5(1) (2)(b) Personal plans.

**This requirement was made on 7 November 2019.**

#### Action taken on previous requirement

This requirement was made on 7 November 2019.

The service had made sufficient improvements to service user's personal plans to meet this requirement. Please refer to key question 5, "How well is our care and support planned?" for further information.

**Met - outwith timescales**

#### Requirement 2

The provider must ensure that staff are aware of the importance of accurately completing charts used to monitor healthcare needs including, nutrition and skin integrity through training and discussion at supervision meetings. These charts must be accurately completed at the time the support is provided and should be assessed by a senior staff member at least once in every 24 hours, to ensure they have been completed with evidence of actions taken where gaps are identified to ensure the wellbeing of the individual.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards which states 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11). And, The Social Care and Social Work Improvement

Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) Regulations 4(1)(a) Welfare of users.

Timescale for completion; 31 May 2020

**This requirement was made on 22 November 2019.**

#### **Action taken on previous requirement**

This requirement was made on 22 November 2019.

We saw that charts used to monitor healthcare needs were completed accurately and resulted in actions that benefited people's health. We could see that charts were monitored for completion and assessed by senior staff. The improvements were sufficient to meet this requirement. Please refer to Key Question 1, "How well do we support people's wellbeing?" for further information.

**Met - outwith timescales**

### **Requirement 3**

The provider must ensure that effective quality assurance systems are in place that include, healthcare needs, accident/incidents and the environment and are overseen by senior management in order to clearly identify actions to be taken, where responsibilities lie and timescales in which to achieve the identified actions. All information relevant to the service should be stored and accessible upon request for auditing purposes.

This is to ensure care and support is consistent with the Health and Social Care Standards which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19). And, The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011(SSI 2011/210) Regulations 4(1)(a) Welfare of users.

Timescale for completion; 31 May 2020.

**This requirement was made on 22 November 2019.**

#### **Action taken on previous requirement**

This Requirement was made on 17 February 2020.

We saw that the service benefits from a range of quality assurance systems including healthcare needs, accident/incidents and the environment. During the inspection, all information relevant to the service was stored and accessible upon request for auditing purposes. Please refer to Key Question 2 "How good is our leadership?" for further information.

The improvements were sufficient to meet this requirement.

**Met - outwith timescales**

### **Requirement 4**

The provider must ensure that individual's personal plans are up-to-date and are;

- Reviewed at least six monthly, or when there has been a change in individual need.

- Review how evidence is recorded and stored, to ensure all required information is stored centrally and that staff are aware of how to access this information in order to avoid confusion.
- That the service users' personal plans set out how the health, welfare and safety needs of the individuals are to be met, including a description of each service users' current healthcare needs, how these present and how staff are expected to effectively manage and support these needs.
- Where risk is identified, this must include information on how staff are expected to manage and minimise the risk, and include information about the care and support interventions required, to support people who are anxious/distressed. All of which must be fully reviewed and evaluated to describe any changes in need and how this should be managed.

This is to ensure care and support is consistent with the Health and Social Care Standards My support, my life which states 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15). And, The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210) Regulations 5(1) (2)(b) Personal plans.

Timescale for completion; 31 May 2020

**This requirement was made on 22 November 2019.**

#### **Action taken on previous requirement**

This requirement was made on 22 November 2019.

During this inspection we saw that there had been considerable improvement in how individual's personal plans were kept updated, reviewed and information stored.

We saw that people's health and welfare needs and risk assessments were recorded in a way that the staff knew how to effectively manage and support these needs. The improvements were sufficient to meet this requirement. Please see Key Question 5 "How well is our care and support planned?" for further information

**Met - outwith timescales**

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

### **Areas for improvement**

#### **Previous area for improvement 1**

The manager should ensure that all methods used in the consultation process provide evidence of the areas discussed with an action plan and timescale for completion with evidence of regular updates until positively concluded.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards which states 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11). And, The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011(SSI 2011/210) Regulations 4(1)(a)

**This area for improvement was made on 22 November 2019.**

**Action taken since then**

Not assessed at this inspection

**Previous area for improvement 2**

The manager should review the dependency tools currently in use and provide training for staff on how the dependency tool works and how the service calculates the dependency levels and uses this to inform staffing levels. The current tools should be reviewed and adapted to take into account the social and recreational need of individuals including, those who choose to remain in their rooms. This should include the level of intervention from staff when managing stress and distressed behaviour, additional activity or end of life care.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards which states 'My needs are met by the right number of people' and 'People have time to support and care for me and to speak to me' (HSCS 3.15, 3.16).

**This area for improvement was made on 22 November 2019.**

**Action taken since then**

Not assessed at this inspection

**Previous area for improvement 3**

The manager should develop a way of recording and analysing the training staff have attended. This will provide the manager with an overview of how many staff have received training on all mandatory, as well as healthcare specific topics and will identify if additional training or updates are required.

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

**This area for improvement was made on 22 November 2019.**

**Action taken since then**

During the inspection we saw that the manager had developed a way of recording and analysing the training staff have attended. Please refer to Key Question 3 "How good is our staff team?" for further information.

The improvements were sufficient to meet this Area for Improvement

**Previous area for improvement 4**

The service should ensure that contact with relatives' next of kin or their representative about changes in health care needs and the outcome of referrals to health care professionals are always recorded.

This is to ensure care and support is consistent with the Health and Social Care Standards My support, my life which states 'I benefit from different organisations working together and sharing information about me promptly where appropriate and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

**This area for improvement was made on 22 November 2019.**

#### **Action taken since then**

During the inspection we saw that the outcome of referrals to health care professionals were recorded in people's notes as well as records of contact with relatives / next of kin about changes in healthcare needs. People's relatives confirmed that they were kept informed of and changes in healthcare needs.

The improvements were sufficient to meet this Area for Improvement

## **Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

**Detailed evaluations**

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****PERFORMANCE AND AUDIT COMMITTEE****21 September 2022****Report by Chief Auditor****INTERNAL AUDIT PLAN 2022/23****PURPOSE OF REPORT**

1. In line with the requirements of the Public Sector Internal Audit Standards (PSIAS), a risk based internal audit plan for 2022/23 is detailed below.

**BACKGROUND**

2. The Public Bodies (Joint Working )(Scotland) Act 2014 requires that the Integrated Joint Board is subject to the audit and account regulations and legislation under Section 106 of the Local Government (Scotland) Act 1973.

3. The national Integrated Resources Advisory Group (IRAG) guidance states that “it is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for risk management, governance and control of the delegated resources.” At its meeting of 7 October 2015, the East Renfrewshire HSCP Integration Joint Board appointed the Chief Auditor of East Renfrewshire Council as its Chief Internal Auditor for the IJB. The IRAG guidance clarifies that the operational delivery of services within the Health Board and the Local Authority on behalf of the IJB will be covered by their respective internal audit arrangements.

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

5. In order to ensure proper coverage and avoid duplication of effort, the internal auditors of the NHSGGC and all the local authorities operating within this Health Board area communicate periodically to share information.

6. The East Renfrewshire Council Internal Audit service operates in accordance with the Public Sector Internal Audit Standards (PSIAS). Internal Audit work is governed by the policies, procedures, rules and regulations established by the Council such as the Contract Standing Orders, Financial Regulations and the Anti Fraud, Bribery and Theft Strategy.

**PROPOSED AUDIT PLAN FOR 2022/23**

7. In total, 15 audit days have been allocated against IJB within the ERC Annual Audit Plan as approved by the Council Audit and Scrutiny Committee on 23 June 2022. This is considered to be an adequate number of days due to there being limited IJB specific audits to be carried out.

8. In line with previous years, the Head of Finance and Resources was consulted in preparing the proposed plan, and previous audit findings and risks affecting the IJB were

also considered. The plan is prepared on the basis that operational controls over services are assured through the internal audits of NHSGCC and ERC and the IJB internal audit plan therefore complements these other plans.

9. It is proposed that most of the allocated days are held in reserve and called upon if required, and can be supplemented if necessary by available contingency time. At this point in time there is no specific IJB policy or activity that requires audit.

10. As mentioned above, internal audits which are of relevance and interest to the IJB will be carried out in both the Council and the Health Board by their respective internal audit teams and these will be detailed within the relevant organisation's audit plans. For example, within the Council audit plan for 2022/23, there are planned audits on HSCP Direct Payments, Barrhead Resource Centre, Debtors, Creditors, Barrhead Payment Centre, Ordering and Certification and Treasury Management.

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

	<b>Description</b>	<b>Planned days</b>
	Reserve days to address any emerging issues which may arise during the year, days to be used in consultation with the Head of Finance and Resources (Chief Financial Officer).	10
Follow up	Audit the progress against previous IJB internal audit recommendations, undertaking additional testing as required.	1
Planning, reporting and administration	Audit Committee attendance, preparation of reports and miscellaneous time spent liaising with partner organisations and peers.	4
Total		15

## **RECOMMENDATION**

12. The Committee is asked to approve the planned work for 2022/23.

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

M Blair, Chief Auditor  
5 September 2022



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	21 September 2022
<b>Agenda Item</b>	9
<b>Title</b>	Audit Update
<p><b>Summary</b></p> <p>This report provides Performance and Audit Committee with an update on:-</p> <ul style="list-style-type: none"> <li>• Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in June 2022</li> <li>• Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in June 2022</li> <li>• Summary of all open audit recommendations</li> </ul>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>Performance and Audit Committee are asked to note and comment on the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**21 September 2022**

**Report by Chief Officer**

**AUDIT UPDATE**

**PURPOSE OF REPORT**

1. This report provides Performance and Audit Committee with an update on:
  - Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in June 2022
  - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in June 2022
  - Summary of all open audit recommendations

**RECOMMENDATION**

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

**BACKGROUND**

3. As agreed at the Performance and Audit Committee in June 2021 we will continue to submit audit update reports to all meetings, including any new audit reports along with an overview of audit activity undertaken and an update on any outstanding recommendations since last reported.
4. As previously requested, audit activity for the HSCP is provided in full and includes all current open audit actions across the HSCP and also where a Health Board or Council wide recommendation impacts on the HSCP. The specific actions from IJB audits are also detailed.
5. East Renfrewshire Council's Chief Internal Auditor undertakes the internal audit role for the Integration Joint Board. Audit Scotland also undertake an audit of the IJB Annual Report and Accounts and produce an action plan should they have any recommendations.

6. East Renfrewshire Council's internal audit assign the following risk ratings to their findings:

<b>High</b>	<ul style="list-style-type: none"> <li>• Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole.</li> <li>• Corrective action must be taken and should start immediately.</li> </ul>
<b>Medium</b>	<ul style="list-style-type: none"> <li>• There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole.</li> <li>• Corrective action should be taken within a reasonable timescale.</li> </ul>
<b>Low</b>	<ul style="list-style-type: none"> <li>• Area is generally well controlled or minor control improvements needed.</li> <li>• Lower level controls absent, not being operated as designed or could be improved</li> </ul>
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>• These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice.</li> </ul>

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

<b>4</b>	<ul style="list-style-type: none"> <li>• Very high risk exposure - major concerns requiring immediate senior management attention.</li> </ul>
<b>3</b>	<ul style="list-style-type: none"> <li>• High risk exposure - absence / failure of key controls.</li> </ul>
<b>2</b>	<ul style="list-style-type: none"> <li>• Moderate risk exposure - controls not working effectively and efficiently.</li> </ul>
<b>1</b>	<ul style="list-style-type: none"> <li>• Limited risk exposure - controls are working effectively but could be strengthened.</li> </ul>

## REPORT

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

8. No new audits have been undertaken in relation to the Integration Joint Board since last reported in June.
9. Outstanding recommendations relating to the Integration Joint Board are detailed in Appendix 1. These are from the following audit reports:-
- IJB Follow up (MB1163FM) (Appendix 1A)
    - The previous outstanding action is now considered closed, pending verification by internal audit
  - Audit Scotland annual audit plan (Appendix 1B)
    - No changes since last reported however this action plan will be superseded by the 2021/22 action plan from the audit of the Annual Report and Accounts 2021/22, due to be reported to PAC in November.

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

10. Since last reported, there have been 2 new audits undertaken by the Council's internal audit team which impact on the HSCP. Although there have been no HSCP specific audits, the Council wide audit on debtors and a follow up of Environment department audits did include recommendations for the HSCP.



Audit report MB1158FM on debtors (Appendix 2A)

11. A Council wide audit was undertaken on debtors as part of the Council's 21/22 Annual Audit Plan. The report issued 26 June 2022 made a total of 10 recommendations, however only 2 were relevant to the HSCP; one medium and one low risk.
12. A copy of the full audit report along with the recommendations and our response to those impacting the HSCP is attached at Appendix 2a.
13. The two recommendations included are considered closed pending verification and discussion with the Chief Internal Auditor.

Audit Report MB1166NS on Environment follow up (Appendix 2B)

14. A follow-up audit of previous reports issued to the Environment Department included the audit on Procurement Red Flags (MB/1121/RM issued 28 February 2020). The full audit report was issued on 27 June however only the section relating to Procurement Red Flags is relevant to the HSCP. The extract of this section is included at Appendix 2B, along with the HSCP response to recommendations.
15. It should be noted that these are the same recommendations previously reported to PAC where the HSCP had considered the actions closed as no follow up work could be completed as no tenders had been issued since the original audit. The 3 recommendations that supersede the original report will therefore remain open until future activity allows for future follow up work.
16. In the meantime committee members should take assurance that the Strategic Planning, Performance and Commissioning Manager maintains close links with our partner procurement colleagues and her team support with advice and guidance as required.

Recommendations from previous audits (Appendices 2C-2M)

17. The previous audit recommendations which have still to be implemented by the HSCP, or which the HSCP consider implemented but have yet to be verified by Internal Audit are included at appendices 2c-2m.
18. Since we last reported to the committee in June, Internal Audit follow-up work has verified 24 recommendations as implemented and will be removed from future reports. This also means that 3 reports are now fully completed.
19. As part of the recent verification work it should be noted there were 4 recommendations which the HSCP had considered closed which have been re-recommended by Internal Audit.
  - a. 3 within Carers Legislation at Appendix 2F
  - b. 1 within Emergency Payments at Appendix 2K
  - c. 1 within Follow Up of HSCP Audits (Kinship Care) at Appendix 2M
20. Whilst no changes are shown for Care Finance (Appendix I) and Self Directed Support (Appendix L) Internal Audit follow up work is ongoing. Follow up work is also being undertaken on the Follow Up of HSCP Audits (Appendix 2M).

21. The table below summarises the number of recommendations and the status for all audits which impact on the HSCP, include the new audit reports referred to earlier in the report. Further detail is included on the relevant appendix.

Audit Report and Appendix		Changes since last reported to PAC	Recommendations			
			Total no. for HSCP	Verified as implemented by Internal Audit	Considered implemented by HSCP (awaiting verification)	Total open
Debtors	2A	New	2	0	2	0
Environment Follow-up	2B	New	3	0	0	3
Fostering, Adoption and Kinship	2C	Yes	3	0	1	2
Payroll	2D	No	8	0	8	0
Follow up of Corporate and Community Services Audits	2E	Complete	6	6	-	-
Carers Legislation	2F	Yes	5	2	-	3
Procurement Red Flags	2G	Superseded	3	3	-	-
Data Protection Act / GDPR	2H	Complete	5	5	-	-
CareFinance	2I	No	14	0	10	4
Homecare	2J	Complete	15	15	-	-
Emergency Payment	2K	Yes	10	9	0	1
Self-Directed Support	2L	No	10	0	8	2
Follow up of HSCP Audits	2M	No	11	6	3	2
<b>TOTAL</b>			<b>95</b>	<b>46</b>	<b>32</b>	<b>17</b>
<b>Summary of Changes since June 2022</b>			<b>+5</b>	<b>+24</b>	<b>-23</b>	<b>+4</b>

### **NHS Internal Audit Activity relating to the Health and Social Care Partnership**

22. Since last reported, we have not been made aware of any new recommendations from NHS Greater Glasgow and Clyde which impact on the HSCP.

### **CONCLUSIONS**

23. To provide assurance of control, all open audit recommendations relating to both the IJB and HSCP are included in the relevant appendices to enable oversight of previous audits and demonstrate progress.

### **RECOMMENDATIONS**

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

### **REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Chief Financial Officer  
[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

19 August 2022

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

PAC Paper: 22.06.2022 – Audit Update

PAC Paper: 16.03.2022 – Audit Update

[https://www.eastrenfrewshire.gov.uk/media/7490/PAC-Item-08-16-March-2022/pdf/PAC\\_Item\\_08\\_-\\_16\\_March\\_2022.pdf?m=637825962397570000](https://www.eastrenfrewshire.gov.uk/media/7490/PAC-Item-08-16-March-2022/pdf/PAC_Item_08_-_16_March_2022.pdf?m=637825962397570000)

PAC Paper: 22.09.2021 – Audit Update

[https://www.eastrenfrewshire.gov.uk/media/6842/PAC-item-07-22-September-2021/pdf/PAC\\_item\\_07\\_-\\_22\\_September\\_2021.pdf?m=637673822306700000](https://www.eastrenfrewshire.gov.uk/media/6842/PAC-item-07-22-September-2021/pdf/PAC_item_07_-_22_September_2021.pdf?m=637673822306700000)

PAC Paper: 23.06.2021 – Audit Update

[https://www.eastrenfrewshire.gov.uk/media/5749/PAC-Item-10-23-June-2021/pdf/PAC\\_Item\\_10\\_-\\_23\\_June\\_2021.pdf?m=637596213484470000](https://www.eastrenfrewshire.gov.uk/media/5749/PAC-Item-10-23-June-2021/pdf/PAC_Item_10_-_23_June_2021.pdf?m=637596213484470000)

PAC Paper: 27.11.2019 - Audit Actions Update

[https://www.eastrenfrewshire.gov.uk/media/1985/Performance-and-Audit-Committee-item-06-27-November-2019/pdf/Performance\\_and\\_Audit\\_Committee\\_Item\\_06\\_-\\_27\\_November\\_2019.pdf?m=637356832021000000](https://www.eastrenfrewshire.gov.uk/media/1985/Performance-and-Audit-Committee-item-06-27-November-2019/pdf/Performance_and_Audit_Committee_Item_06_-_27_November_2019.pdf?m=637356832021000000)

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<b>Appendix</b>	1A
<b>Title</b>	IJB follow up (MB1163FM)
<b>Area</b>	Internal Audit Activity relating to the Integration Joint Board
<b>Status</b>	4.4.1 – Note updated - considered closed

## Appendix 1A: MB/1163/FM – Follow up IJB Audits (New)

Ref/ Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1  (Low)	At the forthcoming SMT risk session, officers should be advised that the most recent version of the ERC operational risk register should be used in all cases.	We will reschedule a session on risk and will reissue the current template for use.	30 June 2022	Closed (pending verification by internal audit)	Discussion on risk registers at LRMT on 12.08.2022 (delayed to maximise attendance) and template shared.  Development work taking place to streamline service planning, business continuity and risk.

<b>Appendix</b>	1B
<b>Title</b>	Audit Scotland 2020/21 Action Plan
<b>Area</b>	Internal Audit Activity relating to the Integration Joint Board
<b>Status</b>	No changes since last reported to PAC 22 June 2022 and next update will be November 2022

## Appendix 1B: Audit Scotland 2020/21 Action Plan

No	Issue	Risk	Recommendation	Agreed Management Action	Responsible Officer	Timing	Comments
<b>1</b>	<b>General Reserve position</b>						
	The general reserve position at 31 March 2021 is £272,000 which is below the IJBs reserve strategies recommendation that it holds uncommitted reserves of around 2% of the IJBs revenue budget (excluding significant fixed costs), which equates to around £1 million.	There is a risk that the uncommitted reserves held are not sufficient to meet longer-term financial pressures.	The level of general reserves should be reviewed, and appropriate action taken to comply with the stated reserves policy and bring the level of general reserves held into line with the Boards target. Paragraph 35	Whilst fully accepting we are not compliant with this policy this is a long-standing position for the IJB. As we have previously reported there is a tension between holding unallocated reserves when we have operated for a number of years with significant financial challenges. Our earmarked reserves strategy has allowed the IJB to prioritise service delivery. Without a significant increase in funding it is unlikely that the optimum 2% level of general reserve will be achieved.	Chief Financial Officer	31-Mar-22	Please see management actions - no change
<b>2</b>	<b>Financial Sustainability</b>						
	The IJBs medium-term financial outlook has been updated to reflect the impact of COVID-19. Over the next five years from 2022/23 a potential funding gap has been identified of £22 million. It is unlikely that efficiency savings alone will be sufficient to bridge the funding gap identified over the longer-term without significant impact to the level of service currently delivered by the IJB.	There is a risk that the IJB may not be able to deal with future financial challenges and deliver required savings without adversely impacting service delivery.	Continue to engage with partner bodies in relation to future funding levels, to ensure the IJB remains financially sustainable. Paragraph 40	The maturity of our IJB has allowed us to not only recognise the long-standing financial challenges we face, but also take a pragmatic approach to our financial planning. The future uncertainties have never been greater including understanding the impact Covid-19 on demand and complexity of need. The IJB recognised that the 2021/22 budget would be an iterative process, with funding changes relating to Covid-19 and other initiatives emerging as the year progressed. The IJB also recognised that without support for Covid-19 costs, including unachieved savings, that we would most likely need to invoke financial recovery planning. We will continue with our scenario planning, financial modelling and report our position to every IJB meeting. We will continue to work with our partners to articulate these challenges as part of our funding and performance discussions.	Chief Financial Officer	31-Mar-22	A refreshed MTFP is being taken to IJB on 16 March 2022 subject to agreement of the IJB Budget for 2022/23



3	<b>Key performance indicators</b>	The IJBs performance against the key performance indicators reflect the impact of COVID-19, however the targets themselves have not been reviewed to ensure these reflect a realistic baseline position for the IJB to measure performance against.	Risk – There is risk that the key performance targets and the IJBs performance against these are not aligned, as a result of the impact of COVID-19.	Review key performance indicators and, where appropriate, re-base relevant targets to ensure these reflect the impact of the pandemic on the IJBs performance. Paragraph 60	Whilst many of our performance indicators are national or part of a wider Greater Glasgow and Clyde suite of measures we will endeavour to re-base those where we can. Covid-19 has had a direct impact on people's health and wellbeing. The indirect effects on other conditions as well as long Covid may take some time to manifest. This means our performance indicators may need revision over a longer period of time	Chief Financial Officer	31-Mar-22	The development of the new HSCP Strategic Plan for 2022-25 with associated implementation plan will include the review of the performance framework and performance reporting in consultation with the PAC. This work will commence following approval of the Strategic Plan by the IJB in March 2022.
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<b>Appendix</b>	2A
<b>Title</b>	Debtors MB/1158/FM
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	New



**REPORT ON AUDIT OF DEBTORS**

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General Conclusion	1
Findings & Recommendations	2-5
Action Plan	6-7

Chief Auditor  
MB/1158/FM

28 June 2022

**REPORT ON AUDIT OF DEBTORS****1. INTRODUCTION**

As part of the Annual Audit Plan for 2021/22, an audit of debtors was carried out. The total amount of outstanding sundry debt for the Council as at 17 May 2022 was £2.1 million (which is all sundry debt outstanding irrespective of debtor nature), of which £1.1 million (52%) was greater than 12 months old. The top 20 debtors account for £0.7 million (33.3%) of the total debt. The debt that was issued within 30 days of the report being generated and was therefore not yet due to be paid amounted to £0.34 million.

The main risks relevant to this area are that there is insufficient monitoring of debt which results in services continuing and debt accruing for which no action is being taken to recover. There is also a risk that departments do not take ownership of the debt resulting in amounts which could be recovered being approved for write off.

The co-operation and assistance given to the auditor during the audit is gratefully acknowledged.

**2. SCOPE**

The scope of the audit was to ensure that monies received are correctly accounted for and proper financial records are maintained. The audit covered the following control objectives:

- Accounts are properly raised and posted for all chargeable services
- Accounts are issued promptly in advance of the service being provided where possible
- Payments received are promptly processed and correctly posted to debtors' accounts
- Write-offs, cancellations and credit notes are properly controlled
- Arrears follow-up procedures are properly controlled.

These objectives were agreed with the Senior Revenues Manager and testing was carried out on transactions covering the period April 2021 to date.

This audit has been conducted in conformance with the Public Sector Internal Audit Standards.

**3. GENERAL CONCLUSION**

Testing carried out during the audit showed that invoices raised were accurate however, in many instances these were not raised in advance of the service being provided and often the invoice detail was insufficient to enable customers to verify the charges.

The main concerns arising from the audit are that suppression reports are not being generated and therefore there is no assurance that debtors accounts where recovery has been suppressed are being monitored and reviewed to ensure that the suppression of recovery action is valid. It was also noted that the sundry debt recovery processes have recently changed and new processes are underway which have yet to be

formalised and documented. Stakeholders are currently working together to finalise sundry debt recovery procedures which will enable income collection to be maximised.

The following recommendations are made and require action.

#### 4. **FINDINGS AND RECOMMENDATIONS**

##### 4.1 **Integra Access to Raise Invoices/Credits**

A copy of the documentation relating to the recently completed review of Integra systems access was obtained from the Information and Improvement Officer. The users with systems access to raise debtors invoices and credit notes were reviewed and four users were identified by audit that could not be traced to the organisational hierarchy or the payroll system as either a current or former employee. Further investigation revealed that two of these users were current agency workers, one was a former agency worker and the fourth person was not recognised. The unrecognised user has never logged into the Integra system and as the validity of their user access was not confirmed it is recommended that their access rights are disabled. The former agency worker should also have their access rights disabled. The Information and Improvement Officer will be given a note of the users name to arrange for access to be disabled.

As the list of users was very recently circulated to each department, two of the users mentioned above should have been identified at that time as not requiring systems access and removed. As these users were not identified by the department at the time of the review, it raises doubts about the thoroughness of reviews being conducted and it would appear that the objectives of the exercise are not being met. It is noted that these workers are agency workers and would therefore not be removed from systems access as part of the normal leavers processes which generally only applies to employees. It would be beneficial for enquiries to be made with ICT to confirm that network systems access for these two agency workers have been disabled.

The exercise to confirm access rights to integra users was carried out in early March 2022 and the covering email asked each manager who was emailed to confirm whether any changes should be made to permissions/access rights of their team. The exercise might be more effective if managers actively have to confirm for each employee that they still work for the council and require access by adding an additional column in the spreadsheets sent to managers.

#### **Recommendations**

**4.1.1 Departments must ensure that systems access reviews are carried out thoroughly to ensure that only the appropriate officers (both employees and agency workers) have access to financial systems.**

**Action: Director of Environment**

**4.1.2 Enquiries should be made with ICT to ascertain if network systems access for the two officers mentioned above has been disabled.**

**4.1.3 The annual Integra access verification exercise should require managers to actively confirm each employees ongoing need to access the system. In the absence of any user not being confirmed by a manager, they should be removed from the system.**

**Action: Director of BO&P**

## 4.2 Invoicing in Advance of Service Provision

A sample of 15 council debtors invoices were selected at random for testing. One aspect of the testing was to ascertain if the invoice had been issued to the customer in advance of the service being provided. It was found that in eight cases, the invoice was issued after the service had been supplied or during the supply period. The invoices not issued in advance related to community alarms, residential care and the school bus service. It is also noted that one of the top twenty debtors sampled below was an Environment invoice that should have been issued and paid for in advance. Only part of the invoice has been paid and the balance due falls in to the 181-365 days old category. The debt has been referred to the Sherriff Officers and the current outstanding balance is £22,500. Invoices should always be issued in advance of the service being supplied where possible to maximise the possibility of collecting payment and ensure that the council does not accumulate debt unnecessarily.

It was also noted that on some invoices within Environment and HSCP there was insufficient detail to readily determine the period being charged. Some invoices stated "for the period ended" but the start of the period or duration of the period was not stated. Others listed individual days but not the actual month the charges related to. It is important to provide the exact period being charged to allow customers to verify that the invoice is correct and accurate.

### **Recommendations**

**4.2.1 Departments must ensure that invoices are raised in advance of the service being provided where possible to minimise the risk of bad debts.**

**Action: Chief Officer of HSCP, Director of Education, Director of Environment**

**4.2.2 To ensure that the charges being levied are clear to the customer, the exact period for which charges are being raised should be clearly stated on the invoice. This should include the start and end period.**

**Action: Director of Environment and Chief Officer of HSCP**

## 4.3 Recovery Suppression Reporting

Enquiries with the Accounts Payable/Receivable Manager confirmed that currently recovery suppression reports are not being generated and reviewed. These reports were generated prior to lockdown but recovery efforts ceased during lockdown and recovery suppression reporting has not since resumed.

There is a risk that debts have been suppressed for a prolonged period of time making collection of the debt more challenging and also a lack of assurance that recoveries that have been suppressed are reasonable and valid.

### **Recommendation**

**4.3.1 Debt recovery suppression reports should be resumed as soon as possible and these should be generated and reviewed on a regular basis.**

**Action: Director of BO&P**

## 4.4 Sundry Debt Recovery Processes

Debt recovery action was halted during lockdown and has only recently resumed. In addition to this, sundry debt recovery processes have changed significantly with fewer

accounts being sent to the internal legal service and to the Sherriff Officers. There is now a designated officer within the team that targets overdue invoices to encourage debtors to pay outstanding amounts in full or by setting up payment arrangements.

A sample of five debts, ranking within the top twenty high value debtors, were selected to review the recovery action taken and determine whether it was appropriate. It was found that in three cases the overdue amounts were being actively pursued. Of these three cases, a payment arrangement was in place for one, the debt had been sent to the Sherriff Officer in another and a payment was expected in the near future in the remaining case. In the final two cases, there was no evidence of the debts being pursued in recent years. Both of these debts were significantly aged, the invoices having been raised in the old financial ledger.

Due to the method used to run reports and target debt, there is a risk that debtors could be overlooked and recovery action not implemented promptly. Currently overdue debt is being monitored by the use of a spreadsheet however, management should review the efficiency of this process.

The working group led by the Accounts Payable/Receivable Manager should prioritise documenting and issuing the sundry debt recovery procedures.

### **Recommendations**

**4.4.1 Comprehensive sundry debt recovery procedures should be documented and issued as soon as possible.**

**4.4.2 The procedures should clearly define which debts will be dealt with in-house by the accounts receivable team and at which point debts will be escalated to the legal team or the Sherriff Officers. The responsibilities of the issuing department should also be recorded in the written procedures.**

**4.4.3 A clear methodical approach to targeting sundry debts should also be documented within the procedures to ensure that no debts are overlooked.**

**4.4.4 Management should review the process used to monitor overdue debt and consider improvements which could be made to the spreadsheet.**

**Action: Director of BO&P**

## **4.5 Overdue Debt Reminders**

The 90+ days aged debtors report was reviewed and analysed by audit to determine if reminders and recovery action was implemented within the predetermined timescales. The table below shows the outcome of the analysis.

	<b>Per Procedures</b>	<b>Actual per Audit Testing</b>
<b>Invoice due date</b>	28 days after invoice issued	28 days after invoice issued
<b>1<sup>st</sup> reminder issued</b>	28 days after invoice issued	38.5 days after the invoice issued
<b>Final notice issued</b>	14 days after the 1 <sup>st</sup> reminder	9.5 days after the 1 <sup>st</sup> reminder
<b>Stage 3 action</b>	30 – 90 days after invoice issued	17 days after the issue of the final notice

Audit selected a sample of five invoices where the first reminder was sent late, five invoices where the final notice was sent late and five invoices where the stage 3 action was raised late.

For the sample of five invoices where the first reminders were sent late, it was noted that three of the invoices had been put on hold due to requests from the individual departments, of which one invoice was still on hold despite the invoice being raised in July 2021. In the other two cases the reminders were issued late due to time being granted to set up a DD payment schedule and to raise a credit note.

For the sample of five invoices where the final notice was sent late, it was confirmed that there was a valid reason in each case and either a payment plan had subsequently been set up, the invoice had been paid or recovery action had proceeded.

For the sample of five invoices where the stage 3 action was delayed, it was noted that three of these invoices were still on hold. In one of these cases it was the department that requested the invoice be put on hold and in the other two cases it is not clear why the invoices were put on hold. In the remaining two cases the invoices were marked to be followed up by the internal legal service due to the value of the invoices.

It is recommended in point 4.3.1 above that recovery suppression reports should be generated and reviewed on a regular basis. Such reports will highlight invoices that have been put on hold, ensure that there is a valid reason for recovery action being suppressed and make sure that there are no undue delays in proceeding with recovery action. As a recommendation has already been included at 4.3.1 above, no further recommendation is required.

**Chief Auditor**

28 June 2022



## Appendix 2A: MB1158FM - Debtors

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.2.1 (Med)	Departments must ensure that invoices are raised in advance of the service being provided where possible to minimise the risk of bad debts.	The HSCP invoices highlighted in the report relate to community alarm and residential services. These are always billed in arrears in the event of a death of a service user to allow us to bill for the correct period.	N/A	Closed (pending verification by internal audit)	Will be discussed with Chief Internal Auditor as part of follow up work.
4.2.2 (Low)	To ensure that the charges being levied are clear to the customer, the exact period for which charges are being raised should be clearly stated on the invoice. This should include the start and end period.	This will be included depending on system limitations and further information can be provided to service users if required.	N/A	Closed (pending verification by internal audit)	<p>We have explored system options and this is not possible with the current system. As there is an ongoing project to replace our case recording system we will consider this for future developments.</p> <p>Given the current set up has been in place for a significant number of years we would propose to continue as is in the interim. Where any service user or their family have an issue, we will of course address directly.</p>

<b>Appendix</b>	2B
<b>Title</b>	Follow up of Environment Department Audits MB1166NS
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	New Recommendations supersede those from Procurement Red Flags Audit (MB/1121/RM)

EXTRACT OF MB11NS

## 6. PROCUREMENT RED FLAGS (MB/1121/RM)

### 6.1 Specification and evaluation

The Corporate procurement guidance (in place at the time of the original audit) on the writing of tender specifications in a paragraph headed “Who should check my specification?” stated:

*“It is very important to have the specification checked by someone in your section with an understanding of the subject matter to confirm if the specification is:*

- *easy to read;*
- *easy to understand;*
- *clear;*
- *logical structure;*
- *reasonable;*
- *time based.”*

It was noted at that time that evidence was not always kept or readily available that the specification for the sample contracts had been checked by a second officer.

In the response from Environment, it was suggested that peer group reviews of documents are carried out before going out to tender.

Since the original audit, the guidance on writing tender specifications has been updated by procurement and it is now recommended best practice to have the specification checked by someone else.

Follow up checks were carried out on contracts issued by PATS and Roads to determine the level of evidence retained to support a review of tenders. Two Roads contracts were selected at random and email evidence of a review being carried out on the specification was received.

Discussions with the Principal Officer – Technical Service confirmed that there is not the resource available within PATS to allow the recommended checks to be completed. The Head of Environment (Strategic Services) confirmed that management are accepting the risks of not following best practice as outlined in the guidance issued by Corporate Procurement but that the resources are not available to allow this to take place. However, it is planned to implement a series of checks on a sample basis to further mitigate the risk of no checks being carried out in tenders.

It should be noted that no detailed checks were able to be completed in relation to HSCP and Business Operations & Partnerships as no tender had been issued since the original audit to allow a sample to be taken and as such, the recommendations remain open for future follow up. The recommended reminders had been issued to employees within each department who have responsibility for tenders so they are aware of the audit recommendations.

#### **Recommendations**

**6.1.1 Where possible, there should be separation of duties between those who evaluate tenders and those who are responsible for writing the tender specification.**

**6.1.2 In accordance with current corporate procurement guidance, all tender specifications should be checked by another officer and readily available evidence kept that this has been done.**

*Action: Director of Environment, HSCP Chief Officer, Director of BO&P*

## **6.2 Verification of qualifications submitted by contractor**

The original audit highlighted that in some cases, bidders for Council contracts are being asked to submit a statement of “the relevant professional and technical skills available within their organisation”. This sometimes leads to a lot of information being submitted as companies attempt to show every type of training or qualification, some of which may be less relevant than others to the type of work to be done as part of the contract. The relevant qualifications have then to be identified from the less relevant ones by the evaluators and assigned a score. In general, verification is not being sought by the Council from the contractor as to the qualifications or training which they state that their staff have achieved and is accepted on a trust basis.

It may be of benefit for the Council to define what is relevant and what qualifications would be required rather than the contractor doing this.

This recommendation was accepted by both HSCP and Business Operation and Partnerships but as no tenders have been issued since the last audit that would allow this recommendation to be checked it is included again and will be followed up in due course.

### ***Recommendation***

**6.2.1 Evidence should be sought from the successful bidder(s) of their relevant staff qualifications/training stated in their bid. It could be made clear in the tender wording that this will be required of the winning contractor thus incentivising the bid stating those qualifications held by personnel which are only the most relevant.**

*Action: Director of BO&P, Director of HSCP*

**Chief Auditor**

27 June 2022

## Appendix 2B: (MB1166NS)

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
6.1.1 (Low)	Where possible, there should be separation of duties between those who evaluate tenders and those who are responsible for writing the tender specification.	Ensure new guidance for tenders is available to staff and that full understanding of requirements is clear.  Separation of duties will be allowed for where possible, recognising that for any specialist services this may not always be practical.	Guidance will be issued by August 2022 and support and training will be offered.  Implementation dependant on tender timescales	Open	Updated guidance is available as part of the tender documentation and services will be supported to complete this by the Commissioning Team to ensure new guidance is adhered to.
6.1.2 (Low)	In accordance with current corporate procurement guidance, all tender specifications should be checked by another officer and readily available evidence kept that this has been done.	Ensure new guidance for tenders is available to staff, as above.  Strategic Planning, Performance & Commissioning Manager will co-ordinate and ensure checks are in place.	Guidance will be issued by August 2022 and support and training will be offered.  Implementation dependant on tender timescales	Open	Please see above
6.2.1 (Low)	Evidence should be sought from the successful bidder(s) of their relevant staff qualifications/ training stated in their bid. It could be made clear in the tender wording that this will be required of the winning contractor thus incentivising the bid stating those qualifications held by personnel which are only the most relevant.	This requirement will be included in all tender wording.	Dependant on tender timescales	Open	Please see above and procurement advice will be sought during each tender process.

<b>Appendix</b>	2C
<b>Title</b>	Fostering, Adoption and Kinship Care (MB/1154/NS)
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Notes updated at: 1.1.1 1.2.1

## Appendix 2C: MB1154NS – Fostering, Adoption and Kinship Care

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
1.1.1 (Low)	Procedures covering payment of discretionary monies to carers should be produced and distributed to all relevant staff in order that they are aware of typical examples of where discretionary payments may be made.	By their nature discretionary payments are based on the individual and specific needs of children in placement. Therefore payments are unique and not typical. This is consistent with the authority's statutory corporate parenting duty. Clarification of the approval process will be re-issued to managers as a reminder and will confirm the requirement of additional Head of Service sign off if a payment is above a value of £10,000.	August 2022	Open	Procedure providing clarification produced – awaiting sign off prior to circulation
1.1.2 (Low)	A Standard Operating Procedure should be created and issued to all relevant staff documenting the steps involved from the start to end of a placement in care.	We do agree a procedure should be used and the existing CareFirst guidance documents the steps from the start to end of a placement. The CareFirst Guidance will be re-issued to staff.	August 2022	Considered closed (pending verification by internal audit)	Carefirst guidance shared with internal audit 19.05.2022
1.2.1 (Low)	An annual report should be presented and approved by the IJB detailing the carer rates to be paid for within each financial year.	Either a specific report will be issued or this will be incorporated into the budget or revenue monitoring report depending on timing. The annual budget report to the IJB allows for budget increases for allowances.	September 2022	Open	The current year budget allowed for an inflationary increase. The service will determine if any further change is proposed during this year and if so detail will be brought to IJB.

<b>Appendix</b>	2D
<b>Title</b>	Payroll (MB/1151/FM)
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since reported to PAC 22 June 2022



## Appendix 2D: Payroll (MB/1151/FM)

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.3.1 (High)	Line managers must ensure that the online leavers form is fully completed and submitted in advance of the employee leaving.	A reminder will be issued to Managers. We have requested from HR colleagues whether a compliance report can be produced.	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022. System only able to report on who forms have been completed for.
4.3.2 (Med)	Line managers must ensure that the Exit Procedures Leavers Checklist is actioned and saved to Information at Work for all leavers.	As above	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022. System unable to generate reports
4.4.1 (Med)	Line managers must ensure that all employees on 35 hours contracts or part-time contracts have worked 37 hours in the week before overtime at time and a half can be claimed.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.4.2 (Med)	Line managers must ensure that care is taken to look at overtime claimed according to the week in which it was worked to ensure that the correct rate of pay is claimed.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.4.3 (Low)	Line managers must ensure that where an employee at grade 10 or above is claiming overtime that the claim is authorised by an employee at grade 18 or above. Consideration must also be given to whether an overtime payment is appropriate or whether time off in lieu at plain time is more appropriate.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.5.1 (Low)	Double time should only ever be paid for hours worked on a public holiday and there should be no exceptions to this policy.	The example quoted in the report was an exceptional circumstance in an unprecedented pandemic situation and this was agreed to ensure capacity to safely deliver services and protect our residents. The authorising manager has now left however this was discussed with trade unions at the time and steps put in place to ensure it would not happen again.	N/A		
4.10.1 (Low)	Line managers should be reminded of the managing absence policy and their responsibilities as managers.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.10.2 (Low)	Line managers must ensure that all absence documentation is filed in the appropriate manner promptly.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022

<b>Appendix</b>	2E
<b>Title</b>	Follow up Corporate and Community Services Audits (MB1140NS)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Complete

## Appendix 2E: MB1140NS – Follow up Corporate and Community Services Audits

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status
4.1.1 (Med)	Directors should implement a process which ensures that a leavers checklist is completed for every employee who leaves the council and that this form is uploaded to information@work.	Reminder will be issued to all managers. There is no capability to run reports on this and we do not have the capacity to follow up with individual managers for all leavers to ensure this has been completed.	Sep-21	Superseded (Verified by internal audit August 2022) This point is re-made in MB1151 (Appendix 2D)
6.2.1 (Low)	Reports should be reviewed for high usage outwith the individual's data package and checks carried out to ensure that this is for business use only. Where necessary, reimbursement should be sought for personal use.	Monitoring process was put in place in 2019 however this fell away during pandemic. This will be reinstated	Sep-21	Implemented (Verified by internal audit August 2022)
8.1.1 (Med)	Managers should ensure that all periods of absence are recorded in the flexi system and under the correct category to ensure all employee balances are accurate.	Reminder will be issued to managers. Process will be established where Advanced Managers run high debt balance reports quarterly and issue to managers for review	Sep-21	Implemented (Verified by internal audit August 2022)
8.4.1 (Low)	All managers responsible for authorising overtime claims should ensure that they are aware of the enhanced rates and when they are applicable.	Reminder will be issued to all managers	Sep-21	Implemented (Verified by internal audit August 2022)
8.4.2 (Low)	Officers responsible for maintaining overtime records must ensure that these are complete and available on request to support all overtime paid.	Reminder will be issued to all managers	Sep-21	Implemented (Verified by internal audit August 2022)
8.4.3 (Low)	HSCP managers must ensure that they hold appropriate records to demonstrate that waivers have been signed by all employees breaching the EWTD. Where no waiver is held the employees should be prevented from working additional hours.	Reminder will be issued to all managers	Sep-21	Implemented (Verified by internal audit August 2022)

<b>Appendix</b>	2F
<b>Title</b>	Carers Legislation (MB1128FM)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Verified as implemented: 4.1.2 4.1.4 Notes updated at: 4.1.1 4.1.3 4.2.1

## Appendix 2F: MB1128FM - Carers Legislation

Ref / Risk Rating	Recommendation	Comments	Timescale for completion	Status	Latest Note
4.1.1 (M)	All carers recorded on the CareFirst system or within the Carers Centre's records should be offered an assessment in accordance with the Carers Eligibility Framework.	<p>Carer's rights awareness sessions currently being delivered to HSCP teams highlight the importance that carers eligible for support from services have their own support plan. That this plan and any actions required to achieve the outcomes of the carer are recorded within the Carefirst system independently of the person they care for.</p> <p>An independent review of carers experience using SDS in East Renfrewshire was requested and received in Jan 2021. This will also be used to inform practice going forward.</p> <p>A new process is being built into assessments referred to as the 'Carers Conversation' this will ensure and evidence, on a carer being identified, they are being offered an Adult Carer Support Plan (ASCP). This will be reviewed in 6 months (Sept 2021) to ensure it is working as expected.</p>	31 March 2022 (with a review for September 2021 included)	Not implemented	Discussion will take place with Internal Audit to agree what further action is needed.
4.1.2 (M)	A copy of the carers conversation, assessment, support plan, self-directed support details and RAG minutes (where applicable) should be saved to the document hub on CareFirst or be accessible from documents or systems maintained by the Carers Centre	<p>The carers' personal information and support plan is recorded by East Renfrewshire Carers Centre (ERCC) on Charity Log, a specialist charity database software system and in the Carers Scotland Census.</p> <p>ERCC will distribute an annual questionnaire / survey to carers (date tbc taking account of pandemic and recovery) on behalf of HSCP and provide monthly tracker reports for the HSCP on carer activity.</p> <p>Other relevant carers data will be gathered from The Carers Scotland Census completed every six months by ERCC and the HSCP.</p> <p>A clearly defined process has been developed that will ensure and evidence that each time a carer is identified by the HSCP staff the carer relationship is recorded on the Carefirst system, that they have been</p>	31 March 2022 (with a review for September 2021 included)	Implemented	Verified as implemented by internal audit August 2022

		<p>offered advice, information and support along with an opportunity to have their own support plan. (This process is referred to as the 'Carers Conversation' and will be included in assessments and other relevant forms across HSCP services). This process should start April / May 2021.</p> <p>REG decisions are recorded in the supporting minutes and will identify carer's assessment outcomes.</p>			
4.1.3 (M)	<p>The frequency of which carers support plans are reviewed should be documented and evidence of the review and the outcome should be recorded on the CareFirst system or the system and documents maintained by the Carers Centre.</p>	<p>A revised ACSP is being tested by practitioners during April and May 2021 this includes a required review date that will create a review activity on Carefirst system awaiting completion. The ACSP also includes carers outcomes measures that will be recorded in Carefirst and / or Charity Log. The ACSP will be approved for use on completion of testing and any changes required on feedback received</p> <p>The revised ACSP includes a required date for review of plan along with outcome measures. This data will be recorded in Care First and / or Charity Log.</p> <p>Existing ACSPs will be reviewed to ensure a review is offered and if accepted completed with the carer. This review will be completed by September 2021.</p> <p>Where the carer's support has been included within the Outcomes Assessment for the cared for person, further work will be needed as to how we can capture and extract information related specifically to the carer. This is not unique to East Renfrewshire and as these 'joint' assessments are reviewed each carer will be offered an ACSP.</p>	<p>31 March 2022 for existing carers.</p> <p>For joint assessments the date will depend on the date for a joint review</p>	Not implemented	Discussion will take place with Internal Audit to agree what further action is needed.
4.1.4 (L)	<p>The group of people who are canvassed for the annual survey should be recorded so it is clear which of these are caring for individuals involved with the service.</p>	<p>Please see 4.1.2 above. The methodology supporting the survey will also be recorded.</p>	31-Mar-22	Implemented	Verified as implemented by Internal Audit (August 2022)

4.2.1 (L)	Managers in HSCP should ensure that all staff complete the EPiC learning resource.	<p>Carers Rights Awareness sessions currently being rolled out across HSCP teams include the recommendation that all staff complete the EPiC learning resource. Numbers of staff completing the course will be able to be evidenced and 20 people have already been recorded since January 2021.</p> <p>Consideration being given as whether EPiC should be mandatory and included as part of induction for all HSCP staff. A refresher timetable will also be considered.</p>	30-Sep-21	<b>Partially implemented</b>	Discussion will take place with Internal Audit to agree what further action is needed.
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<b>Appendix</b>	2G
<b>Title</b>	Procurement Red Flags (MB1121RM)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Previous recommendations now included under MB1166NS (Appendix 2B)



<b>Appendix</b>	2H
<b>Title</b>	Data Protection /GDPR (MB1124RM)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Complete

## Appendix 2H: MB1124RM - Data Protection /GDPR

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status
4.3.1 (L)	In accordance with the procedures, a record of screening decisions on whether a DPIA is required should be maintained by all departments.	DPIA screening decision to be incorporated into project mandate documentation. This will be overseen by HSCP Change Programme Manager  Issue comms to HSCP detailing when DPIA should be undertaken and a point of contact  Create and maintain DPIA log	31-Dec-20	Implemented (Verified by internal audit August 2022)
4.3.2 (L)	Departments should keep evidence of Head of Service sign off if DPO advice in relation to a DPIA is not being followed. DPIAs should be built into each Department's project and change processes.	DPIAs will be signed off at HSCP Change Board as part of the change process.	31-Dec-20	Implemented (Verified by internal audit August 2022)
4.4.1 (M)	A review of current contracts and sharing agreements should be completed and in the meantime this control measure moved into the proposed risk control measures column in the next review of the strategic risk register.	A review of existing arrangements needs to take place to identify review periods and this will include diarising future reviews.	30-Jun-21	Implemented (Verified by internal audit August 2022)
4.6.1 (L)	Directors should ensure that all application forms have up to date direct links to a relevant privacy notice rather than a page listing many different council services and leaving the reader to ascertain which one is relevant.	Links have been updated and now take the user straight to HSCP privacy notice	31-Dec-20	Implemented (Verified by internal audit August 2022)
4.8.1 (L)	Departments should monitor that all of their staff are undertaking annual on-line data protection training as a minimum. A prompt to act as a reminder would assist in this regard.	Communication to be issued to all ERC employees reminding them to complete the annual online data protection course	13-Nov-20	Implemented (Verified by internal audit August 2022)

<b>Appendix</b>	21
<b>Title</b>	CareFirst Finance (MB1044RL)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since last reported to PAC on 22 June 2022 however follow up work is ongoing

## Appendix 2I: MB1044RL – CareFirst Finance

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	Priority needs to be given to ensure that annual review takes place for each client with an authorised service agreement however the Head of Finance and Resources stated that it is not possible to undertake a full annual review on every care package and that this operates on a risk based approach. Details of the risk based approach needs to be documented and approved by the IJB	A risk based approach was agreed a number of years ago. The policy will be revised and taken to the IJB for approval.	31-Mar-19	Considered Closed – pending verification by internal audit	A temporary review team was created to complete reviews for all east Renfrewshire care home residents which was completed in December 2021. This team have now started reviewing care packages of residents in the community with 70 reviews allocated/completed as of March 2022/ Based on the success of this model, a permanent review team has been created to ensure we complete annual reviews timeously. The full team will be in post by April 2022
4.1.2	Operational Managers need to review and prioritise cases to ensure that those most likely to have changed are addressed first. In practice these cases should have been reviewed under routine work.	Will be in line with policy as above.	31-Mar-19	Considered Closed – pending verification by internal audit	The temporary and permanent review teams have and will continue to prioritise reviews according to need and risk.
4.2.1	Action is required by operational managers to ensure that varies processed are appropriate to the client and that service agreements reflect clients' needs accurately. Operational managers should prioritise checking of vary reports to approve all varies processed and to take action to update service agreements where appropriate.	This is already in place, however the formal sign off recording will be strengthened. To avoid duplication of effort and issues the sign off will incorporate some of the points below, as we suggested during the audit.	31-Mar-19	Open	As there is no simple export from CareFirst which gives this data, a report was developed which uses Excel to link three different Carefirst reports; varies processed, invoices paid and commitment. This was initially send out in June 2019 and feedback from managers was that it was data intensive and not user friendly. Changes were made to the report and user guidance was drawn up, which was issued in September 2019 alongside the reports for sign-off. Again, managers still felt the process was cumbersome and it is accepted this report needs work to make it more meaningful, this format remained in place in the interim. In March 2020, the decision was taken to not amend individual care packages unnecessarily due to the pandemic response, in line with national guidance many providers moved to being paid on planned hours. During the Covid response phase, these reports were not produced, but with a move to recovery, the aim is to restart reporting. In addition, a significant piece of work is ongoing with migration to the Scotland Excel national framework. This will act as an additional review of the data and we will continue to develop reporting to best meet everyone's needs.

4.2.2	A positive response should be obtained by the Finance Team from each operational manager regarding review and approval of vary reports to ensure that each case is addressed and the manager is confirming an awareness of the differences and any required actions. This could be combined with the quarterly client verification check (which covers existence of client, commitment value and provider) and signed off within budget monitoring to avoid numerous verification checks.	Per 4.2.1	31-Mar-19	Open	June'21: See above
4.3.1	Operational managers should be reminded that service agreements must be authorised as a priority to avoid backlogs in payments to providers.	Reminder issued 23 May 2018. However the planned centralised entry of service agreements will also improve authorisation times.	31-Mar-19	Considered closed - pending verification	Email issued 24.05.2018. This will be superseded by the centralised entry of service agreements once implemented
4.3.2	Social Workers should be instructed that updating the CFF system is essential and that this must be done before the service agreement commences where possible.	See 4.3.1	31-Mar-19	Considered closed - pending verification	Email issued 24.5.18 attached to scorecard outcome
4.4.1	Regular review of provider rates should take place within the commissioning team and appropriate action taken where anomalies are found. Evidence of this review should be held.	Report developed, will inform actions and any compliance issue will be taken to DMT	31-Mar-19	Considered closed - pending verification	Commissioning, CareFirst and Finance meet weekly to discuss any new rate anomalies. Records are maintained by CareFirst.
4.4.2	The report should be presented to DMT in line with procedures to obtain approval of rates not set by commissioning.	See 4.4.1	31-Mar-19	Considered closed - pending verification	Commissioning report to DMT annually when rates are reviewed. HOS approval for individual non-framework rates is now delegated to locality managers per 4.6.1. The Commissioning team also have access to business objects reports to check rates on an ad-hock basis.
4.5.1	A review of the uprating process should take place to address the processing of varies where a rate has been approved to be paid but needs to be updated on a service agreement. Service agreements should be identified and subject to independent review and update prior to processing the next period invoice.	See 4.2.1 and 4.4.1. However the planned centralised entry of service agreements will mitigate.	31-Mar-19	Open	An exercise is currently underway to address all Service Agreements on the system to ensure rates transition to the Scotland Excel Framework correctly. The annual uplift of rates will be an ongoing process and this will include non-framework rate changes. A new business support post has recently been filled and this is one of the tasks they will undertake

4.5.2	Processing staff should be reminded to check the number of hours charged to the service agreement to ensure that varies processed for rate changes do not also cover increased charges for additional hours.	Reminder issued during audit and will be routinely reviewed	31-Mar-19	Considered closed - pending verification	Team were reminded at time of audit. This is also included within the procedures to deal with invoice variations.
4.5.3	Housekeeping checks should be implemented ensuring that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared.	This was deemed low risk, when team is fully staffed will be a routine process	31-Mar-19	Open	Invoice processors now regularly complete a tidy action for their allocated providers, ensuring any un-invoiced periods are promptly raised with the provider. Given the dynamics of care package profiles and actual spend there are a large volume of varies which are often not significant. The updating of Service Agreements for the Scotland Excel framework will remove the need for many of these varies.
4.6.1	Head of service approval must be seen by the carefirst team before they enter a non-framework rate.	Sign off process being refreshed	31-Mar-19	Considered closed - pending verification	This requirement was causing a delay in Service Agreements going onto the system, due to the demands already on HOS. As agreed with the Chief Officer, this has now been delegated to Locality Managers.
4.7.1	The deceased clients with open service agreements report should be reviewed and service updated to: <ul style="list-style-type: none"> <li>• Remove clients whose service agreements were not authorised</li> <li>• Ensure that service agreements effectively ended do not appear</li> <li>• Appropriately end agreements on the system,</li> </ul>	Reminder issued 23 May 2018 and also see 4.2.1	31-Mar-19	Considered closed - pending verification	The deceased clients report was updated in July 2018 to ensure cancelled and ended service agreements do not appear on the report. Incomplete/unauthorised service agreements are still included in the report as these require action; i.e. cancelled or completed and authorised.
4.7.2	Homecare Managers should be instructed of the procedure and the requirement to end the service agreements promptly of clients who have died.	See 4.7.1	31-Mar-19	Considered closed - pending verification	All managers instructed, per email of 24th May 2018. Weekly reports are sent to Intensive Services Manager. Any outstanding service agreements are discussed as part of the routine budget meetings.

<b>Appendix</b>	2J
<b>Title</b>	Homecare (MB1060EL)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Complete

## Appendix 2H: MB1060EL – Homecare

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status
4.4.1 (Med)	Call up paperwork should be held on file for all clients.		Dec-18	Confirmed as implemented by Internal Audit – August 2022
4.5.1 (Low)	Annual leave record cards should be created and kept up to date for all homecare employees including patch 7 and the re-ablement team.	Records to be reconciled at the commencement of the new leave year	Jan-19	Confirmed as implemented by Internal Audit – August 2022
4.7.1 (Low)	Consideration should be given to developing a means of ensuring that all providers are offered potential new client services and that services are allocated on a fair and equitable basis to those who are able to fulfil the requirements.	We will consider this with our providers as part of the development of new contractual arrangements	Apr-20	Confirmed as implemented by Internal Audit – August 2022



<b>Appendix</b>	2K
<b>Title</b>	Emergency Payments (MB1077NS)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Notes updated at: 4.1.1 Verified as implemented 4.3.3

## Appendix 2K: MB1077NS - Emergency Payments

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status
4.1.1 (Med)	Section 12 or 22 monies should not be disbursed unless there is an application form with all sections fully completed and all required signatures obtained	(1) A reminder will be issued to all relevant social workers team leaders and service managers (2) Existing forms and guidance will be reviewed, agreed and implemented.	Not implemented	We had previously considered this recommendation closed as reminders had been issued and forms and guidance were updated, however on follow-up by internal audit, a sample showed signatures to be missing in some cases. This recommendation will be re-issued.  The service will work with Internal Audit to agree the follow up process and ensure remedial action is taken.
4.3.3 (Low)	Section 12 and 22 monies should not be used to provide income to purchase items available from other sources (e.g. clothing grants).	Existing forms and guidance will be reviewed, agreed and implemented.	Implemented	Confirmed as implemented by Internal Audit – August 2022

<b>Appendix</b>	2K
<b>Title</b>	Self-Directed Support (MB1078EL)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since last reported to PAC on 22 June 2022 however follow up work is ongoing

## Appendix 2K: MB1078EL - Self-Directed Support

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Update
4.1.1 (High)	Financial review of all direct payment clients should be undertaken as soon as possible and resource should be targeted to allow this.	<p>Letters were issued to all Direct Payment recipients w/c 28<sup>th</sup> Jan 2019 reminding them of financial record-keeping responsibilities and advising that HSCP Finance will be writing to them in March/April 2019, asking for a year-end balance and a random month's receipts.</p> <p>Participated in 3 SDS Forum events to explain record keeping, auditing and monitoring requirements to those in receipt of direct payments.</p>	31 <sup>st</sup> July 2019	Open	Financial reviews of Direct Payments recommenced in 2021, however it should be noted that guidance on Direct Payment use was amended due to the pandemic, with people being urged to be more creative and flexible in their approach to paying for available care and support. Where we might previously have simply asked for an accumulation of funds to be returned, we acknowledge that capacity issues and carer stress may mean that people are not able to use their budgets wholly right away, but may decide to use them creatively in future to meet a supported person's outcomes. The finance team work closely with operational colleagues to ensure that any referrals for financial review are carried out promptly, as well as continuing to work through the ongoing rolling reviews.
4.1.2 (Med)	HSCP management should ensure at least annually that all option 1 clients have provided receipts to support expenditure and that any unspent monies are recovered.	<p>Current requirements are that a year-end balance plus one random full months' worth of receipts are asked for.</p> <p>New procedures are currently being produced, which will ensure recovery of surplus funds in accounts, within agreed parameters.</p> <p>The new role of Finance Support Officers (FSO) will be responsible for monitoring of direct payments, liaising with social workers to ensure appropriate use of funds.</p> <p>All clients will be written to in March/April 2019 as part of the annual review.</p> <p>During 2019/20 we will review our existing contractual requirements.</p>	New procedures by 31 <sup>st</sup> July 2019 and reviews ongoing thereafter	Considered closed - pending verification from internal audit	Receipts required as per procedure. 2021 reviews underway
4.2.1 (Med)	A review of the process for direct payments should take place with a view to ensuring that the process is easier to control, monitor and recover monies if necessary. This should take place as a priority.	The process will be re-written to ensure FSOs are all aware of procedures. The spreadsheet log has been altered already to separately identify ended Service Agreements where action is needed with regards to a potential recovery of funds.	July 31 <sup>st</sup> 2019	Considered closed - pending verification from	Process and spreadsheet updated

				internal audit	
4.2.2 (Med)	As soon as an alternative method of payment is implemented, relying solely on a spreadsheet database as a means of monitoring and controlling payment should cease.	Alternative methods of payment will be investigated, including using CareFirst and payment cards.	31 <sup>st</sup> March 2020	Open	Process unlikely to change until new care first replacement system in place
4.3.1 (Med)	Detailed and structured guidance should be produced to assist staff in assessing the appropriate use of direct payment option 1 monies. Where specific circumstances occur and more creative use of DP funding is being considered, there should be a process for recording and authorising this.	Work has already begun around writing new guidance in conjunction with the locality managers. Once approved by DMT, this will be issued to all staff and separate guidance will be made available to clients.	31 <sup>st</sup> July 2019	Considered closed - pending verification from internal audit	All documentation relating to individual budgets and Direct Payments was produced and trained out to staff in summer of 2019. All documentation is also available on the intranet. The care plan should be used to record outcomes and a DP can be used creatively to meet those outcomes.
4.4.1 (Med)	Training across all teams should be provided for operational staff in how to complete DP agreements generally and how to support clients receiving a direct payment, specifically those under option 1.	All documentation is currently being revised in line with the work on Individual Budgets. Thereafter training will be provided to relevant staff. Regular refresher training will be provided as required. We will continue to work with the SDS Forum to ensure any issues they become aware of can be addressed.	31 <sup>st</sup> July 2019 thereafter ongoing	Considered closed - pending verification from internal audit	As above
4.5.1 (Med)	A review of the policy adopted regarding the rate payable to option 1 clients should take place to ensure that: - clients are not placed in financial detriment for choosing option 1 with agency support - a fair and equitable payment policy is adopted for all clients regardless of the option chosen.	Work on implementing Individual Budgets for clients is nearing completion, which will ensure equity across all options. In the interim a review can be requested if clients feel they don't have enough money to pay for the care they are assessed as needing. A reminder of this was sent to staff in Sept 2018 and was forwarded to Internal Audit in November 2018. All care packages will be reviewed to bring them under the new individual budget process, which will commence once the Individual Budget Process is implemented.	31 <sup>st</sup> July 2019 and ongoing thereafter	Considered closed - pending verification from internal audit	New individual budget process implemented Dec 2019. The equivalence rate is the same across all options. Once an indicative budget is known, a plan is costed up within those parameters using the actual rate, if known.
4.6.1 (Low)	The SPAEN checklist should be used by care managers to ensure that all appropriate measures are in place for clients employing a personal assistant and that the client fully understands their obligations as an employer such as having relevant insurances in place.	Information on the responsibilities of becoming an employer, or where to find further information, will be incorporated into the new guidance currently being written. SPAEN membership is not compulsory and other forums and networks are available to people.	31 <sup>st</sup> July 2019	Considered closed - pending verification from internal audit	New DP guidance in place.

4.6.2 (Low)	Clarification should be provided as to how £152 per annum which the HSCP has agreed to fund will be paid i.e. as a separate payment or within the overall SDS package.	<p>This should be costed as part of someone's individual budget going forward.</p> <p>Currently, this is paid in year one. A separate payment may not be necessary depending on the balance of funds in a client's bank account, but if an additional payment is needed and authorised in subsequent years this will be provided. This should be picked up at the operational annual review.</p> <p>It needs recognised that there are alternatives to SPAEN and this will be identified within the review of documentation.</p>	31 <sup>st</sup> July 2019	Considered closed - pending verification from internal audit	Costed as part of budget. HSCP will pay annually if needed, however often slack in budget means it's not necessary for a separate payment.
4.7.1 (Med)	A process should be implemented to allow formal recorded recovery action to be taken to ensure that amounts overpaid are recovered from ongoing payments or repaid directly to the HSCP.	A report has been developed to identify all direct payment care packages that have ended. This report is reviewed monthly to ensure any payment made after an end date (for example due to the timing of notification of the change) will be recovered, linked to the closing statement for the account.	31 <sup>st</sup> July 2019	Considered closed - pending verification from internal audit	As per comment

<b>Appendix</b>	2M
<b>Title</b>	Follow up of HSCP Audits (MB1087FM)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Verified as implemented: 6.1.1 6.1.2 7.1.1 7.2.1  Notes updated at: 7.1.2 7.1.3

## Appendix 2M: MB1087FM - Follow up of HSCP Audits

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
5.2.1 (Low)	Officers must ensure that clients with outstanding debt are not allowed to book places on forthcoming Play Schemes until all outstanding invoices have been settled in full.	New policy and procedures were fully implemented for the spring programme. Clients with outstanding debts have made payment arrangements via debtor section.	Complete 01.04.19	Not implemented - internal audit will re-recommend	The HSCP previously considered this implemented however clients with outstanding debt were allowed to book onto playscheme - the Covid pandemic was exceptional and children attending were prioritised based on a multi-agency assessment of need. We will consider whether amendments need to be made to policy and procedure
6.1.1 (Low)	The inventory records should be reviewed and updated to include the serial number of each item.	The inventories will be reviewed and annotated as required. 6 months moving forward	Initial review completed by 30 <sup>th</sup> June 2019 and on going	Implemented	Verified by Internal Audit (August 2022)
6.1.2 (Low)	All items of inventory being disposed of must be supported by an authorised inventory deletion form.	Staff reminded that the inventory deletion form should be completed in every case	30 <sup>th</sup> June 2019	Implemented	Verified by Internal Audit (August 2022)
7.1.1 (Low)	The printers with serial numbers QLC13102 and JWF82425 should be removed from the St Andrews House inventory list.	The printers are recorded on the central inventory of printers held by IT and no longer itemised on the SAH inventory.	Complete - 2.5.19	Implemented	Verified by Internal Audit (August 2022)
7.1.2 (Low)	The relevant paperwork should be completed and signed in respect of all disposals.	Staff reminded of this requirement	Complete - 2.5.19	Closed (pending verification by internal audit)	Internal audit following up on this action.
7.1.3 (Low)	All disposals during the financial year should be recorded in the "disposed" column on the inventory spreadsheet.	Staff reminded of this requirement	Complete - 2.5.19	Closed (pending verification by internal audit)	Internal audit following up on this action.



7.2.1 (Low)	Records on the flexi system should be reviewed and updated to ensure that employees are correctly assigned to the location where they work.	A review will be undertaken and records amended as required	30 <sup>th</sup> June 2019	Implemented	Verified by Internal Audit (August 2022)
7.3.1 (Low)	An update should be provided to audit when the details on the bank statements have been successfully changed.	Manager has again contacted bank to ask that this bank account be closed down. all future correspondence will be directed to Kirkton Service address	Complete - 28 <sup>th</sup> May 2019	Closed (pending verification by internal audit)	Internal audit following up on this action.
7.5.1 (Low)	Evidence that procedures covering payment of discretionary monies to carers are available and have been distributed to all relevant staff in order that they are aware of typical examples of where discretionary payments may be made and improve consistency between cases should be provided to Audit.	The kinship care guidance has been amended to reflect guidance in a likely circumstance. This has been distributed to all relevant staff		Not implemented	Kinship care guidance shared with internal audit lacks detail in terms of discretionary payments. This will be re-issued  Service will work with Internal Audit to confirm appropriate action is taken.

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	21 September 2022
<b>Agenda Item</b>	10
<b>Title</b>	Policy Update
<b>Summary</b>	
This paper provides an overview of the policies relating to the Integration Joint Board	
<b>Presented by</b>	Margaret Phelps, Planning, Performance and Commissioning Manager
<b>Action Required</b>	
Members of Performance and Audit Committee are asked to note the report.	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**21 September 2022**

**Report by Chief Officer**

**POLICY UPDATE**

**PURPOSE OF REPORT**

1. This paper provides an update on policies relating specifically to Integration Joint Board governance.

**RECOMMENDATION**

2. Performance and Audit Committee are asked to note the report and those policies which have been reviewed.

**BACKGROUND**

3. The Integration Joint Board has a number of policy documents which relate specifically to the governance of the IJB. These comprise:-
  - Integration Scheme
  - Standing Orders
  - Code of Conduct
  - Reserves Policy
  - Financial Regulations
  - IJB Risk Policy and Strategy
  - IJB FOI Policy
  - IJB Publication Scheme
  - IJB Records Management
  - IJB Complaints Handling Procedure
4. Performance and Audit Committee members will recall the June report where we identified that a number of policies were due for review and updates on these are included within this report.
5. Going forward this committee will receive an annual overview report showing the status of each policy. This will be presented to Performance and Audit Committee in September each year as a number of policy renewals fall at this time. Should there be any legislation or other significant change during the year, then a report will be brought to either PAC or IJB for approval.
6. As we reinstate some of our governance as part of our recovery, we have reviewed the policies outlined below and the changes made are minor and fall under housekeeping.

**REPORT**

7. Updates on the six policies due for review are included below. Copies of the policies are attached to this paper:

<b>Policy</b>	<b>Appendix</b>
Financial Regulations	1
Reserves	2
IJB Risk Policy and Strategy	3
IJB FOI Policy	4
IJB Publications Scheme	5
IJB Records Management Plan	6

Financial Regulations and Reserves Policy

8. The financial regulations (Appendix 1) set out the financial governance regulations under which the Integration Joint Board operates and identifies the roles and responsibilities of the IJB, the Chief Officer and the Chief Financial Officer. There are no changes to the policy, last reviewed in September 2021.
9. Members of the Performance and Audit Committee should be assured that if there are any changes in legislation between review periods the regulations will be revised as required.
10. The Reserves Policy (Appendix 2) provides the detail to support the governance in respect of reserves. Whilst the reserves policy is unchanged since last reviewed in September 2021 it is worth noting the policy has supported our reserves strategy; which has served us well over a significant and continued period of change.
11. The optimum/maximum level of general reserve we should hold per our policy is 2% of our budget, however from the outset and recognising the ongoing financial challenge to the IJB we recognise that:
1. This would take time to build
  2. There is a tension between holding free reserves with and not protecting spend on front line services and the IJB have taken clear decision on this in prior years.
12. For context, 2% of our current revenue budget, excluding set aside and Family Health Services, is £2.3 million. Our current general reserve is just under £0.3 million.
13. It would be possible to ask the IJB to un-hypothecate certain earmarked reserves should we need to and Performance and Audit Committee members will recall this was discussed in March 2022 when the IJB agreed the budget for 2022/23. We also discussed our reserves position in some detail in September 2020 and again in September 2021 when Audit Scotland presented their Annual Audit Report.
14. The committee should also note that it would not be possible to un-hypothecate the ring-fenced reserves specific to Scottish Government funding initiatives such as Covid support, Primary Care Improvement and Mental Health Action 15.

### IJB Risk Policy and Strategy

15. The IJB Risk Policy and Strategy (Appendix 3) was last approved by the Integration Joint Board in January 2020. Following a recent review it has been concluded that no changes are required at this stage and the existing policy remains in place.

### IJB FOI Policy

16. The Freedom of Information (Scotland) Act gives a general right of access to recorded information held by public authorities, subject to certain exemptions.
17. We have reviewed our FOI policy (Appendix 4) which was first approved in November 2015. Whilst there were no substantial changes required, some minor amendments have been made. Changes include:-
  - 2.1 and 2.2 added to provide clarity that policy relates specifically to IJB and removal of reference to contractors as any contracts are through partner organisations.
  - 3.3 updated to reflect responsible officer
  - 4.1 Removed reference to Records Management Plan to be developed as it is in place
  - 5.2 Removed reference to cross-organisation requests as the policy specifically relates to information held by the HSCP.
  - 6.2 Added contact details
  - 8.1 Added 2 yearly review period

### IJB Publication Scheme

18. Section 23 of the Freedom of Information (Scotland) Act 2002 requires Scottish public authorities to produce and maintain a publication scheme. This is called the "publication scheme" duty.
19. The IJB publication scheme (Appendix 5) originally adopted in 2017 was based on the Scottish Information Commissioner's (SIC) model publication scheme. Although the SIC updated their model plan in March 2021, no substantive changes were made and they confirmed that there was no action required by authorities in response to their update.
20. The following minor changes have been made to refresh to policy locally:
  - Refreshed wording of Introduction, Availability and Formats, Charges
  - Updated contact details
  - Added further description under each class of information
  - Added class 9: open data
  - Refreshed web links and added addition links to our available information
21. We plan to review our website to make this more user friendly and accessible and will explore the possibility of hosting the guide to information on a webpage rather than as a separate document.

### IJB Records Management Plan

22. The Public Records (Scotland) Act 2011 requires public authorities to prepare and implement a Records Management Plan (RMP) which must set out proper arrangements for the management of its records.
23. The IJB Records Management Plan (Appendix 6) was last reviewed in July 2022 and presented to the IJB in August 2022 where it was approved.

## CONCLUSIONS

24. In order to promote transparent governance, the Performance and Audit Committee will receive an annual overview report on policies relating to IJB governance in September of each year.
25. In the event of any legislative or policy change in the interim a report will be brought to the Performance and Audit Committee and / or the Integration Joint Board and will also be reflected in the following annual overview.

## RECOMMENDATIONS

26. Performance and Audit Committee are asked to note the report and those policies which have been reviewed.

## REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)  
[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

8 September 2022

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

Financial Regulations: [https://www.eastrenfrewshire.gov.uk/media/6843/PAC-item-08-22-September-2021/pdf/PAC\\_item\\_08\\_-\\_22\\_September\\_2021.pdf?m=637673822311100000](https://www.eastrenfrewshire.gov.uk/media/6843/PAC-item-08-22-September-2021/pdf/PAC_item_08_-_22_September_2021.pdf?m=637673822311100000)

Reserves Policy: [https://www.eastrenfrewshire.gov.uk/media/6843/PAC-item-08-22-September-2021/pdf/PAC\\_item\\_08\\_-\\_22\\_September\\_2021.pdf?m=637673822311100000](https://www.eastrenfrewshire.gov.uk/media/6843/PAC-item-08-22-September-2021/pdf/PAC_item_08_-_22_September_2021.pdf?m=637673822311100000)

IJB Risk 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](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)

IJB Publication Scheme: [https://www.eastrenfrewshire.gov.uk/media/3764/Performance-and-Audit-Committee-Item-05-29-March-2017/pdf/PAC\\_Item\\_05\\_-\\_29\\_March\\_2017.pdf?m=637395819250030000](https://www.eastrenfrewshire.gov.uk/media/3764/Performance-and-Audit-Committee-Item-05-29-March-2017/pdf/PAC_Item_05_-_29_March_2017.pdf?m=637395819250030000)

IJB Records Management Plan Annual Review: [IJB Item 11 - 10 August 2022.pdf \(eastrenfrewshire.gov.uk\)](#)





# East Renfrewshire Integration Joint Board

## Financial Regulations

(Version 2.2)

<b>Document Title:</b>	Financial Regulations	<b>Current Status</b>	Final - V2.2
<b>Owner:</b>	Chief Financial Officer	<b>Date of last Review</b>	Sep 2022
<b>Date first approved:</b>	18-12-2015	<b>Date of next Review</b>	Sep 2023
<b>Approved by:</b>	Performance & Audit Committee		
<b>Revision History:</b>			
<b>Version:</b>	<b>Date Effective:</b>	<b>Author &amp; Changes</b>	
1.0	2015	Lesley Bairden, Chief Financial Officer	
2.0	Mar 2020	Lesley Bairden, Chief Financial Officer, Full Review	
2.1	Sep 2021	Lesley Bairden, Chief Financial Officer – Annual Review (no changes)	
2.2	Sep 2022	Lesley Bairden, Chief Financial Officer – Annual Review (no changes)	

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East Renfrewshire Integration Joint Board positively promotes the principles of sound corporate governance within all areas of the Integration Joint Board's affairs. These Financial Regulations are an essential component of the corporate governance of the Health & Social Care Partnership Integration Joint Board.

## 1. What the Regulations Cover

- 1.1 The Integration Joint Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the Integration Joint Board.
- 1.2 These financial regulations should be read in conjunction with the Standing Financial Instructions of NHS Greater Glasgow and Clyde and the Financial Regulations of East Renfrewshire Council.
- 1.3 The Regulations set out the respective responsibilities of the Chief Officer and the Chief Financial Officer of the Integration Joint Board.
- 1.4 It will be the duty of the Chief Officer assisted by the Chief Financial Officer to ensure that these Regulations are made known to the appropriate persons within the Integration Joint Board and to ensure that they are adhered to.
- 1.5 If it is believed that anyone has broken, or may break, these Regulations, this must be reported immediately to the Chief Financial Officer, who may then discuss the matter with the Chief Officer, NHS Greater Glasgow and Clyde Chief Executive, East Renfrewshire Council Chief Executive or another nominated or authorised person as appropriate to decide what action to take.
- 1.6 These Regulations will be the subject of regular review by the Health & Social Care Partnership Integration Joint Board Chief Financial Officer in consultation with the NHS Greater Glasgow and Clyde Director of Finance and the Council's Section 95 Officer, and where necessary, subsequent adjustments will be submitted to the Integration Joint Board Performance & Audit Committee for approval.

## 2. Financial Management and Performance

- 2.1 The Integration Scheme sets out the detail of the integration arrangement agreed between NHS Greater Glasgow and Clyde and East Renfrewshire Council. In relation to financial management it specifies:
- The financial management arrangements including treatment of budget variances;
  - Reporting arrangements between the Integration Joint Board, NHS Greater Glasgow and Clyde and East Renfrewshire Council;
  - The method for determining the resources to be made available by NHS Greater Glasgow and Clyde and East Renfrewshire Council;
  - The functions which are delegated to the IJB by NHS Greater Glasgow and Clyde and East Renfrewshire Council.

### Responsibility of the Chief Officer

- 2.2 The Chief Officer is the accountable officer of the Integration Joint Board in all matters except finance. The Chief Officer will discharge their duties in respect of the delegated resources by:
- Ensuring that the Strategic Plan meets the requirement for economy, efficiency and effectiveness;
  - Giving directions to NHS Greater Glasgow and Clyde and East Renfrewshire Council that are designed to ensure resources are spent in accordance with the plan; it is the responsibility of the Chief Officer to ensure that the provisions of the directions enable them to discharge their responsibilities in this respect within available resources.
- 2.3 The Chief Officer will also hold an operational role in NHS Greater Glasgow and Clyde and East Renfrewshire Council for the management of the operational delivery of services as directed by the Integration Joint Board. In this operational role the Chief Officer has no “accountable officer” status but is:
- Accountable to the Chief Executive of NHS Greater Glasgow and Clyde for financial management of the operational budget; and
  - Accountable to the Section 95 Officer of East Renfrewshire Council for financial management of the operational budget; and
  - Accountable to the Chief Executive of NHS Greater Glasgow and Clyde and the Chief Executive of East Renfrewshire Council for the operational performance of the services managed by the Chief Officer.

**Responsibility of the Chief Finance Officer**

- 2.4 The Integration Joint Board will appoint an officer responsible for its financial administration. The Chief Officer may be appointed to this role if the Integration Joint Board deems it appropriate. If in such circumstances the Chief Officer does not have a recognised professional accounting qualification arrangements must be put in place to provide the post holder and the Integration Joint Board with financial advice from a qualified person.
- 2.5 The Chief Financial Officer will discharge his/her duties in respect of the delegated resources by:
- Establishing financial governance systems for the proper use of the delegated resources; and,
  - Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board's resources.

**Responsibility of the NHS Board Accountable Officer / NHS Board Director of Finance/Council Section 95 Officer**

- 2.6 The NHS Board Accountable Officer and the Council's Section 95 Officer discharge their responsibility, as it relates to the resources that are delegated to the Integration Joint Board, by setting out in the Integration Scheme the purpose for which resources are used and the systems and monitoring arrangements for financial performance management. It is their responsibility to ensure that the provisions of the Integration Scheme enable them to discharge their responsibilities in this respect.
- 2.7 The NHS Board Director of Finance and the Section 95 Officer of East Renfrewshire Council will provide specific advice and professional support to the Chief Officer and Chief Financial Officer to support the production of the Strategic Plan and also to ensure that adequate systems of internal control are established by the Integration Joint Board.

### 3 Financial Planning

#### Strategic Plan and Integrated Budget

- 3.1 The Integration Joint Board is responsible for the production of a Strategic Plan which sets out the services for their population over the medium term (3 years). The resources within scope of the Strategic Plan are:
- The payment made to the Integration Joint Board by East Renfrewshire Council for delegated social care services;
  - The payment from NHS Greater Glasgow and Clyde to the Integration Joint Board for delegated primary and community healthcare services and for those delegated hospital services managed by the Chief Officer.
  - The amount set aside by NHS Greater Glasgow and Clyde for delegated services provided in large hospitals for the population of the Integration Joint Board.
- 3.2 NHS Greater Glasgow and Clyde and East Renfrewshire Council will provide indicative three year rolling funding allocations to the Integration Joint Board to support the Strategic Plan and medium term planning process. Such indicative allocations will remain subject to annual approval by both organisations.
- 3.3 The Chief Officer and the Chief Financial Officer will develop a business case for the integrated budget based on the Strategic Plan and present it to NHS Greater Glasgow and Clyde and East Renfrewshire Council for consideration and agreement as part of each organisation's annual budget setting process. The business case should be evidence based with full transparency on its assumptions and take account of:
- **Activity Changes.** The impact on resources in respect of increased demand e.g. demographic pressures and increased prevalence of long term conditions, and for other planned activity changes;
  - **Cost Inflation.** Pay and supplies cost increases;
  - **Efficiencies.** All savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Integration Joint Board, East Renfrewshire Council and NHS Greater Glasgow and Clyde as part of the annual rolling financial planning process to ensure transparency;
  - **Performance on outcomes.** The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by East Renfrewshire Council and NHS Greater Glasgow and Clyde;
  - **Legal requirements.** Legislation may entail expenditure commitments that should be taken into account in adjusting the payment;
  - **Transfers to/from the notional budget for hospital services** set out in the Strategic Plan;

- **Adjustments to address equity.** East Renfrewshire Council and NHS Greater Glasgow and Clyde may choose to adjust contributions to smooth the variation in weighted capita resource allocations across partnerships; information to support this will be provided nationally by Information Services Division.

3.4 The Strategic Plan will determine the budgets allocated to each operational partner for operational service delivery in line with the Plan. The Integration Joint Board will publish its Strategic Plan as soon as practicable after finalisation of the plan.

### Limits on Expenditure

- 3.5 No expenditure will be incurred by the Integration Joint Board unless it has been included within the approved Integration budget and Strategic plan except:
- i. Where additional funding has been approved by NHS Greater Glasgow and Clyde and/or East Renfrewshire Council and the integrated budget/strategic plan has been updated appropriately;
  - ii. Where a supplementary budget has been approved by the Integration Joint Board;
  - iii. In emergency situations in terms of any scheme of delegation;
  - iv. As provided in paragraph 3.5 below (Virement).

### Virement

- 3.6 Virement is defined by CIPFA as “the transfer of an underspend on one budget head to finance additional spending on another budget head in accordance with the Financial Regulations”. In effect virement is the transfer of budget from one main budget heading (employee costs, supplies and services etc) to another, or a transfer of budget from one service to another. Where resources are transferred between the two operational arms of the Integrated Budget this will require in-year balancing adjustments to the allocations from the Integration Joint Board to East Renfrewshire Council and NHS Greater Glasgow and Clyde i.e. a reduction in the allocation to the body with the underspend and a corresponding increase in the allocation to the body with the overspend.
- 3.7 Virements require approval and they will be permitted subject to any Scheme of Delegation of the Integration Joint Board as follows:
- i. Virement must not create additional overall budget liability. One off savings or additional income should not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year.
  - ii. The Chief Officer will not be permitted to vire between the Integrated Budget and those budgets that are managed by the Chief Officer, but are outwith the scope of

the Strategic Plan, unless agreed by East Renfrewshire Council and NHS Greater Glasgow and Clyde.

- iii. Any virement over £50,000 requires the approval of the Integrated Joint Board.

### **Budgetary Control**

- 3.8 It is the responsibility of the Chief Officer and Chief Financial Officer to report regularly and timeously on all budgetary control measures, comparing projected outturn with the approved financial plan, to the Integration Joint Board and other bodies as designated by NHS Greater Glasgow and Clyde and East Renfrewshire Council.
  - The NHS Greater Glasgow and Clyde Director of Finance and the Section 95 officer of East Renfrewshire Council will, along with the Integration Joint Board Chief Financial Officer put in place a system of budgetary control which will provide the Chief Officer with management accounting information for both arms of the operational budget and for the Integration Joint Board in aggregate.
- 3.9 It is the responsibility of the Integration Joint Board Chief Financial Officer, in consultation with the NHS Greater Glasgow and Clyde and the Section 95 Officer of East Renfrewshire Council, to agree a consistent basis and timetable for the preparation and reporting of management accounting information.
- 3.10 The Integration Scheme specifies how in year over/under spends will be treated. Where it appears that any heading of income or expenditure may vary significantly from the Financial Plan, it will be the duty of the Chief Officer and the Chief Finance Officer, in conjunction with the NHS Board Director of Finance and the Section 95 Officer of the Council, to report in accordance with the appropriate method established for that purpose by the Integration Joint Board, NHS Greater Glasgow and Clyde and East Renfrewshire Council, the details of the variance and any remedial action required. All actual or forecast variances over £50,000 will be reported to the Integrated Joint Board in financial monitoring reports.

### **Reports to Integration Joint Board**

- 3.11 All reports to the Integration Joint Board and sub-committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Integration Joint Board Chief Financial Officer prior to lodging of reports.



## 4 Legality of Expenditure

- 4.1 It will be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Strategic Financial Plan unless it is within the power of the Integration Joint board. In cases of doubt the Chief Officer should consult the respective legal advisers of NHS Greater Glasgow & Clyde and East Renfrewshire Council before incurring expenditure. The legality of expenditure on new service developments, initial contributions to other organisations and responses to emergency situations which require expenditure must be clarified prior to being incurred.

## 5 Reviewing the Financial Regulations

- 5.1 The Integration Joint Board Performance & Audit Committee will consider and approve any alterations to these Financial Regulations. The Integration Joint Board may also withdraw these financial regulations. If so, this will come into force from the first working day after the end of the Integration Joint Board meeting at which the change or withdrawal was approved.

## 6 Reserves

- 6.1 Legislation, under Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the Integration Joint Board to hold reserves which should be accounted for in the financial accounts and records of the Integration Joint Board. The Integration Joint Board will develop a reserves policy and a reserves strategy which will include the level of reserves required and their purpose. This will be agreed as part of the annual budget setting process and will be reflected in the Strategic Plan agreed by the Integration Joint Board.

## 7 VAT

- 7.1 HMRC has confirmed that there is no requirement to have a separate VAT registration for the Integration Joint Board as it will not be delivering any services within the scope of VAT. This situation should be kept under review by the Chief Financial Officer should the operational activities of the Integration Joint Board change and a need to register be established. HMRC guidance will apply to Scotland which will allow a VAT neutral outcome.

## 8 Procurement/Commissioning of Services

- 8.1 Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 provides that the Health and Social Care Partnership Integration Joint Board may enter into a contract with any other person in relation to the provision of goods and services to the Integration Joint Board for the purpose of carrying out the functions conferred in it by the Act.
- 8.2 As a result of specific VAT and accounting issues associated with the Integration Joint Board contracting directly for the provision of goods and services the Chief Officer is required to consult with the NHS Board Director of Finance, the Section 95 Officer of the Council and the Chief Financial Officer prior to any direct procurement exercise being undertaken.

## 9 Financial Reporting

### Accounting Procedures and Records

- 9.1 All accounting procedures and records of the Integration Joint Board will be as specified in applicable legislation and regulations. Financial Statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under Section 105 of the Local Government (Scotland) Act 1973, Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.
- 9.2 The financial statements must be completed to meet the audit and publication timetable specified under the relevant legislation. It is the primary responsibility of the Chief Financial Officer to meet these targets and of the Chief Officer to provide any relevant information to ensure that NHS Greater Glasgow and Clyde and East Renfrewshire Council meet their respective statutory audit and publication requirements for their individual and group financial statements.
- 9.3 The Integration Joint Board Chief Financial Officer will agree the financial statements timetable with the external auditors of the Integration Joint Board, NHS Greater Glasgow and Clyde and East Renfrewshire Council.

## 10 Internal Audit

### Responsibility for Internal Audit

- 10.1 It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the Integration Joint Board and nominating a Chief Internal Auditor.
- 10.2 The operational delivery of internal audit services within NHS Greater Glasgow and Clyde and East Renfrewshire Council will be covered by their respective internal audit arrangements as at present.
- 10.3 A Chief Internal Auditor will be appointed to act as the Integration Joint Board Chief Internal Auditor in addition to their role as Chief Internal Auditor of their respective authority.
- 10.4 The Internal Audit Service will undertake their work in compliance with the Public Sector Internal Audit Standards.
- 10.5 On or before the start of each financial year the Integration Joint Board Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the Integration Joint Board for approval. The internal audit plan will consider:
  - The Strategic Plan and planning process;
  - The financial plan underpinning the Strategic Plan; and
  - Relevant issues raised from the partner Health Board and Local Authority.
- 10.6 It is recommended that the internal audit plan is shared with the relevant committees of the NHS Greater Glasgow and Clyde and East Renfrewshire Council.
- 10.7 The Integration Joint Board Chief Internal Auditor will report to the Integration Joint Board on the annual audit plan, delivery of the plan and recommendations and will provide an annual internal audit report including the audit opinion.
- 10.8 The Integration Joint Board annual internal audit report will be shared with the Audit Committees of NHS Greater Glasgow & Clyde and East Renfrewshire Council.
- 10.9 Internal audit reports carried out as part of the Integrated Joint Board internal audit plan will be submitted to the Chief Officer and the Integrated Joint Board Performance & Audit Committee for scrutiny.
- 10.10 Relevant internal audit activity carried out by partners will also be submitted to the Integration Joint Board Performance & Audit Committee for information and note. This

activity will be agreed with partner auditors, the Chief Officer and / or Chief Executives of NHS Greater Glasgow & Clyde and East Renfrewshire Council.

## **11 External Audit**

- 11.1 The Accounts Commission will appoint the Auditors to the Integration Joint Board. This is specified under Section 13 of the legislation.
- 11.2 The Integration Joint Board should make appropriate and proportionate arrangements for consideration of external audit reports including those relating to the annual financial statements to ensure that they are compliant with relevant statutory provisions and Accounting Codes of Practice.
- 11.3 Reports on external audit activity will be submitted to the Chief Officer and the Performance & Audit Committee for scrutiny.

## **12 Audit Committee**

- 12.1 The Integration Joint Board will put in place an Audit Committee to ensure that an effective assurance process is in place that assesses the objectives, risks and performance of the Partnership. This will include consideration of any reports from auditors.
- 12.2 It will be the responsibility of the Integration Joint Board to agree the membership having regard to the agreed remit, skills and good practice for a the audit committee. It is anticipated that members of the Integration Joint Board will serve in this capacity.

## 13 Risk Management and Insurance

### Responsibility for Insurance and Risk

- 13.1 The Integration Joint Board will make appropriate insurance arrangements for all activities of the Integration Joint Board in accordance with the risk management strategy.
- 13.2 The Chief Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the Integration Joint Board for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of Members of the Integration Joint Board acting in a decision making capacity.
- 13.3 The NHS Greater Glasgow & Clyde Director of Finance and the Section 95 Officer of East Renfrewshire Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

### Risk Strategy and Risk Register

- 13.4 The Chief Officer will be responsible for establishing the Integration Joint Board risk strategy and profile and developing the risk reporting arrangements; this will include arrangements for a risk register. The Risk Management strategy will be approved by the Integration Joint Board Performance & Audit Committee.
- 13.5 NHS Greater Glasgow & Clyde and East Renfrewshire Council will continue to identify and manage within their own risk management arrangements any risks they have retained under the integration arrangements. The partners will continue to report risk management to the existing committees including the impact of the integration arrangements.

### Notification of Insurance Claims

- 13.6 The Chief Officer and the Chief Financial Officer will put in place appropriate procedures for the notification and handling of any insurance claims made against the Integration Joint Board.

## 14 Economy, Efficiency and Effectiveness (Best Value)

- 14.1 The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the Integration Joint Board. This will apply in respect of:
- the resources delegated to the Integration Joint Board by NHS Greater Glasgow & Clyde and East Renfrewshire Council; and
  - the resources paid to NHS Greater Glasgow and Clyde and East Renfrewshire Council by the Integration Joint Board for use as directed and set out in the Strategic Plan.
- 14.2 The Integration Joint Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services. There will be a process of strategic planning which will have full board member involvement, in order to establish the systematic identification of priorities and realisation of Best Value in the delivery of services.
- 14.3 It will be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value and to co-ordinate policy in regard to ensuring that the Integration Joint Board provides Best Value.
- 14.4 The Chief Officer will be responsible for ensuring implementation of the strategic planning process. Best Value should cover the areas of human resource and physical resource management, commissioning of services, financial management and policy, performance and service delivery process reviews.



# East Renfrewshire Integration Joint Board

## Reserves Policy

(Version 2.2)

<b>Document Title:</b>	Reserves Policy		
<b>Owner:</b>	Chief Financial Officer	<b>Current Status</b>	Final – V2.2
<b>Date first approved:</b>	30.03.2016	<b>Date of last Review</b>	Sep 2022
<b>Approved by:</b>	Integration Joint Board	<b>Date of next Review</b>	Sep 2023
<b>Revision History:</b>			
<b>Version:</b>	<b>Date Effective:</b>	<b>Author &amp; Changes</b>	
1.0	April 2016	Lesley Bairden, Chief Financial Officer	
2.0	Mar 2020	Lesley Bairden, Chief Financial Officer - Full Review (no changes)	
2.1	Sep 2021	Lesley Bairden, Chief Financial Officer – Annual Review (no changes)	
2.2	Sep 2022	Lesley Bairden, Chief Financial Officer – Annual Review (no changes)	

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East Renfrewshire Integration Joint Board positively promotes the principles of sound corporate governance within all areas of the Integration Joint Board’s affairs. This Reserves Policy is a component of the Financial Regulations which are an essential component of the corporate governance of the Health & Social Care Partnership Integration Joint Board.



## 1. Background

- 1.1 To assist local authorities (and similar bodies) in developing a framework for reserves, CIPFA have issued guidance in the form of the *Local Authority Accounting Panel (LAAP) Bulletin 55 – Guidance Note on Local Authority Reserves and Balances*. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves. As the East Renfrewshire Integration Joint Board has the same legal status as a local authority, i.e. a section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes by the Office of National Statistics (ONS), it is able to hold reserves which should be accounted for in the financial accounts and records of the Integration Joint Board.
- 1.2 The purpose of a reserve policy is to:
- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
  - identify the principles to be employed by the Integration Joint Board in assessing the adequacy of the Integration Joint Board's reserves;
  - indicate how frequently the adequacy of the Integration Joint Board's balances and reserves will be reviewed; and
  - set out arrangements relating to the creation, amendment and use of reserves and balances.
- 1.3 In common with local authorities, the Integration Joint Board can have reserves within a usable category.

## 2. Statutory/Regulatory Framework for Reserves

### Usable Reserves

- 2.1 Local Government bodies, which includes the Integration Joint Board for these purposes, may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

<i>Usable Reserve</i>	<i>Powers</i>
General Fund	Local Government Scotland Act 1973

2.2 For each reserve there should be a clear protocol setting out:

- the reason / purpose of the reserve;
- how and when the reserve can be used;
- procedures for the reserves management and control; and
- the review timescale to ensure continuing relevance and adequacy.

### 3. Operation of Reserves

3.1 Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the Integration Joint Board cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
  - future use of funds for a specific purpose, as agreed by the Integration Joint Board; or
  - commitments made under delegated authority by Chief Officer, which cannot be accrued at specific times (e.g. year end) due to not being in receipt of the service or goods;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the Integration Joint Board.

## 4. Role of the Chief Financial Officer

- 4.1 The Chief Financial Officer is responsible for advising on the targeted optimum levels of reserves the Integration Joint Board would aim to hold (the prudential target). The Integration Joint Board, based on this advice, should then approve the appropriate reserve strategy as part of the budget process.

## 5. Adequacy of Reserves

- 5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Financial Officer must take account of the strategic, operational and financial risks facing the Integration Joint Board over the medium term and the Integration Joint Board's overall approach to risk management.
- 5.2 In determining the prudential target, the Chief Financial Officer should consider the Integration Joint Board's Strategic Plan, the medium term financial outlook and the overall financial environment. Guidance also recommends that the Chief Financial Officer reviews any earmarked reserves as part of the annual budget process and development of the Strategic Plan.
- 5.3 In light of the size and scale of the Integration Joint Board's responsibilities, over the medium term it is proposed that a prudent level of general reserves will represent approximately 2% of net expenditure. This value of reserves must be reviewed annually as part of the Integration Joint Board Budget and Strategic Plan; and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

## 6. Reporting Framework

- 6.1 The Chief Financial Officer has a fiduciary duty to ensure proper stewardship of public funds.
- 6.2 The level and utilisation of reserves will be formally approved by the Integration Joint Board based on the advice of the Chief Financial Officer. To enable the Integration Joint Board to reach a decision, the Chief Financial Officer should clearly state the factors that influenced this advice.

6.3 As part of the budget report the Chief Financial Officer should state:

- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
- the adequacy of general reserves in light of the Integration Joint Board's Strategic Plan, the medium term financial outlook and the overall financial environment;
- an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
- if the reserves held are under the prudential target, that the Integration Joint Board should be considering actions to meet the target through their budget process.

## **7. Accounting and Disclosure**

7.1 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.



# East Renfrewshire Integration Joint Board

## Risk Management Policy and Strategy

(Version 2.1)

<b>Document Title:</b>	IJB Risk Policy & Strategy		
<b>Owner:</b>	Chief Financial Officer	<b>Current Status</b>	Version 2.1
<b>Date first approved:</b>	17-08-2019	<b>Date of last Review</b>	August 2022
<b>Approved by:</b>	Integration Joint Board	<b>Date of next Review</b>	January 2024
<b>Revision History:</b>			
<b>Version:</b>	<b>Date Effective:</b>	<b>Author &amp; Changes</b>	
1.0	17/08/2019	New policy approved by IJB 17.98.2019	
1.1	09/10/2019	Full Review (see PAC Paper 27.11.2019)	
2.0	29/01/2020	Approved by IJB	
2.1	31/08/2022	Reviewed August 2022 – no changes	

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# Policy – the risk management approach

East Renfrewshire Integration Joint Board is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

In doing so the Integration Joint Board (IJB) aims to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the IJB and others who interact with the services delivered under the direction of the IJB.

The Integration Joint Board believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets, and fewer unexpected problems.

The IJB purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enable positive outcomes.

## Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and
- a positive reputation established for the Joint Board.

In normal circumstances the IJB's appetite/tolerance for risk is as follows:

Risk matrix with score and tolerance ratings

Risk Score	Overall rating
11-16	High /Red/Unacceptable
5-10	Medium /Yellow/Tolerable
1-4	Low/Green/Acceptable

The table below shows 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)				
<b>Impact</b>		Minor	1	Significant	2	Serious	3	Major	4

The IJB promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the IJB.

The IJB will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the IJB.

The IJB, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

# Strategy – implementing the policy

## 1. Introduction

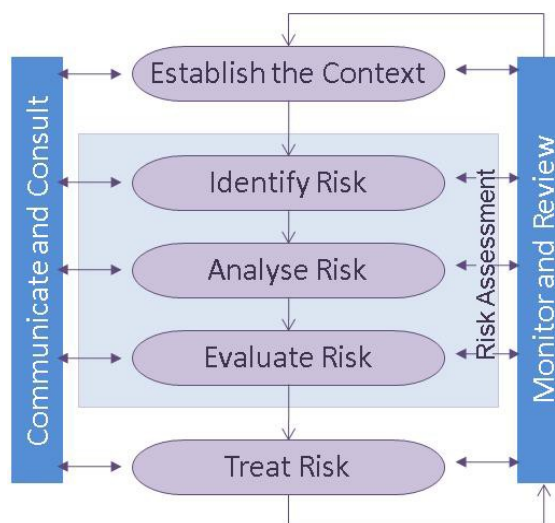
- 1.1 The primary objectives of this strategy will be to:
- promote awareness of risk and define responsibility for managing risk within the Integration Joint Board;
  - establish communication and sharing of risk information through all areas of the Integration Joint Board;
  - initiate measures to reduce the Integration Joint Board's exposure to risk and potential loss; and,
  - establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.
- 1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.
- 1.3 **Strategic risks** represent the potential for the Integration Joint Board (IJB) to achieve (opportunity) or fail to meet (threat) it's desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. The Strategic Risks Register will be shared with East Renfrewshire Council and NHS GGC. IJB risks may be noted on those organisations' Strategic Risk Register if deemed appropriate.
- 1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Joint Board's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the IJB.
- 1.5 All risks will be analysed consistently with an evaluation of risk as being as follows; High/Red/Unacceptable, Medium/Yellow/Tolerable and Low/Green/Acceptable. Risks identified as High/Red/Unacceptable will be subject to an exception report presented to the Performance and Audit Committee.
- 1.6 This document represents the risk management framework to be implemented across the IJB and will contribute to the IJB's wider governance arrangements.



## 2. Risk Management Process

2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects<sup>1</sup>. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

2.2 The IJB embeds risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.



## 3. Application of good risk management across the IJB activities

- 3.1 Standard procedures (3.2 – 3.10) will be implemented across all areas of activity that are under the direction of the IJB in order to achieve consistent and effective implementation of good risk management.
- 3.2 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.
- 3.3 Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.
- 3.4 Categorisation of risk under the headings below:
- Strategic Risks: such as risks that may arise from political, economical, social, technological, legislative and environmental factors that impact on the delivery of the Strategic Plan outcomes.
  - Operational Risks: such as risks that may arise from or impact on clinical care and treatment, social care and treatment, customer service, employee health, safety and wellbeing, business continuity/supply chain, information security and asset management.
- 3.5 Appropriate ownership of risk. Specific risks will be owned by/assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.

<sup>1</sup> Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

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- 3.6 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix and guide to terms and scoring to be used is detailed in Appendix 1.
- 3.7 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (i.e. to another partner or third party); tolerated as it is; or treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the IJB in keeping with its appetite/ tolerance for risk. In the case of opportunities, the IJB may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the IJB is confident in it's ability to achieve the benefits and manage/ contain the associated risk.
- 3.8 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources, and ease of access to information for risk reporting.
- 3.9 Reporting of strategic risks and key operational risks to the IJB on an annual basis and to the PAC on a quarterly basis. In addition ERC Strategic Risk Registers which may contain IJB risks, are reported to East Renfrewshire Council's Audit and Scutiny Committee twice a year and Cabinet once a year. Likewise high level NHS Greater Glasgow and Clyde risks from the Strategic Risk Register are reported to the Board every quarter.
- 3.10 Operation of a procedure for movement of risks between strategic and operational risk registers will be facilitated by the Senior Management Team.
- 3.11 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

# Realising the risk management vision

## 4. Risk management vision and measures of success

### Vision Statement:

**“To ensure that risk management is clearly and consistently integrated in the culture of East Renfrewshire Integration Joint Board.”**

- 4.1 In working towards this risk management vision, the IJB aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the IJB.
- 4.2 The measures of success for this vision will be:
- *successful delivery of the strategic plan, outcomes and targets*
  - *good financial outcomes for the Integration Joint Board*
  - *successful outcomes from external scrutiny*
  - *fewer unexpected/ unanticipated problems*
  - *fewer incidents/ accidents/ complaints*
  - *fewer claims/ less litigation*

# Risk leadership and accountability

## 5. Governance, roles and responsibilities

### Integration Joint Board

- 5.1 Members of the Integration Joint Board are responsible for:
- oversight of the IJB’s risk management arrangements;
  - receipt and review of reports on strategic risks and any key operational risks that require to be brought to the IJB’s attention; and,
  - ensuring awareness of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies.

### Chief Officer

- 5.2 The Chief Officer has overall accountability for the IJB’s risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB’s partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB’s ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

### Chief Financial Officer

- 5.3 The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

### Senior Management Team

- 5.4 Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:
- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
  - arranging professional risk management support, guidance and training from partner bodies;
  - receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the IJB; and,
  - ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

### Individual Risk Owners

- 5.5 It is the responsibility of each risk owner to ensure that:
- risks assigned to them are analysed in keeping with the agreed risk matrix;
  - data on which risk evaluations are based are robust and reliable so far as possible;
  - risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
  - risks are reviewed not only in terms of likelihood and impact of occurrence, but taking account of any changes in context that may affect the risk;
  - controls that are in place to manage the risk are proportionate to the context and level of risk.
  - Service Managers have a responsibility to report any changes to their service's Operational Risk Register to the Directorate Management Team.

### All persons working under the direction of the IJB

- 5.6 Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:
- understand the risks that relate to their roles and activities;
  - understand how their actions relate to their own, their patient's, their client's and public safety;
  - understand their accountability for particular risks and how they can manage them;
  - understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
  - understand that good risk management is a key part of the IJB's culture.

### Partner Bodies

- 5.7 It is the responsibility of relevant specialists from the partner bodies (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

### Senior Information Risk Owner

- 5.8 Responsibility for this specific role will remain with the individual partner bodies.

## Resourcing risk management

### 6. Resourcing the risk management framework

- 6.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the IJB will be resourced through the Senior Management Team's arrangements (referred to in 5.4).
- 6.2 Wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

### 7. Resourcing those responsible for managing specific risks

- 7.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.
- 7.2 Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Financial Officer.

## Training, learning and development

### 8. Risk management training and development opportunities

- 8.1 To implement this policy and strategy effectively, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.

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- 8.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required (referred to in 5.4).

# Monitoring activity and performance

## 9. Monitoring risk management activity

- 9.1 The IJB operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.
- 9.2 Monitoring will include review of the IJB's risk profile at Senior Management Team level.
- 9.3 All strategic and shared risks and key operational risks will be considered by the Senior Management team on a quarterly basis.
- 9.4 It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

## 10. Monitoring risk management performance

- 10.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.
- 10.2 Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or budget monitoring PIs (Performance Indicators) can provide assurance that key financial risks are under control.
- 10.3 The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.
- 10.4 Reviewing the IJB's risk management arrangements on a regular basis will also constitute a PDSA (Plan/Do/Study/Act) review cycle that will shape future risk management priorities and activities of the IJB, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

# Communicating risk management

## 11. Communicating, consulting on and reviewing the risk management framework

- 11.1 Effective communication of risk management information across the IJB is essential to developing a consistent and effective approach to risk management.
- 11.2 Copies of this policy and strategy will be widely circulated via the Senior Management Team and will form the basis of any risk management training arranged by the IJB.
- 11.3 The Policy and Strategy (Version 1.0) was first approved by the Integration Joint Board at its meeting of 17 August 2016.
- 11.4 Formal reviews of the policy will be undertaken biannually. In addition regular reviews will take place to ensure that it reflects current standards and best practice in risk management and fully reflects the IJB's business environment.

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## Appendix 1: Risk Matrix

<b>Likelihood</b>	Score								
Certain	4	Low		Medium		High		High	
Likely / probable	3	Low		Medium		Medium		High	
Possible/could happen	2	Low		Low		Medium		Medium	
Unlikely	1	Low		Low		Low		Low	
<b>Impact</b>		Minor	1	Significant	2	Serious	3	Major	4



## Appendix 2: Guide to terms and scoring

### Risk Criteria for Impact

Factor	Score	Effect on Service	Embarrassment/reputation	Personal Safety	Personal privacy infringement	Failure to provide statutory duties/meet legal obligations	Financial	Effect on Project Objectives
Major	4	Major loss of service, including several important areas of service and /or for a protracted period. Service Disruption 5+ Days	Adverse and persistent national media coverage Adverse central government response, involving (threat of) removal of delegated powers Officer(s) and/or Members forced to resign	Death of an individual or several people	All personal details compromised/ revealed	Litigation/claims/fines from Departmental £250k+ Corporate 500k+	Costing over £500,000 Up to 75% of Budget	Complete failure of project/ extreme delay – 3 months or more
Serious	3	Complete loss of an important service area for a short period Major effect to services in one or more areas for a period of weeks Service Disruption 3-5 Days	Adverse publicity in professional/municipal press, affecting perception/standing in professional/local government community Adverse local publicity of a major and persistent nature	Major injury to an individual or several people	Many individual's personal details compromised/ revealed	Litigation/claims/fines from Departmental £50k to £125k Corporate £100k to £250k	Costing between £50,000 and £500,000 Up to 50% of Budget	Significant impact on project or most of expected benefits fail/ major delay – 2-3 months
Significant	2	Major effect to an important service area for a short period Adverse effect to services in one or more areas for a period of weeks Service Disruption 2-3 Days	Adverse local publicity /local public opinion aware Statutory prosecution of a non-serious nature	Severe injury to an individual or several people	Some individual's personal details compromised/ revealed	Litigation/claims/fines from Departmental £25k to £50k Corporate £50k to £100k	Costing between £5,000 and £50,000 Up to 25% of Budget	Adverse effect on project/ significant slippage – 3 weeks–2 months
Minor	1	Brief disruption of important service area Significant effect to non-crucial service area Service Disruption 1 Day	Contained within section/unit or Directorate Complaint from individual/small group, of arguable merit	Minor injury or discomfort to an individual or several people	Isolated individual's personal details compromised/ revealed	Litigation/claims/fines from Departmental £12k to £25k Corporate £25k to £50k	Costing less than £5,000 Up to 10% of Budget	Minimal impact to project/ slight delay less than 2 weeks

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## Risk Criteria for Likelihood

Factor	Score	Threats - Description	Indicators
Certain	4	More than 75% chance of occurrence	Regular occurrence Circumstances frequently encountered – daily/weekly/monthly
Likely	3	40% - 75% chance of occurrence	Likely to happen at some point in the next 1-2 years  Circumstances encountered a few times per year.
Could happen	2	10% - 40% chance of occurrence	Only likely to happen 3 or more years
Unlikely	1	Less than 10% chance of occurrence	Has rarely happened/ never before

# East Renfrewshire Integration Joint Board

## Freedom of Information Policy

<b>Document Title:</b>	IJB Freedom of Information Policy		
<b>Owner:</b>	Chief Financial Officer	<b>Current Status</b>	Version 2
<b>Date first approved:</b>	25-11-2015	<b>Date of last Review</b>	August 2022
<b>Approved by:</b>	Integration Joint Board	<b>Date of next Review</b>	September 2024
<b>Revision History:</b>			
<b>Version:</b>	<b>Date Effective:</b>	<b>Author &amp; Changes</b>	
1.0	Nov 2015	New policy approved by IJB 25.11.2015 (SMcM)	
2.0	Aug 2022	Minor changes to wording and added contact details (2.1, 2.2, 3.3, 4.1, 5.2, 6.2, 8.1) (PG)	

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- 3. Responsibilities**
- 4. Policy Statement**
- 5. Enquiries**
- 6. Appeals**
- 7. Communication and Training**
- 8. Review**

# 1 Introduction

1.1 The Freedom of Information (Scotland) Act 2002 (“the Act”) imposes a number of obligations on Scottish public authorities including East Renfrewshire Integration Joint Board. The Act gives a general right of access to recorded information held by public authorities, subject to certain exemptions. The Act also imposes additional responsibilities:-

(a) to produce a Publication Scheme which is subject to approval by the Scottish Information Commissioner. Publication schemes are high level, strategic documents in which a public authority makes binding commitments to make information available to the general public. Such schemes:-

- provide clear evidence to the public that an authority is meeting its obligations under the Act to be accessible, open & transparent;
- enable the public to see what information is already published, and to access it without having to make a formal request for information;
- give employees clear guidance about the information that they can and should give out to the public so they can respond to information requests efficiently;
- help reinforce leadership messages about openness and accountability to staff at all levels in the organisation;
- are to be easily accessible and designed to be easy to understand and to use by everyone (including those with no web access).

(b) to respond to requests (which must be in writing or some other permanent form) made by anyone for information held by the authority within set timescales (normally 20 working days) regardless of when it was created, by whom, or the format in which it is now recorded.

(c) to advise an applicant if information is not held.

(d) to specify within the terms of exemptions set out in the Act if the authority refuses to release the requested information.

(e) to charge for the provision of information only in accordance with regulations made under the Act and to decline to provide information if the cost of doing so exceeds a specified level.

(f) to make applicants aware of their right to seek a review of any decision on a request for information and of the right to pursue an appeal to the Scottish Information Commissioner if dissatisfied with the decision of the authority.

(g) to provide advice and assistance to applicants seeking information.

## 2 Scope

- 2.1 This policy applies specifically to recorded information held by the Integration Joint Board.
- 2.2 Requests for information held by our partners; East Renfrewshire Council and NHS Greater Glasgow and Clyde are subject to their own FOI policies.
- 2.3 The Health and Social Care Partnership (HSCP) will ensure compliance with the IJB Freedom of Information policy by developing a range of procedures and guidelines. The key documents will be:
- information request procedures;
  - a comprehensive retention schedule;
  - information management guidelines; and
  - a publication scheme;
- 2.2 This Policy applies to all NHS and Council employees working within the HSCP and to IJB members.
- 2.4 The Policy will be supported by more detailed guidance on our obligations under ***freedom of information legislation***. This guidance is produced by our partner organisations.

## 3 Responsibilities

- 3.1 The **IJB** has a statutory responsibility to make information available in accordance with ***freedom of information legislation***. Operationally this role will be carried out by the HSCP.
- 3.2 **The Chief Officer** is ultimately responsible for IJB compliance with relevant statutory provisions.
- 3.3 **The Governance and Compliance Officer** has responsibility for advising on the application of ***freedom of information legislation*** and for ensuring that the IJB meets its obligations under legislation.
- 3.4 **The Heads of Service and Chief Financial Officer** are responsible for quality assuring responses to information requests and for ensuring that freedom of information requests received within their services receive appropriate and timely responses from their staff consistent with the legislation.
- 3.5 **Managers** are responsible for ensuring staff under their direction and control are aware of the freedom of information policies, procedures and guidance laid down by IJB and for ensuring that those staff understand and apply appropriately those policies, procedures and guidance in carrying out their day to day work.

- 3.6 **All staff** must have a general understanding of ***freedom of information legislation*** and know where to refer any issues on which they require guidance.

#### 4. Policy Statement

- 4.1 The IJB is committed to being open and honest in the conduct of its operations and in complying fully with the Freedom of Information (Scotland) Act. To this end the IJB will ensure:

- Compliance with the relevant Scottish Ministers Codes of Practice on ***Freedom of Information legislation*** and to related guidance issued by the Scottish Information Commissioner;
- a significant amount of routinely published information about the IJB is made available to the public as a matter of course through our Publication Scheme. This scheme will be regularly reviewed and updated.
- requests for information not included in the Publication Scheme will be processed wherever possible in accordance with our statutory obligations;
- assistance is provided to applicants seeking information;
- staff are aware of the need to be able to demonstrate the steps they have taken to identify if the IJB holds information sought by any individual;
- appropriate training and information is provided to staff at all levels within the organisation of their obligations and how they can obtain assistance in ensuring they meet these;
- staff are made aware that it is an offence under the Act to alter, deface, block, erase, destroy or conceal information with the intent of preventing disclosure.
- that personal data as defined in the Data Protection Act 1998 is held securely and is not inappropriately disclosed in response to a request for information under ***freedom of information legislation***.

#### 5. Enquiries

- 5.1 The IJB will be responsible for dealing with enquires which relate wholly or substantially to information which it holds.
- 5.2 Enquiries will be recorded and managed through East Renfrewshire Council's customer management system.

## 6 Appeals

- 6.1 If an applicant is unhappy with the outcome of a request for any reason they have the right to ask the IJB to review its response. The IJB will have a further 20 working days to reconsider the request. If, after the review, the requester is still unhappy, they can appeal to the Commissioner.
- 6.2 Requests for review should be made in writing to the IJB Chief Officer at East Renfrewshire Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN or by email to [hscp-foi@eastrenfrewshire.gov.uk](mailto:hscp-foi@eastrenfrewshire.gov.uk)

## 7. Communication and Training

- 7.1 All staff will have a general awareness of the IJB and our partner organisation's obligations under ***freedom of information legislation***. We will use on-line training packages to form part of the mandatory training for new members of staff. Specific training will be provided on demand to specific categories of staff or staff groups.
- 7.2 Guidance on processing requests, including the use of exemptions and fee notices will be available in the first instance from the HSCP FOI practitioner.

## 8. Review

- 8.1 This Policy will be reviewed every two years.



# East Renfrewshire Integration Joint Board

## Publication Scheme

Version 2

<b>Document Title:</b>	IJB Publication Scheme		
<b>Owner:</b>	Chief Financial Officer	<b>Current Status</b>	Version 2
<b>Date first approved:</b>	2017	<b>Date of last Review</b>	August 2022
<b>Approved by:</b>	Integration Joint Board	<b>Date of next Review</b>	September 2023
<b>Revision History:</b>			
<b>Version:</b>	<b>Date Effective:</b>	<b>Author &amp; Changes</b>	
1.0	Nov 2015	New policy approved by IJB (Stuart McMinigal)	
2.0	Aug 2022	Refreshed contacts and links to available information	

## Introduction

The Freedom of Information (Scotland) Act 2002 (FOISA) requires Scottish public authorities to adopt and maintain a publication scheme. Authorities are under a legal obligation to:

- (i) publish the classes of information that they make routinely available
- (ii) tell the public how to access the information they publish and whether information is available free of charge or on payment.. This is also known as a 'Guide to Information'

Individuals can therefore ask the IJB to provide any information that we hold and, if it is both legal and practical to do so, we will release it.

For the purposes of this Scheme, for information to be "published", it must be:

- (i) already produced and prepared and
- (ii) available to anyone to access easily without having to make a request for it.

## Guide to Information

The purpose of this guide to information is to:

- allow the public to see what information is available and what is not available in relation to each class;
- state what charges may be applied (for most information, there is no charge);
- explain how to find the information easily;
- provide contact details for enquiries and to get help with access to the information; and
- explain how to request information that has not been published.

The Guidance is split into the following six sections:

- availability and formats;
- exempt information;
- copyright;
- charges;
- contact details; and
- the classes of information that we publish.

## Availability and formats

Much of the information will be available on our website. We offer alternative arrangements for people who do not wish to, or who cannot, access the information either online or by inspection at our premises. For example, we can usually arrange to send out information in paper copy or an alternative electronic format can be requested (although there may be a charge for this).

Once published through the Guide to Information, the information should be available for the current and previous two financial years. Where information has been updated or superseded, only the current version needs to be made available (previous versions may be requested from the authority under section 1(1) of FOISA). 26.

### **Exempt information**

We will publish the information we hold that falls within the classes of information below. If a document contains information that is exempt under Scotland's freedom of information laws (for example sensitive personal data or a trade secret), we will remove or black out the information before publication and explain why.

### **Copyright**

Where the IJB holds the copyright in its published information, the information may be copied or reproduced without formal permission, provided that:

- it is copied or reproduced accurately;
- it is not used in a misleading context; and
- the source of the material is identified.

Where the IJB does not hold the copyright in information we publish, we will make this clear.

### **Charges**

There is no charge to view information on our website or at our premises.

We may charge for providing information to you, but will never charge more than it actually costs us to do so. We will always tell you what the cost is before providing the information to you.

For photocopying, we will charge a standard rate of 10p per A4 side of paper (black and white copy) and 30p per A4 side of paper (colour copy).

Information provided on removable storage devices will be charged at £1.00 per computer disc.

Postage costs will be recharged at the rate we pay to send the information to you.

If providing copies of any pre-printed publications, we will charge no more than the cost per copy of the total print run.

We do not pass any other costs on to you in relation to our published information.

### Information Not Published Under the Publication Scheme

There will be no charge for information requests which cost us £100 or less to produce.

Where information costs between £100 and £600 to provide to you, you may be asked to pay 10% of the cost. That is, if you were to ask for information that cost us £600 to provide, you would be asked to pay £50. That is calculated on the basis of a waiver for the first £100 and 10% of the remaining £500.

We are not obliged to respond to requests for non-environmental information which will cost us over £600 to process.

Where environmental information costs over £600 to provide to you, we may ask you to pay the additional cost over that amount in full. For example, if you were to ask us for information that costs us £800 to provide, you may be asked to pay £250. This fee would be calculated on the basis of a waiver for the first £100 costs of providing the information, 10% of the next £500 costs, and full cost recovery for cost over £600 (in this example, £200).

In calculating any fee, staff time will be calculated at actual cost per staff member hourly salary rate to a maximum of £15 per person per hour.

We do not charge for the time to determine whether we hold the information requested, nor for the time it takes to decide whether the information can be released. Charges may be made for locating, retrieving and providing information to you.

In the event that we decide to impose a charge we will issue you with notification of the charge (a fees notice) and how it has been calculated. You will have three months from the date of issue of the fees notice in which to decide whether to pay the charge. The information will be provided to you on payment of the charge. If you decide not to proceed with the request there will be no charge to you.

### **Contact details and how to request information not included in this guide**

You can contact us for assistance with any aspect of this information guide and if you want to ask us for information that is not included in the guide:

Freedom of Information  
East Renfrewshire Integration Joint Board  
Eastwood Health and Care Centre,  
Drumby Crescent,  
Clarkston, G76 7HN

Email: [hscp-foi@eastrenfrewshire.gov.uk](mailto:hscp-foi@eastrenfrewshire.gov.uk)

Tel 0141 451 0746

We will also advise you how to ask for information that we do not publish or how to complain if you are dissatisfied with any aspect of the publication scheme. If you

wish to make a request for information not contained in the publication scheme please contact us at [hscp-foi@eastrenfrewshire.gov.uk](mailto:hscp-foi@eastrenfrewshire.gov.uk)

## The Classes of Information

We publish information that we hold within the following classes. Once information is published under a class we will continue to make it available for the current and previous two financial years.

Where information has been updated or superseded, only the current version will be available. If you would like to see previous versions, you may make a request to us for that information.

The classes are:

- Class 1: About the IJB
  - Information about the authority, who we are, where to find us, how to contact us, how we are managed and our external relations.
- Class 2: How we deliver our functions and services
  - Information about our work, our strategies and policies for delivering our functions and services and information for our service users.
- Class 3: How the IJB takes decisions and what it has decided
  - Information about the decisions we take, how we make decisions and how we involve others.
- Class 4: What the IJB spends and how it spends it
  - Information about our strategy for, and management of, financial resources (in sufficient detail to explain how we plan to spend public money and what has actually been spent).
- Class 5: How the IJB manages its human, physical and information services
  - Information about how we manage our human, physical and information resources.
- Class 6: How the IJB procures goods and services from external providers
  - Information about how we procure goods and services and our contracts with external providers
- Class 7: How the IJB is performing
  - Information about how we perform as an organisation and how well we deliver our functions and services.
- Class 8: Our commercial publications - we do not hold or publish any information under this class
  - Information packaged and made available for sale on a commercial basis and sold at market value through a retail outlet e.g., bookshop, museum or research journal.
- Class 9: Our open data
  - The open data we make available as described by the Scottish Government's Open Data Strategy and Resource Pack, available under an open licence.

## The Classes of Information – East Renfrewshire Integration Joint Board

	Class	Description
1	<b>About The IJB</b>	Information about the authority, who we are, where to find us, how to contact us, how we are managed and our external relations.
1.1	who we are	The background as to how and why The IJB was established is on our website: <a href="http://www.eastrenfrewshire.gov.uk/health-and-social-care-integration">http://www.eastrenfrewshire.gov.uk/health-and-social-care-integration</a>
1.2	how to contact us, where to find us,	If you would like more information about the IJB or health and social care integration or you would like to share your thoughts with us then please contact us:  By email: <a href="mailto:hscp-foi@eastrenfrewshire.gov.uk">hscp-foi@eastrenfrewshire.gov.uk</a> By telephone: 0141 451 0746  Address: East Renfrewshire Integration Joint Board, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN
1.3	how we are managed and our external relations	The Integration Joint Board became legally responsible for the effective delivery of a large range of services within health and social care in April 2016. The membership of the IJB is largely prescribed by the Scottish Government in terms of numbers and the organisations that they represent. The members outlined below are the 8 voting members that make up the IJB. Additional 12 non-voting members are currently in the place. Membership of the IJB can be found <a href="#">here</a>  <a href="#">Code of Conduct</a>  Register of interests for all members can be found <a href="#">online</a> .
2	<b>How we deliver our functions and services</b>	How the IJB operates is set out in the <a href="#">Integration Scheme</a> . <a href="#">Standing Orders</a>
2.1	Our strategies and policies	<a href="#">Strategic Plan</a> <a href="#">Financial Regulations</a> <a href="#">Reserves Policy</a> <a href="#">IJB Risk Policy and Strategy</a> <a href="#">IJB FOI Policy</a> <a href="#">IJB Records Management Plan</a> <a href="#">IJB Complaints Handling Policy</a>
2.2	Information for service users:	Information for our service users can be found on our partner websites
3	<b>How we take decisions and what we have decided</b>	How we make decisions will be set out in the Integration Scheme, see 2 above.  Our decisions, including the minutes of the Board Meetings and sub-committees, will be published on our web pages,

		which are <a href="#">here</a> .
4	<b>What we spend and how we spend it</b>	<p>The IJB has a statutory duty to provide an Annual Report and Accounts. Our latest audited annual report and accounts is available <a href="#">here</a></p> <p>Regular revenue monitoring reports are also produced and are available within the IJB papers section of our website</p> <p><a href="#">Financial Regulations</a></p> <p><a href="#">Reserves Policy</a></p>
5	<b>How we manage our human, physical and information resources</b>	
5.1	Our human resources	The IJB does not employ staff directly. The staff who provide the services will either be employed by East Renfrewshire Council or NHS Greater Glasgow and Clyde. Information about their terms and conditions of staff are available on the websites of the Council and the NHS:
5.2	Our information resources	<p><a href="#">IJB Records Management Plan</a></p> <p><a href="#">IJB FOI Policy</a></p> <p>The services commissioned by the IJB will be delivered by the Council and the NHS and both organisations have their own Information Governance Policies and procedures.</p> <p>The Council has <a href="#">Records Management</a>, <a href="#">Data Protection</a> and <a href="#">Freedom of Information</a> policies and procedures. Freedom of Information requests for services delivered by the Council can be sent via the Council using the contact details on the Council <a href="#">website</a>.</p> <p>The NHS has <a href="#">Information Governance</a>, <a href="#">Data Protection</a> and <a href="#">Freedom of Information</a> policies and procedures. Freedom of Information requests for services delivered by the NHS can be sent using the contact details on the NHS website.</p>
5.3	Our physical resources	The physical resources used by those providing services that the IJB has commissioned will be owned by the Council or the NHS who will each follow their own procedures.
6	<b>How we procure goods and services from external providers</b>	Goods and services will be procured using both NHSGGC and East Renfrewshire Council procurement processes and procedures
7	<b>How we are performing</b>	<p><a href="#">IJB Annual Performance Report</a></p> <p><a href="#">Audited Annual Report and Accounts</a></p> <p>Audit updates and quarterly performance reports are also provided to our <a href="#">Performance and Audit Committee</a></p> <p><a href="#">Complaints Information</a></p>

8	<b>Our commercial publications</b>	The IJB does not have any commercial publication.
	<b>Open data</b>	The IJB does not hold any information in this area





**EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE  
PARTNERSHIP**



# East Renfrewshire Integration Joint Board

## Records Management Plan

Version 2 – July 2022

This plan is fully endorsed by the Chief Officer of East Renfrewshire Integration Joint Board who will ensure compliance with the Public Records (Scotland) Act 2011 through the corporate implementation of this Records Management Plan.

### Document Control Information

Revision	Date	Revision Description
1.0	22/10/2018	Draft circulated for comment
1.1	20/01/2019	No changes, approved by IJB Jan 2019
2	10/10/2022	Review – Elements 15 and 16 added in line with changes to Council's Records Management Plan. Links updated Approved by IJB Aug 2022

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## Records Management Plan

### Summary

This Records Management Plan (RMP) conforms to the model Records Management Plan as set out by the Keeper of the Records of Scotland, in accordance with the provisions of the Public Records (Scotland) Act 2011. This RMP covers East Renfrewshire Integration Joint Board, referred to as 'the IJB' throughout.

The RMP outlines and evidences the IJB's policies and procedures regarding the creation, use, management and disposal of the public records it creates and uses in pursuance of its statutory functions.

### **In line with the model plan, the IJB's RMP addresses 14 elements:**

Element 1: Senior management responsibility

Element 2: Records manager responsibility

Element 3: Records management policy statement

Element 4: Business classification

Element 5: Retention schedule

Element 6: Destruction arrangements

Element 7: Archiving and transfer arrangements

Element 8: Information security

Element 9: Data protection

Element 10: Business continuity and vital records

Element 11: Audit trail

Element 12: Competency framework for records management staff

Element 13: Assessment and review

Element 14: Shared Information

Element 15: Third party information

Element 16: Guidance

The IJB is fully committed to compliance with the requirements of the Public Records (Scotland) Act, 2014 which came into force on the 1st January 2016. The IJB will therefore follow procedures that aim to ensure that all of its officers employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the authority, or manage public records held by the authority, are fully aware of and abide by this plan's arrangements.

## **About the Public Records (Scotland) Act 2011**

The Public Records (Scotland) Act 2011 (the act) came fully into force in January 2013. The Act requires names public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014. This document is the Records Management Plan of Midlothian Integration Joint Board.

This RMP sets out and evidences proper arrangements for the management of the IJB's public records and is submitted for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011. It will be reviewed by the IJB annually.

<http://www.nas.gov.uk/recordKeeping/publicRecordsActIntroduction.asp>

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/22476.aspx>

## **About Integration Joint Boards**

The integration of health and social care is part of the Scottish Government's programme of reform to improve care and support for those who use health and social care services. It is one of the Scottish Government's top priorities.

The Public Bodies (Joint Working) (Scotland) Act provides the legislative framework for the integration of health and social care services in Scotland.

It will put in place:

Nationally agreed outcomes, which will apply across health and social care, in service planning by Integration Joint Boards and service delivery by NHS Boards and Local Authorities.

A requirement on NHS Boards and Local Authorities to integrate health and social care budgets.

A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

## **About East Renfrewshire Integration Joint Board**

The East Renfrewshire Integration Joint Board was established under the Public Bodies (Joint Working) Scotland Act 2014.

The order to establish the IJB was laid in the Scottish Parliament on Friday 29 May and came in to force on Saturday 27<sup>th</sup> June 2015.

From 1<sup>st</sup> April 2016 East Renfrewshire IJB became responsible for the planning and oversight of delivery of health and social care functions delegated to it by NHS Greater Glasgow and Clyde and East Renfrewshire Council.

These include children and families, adult social care services, criminal justice services and adult health community. The area covered by East Renfrewshire IJB is coterminous with the East Renfrewshire Local Authority.

The IJB operates as a body corporate (a separate legal entity), acting independently of NHS Greater Glasgow and Clyde and East Renfrewshire Council. The IJB consists of eight voting members appointed in equal number by NHS Greater Glasgow and Clyde and East Renfrewshire Council, with a number of non-voting representative members who are drawn from the third sector, independent sector, staff, carers and service users. The IJB is advised by a number of professionals including the Chief Officer, Clinical Director, Chief Nurse and Chief Social Work Officer.

The IJB's key functions are to:

- Prepare a Plan for integrated functions that is in accordance with national and local outcomes and integration principles
- Allocate the integrated budget in accordance with the Plan
- Oversee the delivery of services that are within the scope of the Partnership.

Information underpins the IJB's over-arching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.
- Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB make:
  - Better decisions based on complete information.
  - Smarter and smoother work practices.
  - Consistent and collaborative workgroup practices.
  - Better resource management.
  - Support for research and development.
  - Preservation of vital and historical records.

In addition we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.

## **Review**

Section 5 (1) of the Act requires authorities to keep their plans under review to ensure its arrangements remain fit for purpose.

## RMP Principles

### What does the Records Management Plan cover?

Records management covers records of all formats and media. This includes paper and computer records. Records management is needed throughout the lifecycle of a record, and the process begins when the decision to create the record is taken.

### Why is records management important?

Records are vital for the effective functioning of the IJB: they support the decision-making; document its aims, policies and activities; and ensure that legal, administrative and audit requirements are met.

For records to perform their various functions, some form of management is needed. Management includes control over what is created, development of effective and efficient filing systems to store records, and procedures for retention of records.

### Records management principles

Security – Records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required.

Accountability – Adequate records are maintained to account fully and transparently for all actions and decisions in particular:

To protect legal and other rights of staff or those affected by those actions

To facilitate audit or examination

To provide credible and authoritative evidence

Quality – Records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed.

Accessibility – Records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation.

Retention and disposal – There are consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records.

Training – that all staff are informed of their record-keeping responsibilities through appropriate training and guidance and if required further support as necessary.

## East Renfrewshire IJB Records Management Plan

The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed in the parent body organisations, i.e. East Renfrewshire Council and NHS Greater Glasgow and Clyde and as such will be covered by their respective record management plans.

As such, this RMP relates to the IJB committees (Integration Joint Board, Audit and Performance and Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the Strategic Plan. All of this information is already in the public domain via the IJB pages on East Renfrewshire Council's website



<https://www.eastrenfrewshire.gov.uk/health>

<https://www.eastrenfrewshire.gov.uk/article/8044/East-Renfrewshire-Integration-Joint-Board>

The IJB has agreed with East Renfrewshire Council that all of the IJB's records will be managed by East Renfrewshire Council. The plan will be continuously reviewed and updated.

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 1: Senior management responsibility</b></p> <p>Section 1(2)(a)(i) of the Act specifically requires a RMP to identify the individual responsible for the management of the authority's public records. An authority's RMP <u>must</u> name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.</p> <p>It is vital that the RMP submitted by an authority has the approval and support of that authority's senior management team. Where an authority has already appointed a Senior Information Risk Owner, or similar person, they should consider making that person responsible for the records management programme. It is essential that the authority identifies and seeks the agreement of a senior post-holder to take overall responsibility for records management. That person is unlikely to have a day-to-day role in implementing the RMP, although they are not prohibited from doing so.</p> <p>As evidence, the RMP could include, for example, a covering letter signed by the senior post-holder. In this letter the responsible person named should indicate that they endorse the authority's record management policy (See Element 3).</p> <p><a href="#">Read further explanation and guidance about element 1.</a></p>	<p>The Chief Officer, Julie Murray, has senior responsibility for all aspects of the IJB's Records Management, and is the corporate owner of this document.</p> <p>The Chief Officer chairs the HSCP Management Team, which has strategic responsibility for the Health and Social Care Partnership.</p>	<p>Job Description and IJB appointment paper of Chief Officer</p>	<p>No further development required. The Keeper agrees that the IJB has identified an appropriate individual to this role.</p>



RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 2: Records Manager Responsibility</b></p> <p>Section 1(2) (a)(ii) of the Act specifically requires a RMP to identify the individual responsible for ensuring the authority complies with its plan. An authority's RMP must name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP. This person should be the Keeper's initial point of contact for records management issues.</p> <p>It is essential that an individual has overall day-to-day responsibility for the implementation of an authority's RMP. There may already be a designated person who carries out this role. If not, the authority will need to make an appointment. As with element 1 above, the RMP must name an individual rather than simply a job title. It should be noted that staff changes will not invalidate any submitted plan provided that the all records management responsibilities are transferred to the incoming post holder and relevant training is undertaken. This individual might not work directly for the scheduled authority.</p> <p>It is possible that an authority may contract out their records management service. If this is the case an authority may not be in a position to provide the name of those responsible for the day-to-day operation of this element.</p> <p>The authority must give details of the arrangements in place and name the body appointed to carry out the records management function on its behalf. It may be the case that an authority's records management programme has been developed by a third party. It is the person operating the programme on a day-to-day basis whose name should be submitted.</p> <p><a href="#">Read further explanation and guidance about element 2</a></p>	<p>The Operational Officer responsible for records management is:</p> <p>East Renfrewshire Council: Craig Geddes , Senior Information and Improvement Officer</p> <p>Responsibilities include oversight of:</p> <ul style="list-style-type: none"> <li>▪ Managing the IJB's records;</li> <li>▪ Reviewing and implementing operational policies and procedures in line with the RMP;</li> <li>▪ Ensuring relevant health and social care staff have records management training</li> </ul>	<p>The MoU accompanying this document nominates this role within East Renfrewshire Council, as the lead with operational responsibility.</p> <p>Job description of Senior Information and Improvement Officer demonstrates that the named individual has the skills required and can access all IJB records.</p> <div style="text-align: center;">  <p>Senior Information and Improvement Off</p> </div> <p>The MoU sets out that the IJB's records are created and managed by the partner body, East Renfrewshire Council. It indicates that the CO is satisfied that the partner body has appropriate records management arrangements in place.</p> <div style="text-align: center;">  <p>RMP MoU_.pdf</p> </div>	<p>No further development required. The Keeper has agreed an appropriate individual has been appointed. A signed copy of the MoU was shared with the Keeper</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 3: Records Management Policy Statement</b></p> <p>The Keeper expects each authority's plan to include a records management policy statement. The policy statement should describe how the authority creates and manages authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required. The policy statement should be made available to all staff, at all levels in the authority. The statement will properly reflect the business functions of the public authority. The Keeper will expect authorities with a wide range of functions operating in a complex legislative environment to develop a fuller statement than a smaller Authority.</p> <p>The records management statement should define the legislative, regulatory and best practice framework, within which the authority operates and give an overview of the records management processes and systems within the authority and describe how these support the authority in carrying out its business effectively. For electronic records the statement should describe how metadata is created and maintained.</p> <p>It should be clear that the authority understands what is required to operate an effective records management system which embraces records in all formats.</p> <p>The records management statement should include a description of the mechanism for records management issues being disseminated through the authority and confirmation that regular reporting on these issues is made to the main governance bodies. The statement should have senior management approval and evidence, such as a minute of the management board recording its approval, submitted to the Keeper.</p> <p>The other elements in the RMP, listed below, will help provide the Keeper with evidence that the authority is fulfilling its policy.</p> <p><a href="#">Read further explanation and guidance about element 3.</a></p>	<p>East Renfrewshire Council and NHS Greater Glasgow and Clyde work in partnership, governed by the East Renfrewshire Integration Joint Board (IJB).</p> <p>East Renfrewshire IJB is responsible for planning health and care services for the East Renfrewshire population.</p> <p>The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed in the parent body organisations, i.e. East Renfrewshire Council and NHS Greater Glasgow and Clyde and as such will be covered by their respective record management plans.</p> <p>The records covered by this plan constitute IJB business in terms of:</p> <ul style="list-style-type: none"> <li>• IJB Meetings - agendas and papers, including Directions</li> <li>• IJB Strategies and Policies, including the Annual Performance Report, Strategic Plan and Delivery Plan</li> </ul> <p>All of this information is already in the public domain via the IJB's pages on East Renfrewshire Council's website</p> <p><a href="https://www.eastrenfrewshire.gov.uk/integration-joint-board">https://www.eastrenfrewshire.gov.uk/integration-joint-board</a></p>	<p>East Renfrewshire Council Records Management Policy</p> <p><a href="https://www.eastrenfrewshire.gov.uk/records-management-policy">https://www.eastrenfrewshire.gov.uk/records-management-policy</a></p>	<p>The Keeper agrees that the IJB has adopted a suitable management policy</p> <p>The Council's Records Management policy will be reviewed every two years (next due 2023)</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 4: Business classification</b></p> <p>The Keeper expects an authority to have properly considered business classification mechanisms and its RMP should therefore reflect the functions of the authority by means of a business classification scheme or similar.</p> <p>A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the informational assets the business creates and maintains, and in which function or service area they are held. As authorities change the scheme should be regularly reviewed and updated. A business classification scheme allows an authority to map its functions and provides a structure for operating a disposal schedule effectively.</p> <p>Some authorities will have completed this exercise already, but others may not. Creating the first business classification scheme can be a time-consuming process, particularly if an authority is complex, as it involves an information audit to be undertaken. It will necessarily involve the cooperation and collaboration of several colleagues and management within the authority, but without it the authority cannot show that it has a full understanding or effective control of the information it keeps.</p> <p>Although each authority is managed uniquely there is an opportunity for colleagues, particularly within the same sector, to share knowledge and experience to prevent duplication of effort.</p> <p>All of the records an authority creates should be managed within a single business classification scheme, even if it is using more than one record system to manage its records.</p> <p>An authority will need to demonstrate that its business classification scheme can be applied to the record systems which it operates.</p> <p><a href="#">Read further explanation and guidance about element 4</a></p>	<p>As the IJB has only been in operation since 1st April 2016, the type and volume of record keeping specific to the IJB is evolving rapidly.</p> <p>The IJB will follow the corporate Business Classification Scheme (BCS) adopted by East Renfrewshire Council which identifies its high-level functions and activities. These functions cut across the divisional structures of the Council, enabling the BCS to remain relevant in the event of structural changes to the organisation. East Renfrewshire's BCS has been updated to include IJB records.</p> <p>This has been discussed and agreed as a sensible approach by NHS Greater Glasgow and Clyde and East Renfrewshire Council</p>	<p>The link to East Renfrewshire Council BCS is attached below</p> <p><a href="https://www.eastrenfrewshire.gov.uk/business-classification-scheme">https://www.eastrenfrewshire.gov.uk/business-classification-scheme</a></p>	<p>Ongoing reassessment involving department information asset owners will ensure that it's kept accurate and up-to-date.</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 5: Retention schedules</b></p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP must demonstrate the existence of and adherence to corporate records retention procedures.</p> <p>The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism (see element 6) at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme (See element 7).</p> <p>The principal reasons for creating retention schedules are:</p> <ul style="list-style-type: none"> <li>▪ to ensure records are kept for as long as they are needed and then disposed of appropriately</li> <li>▪ to ensure all legitimate considerations and future uses are considered in reaching the final decision.</li> <li>▪ to provide clarity as to which records are still held by an authority and which have been deliberately destroyed.</li> </ul> <p>“Disposal” in this context does not necessarily mean destruction. It includes any action taken at the agreed disposal or review date including migration to another format and transfer to a permanent archive.</p> <p>A retention schedule is an important tool for proper records management. Authorities who do not yet have a full retention schedule in place should show evidence that the importance of such a schedule is acknowledged by the senior person responsible for records management in an authority (see element 1). This might be done as part of the policy document (element 3). It should also be made clear that the authority has a retention schedule in development.</p> <p>An authority's RMP must demonstrate the principle that retention rules are consistently applied across all of an authority's record systems.</p> <p><a href="#">Read further explanation and guidance about element 5.</a></p>	<p>A retention schedule is a list of records for which pre-determined disposal dates have been established</p> <p>The corporate records including formal IJB reports and minutes will be managed in accordance with the IJB Board Servicing Committee Protocol.</p> <p>The Business Records Retention Scheme used by East Renfrewshire Council determines how long documents should be retained.</p> <p>Schedule 18 of the retention scheme relates specifically to the Integration Joint Board</p>	<p>East Renfrewshire Council Retention Schedule Document</p> <p><a href="https://www.eastrenfrewshire.gov.uk/retention-schedule">https://www.eastrenfrewshire.gov.uk/retention-schedule</a></p>	<p>As above</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 6: Destruction arrangements</b></p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP must demonstrate that proper destruction arrangements are in place.</p> <p>A retention schedule, on its own, will not be considered adequate proof of disposal for the Keeper to agree a RMP. It must be linked with details of an authority's destruction arrangements. These should demonstrate security precautions appropriate to the sensitivity of the records. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.</p> <p><a href="#">Read further explanation and guidance about element 6.</a></p>	<p>The destruction of IJB records, in all formats, will be undertaken by East Renfrewshire Council.</p> <p>All IJB Records will be held electronically on East Renfrewshire Council's system therefore no hard copies will require destruction with the exception of signed copies of minutes which will be held as part of ERC destruction policy.</p> <p>Destruction of electronic media and digital hardware is carried out in accordance with ERC policies</p>	<p>East Renfrewshire Council Records Disposal Policy</p> <p><a href="https://www.eastrenfrewshire.gov.uk/destruction-arrangements">https://www.eastrenfrewshire.gov.uk/destruction-arrangements</a></p>	<p>Continue to monitor destruction arrangements as new records systems are developed</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 7: Archiving and transfer arrangements</b></p> <p>Section 1(2)(b)(iii) of the Act specifically requires a RMP to make provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP must detail its archiving and transfer arrangements and ensure that records of enduring value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive, if that facility exists, or another suitable repository, which must be named. The person responsible for the archive should also be cited.</p> <p>Some records continue to have value beyond their active business use and may be selected for permanent preservation. The authority's RMP must show that it has a mechanism in place for dealing with records identified as being suitable for permanent preservation. This mechanism will be informed by the authority's retention schedule which should identify records of enduring corporate and legal value.</p> <p>An authority should also consider how records of historical, cultural and research value will be identified if this has not already been done in the retention schedule.</p> <p>The format/media in which they are to be permanently maintained should be noted as this will determine the appropriate management regime.</p> <p><a href="#">Read further explanation and guidance about element 7.</a></p>	<p>All IJB Records will be held electronically on East Renfrewshire Council's system so no hard copies will be archived as per element 6</p> <p>Electronic archiving policies will be determined at a later date. At this stage there is only a limited volume of records specific to the IJB.</p> <p>In terms of a procedure, the IJB will follow the Council's plans whereby records are moved into a secure offsite location</p> <p>IJB records will be managed with regard to ERC archiving policies</p>	<p>The agreed arrangement between the Board and East Renfrewshire Council for IJB records to be included in the archiving and transferring arrangements established by East Renfrewshire Council.</p> <p><a href="https://www.eastrenfrewshire.gov.uk/archiving-and-transfer-arrangements">https://www.eastrenfrewshire.gov.uk/archiving-and-transfer-arrangements</a></p>	<p>The provision for physical archives continues to be under review, and policies and provision for electronic archiving will need to be developed. An Archives Service Standards document is being drafted.</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 8: Information Security</b></p> <p>Section 1(2) (b)(ii) of the Act specifically requires a RMP to make provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> make provision for the proper level of security for its public records. All public authorities produce records that are sensitive. An authority's RMP <u>must</u> therefore include evidence that the authority has procedures in place to adequately protect its records. Information security procedures would normally acknowledge data protection and freedom of information obligations as well as any specific legislation or regulatory framework that may apply to the retention and security of records.</p> <p>The security procedures must put in place adequate controls to prevent unauthorised access, destruction, alteration or removal of records. The procedures will allocate information security responsibilities within the authority to ensure organisational accountability and will also outline the mechanism by which appropriate security classifications are linked to its business classification scheme.</p> <p><a href="#">Read further explanation and guidance about element 8.</a></p>	<p>Information security is the process by which an authority protects its records and ensures they remain available. It is the means by which an authority guards against unauthorised access and provides for the integrity of the records. Robust information security measures are an acknowledgement that records represent a risk as well as an asset. A public authority should have procedures in place to assess and contain that risk.</p> <p>The IJB will rely on NHS Greater Glasgow and Clyde and East Renfrewshire Council arrangements in terms of systems, devices, information sharing platforms etc.</p> <p>All staff will remain employees of either NHS Greater Glasgow and Clyde or East Renfrewshire Council. As such they will be subject to the policies and procedures of their employer, i.e.</p> <p>NHS Greater Glasgow and Clyde Information Security Policy</p> <p><a href="http://library.nhsggc.org.uk/mediaAssets/library/InformationGovernancePolicy09Jul02.pdf">http://library.nhsggc.org.uk/mediaAssets/library/InformationGovernancePolicy09Jul02.pdf</a></p> <p>or East Renfrewshire Council Information Security Policy</p> <p><a href="https://www.eastrenfrewshire.gov.uk/information-security">https://www.eastrenfrewshire.gov.uk/information-security</a></p>	<p>East Renfrewshire Council Information Security Policy</p> <p><a href="https://www.eastrenfrewshire.gov.uk/information-security">https://www.eastrenfrewshire.gov.uk/information-security</a></p> <p>East Renfrewshire Information Security Group Remit:</p>	<p>A new Information Asset Register system, which will enable the linking of security classifications with its business classification scheme is being introduced. Information securities policies and related assessments are instigated by the ERC Information Security and Digital Risk Officer</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 9: Data protection</b></p> <p>The Keeper will expect an authority's RMP to indicate compliance with its data protection obligations. This might be a high level statement of public responsibility and fair processing.</p> <p>If an authority holds and process information about stakeholders, clients, employees or suppliers, it is legally obliged to protect that information. Under the Data Protection Act, an authority must only collect information needed for a specific business purpose, it must keep it secure and ensure it remains relevant and up to date. The authority <u>must</u> also only hold as much information as is needed for business purposes and only for as long as it is needed. The person who is the subject of the information <u>must</u> be afforded access to it on request.</p> <p><a href="#">Read further explanation and guidance about element 9.</a></p>	<p>The Information Commissioner has confirmed that the IJB can be a data controller albeit that it will not hold any personal records of service users/patients.</p> <p>Any personal data held by the IJB is therefore limited and would be handled in line with East Renfrewshire Council's data protection policy.</p> <p>The IJB is registered as a body which will be subject to Freedom of Information applies to the IJB and a local policy has been established albeit that most requests will be addressed directly by the parent bodies.</p> <p>Legislation changed on 25/05/18 which increased the rights of individuals and increase fines for data breaches.</p> <p>The IJB has its own complaints policy.</p> <p>IJB records are properly managed for the purposes of Data Protection</p>	<p>East Renfrewshire IJB is not registered as a Data Controller on the ICO website</p> <p><a href="#">ERC Data Protection Policy</a></p> <p><a href="#">Privacy Policy</a></p> <p><a href="#">IJB Complaints Policy</a></p> <p><a href="#">ERC Complaints Policy</a></p> <p>IJB FOI Policy and Publication scheme</p> <p>Ongoing training is provided via NHS learnpro and ERC online training modules.</p>	<p>The Council's Data Protection policy will be reviewed every 2 years or to reflect changes in staffing as appropriate</p>



RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 10: Business continuity and vital records</b></p> <p>The Keeper will expect an authority's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by authorities are vital to their function. These might include insurance details, current contract information, master personnel files, case files, etc. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems.</p> <p>Authorities should therefore have appropriate business continuity plans ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.</p> <p><a href="#">Read further explanation and guidance about element 10.</a></p>	<p>A business continuity and vital records plan serves as the main resource for the preparation for, response to, and recovery from, an emergency that might affect any number of crucial functions in an authority.</p> <p>The IJB's records will be subject to the policies and procedures of the partner body in relation to business continuity.</p> <p>The MoU sets out that the IJB's records are managed in accordance with East Renfrewshire Council's Business Continuity and vital records arrangements.</p> <p>All services will continue to be provided or commissioned directly by NHS Greater Glasgow and Clyde or East Renfrewshire Council. As such there is no direct requirement for the IJB to have its own arrangements for business continuity of vital records.</p> <p>Both NHS Greater Glasgow and Clyde and East Renfrewshire Council have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has overall responsibility.</p>	<p>East Renfrewshire Council Business Continuity Plan</p> <p><a href="https://www.eastrenfrewshire.gov.uk/business-continuity-and-vital-records">https://www.eastrenfrewshire.gov.uk/business-continuity-and-vital-records</a></p>	<p>The Business Continuity Policy is due to be refreshed once the Covid-19 outbreak and associated lockdown measures have passed.</p> <p>Vital records within the archives and records store will be defined as part of a records store disaster plan</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 11: Audit trail</b></p> <p>The Keeper will expect an authority's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. For the purpose of this plan 'changes' can be taken to include movement of a record even if the information content is unaffected. Audit trail information must be kept for at least as long as the record to which it relates.</p> <p>This audit trail can be held separately from or as an integral part of the record. It may be generated automatically, or it may be created manually.</p> <p><a href="#">Read further explanation and guidance about element 11</a></p>	<p>The IJB's records are created by NHS Greater Glasgow and Clyde and East Renfrewshire Council and are managed via East Renfrewshire Council.</p>	<p>The MoU sets out the IJB's Audit Trail arrangements</p> <p>As per Element 2</p>	<p>No further development required.</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 12: Competency framework for records management staff</b></p> <p>The Keeper will expect an authority's RMP to detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills.</p> <p>A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system. If the authority appoints an existing non- records professional member of staff to undertake this task, the framework will provide the beginnings of a training programme for that person.</p> <p>The individual carrying out day-to-day records management for an authority might not work for that authority directly. It is possible that the records management function is undertaken by a separate legal entity set up to provide functions on behalf of the authority, for example an arm's length body or a contractor. Under these circumstances the authority must satisfy itself that the supplier supports and continues to provide a robust records management service to the authority.</p> <p><a href="#">Read further explanation and guidance about element 12.</a></p>	<p>The IJB will rely upon the records manager of the partner body for compliance under this element.</p> <p>Training for records management staff will remain the responsibility of the employing body East Renfrewshire Council</p> <p>Our Senior Information and Improvement Officer can offer advice on records issues, and guidance on data protection and information security is available from the Business Operations &amp; Partnerships Department.</p> <p>A new records management competencies and training framework has been developed</p>	<p>East Renfrewshire Council Competency Framework</p> <p><a href="https://www.eastrenfrewshire.gov.uk/records-management-training">https://www.eastrenfrewshire.gov.uk/records-management-training</a></p>	<p>Online training module will be refreshed and further role-based corporate and departmental records management training will be developed as part of the implementation of the Council's records management competencies and training framework</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 13: Assessment and review</b></p> <p>Section 1(5) (i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>An authority's RMP <u>must</u> describe the procedures in place to regularly review it in the future.</p> <p>It is important that an authority's RMP is regularly reviewed to ensure that it remains fit for purpose. It is therefore vital that a mechanism exists for this to happen automatically as part of an authority's internal records management processes.</p> <p>A statement to support the authority's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.</p> <p><a href="#">Read further explanation and guidance about element 13.</a></p>	<p>The IJB relies on East Renfrewshire Council to ensure that the systems, policies and procedures that govern its records are regularly assessed.</p> <p>The record management plan will be reviewed and updated through the HSCP Management Team. During the first year any gaps in this plan will be identified as issues arise and solutions agreed.</p> <p>East Renfrewshire Council have committed to periodic review of the RMP by ERC internal Audit and by participation in the Keeper of Scottish Records self-assessment program</p>	<p>East Renfrewshire Council Records Management Policy</p> <p><a href="https://www.eastrenfrewshire.gov.uk/records-management-policy">https://www.eastrenfrewshire.gov.uk/records-management-policy</a></p>	<p>The Council's Records Management Plan has defined review dates and policy and guidance will continue to be assessed and reviewed going forward</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 14: Shared information</b></p> <p>The Keeper will expect an authority's RMP to reflect its procedures for sharing information. Authorities who share, or are planning to share, information must provide evidence that they have considered the implications of information sharing on good records management.</p> <p>Information sharing protocols act as high level statements of principles on sharing and associated issues, and provide general guidance to staff on sharing information or disclosing it to another party. It may therefore be necessary for an authority's RMP to include reference to information sharing protocols that govern how the authority will exchange information with others and make provision for appropriate governance procedures.</p> <p>Specifically the Keeper will expect assurances that an authority's information sharing procedures are clear about the purpose of record sharing which will normally be based on professional obligations. The Keeper will also expect to see a statement regarding the security of transfer of information, or records, between authorities whatever the format.</p> <p><a href="#">Read further explanation and guidance about element 14.</a></p>	<p>As part of its function the IJB must utilise the records of other partners and therefore information sharing is a key part of its business therefore an information sharing protocol has been agreed between NHS Greater Glasgow and Clyde Council and East Renfrewshire Council</p> <p>The IJB relies on East Renfrewshire Council to ensure that the systems, policies and procedures that govern its records are regularly assessed.</p> <p>The record management plan will be reviewed and updated through the Department Management Team. During the first year any gaps in this plan will be identified as issues arise and solutions agreed.</p> <p>East Renfrewshire Council have committed to periodic review of the RMP by ERC internal Audit and by participation in the Keeper of Scottish Records self-assessment program</p>	<p>An information sharing protocol has been agreed between NHS Greater Glasgow and Clyde Council and East Renfrewshire Council to enable the safe and effective sharing of information.</p>	<p>Arrangements are place to ensure sharing agreements are reviewed. The Council are implementing an Information Asset Register which will allow for greater clarity and control in relation to the responsibility for records and how they can be shared.</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 15: Third Party Records</b></p> <p>Section 3 of the Act describes the meaning of ‘public records’ for the purposes of the Act. It says that public records in relation to a named authority means records created by or on behalf of the authority in carrying out its functions. This is extended to records created by or on behalf of a contractor carrying out the authority’s functions and includes records that have come into the possession of the authority or contractor in carrying out the authority’s functions. Records created or held by a third party contractor that are not done so in relation to that contractor carrying out the function of the public authority are not public records under the Act.</p> <p>An authority’s plan must include reference as to what public records are being created and held by a third party carrying out a function of the authority and how these are being managed to the satisfaction of the authority. This does not mean the authority must impose its own arrangements on the third party.</p> <p>Authorities should take a risk-based approach to the arrangements it puts in place with third parties to ensure that these are relevant and proportionate to the public records that fall within the scope of each contract type. Records management requirements, and evidence of assurance that prospective contractors will be able to meet these, should be included in the procurement exercise.</p> <p>An authority will wish to ensure the scope of its proposed arrangements include sub-contractors. It will further wish to ensure that arrangements are in place to allow it to meet statutory obligations under other information legislation, for example, to FOI(S)A and data protection legislation (see Element 9). There may be other regulatory obligations that an authority will wish to consider in relation to the function being carried out by the third party.</p>	<p>Public records created by third parties are covered within the scope of all relevant components of our Records Management Plan including the Records Management Policy, Corporate Records Management Procedures and the integrated Business Classification Scheme and Record Retention Schedule.</p> <p>As contracted services are procured and commissioned directly by NHS Greater Glasgow and Clyde or East Renfrewshire Council there are no IJB records which have been created or held by third parties.</p>	<p>As statutory functions carried out by third parties are commissioned by either ERC or NHSGGC</p> <p><a href="https://www.eastrenfrewshire.gov.uk/public-records-and-third-parties">https://www.eastrenfrewshire.gov.uk/public-records-and-third-parties</a></p>	<p>No further development identified</p>

RMP Element Description	East Renfrewshire Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p><b>Element 16: Guidance</b></p> <p>This is an additional element which has been added to ER IJB RMP</p> <p><i>This is not a statutory element</i></p>	<p>This new area comprises the following guidance notes which are either new or have been substantially refreshed and revised from previous versions (as at 2021)</p> <ul style="list-style-type: none"> <li>▪ Managing your files</li> <li>▪ Email Guidance</li> <li>▪ Version Control</li> <li>▪ Using the Records Store</li> <li>▪ Records Store Procedures</li> <li>▪ Scanning Guidelines</li> <li>▪ Meta-data guidance</li> <li>▪ Taking care of our digital records</li> <li>▪ Redaction Guidance</li> </ul>	<p><a href="https://www.eastrenfrewshire.gov.uk/records-management-guidance">https://www.eastrenfrewshire.gov.uk/records-management-guidance</a></p>	<p>Policy and guidance will continue to be assessed and reviewed in line with review dates identified as part of the Council's RMP</p>

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<b>Meeting of East Renfrewshire Integration Joint Board</b>	Performance and Audit Committee
<b>Held on</b>	21 September 2022
<b>Agenda Item</b>	11
<b>Title</b>	IJB Strategic Risk Register
<p><b>Summary</b></p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></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****21 September 2022****Report by Chief Financial Officer****IJB STRATEGIC RISK REGISTER UPDATE****PURPOSE OF REPORT**

1. This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.

**RECOMMENDATION**

2. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

**BACKGROUND**

3. In accordance with the agreed monitoring policy this report provides the Performance and Audit Committee with an update on the strategic risk register.
4. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risk to make it a useful working document.
5. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

**Risk levels considering Likelihood and Severity**

<b>Likelihood</b>	<b>Score</b>								
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)	
<b>Impact</b>		Minor	1	Significant	2	Serious	3	Major	4

6. In normal circumstances the policy states the tolerance for risk is as follows:

Risk Score	Overall rating
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

## REPORT

7. The Strategic Risk Register is a 'live' document; the latest version is attached at Appendix 1.
8. The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place on 22 June 2022. Since last reported:-
- No new risks have been added
  - No risks have been removed
  - No risk scores have changes
9. Risk control measures have been reviewed and updated to reflect any proposed mitigation which has been completed, or where the expected date for completion has been extended.
10. Members are asked to note the following:-

### Financial Sustainability

11. Proposed mitigation has been updated to include how we will develop an exit strategy as we move away from Covid support funding.

### Failure of a Provider

12. Our Commissioning and Contracts services continue to provide increased contract monitoring and we will review this again in March 2023.

### Workforce Planning and Change

13. We continue to experience significant issues within Adult Mental Health due to recruitment and retention of consultants. Unfortunately there were no applications to the recent post that was advertised. We were able to develop a short term contingency and have recruited a locum to our adult mental health team, alongside acting positions which has ensured we have consultant cover for the area. We continue to work closely with the associate medical director to develop a longer term plan. We will be advertising vacant posts and continue to monitor the situation closely.

### Access to Primary Care

14. We are working with NHS Greater Glasgow and Clyde in developing a strategy to support GP practice sustainability.

Increase in frail/elderly Population

15. Our new front door model launched in the summer and is making a significant positive impact on the waiting list for assessment. Despite this, we are unable to reduce the current score due to the increasing population and demand at present.

Increase in children & adults with additional support needs

16. Full implement of the Transitions Strategy been delayed however we are currently the process of recruiting to the transition team and transition planning will feature in our Recovery and Renewal programme.
17. Various engagement activity is being arranged with both HSCP and external partners.

Covid-19 and Recovery

18. Our new project team who are supporting our Recovery and Renewal Programme commenced in August.
19. Further work is required to understand the longer term impact on accommodation; both in terms of clinical and non-clinical space, however social distancing requirements removed at the end of August is allowing more staff to adopt a hybrid working approach.

Analogue to Digital Switchover

20. Due to the recent period of industrial action, we decided to postpone the go live date for the Alarm Receiving Centre unit to the end of September in case of any potential disruption.

**Post Mitigation - Red and Significant Risks Exception Report**

21. Risks which score between 11-16 and rated as High/Red/Unacceptable and those which the Health and Social Care Partnership Management Team considers significant, following mitigation, should be brought to attention of the Performance and Audit Committee by an 'exception report'.

Financial Sustainability

22. Financial Sustainability remains a high/red risk as last reported. Whilst the budget agreed by the IJB on 16 March 2022 recognised the significant investment by Scottish Government in health and social care we still have legacy savings of £2.6 million that we need to achieve on a recurring basis.
23. As noted above, the current economic climate, fuel and utilities, pay and inflation in particular, combined with the unknown impact of Covid-19 in the longer term are also cause for concern. Therefore this risk is still considered red post mitigation.
24. There remains risk that the HSCP could become unsustainable due to one of the following causes:
  - Unable to deliver in full the existing savings on a recurring basis

- Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies and savings
- Implications from hosted services should current arrangements change
- Prescribing volatility
- Any unfunded Covid-19 costs will add to our pressures

## **RECOMMENDATIONS**

25. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

## **REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)  
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0141 451 0746

25 August 2022

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

PAC Paper: June 2022: IJB Strategic Risk Register Update

PAC Paper: March 2022: IJB Strategic Risk Register Update  
[https://www.eastrenfrewshire.gov.uk/media/7491/PAC-Item-09-16-March-2022/pdf/PAC\\_Item\\_09\\_-\\_16\\_March\\_2022.pdf?m=637825962402470000](https://www.eastrenfrewshire.gov.uk/media/7491/PAC-Item-09-16-March-2022/pdf/PAC_Item_09_-_16_March_2022.pdf?m=637825962402470000)

PAC Paper: November 2021: IJB Strategic Risk Register Update  
[https://www.eastrenfrewshire.gov.uk/media/7155/PAC-Item-11-24-November-2021/pdf/PAC\\_Item\\_11\\_-\\_24\\_November\\_2021.pdf?m=637727683985700000](https://www.eastrenfrewshire.gov.uk/media/7155/PAC-Item-11-24-November-2021/pdf/PAC_Item_11_-_24_November_2021.pdf?m=637727683985700000)

PAC Paper: September 2021: IJB Strategic Risk Register Update  
[https://www.eastrenfrewshire.gov.uk/media/6844/PAC-item-09-22-September-2021/pdf/PAC\\_item\\_09\\_-\\_22\\_September\\_2021.pdf?m=637673822316270000](https://www.eastrenfrewshire.gov.uk/media/6844/PAC-item-09-22-September-2021/pdf/PAC_item_09_-_22_September_2021.pdf?m=637673822316270000)

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](https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000)

## EAST RENFREWSHIRE INTEGRATION JOINT BOARD

## STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 31.08.2022

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner
					Risk Score	Overall rating				Likelihood (probability)	Impact (Severity)	Risk Score (LxI)	
						11-16	HIGH						
						5-10	MEDIUM						
						1-4	LOW						
						L	I				L	I	LxI
n/a	1	S	<b>Death or significant harm to vulnerable individual</b>										
			Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions.  Consequences could include: - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage.	Professional leadership for social work practice strengthened  We continue to operate within Clinical and Care Governance Framework  ASP Quality Assurance Framework continues to be implemented and reported to APC  Quality assurance of Adult Service Improvement Plans  Senior Management rota for chairing ASP implemented  Continual audit against compliance of MHO standards  Professional supervision policy adopted for social work and social care staff.  Review of rising demands and pressure points across adult services.  Rolling training programme.				New Governance Framework providing assurance to CSWO being developed.  Review risk management frameworks as we move towards recovery.	31/12/2022  31/12/2022				Head of Adult Services / Chief Social Work Officer
						3	3	9			2	3	6

4.4	2	S	<b>Scottish Child Abuse Inquiry</b>									
			<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 requested further information which was submitted in Jan-22. The Inquiry will begin to take evidence from Jun-22 onwards – it is unclear at this point whether ER will be cited to court</p> <p>Key learning from S21 work shared with managers</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.</p>	3	3	9				3	3
4.1	3	S	<b>Child Protection, Adult protection and Multi-Agency Public Protection Arrangements</b>									
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPA) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues.</p> <p>"Safe Together" model implemented in HSCP.</p> <p>Regular reporting to COPP in place for adult, children and high risk offenders.</p>	2	4	8	<p>Introduce rolling review of PVGs on 3 yearly basis. Consistent with Care Inspectorate regulations.</p> <p>Strengthen reporting arrangements around SSSC registrations. (<i>Short-life working group established Mar-22 - progressing action plan</i>)</p> <p>Roll out "Safe Together" across Council</p>	30/06/2022	31/12/2022	31/12/2022	1



4	C	Financial Sustainability										
		<p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies &amp; savings.</p> <p>3) Implications of cessation of prescribing risk share and changes from hosted services funding structure.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation</p> <p>5) Financial risks relating to Covid-19 There is a significant financial implication to the IJB if the costs of the response to the crisis are not fully funded. There are likely to be longer term implications with associated financial impact. The post Covid landscape is unclear</p> <p>6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding.</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress.</p> <p>Detailed financial planning and monitoring for COVID 19 is in place and costs are considered by the Scottish Government as part of the NHSGCC response.</p> <p>Budget seminars are held with IJB Members.</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in the budget setting process with each of our partners.</p> <p>Medium Term Financial Plan latest revision March 22</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including prescribing and hosted services.</p> <p>The use of earmarked reserves allows us to deal with prescribing volatility in any one year.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGCC.</p> <p>Ongoing monitoring of wider economic factors and inflation impacts</p> <p>Regular monitoring and planning combined with our reserves strategy allows us to maximise funding streams.</p>	3	4	12	<p>Conclude review of hosted service arrangements (indicative date)</p> <p>Refresh Medium Term Financial Plan for any significant changes during 2022/23 (including impact of fuel, utilities, pay award, prescribing short supply and other inflation costs)</p> <p>Develop the tri-partite financial planning discussions with partners as included in Strategic Improvement Action Plan.</p> <p>Covid funding exit strategy being discussed locally and nationally to manage the cessation of covid support funding.</p>	31/03/2023	Ongoing (review 31/03/2023)	Ongoing (review 31/03/2023)	31/03/2023	3 4 12 Chief Financial Officer



6	S	<b>Access to Primary Care</b>										
		<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>Working with NHSGG to developing strategy to support GP practice sustainability</p>	<p>Ongoing (review Sep 22)</p> <p>Ongoing (review Sep 22)</p> <p>Ongoing (review Sep 22)</p> <p>Ongoing (review Sep 22)</p> <p>Ongoing (review Mar 23)</p>	3	2	6	Clinical Director
5.1	7	<b>S Increase in frail older population</b>										
		<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 provides additional resources (winter planning) for Health and Social Care with emphasis on managing demographic pressures.</p> <p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>UCC Delivery Plan approved by IJB in March-22.</p> <p>Concluded redesign work focusing on rehabilitation</p>	3	3	9	<p>Review Talking Points approach as part of winter planning.</p> <p>Monthly reporting to Scottish Government on winter planning funding.</p>	<p>31/10/22</p> <p>Monthly</p>	3	2	6	Chief Officer HSCP

			<p>Annual budget setting takes account of demographic projections.</p> <p>Reviewed front door arrangements to ensure fit for purpose in terms of recovery – new model launched Summer and making significant positive impact on waiting list for assessment</p> <p>Re-started Talking Points as part of Community Led Support programme, diverting people to community resources and building own assets.</p>									
<b>8</b>	<b>C</b>	<b>Workforce Planning and Change</b>										
		<p>Lack of appropriately skilled workforce due to 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.</p>	<p>Workforce planning group restarted and includes 3<sup>rd</sup> / independent sector reps</p> <p>HSCP management team actively review of all request to recruit and the number of temporary contracts have been minimised.</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Recovery and Renewal Programme established (Jun’21)</p> <p>Interim HSCP workforce plan developed and work commenced on 3-Year Plan</p> <p>Trauma Steering Group continues to meet regularly</p> <p>Working with professional leads and MH Clinical Directors to explore medium and longer term cover. In addition re-advertising vacant posts and close monitoring.</p>	<b>4</b>	<b>4</b>	<b>16</b>	<p>Finalise 3-Year HSCP Workforce Plan following comments from Scottish Government (Submitted 31 July 2022)</p> <p>Medium term cover arrangements in place, however longer term recruitment plan to be developed board wide and we continue to work closely with the associated medical director.</p>	<p>30/11/2022</p> <p>30/09/22</p>	<b>2</b>	<b>4</b>	<b>8</b>	<p>Chief Officer HSCP</p>



5.3	11	C	<b>In-House Care at Home Service</b>										
			<p>Ongoing pressures and limited service capacity impacts on service delivery and quality standards Impact on service users and carers</p>	<p>Increased resource to support robust absence management.</p> <p>Single base operating for Care at Home</p> <p>Ongoing quality assurance and monitoring activity.</p> <p>Significant frontline recruitment progressing</p> <p>Increased OT resource to maximise outcomes and reduce supports required</p> <p>Payment of carried over annual leave made to increase staff availability</p> <p>Enhanced recruitment and advertising arrangements continuing</p>	2	4	8	<p>Re-mobilise the service redesign activity – engagement event schedule for august</p> <p>Conclude work to realign staff work patters in order to maximise resource</p> <p>Enhance data availability and reporting capability of hospital referrals</p>	31/08/2022	2	3	6	Chief Officer HSCP
	12	S	<b>Failures within IT System</b>										
			<p>Critical information not been received due to failures in IT system</p> <p>Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.</p>	<p>Specific email addresses can be added to whitelist if required.</p> <p>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.</p> <p>Phase 1 of ICT Clearswift Review (looking at setup of rules and 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>HSCP continue to work with ICT BRMs for both partner organisations to highlight and address both intermittent and known ICT issues</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

13	C	COVID19 & RECOVERY										
		<p>The significant impact of the pandemic on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.</p>	<p>Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly. Resilience Management Team continues to meet fortnightly.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC &amp; NHSGGC) response and recovery.</p> <p>Testing regimes remain in place for care homes and health and social care staff Majority of staff fully vaccinated</p> <p>Use of intermediate care beds to allow discharge from hospital for those awaiting care at home service.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including Care Homes.</p> <p>Revised Initial Contact Team procedures to alleviate pressures at 'front door' with further review underway</p> <p>Infection control procedures and arrangements for PPE in place.</p> <p>Regular Covid-19 cost monitoring informs our revenue reporting as well as reporting to the Scottish Government through NHSGGC.</p> <p>Recommended Recovery and Renewal Programme – new team now in place.</p> <p>Removal of social distancing restrictions at the end of August is allowing more staff to adopt hybrid approach to working</p>	4	3	12	<p>Following scoping of accommodation and resource requirements develop proposals of how accommodation will be utilised to meet service needs and demands in line with NHSGGC Hybrid working and ERC The Way we Work – further work is required to understand the longer term impact on accommodation; both clinical and non-clinical</p>	30/12/2022	3	3	9	

	14	C	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 full project team in place to take forward the transition to analogue to digital.</p> <p>HSCP representation on programme board.</p> <p>Analogue to digital implementation plan.</p> <p>ARC (Alarm Receiving Centre) system procured Nov 21</p> <p>Decision made re first tranche of dispersed alarm units</p> <p>Recruited HSCP Senior User</p>	3	3	9	<p>ARC Go Live date</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> <p>Monitoring global supply issues in relation to chip shortages</p>	30/09/2022	Ongoing	Ongoing	2	3	6





<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	<b>Integration Joint Board</b>  <b>Performance and Audit Committee</b>  <b>21 September 2022</b>						
<b>Agenda Item</b>	12						
<b>Title</b>	<b>CALENDAR OF MEETINGS 2023</b>						
<b>Summary:</b>  Proposed meetings dates for the committee for 2023.							
<b>Presented by</b>	Eamonn Daly, Democratic Services Manager, East Renfrewshire Council						
<b>Action required:</b>  <b>That the committee approves the proposed meeting dates for 2023</b>							
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**

**21 September 2022**

**Report by Chief Officer**

**CALENDAR OF MEETINGS 2023**

**PURPOSE OF REPORT**

1. To seek approval of proposed meetings dates for the committee for 2023.

**RECOMMENDATION**

2. That the committee approves the proposed meeting dates.

**REPORT**

3. At the meeting of the Integration Joint Board on 10 August the 2023 calendar of meetings for the IJB was approved.

4. Traditionally, for committee members' convenience and to maximise attendance, meetings of the committee have taken place on the same day and at 9am prior to 4 meetings of the IJB. Some concerns were raised that in relation to those matters being remitted from the committee to the Board, this gave insufficient time for any comments or proposed amendments to be properly considered and reported to the Board. To address this members of the committee were consulted on whether or not the existing arrangements should be retained or whether consideration should be given to moving the committee to a separate day. The responses received have indicated that there is no strong desire to move the meeting day and on that basis the following meeting dates are proposed for 2023.

Wednesday 29 March

Wednesday 28 June (including draft accounts)

Wednesday 27 September (including annual accounts)

Wednesday 22 November

Meetings will start at 9am.

**FINANCE AND EFFICIENCY**

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

**IMPLICATIONS OF THE REPORT**

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

**CONCLUSIONS**

7. 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**

8. That the committee approves the proposed meeting dates.

**REPORT AUTHOR AND PERSON TO CONTACT**

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BACKGROUND PAPERS - NONE