



Date: 20 March 2023
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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 29 March 2023 at 9.00 am.**

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

COUNCILLOR KATIE PRAGNELL
Chair

For information on how to access the virtual meeting please email eamonn.daly@eastrenfrewshire.gov.uk

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD
PERFORMANCE & AUDIT COMMITTEE
WEDNESDAY 29 MARCH 2023 AT 9.00 am**

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1 Apologies for absence**
- 2. Declaration of Interests**
- 3. Minute of meeting of 23 November 2022 (copy attached, pages 5 - 12).**
- 4. Matters Arising (copy attached, pages 13 - 16).**
- 5. Rolling Action Log (copy attached, pages 17 - 20).**
- 6. Ernst & Young Annual Audit Plan 2022/23 (copy attached, pages 21 - 56).**
- 7. Performance Update – Quarter 3 (copy attached, pages 57 - 78).**
- 8. Strategic Commissioning Plan Update (copy attached, pages 79 - 102).**
- 9. Audit Update (copy attached, pages 103 - 138).**
- 10. IJB Strategic Risk Register (copy attached, pages 139 - 154).**
- 11. Meetings Calendar - Changes to meeting times (copy attached, pages 155 – 158).**
- 12. Date of Next Meeting – Wednesday 28 June 2023.**

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**Minute of virtual meeting of the
East Renfrewshire Integration Joint Board
Performance and Audit Committee
held at 9.00am on 23 November 2022**

PRESENT

Councillor Katie Pragnell, East Renfrewshire Council (Chair)

Lynsey Allan	Scottish Care
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Non-voting IJB member
Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board

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)
John Boyd	Audit Scotland
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services – Learning Disability and Recovery
Lee McLaughlin	Head of Adult Services – Communities and Wellbeing
Julie Murray	Chief Officer – IJB
Eilidh Nelson	Audit Scotland
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager

APOLOGIES

Councillor Caroline Bamforth East Renfrewshire Council

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 21 September 2022.

MATTERS ARISING

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

The committee noted the report.

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.

Commenting on the report the Chief Financial Officer provided an update on the work the Chief Auditor had undertaken regarding including NHS audit information into future audit reports.

The committee noted the report.

INTERNAL AUDIT ANNUAL REPORT

5. The committee considered a report by the Chief Auditor, East Renfrewshire Council, relative to the Chief Auditor's Annual Report for 2021-22 which contained an independent opinion on the adequacy and effectiveness of the governance, risk management and internal control systems operating within the IJB. A copy of the Chief Auditor's Annual Report accompanied the report as an appendix.

The report explained in summary that the Annual Report concluded that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in the year ended 31 March 2022. This was with the exception of a matter still under investigation by Police Scotland, and so no further information could be provided at this time, although it was highlighted that this matter had been referred to in the 2020-21 annual report and the periods under investigation were prior to 2021-22.

Commenting on the report, the Chief Auditor explained that her assurance statement was based on the information provided by the Council and NHS audit staff and that the amounts in relation to the ongoing police matter were not so material as to prevent the sign off of the annual accounts.

The committee:-

- (a) noted the contents of Internal Audit's annual report 2021-22; and
- (b) noted the annual assurance statement and the conclusion that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2021-22 except for a matter still under investigation by Police Scotland which was also referred to in the 2020-21 annual report;

AUDIT SCOTLAND ANNUAL AUDIT REPORT 2021-22

6. The committee took up consideration of the external audit annual report for 2021-22, which summarised the findings arising from the 2021-22 audit of the IJB.

The report provided a number of key messages.

In relation to financial management and sustainability, it was noted that the auditor's report was unmodified; that the IJB had appropriate and effective financial management arrangements in place to support financial monitoring, reporting and decision making, and that the IJB had returned an operational underspend of £0.837 million.

It was noted that the IJB's year-end reserve position was £20.752 million. However, the general reserve remained unchanged from the prior year at £0.272 million and was well below the IJB's reserve policy target for uncommitted general reserves to be 2% of the IJBs revenue budget (excluding significant fixed costs such as family health service). The general reserve was currently approximately 0.15% of the 2021/22 revenue budget.

It was also reported that the IJB's medium-term financial outlook (MTFO) covering the period 2022/23 to 2026/27 was refreshed in March 2022. This identified a funding shortfall of around £2.9 million for 2022/23, with cost pressures of around £5.5 million from 2023/24 onwards. As part of the budget strategy review, financial assumptions had been reviewed and updated. Total cost pressures were forecast to range from £17 million to £31 million over the next three-year period based on low, medium and high cost scenarios, and the Board was encouraged to continue to work with partners to develop a revised financial strategy which ensured the organisation remained financially sustainable.

In relation to governance, transparency and Best Value it was noted that in the auditor's opinion the IJB had appropriate governance arrangements in place that support effective scrutiny, challenge and informed decision-making, and that the IJB has put in place appropriate arrangements to demonstrate the achievement of Best Value. This included effective arrangements for managing performance and monitoring progress towards strategic objectives.

Included in the appendices accompanying the report was an action plan which set out the proposed management action in respect of areas where recommendations had been made.

Councillor Pragnell introduced John Boyd and Eilidh Nelson from Audit Scotland.

Mr Boyd was heard further on the key messages, that there had been no unadjusted audit differences, and that it was intended to issue an unqualified audit opinion.

In terms of financial sustainability he highlighted that COVID had led to the IJB having healthy reserves, due in part to the late receipt of additional funding from the Scottish Government. However a lot of the reserves were held in earmarked funds, and it was important not to lose sight of the underlying financial challenges which lay ahead and which may not seem apparent in light of the "healthy" financial position.

He highlighted that this was the last annual report to be prepared by Audit Scotland who were handing over to Ernst & Young, the new external auditors.

In conclusion Mr Boyd thanked the Head of Finance and Resources (Chief Financial Officer) and her staff for their assistance in delivering the audit.

Responding to a question from Ms Forbes, Mr Boyd confirmed that the concerns relating to financial sustainability were similar to the position not only across other HSCPs but across the wider public sector generally. He also confirmed that in relation to the key performance indicators referred to in the action plan, his view was that this would be an area of focus across the wider public sector, and that performance baselines may need to change.

Commenting on the need for the IJB to make savings in excess of £20 million between 2022 and 2027, Ms Monaghan suggested this would lead to an inevitable reduction in front line services. In addition referring to the recommendation in the report that the current reserves policy be reviewed, Ms Monaghan questioned whether the reserve levels should be changed or left unaltered in the knowledge that the level of reserves as set out in the policy was unlikely to be achieved.

In reply, Mr Boyd acknowledged the challenge to be faced in achieving the levels of savings required. In addition, he explained that the 2% reserve target was seen as good practise, but the key point was that whatever target was set it had to be appropriate for the circumstances. He also referred to the issue of unexpected costs and whether there should be a debate around whether these should be borne by the IJB or its partners.

Responding to a question from the Chief Officer on the financial challenges ahead and the consistent demands from the Scottish Government for services to be delivered, and whether these matters were being raised nationally by Audit Scotland, Mr Boyd confirmed that Audit Scotland had just recently published a report on financial challenges and risks that touched on these matters.

Further discussion took place on the establishment of a National Care Service and the potential financial impact on HSCPs. Ms Monaghan also sought an update on progress in reviewing Integration Schemes, in response to which the Chief Officer explained that there had been a lot of work across the 6 HSCPs in the Greater Glasgow and Clyde area, but that in light of the coming winter challenges the Scottish Government had been asked if work on the review could be postponed until the spring. A reply was awaited.

The committee noted the report.

ANNUAL REPORT AND ACCOUNTS 2021-22

7. Under reference to the Minute of the meeting of the IJB of 22 June 2022, the committee considered a report by the Chief Financial Officer seeking approval for the final audited annual report and accounts for the IJB for the period 1 April 2021 to 31 March 2022, following the external audit of the accounts. A copy of the annual report and accounts accompanied the report.

The report 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.

Thereafter, the report explained that the annual report and accounts had been prepared in accordance with the relevant legislation and guidance, and set out the key messages from Audit Scotland. In summary, the annual report and accounts were unqualified and unmodified; the IJB had appropriate and effective financial management arrangements in place; the level of general reserves held by the IJB was well below the policy level of 2%; the medium term financial outlook for the IJB was challenging and work should continue with partners to develop a sustainable strategy; there were appropriate governance arrangements in place; and appropriate arrangements were in place to demonstrate best value.

The report also referred to the 3 recommendations made by Audit Scotland and summarised the response and associated timescale for action in respect of each, with progress on these to be reported to the Performance and Audit Committee.

The report also highlighted that the main messages from the annual report and accounts remained unchanged from the unaudited position reported in June, with the operational

underspend of £0.837 million remaining unchanged. This was marginally better than the position last reported to the IJB in March when the projected outturn was an underspend of £0.554 million. Main budget variances were set out and it was noted that the reserves total had increased significantly during the year from £10.485 million to £20.572 million, with further allocations received in the final quarter of 2021/22 mainly for winter funding, the Primary Care Improvement Plan and COVID. This increase in reserves was in line with the national position the vast majority of which related to Scottish Government ring-fenced funding. The majority of the ring-fenced funding related to COVID-19 and would be used to support the ongoing response to the pandemic in 2022/23. The Scottish Government's intention to clawback unused COVID-19 reserve funding during 2022/23 was noted, with the mechanism still to be confirmed.

The Chief Financial Officer was then heard further on the accounts. She noted that the annual report and accounts reflected the opinions already provided by Audit Scotland and the Chief Auditor and she was pleased with the outcome, particularly given the complex and challenging circumstances over the year.

It having been noted that Paragraphs 16 to 26 reiterated the key messages from the annual report and accounts, it was highlighted that Paragraph 27 confirmed the restatement to the prior year 2020/21 for set aside which was included was considered by Audit Scotland as not material and had therefore been removed. This was the treatment requested across all NHS GGC IJBs. However an explanatory note had been left in the accounts at Note 14 to promote transparency.

She reported that as in previous years the opportunity had been taken between the unaudited and audited report to refine narrative, update performance information for latest available and revise for any updates during the period. In this regard particular references was made to paragraph 28 of the report where the medium term financial outlook had been updated to reflect the current assumptions as discussed at the budget seminar the previous week.

It was noted that the easy read summary document was also appended for note and comment and would be published on the website once the full annual report and accounts had been approved and submitted by the IJB.

Finally the Chief Financial Officer thanked audit, performance and finance colleagues for their support.

Thereafter members having thanked the Chief Financial Officer and her team for their work, and welcomed the summary, the committee agreed that the audited annual report and accounts be remitted to the IJB for approval.

MID-YEAR PERFORMANCE UPDATE 2022-23

8. The committee considered a report by the Chief Officer providing an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where mid-year data was available for strategic performance indicators this was included.

It was explained that the mid-year report provided a smaller number of data updates compared with end-year, in addition to which it was noted that for many indicators recent performance trends against established targets had been impacted by the COVID-19 pandemic.

The report included data for mid-year and any updated end-year data for indicators from the Strategic Plan that had not previously been reported to the committee, and provided an explanation of the manner in which the information was presented.

The report also set out performance highlights together with listing areas that remained challenging.

The Policy, Planning and Performance Manager was then heard further on the report following which full discussion took place.

Welcoming the updated format of the report, Mrs Kennedy enquired if the Short-Life Working Group set up to review the way in which performance information was presented would continue. The Policy, Planning and Performance Manager having confirmed this was the case, Ms Forbes referred to a number of areas in the report where further refinement was required, particularly in relation to the display of trend information.

The Chief Officer reminded that committee that due to the relatively small numbers connected to some of the performance targets it had to be borne in mind that any changes to these could result in large change in the associated percentage figure.

The committee noted the report.

COMMISSIONED SERVICES

9. The committee considered a report by the Chief Officer providing an overview of the current arrangements in place to commission health and care services with external partners.

Having set out the legislative requirements in relation to reviewing the Strategic Commissioning Plan and its links to the Strategic Plan, the report provided information regarding the re-establishment of the Contracts and Commissioning Team in 2020/21. It was noted that in response to the pandemic, the team's priority was to provide liaison between the HSCP and external providers and to offer assurance through commissioning and contract monitoring arrangements. For some providers, particularly care homes, this support was provided on a daily basis offering liaison and support, identifying key pressures, ensuring national guidance including access to infection, prevention and control measures, and processing sustainability payments. This initial period laid strong foundations for the partnership approach that has been established with external providers.

It was also noted that in addition, the team supported care and support providers to transfer to the new Scotland Excel Care and Support framework effective from 1 April 2021. The team were leading on supporting services to ensure contract monitoring and commissioning arrangements with external partners were fit for purpose. A programme of review was underway with the introduction of new systems and processes to support the range of contract arrangements in place.

The report then set out the commissioning intentions identified in the 2018-21 Strategic Commissioning Plan and referred to the HSCP's change programme which had been put on hold due to the pandemic. This had resulted in the current Strategic Commissioning Plan being extended by default. However, the Strategic Commissioning Plan would be refreshed by March 2023 to reflect the renewed Strategic Plan 2022/25 and to reflect the work underway in respect of the HSCP, national and Greater Glasgow and Clyde transformation programmes. Work was already underway to develop a collaborative commissioning approach for East Renfrewshire bringing together partners, services and people who use services, and carers.

Details of the partnership working with external providers in the delivery of commissioned health and social care services were then set out. This included financial information on the spend for purchased care for the 12 months from April 2021 to March 2022

The report then set out the work currently underway to develop a collaborative commissioning framework for the HSCP including a series of events that had taken place to seek the views of partners and to help inform the framework. This had included the identification of a number of key themes which were set out.

Reference was also made to the number of ongoing service redesign initiatives that were bringing partners, services and people who used services together to consider future options for service delivery. In particular it was noted that at the Living Well in East Renfrewshire event held on 4 November 2022 care at home delivery partners had been brought together to explore options for commissioning and delivering services differently. All of this work would be underpinned by the collaborative and ethical approach to commissioning.

Progress to date and the next steps to be taken were summarised with it being noted that within the Recovery and Renewal Programme there were a number of projects that required significant input by the Commissioning Team to support service redesign and associated efficiencies. The Commissioning Team would lead the review on commissioned services with the aim to ensure all framework and contractual opportunities were maximised, with future progress being reported through the Recovery and Renewal Programme.

The Senior Manager Planning and Performance and Commissioning Manager was heard further on the report. In response to Ms Monaghan she confirmed that the HSCP had for some time been using many of the 8 care principles. She also confirmed that if appropriate, services were commissioned from outwith the commissioning framework. At this stage it was too early to determine the financial impact of different commissioning arrangements. The Chief Financial Officer explained care packages would be monitored on an individual basis.

Ms Monaghan welcomed this approach however she expressed concerns about the potential impact on service users of some difficult financial decisions that would be required.

In reply, the Chief Officer acknowledged that there were challenging times ahead. This was endorsed by Ms Monaghan who highlighted the number of current vacancies and services not being purchased at present

The committee noted the report.

AUDIT UPDATE

10. 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 new audit activity relating to the IJB and HSCP since last reported to the committee in September 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 Chief Financial Officer confirmed that the open action relating to the follow up IJB audit had now been confirmed as closed by the Chief Auditor and that the action plan in relation to the Audit Scotland annual audit plan would be superseded by that included in the Audit Scotland report earlier at the meeting.

It was also noted that since last reported, there had been 3 new audits undertaken by the Council's internal audit team which impacted on the HSCP. Two related solely to the HSCP and one contained council-wide recommendations. Progress would be included in future update reports.

Ms Forbes having suggested a change to the report regarding the information contained in the summary table, the Chief Auditor explained that discussions had taken place regarding the level of NHS audit information that could be provided. Whilst NHSGGC auditors were content for full information to be provided NHSGGC only wanted summary information to be made available.

The committee noted the report.

IJB STRATEGIC RISK REGISTER UPDATE

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

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 21 September 2022 and explained that since then no new risks had been added; no existing risks had been removed, and no risk scores had changed. However risk control measures had been reviewed and updated to reflect any proposed mitigation which had been completed, or where the expected date for completion had been extended.

The Chief Financial Officer having highlighted that the potential impact on capacity from industrial action had been recognised as a risk, 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 29 March 2023 at 9.00am.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	29 March 2023
Agenda Item	4
Title	Matters Arising
Summary	
<p>The purpose of this paper is to update members of the Performance and Audit Committee on progress regarding matters arising from the discussion which took place at the meeting of 23 November 2022.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
<p>Performance and Audit Committee members are asked to note the contents of the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

29 March 2023

Report by Head of Finance and Resources (Chief Financial Officer)

MATTERS ARISING

PURPOSE OF REPORT

1. To update the Performance and Audit Committee on progress regarding matters arising from the discussion that took place at the meeting of 23 November 2022.

RECOMMENDATION

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

REPORT

3. There are no matters arising which are not addressed by the rolling action log or included on the agenda.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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

Julie Murray, IJB Chief Officer

12 March 2023

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	29 March 2023
Agenda Item	5
Title	Rolling Action Log
Summary	
The attached rolling action log details all actions, including those which have been completed since the meeting on 23 November 2022.	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Action Required	
Performance and Audit Committee members are asked to note progress.	

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ACTION LOG: Performance and Audit Committee (PAC)

March 2023

No	<u>Meeting Date</u>	<u>Agenda Item</u>	<u>Action</u>	<u>Responsible Officer</u>	<u>Status</u>	<u>Date Due / Closed</u>	<u>Progress / Outcome</u>
60	23.11.2022	Rolling Action Log	Close off the following actions as outlined at the meeting: 52, 50 and 40	Chief Financial Officer	CLOSED	Nov-22	Actions closed as discussed at the meeting
59	23.11.2022	Audit Scotland Annual Audit Report & ISA 580	Carry out the agreed actions as contained in the action plan: add them to the rolling action log.	Chief Financial Officer	CLOSED	Nov-22	The Audit Scotland action plan is reported in the regular Audit update to PAC, therefore specific actions have not been added to the Rolling Action Log
58	23.11.2022	Audit Scotland Annual Audit Report & ISA 580	Report back to a future meeting on the outcome of the request to postpone the review of Integration Schemes	Chief Officer	OPEN	tbc	No update - discussion ongoing
57	23.11.2022	Audited Annual Report and Accounts	Note that the committee agreed to recommend approval of the accounts to the Integration Joint Board subject to some minor alterations.	Chief Financial Officer	CLOSED	Nov-22	Final accounts signed following IJB meeting on 23.11.22
56	23.11.2022	Audit Update	Amend the summary table in future reports in some way to reflect the number of reports that have been verified as implemented	Chief Financial Officer	OPEN	Mar-23	Table revised on Audit report included on agenda - action will be closed if PAC are content with presentation
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	Jun-22	No update as at March 2023

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East Renfrewshire Integration Joint Board

Annual Audit Plan
Year ended 31 March 2023

Provisional Plan for Performance
and Audit Committee

This report

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

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

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

Accessibility

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

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3. Financial Statements Risks	A summary of our audit approach, materiality and the key risks that we have identified in relation to the financial statements audit.	10
4. Best Value and Wider Scope	<p>Our risk assessment and audit approach for reviewing the Board's compliance with the wider public audit scope areas:</p> <ul style="list-style-type: none"> • Arrangements to secure sound financial management; • The regard shown to financial sustainability; • Clarity of plans to implement the vision, strategy and priorities of the Board, and the effectiveness of governance arrangements for delivery; and • The use of resources to improve outcomes. <p>Annual Best Value audit work is integrated with wider scope annual audit work.</p>	17
Appendices	<p>Undertake statutory duties, and comply with professional engagement and ethical standards:</p> <p>Appendix A: Code of Audit Practice: responsibilities</p> <p>Appendix B: Auditor Independence</p> <p>Appendix C: Required communications with the Performance and Audit Committee</p> <p>Appendix D: Timing of communications and deliverables</p> <p>Appendix E: Audit fees</p> <p>Appendix F: Additional audit information</p>	22

1. Executive summary

Purpose of our plan

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

This Annual Audit Plan, prepared for the benefit of management and the Performance and Audit Committee, sets out our proposed audit approach for the audit of the financial for the year ended 31 March 2023. In preparing this plan, we have developed our understanding of the organisation through:

- Introductory planning discussions with management,
- Handover discussions with your predecessor auditors, Audit Scotland;
- Review of predecessor auditor working papers;
- Review of key documentation and committee reports; and
- Our understanding of the environment in which the Board is currently operating.

We will also hold an introductory meeting with the Chair of the Performance and Audit Committee.

Our audit quality ambition is to consistently deliver high-quality audits that serve the public interest. A key objective of our audit reporting is to add value by supporting the improvement of the use of public money. We aim to achieve this through sharing our insights from our audit work, including observations around where the Board employs best practice and where processes

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

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

Scope and Responsibilities

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

Independence

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

Our key contacts:

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

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

Financial Statements audit

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

- whether they give a true and fair view, in accordance with applicable law and the 2022/23 Code of Accounting Practice, of the income and expenditure of the IJB for the year ended 31 March 2023 and;
- have been properly prepared in accordance with IFRSs, as interpreted and adapted by the 2022/23 Code; and
- whether they have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

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

Wider Scope and Best Value

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

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

Annual Best Value audit work will be integrated with our wider scope annual audit work and we will report on how the IJB demonstrates that it has Best Value arrangements in place.

Exhibit 1: Materiality Assessment in 2022/23

<p>Planning Materiality</p> <ul style="list-style-type: none"> • Overall materiality for the financial statements 	<p>Performance Materiality</p> <ul style="list-style-type: none"> • Representing 50% of overall materiality for the financial statements. 	<p>Reporting Threshold</p> <ul style="list-style-type: none"> • Error that we will report to the Performance and Audit Committee.
<p>£2 million</p>	<p>£1 million</p>	<p>£100,000</p>

We apply a lower materiality level of £1,000 to the audited section of the Remuneration Report. We also apply professional judgement to consider the materiality of Related Party Transactions to both parties.

Exhibit 2: Summary of significant risks identified for the audit in 2022/23

One significant risk has been identified which impacts the audit of the financial statements, in Section 3:

<p>Risk of fraud in expenditure, including through management override</p>	<p>Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.</p> <p>Management is in a unique position to perpetrate fraud due to the ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that would otherwise appear to be operating effectively.</p> <p>As a result of the nature of funding to the IJB from the Council or NHS, we have rebutted the assumed fraud risk in respect of income.</p>
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Exhibit 3: Summary of areas of audit focus in relation to the wider scope dimensions

One significant risk impacting the Financial Sustainability wider scope audit dimension has been identified in Section 4:

<p>Financial Sustainability: Development of sustainable and achievable medium term financial plans</p>	<p>The Board’s financial modelling highlights a significant financial challenge in 2023/24 and beyond. While £2.2 million in savings have been identified to date, significant additional savings, estimated in the region of £5-10 million will be required to breakeven in 2023/24.</p> <p>The Partnership’s budget engagement has highlighted both increasing demographic pressures and the financial environment means that the Board will be unable to provide the same range of services in the future.</p>
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| 2. Sector developments

Introduction

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

| NHS Recovery Plan

Scotland's public services are facing unprecedented challenges. The Auditor General for Scotland publishes an annual report on the performance of the NHS in Scotland. The 2022 report was published in March 2023. The key messages are:

1. Growing financial pressures present a real risk to the investment needed to recover and reform NHS services

The NHS in Scotland faces significant and growing financial pressures, including inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. This could limit investment in recovery and reform.

2. It is difficult to accurately measure the progress of the Scottish Government's NHS Recovery Plan

Financial pressures, workforce shortages, pressures on the social care system and the ongoing impact of Covid-19 are making progress extremely difficult. The Recovery Plan commits £1.26 billion of funding to help reduce the healthcare backlog and redesign

services, and sits alongside a range of other initiatives that support reform. However, Audit Scotland note that it is a high-level, top-down document and does not contain the detailed actions that would allow overall progress to be accurately measured.

Meanwhile, the backlog of care that built up during the pandemic continues to grow. Overall, across Scotland, more people are being added to waiting lists than are being removed from them, and people are waiting longer for treatment.

3. Workforce capacity remains the biggest risk to the recovery of NHS services

Some progress has been made against the recruitment targets set out in the Recovery Plan, but the NHS workforce remains under severe pressure and there are concerns over staffing levels, wellbeing and retention. There is a risk workforce targets will not be achieved. The NHS continues to experience high vacancy and turnover rates, higher than usual sickness absence and gaps in the workforce.

4. The Scottish Government needs to be fully transparent on recovery progress and how long people will have to wait for treatment

The challenges facing the NHS in Scotland are unprecedented. The Scottish Government will have to make difficult choices and prioritise which ambitions it can deliver against. It needs to be more transparent about what progress is or is not being achieved.

| National Care Service Bill

In September 2022, the Scottish Government published the National Care Service Bill. Proposals within the Bill would make Scottish Ministers accountable for adult social care in Scotland. The National Care Service will define the strategic direction and quality standards for community health and social care across Scotland.

Decisions on delivery models have yet to be taken but current IJB arrangements are expected to be replaced by local delivery boards, “Care Boards” which will work with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver support and services for communities. Social care services currently provided in-house by local authorities, may continue under a commissioning arrangement with the care board. However, the care board may take over direct delivery, with staff transferring employment from councils to the care board.

The Bill explains that the detail of how the new service will work will be co-designed with people who have direct experience of social care services.

The timeline for the creation of a National Care Service by the end of the current Parliament.

Audit Scotland published a briefing paper on Social Care on 27 January 2022 which noted that:

- There are huge challenges facing the sustainability of social care, with the pressures of increasing demand and demographic change growing.
- The workforce is under immense pressure.
- There are around 700,000 unpaid carers

who provide most of the social care support in Scotland, with most not knowing their rights under the Carers (Scotland) Act 2016.

- Commissioning tends to focus on cost rather than quality or outcomes.
- Capacity and cultural differences are impacting leadership.

In March 2023, the Scottish Government signalled that the work on the National Care Service will be paused.

| Scottish Government Spending Review

The Scottish Government's May 2022 Resource Spending Review (RSR) represented the first multi-year Resource Spending Review (RSR) in Scotland since 2011 and outlined the government's resource spending plans to the end of the current term of Parliament in 2026/27.

The RSR assumes an overall cash-terms increase to the Scottish Government spending envelope of £5.7 billion over the period 2022/23 to 2026/27. The economic and financial context, including inflationary factors, means that there is an unprecedented financial challenge ahead.

In December 2022, the Scottish Government published the 2023/24 Scottish Budget. The budget included announcements that the Scottish government will:

- Provide over £570 million in additional revenue and capital funding available to councils for 2023/24
- invest over £13 billion in health boards to allow them to continue to drive forward the five-year Recovery Plan;

Continue to reform key services, and will allocate £2 billion to establish and improve primary health care services in the community;

Provide £1.7 billion for social care and integration to improve services and introduce the National Care Service; and

An additional £100m will be made available for health and social care, including support for the delivery of the £10.90 real living wage for adult social care, building on the increase provided in 2022-23.

Overall, as a result of decisions to increase income tax levels, the Scottish Government suggested that the amount spent on health and social care in Scotland will increase by over £1 billion in one year.

| Local Government Finances 2021/22

In January 2023, the Accounts Commission published its annual report on Local Government finances in Scotland. The report notes that even with additional Covid-19 funding during 2021-22, councils had to make significant savings last year to balance their budgets.

An increasing amount of council funding is either formally ringfenced or provided on the expectation it will be spent on specific services and national policy objectives.

Audit Scotland calculated ringfenced money to represent 23% of total revenue funding in 2021/22. A large amount of this was to support elements of education and social care service provision. While this supports the delivery of key Scottish Government policies, it removes local discretion and flexibility over how these funds can be used by councils.

Looking ahead, the Accounts Commission note that Councils face the most difficult budget-setting context seen for many years with the ongoing impacts of Covid-19, inflation and the cost of living crisis. They will need to continue to make recurring savings and also make increasingly difficult choices with their spending priorities, including, in some cases, potential service reductions.

A briefing on Audit Scotland's financial analysis for Integration Joint Boards is expected to be published in April 2023.

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

Introduction

The publication of the annual financial statements allow the Board to demonstrate accountability for, and its performance in the use of its resources. They are prepared in accordance with proper accounting practice, which is represented by the 2022/23 Code of Practice on Local Authority Accounting in the United Kingdom (“the Code”).

Our responsibilities

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

- whether they give a true and fair view in accordance with applicable law and the 2022/23 Code of the state of affairs of the IJB as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs, as interpreted and adapted by the 2022/23 Code; and
- whether they have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

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

Other Statutory Information

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

We will work with the Chief Financial Officer to share our views on the 2021/22 financial statements, prior to the drafting of the 2022/23 financial statements.

ISA (UK) 315

Our objective is to form an opinion on the financial statements under International Standards on Auditing (ISA) (UK). There have been significant changes to ISA (UK) 315 and some changes to ISA (UK) 240 that will impact our 2022/23 audit approach and the procedures we need to perform.

The changes are effective from 2022/23 onwards and drives our approach to:

- Risk assessment
- Understanding the Board's internal control arrangements,
- Identification of significant risk; and
- How we address significant risk.

The revision to the standard aims to clarify the obligations of auditors to identify and assess the risk of material misstatement due to fraud, as well as including supplemental requirements and guidance to enhance the auditors' procedures. Auditor objectives have been revised to emphasise the requirement to obtain reasonable assurance about whether the financial statements are free from material misstatement due to fraud.

As a result of the changes we will make enhanced inquiries of management, or others within the Board who deal with fraud allegations, to determine whether they have knowledge of any actual, suspected or alleged fraud, including cases of fraud raised by employees or other parties.

We will report on the impact of ISA (UK) 315 within our annual audit report.

Audit Approach

For 2022/23 we plan to follow a substantive approach to the audit as we have concluded this is the most efficient way to obtain the level of audit assurance required to conclude that the financial statements are not materially misstated.

During our planning procedures, we determine which accounts, disclosures and relevant assertions could contain risks of material misstatement.

Our audit involves:

- Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud, error or design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate

to provide a basis for our opinion.

Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.

- Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Concluding on the appropriateness of management's use of the going concern basis of accounting. Evaluating the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtaining sufficient appropriate audit evidence to express an opinion on the financial statements.
- Reading other information contained in the financial statements to form assessment, including that the annual report is fair, balanced and understandable.
- Ensuring that reporting to the Performance and Audit Committee appropriately addresses matters communicated by us and whether it is materially inconsistent with our understanding and the financial statements.
- We rigorously maintain auditor independence (refer to Appendix B).

Materiality

For planning purposes, materiality for 2022/23 has been set at £2 million (2021/22: £3 million). This represents 1% of the Board’s gross expenditure. Our materiality level is influenced by the nature of a initial audit but does not materially impact the level of testing that we will complete.

Materiality will be reassessed throughout the audit process and will be communicated to the Performance and Audit Committee within our annual audit report.

Our assessment concluded that gross operating expenditure is the most appropriate basis for determining planning materiality for the Board.

We consider misstatements greater than 1% of the gross expenditure to be material. Our evaluation requires professional judgement and so takes into account qualitative as well as quantitative considerations. We have provided supplemental information about audit materiality in Appendix F.

Specific Materiality

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

- **Remuneration report** - given the sensitivity around the disclosure of senior staff remuneration we apply a lower materiality threshold of £1,000 to our audit consideration around the remuneration report and related disclosures.
- **Related party transactions** – which are considered material when they are material to either party in the transaction. We do not apply a specific materiality but consider each transaction individually.

Exhibit 3: Materiality Assessment in 2022/23

Element	Explanation	Value
Planning materiality	The amount over which we anticipate misstatements would influence the economic decisions of a user of the financial statements. This represents 1% of the Board’s Gross Expenditure	£2 million
Performance materiality	Materiality at an individual account balance, which is set to reduce the risk that the aggregate of uncorrected and undetected misstatements exceeds Planning Materiality to an acceptably low level. We have set it at 50% of planning materiality. This level reflects our risk assessment for an initial audit.	£1 million
Reporting Level	The amount below which misstatements whether individually or accumulated with other misstatements, would not have a material effect on the financial statements.	£100,000



Our response to significant risks

Introduction

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

| Key audit matters

ISA (UK) 701 is effective for periods commencing on or after 17 June 2016. Under appointment by the Auditor General we are required to communicate key audit matters in our Annual Audit Report. Key audit matters are selected from the matters we communicate to you that in our opinion are of most significance to the current period audit and required significant attention in performing the audit.

When determining key audit matters we consider:

- areas of higher or significant risk;
- areas involving significant judgment, including accounting estimates with high estimation uncertainty; and
- significant events or transactions that occurred during the period.

At this stage of the audit we do not know what key audit matters we will include in our

Annual Audit Report. However, we have included within this section the most significant assessed risks of material misstatement (whether or not due to fraud), including those that have the greatest effect on the overall audit strategy, the allocation of resources in the audit and directing the efforts of the audit team. We will confirm the key audit matters to you in our Annual Audit Report.

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

We set out in the following sections the significant risks (including fraud risks denoted by *) that we have identified for the audit, along with the rationale and expected audit approach.

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

1. Risk of fraud in revenue and expenditure recognition*

Financial Statement Impact

Misstatements that occur in relation to the risk of fraud and expenditure recognition could affect the expenditure accounts. The relevant 2021/22 account balance in the audited financial statements was:

- Total cost of services: £195 million.

| What is the risk?

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

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

As a result of the nature of funding to the IJB from its Council and NHS partners, we have rebutted the assumed fraud risk in respect of income. This is because the IJB receives the majority of its income by way of funding allocations which are publicly available, not subject to conditions and therefore there is limited scope for manipulation.

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

| Our response: Key areas of challenge and professional judgement

We will:

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

In addition, we will perform mandatory procedures regardless of specifically identified fraud risks, including:

- Substantively test income and expenditure transactions as appropriate and material, in particular in respect of any reserve funding held by the IJB;
- We will test the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements;
- Review the accounting for the return of Covid reserves, along with any yearend adjustment;

- Assess accounting estimates for evidence of management bias; and
- Evaluate the business rationale for significant unusual transactions.

Having evaluated this risk we will consider whether we need to perform any other specific audit procedures not referred to above.

We will also obtain supporting documentation through independent confirmations of the expenditure incurred by the IJB's partners and their auditors, in line with the protocols set out by Audit Scotland for 2022/23 audits.

Going concern

Audit requirements

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

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

Under ISA (UK) 570, we are required to undertake challenge of management's assessment of going concern, including testing of the adequacy of the supporting evidence we obtained. In light of the unprecedented nature of the ongoing impact of Covid-19, the cost of living crisis and inflationary pressures, we place increased focus on management's assertion regarding the going concern basis of preparation in the financial statements, and particularly the need to report on the impact of financial pressures on the Board and its financial sustainability.

Our work on going concern requires us to:

- challenge management's identification of events or conditions impacting going concern, more specific requirements to test management's resulting assessment of going concern, an evaluation of the supporting evidence obtained which includes consideration of the risk of management bias;
- challenge management's assessment of going concern, thoroughly test the adequacy of the supporting evidence we obtain and evaluate the risk of management bias. Our challenge will be made based on our knowledge of the Board obtained throughout our audit;
- conduct a stand back requirement to consider all of the evidence obtained, whether corroborative or contradictory, when we draw our conclusions on going concern; and
- necessary consideration regarding the appropriateness of financial statement disclosures around going concern.

The Scottish Government introduced a National Care Service (Scotland) Bill to Parliament on 20 June 2022. Under these plans, the functions of the IJB would transfer to become the responsibility of a National Care Service by 2026. Due to the anticipated continuation of service provision, the going concern basis of accounting will continue to be appropriate for the Board.

4. Best Value and Wider Scope Audit

Introduction

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

Risk assessment and approach

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

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

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

- our risk assessment at the planning stage; and
- the identification of any national areas of risk within Audit Scotland’s annual planning guidance.

Any changes in this assessment will be

communicated to the Performance and Audit Committee.

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

Best Value

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

The changes to IJBs anticipated from the Scottish Parliament’s National Care Service plans mean that the Accounts Commission will no longer require the Controller of Audit to report to the Commission on each IJB’s performance on its Best Value duty.

As a result, the findings from our wider scope work will provide assurance on key aspects of the Best Value themes.

Financial Management

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

The 2021/22 Annual Audit Report did not identify any significant internal control weaknesses which could affect the Board's ability to record, process, summarise and report financial and other relevant data to result in a material misstatement in the financial statements.

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

Management's most recent financial monitoring report (presented to the February 2023 Board meeting), notes that the IJB is projected to deliver a net overspend of £0.6 million in 2022/23. This will be required to be met from reserves, following confirmation that inability to achieve planned savings will no longer be met by Covid funding. The Board's ability to deliver savings throughout 2022/23 were significantly impacted by capacity.

Our response

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

- The assessment of arrangements to ensure systems of internal control are operating effectively;
- The Board's budgeting arrangements;
- Review of financial monitoring, including clarity about any changes to budgets and projections during the year; and
- Monitoring the achievement of savings against plans.

Financial Sustainability

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

The pandemic has continued to have a significant impact on the Board's financial planning, along with increased demand on services, the cost of living crisis and inflationary pressures.

The Board's most recent budget update, in February 2023, updated previous financial modelling in the Medium Term Financial Plan to reflect the Scottish Government's proposed budget settlement.

The Board's analysis indicated that the funding gap for 2023/24 would be in the region of £5.2 million to £10.4 million, after reflecting savings proposals in place totalling £2.2 million. The range reflects ongoing uncertainties including pay decisions, Further areas of cost pressures over the life of the plan, and the updated settlement, will be reflected within the detailed budget proposal in March 2023.

The Board has highlighted that general reserves may be used in full in 2022/23, providing no flexibility or smoothing for the delivery of savings.

Our response

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

- the Board's reserves position, including the level of unearmarked, general reserves;
- an understanding of the arrangements to return unspent Covid reserves;
- reviewing the achievement of planned recurring and non-recurring savings; and
- assessing the link between the financial and other strategic and operational plans including the workforce strategy.

Exhibit 4: Financial Sustainability Area of Audit Focus

Development of sustainable and achievable medium term financial plans

The Board's financial modelling highlights a significant financial challenge in 2023/24 and beyond. While £2.2 million in savings have been identified to date, significant additional savings, estimated in the region of £5-10 million will be required to breakeven in 2023/24.

The Partnership's budget engagement has highlighted both increasing demographic pressures and the financial environment means that the Board will be unable to provide the same range of services in the future.

Vision, Leadership and Governance

Vision, leadership and governance is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

In March 2022, the IJB approved its updated Strategic Plan for the period 2022-25. The Strategic Plan is supported by the Medium Term Financial Plan. In June 2022, the IJB also considered a Workforce Planning Strategy, which has subsequently been agreed with the Scottish Government.

The IJB conducts an annual review of the effectiveness of the system of internal control and the quality of data used throughout the organisation. The governance review is supported by processes within the IJB's respective partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde. The 2021/22 review concluded that full compliance had been achieved across each area of the Code of Governance.

The Board used the Corporate Governance Statement in 2021/22 to report on work underway against actions identified in prior years. This includes the regular refreshing of the medium term financial plan, and progress against the Recovery and Renewal programme. We also note that work remains underway to review the Integration Scheme which governs the relationship between the Board and its partners under the requirements of the Act.

Our response

Our work in 2022/23 will focus on:

- Consideration of the disclosures within the Governance Statement;
- As part of our review of partnership arrangements, we will consider the progress to update and agree a revised Integration Scheme;
- Review of the coverage of internal audit arrangements during 2022/23, including any significant findings identified and the work done to address issues identified; and
- Consideration of the quality of reporting and information provided to key decision makers, and evidence of effective challenge and scrutiny.

Use of Resources

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.

The Board has a performance reporting framework against each of the strategic priorities in the Strategic Plan 2022-25. Quarterly reports are considered by the Performance and Audit Committee.

The mid year report notes that despite the continuing pressures facing health and social care provision, there has been strong performance in a number of areas, including supporting independence and emergency admissions. We do, however, recognise the continuing impact of the pandemic, and of an increasingly challenging financial position on areas including minimising discharges with delays.

Each IJB is required to produce an Annual Performance Report by 31 July 2023.

Our response

Our audit work in 2022/23 will consider:

- The effectiveness of performance reporting, both within the Annual Report and to the Board;
- How the IJB is demonstrating the impact of integration; and
- The effectiveness of plans in improving the outcomes for local people.

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

| Appendices

A – Code of Audit Practice Responsibilities

B – Independence report

C – Required communications with the Performance and Audit Committee

D – Timing of communications and deliverables of the audit

E – Audit fees

F – Additional audit information

Audited Body Responsibilities

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

| Corporate governance

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

| Financial statements and related reports

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

- preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation;
- maintaining accounting records and working papers that have been prepared to an acceptable professional standard and that support their accounts and related reports disclosures;
- ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with

the appropriate authority

- preparing and publishing, along with their financial statements, related reports such as an annual governance statement, management commentary (or equivalent) and a remuneration report in accordance with prescribed requirements
- ensuring that the management commentary (or equivalent) is fair, balanced and understandable.

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

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

| Standards of conduct for prevention and detection of fraud and error

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

| Appendix A continued

| **Maintaining a sound financial position**

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

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

| **Responsibilities for Best Value, community planning and performance**

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

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

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

- efficiency
- effectiveness

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

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

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

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

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

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

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

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

| Internal audit

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

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

Appointed Auditors' Responsibilities

Appointed auditors' statutory duties for local government bodies are contained within Part VII of the Local Government (Scotland) Act 1973, as amended.

These are to:

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

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

Introduction

The FRC Ethical Standard and ISA (UK) 260 'Communication of audit matters with those charged with governance', requires us to communicate with you on a timely basis on all significant facts and matters that bear upon our integrity, objectivity and independence. The Ethical Standard, as revised in December 2019, requires that we communicate formally both at the planning stage and at the conclusion of the audit, as well as during the course of the audit if appropriate. The aim is to ensure full and fair disclosure by us to those charged with your governance on matters in which you have an interest.

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

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

Required Communications

| Planning Stage

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

| Final Stage

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

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

Appendix C: Required Communications

We have detailed below the communications that we must provide to the Board.

		Our Reporting to you
Required communications	What is reported?	When and where
Terms of engagement	Confirmation by the Performance and Audit Committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	Audit Scotland Terms of Appointment letter – audit to be undertaken in accordance with the Code of Audit Practice
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter	This audit planning report
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified. When communicating key audit matters this includes the most significant risks of material misstatement (whether or not due to fraud) including those that have the greatest effect on the overall audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team.	This audit planning report
Significant findings from the audit	<ul style="list-style-type: none"> • Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures • Significant difficulties, if any, encountered during the audit • Significant matters, if any, arising from the audit that were discussed with management • Written representations that we are seeking • Expected modifications to the audit report • Other matters if any, significant to the oversight of the financial reporting process • Findings and issues regarding the opening balance on initial audits 	Audit results report – September 2023

		Our Reporting to you
Required communications	What is reported?	When and where
Going concern	<p>Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> • Whether the events or conditions constitute a material uncertainty; • Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements; and, • The adequacy of related disclosures in the financial statements. 	Audit results report – September 2023
Misstatements	<ul style="list-style-type: none"> • Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation; • The effect of uncorrected misstatements related to prior periods; • A request that any uncorrected misstatement be corrected; • Corrected misstatements that are significant; and, • Material misstatements corrected by management. 	Audit results report – September 2023
Fraud	<ul style="list-style-type: none"> • Enquiries of the audit committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity; • Any fraud that we have identified or information we have obtained that indicates that a fraud may exist; and, • A discussion of any other matters related to fraud. 	Audit results report – September 2023
Internal controls	Significant deficiencies in internal controls identified during the audit.	Audit results report – September 2023

		Our Reporting to you
Required communications	What is reported?	When and where
Related parties	<ul style="list-style-type: none"> • Significant matters arising during the audit in connection with the entity's related parties including, when applicable: • Non-disclosure by management; • Inappropriate authorisation and approval of transactions; • Disagreement over disclosures; • Non-compliance with laws and regulations; and, • Difficulty in identifying the party that ultimately controls the entity. 	Audit results report – September 2023
Independence	<p>Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence</p> <p>Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as:</p> <ul style="list-style-type: none"> • The principal threats • Safeguards adopted and their effectiveness • An overall assessment of threats and safeguards; and, • Information about the general policies and process within the firm to maintain objectivity and independence. 	This audit planning report and audit results report (September 2023)
External confirmations	<ul style="list-style-type: none"> • Management's refusal for us to request confirmations. • Inability to obtain relevant and reliable audit evidence from other procedures. 	Audit results report – September 2023
Representations	Written representations we are requesting from management and/or those charged with governance.	Audit results report – September 2023

		Our Reporting to you
Required communications	What is reported?	When and where
Consideration of laws and regulations	<ul style="list-style-type: none"> Audit findings regarding non-compliance where the non-compliance is material and believed to be intentional. This communication is subject to compliance with legislation on tipping off. Enquiry of the Performance and Audit Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Performance and Audit Committee may be aware of. 	Audit results report – September 2023
Material inconsistencies and misstatements	Material inconsistencies or misstatements of fact identified in other information which management has refused to revise.	Audit results report – September 2023
Auditors report	Any circumstances identified that affect the form and content of our auditor's report.	Audit results report – September 2023
Best Value and Wider Scope judgements and conclusions	Our reporting will include a clear narrative that explains what we found and the auditor's judgement in respect of the effectiveness and appropriateness of the arrangements that audited bodies have in place regarding the wider-scope audit.	Audit results report – September 2023
Key audit matters	The requirement for auditors to communicate key audit matters, which apply to listed companies and entities which have adopted the UK Corporate Governance Code in the private sector, applies to annual audit reports prepared under the Code.	Audit results report – September 2023

Appendix D: Timeline of communication and deliverables

	Audit Activity	Deliverable	Timing
January	Risk assessment for Financial Statements and wider scope audit dimensions		
February		Submission of quarterly fraud return	
March	Walkthrough of key systems and processes.	Annual Audit Plan	29 March 2023
April			
May			
June	Update meeting with Finance Team	Submission of quarterly fraud return	
July	Year end audit fieldwork		
August			
September	Audit completion procedures	Annual Audit Report	30 September 2023

2022/23 Fees

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

	2022/23	2021/22
Component of fee:		
Auditor remuneration – expected fee	£33,760	
Additional audit procedures (note 1)	-	
Audit Scotland fixed charges:		
Performance audit and best value	£6,360	
Audit support costs	£1,270	
Sectoral price cap	(£9,580)	
Total fee	£31,470	£27,960

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

Note 1

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

Introduction

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

| Our responsibilities under auditing standards

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

materially inconsistent with our understanding and the financial statements; and

- Maintaining auditor independence.

| Purpose and evaluation of materiality

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

| Audit Quality Framework / Annual Audit Quality Report

- Audit Scotland are responsible for applying the Audit Quality Framework across all audits. This covers the quality of audit work undertaken by Audit Scotland staff and appointed firms. The team responsible are independent of audit delivery and provide assurance on audit quality to the Auditor General and the Accounts Commission.
- We support reporting on audit quality by providing additional information including the results of internal quality reviews undertaken on our public sector audits. The most recent audit quality report can be found at: <https://www.audit-scotland.gov.uk/publications/quality-of-public-audit-in-scotland-annual-report-202122>
- EY has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained. Details can be found in our annual Transparency Report: https://www.ey.com/en_uk/about-us/transparency-report

| Complaints

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

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

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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	29 March 2023
Agenda Item	7
Title	Performance Update – Quarter 3, 2022-23
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where Q3 (Oct-Dec) 2022-23 data is available for strategic performance indicators this is included.</p>	
Presented by	Steven Reid Policy, Planning and Performance Manager
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2022-23.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****29 March 2023****Report by Chief Officer****QUARTER 3 PERFORMANCE UPDATE 2022-23****PURPOSE OF REPORT**

1. This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where quarter three data is available for strategic performance indicators this is included.

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2022-23.

BACKGROUND

3. The Performance and Audit Committee regularly reviews performance reports in order to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan. These reports provide data on the agreed performance indicators in our performance framework and are presented quarterly and at mid and end-year.
4. We continue to work with members of the Performance and Audit Committee to improve the format and content of our performance reports. An example 'exception' reporting format has been developed and will be finalised in line with recommendations from our working group ahead of end-year reporting in summer 2023. We intend to move to a format whereby performance reports begin with a series of exception reports focusing on a core set of key performance indicators; followed by a full report on progress against our key performance indicators.
5. The proposed exception reports will cover:
 - Purpose of the indicator – *explanation and how we use it to improve*
 - What does good look like? – *long-term objective for this area of activity*
 - Current status of measure – *current position including visualisation of data*
 - Reason/explanation for current performance – *understanding why performance is an exception*
 - Mitigating action – *approaches (with timescales) that will improve performance*
 - Investment – *current / required resources to deliver expected performance*
 - Context and benchmarking – *relevant comparative data*
6. For all indicators, we aim to show clear visualisation of performance trends against targets with charts. As we develop our reporting (and particularly for our core/exception indicator set) we intend to incorporate future performance projections against forward targets to show intended trajectories in our charts.

7. The HSCP continues to use the East Renfrewshire Council performance system to collate data and produce strategic performance reports. As noted when we reported on mid-year performance, the Council has moved from the Pentana performance IT system to a new internally developed system called pERform. At March 2023, the system remains in a development phase, meaning that we have been able to manipulate reporting formats for this update. In particular, we have not been able to modify performance charts and have had to manually construct the report.
8. Ahead of our next reporting cycle at end year we will continue to work through these technical issues with Council colleagues. And we will continue to take forward the development of exception reporting in discussion with PAC members and the working group.

REPORT

9. The report includes available data for Quarter 3 (October to December 2022) for indicators from our Strategic Plan and any updated data relating to mid-year (or earlier) that have not previously been reported to the Committee. The report provides charts for all measures. The report presents each measure with a RAG status in relation to the target for the reporting period (where a target is set), along with trend arrows (showing 'up' for improvement) and commentary on performance. Many of the data trends continue to reflect the impact of the Covid-19 pandemic and subsequent demand pressures affecting services. Explanations of any notable shifts in performance are included in the commentary text.
10. The report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Strategic Plan 2022-25:
 - Working together with children, young people and their families to improve mental and emotional wellbeing
 - Working together with people to maintain their independence at home and in their local community
 - Working together to support mental health and wellbeing
 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time
 - Working together with people who care for someone ensuring they are able to exercise choice and control
 - Working together on effective community justice pathways that support people to stop offending and rebuild lives
 - Working together with individuals and communities to tackle health inequalities and improve life chances
 - Working together with staff across the partnership to support resilience and wellbeing
 - Working together to protect people from harm
11. The data shows that despite the significant pressures facing health and social care provision there has been strong performance across service areas. During the reporting period our staff have continued to work tirelessly in challenging circumstances.
12. Performance highlights include:
 - Significant improvement on **CAMHS waiting times** performance, reflecting the promotion of Tier 2 preventative services for young people. At Q3 nearly all children (99.5%) had been waiting less than 18 week, now exceeding our target (90%). Longest waiting times been reducing but rose on the previous quarter and are missing target.

- Supporting **choice and control** – seeing a continuing stable increase in people supported through Self-directed Support (SDS) Options 1 and 2. Latest data shows that the proportion of our social care spend going through SDS has been increasing and is in line with the national average.
 - Supporting **independence and rebalancing care** – latest data shows that we are achieving our target for the proportion of adults (18+) needing care, receiving that care at home (rather than in hospital or a care home) at 65.2%. And we have moved above our target for the % of people 65+ with intensive needs receiving care at home (64.4%).
 - A high proportion of service users (90%) continue to report that their 'living where/as you want to live' needs are being met. And we have seen an increase in the adults supported at home who agreed that they are supported to live as independently as possible (according to the latest national Health and Care Experience Survey)
 - We are seeing excellent performance on waiting times for **drug and alcohol recovery** with all people seen within three weeks during quarter 3 (target 90%).
 - A&E **attendances** and emergency **admissions** remain within our agreed targets. We have been seeing the number of attendances and admissions increasing back towards pre-pandemic levels, however, the trend shows reductions for Q3 22/23.
 - Unscheduled **acute bed days** have been improving overall, and we achieved our target in Q3 for the first time since Q2 2020/21.
 - Positive support to **care home residents** is reflected in the low volume of A&E attendances and admissions although we have seen increases for both measures during 2022/23.
 - We remain within target for meeting court timescales for commencement and completion of **Community Payback Orders**.
13. Areas that remain challenging include:
- For **reablement** services we continue to perform below target for the proportion of service users with reduced care needs, reflecting the continuing pressures on our non-residential care services.
 - Performance for **psychological therapies waiting times** remains below target. However, following recruitment into the service we are seeing improved performance on this measure and are moving towards the 90% target (82%, Q3).
 - Minimising hospital **discharges with delay** (and bed days lost) continued to be a challenge for the partnership during the reporting period, averaging 11 a week. This remains an area of focused activity to support people to return home or into alternatives in the community.
 - Reflecting the pressures that our **unpaid carers** are experiencing, we have seen declining performance in our satisfaction measures for carers.
 - Meeting our **breastfeeding** target in our more deprived neighbourhoods remains challenging and this has been impacted by the pandemic. However, we are continuing to see improved performance.
 - Sickness **absence** continues to be an issue for the partnership and we are above our target for both NHS and local authority staff.

RECOMMENDATION

14. Performance and Audit Committee is asked to note and comment on the Quarter Three Performance Update 2022-23.

REPORT AUTHOR AND PERSON TO CONTACT

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

March 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC 21.09.2022 – HSCP Annual Performance Report

https://www.eastrenfrewshire.gov.uk/media/8178/Performance-and-Audit-Committee-Item-06-21-September-2022/pdf/Performance_and_Audit_Committee_Item_06_-_21_September_2022.pdf?m=637987495043070000

HSCP Strategic Plan – QTR 3 2022-23

Report Author: Ian Smith / Steven Reid

Generated on: March 2023



Key:

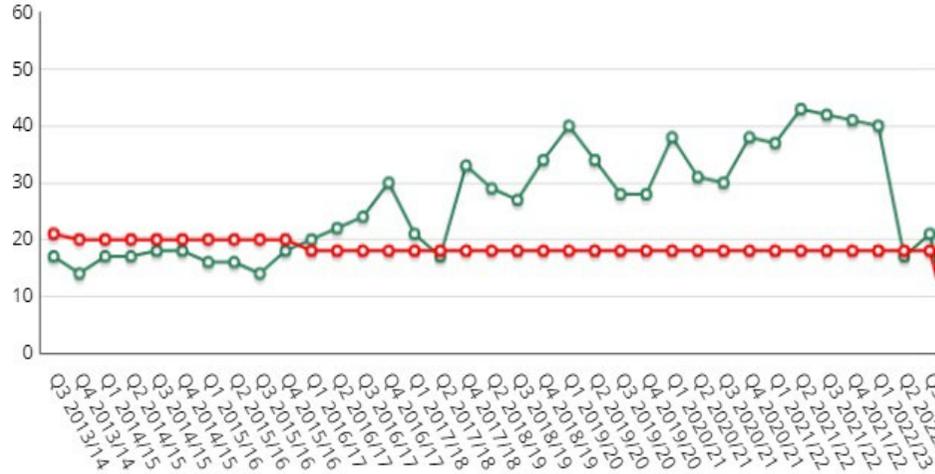
Green	performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)

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

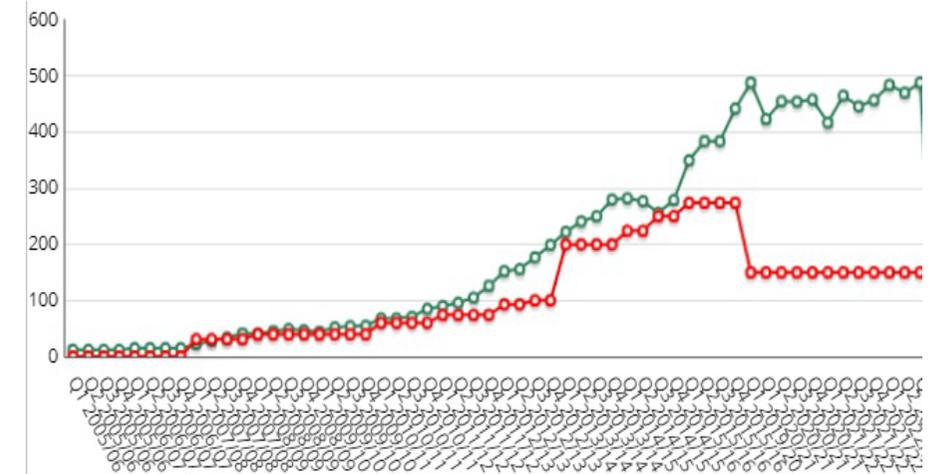
* INCREASE/DECREASE in PI description gives the intended direction of travel for the indicator

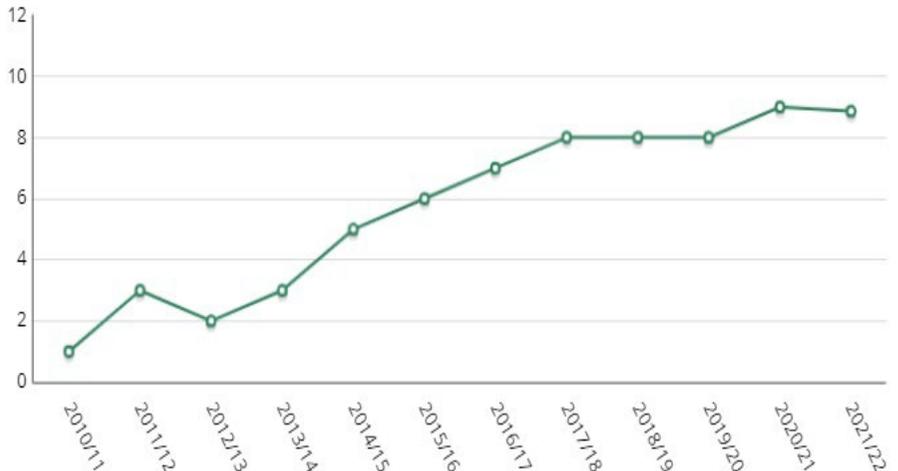
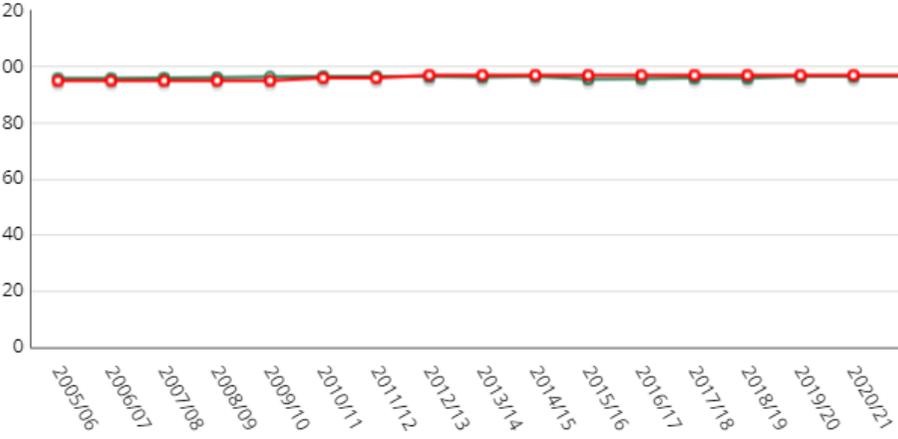
1. Working together with children and their families to improve mental and emotional well-being

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral	Qtr 3 2022/23	99.5%	90%	Green	(improving)		Weekly average for Qtr 3 2022/23, compares to 59% in Qtr3 2021/22. Performance has recovered significantly on the Covid period and is now exceeding target.

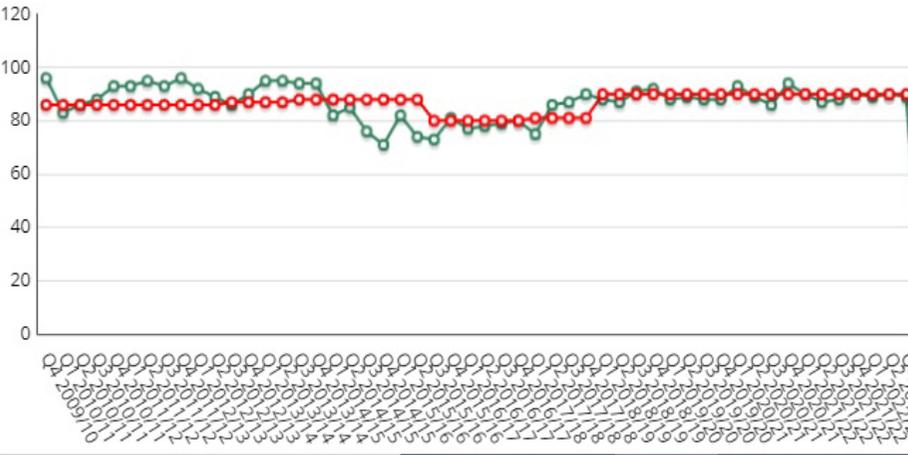
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
DECREASE -Child & Adolescent Mental Health - longest wait in weeks at month end	Qtr 3 2022/23	21	18	Red	 (improving)		Longest wait at 4 January 2023 was 21 weeks. Whilst longest waits increased significantly during Covid this has now fallen closer to target over the last two Qtrs.

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

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - Number of people self-directing their care through receiving direct payments and other forms of self-directed support.	Qtr 3 2022/23	488	150	Green	 (improving)		Data calculated from the Social Care returns shows a total of 488 people were in receipt of SDS 1 and 2 Option payments in Qtr 3. A further 644 people were covered under SDS Option 3.

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
<p>INCREASE - Direct payments spend on adults 18+ as a % of total social work spend on adults 18+</p>	2021/22	8.86%		Data Only	 (improving)		<p>Latest available data for this indicator at Jan 2023. We continue to perform well on this measure, % spend on SDS continued to improve (up from 8.69% for 2020/21) This compares to a national average of 8.86% (Source: Improvement Service)</p>
<p>INCREASE - Percentage of people aged 65+ who live in housing rather than a care home or hospital</p>	2021/22	96.6%	97%	Green	 (static)		<p>Latest update at December 2022 (2020/21 data) released March 2023. Indicator is still under development by Scottish Government and may change in future. Due to different configurations of services, figures for the hospital/hospice categories may not be comparable across partnership areas. Figure comprises 91.2% of people living unsupported at home, with a further 5.4% being supported to live at home. (Source: Scottish Govt MSG, Mar 2023))</p>

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																																										
<p>INCREASE - NI-18: The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care.</p>	<p>H1 2022/23</p>	<p>65.2%</p>	<p>63%</p>	<p>Green</p>	<p>↑ (improving)</p>	<table border="1"> <caption>Data for NI-18 Chart</caption> <thead> <tr> <th>Year</th> <th>Current Value (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>71</td><td>63</td></tr> <tr><td>2011/12</td><td>63</td><td>63</td></tr> <tr><td>2012/13</td><td>63</td><td>63</td></tr> <tr><td>2013/14</td><td>61</td><td>63</td></tr> <tr><td>2014/15</td><td>61</td><td>63</td></tr> <tr><td>2015/16</td><td>58</td><td>63</td></tr> <tr><td>2016/17</td><td>62</td><td>63</td></tr> <tr><td>2017/18</td><td>62</td><td>63</td></tr> <tr><td>2018/19</td><td>62</td><td>63</td></tr> <tr><td>2019/20</td><td>57</td><td>63</td></tr> <tr><td>2020/21</td><td>58</td><td>63</td></tr> <tr><td>2021/22</td><td>63</td><td>63</td></tr> </tbody> </table>	Year	Current Value (%)	Target (%)	2010/11	71	63	2011/12	63	63	2012/13	63	63	2013/14	61	63	2014/15	61	63	2015/16	58	63	2016/17	62	63	2017/18	62	63	2018/19	62	63	2019/20	57	63	2020/21	58	63	2021/22	63	63	<p>Latest available data (2021-22) at September 2022. In comparison the Scotland figure was 64.9% for the same period. (Source: Scottish Government). Data relates to all adults receiving care at home against care home residents and those receiving continuing care in acute settings.</p>			
Year	Current Value (%)	Target (%)																																															
2010/11	71	63																																															
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<p>INCREASE - Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home.</p>	<p>2021/22</p>	<p>64.4%</p>	<p>62.0%</p>	<p>Green</p>	<p>↑ (improving)</p>	<table border="1"> <caption>Data for Intensive Needs Chart</caption> <thead> <tr> <th>Year</th> <th>Current Value (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>50</td><td>62</td></tr> <tr><td>2010/11</td><td>60</td><td>62</td></tr> <tr><td>2011/12</td><td>61</td><td>62</td></tr> <tr><td>2012/13</td><td>60</td><td>62</td></tr> <tr><td>2013/14</td><td>60</td><td>62</td></tr> <tr><td>2014/15</td><td>60</td><td>62</td></tr> <tr><td>2015/16</td><td>60</td><td>62</td></tr> <tr><td>2016/17</td><td>61</td><td>62</td></tr> <tr><td>2017/18</td><td>59</td><td>62</td></tr> <tr><td>2018/19</td><td>57</td><td>62</td></tr> <tr><td>2019/20</td><td>57</td><td>62</td></tr> <tr><td>2020/21</td><td>62</td><td>62</td></tr> <tr><td>2021/22</td><td>64.4</td><td>62</td></tr> </tbody> </table>	Year	Current Value (%)	Target (%)	2009/10	50	62	2010/11	60	62	2011/12	61	62	2012/13	60	62	2013/14	60	62	2014/15	60	62	2015/16	60	62	2016/17	61	62	2017/18	59	62	2018/19	57	62	2019/20	57	62	2020/21	62	62	2021/22	64.4	62	<p>The LGBF data shows that our performance has improved slightly compared with the previous year (62.15%). This compares to a national average of 62.34%. The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues. (Source: Improvement Service Feb 2023)</p>
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - People reporting 'living where you/as you want to live' needs met (%)	Qtr 3 2022/23	89%	90%	Green	 (declining)		In Qtr 3 of the total 202 valid responses 179 reported their needs met.
INCREASE - NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	2021/22	80.4%		Data Only	 (improving)		Up from 78% in previous survey (2019/20). Scotland figure for period 78.8%. Latest available data at December 2022. Source : Public Health Scotland (Health and Care Experience Survey 2021/22)

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																																																																																																												
<p>INCREASE - NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided</p>	<p>2021/22</p>	<p>73.8%</p>	<p>70</p>	<p>Green</p>	<p>↓ (declining)</p>	<table border="1"> <caption>Chart Data for NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided</caption> <thead> <tr> <th>Year</th> <th>Green Line (%)</th> <th>Red Line (%)</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>88</td> <td>0</td> </tr> <tr> <td>2015/16</td> <td>75</td> <td>75</td> </tr> <tr> <td>2017/18</td> <td>65</td> <td>65</td> </tr> <tr> <td>2019/20</td> <td>75</td> <td>70</td> </tr> <tr> <td>2021/22</td> <td>73.8</td> <td>70.6</td> </tr> </tbody> </table>	Year	Green Line (%)	Red Line (%)	2013/14	88	0	2015/16	75	75	2017/18	65	65	2019/20	75	70	2021/22	73.8	70.6	<p>Down slightly from 75% in previous survey (2019/20). Scotland figure for period 70.6%. Data at December 2022. Source: Public Health Scotland (Health and Care Experience Survey 2021/22)</p>																																																																																										
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<p>INCREASE - Percentage of those whose care need has reduced following reablement / rehabilitation</p>	<p>Qtr 3 2022/23</p>	<p>54%</p>	<p>60%</p>	<p>Red</p>	<p>▬ (static)</p>	<table border="1"> <caption>Chart Data for Percentage of those whose care need has reduced following reablement / rehabilitation</caption> <thead> <tr> <th>Quarter</th> <th>Green Line (%)</th> <th>Red Line (%)</th> </tr> </thead> <tbody> <tr><td>Q1 2010/11</td><td>0</td><td>10</td></tr> <tr><td>Q2 2010/11</td><td>0</td><td>10</td></tr> <tr><td>Q3 2010/11</td><td>0</td><td>10</td></tr> <tr><td>Q4 2010/11</td><td>0</td><td>10</td></tr> <tr><td>Q1 2011/11</td><td>0</td><td>20</td></tr> <tr><td>Q2 2011/11</td><td>82</td><td>20</td></tr> <tr><td>Q3 2011/11</td><td>100</td><td>20</td></tr> <tr><td>Q4 2011/11</td><td>100</td><td>20</td></tr> <tr><td>Q1 2012/12</td><td>88</td><td>30</td></tr> <tr><td>Q2 2012/12</td><td>88</td><td>30</td></tr> <tr><td>Q3 2012/12</td><td>84</td><td>30</td></tr> <tr><td>Q4 2012/12</td><td>94</td><td>30</td></tr> <tr><td>Q1 2013/13</td><td>96</td><td>30</td></tr> <tr><td>Q2 2013/13</td><td>82</td><td>30</td></tr> <tr><td>Q3 2013/13</td><td>94</td><td>30</td></tr> <tr><td>Q4 2013/13</td><td>94</td><td>30</td></tr> <tr><td>Q1 2014/14</td><td>70</td><td>30</td></tr> <tr><td>Q2 2014/14</td><td>72</td><td>30</td></tr> <tr><td>Q3 2014/14</td><td>64</td><td>30</td></tr> <tr><td>Q4 2014/14</td><td>64</td><td>30</td></tr> <tr><td>Q1 2015/15</td><td>64</td><td>30</td></tr> <tr><td>Q2 2015/15</td><td>64</td><td>50</td></tr> <tr><td>Q3 2015/15</td><td>64</td><td>60</td></tr> <tr><td>Q4 2015/15</td><td>32</td><td>60</td></tr> <tr><td>Q1 2016/16</td><td>20</td><td>60</td></tr> <tr><td>Q2 2016/16</td><td>20</td><td>60</td></tr> <tr><td>Q3 2016/16</td><td>70</td><td>60</td></tr> <tr><td>Q4 2016/16</td><td>60</td><td>60</td></tr> <tr><td>Q1 2017/17</td><td>50</td><td>60</td></tr> <tr><td>Q2 2017/17</td><td>44</td><td>60</td></tr> <tr><td>Q3 2017/17</td><td>44</td><td>60</td></tr> <tr><td>Q4 2017/17</td><td>44</td><td>60</td></tr> <tr><td>Q1 2018/18</td><td>54</td><td>60</td></tr> <tr><td>Q2 2018/18</td><td>54</td><td>60</td></tr> <tr><td>Q3 2018/18</td><td>54</td><td>60</td></tr> </tbody> </table>	Quarter	Green Line (%)	Red Line (%)	Q1 2010/11	0	10	Q2 2010/11	0	10	Q3 2010/11	0	10	Q4 2010/11	0	10	Q1 2011/11	0	20	Q2 2011/11	82	20	Q3 2011/11	100	20	Q4 2011/11	100	20	Q1 2012/12	88	30	Q2 2012/12	88	30	Q3 2012/12	84	30	Q4 2012/12	94	30	Q1 2013/13	96	30	Q2 2013/13	82	30	Q3 2013/13	94	30	Q4 2013/13	94	30	Q1 2014/14	70	30	Q2 2014/14	72	30	Q3 2014/14	64	30	Q4 2014/14	64	30	Q1 2015/15	64	30	Q2 2015/15	64	50	Q3 2015/15	64	60	Q4 2015/15	32	60	Q1 2016/16	20	60	Q2 2016/16	20	60	Q3 2016/16	70	60	Q4 2016/16	60	60	Q1 2017/17	50	60	Q2 2017/17	44	60	Q3 2017/17	44	60	Q4 2017/17	44	60	Q1 2018/18	54	60	Q2 2018/18	54	60	Q3 2018/18	54	60	<p>Of the 59 reablement clients discharged this quarter 32 were discharged with no or reduced service.</p>
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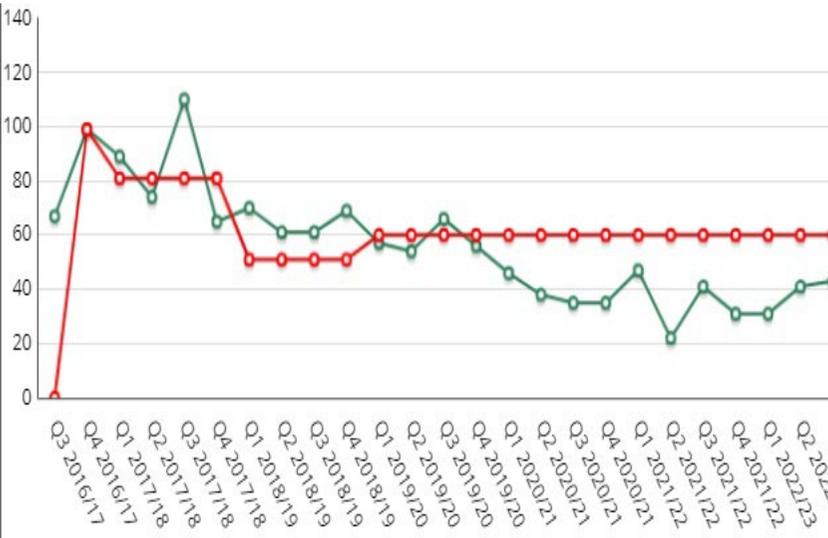
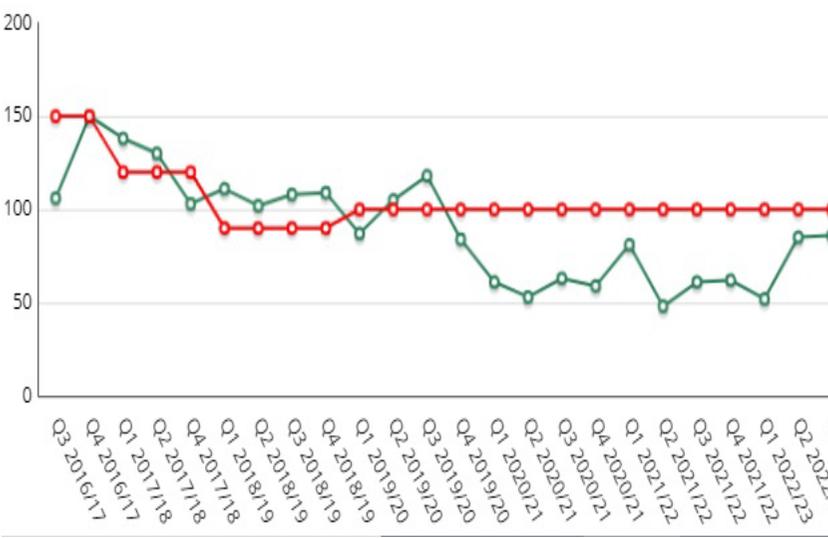
3. Working together to support mental health and well-being						
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Latest Note
INCREASE - Percentage of people waiting no longer than 18 weeks for access to psychological therapies	Qtr 3 2022/23	82%	90%	Red	↑ (improving)	<p>Quarterly average for Qtr 3 is 82% up from Quarter 2 noted at 75% for 2022/23, corresponding figure for Qtr 3 2021/22 was 80%. Whilst we have been consistently under target for a number of years performance has been improving over the last three Qtrs towards achieving the 90% target.</p>
INCREASE - Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks.	Qtr 3 2022/23	100%	90.0%	Green	↑ (improving)	<p>East Renfrewshire Community Addictions Service have performed well in this area, with 100% of people accessing the service starting treatment within three weeks of referral in quarter 2 and 3 up from 98.8 in Q1 of 2022-23.</p>

4. Working together to meet people's healthcare needs

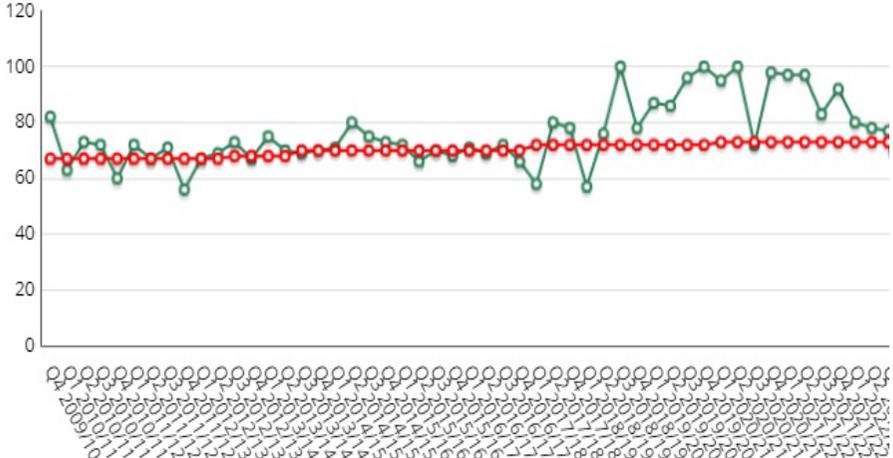
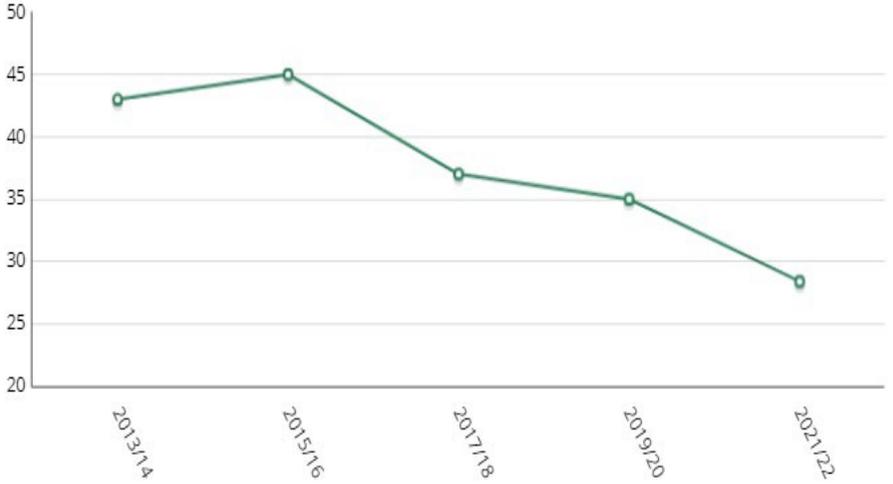
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
<p>DECREASE - People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (ISD data)</p>	<p>Qtr 3 2022/23</p>	<p>14</p>	<p>0</p>	<p>Red</p>	<p>↓ (declining)</p>		<p>Monthly average of latest available data. Compares to nine in previous Qtr 2. (Source: Public Health Scotland, 10 Jan 2023)</p>
<p>DECREASE - Delayed discharges adult bed days lost to delayed discharge (MSG data)</p>	<p>Qtr 3 2022/23</p>	<p>1,458</p>	<p>477</p>	<p>Red</p>	<p>↓ (declining)</p>		<p>Latest data to Dec 2022, released March 2023. Up from 997 days lost in Qtr 2 (Source: Scottish Govt, MSG)</p>

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
<p>DECREASE - No. of A & E Attendances - Adults</p>	<p>Qtr 3 2022/23</p>	<p>4,357</p>	<p>4,584</p>	<p>Green</p>	<p>↑ (improving)</p>		<p>Latest data to Dec 2022, released March 2023. Down from 4,609 attendances in Qtr 2. (Source: Scottish Govt, MSG).</p>
<p>DECREASE - Number of Emergency Admissions: Adults (MSG data)</p>	<p>Qtr 3 2022/23</p>	<p>1,624</p>	<p>1,781</p>	<p>Green</p>	<p>↑ (improving)</p>		<p>Latest data at March 2023. Down from 1,690 admissions in previous Qtr 2. (Source: Scottish Govt, MSG)</p>

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
<p>DECREASE - NI-12: Emergency admission rate (per 100,000 population) for adults</p>	<p>Qtr 2 2022/23</p>	<p>2,161</p>		<p>Data Only</p>	<p>↑ (improving)</p>		<p>Latest data at December 2022 (Source: Scottish Government)</p>
<p>DECREASE - Unscheduled Hospital (Acute) Bed Days: Adults (18+)</p>	<p>Qtr 3 2022/23</p>	<p>14,395</p>	<p>14,715</p>	<p>Green</p>	<p>↑ (improving)</p>		<p>Latest provisional data to Dec 2022, released March 2023. Data corrected back to April 2022. (Source: Scottish Govt, MSG)</p>

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
DECREASE - Emergency Admissions from Care Homes (NHSGGC data)	Qtr 3 2022/23	43	60	Green	 (declining)		Emergency admissions from care homes is up slightly on previous Qtr 2 (41). Admissions remained consistent over the previous couple of years remaining consistent lower than pre pandemic levels.
DECREASE - A & E Attendances from Care Homes (NHSGGC data)	Qtr 3 2022/23	86	100	Green	 (static)		Up marginally from Qtr 2 (85 attendees)

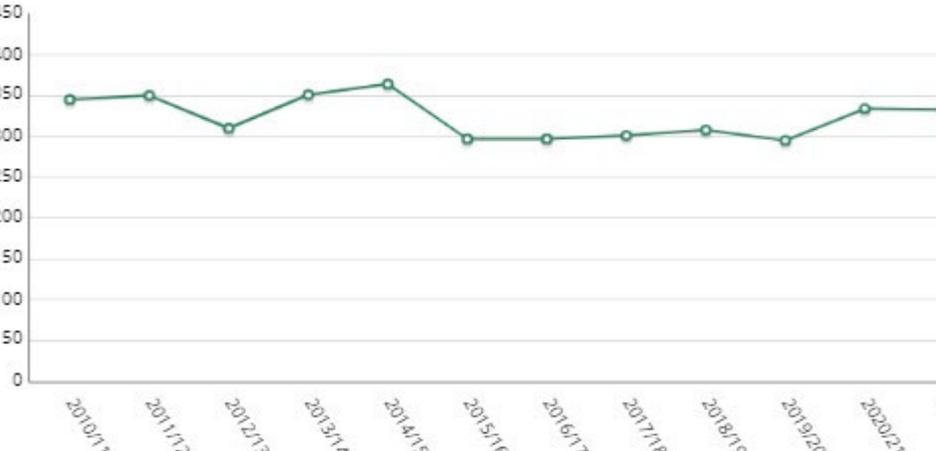
5. Working together with carers to be able to exercise choice and control

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - People reporting 'quality of life for carers' needs fully met (%)	Qtr 3 2022/23	77%	74%	Green	 (declining)		In Qtr 3 of the total 43 valid responses 33 reported their needs met
INCREASE - NI-8: Total combined % carers who feel supported to continue in their caring role.	2021/22	28.4%		Data Only	 (declining)		Scotland figure for period 29.7%. Data at December 2022. Note figures from 2019/20 not directly comparable to figures in previous years due to changes in methodology. Source: Public Health Scotland (Health and Care Experience Survey 2021/22)

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

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
<p>INCREASE - Community Payback Orders - Percentage of unpaid work placements commencing within 7 days</p>	<p>Qtr 3 2022/23</p>	<p>84%</p>	<p>80%</p>	<p>Green</p>	<p>↑ (improving)</p>		<p>Sixteen of nineteen work placements commenced within 7 days. This is up from 78% in Qtr 2. This figure is a result of late notification from Court when imposing the three CPO's.</p>
<p>INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.</p>	<p>Qtr 3 2022/23</p>	<p>82%</p>	<p>80%</p>	<p>Green</p>	<p>↓ (declining)</p>		<p>82% of orders were completed within timescale. CPO's affected by impact of COVID – this figure is a result of one placement starting later due to offender already completing unpaid work from another order and the second as a result of offender submitting a long term medical certificate.</p>

7. Working together with individuals and communities to tackle health inequalities

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
<p>INCREASE - Breastfeeding at 6-8 weeks in 15% most deprived SIMD data zones.</p>	2021/22	17.9%	25%	Red	 (improving)		<p>This is a significant increase from 2020/21 (7.5%). Our comparator authority, East Dunbartonshire continues to see a higher rate in SIMD 1, with 21.1%, however East Renfrewshire is higher in SIMD 2 (28%). The gap between the most affluent (SIMD 5) and the most deprived (SIMD 1) areas, has decreased for the second year in a row from 34.7% in 2020/21 to 27.6% in 2021/22. SIMD 5 rates have increase this year from 42.2% in 2020/21 to 45.5% in 2021/22. (Source: Public Health Scotland Infant Feeding Dashboard, Nov 2022)</p>
<p>DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-11: Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate)</p>	2021/22	333		Data Only	 (static)		<p>Latest available data at September 2022 relates to 2021/22 end-year. This shows a marginal fall on the 2020 figure (334). In comparison the Scotland rate in 2021 was 466 per 100,000. (Source: Public Health Scotland, September 2022)</p>

10. Organisational outcomes						Chart		Notes & History Latest Note
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow			
DECREASE - Sickness absence days per employee - HSCP (LA staff)	Qtr 3 2022/23	6.75	4.2	Red	↓ (declining)			<p>Absence within the HSCP for Quarter 3 has increased with an average of 6.75 days per employee against a target of 4.2 days for the quarter. The overall figure across ERC for the period was 4.01 days lost, with the HSCP having the highest level of absence per employee across all Departments. Absence panels have recommended and targeted interventions have been implemented in hot spot areas including Intensive Services as well as increased wellbeing support.</p>
DECREASE - Percentage of days lost to sickness absence for HSCP (NHS staff)	Qtr 3 2022/23	7.7%	4.0%	Red	↓ (declining)			<p>Performance continues to be above target. Monthly average for Qtr 3</p>

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Notes & History Latest Note
<p>INCREASE - Percentage of NHS staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System</p>	<p>Feb 2023</p>	<p>47.74%</p>	<p>80%</p>	<p>Red</p>	<p>↓ (decreasing)</p>		<p>Due to the pressures of the pandemic KSF became a lower priority over the past 2 years. The KSF Lead sends out monthly communications to managers to increase compliance. Additional training has also been made available as refresher courses for reviewers. Increasing steadily over previous 4 months. Aiming for 60% reduced target by 31st March 2023.</p>



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	29 March 2023
Agenda Item	8
Title	Strategic Commissioning Plan Update
<p>Summary</p> <p>The purpose of this report is to provide the Performance and Audit Committee with Strategic Commissioning Plan update for comment.</p>	
Presented by	Margaret Phelps; Senior Manager Planning and Performance and Commissioning Manager
<p>Action Required</p> <p>It is recommended that the Performance and Audit Committee:</p> <ul style="list-style-type: none"> • note and comment on the early proposals for a Strategic Commissioning Plan on the current and future arrangements in place to commission health and care services with external partners. • note following the period of engagement a final draft Strategic Commissioning Plan will be presented for approval to the Integration Joint Board meeting in June 2023. 	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

29 March 2023

Report by Chief Officer

STRATEGIC COMMISSIONING PLAN UPDATE

PURPOSE OF REPORT

1. The purpose of this report is to provide the Performance and Audit Committee with the proposals for a Strategic Commissioning Plan for comment on the current and future arrangements in place to commission health and care services with external partners.

RECOMMENDATION

2. It is recommended that the Performance and Audit Committee:
 - note and comment on the early proposals for a Strategic Commissioning Plan on the current and future arrangements in place to commission health and care services with external partners.
 - note following the period of engagement a final draft Strategic Commissioning Plan will be presented for approval to the Integration Joint Board meeting in June 2023.

BACKGROUND

3. At the meeting on 23rd November 2022, the Performance and Audit Committee received a report on the current arrangements in place to commission health and care services with external partners. The report set out the level of the commissioned services within East Renfrewshire and provided an update on the re-establishment during 2020/21 of the Contracts and Commissioning Team. The Team have built on the strong partnership approach with our external providers to offer assurance on our commissioning and contract monitoring arrangements. Working alongside HSCP services a programme of review is underway with the introduction of new systems and processes to support the range of contractual arrangements in place.
4. The report identified that the Strategic Commissioning Plan has been in place since 2018 and required to be reviewed. It was also noted that the Savings, Recovery and Renewal Programme which incorporates the HSCP recovery from the pandemic and encompassed the broader transformation programme recommenced during 2022. In addition as part of this programme a Commissioned Services Review was approved in November 2022 which seeks to support service redesign and associated efficiencies. The Commissioning Team lead on this review of commissioned services to ensure all framework and contractual opportunities are maximised. This will provide greater alignment between the refreshed Strategic Commissioning Plan and the Savings, Recovery and Renewal Programme.
5. This Commissioning Plan will reflect the renewed Strategic Plan 2022/25 and the work underway in respect of the HSCP, national, and Greater Glasgow and Clyde transformation programmes including; Coming Home Implementation Report, The Promise (Independent care Review) and Primary Care Improvement and the National Care Service. Work is already underway to develop our collaborative commissioning approach for East Renfrewshire bringing partners, services and people who use services and carers together.

REPORT

6. East Renfrewshire Health and Social Care Partnership, under the direction of the Integration Joint Board (IJB), builds on a secure footing of a 16 year commitment to partnership working in East Renfrewshire. The Strategic Commissioning Plan acknowledges this partnership approach underpinning the Strategic Plan 2022/25 with our planning and delivery of health and social care services across East Renfrewshire. Our nine priorities set out within the Strategic Plan are delivered in partnership between HSCP services and our external partners in the independent and third sector.
 - 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; and,
 - Protecting people from harm.

7. The revised Plan will reinforce our commitment to creating the environment for a diverse, thriving and sustainable market which is focused on meeting needs and achieving outcomes. The development of a shared market will seek to deliver high quality care, build a skilled workforce who are flexible, innovative in the design and delivery of health and social care services. We will do this through continued dialogue with providers, people who use services and carers, with analysis on the use of information about needs, costs, quality of services and their impact on people's lives.

8. Over the past year we have been working alongside external partners to develop a shared collaborative commissioning statement for East Renfrewshire. This shared statement of intent sets out agreed principles and approach which are co-designed with wider partners and stakeholders on how we will work together. We recognised the successive Scottish Government policy and guidance that has been produced since the 2014 Public Bodies Act, all of which describe new ways of working which will be human rights based, person centred, reflective of people's lived experience, have fair work principles, support climate and circular economy, be financially transparent and deliver high quality care. This is reflected within our local statement.

9. Our collaborative commissioning statement represents the current position in our ongoing conversation with people who use services, partner providers who deliver with us, carers, and other stakeholders who form part of East Renfrewshire Health and Social Care Partnership. Our aim is to create opportunities to work together to shape the local health and social care environment to ensure that together we can progress the aims of the HSCP Strategic Plan 2022-2025 and be responsive to the changing needs and aspirations of the people of East Renfrewshire.

10. We have already published information through our Joint Strategic Needs Assessment and through our performance reports. The Strategic Plan 2022-2025 sets out the vision and priorities for service change and improvement in East Renfrewshire. This collaborative commissioning statement sets out how we expect to deliver our strategic intentions, working together with partner providers through our commissioning and procurement arrangements.
11. The Medium Term Financial Plan (MTFP) 2022/23 to 2026/27 provides a financial outlook for the next five financial years and associated health and social care delivery. The MTFP will accompany the Strategic Plan and Strategic Commissioning Plan by providing the financial assessment required to support our demographic pressures and demands alongside the requirement to identify savings to meet future funding challenges.
12. The Strategic Commissioning Plan will set out the financial and operational context of the Health and Social Care Partnership and recognises the financial pressures the IJB are facing and the statutory requirement to both set a balanced budget and to operate within the financial envelope available. The cost pressures, demand analysis and funding allocations continue to be refined and the proposed budget for 2023/24 is presented to the IJB in 29 March 2023.
13. In reviewing the budget position we recognise the only significant areas of flexibility available are within care costs and staffing and as such are the areas which require to be considered to address the identified funding gap. The revised plan will require to reflect the financial position of the IJB, the savings which need to be identified and therefore the operational context and making the most effective and efficient use of all of our resources.
14. A four week Budget Engagement programme was undertaken during February and March 2023 to provide the opportunity for people who use our services, families, carers, HSCP services and partners to share their views on how the IJB can best use their resources to continue to support our communities. The information gained from this engagement will help inform the IJB on how to utilise the budget in the most efficient and effective way.
15. A substantial range of services are commissioned directly from external partners through purchased care packages and as part of our grant funded support community and voluntary organisations. During 2021/22 this totalled £36.072m spend across all of our services utilising a number of contractual arrangements. We will work across our network of partners to look at how we can all collectively support our residents going forward.
16. The draft Strategic Commissioning Plan 2023/25 will initially be for a two year period to allow for alignment to the three year Strategic Plan and Medium Term Financial Plan. An early version of the Plan is attached and sets out the financial and operational context of the Health and Social Care Partnership. The Plan format is as follows:
 - Introduction – our collaborative commissioning partnership approach
 - Current market context health and social care
 - Demographics and Needs assessment
 - New opportunities – understanding needs and the local market
 - Financial context and Savings Recovery and Renewal
 - Contractual arrangements and Procurement Plan
17. Building on the engagement work already underway with HSCP services, people who use our services, carers and partners will further develop this draft Strategic Commissioning Plan which will seek to reflect the Strategic Plan priorities, our financial

context, our operational delivery and our commitment to collaborative commissioning and a shared marketplace. Following the period of engagement, a final Strategic Commissioning Plan will be presented for approval to the Integration Joint Board meeting in June 2023.

CONCLUSION

18. This report recognises the contribution that all partners make to the delivery of health and social care services. It sets out the requirement to work collaboratively across all sectors to create an environment for a diverse, thriving and sustainable market which is focused on meeting needs and achieving outcomes. The Strategic Commissioning Plan will be presented for approval to the Integration Joint Board in June and will be updated annually to reflect the future direction, the demographic demand and pressures, financial context and the role of the third and independent as delivery partners.

RECOMMENDATION

19. It is recommended that the Performance and Audit Committee:
 - note and comment on the early proposals for a Strategic Commissioning Plan on the current and future arrangements in place to commission health and care services with external partners.
 - note following the period of engagement a final draft Strategic Commissioning Plan will be presented for approval to the Integration Joint Board meeting in June 2023.

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

March 2023

BACKGROUND PAPERS

PAC 23.11.2022 – Item 10. Commissioned Services

https://www.eastrenfrewshire.gov.uk/media/8445/Performance-and-Audit-Committee-Item-10-23-November-2022/pdf/Performance_and_Audit_Committee_Item_10_-_23_November_2022.pdf?m=638037783589400000

Strategic Plan 2022-25

https://www.eastrenfrewshire.gov.uk/media/7569/HSCP-Strategic-Plan-2022-2025/pdf/East_Renfrewshire_HSCP_-_Strategic_Plan_2022-2025.pdf?m=637847662804030000

Draft Strategic Commissioning Plan – East Renfrewshire

DRAFT

09 March 2023

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Contents

1. Introduction – our collaborative commissioning partnership approach
2. Current market context health and social care
3. Demographics and Needs assessment
4. New opportunities – understanding needs and the local market
5. Financial context and Savings Recovery and Renewal
6. Contractual arrangements and Procurement Plan

Introduction

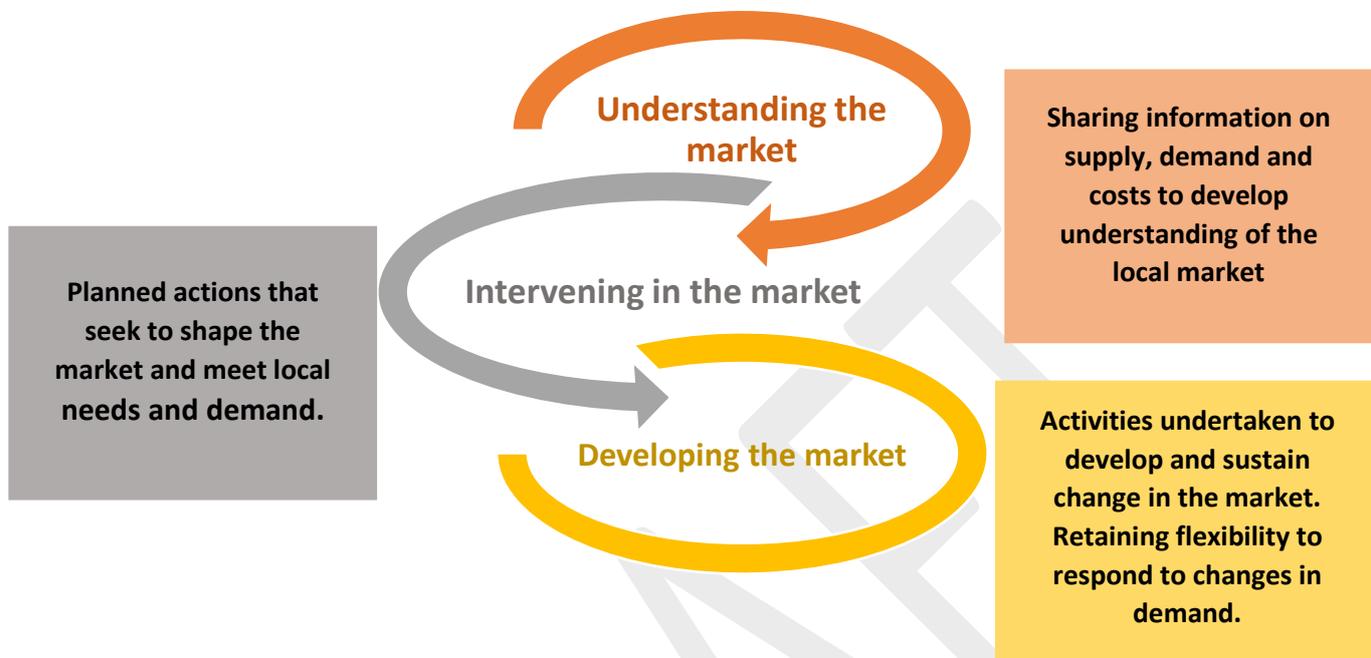
East Renfrewshire Health and Social Care Partnership under the direction of East Renfrewshire’s Integration Joint Board (IJB), builds on a secure footing of a 16 year commitment to partnership working in East Renfrewshire. Our market facilitation statement represents the current position in our ongoing conversation with people who use service, partner providers who deliver with us, carers and other stakeholders who form part of East Renfrewshire Health and Social Care Partnership (ERHSCP). Our strategic vision is to create opportunities to work together to shape the local health and social care environment to ensure that together we can progress the aims of the HSCP Strategic Plan 2022-2025 and be responsive to the changing needs and aspirations of the people of East Renfrewshire.



We have already published information through our Joint Strategic Needs Assessment and through our performance reports. The Strategic Plan 2022-2025 which sets out the vision and priorities for service change and improvement in East Renfrewshire. This market facilitation statement sets out how we expect to deliver our strategic intentions, working together with partner providers through our commissioning and procurement arrangements.

It is important to ensure residents have choice and control through a variety of providers and creative support options. They must also understand what support is available and be able to

make informed choices by having easy access to information about the quality, flexibility, safety and cost of services.



We will seek to do this through a market shaping approach by:

- sharing with current and potential providers the intelligence we have on population trends, the current demand for and costs of care
- future demand and the shape of the social care economy
- sharing our ideas known about how we believe the market needs change over time, in response to changing residents expectations and economic, demographic and legislative context
- identifying opportunities for collaboration to develop and sustain the local social economy
- being clear with providers about how we will intervene in the market, through the investments we make and the encouragement and advice we give, to achieve a balance in the supply and demand for services
- explaining why we need to disinvest in some areas and increase spending in others, giving those organisations who wish to grow and adapt to new circumstances time to do so.

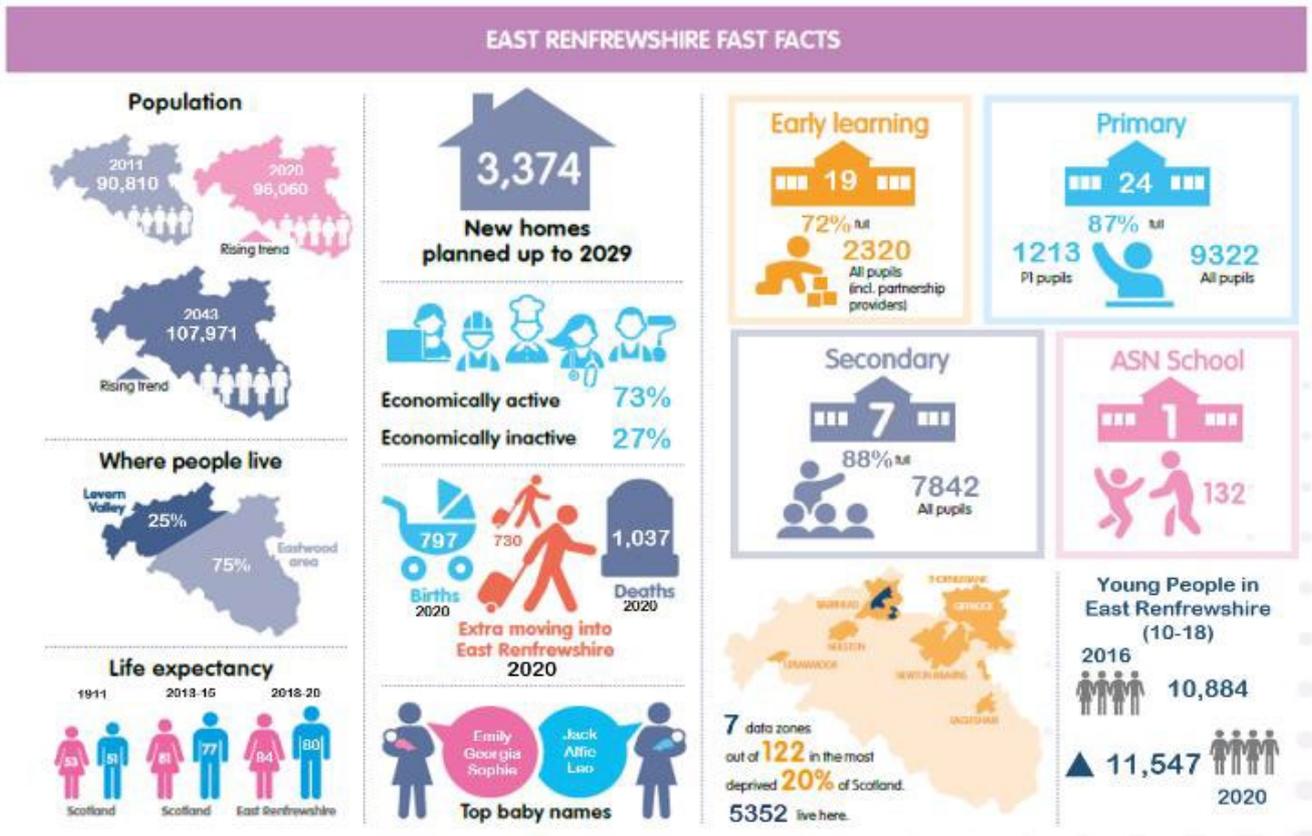
Our Plan will complement and add value to the business planning and development activities of current and potential providers. It sets out how the HSCP is working with all partners in health and social care to maximise use of the available resources.

Demographics and needs assessment

Our Strategic Plan 2022-25 identifies 9 priorities which the HSCP along with our partner providers in the third and independent sectors, provide a range of health and social care services to individuals, families and carers.

- 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; and,
- Protecting people from harm.

Our Joint Strategic Needs Assessment is available as a supporting document and provides a detailed needs assessment to support the Strategic Plan. A full socio-demographic profile has been developed for East Renfrewshire and covering our two localities (Eastwood and Barrhead) giving information on population, households, deprivation, health profile, life expectancy and use of services.

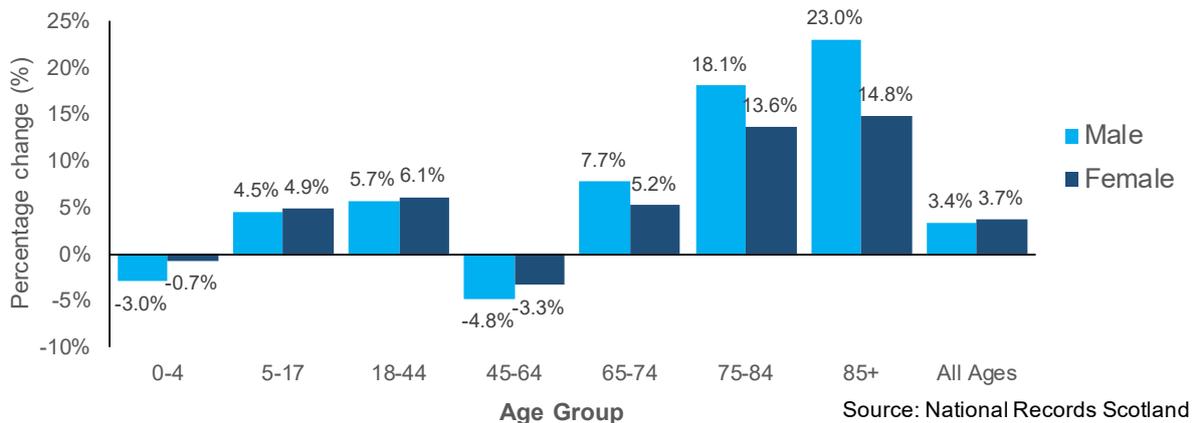


From this detailed analysis we know our population is changing with corresponding increase in the health and care needs of our residents. Overall East Renfrewshire's population is growing with particular growth for our younger and older residents, who make greater use of universal health services.

The table below provides an overview; **needs updated figures including projection to 2028**

The overall projected rise in population is similar to the increase seen in the last five years, the population aged 75 and over is projected to increase at more than twice the previous rate (16.1% versus 7.7%). The 65+ population is projected to increase from 20.2% of the population in 2020 to 21.7% of the population by 2025.

Projected percentage change in population from 2020 to 2025 by Age Group and Sex in East Renfrewshire



To be updated

In addition there has been significant growth in our most elderly population with a 44% increase in the number of residents aged 85 years and over 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.

In terms of deprivation, East Renfrewshire is one of the least deprived local authority areas in Scotland. However, there are notable discrepancies that we see across the area with some neighbourhoods experiencing significant disadvantage. More than half of East Renfrewshire's population (55%), and 67% of the Eastwood population live in SIMD datazones that are among the 20% least deprived in Scotland. All of East Renfrewshire's neighbourhoods that are among the 20% most deprived are concentrated in the Barrhead locality with a quarter of the population living in these datazones.

In line with the socio-demographic profile we see differing health outcomes for the populations in our two localities. While life expectancy at birth is above the Scottish average for East Renfrewshire as a whole, it remains below average in the Barrhead locality. Early mortality rates and the prevalence of long-term conditions including cancers are also higher for Barrhead. Data also shows poorer outcomes for the Barrhead locale in relation to the percentage of the population prescribed medication for anxiety, depression and psychosis. Hospital admission related to alcohol and drugs are also higher for Barrhead.

Post covid impact have are still developing it is clear that there have been negative consequences for businesses and employment prospects nationally and locally. The evidence clearly links economic disadvantage with poorer physical and mental health outcomes and we have seen the unemployment rate rise in East Renfrewshire. The impact on health inequalities has had a disproportionate impact for disadvantaged communities and specific vulnerable groups. The diminished or interrupted care and support has made disabled people, black and minority ethnic people, older people and children and young people more vulnerable. Mental health and wellbeing has been impacted across all age groups increased social isolation, distress, anxiety, fear of contagion, depression and insomnia in the general population. A number of key groups are at higher risk of adverse mental health outcomes. These include front line staff, women, and people with underlying health conditions, children

and young people (up to age 25). Locally, we know that families and people we support have reported worsening mental wellbeing.

Although the HSCP has succeeded in maintaining the vast majority of services throughout the pandemic we have been required to adapt provision and prioritise those in greatest need, particularly during the tightest lockdown restrictions. Some service areas have seen increasing levels of need, frailty and vulnerability among the individuals they are working with where lower level, preventative interventions have been reduced, and increased carer stress.

The pandemic period has seen new ways that people engage with services with greater use of technology and a reduction in face to face contact. Learning from this has allowed services to review delivery approaches to meet the changing expectations of people following the pandemic. We have seen increasingly supportive working relationships between statutory, independent and third sector partners. The experience of the pandemic has reinforced the crucial role of the community and third sectors in delivering essential support to our residents.

Over the course of the pandemic we have seen incredible resilience, commitment and creativity from staff. We have seen innovation and collaboration, between partner organisations and with our communities. This capacity for change and innovation will underpin our activity as we move forward.

Current market context health and social care

Health and social care services are delivered alongside our third and independent support and care providers and partners. Through our service reviews, current market assessment and conversations with providers and engagement with people and communities we have identified key areas we want to address through market shaping that will support the delivery of our Strategic Commissioning Plan 2023 -25.

- Recognising the resilience of staff groups have been impacted by ongoing challenges from the pandemic including recruitment and retention across all sectors.
- Growing demand for care at home services both in relation to care hours and increasing complexity of care is not matched by growth in cross sector capacity.
- Implementation of Supporting People Framework to ensure personalised approach with people in need are supported and resources are maximised.
- An area of increasing need is from children and young people with a neurodevelopmental diagnosis (including autism) or suspected diagnosis.
- Continue to support our care experienced children and young people and to fully implementing the findings of the national Independent Care Review report “The Promise”.
- Our person-centred approaches are committed to increasing choice and control, achieving outcomes and increasing use of Self-directed Supports.
- Services for people with learning disabilities will offer a broader range of opportunities and experiences
- Young people in transition will be supported to maximise independence choice and control

- Build on our collaborative community supports to minimise isolation through approaches such as befriending, peer support and the work of our Kindness Collaborative and Talking Points, linking people to local supports.
- Make best use of technology and health monitoring systems to support independence and self-management.
- Work collaboratively with housing providers to support independent living in our communities and to better understand local needs and future models of housing, technology and support.
- Support mental health and wellbeing interventions delivered through primary care, third sector and community-led activity.
- Work across all sectors to improve hospital discharge and better support for people to transfer from acute care to community supports.
- We will continue to encourage collaboration between support providers for advice, information and support for carers ensuring local provision that best meets carers needs.
- Work with our partners to tackle inequalities and support residents with a number of long term conditions such respiratory illness, cardiovascular disease and obesity to provide physical and psychological health benefits
- Continue to protect adults at risk from harm by strengthening our processes and awareness of Adult Support and Protection with our partners, providers and the public.

Changing needs and demands

Whilst identifying our key areas for future work we recognise the immediate and future challenges for the partnership. Our Strategic Plan reflected the context of the post Covid-19 pandemic and response to immediate pressures. This was marked by both increasing and changing service demand pressures.

All services experienced a higher volume of referrals to adult and child protection; increased CAMHS referrals and increase cases allocated to our children's social work teams; increased referrals to Care at Home services (and capacity pressures on partner providers) and higher levels of frailty and complexity among those accessing adult services.

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. Deconditioning and isolation for older people and adults with additional support needs alongside increased demand on carers have been reflected in our referral. Mental health needs of all sectors of the population has been marked with reduced capacity in therapeutic services.

Working with our acute sector to minimise delayed discharges from hospital has increased demand on both our in house and external care at home services as we continue to require more community based provision. This has been further exacerbated with an increase in request from people in the community requiring additional care support.

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 £17 million per year with the potential to rise to £19 million in the coming year, without actions to mitigate.

Supporting the care market and our local care providers who deliver alongside the HSCP. The sustainability of the care provider market following Covid-19 is still being felt in relation to staff recruitment, retention and higher cost of living. 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. This will build on our work to date, including the move to national contractual frameworks along with the implications from the independent review of adult social care and proposal for a National Care service which may impact on how we commission services.

Our budget projections identify the funding gap in future years could range anywhere from £5m to £10m in 2023/24 and our Medium-Term Financial Plan for 2023/24 to 2027/28 will be refreshed following the setting of our budget for 2023/24.

A Supporting People Framework is under development to ensure that we can provide person centred support to people in greatest need, utilising all supports available and to maximise the resources available to us.

Working with our local partner providers to develop a shared statement of intent setting out agreed principles and approach which are co-designed with wider partners and stakeholders. In addition key themes were identified as areas to progress and opportunities for collaborative working;

- Funding and transparency on budgets
- Communication and information
- Involving providers, partners and people
- Culture change
- Processes and systems
- Staff valuing and rewarding

New opportunities – understanding needs and the local market

East Renfrewshire we have a diverse economy in social care with well-established range of care providers across the public, third and independent sectors. Building on strong foundation of partnership working and a commitment to collaborative approach to commissioning services. This is underpinned by our focus on a personal outcomes approach to enabling people to achieve and live a full life, it is about making a difference.

We will;

- Be outcomes focused with people at the centre of our commissioning approach
- Work with partners to better understand and sustain our local market
- Recognise our shared assets and opportunities within our local communities
- Address challenges e.g. recruitment and retention, cost of living , financial context
- Maximise the use of our collective resources

Future opportunities;

Our collaborative commissioning approach will work with partners and stakeholders to develop opportunities in the following areas;

- Supporting people to live independently – care at home to explore development of a care at home collaborative
- Day opportunities for adults with learning disabilities - work with partners to consider place based approach and range of services available
- Post diagnostic support for people with dementia diagnosis
- Supported training opportunity for people with additional support needs through Café services in Eastwood and Barrhead HCC
- Near Fatal Overdose

Financial context and Savings Recovery and Renewal

This section will be completed following agreement of the 2023/24 budget.

Contractual Arrangements and Procurement Plan

Scottish Government's Guide to Strategic Commissioning Plan (2015) defines commissioning as; Assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. The strategic commissioning cycle was developed to identify the key processes and steps and seeks to outline four key requirements to; plan, do, review and analyse. All 4 areas are interdependent, involve a range of stakeholders and are interdependent. The complexity of the processes have people at the centre where meeting outcomes is the key determinant of the commissioning approach.



The Independent Review of Adult Social Care (Feeley report 2021) set out a challenge; *“We want to see an end to this emphasis on price and competition and to see the establishment of a more collaborative, participative and ethical commissioning framework for adult social care services and supports, squarely focused on achieving better outcomes for people using these services.”*

This has been central to recent policy and legislation including the National Care Service Bill (2022) and is enshrined in the 8 principles of Ethical Commissioning (Circular SPPN7/2021). These core principles describe a new way of working which will be human rights based, person centred, reflect peoples lived experience, have fair work principles, support climate and circular economy, financial transparency and deliver high quality care.

A recent publication - Commissioning for Outcomes by Care Coalition of Care Providers (CCPS - March 2023) provides a useful definition of outcomes as 'the difference that is made by services or supports'.

Outcomes can be seen to exist at different levels:

- ❖ Personal: the difference made in an individual's life.
- ❖ Organisational: the difference a service or organisation makes.
- ❖ Strategic: the overall difference made to a community or population.
- ❖ National: the high-level policy outcomes that all of the above contribute to.

Evaluation Support Scotland describe how the same outcome can be understood differently at different levels :

- Individual: I want to see my friends.
- Organisational: Service users have reduced isolation.
- Commissioning: Those at risk have access to a wider range of social opportunities.
- Strategic: People are able to look after and improve their own health and wellbeing and live in good health for longer.

East Renfrewshire HSCP commission services with procurement arranged through East Renfrewshire Council and NHS Greater Glasgow and Clyde under direction by the Integration Joint Board. The value of the current procurement plan (appendix 1) is in excess of £36m. It is anticipated that the plan and its associated value will grow due to potential new opportunities, annual increases allowed for in many contracts and new national rates agreed in relation to other contracts.

The HSCP works alongside a range of external partners to deliver health and social care services as part of the following contractual arrangements. The contractual arrangements have been revised to ensure greater choice and control for individuals, sustainability for the provider sector and ensure compliance with Scottish Government policy. The report shows spend for purchased care for the 12 months from April 2021 to March 2022.

- ❖ **Care at Home** – £4.237 million total expenditure with £4,019 million through framework providers and £0.218 million off framework.
- ❖ **Care and Support** –£14.854 million total expenditure with £14.125 million through framework providers and £0.729 million off framework.
- ❖ **Nursing and Residential Care Contracts** – the total expenditure for both nursing and residential placements was £12.372 million there are 12 care homes in the area 1 of which is in house.
- ❖ **Quick Quotes** – The value of quick quotes in the reporting period in question was zero. A quick quote value is between £10,000 and £49,999.
- ❖ **Direct Awards** – The HSCP received approval to make 6 direct awards during the reporting period in question, working through the corporate procurement unit and legal services jointly. The awards were in the area of adult services and reflect the specialist nature of the purchasing activity.
- ❖ **Grant Payments** - the HSCP issued 28 grant awards to 20 organisations totalling £2.669 million.

- ❖ **Scotland Excel frameworks**- a number of contracts have been revised with the introduction of the following frameworks;
 - a. Secure Care
 - b. Fostering & Continuing Care Services
 - c. Children’s residential care and education including short breaks
 - d. Agency Workers (Social Care)
 - e. Care and Support

Wherever reasonably practicable services are commissioned using framework providers to arrange care and support. We recognise that there needs to be choice and control for individuals, families and their carers. Exceptions can occur for a range of reasons including provider capacity, requiring recruitment processes to be taken forward; provider contract compliance and other quality of care related matters.

A number of different types of agreements exist within the procurement plan, these include:

- Framework Agreement - an agreement between one or more public bodies and one or more service providers which sets out the terms and conditions under which specific contracts can be entered into throughout the term of the agreement. The National Care Home Contract (NCHC) is a Framework Agreement used by Local Authorities to purchase places in Care Homes in Scotland. The rates paid for these services are negotiated annually between the Local Authorities and Care Home providers. Framework agreements can be both local within a local authority boundary or national agreements across a number of local authorities as in the case of Scotland Excel care and support framework.
- Grant Agreements are payments made by the Partnership to Third Sector Organisations to support their activities.
- Term Contracts are delivered following a full procurement process.

The Commissioning Team in the Partnership are responsible for the development of specifications and will work with stakeholders and HSCP operational services to develop the service specification. The Team work closely with Council Procurement and Legal Teams to ensure contracts are compliant. Contract monitoring arrangements are undertaken by the Team alongside operational staff to ensure commissioned services are aligned to Strategic priorities Partnership.

PROCUREMENT PLAN 2024/24

Service Description	People	Contract name	Contract End Date	Agreement type	Route
Residential and nursing care home	Older people and adults requiring residential and nursing housing and care	National Care Home Contract	31 st March 2023	National framework Scotland Excel	Tender
Care home capacity to support discharge from hospital or community based are.	Older people	Interim Care Beds	31 st March 2023	Contract	
Provision of personal care, housing support and care	Adults and older people	Scotland Excel - Care and support	31 st March 2024	National framework Scotland Excel	Tender
Provision carers support	Adults and young people providing carer support	Carers Services	31 st March 2024	Contract	Tender
Post diagnostic dementia support ,and advice to families	people with dementia diagnosis	Post diagnostic dementia support	31 st March 2024	Contract	Tender
Support to young people to implement of new policy – The Promise	Young people	The Promise implementation	31 st March 2023	Contract	Direct award
Independent advocacy support to individual and families	Adults and older people	Advocacy Services	31 st March 2023	Grant	Direct award
Day care and group activities for older people	Older people	Day Support Services	31 st March 2023		Direct award
Community based care and support, befriending and	People with dementia diagnosis	Day Support Services	31 st March 2023		Direct award

activities for people with dementia diagnosis					
Community based care and support for people with mental health concerns	Adults with mental health support requirements	Advice, guidance, counselling and group support	31 st March 2023	Grant	Direct award
Community link workers support to GP practices	Adults with mental health support requirements	Advice, guidance and advocacy for people with mental health attending GP practices	31 st March 2024	Grant	Direct award
Transport service for people attending medical and GP appointments	Adults and older people	Community Transport service	31 st March 2023	Grant	Direct award
Provision housing support and care	Older people	Care and support to maintain independent living	31 st March 2023	Grant	Direct award
Advice and support to victims of rape and sexual assault	Women	Advice, support and representation service	31 st March 2023	Grant	Direct award
Advice, housing and support to women and children experiencing impact of domestic abuse	Women and children	Advice, support , housing and representation service	31 st March 2023	Grant	Direct award
Provision housing support and care	Older people	Care and support to maintain independent living	31 st March 2023	Grant	Direct award
Provision of support and care	Older people	Day Support Services	31 st March 2023	Grant	Direct award

Community capacity and volunteering opportunities	Communities	Community capacity building , training and volunteering opportunities	31 st March 2023	Grant	Direct award
Community based support ,care and representation	Adults with additional support needs	Advice, guidance and representation service	31 st March 2023	Grant	Direct award
Community based support and group networks	Adults and young people with additional support needs	Provision of community based group support and activities.	30th September 2023	Grant	Direct award
Community based care and support for people with mental health concerns	Young people	Young persons counselling service	31 st March 2023	Grant	Direct award
Independent advocacy and support	Young people	Independent advocacy and representation services	31 st March 2023	Grant	Direct award
Social Care Management Systems	Systems	Extension to existing social care management system	1 st April 2025	Contract	Direct award
Research initiative to identify peer support	Adults	Peer Research	31 st March 2023	Contract	Tender
Provision of community based peer navigators to access services	Adults	Peer Navigators	31 st March 2023	Contract	Tender
Provision of support to address problematic alcohol use.	Adults	Alcohol Brief Interventions	4 th October 2023	Contract	Tender
GP Services to care Home	Older people	GP support to in house care home residents.	27 th May 2023	Contract	Tender

Offer settling at home support following hospital discharge	Adults and older people	Home Safely Project	30 th November 2023	Contract	Direct award
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Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	29 March 2023
Agenda Item	9
Title	Audit Update
<p>Summary</p> <p>This report provides Performance and Audit Committee with an update on:-</p> <ul style="list-style-type: none"> • Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in November 2022 • Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in November 2022 • Summary of all open audit recommendations 	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</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

29 March 2023

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 November 2022
 - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in November 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. Audit activity for the HSCP is provided in full and includes current open audit actions across the HSCP and also where a Health Board or Council wide recommendation impacts on the HSCP. Specific actions from IJB audits are also detailed.
5. East Renfrewshire Council's Chief Internal Auditor undertakes the internal audit role for the Integration Joint Board. Ernst and Young also undertake an audit of the IJB Annual Report and Accounts and produce an action plan should they have any recommendations.

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

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

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

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

REPORT

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

8. No new audits have been undertaken in relation to the Integration Joint Board since last reported to Performance and Audit Committee in November 2022.
9. It was confirmed in the Chief Auditors report to Performance and Audit Committee in November 2022, that the one recommendation from the IJB Follow up audit (MB1163FM) was considered closed, therefore this audit has been removed from the appendices.
10. Therefore the only outstanding recommendations relating specifically to the Integration Joint Board are from the Audit Scotland Annual Audit Plan which is attached at Appendix 1A.

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

11. Since last reported there has been 1 new audit which is included in this report. A further audit has been undertaken by the Council's internal audit team on Self Directed Support – Direct Payments for which the response is currently being finalised and this will be included in the next report.

Ordering and Certification – MB1178NS

12. A Council wide Audit of Ordering and Certification was issued on 31 December 2022.
13. This audit focussed on orders and invoices processed between 1 April and 31 August 2022 and made a total of 12 recommendations across 7 areas. As not all recommendations impact on the HSCP, only an extract of the full audit report, along with our response to the 4 recommendations relevant to the HSCP are included at Appendix 2A.

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

14. At November a total of 49 recommendations were reported; 38 open and 11 which the HSCP considered to be closed but were pending verification from internal audit.
15. Of these 49 recommendations, 23 remain open and 26 are now considered closed (pending verification), so a further 15 are now considered closed.
16. An additional 4 recommendations have been added from the new audit detailed at appendix 2A, of which we now consider 2 closed pending verification.
17. The table below summarises the total number of recommendations which impact on the HSCP which are either open, or have yet to be verified as implemented by internal audit. Further detail is included in the relevant appendix along with changes since last reported in each 'status' section.

Audit Report and Appendix		No. of actions closed since last reported	Recommendations			
			Total no. for HSCP	Verified as implemented by Internal Audit	Considered implemented by HSCP (awaiting verification)	Total open
Ordering and Certification	2A	New	4	0	2	2
Follow up of Business Operations and Partnerships Department	2B	1	2	0	1	1
Barrhead Centre	2C	3	11	0	3	8
HSCP Follow-up	2D	7	20	0	7	13
Debtors	2E	n/a	2	0	2	0
Environment Follow-up	2F	3	3	0	3	0
Fostering, Adoption and Kinship	2G	1	3	0	2	1
Payroll	2H	n/a	8	0	8	0
TOTAL			53	0	28	25

NHS Internal Audit Activity relating to the Health and Social Care Partnership – Appendix 3

18. In addition to follow up work, 2 audits have been undertaken by NHS Greater Glasgow and Clyde between October and December 2022, as follows:-
 - Covid-19 Recovery – Annual Delivery Plan
 - Telecommunications Project – Post Implementation Review
19. Both reports only required minor improvement actions to be implemented and there are no actions for East Renfrewshire HSCP to take forward, however a summary is provided at Appendix 3 for information.

CONCLUSIONS

20. We will continue to report on all open audit recommendations relating to both the IJB and HSCP to provide assurance of control and enable oversight of previous audits and demonstrate progress.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

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12 March 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: 23.11.2022 – Audit Update

https://www.eastrenfrewshire.gov.uk/media/8446/Performance-and-Audit-Committee-Item-11-23-November-2022/pdf/Performance_and_Audit_Committee_Item_11_-_23_November_2022.pdf?m=638037783592100000

PAC Paper: 22.09.2022 – Audit Update

https://www.eastrenfrewshire.gov.uk/media/8181/Performance-and-Audit-Committee-Item-09-21-September-2022/pdf/Performance_and_Audit_Committee_Item_09_-_21_September_2022.pdf?m=637987495052000000

PAC Paper: 22.06.2022 – Audit Update

https://www.eastrenfrewshire.gov.uk/media/7782/Performance-and-Audit-Committee-item-10-22-June-2022/pdf/Performance_and_Audit_Committee_item_10_-_22_June_2022.pdf?m=637909081004700000

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

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

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

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

Appendix	1A
Title	Audit Scotland 2021/22 Action Plan
Area	Internal Audit Activity relating to the Integration Joint Board
Status	NEW

Appendix 1A: Audit Scotland 2021/22 Action Plan

No	Issue	Risk	Recommendation	Agreed Management Action	Responsible Officer	Timing	Comments
1	Financial sustainability – medium and longer-term financial planning						
	<p>The medium-term financial plan presented to the Joint Board in March 2022 outlined financial challenges and uncertainties over the next five years to 2026/27, including the need to achieve savings through change and redesign.</p> <p>The 2022/23 financial plan outlined unfunded cost pressures of £3.147 million. The plan outlines that these costs will be met from identified savings of £0.272 million with the remaining balance of £2.875 million coming from the recovery and renewal programme and supported by budget phasing reserve.</p>	<p>There is a risk that East Renfrewshire Integration Joint Board will be unable to achieve a sustainable outturn position going forwards, particularly given the uncertainty around Covid-19 and increasing service demands.</p>	<p>The IJB should engage strategically with partner bodies to review future funding levels and service priorities to ensure service plans developed are affordable and deliver value for money.</p>	<p>The maturity of our IJB has allowed to 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 are unprecedented and still include understanding the impact Covid-19 on demand and complexity of need. The IJB recognised that the 2022/23 budget would again be an iterative process, with funding changes relating to Covid-19 and other initiatives emerging as the year progressed. The IJB also recognised;</p> <ul style="list-style-type: none"> • that without support for Covid-19 costs, we would most likely need to invoke financial recovery planning. • that the reserves strategy in place, pre pandemic, to phase in savings would recommence • the pre-pandemic savings plans were significantly impacted by covid demands and policy changes. <p>We continue with scenario planning, financial modelling and report the financial 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. The Scottish Government may determine some budget conditions that must be collectively met, usually a minimum contribution per partner along with any specific policy funding.</p>	Chief Financial Officer	31-Mar-23	A refreshed MTFP will be taken to IJB on June 2023 subject to agreement of the IJB Budget for 2023/24

Appendix 1A: Audit Scotland 2021/22 Action Plan

2	General Reserve position <p>The general reserve position at 31 March 2022 is £0.272 million, which is below the IJBs reserve strategy recommendation. The IJB reserves strategy recommends that the IJB hold uncommitted reserves of around 2% of the IJBs revenue budget.</p>	<p>there is a risk that the uncommitted reserves held are not sufficient to meet longer-term financial pressures.</p>	<p>The level of general reserves remains unchanged and is currently lower than the IJB's reserve policy target. The reserve policy should be reviewed, and appropriate action taken to bring the level of general reserves held into line with the</p>	<p>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. Given the future financial outlook it is unlikely there will be any opportunity to invest in our general reserve in the coming years.</p>	<p>Chief Financial Officer</p>	<p>31-Mar-23</p>	<p>Please see management actions - no change</p>
3	Key performance indicators <p>The IJBs performance against the key performance indicators reflect the impact of Covid-19, however work is still ongoing to re-base these targets to ensure they reflect a realistic baseline position for the IJB to measure performance against. The IJB are currently working towards this, including establishing a working group to look at performance reporting however have noted this is a longer-term project.</p>	<p>There is a risk that the key performance targets and the IJBs performance against these are not aligned, as a result of the impact of Covid-19.</p>	<p>The IJB should continue to work on re-basing relevant targets, to ensure these reflect the impact of the pandemic and wider financial pressures facing the organisation on the IJBs performance.</p>	<p>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 as we work through our recovery from the pandemic. Covid-19 has had a direct impact on people's health and wellbeing. We still do not understand where we are in a post Covid demand for services. The impact on health including long Covid may still take some time to manifest. This means our performance indicators may need revision over a longer period of time.</p>	<p>Chief Financial Officer</p>	<p>31-Mar-23</p>	<p>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 has commenced and meetings convened. New reporting templates are being developed in consultation with PAC.</p>

Appendix	2A
Title	Ordering and Certification (MB1178NS)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	New Issued - 31.12.2022 Responded – 10.02.2023

EXTRACT OF
ON REPORT ON AUDIT OF ORDERING AND CERTIFICATION

1. INTRODUCTION

As part of the audit plan 2022/23, an audit of Ordering and Certification was carried out.

The previous audit in February 2020 showed that the main weaknesses in this area were in relation a standard operating practice for new supplier creation, the need to review the supplier Masterfile and the ledger codes being used to post orders to.

The testing completed as part of this audit highlighted that the review of the supplier master file was still to be completed and there was a high number of orders in the sample that had not been placed using an approved contract and in these cases there was limited evidence of quotes being received. It was also noted that contract references are not being added to the orders.

2. SCOPE

The audit covered the following areas as agreed with the Chief Procurement Officer on 24 August 2022:

- Only goods and services which are required for the Council's business are ordered
- Orders are placed only after costs have been ascertained
- Orders are placed only with authorised suppliers
- Invoices are passed for payment to the correct supplier and only for goods/services received
- Invoices are correctly coded for posting to the financial ledger.

Audit testing focussed on orders and invoices processed through Integra between 01 April and 31 August 2022.

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

3. GENERAL CONCLUSION

Generally, the records were found to be held in an appropriate manner to allow all transactions to be verified. It was however noted that for 6 out of 15 orders taken, the goods had not been ordered via an approved supplier contract.

It is a requirement of the ordering system that orders show the reference of the contract/quick quote that is being used. A review of the 15 orders in the sample highlighted that this reference had only been shown in 4 cases.

It was also noted that a number of suppliers are appearing multiple times on the Creditor Masterfile which is overdue for a review.

A review of ledger codes used for items of expenditure indicated that there is a high use of miscellaneous codes for items where a more specific expense head is available. It was also noted that expense heads are being changed between order and invoice despite the expense head being suggested by the system.

The following recommendations are made and require attention.

4. FINDINGS AND RECOMMENDATIONS**4.1 Use of Approved Suppliers**

A sample of 15 orders was taken and they were reviewed to ensure that they had been placed with an approved supplier or that there was evidence held by the service to show quotes being obtained to demonstrate best value.

It was noted that in six cases there was no contract in place with the supplier used. For two of these cases the supplier being used was historical and the amount spent was less than £1,000 over the last year. In another case there were limited options available for the services being procured.

In two cases the supplier in use had been awarded work as part of a previous exercise but the contract awarded had expired and not been renewed. In one of these the contract was with procurement and was in the process of being finalised prior to being put out to the marketplace. In the other case the last quick quote was awarded in 2015/16 and had not been renewed.

In the final case, the supplier was being used by ICT for fibre works and the amount spent during 2021/22 was in excess of £46,000 with spend in 2022/23 at the time of the audit sitting at £9,792.

Recommendations

4.1.1 All Directors should instruct employees with responsibility for ordering that approved suppliers must be used.

4.1.2 All departments should monitor spend against suppliers and where thresholds have been breached the appropriate contract route should be followed to ensure best value is being achieved.

4.1.3 Departments should ensure that contracts are reviewed to ensure that they are not allowed to expire and liaise with Procurement to allow appropriate action to be taken.

Action: All Directors

4.4 Contract References

Each of the 15 orders in the sample were reviewed to determine if the contract reference had been added to the order as per the guidelines.

It was noted that a reference had only been added in 4 of the 15 orders in the sample, though contract or quick quote references were expected for at least 9 of the remaining 11.

Recommendation

4.4.1 All Directors should instruct employees with responsibility for ordering to ensure that the appropriate reference is added to the order to evidence that a contract is being used for the purchases.

Action: All Directors

Appendix 2B – Follow-up of Business Operations and Partnerships Audits - MB1177MB

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Med)	All Directors should instruct employees with responsibility for ordering to ensure that approved suppliers are being used.	We will issue a reminder to all employees responsible for ordering	28 February 2023	Considered Closed (Pending verification by internal audit)	Email issued to Business Managers to cascade to those staff who process orders on Integra
4.1.2 (Med)	All departments should monitor spend against suppliers and where thresholds have been breached the appropriate contract route should be followed to ensure best value is being achieved.	Commissioning liaise with procurement regarding best value. Tolerance is managed in relation to social care agency spend to meet service requirements.	Ongoing	Open	As per comment (too soon to provide further update)
4.1.3 (Med)	Departments should ensure that contracts are reviewed to ensure that they are not allowed to expire and liaise with Procurement to allow appropriate action to be taken.	Commissioning have regular meetings with services and procurement to oversee contracts.	Ongoing	Open	As above
4.4.1 (Low)	All Directors should instruct employees with responsibility for ordering to ensure that the appropriate reference is added to the order to evidence that a contract is being used for the purchases.	We will issue a reminder to all employees responsible for ordering as per 4.1.1	28 February 2023	Considered Closed (Pending verification by internal audit)	As per 4.1.1 - Email issued to Business Managers to cascade to those staff who process orders on Integra including SOP for Purchase Order Entry

Appendix 2B – Follow-up of Business Operations and Partnerships Audits - MB1177MB

Appendix	2B
Title	Follow-up of Business Operations and Partnerships Department Audits (MB1177MB)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC Nov 2022: <ul style="list-style-type: none">• 1 action considered closed (4.5.1)• Note updated at (4.6.1)

Appendix 2B – Follow-up of Business Operations and Partnerships Audits - MB1177MB

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.5.1 (Med)	<p>Robust checks should be carried out by departments to ensure that the inventory records are accurate and that:</p> <ul style="list-style-type: none"> • the assigned user details are accurate, up to date and only include names of current employees. • individual users do not have more than one mobile or one laptop • clarification is provided to ICT promptly of any devices on the lists which are no longer needed or which need to be re-assigned to a different employee • clarification is provided to ICT of the reasons for devices where a named employee is not assigned to it. (eg pool phone) and this should be noted on the inventory. 	A full review of this year's inventories will be undertaken to ensure each point has been addressed.	March 2023	Considered closed (pending verification)	Laptops and mobile phones were included in a central HSCP inventory for 2022. These have now been included within service inventories for 2023. Business Managers have been asked to coordinate this across service areas. In addition a reminder was included in the Staff Bulletin that staff must notify when laptops are switched.
4.6.1 (Med)	Reports should be reviewed to ensure that only minimal SIM packages are provided for each employee and that employees are advised to return to work from council premises if they do not have adequate home broadband to meet work requirements.	We will continue to review billing and address high users on an individual basis, with regular overview reports to SMT	December 2022	Open	Work is ongoing with this as capacity was an issue however we aim to complete this by end April 2023.

Appendix	2C
Title	Barrhead Centre (MB1173NS)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC Nov 2022: <ul style="list-style-type: none"> ◆ 3 actions considered closed (4.4.1, 4.5.1, 4.6.1) ◆ Notes updated for all

Appendix 2C: Audit report on Barrhead Centre - MB1173NS

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Low)	Expenditure incurred should be recorded as one entry on the petty cash clam and not split across multiple entries.	We are currently trialling prepaid cards with 8 members of staff and will review this by end of year. If successful this will be rolled out and will negate the need for frequent/high amount petty cash. Any residual use of petty cash will be within policy.	30 November 2022	Open	Staff are now in the process of using pre-paid cards which should all be operational by 31 st March.
4.1.2 (Low)	If the expenditure incurred from petty cash is regularly exceeding the £25 limit the Chief Financial Officer or Chief Accountant should be asked to approve an increase in the limit.	As above, the roll-out of prepaid cards should reduce the need for use of petty cash. However we will undertake a full review of petty cash activity and the volume of expenditure over £25. Should an increase be required, this will be submitted by the Service Manager. Other non-cash options will also be considered.	30 November 2022	Open	As above
4.2.1 (High)	The Learning Disability Manager should ensure that the appropriate action is taken to ensure that bank signatories for the petty cash imprest are updated and access is gained to the account.	Contact will be made with bank to ensure current signatories are added and those that are obsolete deleted	30 November 2022	Open	Contact has been made with the bank and new forms provided which have been completed by new signatories. Relevant paperwork has been submitted to ERC Senior Treasury Officer to progress.
4.2.2 (Med)	A full review of bank accounts and the number of signatories should be carried out to ensure access is not at risk of being lost.	A review will be undertaken by the Service Manager and the process to support will be refreshed.	30 November 2022	Open	Review undertaken. Signatories being progressed as above
4.3.1 (Med)	The Business Support Assistant should ensure that all bank statements are available for review and that they are being received from the bank to allow for monthly reconciliations to be completed.	Business support will ensure process for storing bank statements is in place.	30 November 2022	Open	Bank statements for Barrhead Centre are addressed to Eastwood Park. This is in the process of being changed along with the updating of the signatories for this account.
4.4.1 (Low)	The Accountancy Manager should ensure that appropriate action is taken to process the emergency imprest claims to the financial ledger and the VAT elements are coded to allow subsequent inclusion in claims to HMRC.	The accountancy team are reviewing this and we aim to have VAT adjustment in place by the end of the calendar year.	31 December 2022	Considered Closed (pending verification by internal audit)	Journal entry to correct miscoding actioned.

Appendix 2C: Audit report on Barrhead Centre - MB1173NS

4.5.1 (Low)	All record cards should be reviewed to ensure that appropriate information such as national insurance numbers and continuous service date are recorded.	All paper copy record cards will be reviewed and updated whilst we explore options for online system.	30 November 2022	Considered Closed (pending verification by internal audit)	Review Completed 14.11.22
4.6.1 (Low)	A review of the attendance record cards should be carried out for all periods of absence recorded and a check completed to ensure supporting documentation is held for all periods of absence.	As above.	30 November 2022	Considered Closed (pending verification by internal audit)	Review Completed 14.11.22
4.7.1 (High)	A full review of the funds held for client activities should be carried out and efforts made to ensure that these clearly show the amounts being held.	We have agreed that Voluntary Action will manage these independent funds and are in the process of transfer.	31 March 2023	Open	A service user committee is being established by Voluntary Action East Renfrewshire (VAER) who will provide support around management of bank accounts. Service users have been identified to be new signatories and a meeting took place with VAER on 8/3/23 to progress. Another meeting is taking place 24/3/23. HSCP Day Opportunities staff will have oversight of this to ensure spend is appropriate to the need to the relevant project.
4.7.2 (High)	A clearer audit trail needs to be established so there is a clear link between the bank amounts and the balances held in each of the group spreadsheets.	Will be included as part of the transfer to Voluntary Action. In the meantime transaction analysis will be maintained.	31 March 2023	Open	As above Transaction analysis continues in the meantime
4.7.3 (Med)	A column which calculates the running balance on a daily basis should be added to the spreadsheets used to record transactions for each of these groups.	A column to calculate the running balance will be added to the spreadsheet, however these will no longer be required once the funds transfer to Voluntary Action.	31 March 2023	Open	As above In the meantime, a column to calculate running balance has been added as requested.

Appendix 2D – Follow-up of HSCP Audits - MB1168FM

Appendix	2D
Title	Follow-up of HSCP Audits (MB1168FM)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC Nov 2022: <ul style="list-style-type: none"> ◆ 7 actions considered closed (4.3.1, 4.3.2, 6.1.1, 7.2.1, 7.3.1, 7.4.1, 8.4.1) ◆ Notes updated for all

Appendix 2D: Follow-up of HSCP Audits - MB1168FM

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	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.	A new report will be developed following the imminent finance restructure which will allow time to allocate to this task. This will be circulated to operational managers with instruction on approval process.	31 January 2023	Open	The new finance structure was implemented mid-February and work has begun to review options.
4.1.2 (High)	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.	Once the new report has been developed, quarterly meeting will be re-established with operation managers to review.	31 March 2023	Open	As above
4.2.1 (Low)	A review of the uprating process for non-framework service agreements should take place to address the processing of varies where a rate has been approved to be paid but needs to be updated on a service agreement. Service agreements should be identified and subject to independent review and update prior to processing the next period invoice.	The contracts team will continue to work with all non-framework providers to obtain new rates. The timeframe for change in rates is dependent on a number of factors. Opening rates for the financial year will be confirmed in April however there will be changes throughout the year. On receipt of new rates these will be passed to CareFirst to update the system.	30 April 2023	Open	Awaiting new rates

Appendix 2D: Follow-up of HSCP Audits - MB1168FM

4.2.2 (Med)	Housekeeping checks should be implemented ensuring that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared.	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. Due to staff turnover the central updating of service agreements, which will ensure accurate information is recorded on the system, was unable to be progressed however this will be prioritised once the new Business Support Assistance is in place.	31 March 2023	Open	Work is ongoing. New Business Support Assistant in post and has undertaken service agreement training.
4.3.1 (Med)	Operational Managers should be reminded that service agreements must be authorised as a priority to avoid backlogs in payments	Reminders have been issued however another reminder will be issued to operational managers. Managers receive a weekly report detailing service agreements awaiting authorisation.	30 November 2022	Considered Closed (pending verification by internal audit)	Reminder has been issued JEN C TO PROVIDE EVIDENCE
4.3.2 (High)	Social workers should be instructed that updating the CareFirst system is essential and that this must be done before the service agreement commences where possible.	A reminder will be issued however it is not always possible to have service agreements in advance, for instance if care has to arranged in an emergency situation or when care has been put in place pending assessment process.	30 November 2022	Considered Closed (pending verification by internal audit)	Reminder has been issued JEN C TO PROVIDE EVIDENCE
4.4.1 (High)	Details of the risk based approach used to identify the care packages which are prioritised for an annual review should be documented and approved by the IJB.	The majority of reviews have been undertaken. A policy will be developed through our clinical and care governance group outlining our approach to reviews and will be shared with IJB	31 March 2023	Open	Guidance has been developed which will be underpinned by the new Supporting People Framework.
4.4.2 (Med)	Operational Managers need to review and prioritise cases to ensure that those most likely to have changed are addressed first	As above	31 March 2023	Open	As above

Appendix 2D: Follow-up of HSCP Audits - MB1168FM

6.1.1 (Med)	All Social Workers and Managers should be reminded of the requirement to ensure that all application forms are correctly authorised by the required officers.	During the pandemic approvals were agreed via email. Going forward either wet signatures or email approval will be appended to all applications. The procedure will be reviewed and agreed with internal audit.	30 November 2022	Closed (pending verification by internal audit)	All forms up to £50 will have authorised by TM (GR12) and any requests above £50 will be authorised by SM GR15 or above. Email authorisation will be appended where it is not possible to obtain physical
7.1.1 (Low)	Consideration should be given to amending the policy and procedures to state that places on the play-scheme will be prioritised on an assessment of need and any overdue debt will not be taken account of when allocating places.	The policy will be reviewed	30 November 2022	Open	Over the next year Inclusive Support will be part of a wider review. A team manager has been appointed to undertake this review, and consideration will be given to both charging policy and redesign of services during this review. There was no charge for the service during the pandemic - all places were allocated free of charge.
7.2.1 (Low)	Proof of closure of the Kirkton Bank Account should be provided to audit	We will contact the Bank to obtain proof of closure	30 November 2022	Considered Closed (pending verification by internal audit)	Confirmation of closure received from bank
7.3.1 (Low)	Evidence that procedures covering payment of discretionary monies to carers are available and have been distributed to all 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.	Procedures have been reviewed and will be re-issued following final approval by Senior Management.	30 November 2022	Considered Closed (pending verification from internal audit)	Reviewed policy for both Kinship and Fostering discretionary payments. This has been shared with relevant staff

Appendix 2D: Follow-up of HSCP Audits - MB1168FM

7.4.1 (Low)	The disposal of inventory forms should be signed by a manager/supervisor for all disposals.	We will ensure all disposal forms are signed for the appropriate Business Manager for each area.	31 March 2023	Considered Closed (pending verification by internal audit)	Business Managers are responsible for inventories for their service areas and will ensure they sign any disposal forms. A reminder has been issued to this effect.
8.1.1 (Low)	Management should ensure that the imprest named Bonnyton Resource Centre is returned if it is no longer required for Day Services.	We may require this for Day Service when re-established however we will undertake a full review of all accounts	31 March 2023	Open	The Bonnyton imprest will be closed. CHECK IF SANDRA MANAGED TO CLOSE
8.3.1 (Med)	The bank signatories for the petty cash bank account should be reviewed and appropriate action taken to ensure that all accounts can continue to be accessed.	We will arrange for additional signatories for account when staff available on shift	30 November 2022	Open	Forms have been completed for 3 additional signatories. However these need to be signed by the Service Manager who is currently absent. This should be resolved by end March
8.3.2 (Med)	Proof that the Independent Funds bank account has been closed should be provided to audit. A final bank statement or confirmation of closure letter from the bank would be appropriate.	We will contact the Bank to obtain proof of closure.	30 November 2022	Open	Contact has been made with the bank – we are awaiting confirmation of closure letter
8.4.1 (Med)	Management should carry out a review of all cash held at the location and take appropriate action to ensure that levels of cash held are minimal and only required for operational purposes.	A review will be undertaken.	31 December 2022	Considered Closed (pending verification by internal audit)	Review completed January 2023 and level of cash held has decreased.

Appendix 2D: Follow-up of HSCP Audits - MB1168FM

<p>9.1.1 (Med)</p>	<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>Assessment and Review of Adult Carer Support Plans (ACSP) has now been incorporated into the wider assessment and process working group.</p> <p>The group have produced a combined assessment template, incorporating the outcomes assessment and the individual budget calculator, this also reflect engagement with the carer and discussion of the ACSP. Work is underway to link recording and referrals to the carers centre through carefirst to support compliance and improve reporting.</p> <p>The draft assessment was tested by Social Workers across adult services in the month of October. Analysis of this testing will be used to improve the assessment template before it is presented to the wider adults' services team for comment and implementation. Once agreed the assessment template will be used to develop a review template and support review of the ACSP in partnership with the carers centre.</p>	<p>31 March 2023</p>	<p>Open</p>	<p>This work is now part of the larger project to improve assessment and care management, SDS practice and REG.</p> <p>The draft assessment incorporated these aspects and the recent review guidance includes the ACSP.</p> <p>Carers Centre records date of when ACSP are submitted to HSCP including suggested review date. All information held on carers file on Centre management information system</p>
<p>9.1.2 (Low)</p>	<p>Officers should be instructed not to enter the date of the original ASCP as the review date on the CareFirst system. The review date should be set in accordance with the documented frequency.</p>	<p>HSCP ACSPs have review date set by allocated worker on Carefirst and review is recorded on Carefirst.</p> <p>HSCP Carers 'Tracker' linked to Cared-for person's review will ensure each carer receiving a service has their outcomes reviewed and this is recorded in tracker.</p> <p>A reminder will be issued regarding review dates, and will be supported by ongoing awareness raising (both informal communication and formal training) on ACSP process.</p>	<p>30 November 2022</p>	<p>Open</p>	<p>Carers Newsletters being developed for staff which will provide information on the role of the new Carers Lead, Carers Centre and Strategy as well as the ACSP process. The first newsletter will be issued in April and quarterly thereafter.</p>

Appendix 2D: Follow-up of HSCP Audits - MB1168FM

<p>9.1.3 (Med)</p>	<p>A system must be put in place to evidence that all carers recorded on the CareFirst system or within the Carers Centre records have been offered an ACSP in accordance with the Carers Eligibility Framework.</p>	<p>Work is underway to link recording and referrals to the carers centre through carefirst to support compliance and improve reporting.</p> <p>Every carer newly referred to Carers Centre is offered an ACSP (400 in past year). The Carers Centre are installing a new management information system in January 2023 which will significantly improve data capture and reporting. 022</p>	<p>31 March 2023</p>	<p>Open</p>	<p>ACSP process remains delegated to Carers Centre as lead delivery partner.</p> <p>Every carer referred to Carers Centre is offered and ACSP and info recorded on carers management information system.</p>
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Appendix	2E
Title	Debtors MB/1158/FM
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	No changes since last reported to PAC Nov-22 All recommendations considered closed pending verification

Appendix 2E: 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>

Appendix 2F: MB1168NS – Follow up of Environment Department Audits

Appendix	2F
Title	Follow up of Environment Department Audits MB1166NS
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC Nov 2022 ♦ 3 actions considered closed (6.1.1, 6.1.2, 6.2.1)

Appendix 2F: MB1168NS – Follow up of Environment Department Audits

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	Considered closed (pending verification)	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. One tender has been completed and 2 are currently underway using the new process
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	Considered closed (pending verification)	Commissioning team have also identified separate service leads to undertake separate evaluations following completion of tender submissions.
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	Considered closed (pending verification)	Training is included as part of the development of the tender documentation/service specification

Appendix	2G
Title	Fostering, Adoption and Kinship Care (MB/1154/NS)
Type	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
Status	Changes since last reported to PAC Nov 2022: ♦ 1 action considered closed (1.1.1)

Appendix 2G: 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	Considered closed (pending verification by internal audit)	As per HSCP Follow-up Audit MB1168FM - 7.3.1 - Reviewed policy for both Kinship and Fostering discretionary payments. This has been shared with relevant staff
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. CHECK LESLEY

<p>Appendix</p>	<p>2H</p>
<p>Title</p>	<p>Payroll (MB/1151/FM)</p>
<p>Type</p>	<p>East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership</p>
<p>Status</p>	<p>No change since last reported to PAC All recommendations considered closed pending verification</p>

Appendix 2I: 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

Appendix	3
Title	Covid-19 Recovery - Annual Delivery Plan & Telecommunications Project – Post Implementation Review
Area	NHS Greater Glasgow and Clyde Internal Audit Activity relating to Health and Social Care Partnerships
Status	NEW

APPENDIX 3: NHS GREATER GLASGOW AND CLYDE INTERNAL AUDIT ACTIVITY

Review	Overall audit rating (Note 1)	No. of issues per grading (Note 2)			
		4	3	2	1
Covid-19 Recovery – Annual Delivery Plan	Minor improvement required	0	0	2	0
Telecommunications Project – Post Implementation Review	Minor improvement required	0	0	3	0

1. Covid-19 Recovery – Annual Delivery Plan

In August 2021, the Scottish Government published its NHS Recovery Plan 2021-26 setting out the national approach to recovery of the NHS in Scotland following the pandemic. The recovery plan is backed by investment of around £1 billion over five years to: “*increase NHS capacity, deliver reforms in the provision of care, and ensure patients get the care they need as quickly as possible*”.

In July 2022, NHSGGC prepared an Annual Delivery Plan articulating the transitional approach from remobilisation to recovery during financial year 2022/23 and beyond. In order to ensure successful delivery of the NHS Recovery Plan, it is essential that NHSGGC is able to demonstrate alignment with national priorities within its local plans. It is also important that NHSGGC is able to measure progress towards delivering the targets and milestones set out in its Annual Delivery Plan.

Progress towards implementing the Annual Delivery Plan was reviewed, including the extent to which previously agreed activities have been implemented and arrangements for ensuring appropriate governance in this area. An in-depth review was also carried out of a sample of priority areas included within the 2022/23 ADP to consider the extent to which progress reporting is up to date, provided on a timely basis and reflective of any underlying pressures.

The conclusion reached was that only minor improvements were needed and that:

- the Annual Delivery Plan (ADP) submitted to Scottish Government was consistently aligned with national priorities and also reflective of local priorities within NHSGGC including the Board Corporate Objectives.
- robust arrangements were in place to oversee both preparation and submission of the Annual Delivery Plan, as well as regular monitoring of progress towards its implementation at the most senior levels within the organisation.

2. Telecommunications Project – Post Implementation Review

A new telecommunications platform was recently implemented to replace legacy technologies. Part of the project was to implement an enabling technology that would support wider initiatives that could generate benefits for the organisation. Management are keen to ensure that opportunities are taken to maximise the benefits of the implementation of this technology, especially in light of new ways of working.

The review considered whether there are appropriate arrangements in place to realise expected and additional benefits from the implementation of the Telecommunications project.

The conclusion reached was that only minor improvements were needed and that:

- the key expected benefit of the telecommunications programme, removing reliance on legacy BT services, had been achieved.
- The programme has not undertaken a benefits realisation review to evaluate all of the benefits documented in the business case.
- There is no defined roadmap to build on the enabling technology implemented by the Telephony Programme.
- there is no strategic or longer term view for future projects to enhance the benefits of the new platform and deliver capabilities in alignment with the strategic objectives.

Note 1 - The overall audit report rating is based on the following table:

<i>Immediate major improvement required</i>	<i>Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>
<i>Substantial improvement required</i>	<i>Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met</i>
<i>minor improvement required</i>	<i>A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate and effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>
<i>Effective</i>	<i>Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.</i>

Note 2 - Issues within these reports are graded on the following basis.

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



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	29 March 2023
Agenda Item	10
Title	IJB Strategic Risk Register
<p>Summary</p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD**PERFORMANCE AND AUDIT COMMITTEE****29 March 2023****Report by Chief Financial Officer****IJB STRATEGIC RISK REGISTER UPDATE****PURPOSE OF REPORT**

1. This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

BACKGROUND

3. In accordance with the agreed monitoring policy this report provides the Performance and Audit Committee with an update on the strategic risk register.
4. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risk to make it a useful working document.
5. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

Likelihood	Score								
Certain	4	Low (Green)		Medium (Yellow)		High (Red)		High (Red)	
Likely / probable	3	Low (Green)		Medium (Yellow)		Medium (Yellow)		High (Red)	
Possible / could happen	2	Low (Green)		Low (Green)		Medium (Yellow)		Medium (Yellow)	
Unlikely	1	Low (Green)		Low (Green)		Low (Green)		Low (Green)	
Impact		Minor	1	Significant	2	Serious	3	Major	4

6. In normal circumstances the policy states the tolerance for risk is as follows:

Risk Score	Overall rating
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

REPORT

7. The Strategic Risk Register is a 'live' document; the latest version is attached at Appendix 1.
8. The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place on 23 November 2022. Since last reported:-
 - No new risks have been added
 - No risks have been removed
 - 2 risk scores have changed (Risks 10 and 11)
 - 1 risk remains red post mitigation (Risk 4)
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:-

Death or significant harm to vulnerable individual (1)

11. It was previously noted that we would review our risk management frameworks as we move towards recovery. As part of this we have developed a prioritisation framework, which sets out our criteria for providing social care. Our Supporting People Framework is included on the March IJB agenda for agreement.

Failure of a Provider (5)

12. A draft strategic commissioning plan has been developed and is included on the March IJB agenda. A final plan is expected by June 2023.

Access to Primary Care (6)

13. The wording of this risk has been updated to reflect the increased GP Practice workload due to increasing population and demand post pandemic along with capacity shortfall within GP accommodation.
14. We are participating in NHSGGC Property Strategy Group and developing a local strategy as well as working with the planning department to mitigate impact and seek developer contributions for new housing.

Increase in frail/elderly Population (7)

15. Although proposed mitigation has been completed in that we have reviewed the Talking Points approach and our Care at Home design is progressing, the required budget savings will have a significant impact on our ability to meet the demand for social care therefore there is no change to the score at present. Our prioritisation framework is required to ensure we continue to meet our statutory duties.
16. Our new front door model which launched last summer has been making positive impact on waiting list for assessments however some long term absence within the team may impact on our continued progress and we are considering realignment of social workers.

Workforce Planning and Change (8)

18. The overall workforce risk remains high due to the ongoing capacity constraints within mental health services. The challenges within medical staffing continue but more recently we are experiencing difficulty in recruiting nursing posts to our older adults mental health team
19. We continue to offer a range of wellbeing activities for our staff and wider partners.

Increase in children & adults with additional support needs (10)

1. The wording of this risk has been revised to more accurately reflect that any increase impacts not only demand but our ability to provide services.
2. Our transitions service is now fully recruited and the new strategy implemented which has reduced the current score from 12 to 9. Further mitigation will be provided through the implementation of our prioritisation framework.

In-house Care at Home Service (11)

3. Although the risk score was higher over the winter period, the service remains more stable at present as has been reduced to a 12. The Total Mobile scheduling system has now been implemented and we are starting to see the benefits of this, however until more staff have returned from absence we are unable to maximise its full potential.
4. Redesign work has recommenced and a proposed model will be presented to our Senior Leadership Team towards the end of April 2023.

Covid-19 and Recovery (13)

5. Work on the NHS Greater Glasgow and Clyde property strategy has concluded. Our local Accommodation Strategy Group will recommence in April 2023
6. The current score remains unchanged whilst we still have our resilience Management Structure in place however we are considering stepping this down to a more business as usual approach and we will review this action in more detail for the next report.

Post Mitigation - Red and Significant Risks Exception Report

7. 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 (4)

8. 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 £2.4 million that we need to achieve on a recurring basis. In addition the challenges that are set out as part of the 2023/24 budget position further add to this risk.
9. The current economic climate, fuel and utilities, pay and inflation in particular, combined with the unknown impact of Covid-19 in the longer term also remain cause for concern. Therefore this risk is still considered red post mitigation.

10. 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

11. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

REPORT AUTHOR AND PERSON TO CONTACT

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

lesley.bairden@eastrenfrewshire.gov.uk

0141 451 0746

12 March 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: November 2022: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/8447/Performance-and-Audit-Committee-Item-12-23-November-2022/pdf/Performance_and_Audit_Committee_Item_12_-_23_November_2022.pdf?m=638037783595400000

PAC Paper: September 2022: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/8183/Performance-and-Audit-Committee-Item-11-21-September-2022/pdf/Performance_and_Audit_Committee_Item_11_-_21_September_2022.pdf?m=637987495064500000

PAC Paper: June 2022: IJB Strategic Risk Register Update

https://www.eastrenfrewshire.gov.uk/media/7784/Performance-and-Audit-Committee-item-12-22-June-2022/pdf/Performance_and_Audit_Committee_item_12_-_22_June_2022.pdf?m=637909081010470000

IJB Paper: January 2020: IJB Risk Management Policy and Strategy

https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE LAST REVIEWED: 16.03.2023

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	Death or significant harm to vulnerable individual										
			Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions. Consequences could include: - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage.	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 - Agree and implement Supporting People Framework.	30/06/2023 31/04/2023				Head of Adult Services / Chief Social Work Officer
					3	3	9				2	3	6

4.4	2	S	Scottish Child Abuse Inquiry										
			<p>Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care.</p> <p>Capacity to meet the demands of the S21 notice and the possibly increased demand of access to records and potential claims against the Council as Inquiry work progresses.</p>	<p>Adult Protection Committee and Child Protection Committee have been sighted on these issues.</p> <p>Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. The Inquiry 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	9
4.1	3	S	Child Protection, Adult protection and Multi-Agency Public Protection Arrangements										
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPP) 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 MAPP meetings deal with strategic and practice issues.</p> <p>"Safe Together" model implemented in HSCP and rolled out across Council</p> <p>Regular reporting to COPP in place for adult, children and high risk offenders.</p>	2	4	8	Strengthen reporting arrangements around SSSC registrations. <i>(Recommendations from the short-life working group established Mar-22 – to be implemented)</i>	30/06/2023				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 & 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>						<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) along with all other implications resulting from the 2023/24 budget</p> <p>Develop the tri-partite financial planning discussions with partners as included in Strategic Improvement Action Plan.</p> <p>Covid funding exit strategy is in place locally to manage the cessation of Covid support funding. The clawback of the Covid reserve balance has been actioned locally and nationally.</p>	<p>31/03/2024</p> <p>Ongoing</p> <p>Ongoing</p> <p>31/03/2023</p>				<p>Chief Financial Officer</p>
				3	4	12				3	4	12		

5.2	5	C	Failure of a Provider											
			<p>Risk of failure of a key care provider, including care home, care at home and other care providers due to significant care concerns financial instability, staff recruitment and retention difficulties.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> - disruption to service delivery - requirement to implement contingency plans - impact on individuals and families with potential disruption to care arrangements 	<p>We work with the Care Inspectorate to ensure robust action plans for improvement are in place.</p> <p>We work with providers at risk to agree phased and managed approach to closure if required. Escalation process in place.</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market.</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home assurance group established May 2020 (meets twice weekly).</p> <p>Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support.</p> <p>Two community hubs established to provide range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p>	4	3	12	<p>Reshape strategic commissioning plan based on outcome of the work exploring models of service delivery. Annual progress will inform our longer term approach.</p> <p>Increased monitoring by Commissioning and Contracts service (reviewed Mar-23)</p>	30/06/2023	Ongoing (Review-30.06.2023)	3	3	9	Chief Financial Officer / Heads of Service

6	S	Access to Primary Care										
		<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>Inability to recruit posts and shortage of locums resulting in poor access for local residents.</p> <p>GP Practice accommodation capacity shortfall to provide care to increased list sizes and accommodate PCIP staff</p> <p>Increased GP Practice workload due to increasing population and increased demand post pandemic</p>	<p>Primary Care Improvement Plan agreed by IJB.</p> <p>Support Practices to amend catchment areas where appropriate</p> <p>Work with practices to maximise premises capacity to enable them to extend primary care team.</p> <p>Support Practices through use of GGC Escalation framework.</p>	3	3	9	<p>Work with planning department to consider impact and seek developer contributions to mitigate for new housing and care home 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 NHSGGC to support GP practice sustainability</p> <p>Participating in NHSGGC Property Strategy Group and developing local strategy</p>	<p>Ongoing (reviewed Mar 23)</p>	3	2	6	Clinical Director

5.1	7	S	Increase in frail older population									
			<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Scottish Government provides additional resources (winter planning) for Health and Social Care with emphasis on managing demographic pressures.</p> <p>Monthly reporting to Scottish Government on winter planning funding.</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>Annual budget setting takes account of demographic projections.</p> <p>New front door model launched Summer 22 making significant positive impact on waiting list for assessment</p> <p>Talking Points diverting people to community resources and building own assets.</p> <p>Project to support Care at Home redesign now live</p>	3	3	9	Implement prioritisation framework to ensure we continue to meet our statutory duties	30/04/2023	3	2	6
	8	C	Workforce Planning and Change									
			<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.</p>	<p>Workforce planning group in place and includes 3rd / independent sector reps</p> <p>HSCP management team actively review all requests 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>	4	4	16	Medium term cover arrangements in place for MH, however longer term recruitment plan to be developed board wide and we continue to work closely with the associated medical director.	31/03/23	2	4	8

			<p>Use of temporary contracts as mitigation for financial uncertainty impacts on ability to recruit and retain staff.</p> <p>Risk of further reduction in workforce capacity due to industrial action</p>	<p>Recovery and Renewal Programme established (Jun 21)</p> <p>HSCP 3 year Workforce Plan developed</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> <p>HSCP Staff Wellbeing Group chaired by HoS meets bi-monthly to co-ordinate a range of wellbeing supports for staff. This includes bespoke 1-1 and team supports.</p> <p>Our Business Continuity plans support prioritisation where required and cover a range of events including possible industrial action.</p>										
2.2	10	S	Increase in children & adults with additional support needs											
			<p>Increase in the number of children and adults with additional support requirements leading to a rise in demand which impacts on our ability to provide services</p>	<p>Advanced Practitioner post to improve practice across adult and children services in preparing young people with additional support needs for adulthood.</p> <p>Analysis of demographic changes and increased financial forecasting.</p> <p>Education Resource Group manage specialist resources and admission to specialist provision.</p> <p>Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.</p> <p>The new Transitions service is fully recruited and strategy implemented. Transitions is also included in R&R Programme</p>				<p>Continued monitoring and Covid support to partly offset increased demand to March 2023</p> <p>Implementation of Supporting People Framework</p>	<p>Ongoing (review Mar 23)</p> <p>30/04/2023</p>					
					3	3	9			3	2	6	Chief Officer HSCP	

5.3	11	C	In-House Care at Home Service										
			<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. Due to significant absence numbers</p> <p>Single base operating for Care at Home</p> <p>Ongoing quality assurance and monitoring activity.</p> <p>Frontline recruitment ongoing</p> <p>Increased OT resource to maximise outcomes and reduce supports required</p> <p>New scheduling system (Total Mobile) in place</p> <p>Project to support Care at Home redesign went live in December 2022</p> <p>Enhanced management oversight of hospital discharge</p>	3	4	12	<p>Finalise proposed future service model for presentation to the Senior Leadership Team Conclude work to realign staff work patters in order to maximise resource</p> <p>Continuation of Total Mobile implementation</p>	<p>30/04/2023</p> <p>30/04/2023</p> <p>Ongoing</p>	2	3	9	Chief Officer HSCP
	12	S	Failures within IT System										
			<p>Critical information not been received due to failures in IT system</p> <p>Emails from outside the East Renfrewshire domain have been blocked or receipt 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 & 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>Restart accommodation strategy group (responsible for monitoring demand and capacity across HSCP buildings)</p> <p>We will contribute to the development of our local HSCP property strategy with our partners. This should help support strong future service planning.</p>	30/04/2023	31/03/2023	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> <p>Digital ARC went live October 2022.</p>	3	3	9	<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>	<p>Ongoing</p> <p>Ongoing</p>	2	3	6	



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	29 March 2023
Agenda Item	11
Title	Change of meeting times
<p>Summary</p> <p>A report seeking approval for a change in the time of the meetings of the committee on 28 June and 27 September 2023.</p>	
Presented by	Eamonn Daly, Democratic Services Manager
<p>Action Required</p> <p>The committee is asked to agree to a change in the time of the meetings on 28 June and 27 September 2023 from 9am to 11.30am.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Finance/Efficiency <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Property/Capital <input type="checkbox"/> Directions </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

29 March 2023

Report by Chief Officer

CHANGE IN MEETING TIMES

PURPOSE OF REPORT

1. To seek approval for a change in the times of the meetings on 28 June and 27 September 2023 from 9 am to 11.30 am.

RECOMMENDATION

2. That the committee agrees that the meetings on 28 June and 27 September 2023, start at 11.30am.

REPORT

3. Members of the committee will be aware that meetings of the committee normally start at 9 am, 90 minutes before meetings of the Integration Joint Board (IJB).

4. To prevent clashes with meetings of other IJB meetings on 28 June and 27 September, it was agreed that meetings of the IJB on those dates start at 1pm. Meetings of the committee are also scheduled to be held on those days.

5. Rather than the committee meetings taking place at 9 am as normal and then having an extended gap between the committee and the IJB, it is proposed to change the time of those meetings of the committee. As the committee normally starts 90 minutes before the IJB, it is proposed that the meetings of the committee on those dates start at 11.30 am.

RECOMMENDATION

6. That the committee agrees that the meetings on 28 June and 27 September 2023, start at 11.30am.

REPORT AUTHOR AND PERSON TO CONTACT

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1 March 2023

BACKGROUND PAPERS

None

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