



Date: 18 September 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 27 September 2023 at 1.00 pm.**

**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 [colin.sweeney@eastrenfrewshire.gov.uk](mailto:colin.sweeney@eastrenfrewshire.gov.uk)

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
PERFORMANCE & AUDIT COMMITTEE  
WEDNESDAY 27 SEPTEMBER 2023 AT 1.00 pm**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**AGENDA**

- 1 Apologies for absence.**
- 2 Declaration of Interests.**
- 3 Minute of meeting of 26 June 2023 (copy attached, pages 5 - 10).**
- 4 Matters Arising (copy attached, pages 11 - 14).**
- 5 Rolling Action Log (copy attached, pages 15 - 18).**
- 6 Internal Audit Annual Report (copy attached, pages 19 - 24).**
- 7 East Renfrewshire Integration Joint Board**
  - (i) Unaudited Annual Reports and Accounts (copy attached, pages 25 - 70).**
  - (ii) ISA 580 Independent Auditors' Report (copy attached, pages 71 - 76).**
- 8 Audited Annual Report and Accounts (copy attached, pages 77 - 172).**
- 9 Internal Audit Plan 2023-24 (copy attached, pages 173 - 174).**
- 10 Performance Report – Quarter 1 (copy attached, pages 175 - 198).**
- 11 Commissioned Services Annual Update (copy attached, pages 199 - 206).**
- 12 Audit Update (copy attached, pages 207 - 250).**
- 13 Policy Update (copy attached, pages 251 - 258).**
- 14 IJB Strategic Risk Register (copy attached, pages 259 - 276).**
- 15 Date of Next Meeting – Wednesday 22 November 2023.**

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**NOT YET ENDORSED AS A CORRECT RECORD**

**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
Performance and Audit Committee  
held at 9.20am on 26 June 2023**

**PRESENT**

Councillor Katie Pragnell	East Renfrewshire Council (Chair)
Lynsey Allan	Scottish Care
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board

**IN ATTENDANCE**

Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor (East Renfrewshire Council)
John Burke	Committee Services Officer (East Renfrewshire Council)
Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services – Learning Disability and Recovery
Ann-Marie Kennedy	Non-voting IJB member
Julie Murray	Chief Officer – IJB
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager

**ALSO ATTENDING**

Grace Scanlin	Ernst and Young
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**APOLOGIES**

Anne Marie Monaghan	NHS Greater Glasgow and Clyde Board
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**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 29 March 2023.

**MATTERS ARISING**

3. The committee noted that, in relation to the extended consultation period for the draft Strategic Commission Plan, it had been initially hoped to bring a final version back in June but an extended consultation period had now been planned and the final version would be brought forward in August instead.

**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 Head of Finance and Resources (Chief Financial Officer) remarked on Action 64, which had been discussed under Matters Arising; Action 58, remarking that work was ongoing and a decision had not been taken on it yet; and Action 31, which remained with Police Scotland for discussion, and in respect of which an update on progress had been requested.

The committee noted the report.

**ERNST AND YOUNG – UNDERSTANDING HOW PERFORMANCE AND AUDIT GAINS ASSURANCE FROM MANAGEMENT**

5. The committee considered a report by the Head of Finance and Resources (Chief Financial Officer) on a letter issued to the Chair of the Performance and Audit Committee entitled “Understanding how the Performance and Audit Committee gains assurance from management”, attached to the report as Appendix 1.

A draft response had been prepared by the Chair, in consultation with the Head of Finance and Resources (Chief Financial Officer), a copy of which was attached to the report as Appendix 2. Members were asked to review the proposed response and provide any feedback or comment prior to submission.

The committee noted and commented on the proposed response by the Chair to the letter by Ernst and Young, approving the draft to be submitted by the due date of 31 July 2023.

**UNAUDITED ANNUAL REPORTS AND ACCOUNTS**

6. The committee considered a report by the Head of Finance and Resources (Chief Financial Officer) on the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2022 to 31 March 2023.

The Head of Finance and Resources (Chief Financial Officer) outlined the main messages included in the report. The financial year had ended with an underspend of £0.59 million, caveated that this included significant use of reserves, as had been reported to IJB throughout the year.

The main variances for the year were set out in paragraph 17 of the report, with a summary of reserves included and full details of the reserves position in note 8 of the accounts.

Given that a potential overspend of £0.3 million had previously been reported, the main reasons for the reduction in projected costs were also detailed in paragraph 18 of the report, mainly involving pay award funding, further turnover and some flexibility within care package costs.

**NOT YET ENDORSED AS A CORRECT RECORD**

The level of the general reserve remained below the level set out in the Reserves Strategy and it had been discussed at length during prior years. This fact was included in budget planning and was reflected in the revised Medium Term Financial Plan.

A new financial management code had been published by CIPFA and paragraph 29 of the report advised of a review undertaken by the Head of Finance and Resources (Chief Financial Officer). This would be subject of a report later in the agenda.

The Head of Finance and Resources (Chief Financial Officer) confirmed that the committee's decision to endorse or not endorse the annual report and accounts would be reported to the next meeting of the IJB and any pertinent comments would be passed on. Subject to approval at the IJB, they would then be submitted to Ernst and Young by the statutory deadline of 30 June 2023.

The committee:

- (a) agreed the unaudited annual report and accounts and remitted them to the Integration Joint Board for approval;
- (b) agreed and endorsed the proposed reserves allocations'
- (c) noted the annual report and accounts were subject to audit review;
- (d) agreed to receive the audited annual report and accounts in September, subject to any recommendations made by external auditors and/or the Performance and Audit Committee and Integration Joint Board; and

**AUDIT SCOTLAND REPORT: FINANCIAL ANALYSIS**

7. The committee considered a report by the Head of Finance and Resources (Chief Financial Officer) on the Accounts Commission report prepared by Audit Scotland in April 2023 titled "Integration Joint Boards Financial Analysis 2021/22".

It was confirmed that Audit Scotland published reports each year on a variety of topics, which were then brought to the IJB and this committee for review. Whilst the information in the report related to two years, it gave useful context of the national position and how the IJB compared locally.

In particular, paragraphs 19 through 22 were highlighted, to draw members' attention to particular exhibits included that were worth further note, such as: the IJB's surplus as a proportion of reserves was the 5<sup>th</sup> lowest; the IJB was 10<sup>th</sup> highest in unachieved savings; the IJB was 9<sup>th</sup> lowest in level of reserves held as a proportion of net cost of services, with almost half of all IJBs showing contingency levels of reserve less than 1%; the IJB had the 9<sup>th</sup> highest funding gap.

The Head of Finance and Resources (Chief Financial Officer) concluded that none of the information was necessarily new to members, and reflected the scale of local challenges.

The committee noted the report.

**ANNUAL PERFORMANCE REPORT 2022/23**

8. The committee considered a report by the Policy, Planning and Performance Manager on the Annual Performance Report for the Health and Social Care Partnership (HSCP) for 2022/23.

**NOT YET ENDORSED AS A CORRECT RECORD**

This was the seventh such report and outlined performance in relation to the delivery of the Strategic Plan 2022-25. It was a high level, public facing report and summarised the performance of the HSCP with specific focus on the delivery of services and supports as it recovered from the COVID-19 pandemic.

The required content of the Report was set out in The Public Bodies (Joint Working)(Content of Performance Reports)(Scotland) Regulations 2014, supported by guidance from the Scottish Government on the preparation of such reports. The structure was laid out in the report under paragraph 6.

The main elements of the reports set out: the current strategic approach of the East Renfrewshire HSCP; how it had been working to deliver strategic priorities and meet the challenges of the pandemic over the past 12 months; its financial performance; and detailed performance information illustrating data trends against key performance indicators.

The Policy, Planning and Performance Manager highlighted some of the key findings in the report, which was attached as Annex 1.

The committee noted the report.

**SPECIALIST LEARNING DISABILITY INPATIENT SERVICE PERFORMANCE REPORT – 2022/23**

9. The committee considered a report by the Head of Adult Services – Learning Disability and Recovery providing data on the performance of Specialist Learning Disability Inpatient Services with a particular focus on Admission and Discharge activity throughout 2022/23, to ensure visibility of the key issues for patients as well as highlighting areas for improvement.

The Head of Adult Services – Learning Disability and Recovery started by noting the vision for learning disability and inpatient services, which provided context for the information that would follow. The report focused on activity relating to Assessment and Treatment Services, with 27 beds across Blythswood House and Claythorn. It was available to people with a learning disability residing in 9 Health and Social Care Partnerships, 6 of which were within the NHS Greater Glasgow and Clyde boundary, with the rest provided by service level agreements.

He went on to highlight the key messages from the report and provide an overview of activity in 2022/23.

In conclusion, the Head of Adult Services – Learning Disability and Recovery, stated that the Health and Social Care Partnerships involved had made a commitment in 2019 to take forward a programme of redesign for inpatient services, with an emphasis on improving responses in the community to reduce the use of inpatient beds when not clinically required. This work had led to the publication of the recent “Coming Home Implementation” report in 2022.

Despite this, it was highlighted that performance had deteriorated across 2022/23 with fewer discharges and higher delays negatively impacting on the ability of the HSCP to admit directly to the Learning Disability service when it was appropriate. Both HSCPs and third sector organisations had reported significant challenges in provider recruitment and staff retention, with negative outcomes in terms of discharge activity as a result.

A multi-agency collaborative group, including all of the HSCPs, Commissioning, third sector and housing colleagues, with a delayed discharge work stream chaired by a third sector Chief Executive. East Renfrewshire had also led on the Scottish Government’s Implementation Group.

Alternatives were being explored in terms of inpatient redesign, and in 2022/23 the inpatient service had begun offering day support as an alternative to admission. However, this was unable to be maintained due to provider challenges, leading to full admissions.



A redesign group, chaired by inpatient and community colleagues, had been established to focus on local developments within the HSCPs and develop enhanced community responses and identify the impact of local developments on inpatient redesign.

It was suggested by the Chief Officer that the Head of Adult Services – Learning Disability and Recovery, should forward the report to other Chief Officers in affected HSCPs for their consideration and information.

The committee noted the report and agreed that the Head of Adult Services – Learning Disability and Recovery should forward the report to other Chief Officers in appropriate HSCPs for their consideration and information.

## **AUDIT UPDATE**

**10.** The committee considered a report by the Head of Finance and Resources (Chief Financial Officer) on audit activity relating to the Integration Joint Board and Health and Social Care Partnerships, as well as providing a summary of all open audit recommendations.

There was one new audit relating to self-directed support recommendations.

Of existing recommendations, a further 9 were now considered closed pending verification.

It was also noted that reference to follow-up timescales were included in the report following a request at the previous meeting of the committee.

The Chief Internal Auditor had advised following publication of the report that there had been 2 internal audits undertaken within the IJB and in the event there were any recommendations relating to those, relevant to East Renfrewshire, they would be brought to the next meeting of this committee.

The committee noted the report.

## **IJB STRATEGIC RISK REGISTER**

**11.** The committee considered a report by the Head of Finance and Resources (Chief Financial Officer) on the IJB Strategic Risk Register.

No new risks had been added or removed since the last meeting of the committee. However, it was noted that the COVID-19 risk had been extended to reflect wider business continuity, alongside refreshing and rescored of certain other risks, which were detailed in the report, in paragraphs 11 through 27.

In particular, the Head of Finance and Resources (Chief Financial Officer) drew the committee's attention to Financial Sustainability, which remained a "red" risk post mitigation, reflecting the ongoing financial challenges faced by the IJB. The failure of a provider risk also remained as "amber", but noted current concerns relating to 2 care home providers. While it was noted that those risks were significant, this risk would remain at amber status, given the number of providers the IJB worked with.

The committee noted the report.

**CIPFA FINANCIAL MANAGEMENT CODE**

**12.** The committee considered a report by the Head of Finance and Resources (Chief Financial Officer) on the CIPFA Financial Management Code as it applied to all local government bodies, including the Integration Joint Board (IJB) and providing a self-assessment for compliance.

The Head of Finance and Resources (Chief Financial Officer) stated that, as the code was new, she felt it was important to bring it to the committee as early as possible to promote good and transparent governance. This had also been referenced in the unaudited annual report and accounts.

The report gave an overview of the code and requirements, with the six principles against which the IJB's financial management practices should be assessed fully detailed.

The appendix to the report provided the IJB's evidence against the assessment questions A to Q and showed areas for development. The culture of continuous improvement was recognised here.

The committee noted the requirements of the code, the self-assessment compliance and actions to support development and improvement.

**DATE OF NEXT MEETING**

**11.** It was reported that the next meeting of the committee would be held on Tuesday 26 September 2023 at 9am.

CHAIR



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	27 September 2023
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<p><b>Summary</b></p> <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 26 June 2023.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>Performance and Audit Committee members are asked to note the contents of the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**27 September 2023**

**Report by 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 26 June 2023.

**RECOMMENDATION**

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

**REPORT**

**Strategic Commissioning Plan**

3. The strategic commissioning plan was presented at the IJB on 16 August 2023. The plan was approved on the basis that further detail be added to reflect the wider engagement that has taken place over the past year as part of our collaborative commissioning work and this will be included in the final published version.

**Ernst & Young – Understanding How Performance and Audit Gains Assurance From Management**

4. The draft response which was shared at the June meeting was issued to Ernst & Young prior to the deadline of 31<sup>st</sup> July 2023.

**Specialist Learning Disability Inpatient Service Performance Report – 2022/23**

5. The performance report has been shared with all partnerships within Greater Glasgow and Clyde.

**RECOMMENDATIONS**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

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

[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

12 September 2023

IJB Chief Officer: Julie Murray

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	27 September 2023
<b>Agenda Item</b>	5
<b>Title</b>	Rolling Action Log
<b>Summary</b>	
The attached rolling action log details all actions, including those which have been completed since the meeting on 26 June 2023.	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>	
Performance and Audit Committee members are asked to note progress.	

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

September 2023

No	Meeting Date	Agenda Item	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
70	26.06.2023	Unaudited Annual Reports and Accounts	The unaudited annual report and accounts were agreed and remitted to the IJB for approval. The proposed reserves were endorsed and agreed.  It was agreed that the audited annual report and accounts would come to the PAC in September, subject to any recommendations made by external auditors and/or the PAC and IJB.	Chief Financial Officer	CLOSED	Sep-23	Included on PAC Agenda (September 2023)
69	26.06.2023	Specialist Learning Disability Inpatient Service Performance Report – 2022/23	Head of Adult Services – Learning Disability and Recovery to forward the report to other Chief Officers in affected HSCPs for their consideration and information	Head of Adult Services – Learning Disability and Recovery	CLOSED	Jun-23	The performance report has been shared with all GGC partnerships.
65	29.03.2023	Strategic Commissioning Plan Update	The committee noted early proposals for a Strategic Commissioning Plan. Make arrangements for the final draft of the Plan to be submitted to the Board in June.	Strategic Planning, Performance and Commissioning Manager	CLOSED	Sep-23	Strategic Commissioning Plan approved by IJB in August. Update included in Matters Arising (PAC, September 2023).
64	29.03.2023	CIPFA Financial Management Code	Ensure the areas for development identified as part of our self assessment action plan are implemented.	Chief Financial Officer	OPEN	Mar-24	A date of March 2024 has been identified however some actions may be longer term.
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	CLOSED	Sep-23	An update is included in the Policy Update paper (PAC, September 2023)
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 September 2023

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****PERFORMANCE AND AUDIT COMMITTEE****27 September 2023****Report by Chief Auditor****INTERNAL AUDIT ANNUAL REPORT 2022/23****PURPOSE OF REPORT**

1. To submit the Chief Auditor's Annual Report for 2022/23 which contains an independent opinion on the adequacy and effectiveness of the governance, risk management and internal control systems operating within the integration joint board (IJB).

**BACKGROUND**

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

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

**ANNUAL REPORT 2022/23**

4. The attached annual report (Appendix 1) contains the annual internal audit statement of assurance which concludes that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in the year ended 31 March 2023.

**RECOMMENDATION**

5. The Committee is asked to:

- (a) note the contents of internal audit's annual report 2022/23
- (b) note the annual assurance statement and the conclusion that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2022/23.

Further information is available from Michelle Blair, Chief Auditor, telephone 0141 577 3067.  
M Blair, Chief Auditor  
8 September 2023

**INTERNAL AUDIT ANNUAL REPORT 2022/23****INTRODUCTION**

1. The Scottish Government established the Integrated Resources Advisory Group (IRAG) to consider the financial implications of integrating health and social care, and to develop professional guidance.
2. The IRAG guidance outlines the responsibility of the integration joint board (IJB) to establish good governance arrangements, including proportionate internal audit arrangements for the review of the adequacy of the arrangements for governance, risk management and control of resources delegated to the IJB.
3. East Renfrewshire Council (ERC) and NHS Greater Glasgow and Clyde (NHSGGC) agreed that East Renfrewshire Council's internal audit service would undertake the internal audit role for the IJB and the Chief Auditor of East Renfrewshire Council was formally appointed to that role by the Integration Joint Board on 7 October 2015.
4. The guidance also states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control.
5. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, internal audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework for governance, risk management and control. This annual report contains the opinion on the IJB's internal control framework for the financial year 2022/23.

**INTERNAL CONTROL FRAMEWORK**

6. In order to ensure the proper conduct of its business, the IJB has a responsibility to develop and implement systems of internal control. The presence of an effective internal audit function contributes towards, but is not a substitute for, effective controls and it remains primarily the responsibility of line management to ensure that internal controls are in place and are operating effectively. A sound control system will help safeguard assets, ensure records are reliable, promote operational efficiency and ensure adherence to IJB policy and procedures. Such systems of internal control can provide only reasonable and not absolute assurance against loss.
7. A good working relationship exists between internal audit and the IJB's appointed external auditors. Information on audit planning and the progress of audit work is regularly exchanged on an informal basis.
8. East Renfrewshire IJB commissions East Renfrewshire Council and NHS Greater Glasgow and Clyde to provide services on its behalf, both of which operate in compliance with the Public Sector Internal Audit Standards (PSIAS). As such, any significant governance issues reported in either the Council's or NHS Greater Glasgow and Clyde's 2022/23 Annual Governance Statements are considered for relevance to the East Renfrewshire IJB. No significant relevant issues were noted within the NHS statement or the Councils Annual Governance Statement.

**ACHIEVEMENT OF 2022/23 ANNUAL AUDIT PLAN**

9. The 2022/23 internal audit plan provided by the Council's internal audit team included 15 days for work specifically for the IJB and was approved by the Performance and Audit Committee on 21 September 2022. In agreement with the Head of Finance and Resources, no audit work specific to the IJB was planned and the days were to be reserved to address any emerging issues during the year, carrying out follow up, preparing reports, attending committee and liaising with partner organisations and peers.

10. There are currently no outstanding IJB specific audit recommendations. Follow up work is carried out periodically on implementation of Council recommendations specific to HSCP and these are reported the Performance and Audit Committee as appropriate.

### **INTERNAL AUDIT WORK CARRIED OUT BY PARTNER ORGANISATIONS**

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

12. The internal audit plan for the Council was approved by the Audit and Scrutiny Committee in June 2022 and included an allocation of 15 days for IJB audit commitments. These days are audit allocations for IJB specific audits and are in addition to HSCP related audits included within the Council audit plan.

13. HSCP related audits carried out by the council's internal audit team have been submitted to the Performance and Audit Committee periodically with details of the full reports and levels of implementation of recommendations made.

14. Azets currently provide an internal audit service on behalf of NHSGGC. In 2022/23 a total of ten audits were conducted and summary details have been separately provided to the Performance and Audit Committee as they became available.

15. None of the reports were classified as requiring immediate major improvement. Overall, there were no grade 4 recommendations in any audit report.

### **ANNUAL INTERNAL AUDIT OPINION**

16. The ERC annual report and assurance statement for 2022/23 will be presented to the Council's Audit and Scrutiny Committee in September 2023. The statement will not highlight any significant failures in controls except for non compliance with contract standing orders which was reported following two separate audits. For noting only, concerns relating to the accuracy of calculations within the payroll system was also mentioned however it was noted that inaccuracies are unlikely to be material to the Councils accounts. These issues are all outwith the control of the IJB/HSCP and are continuing to be progressed within the Council.

17. A potentially fraudulent case which was primarily investigated during 2021/22 but was started at the end of 2020/21. It involved significant potential cost or loss to the Council. This case is still under investigation by Police Scotland and therefore the current position remains that no further information can be provided at this time. This was mentioned in the assurance statement last year but is not included in the current year assurance statement as it did not impact on assurances gained within 2022/23.

18. The internal auditors for NHSGGC have presented their annual report and assurance statement for 2022/23 to the NHS Audit and risk committee They concluded that the framework of governance and internal control provides reasonable assurance regarding the effective and efficient achievement of objectives.

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

### **CONCLUSION**

20. Audit is satisfied that the required financial assurance and governance arrangements were in place to support the delegation of functions to the integration joint board for the year ended 31 March 2023. The IJB has produced a Governance Statement which concurs with this conclusion.

## **INTERNAL AUDIT ANNUAL STATEMENT OF ASSURANCE FOR 2022/23**

As Chief Auditor of East Renfrewshire Integration Joint Board, I am pleased to present my annual statement on the adequacy and effectiveness of the governance, risk management and internal control systems of the East Renfrewshire Integration Joint Board for the year ended 31 March 2023.

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

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

### **Framework of Governance, Risk Management and Internal Controls**

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

The main objectives of the internal control systems are:

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

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

### **The work of Internal Audit**

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

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

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

ERC's internal audit section provided an annual report and assurance statement for 2022/23 which will be submitted to the Council's Audit and Scrutiny Committee on 26 September 2023 for approval. The audit opinion concludes that reasonable assurance can be placed upon the adequacy and effectiveness of the Council's framework of governance, risk management and internal control for the year ended 31 March 2023 except for two matters outwith the control of the IJB/HSCP.

No significant governance issues were raised by NHSGGC's internal auditor Azets in their annual report presented to the NHSGGC Audit Committee in June 2023 which were of relevance to the East Renfrewshire IJB.

**Basis of Opinion**

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

- The audit work undertaken by ERC Internal Audit staff during the year to 31 March 2023
- The audit work undertaken by Azets who are the appointed auditors of NHSGGC during the year to 31 March 2023.
- Chief Auditor's knowledge of the IJB's activities for the year ended 31 March 2023.

**Opinion**

It is my opinion, based on the information available and assurances provided, that reasonable assurance can be placed on the framework of governance, risk management and internal controls which operated in the East Renfrewshire Integration Joint Board in the year to 31 March 2023.

Michelle Blair FCA  
Chief Auditor

8 September 2023

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# East Renfrewshire Integration Joint Board

**Annual Audit Report  
Year Ended 31 March 2023**

Provisional

27 September 2023



Building a better  
working world

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 report will be available on Audit Scotland's website and we have therefore taken steps to comply with the Public Sector Bodies Accessibility Regulations 2018.





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# 1. Key messages

## Financial statements

 <p><b>Financial statements</b></p> <p>Our assessment: <b>Green</b></p>	<p>We have concluded our audit of the financial statements of East Renfrewshire Integration Joint Board for the year ended 31 March 2023. The draft financial statements and supporting working papers were of a good quality. During the course of the audit, we identified one audit difference that management adjusted in the financial statements.</p> <p>Overall, we were satisfied that the Annual Governance Statement, reflects the requirements of CIPFA's updated <i>Delivering Good Governance Framework</i>.</p> <p>We made one recommendation in relation to the management of hosted services at Appendix E. East Renfrewshire IJB hosts two services on behalf of other IJBs within the NHS Greater Glasgow and Clyde area.</p>
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 <p><b>Going concern</b></p> <p>Our assessment: <b>Green</b></p>	<p>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.</p> <p>Under auditing standard ISA 570, we are required to undertake greater challenge of management's assessment of going concern, including testing of the adequacy of the supporting evidence we obtained. The IJB has concluded that there are no material uncertainties around its going concern status, however it has disclosed the nature of its financial position in the financial statements to reflect the ongoing impact of recovery from the Covid-19 pandemic, increased demand for services and inflationary pressures. The Board has also disclosed how the partners will consider any overspends.</p> <p>We have no matters to report in respect of our work around going concern or the conclusions reached by the Board.</p>
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Our auditor judgements are RAG rated based on our assessment of the adequacy of the IJB's arrangements throughout the year, as well as the overall pace of improvement and future risk associated with each area. This takes account of both external risks not within the IJB's control and internal risks which can be managed by the Board, as well as control and process observations made through our audit work.

## Wider Scope

 <p><b>Financial management</b> Financial management means having sound budgetary processes. Audited bodies require the ability to understand the financial environment and whether internal controls are operating effectively. Our assessment: Green</p>	<p>The IJB recorded a net underspend in 2022/23 of £0.6 million. The Chief Financial Officer has, however, regularly highlighted increasing cost pressures in 2023/24 and beyond.</p> <p>The IJB has had a Reserves Strategy in place since prior to the pandemic to use earmarked reserves to smooth the delivery of savings and service redesign. We do, however, note that this is unsustainable in the short term.</p>
 <p><b>Financial sustainability</b> 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. Our assessment: Red</p>	<p>In line with the IJB's financial planning expectations, the Board's reserve balances fell significantly in 2022/23. The IJB's General Reserve at 31 March 2023 was £0.27 million, or 0.19% of net expenditure, against the Board's target of 2%.</p> <p>The IJB estimates that the shortfall in funding to 2027/28 may be £16.1 million. A savings requirement of £7.06 million has been set in the 2023/24 budget. The Board's current projections highlight that financial pressures may exhaust the IJB's General Reserves during 2023/24.</p>
 <p><b>Vision, leadership &amp; governance</b> The effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information. Our assessment: Green</p>	<p>Governance arrangements are established and worked well throughout 2022/23. The Annual Governance Statement was consistent with both the governance framework, key findings from relevant audit activity and management's assessment of its own compliance with the CIPFA Good Governance framework.</p> <p>The Performance and Audit Committee maintains a good level of oversight over outstanding audit recommendations.</p>
 <p><b>Use of resources</b> The IJB's approach to demonstrating economy, efficiency, and effectiveness through the use of resources and reporting outcomes. Our assessment: Green</p>	<p>The IJB has a well-developed approach in place to monitor and report on key areas of performance, and has worked to enhance the information available for scrutiny.</p> <p>A Joint Inspection of Adult Support and Protection concluded that the services have major strengths. The Annual Performance Report highlights that demand pressures, capacity constraints further impacted by staffing absence levels meant that the Care at Home service reached a crisis point in winter 2022/23.</p>

### Best Value

We are required to conclude on the IJB's arrangements to demonstrate the achievement of Best Value. In our view, the IJB's performance management and financial reporting arrangements allow the Board to demonstrate the achievement of Best Value. There is, however, an imminent risk that the delivery and improvement of services may be reduced as a result of the Board's reserves position, and by partner funding not keeping pace with ongoing cost pressures.

## 2. Introduction

### **Purpose of our report**

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.

We undertake our audit in accordance with the Code of Audit Practice (June 2021); Auditing Standards and guidance issued by the Financial Reporting Council; relevant legislation; and other relevant guidance issued by Audit Scotland.

This Annual Audit Report is designed to summarise the key findings and conclusions from our audit work. It is addressed to both members of the IJB and the Accounts Commission, and presented to those charged with governance. This report is provided to Audit Scotland and is published on their website.

A key objective of 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, our observations around where the Board employs best practice and where practices can be improved, and how risks facing the IJB can be mitigated. We use these insights to form audit recommendations to support the Board.

Such areas we have identified are highlighted throughout this report together with our judgements and conclusions regarding arrangements, and where relevant recommendations and actions agreed with management. We also report on the progress made by management in implementing previously agreed recommendations.

We draw your attention to the fact that our audit was not designed to identify all matters that may be relevant to the IJB. Our views on internal control and governance arrangements have been based solely on the audit procedures performed in respect of the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

### **Our independence**

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

### **Scope and responsibilities**

The Code sets out the responsibilities of both the Board and the auditor (summarised in Appendix A). We outlined these in our Annual Audit Plan which was presented to the Board's Performance and Audit Committee on 29 March 2023. There have been no material changes to the plan.

### **Our review and assessment of materiality**

In our Annual Audit Plan we communicated that our audit procedures would be performed using a overall materiality of £2 million. Exhibit 1 confirms that we have assessed that this level of materiality remains appropriate for the actual outturn for the 2022/23 financial year.

Performance materiality remains at 50% of overall materiality at £1 million.

## 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.
- ▶ Have been properly prepared in accordance with IFRSs, as interpreted and adapted by the 2022/23 Code.
- ▶ Whether they have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

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

We outlined the significant risks and other focus areas for the 2022/23 audit in our Annual Audit Plan, which was presented to the Performance and Audit Committee on 29 March 2023. There have been no changes to our planned audit approach. One significant risk was identified in relation to the risk of fraud in expenditure recognition, which includes the risk of management override of controls. We consider this risk to manifest itself through the manipulation of expenditure recognition. In addition, we continued to place increased focus on management's assertion regarding the going concern basis of preparation in the financial statements. Our findings are summarised in Section 3 of this report.

### Exhibit 1: Updated materiality assessment in 2022/23 assessment

Our Annual Audit Plan explained that our audit procedures would be performed using a materiality of £2 million. We have considered whether any change to our materiality was required in light of the income and expenditure in 2022/23 and concluded that no changes were required.



**Overall  
materiality**



**Performance  
materiality**



**Reporting  
materiality**

Based on our understanding of the expectations of financial statement users, we apply a lower materiality level to the audited section of the Remuneration Report. We also apply professional judgement to consider the materiality of Related Party Transactions to both parties.

## | Wider scope and best value

Under the Code of Audit Practice, our responsibilities extend beyond the audit of the financial statements. Due to the nature of the IJB, our wider scope work requires significant allocation of resources in the audit. The Code requires auditors to provide judgements and conclusions on the four dimensions of wider scope public audit:

- ▶ 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.
- ▶ The use of resources to improve outcomes.

Our Annual Audit Plan identified one area of significant risk in relation to the wider scope dimensions, regarding the development of a robust Medium Term Financial Plan. Our findings are summarised in Section 4 of this report. Our annual assessment of the IJB's arrangements to secure best value is integrated within our wider scope annual audit work.



# 3. Financial Statements

## Introduction

The annual financial statements allow the IJB to demonstrate accountability for the resources that it has the power to direct, and report on its overall performance in the application of those resources during the year.

This section of our report summarises the audit work undertaken to support our audit opinion, including our conclusions in response to the significant and other risks identified in our Annual Audit Plan.

The plan highlighted one area that we identified as a fraud risk relating to the presumed risk of fraud in revenue and expenditure recognition, including through management override of controls. For the IJB, we consider this risk to manifest itself as an expenditure recognition risk.

## Compliance with regulations

As part of our oversight of the IJB's financial reporting process we report on our consideration of the quality of working papers and supporting documentation prepared, predominantly by the finance team, to support the audit.

The financial statements were prepared in accordance with the CIPFA Code of Practice on Local Government Accounting 2022/23.

The draft financial statements and supporting working papers were submitted for audit by 30th June 2023, in line with requirements. The financial statements and working papers were of a good quality.

We were satisfied that the IJB made the financial statements available for public inspection in accordance with Regulation 9 of The Local Authority Accounts (Scotland) Regulations 2014.

As part of the audit process, we worked with the finance team to make enhancements to the presentation of the financial statements, including going concern disclosures.

## Audit outcomes

We identified [2] adjusted differences arising from the audit which have been reflected within the financial statements. No differences remain unadjusted. Our overall audit opinion is summarised on the following page.

As part of the audit we reviewed the financial statements and made a number of comments aimed at improving the compliance with the Code of Accounting Practice, or to enhance the understanding of the financial statements. We worked with management to make amendments as appropriate and will continue to discuss good practice going forward.

We made one recommendation relating to the financial statements as a result of the annual audit, which was graded as moderate priority (Grade 2). This, together with management responses are included within the action plan in Appendix E.

## Audit Status

Our audit is substantially complete, subject to the following outstanding areas:

- ▶ Receipt and review of finalised financial statements;
- ▶ Written confirmation statements from the Directors of Finance at NHS Greater Glasgow and Clyde and East Renfrewshire Council; and
- ▶ Updated confirmation that there have been no subsequent events in the period to date of signing.

## | Audit approach

We adopted 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 IJB'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).

## Exhibit 2: Our audit opinion

Element of our opinion	Basis of our opinion	Conclusions
<p><b>Financial statements</b></p> <ul style="list-style-type: none"> <li>▶ Truth and fairness of the state of affairs of the IJB at 31 March 2023 and its expenditure and income for the year then ended.</li> <li>▶ Financial statements in accordance with the relevant financial reporting framework.</li> </ul>	<ul style="list-style-type: none"> <li>▶ We report on the outcomes of our audit procedures to respond to the most significant assessed risks of material misstatement that we have identified, including our judgements within this section of our report. We did not identify any areas of material misstatement.</li> <li>▶ We are satisfied that accounting policies are appropriate and estimates are reasonable.</li> <li>▶ We have considered the financial statements against Code requirements, and additional guidance issued by CIPFA and Audit Scotland.</li> </ul>	<p>We [have issued an unqualified] audit opinion on the 2022/23 financial statements for the IJB.</p>
<p><b>Going concern</b></p> <ul style="list-style-type: none"> <li>▶ We are required to conclude on the appropriateness of the use of the going concern basis of accounting.</li> </ul>	<ul style="list-style-type: none"> <li>▶ We conduct core financial statements audit work, including review and challenge of management's assessment of the appropriateness of the going concern basis.</li> <li>▶ Wider scope procedures including the forecasts are considered as part of our work on financial sustainability.</li> </ul>	<p>In accordance with the work reported on page 14, we have not identified any material uncertainties.</p>
<p><b>Other information</b></p> <ul style="list-style-type: none"> <li>▶ We are required to consider whether the other information in the financial statements is materially inconsistent with other knowledge obtained during the audit.</li> </ul>	<ul style="list-style-type: none"> <li>▶ The Chief Financial Officer is responsible for other information included in the financial statements.</li> <li>▶ We conduct a range of substantive procedures on the financial statements and our conclusion draws upon review of committee and board minutes and papers, regular discussions with management, our understanding of the IJB and the wider sector.</li> </ul>	<p>We are satisfied that the Annual Report meets the core requirements set out in the Code of Practice on Local Authority Accounting.</p>

## Exhibit 2: Our audit opinion (continued)

Element of our opinion	Basis of our opinion	Conclusions
<p><b>Matters prescribed by the Accounts Commission</b></p> <ul style="list-style-type: none"> <li>▶ Audited part of remuneration report has been properly prepared.</li> <li>▶ Management commentary / annual governance statement are consistent with the financial statements and have been properly prepared.</li> </ul>	<p><b>Our procedures include:</b></p> <ul style="list-style-type: none"> <li>▶ Reviewing the content of narrative disclosures to information known to us.</li> <li>▶ Our assessment of the Annual Governance Statement against the requirements of the CIPFA Delivering Good Governance Code.</li> </ul>	<p>We [issued] an unqualified opinion.</p>
<p><b>Matters on which we are required to report by exception</b></p>	<p><b>We are required to report on whether:</b></p> <ul style="list-style-type: none"> <li>▶ There has been a failure to achieve a prescribed financial objective.</li> <li>▶ Adequate accounting records have been kept.</li> <li>▶ Financial statements and the audited part of the remuneration report are not in agreement with the accounting records.</li> <li>▶ We have not received the information we require.</li> </ul>	<p>We [have no] matters to report.</p>

## Our response to significant and fraud audit risks

We identified one significant risk within our 2022/23 Annual Audit Plan:

- ▶ Risk of fraud in expenditure recognition, including through management override of control.

### What is the risk?

As we outlined in our Annual Audit Plan, ISA (UK) 240 requires us to assume that fraud risk from income recognition is a significant risk. In the public sector, we extend our consideration to the risk of material misstatement by manipulation of expenditure.

As there is no material judgement associated with the recognition of the IJB's funding from East Renfrewshire Council and NHS Greater Glasgow and Clyde, we have determined that the risk of revenue recognition does not materialise.

### What judgements are we focused on?

For expenditure we focus on the risk in relation to the existence and occurrence of expenditure incurred by the IJB in commissioning services from the partners.

There may be judgement in the timing of the recognition of expenditure.

### What did we do?

We undertake specific, additional procedures for income and expenditure streams where we identified a fraud risk. For 2022/23 our work included:

- ▶ We challenged management on how the IJB gains assurance over the expenditure it incurs and the basis of payments it makes to its partner bodies to deliver commissioned services.

- ▶ We reviewed the financial information that management present to the IJB that clarifies the source of information provided by each of the IJB partners. Reports to the IJB at the year end also made clear that the year end outturn represented the approval by the IJB of the final expenditure incurred in commissioning services from East Renfrewshire Council and NHS Greater Glasgow and Clyde.
- ▶ Review of additional revenue streams and cut-off testing for additional income received.
- ▶ [As part of the year end process, we obtained written confirmation statements from the Director of Finance at NHS Greater Glasgow and Clyde and the Section 95 Officer at East Renfrewshire Council of the spend by the respective bodies on delivering services, and therefore their request for payment from the IJB to cover those costs. We obtained a copy of those confirmations and agreed figures within the financial statement to source documentation.]
- ▶ We obtained independent confirmation from the appointed auditor at both the Council and NHS Greater Glasgow and Clyde of the income and expenditure transactions recorded at their respective audited bodies. The confirmations agreed the income and expenditure amounts transacted in the year.

### | Risk of management override

Our Annual Audit Plan recognises that under ISA (UK) 240, management is considered to be in a unique position to perpetrate fraud in financial reporting because of its ability to manipulate accounting records directly or indirectly by overriding controls that otherwise appear to be operating effectively. We respond to this risk on every engagement.

### | Risk of fraud

We considered the risk of fraud, enquired with management about their assessment of the risks of fraud and the controls to address those risks. We also developed our understanding of the oversight of those charged with governance over management's processes over fraud.

### | Testing on journal entries

We tested the appropriateness of manual journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements. We obtained all journals posted by management to record the transactions of the IJB, which are hosted on the East Renfrewshire Council financial ledger. All of the journals for the IJB's transactions were posted at the year end and we reviewed all transactions in the course of our work.

### | Judgements and estimates

Management identified one significant estimate within the financial statements, relating to hosted services where, for example, East Renfrewshire IJB provides services for other IJBs. The current arrangements do not align with the expectations within the Integration Scheme.

**Recommendation 1:** The Board does not have formally agreed arrangements in place to address operational responsibilities for hosted services.

We reviewed supporting documentation on the basis for the assessment of consumption of hosted services, agreed hosting arrangements for each service back to the integration scheme and reperformed calculations as appropriate. As a result of this work, we identified one audit adjustments at Appendix F.

We confirmed the process for ensuring that there were no claims applicable to the IJB that required provision to be made in relation to the CNORIS (Clinical Negligence & Other Risks Indemnity Scheme).

### | Accounting policies

We considered the consistency and application of accounting policies, and the overall presentation of financial information. We consider the accounting policies adopted by the IJB to be appropriate and there were no significant accounting practices which materially depart from the Code.



## [Our conclusions

- ▶ Our testing has not identified any material misstatements relating to revenue and expenditure recognition.
- ▶ We have not identified any material weaknesses in the design and implementation of controls around journal processing. We did not identify any instances of evidence of management override of controls.
- ▶ There was no disagreement during the course of the audit over any accounting treatment or disclosure and we encountered no significant difficulties in the audit.]

## Going concern

### Audit requirements

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.

Management's going concern assessment and associated disclosures cover the 12 month period following approval of the financial statements, to September 2024.

After completing its going concern assessment in line with the information and

support provided through earlier discussions in the audit process, the IJB has concluded that there are no material uncertainties around its going concern status. We have outlined our consideration of the Board's financial position going forward in the financial sustainability section of this report. We considered this in conjunction with management's assessment on going concern, focusing on:

- ▶ The completeness of factors considered in management's going concern assessment.
- ▶ The completeness of disclosures in the financial statements in relation to going concern and future financial pressures and how savings challenges in the short and medium term will be addressed.

The Scottish Government introduced a National Care Service (Scotland) Bill to Parliament on 20 June 2022. Under these Reports, 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, we were satisfied that the going concern basis of accounting will continue to be appropriate for the Board.



### Our conclusions

- ▶ We reviewed and challenged the going concern assessment provided by management. We verified the assessment to supporting information, including key reports to the IJB and financial plans. We concur with management's assessment that there are no material uncertainties in relation to the going concern of the IJB.

## ISA (UK) 315: Identifying and assessing the risks of material misstatement

### Audit requirements

As set out within our Annual Audit Plan, there has been a significant change to the auditing standard, ISA (UK) 315 and this impacted our 2022/23 audit approach and the procedures we needed to perform.

The standard drives our approach to:

- ▶ Risk assessment.
- ▶ Understanding the Board's internal control arrangements.
- ▶ The identification of significant risks.
- ▶ How we address significant risks.

Key changes to our audit approach as a result of the implementation of ISA 315 were:

- ▶ A significant increase in audit work on the IJB's use of IT in the systems of internal control across partner organisations.
- ▶ Increased importance of our understanding of the entity and environment, the applicable financial reporting framework, and system of internal control.

- ▶ A greater focus on professional scepticism including ensuring that audit approaches do not show bias to look for corroborative evidence or excluding contradictory evidence.
- ▶ We made enhanced inquiries of management and others within the IJB 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 held discussions with key members of the IJB including in respect of the risks of fraud and considered the implications for the audit.



### Our conclusions

- ▶ We identified 9 relevant IT systems and applications which contribute to the production of the Board's financial statements, with the majority of these systems and applications being hosted by the IJB's partners in East Renfrewshire Council and NHS Greater Glasgow and Clyde.
- ▶ Our work did not identify any significant weaknesses in the Board's systems of internal control.



## 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.
- ▶ The use of resources to improve outcomes.

We apply our professional judgement to risk assess and focus our work on each of the wider scope areas. In doing so, we draw upon conclusions expressed by other bodies including the IJB's internal auditors and the Care Inspectorate, along with national reports and guidance from regulators and Audit Scotland.

For each of the dimensions, we have applied a RAG rating, which represents our assessment on the adequacy of the IJB's arrangements throughout the year, as well as the overall pace of improvement and future risk associated with each dimension.

### Best Value

The Code explains the arrangements for the audit of Best Value in Integration Joint Boards. The changes to IJBs anticipated from the Scottish Parliament's National Care Service Reports 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 have informed our assessment on Best Value themes in 2022/23.

### Exhibit 4: Our RAG ratings

	<b>Red</b>	Our auditor judgements are RAG rated based on our assessment of the adequacy of the IJB's arrangements throughout the year, as well as the overall pace of improvement and future risk associated with each area.
	<b>Amber</b>	This takes account of both external risks not within the IJB's control and internal risks which can be managed by the Board, as well as control and process observations made through our audit work.
	<b>Green</b>	

## Financial Management



### Our overall assessment: Green

The IJB recorded a net underspend in 2022/23 of £0.6 million. The Chief Financial Officer has, however, regularly highlighted increasing cost pressures in 2023/24 and beyond.

The IJB has had a Reserves Strategy in place since prior to the pandemic to use earmarked reserves to smooth the delivery of savings and service redesign. We do, however, note that this is unsustainable and reserves may be exhausted in 2023/24.

### Financial Outturn

The IJB's financial outturn in 2022/23 records a net underspend in operational service delivery of £0.6 million. The outturn reflects underspends against care package costs in Children and Families (£0.46 million) and reductions in nursing and care home admissions (£1.53 million), offset by:

- ▶ An overspend within Intensive Services where demand continues to exceed expectations (£0.6 million);
- ▶ Learning disability community services (£0.7 million); and
- ▶ A substantial increase in the cost and volume of prescriptions (£0.77 million) despite use of the IJB's smoothing reserve (£0.46 million) to respond to fluctuations in prices. Prices increased by 10.2% in 2022/23, reflecting the volatile global market and is difficult for the IJB to predict or manage.

During the year, the IJB continued to experience additional costs relating to the ongoing impact of the pandemic.

The IJB drew down funding of £4.56 million to meet Covid-19 costs in 2022/23 (2021/22: £8.9 million). During 2022/23 the funding was no longer available to support unachieved savings and we note that this is the last year that funding will be available and future costs will remain a cost pressure for the IJB.

### Impact of net overspend

While the IJB delivered an underspend in 2022/23, the Chief Financial Officer uses regular budget monitoring reports to highlight increasing cost pressures in 2023/24 and beyond.

The cost pressures outlined in the 2023/24 budget include:

- ▶ The impact of pay and other inflation, including the delivery of the living wage (£4.9 million);
- ▶ Additional pressures as a result of demographic change, including an ageing population and increased complexity of care (£2.3 million); and
- ▶ The need to deliver legacy savings brought forward from the pre-pandemic budget (2.44 million).

The IJB has recognised a cost pressure for prescribing that equates to the level of funding uplift provided by the Scottish Government (£0.35 million). The budget monitoring report for the first quarter of 2023/24 notes that the overspend to date for prescribing is £0.75 million.

Other costs are unknown at this stage, including the 2023/24 pay awards for local government staff.

### **| Budget monitoring was effective throughout the financial year**

The IJB received regular budget monitoring reports throughout the financial year. The reports included the forecasted outturn for the financial year, and therefore the projected impact on the Board's reserve balances.

Exhibit 4 highlights that for the majority of the financial year, the IJB anticipated that service expenditure would be overspent against budget. The key factors behind the improvement in the outturn against forecast were:

- ▶ Further improvements in care costs as a result of greater use of respite and flexibility within care packages (£0.35 million)
- ▶ Projected assumptions about filling social care posts were prudent (£0.15 million);
- ▶ and a higher than expected gain from the NHS pay award due to turnover (£0.3 million).

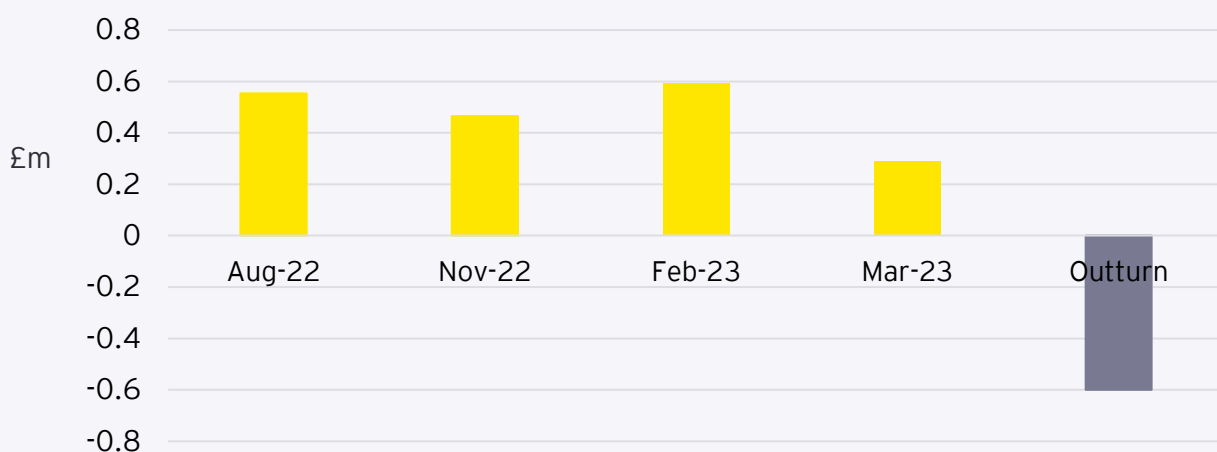
### **| The IJB has earmarked reserves in place to support the phasing-in of planned savings, including service redesign**

The IJB has had a reserves strategy in place since prior to the pandemic to allow it to prepare for and respond to cost pressures.

In 2022/23, the IJB used £2.4 million of a budget phasing reserve to support ongoing work to deliver legacy savings. Undelivered savings will continue to represent an added financial pressure for the IJB to be achieved in future years.

A number of reserve balances totalling £0.567 million were transferred to the budget phasing reserve to prepare for the scale of the budget savings required in 2023/24. We note within Financial Sustainability that these reserve balances now total £1.6 million.

#### **Exhibit 4: Budget monitoring to the Board during the financial year**



### **| The IJB reviewed its arrangements against the Financial Management Code**

The CIPFA Financial Management Code came into effect for all local government bodies during 2021/22. It is intended to support good practice in financial management, assist in demonstrating a local authority's financial sustainability, and set out standards of financial management. The standards are considered necessary to provide the strong foundation to:

- ▶ financially manage the short, medium and long-term finances of a local authority
- ▶ manage financial resilience to meet unforeseen demands on services; and
- ▶ manage unexpected shocks in their financial circumstances.

In June 2023, the IJB's Performance and Committee considered an assessment of the Board's arrangements against the requirements of the Code. The review concluded that the IJB is compliant, but outlined areas for development including:

- ▶ The continuing discussions with partners to ensure that demographic, demand and cost pressures the IJB face are fully evidenced and communicated;
- ▶ The delivery of £7 million of savings in 2023/24; and
- ▶ The need to progress existing open audit recommendations.

An action plan is in place and progress will be reported to the Committee.

As this is the first year of our annual audit work, we considered the strength and depth of the finance team, including the

arrangements in place to monitor and report on budgets to the Board.

The IJB has an experienced finance team and we noted that a number of members of staff were involved in the preparation and audit of the financial statements to support capacity. As a result, we were content that there are sufficient skills and capacity within the team, but we will continue to monitor the arrangements throughout our appointment.

### **| The Board concluded that its internal control arrangements remain effective**

Within the IJB's Annual Governance Statement, the Board has concluded that they have obtained assurance that the system of internal control was operating effectively during the year.

Through our audit of the financial statements, we consider the design and implementation of key controls related to areas of significant risk to the financial statements. This work has included documenting the key internal financial controls and performing walkthroughs to ensure controls are implemented as designed.

Following the revisions to the ISA (UK) 315, our audit methodology included a greater focus on the use of IT in the system of internal control. For the IJB, this required us to assess the systems across partner organisations. We assessed the financial control environment, to the extent required for a financial statements audit, during our planning and risk assessment and updated our understanding as part of the year end audit.

Our work did not identify any significant weaknesses in the systems of internal control relevant to the preparation of the IJB's financial statements.

## Financial Sustainability

### Our overall assessment: Red



In line with the IJB's financial planning expectations, the Board's reserve balances fell significantly in 2022/23. The IJB's General Reserve at 31 March 2023 was £0.27 million, or 0.19% of net expenditure, against the Board's target of 2%.

The IJB estimates that the shortfall in funding to 2027/28 may be £16.1 million, including significant pressure in 2023/24. A savings requirement of £7.06 million has been set in the 2023/24 budget. The Board's current projections highlight that financial pressures may exhaust the IJB's General Reserves during 2023/24.

### The context for financial sustainability within the IJB sector

Scotland's public services are facing unprecedented challenges. In May 2023, the Scottish Fiscal Commission published their report on Scotland's Economic and Fiscal Forecasts which showed that forecast spending could exceed funding by 2% (£1 billion) in 2024/25, rising to 4% (£1.9 billion).

The Accounts Commission publishes an annual report on the financial performance of IJBs. Integration Joint Boards: Financial Analysis 2021/22 (April 2023). The report highlights the significant pressures impacting the sector including:

- ▶ The rising demand associated with an ageing population with increasingly complex health and social care needs.
- ▶ A workforce under extreme pressure facing continuing recruitment and retention challenges, including staff turnover rates of around 30%.
- ▶ Weakening financial position, with almost half of IJBs holding contingency reserves of less than one per cent of the net cost of services.
- ▶ A funding gap of £124 million in 2022/23 alone, with IJBs expected to draw upon reserves to fund around 14% of the gap.

### There has been a significant change in IJBs reserves positions across the sector as the Scottish Government recovered unspent Covid-19 funding in 2022/23

Across the sector, IJB reserves doubled in 2021/22 to £1.262 billion, largely due to Covid-19 funding received in February 2022. As a result, IJBs across Scotland held Covid-19 related reserves of £502 million, including £9.26 million held by East Renfrewshire IJB.

In January 2023, the Scottish Government wrote to IJBs to seek recovery of unspent Covid-19 balances. Funding for the response to the pandemic is therefore expected to end in 2022/23. The Scottish Government indicated that they planned to recover £321 million (64 per cent) of Covid-19 related funding held by IJBs at the end of 2021/22.

East Renfrewshire IJB drew down Covid-19 funding of £4.56 million to respond to continuing pandemic cost pressures in 2022/23. As a result, the IJB returned £4.7 million of the remaining unspent Covid-19 funding balance to the Scottish Government.

**| Overall, East Renfrewshire IJB reserve balances fell by 71% in 2022/23**

As Exhibit 5 highlights, in 2021/22, East Renfrewshire IJB recorded £20.7 million overall in reserve balances, including £9.26 million in Covid-19 reserves.

Each year the IJB plans to meet expenditure from earmarked reserves where, for example, funding for specific purposes has not yet been used. During 2022/23, the IJB drew down a further £16.42 million of balances held in these reserves. As a result of new earmarked reserves totalling £1.7 million, the IJB's reserves reduced overall by £14.7 million in 2022/23.

We note that the IJB project that they will drawdown a further £4.3 million in 2023/24.

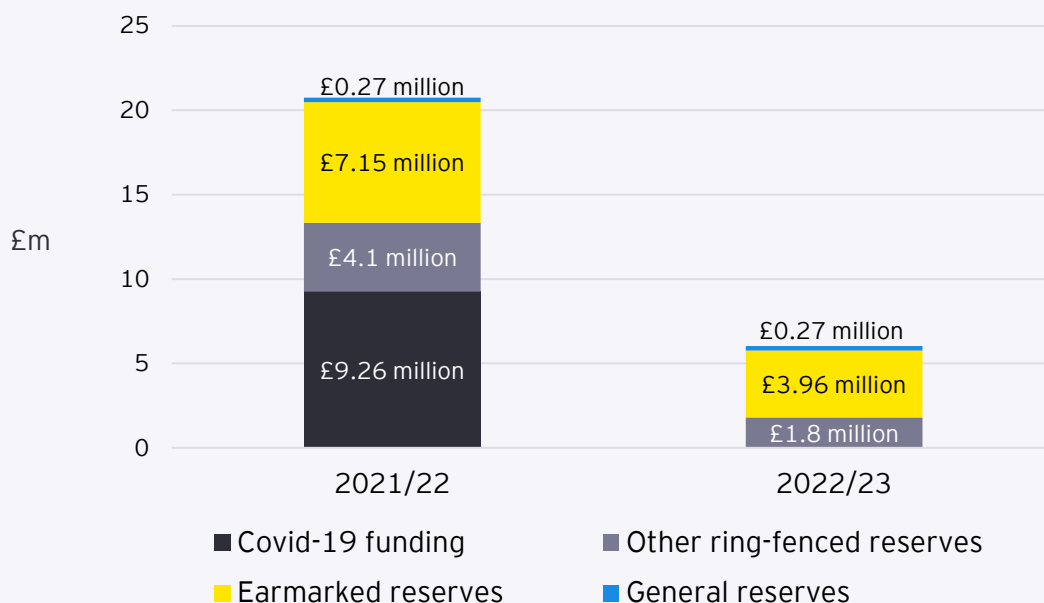
**| The IJB's General Reserve balance is significantly below target.**

Like most public sector bodies, the IJB has set a target for its uncommitted General Reserve of 2% of net expenditure. At 31 March 2023, the IJB's uncommitted reserve was £0.272 million, representing around 0.19% of expenditure.

While the Board has established additional earmarked reserves to provide transitional funding for service redesign, and bridging finance for in year pressures, these balances total £1.6 million. The IJB's smoothing reserve for fluctuations in prescribing costs and transition funding to support Learning Disability bed model redesign were both fully used in 2022/23.

The Chief Financial Officer has noted that further areas of overspend in 2023/24 will require the Board to make decisions about releasing earmarked reserves to meet costs.

**Exhibit 5: Reserves balances fell from £20.75 million in 2021/22 to £6.046 million (71%) during 2022/23**



## **| The IJB has updated its medium term financial outlook for the next five years**

The IJB considered an update to the medium term financial plan in June 20223. The plan is intended to be a “living document”, being regularly updated to reflect the uncertainties facing the IJB. The plan summarises the likely impact of a range of cost pressures, including:

- ▶ The impact of inflation on pay including the subsequent funding requirements for pay awards for social care staff, along with other costs such as prescribing;
- ▶ Demographic pressures, including deprivation factors; and
- ▶ Regulatory or legislative commitments.

While neither of the Board’s partners has produced detailed budgets beyond 2023/24, management use scenario modelling to outline the likely impact of future inflation, demand and regulatory commitments. The additional cost pressures across the period range from £17.9 million to £32.95 million, but the IJB makes projections based on the medium scenario and estimates that it will face cost and demand pressures potentially totalling £25.7 million over the next five years.

Taking projected funding uplifts into account, the IJB estimates that the shortfall in funding to 2027/28 may be £16.1 million. A savings requirement of £7.06 million has been set in the 2023/24 budget.

## **| The Board has set out its approach to delivering significant savings as part of the plan**

The Board’s Medium Term Financial Plan sets out two key components to delivering the required savings:

- ▶ The implementation of a Supporting People Framework; and
- ▶ The IJB’s Savings, Recovery and Renewal programme.

The Supporting People Framework has been established in recognition that the current level of budget available to the IJB reduces the Board’s ability to provide the full range of support that has been available in prior years. As a result, the Board has agreed criteria to ensure that resources are prioritised and targeted on those with the greatest need, and in particular immediate and current risks.

To allow services to be provided equitably, the Supporting People Framework sets the criteria for providing social care from 2023/24 and beyond. The Framework aligns to other IJBs within the NHS Greater Glasgow and Clyde area and is expected to account for £3.4 million, around half of the savings required in 2023/24.

The IJB’s Savings, Recovery and Renewal programme is the Board’s existing approach to deliver change projects. The programme has been refocused for 2023/24 to ensure that all change activity and financial savings are reported together, including those from the Supporting People Framework.

### **| Cost pressures, including the failure to deliver any planned savings, may mean that the Board's reserves are exhausted in 2023/24**

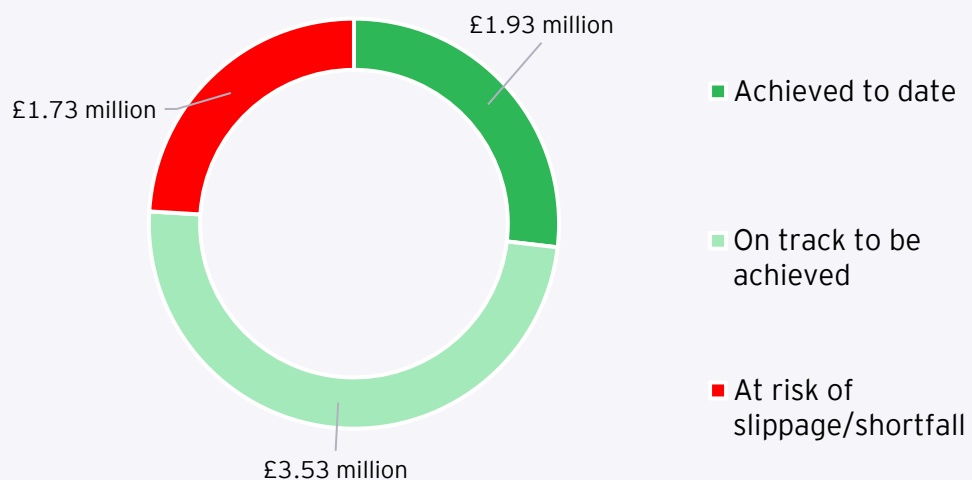
Exhibit 6 highlights that the most recent update to the Board (August 2023) assesses that £5.46 million (77%) of the savings target for 2023/24 have been achieved or are on track. At this stage, the IJB notes that £1.73 million savings are at risk of slippage or shortfall. This balance alone exceeds the Board's earmarked reserve for bridging finance for in-year pressures (£1.6 million).

The latest budget monitoring report highlights that the projected outturn for 2023/24 is £2.64 million, which assumes that all (£7.06 million) of planned savings will be delivered. As a result, there is now a very real risk that the flexibility within the IJB's reserves, including the General Reserve, will be exhausted.

The IJB has highlighted that the initial actions available will be to release earmarked reserves to support budget pressures. This limits the services and development opportunities that can be delivered by the Board. The Integration Scheme also provides an opportunity for the IJB's partners to make additional funding available.

**| Recommendation 2:** There is a risk that under the current level of financial pressures, the IJB's General Reserves will be exhausted in 2023/24. There is therefore an urgent need to work with partners to develop a sustainable funding position.

#### **Exhibit 6: Around 77% of savings in 2023/24 are on track to be delivered**





## Vision, Leadership and Governance

### Our overall assessment: Green



Governance arrangements are established and worked well throughout 2022/23. The Annual Governance Statement was consistent with both the governance framework, key findings from relevant audit activity and management's assessment of its own compliance with the CIPFA Good Governance framework.

The Performance and Audit Committee maintains a good level of oversight over outstanding audit recommendations.

### The IJB has approved an updated Strategic Plan for 2022-25

In March 2022, the IJB approved its updated Strategic Plan for the period 2022-25. During 2022/23, further work was undertaken to develop and implement the plan, including work towards the Strategic Commissioning Plan, which was approved in August 2023. The Board's Strategic Planning Group has responsibility for reviewing the implementation and the supporting performance framework that underpins the Plan.

Progress against the key actions within the annual delivery plan have been reported as part of the IJB's Annual Performance Report.

The Strategic Plan is supported by the Medium Term Financial Plan, including the range of actions in place to support the Board's financial position as part of the Supporting People Framework and the Savings, Renewal and Recovery programme. In addition, in November 2022, the IJB also approved the Workforce Plan 2022-25, following review by the Scottish Government.

### The Annual Governance Statement demonstrates that it has the key requirements for good governance in place

The key aspects of the IJB's governance arrangements are required to be disclosed in the Annual Governance Statement within the financial statements. We reviewed the governance statement against the requirements outlined in the CIPFA framework for *Delivering Good Governance in Local Government*, and against our understanding of the Board's arrangements in the period to 31 March 2023.

We were satisfied that it was consistent with both the governance framework, key findings from relevant audit activity and management's assessment of its own compliance with the CIPFA framework.

Like all other public bodies in Scotland, the IJB moved to revised governance arrangements at the beginning of the UK lockdown period. While there were no significant governance issues that the IJB required to report on in 2022/23, the Governance Statement notes that service delivery models are reviewed as services are delivered in person or as a hybrid approach.

Committee meetings have continued to operate throughout 2022/23 and we were satisfied that there was an appropriate level of challenge and scrutiny at meetings throughout the year.

### **| The IJB's Performance and Audit Committee regularly considers the status of all audit recommendations**

The Performance and Audit Committee consider audit update reports at each meeting, including any new audit reports and updates on outstanding recommendations since the last meeting.

The reporting addresses both internal and external recommendations and provides detailed information about progress against each open action.

At 31 March 2023, the IJB reported that 56 audit actions had been made that had been progressed during 2022/23, of which 37 were considered to be implemented in full. The IJB's Chief Auditor verifies the completion of actions as appropriate.

In 2022/23 there were no unsatisfactory audit opinions issued in relation to the IJB and as a result, the Chief Auditor concluded that "reasonable assurance can be placed on the framework of governance, risk management and internal controls which operated in the East Renfrewshire Integration Joint Board in the year to 31 March 2023."

### **| The IJB has established an action plan to ensure it fully meets the Public Sector Equality Duty**

In June 2022, the Equality and Human Rights Commission (EHRC) wrote to the IJB to highlight that the Board had not fully complied with its duties to publish a Mainstreaming Report, set of Equality Outcomes and Equality Outcomes Progress Report. The EHRC noted that a mainstreaming report had not been published since 2016 and asked that the Board respond.

The EHRC provided support and training to support the development of outcomes that prioritise the most significant equality outcomes. As a result, in March 2023, the IJB published its Mainstreaming Report and interim outcomes towards its six equalities outcomes.

The IJB has highlighted the need to comply in full with its responsibilities within the updated Annual Governance Statement. We will continue to assess the Board's arrangements to comply with equality duties throughout the term of our appointment. We will consider to follow up any further response from the EHRC in 2023/24.

## Use of resources



### Our overall assessment: Green

The IJB has a well-developed approach in place to monitor and report on key areas of performance, and has worked to enhance the information available for scrutiny at the Performance and Audit Committee.

A Joint Inspection of Adult Support and Protection concluded that the services have major strengths, but the fragility of the Care at Home service was highlighted in winter 2022/23 when sickness absence levels meant that the service reached a crisis point.

### The IJB regularly reports on its performance

A comprehensive Performance Framework is in place to support the Strategic Plan both operationally within the HSCP, and for scrutiny by the Performance and Audit Committee.

The Board has agreed a range of performance indicators to report on progress in the delivery of the Board's strategic priorities. Arrangements are also in place to demonstrate how the HSCP contribution to the priorities of their partners. For example, HSCP performance is reported against East Renfrewshire Council's Outcome Delivery Plan. Similarly, the Board's strategic planning recognises the priorities within NHS Greater Glasgow and Clyde strategies, including Moving Forward Together. Twice a year, the HSCP holds a Performance Review meeting which is jointly chaired by the Chief Executives of NHS Greater Glasgow and Clyde and East Renfrewshire Council.

Quarterly Performance Reports are produced for scrutiny at the PAC. The reports include visual charts to demonstrate outcomes against targets. In 2022/23, management also developed an approach to exception reporting to the PAC for indicators that are off target.

We also note that the IJB considers presentations from individual service areas at each of their meetings to allow a deeper understanding of the performance and challenges. Areas where presentations were considered by the Board included:

- ▶ the Delayed Discharge position; and
- ▶ Winter planning.

### The Annual Performance Report highlights key achievements and challenges across each Strategic Priority area

The IJB published its Annual Performance Report in July 2023, in line with statutory requirements. The report is structured around:

- ▶ The progress towards key priorities within the Strategic Plan;
- ▶ Financial performance and Best Value; and
- ▶ A summary of performance indicators against target.

The IJB report on performance against target, but also highlight the direction of travel for each indicator, and plans for improvement where performance is lower than expected.

## **| The IJB continued to experience challenge in the delivery of some services**

Areas where performance has shown the greatest improvement in 2022/23 include:

- ▶ Percentage of children looked after away from home who experience 3 or more placement moves (0% against a target of lower than 11%);
- ▶ Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks (96% against a target of 90%); and
- ▶ The percentage of people aged 65+ with intensive needs receiving care at home (64.4%).
- ▶ A reduction in the waiting times for children requiring support through the CAMHS service. The percentage starting treatment within 18 weeks increased to 86% (55% in 2021/22).

Exhibit 7 highlights that the IJB delivered most of the targets that it set for 2022/23. Areas of continuing challenge include:

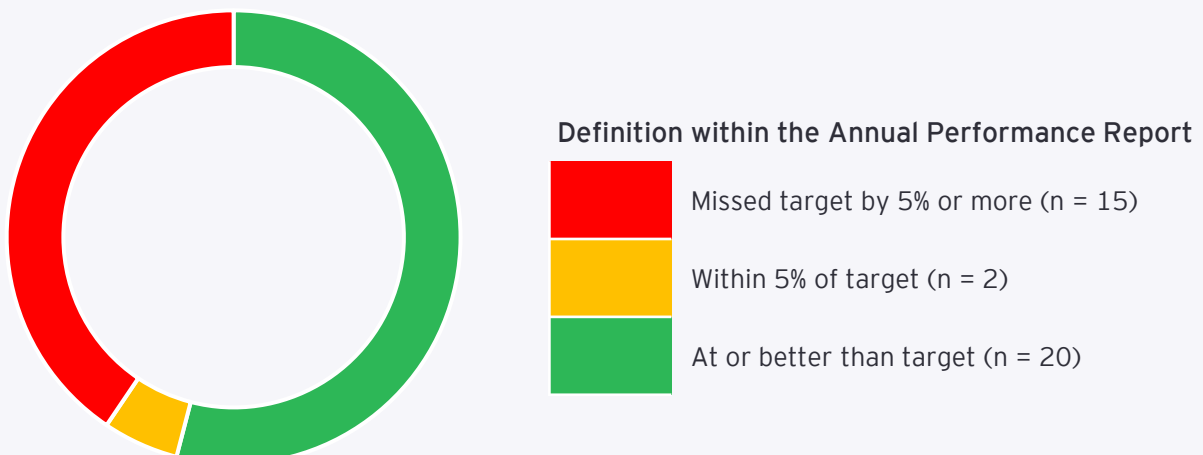
- ▶ Number of people self directing their care through receiving direct payments and other forms of self-directed support;

- ▶ Percentage of people waiting no longer than 18 weeks for access to psychological therapies (75% against a target of 90%). We do, however, note that the waiting times improved during the year to 92% by March 2023 ; and
- ▶ Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity).

The Annual Report highlights significant pressures in the Care at Home service during the year, describing the service at reaching crisis point in December 2022. The service has experienced significant pressures as a result of the increasing complexity of people being supported, alongside bot recruitment and sickness absence challenges. Sickness absence rates reached 35% in January - February 2023, principally affecting frontline carer and organiser roles.

As a result of the winter pressures, the HSCP has trained staff from other departments to be able to support Care at Home services in emergency cases. We note that due to the exceptional pressures during the winter, members of the Finance Team directly supported frontline services.

### **Exhibit 7: The IJB achieved 54% of its targets in 2022/23**



## **| The Care Inspectorate reported on a Joint Inspection of Adult Support and Protection during the year**

During 2022/23, the Care Inspectorate carried out an inspection of Adult Support and Protection. The outcomes were reported in June 2023 and noted a range of strengths including:

The overall quality and effectiveness of core adult support and protection processes;

- ▶ Oversight of key processes supported staff and ensured consistent robust decision making for adults at risk of harm;
- ▶ Strategic leadership for adult support and protection was enthusiastic and focused. This supported targeted and meaningful improvements;
- ▶ The adult protection committee offered strong leadership for adult support and protection and offered effective oversight for the delivery of key processes; and
- ▶ Strategic leaders promoted a culture of learning and continuous improvement which supported the development of adult support and protection services for adults at risk of harm.

The report also noted the strength of partnership working with the NHS Board, delivering innovative, early and effective interventions for adults at risk of harm.

The report noted four priority areas for improvement, including the need to establish multi-agency quality assurance and self-evaluation of adult support and protection practice, including a multi-agency approach to audit of records.

## **| Plans to develop a National Care Service have been delayed**

On 17 April 2023, the Scottish Government formally requested and agreed an extension to the Stage 1 deadline for the creation of a National Care Service beyond June 2023. The Scottish Government committed to focusing on continued engagement and co-design activities.

The Finance and Public Administration Committee requested a new timetable for completion of Stage 1 and a revised Financial Memorandum. It is expected that the revised Financial Memorandum will include a detailed breakdown on spend to date on the National Care Service including costs arising from the provisions of Bill and those of the wider programme.

In May 2023, the Scottish Government announced that a range of regional co-design events would take place between June and August 2023 and supplemented with additional local engagement activity to progress the development. However, Stage 1 of the Bill was further extended to 31 January 2024 through a motion agreed by Parliament in June 2023.

It is not clear at this stage if the expected operational start date of 2026 will be impacted.

## | Best Value

In our view, the IJB's performance management and financial reporting arrangements allow the Board to demonstrate the achievement of Best Value.

There is, however, an imminent risk that the delivery and improvement of services may be reduced as a result of the Board's reserves position, and by partner funding not keeping pace with ongoing cost pressures.

### | Basis for our assessment

As auditor to the IJB, we are required to comment on how effectively, in our view, the IJB demonstrates that it meets its Best Value responsibilities.

As we noted in our Annual Audit Plan, the conclusions that we reach on the wider scope areas contribute to this consideration. We expect to develop our understanding of how the IJB meets its Best Value responsibilities over the course of our appointment.

Our assessment in 2022/23 therefore reflects the work conducted to support our wider scope responsibilities, and specifically:

- ▶ Documentation review and fieldwork interviews with senior officers;
- ▶ Our consideration of the IJB's financial planning processes including the most recent Medium Term Financial Plan;
- ▶ Governance arrangements, including monitoring reports on the use of resources and scrutiny arrangements;
- ▶ Our assessment of performance reporting to the Board; and
- ▶ The IJB's Strategic Plan and underpinning Workforce Plan.

### | The IJB can demonstrate that it has the key elements needed to deliver Best Value in place

The IJB has reviewed and updated its Strategic Plan by drawing upon its arrangements for public engagement and targeted consultation with key stakeholders.

It has a well-developed Performance Framework in place and we noted evidence of effective scrutiny arrangements throughout the year.

We do, however, note that the IJB's financial position is increasingly challenging. The Board relies on the financial support of its partners but under current projections, the General Reserve and earmarked funds set aside to smooth the delivery of savings will be used in full. As a result, in our view, there is a risk that the future delivery and improvement of services may be undermined by partner funding not keeping pace with ongoing cost pressures.

# Appendices

- A** Code of audit practice: Responsibilities
- B** Independence report
- C** Required communications with the Performance and Audit Committee
- D** Timeline of communications and deliverables
- E** Action Plan
- F** Adjusted and unadjusted differences
- G** Audit fees
- H** Additional audit information

## Code of audit practice: Responsibilities

### 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.



## **A** Code of audit practice: Responsibilities (cont.)

### **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 Report to deal with uncertainty in the medium and longer term.
- ▶ The impact of reporting future policies and foreseeable developments on their financial position.

### **Responsibilities for best value, community reporting 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.

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 reporting 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.

## B Independence report

### 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 reporting 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.
- ▶ 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. We have identified no relationships that impact the audit of East Renfrewshire Integration Joint Board.**

## 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
<b>Terms of engagement</b>	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 (December 2022) - audit to be undertaken in accordance with the Code of Audit Practice.
<b>Our responsibilities</b>	Reminder of our responsibilities as set out in the engagement letter.	Annual Audit Plan - March 2023
<b>Reporting and audit approach</b>	Communication of the reporting 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.	Annual Audit Plan - March 2023
<b>Significant findings from the audit</b>	<ul style="list-style-type: none"> <li>▶ Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures.</li> <li>▶ Significant difficulties, if any, encountered during the audit.</li> <li>▶ Significant matters, if any, arising from the audit that were discussed with management.</li> <li>▶ Written representations that we are seeking.</li> <li>▶ Expected modifications to the audit report.</li> <li>▶ Other matters if any, significant to the oversight of the financial reporting process.</li> <li>▶ Findings and issues regarding the opening balance on initial audits.</li> </ul>	This Annual Audit Report.

## C Required communications (cont.)

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

## C Required communications (cont.)

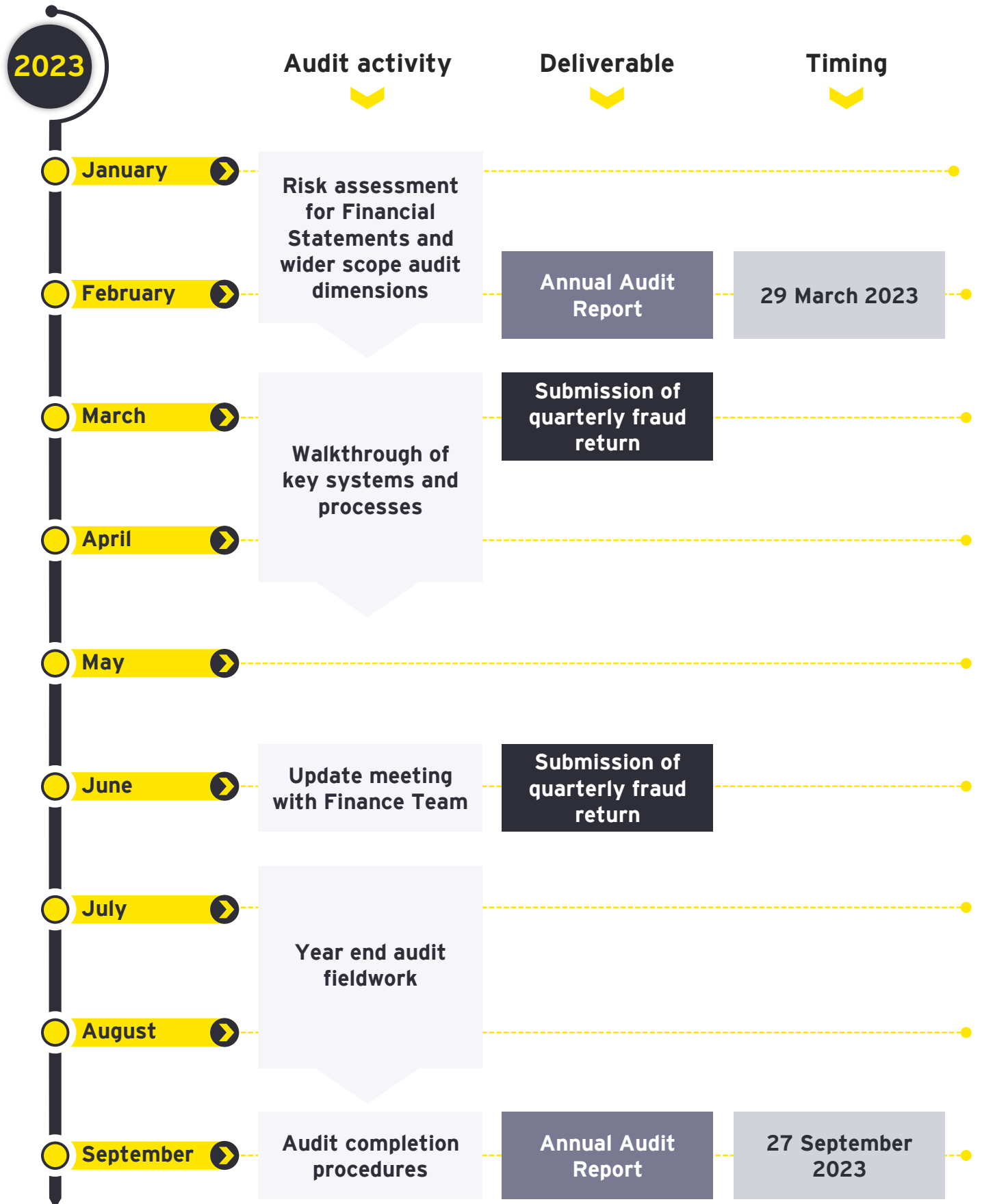
		Our reporting to you
Required communications	What is reported?	When and where
<b>Related parties</b>	<p>Significant matters arising during the audit in connection with the entity's related parties including, when applicable:</p> <ul style="list-style-type: none"> <li>▶ Non-disclosure by management</li> <li>▶ Inappropriate authorisation and approval of transactions</li> <li>▶ Disagreement over disclosures</li> <li>▶ Non-compliance with laws and regulations</li> <li>▶ Difficulty in identifying the party that ultimately controls the entity</li> </ul>	This Annual Audit Report.
<b>Independence</b>	<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"> <li>▶ The principal threats</li> <li>▶ Safeguards adopted and their effectiveness</li> <li>▶ An overall assessment of threats and safeguards</li> <li>▶ Information about the general policies and process within the firm to maintain objectivity and independence</li> </ul>	Annual Audit Plan and this Annual Audit Report.
<b>External confirmations</b>	<ul style="list-style-type: none"> <li>▶ Management's refusal for us to request confirmations.</li> <li>▶ Inability to obtain relevant and reliable audit evidence from other procedures.</li> </ul>	This Annual Audit Report.
<b>Representations</b>	Written representations we are requesting from management and/or those charged with governance.	This Annual Audit Report.

## C Required communications (cont.)

### Our reporting to you

Required communications	What is reported?	When and where
<b>Consideration of laws and regulations</b>	<ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ 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.</li> </ul>	This Annual Audit Report.
<b>Material inconsistencies and misstatements</b>	Material inconsistencies or misstatements of fact identified in other information which management has refused to revise.	This Annual Audit Report.
<b>Auditors report</b>	Any circumstances identified that affect the form and content of our auditor's report.	This Annual Audit Report.
<b>Best value and wider scope judgements and conclusions</b>	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.	This Annual Audit Report.
<b>Key audit matters</b>	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.	This Annual Audit Report.

## D Timeline of communication and deliverables





## E Action Plan

We include an action plan to summarise specific recommendations included elsewhere within this Annual Audit Report. We grade these findings according to our consideration of their priority for the Board or management to action.

### Classification of recommendations

**Grade 1:** Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

**Grade 2:** Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

**Grade 3:** Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

No.	Findings and / or risk	Recommendation / grading	Management response / Implementation timeframe
1.	<p><b>Hosted Services</b></p> <p>East Renfrewshire IJB hosts two services on behalf of other IJBs within the NHS Greater Glasgow and Clyde area. We noted that in practice there are no arrangements in place to document and maintain review of operational responsibilities.</p>	<p>The IJB should ensure that operational arrangements are documented and maintained for hosted services.</p> <p style="text-align: right;"><i>Grade 2</i></p>	<p><b>Response:</b> Along with the other IJBs within NHSGGC we will review the arrangements and processes to support reporting on Hosted Services</p> <p><b>Responsible officer:</b> Chief Financial Officer</p> <p><b>Implementation date:</b> 31 March 2024</p>
2.	<p><b>Medium Term Financial Plan</b></p> <p>We note that under the level of current financial pressures, there is a risk that the IJB's General Reserves will be exhausted during 2023/24. There is therefore a need to work with partners to develop a sustainable funding position.</p>	<p>There is an urgent need to work with partners to develop a sustainable funding position.</p> <p style="text-align: right;"><i>Grade 1</i></p>	<p><b>Response:</b> The current reporting to the IJB recognises the unprecedented financial challenges we are facing and that we are likely to deplete earmarked and general reserves during 2023/24.</p> <p>The IJB recognises the importance of the ongoing funding discussions with our partners that the Chief Officer and Chief Financial Officer are engaged in.</p> <p><b>Responsible officer:</b> Chief Financial Officer</p> <p><b>Implementation date:</b> 31 March 2024</p>

## F Adjusted and unadjusted differences

This appendix sets out the adjustments that were processed as part of finalisation of the financial statements.

### Disclosure misstatements that have been corrected

No.	Note	Description
1	Remuneration Report	<p>The remuneration of the Chief Officer and Chief Financial Officer had not been adjusted for payments spanning the current and prior financial years. In addition, the accrued pension benefit and lump sum disclosures were based on data provided by Strathclyde Pension Fund which did not include an element of backdated pay and therefore the final salary figure applied in the pensions calculations was not accurate.</p> <p>The total impact of these differences was approximately £1k which have been adjusted in the remuneration report.</p>

### Judgemental disclosure differences that do not require to be corrected

No.	Note	Description
1	Note 10: Hosted Services	<p>This note relates to disclosure only - there is no impact on the IJB's income or expenditure, as each IJB meets the full cost of the service it hosts.</p> <p>For one service (Podiatry), which is hosted by another IJB, patient activity is based on a live system and we were unable to recreate supporting data. We obtained data on referrals as a proxy to allow us to estimate the calculation. This identified a potential judgemental disclosure difference based on currently available national data of up to £245k, with East Renfrewshire's notional share of the net expenditure decreasing by this amount. While this exceeds our reporting level, we have not requested the IJB to amend the financial statements.</p>

## G Audit Fees

### 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
<b>Component of fee:</b>		
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	
<b>Sectoral price cap</b>	(£9,580)	
<b>Total fee</b>	<b>£31,470</b>	<b>£27,960</b>

As we outlined in our audit planning report, the expected fee for auditor remuneration, set by Audit Scotland, is based on a risk assessment of publicly available information from the 2021 tender exercise. It assumes that the IJB has well-functioning controls, an effective internal audit service, and an average risk profile for its sector across a range of areas for consideration, including financial, operational and governance risks. This is the basis for the estimated level of time and skill mix involvement by auditors.

Throughout the course of their work, auditors may identify new, developing or otherwise enhanced areas of risk that are required to be addressed to deliver an audit to the quality standards expected, and in line with the requirements of the Audit Scotland Code of Practice.

As expected, we have encountered challenges in the first year of the audit, including additional work around disclosures that are unique to the IJB. We will hold a debrief with management to ensure all lessons are learned for future years to ensure that the audit continues to run smoothly.

## H Additional audit information

### Introduction

In addition to the key areas of audit focus outlined within the Report, 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.

- ▶ 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.

## H Additional audit information (cont.)

### 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](https://www.ey.com/en_uk/about-us/transparency-report)

### This report

This report has been prepared in accordance with Terms of Appointment Letter from Audit Scotland through which the Accounts Commission has appointed us as external auditor of 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 Accounts Commission and Audit Scotland (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.

### 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](mailto: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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## **Independent auditor's report to the members of East Renfrewshire Integration Joint Board and the Accounts Commission**

### **Reporting on the audit of the financial statements**

#### **Opinion on financial statements**

We certify that we have audited the financial statements in the annual accounts of East Renfrewshire Integration Joint Board (the 'Integration Joint Board') for the year ended 31 March 2023 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet, Movement in Reserves Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the Integration Joint Board as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

#### **Basis for opinion**

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 14 December 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit

services prohibited by the Ethical Standard were not provided to the Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Conclusions relating to going concern basis of accounting**

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the Integration Joint Board's current or future financial sustainability. However, we report on the Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

### **Risks of material misstatement**

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

### **Responsibilities of the Chief Financial Officer and Performance and Audit Committee for the financial statements**

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

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Integration Joint Board ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the Integration Joint Board's operations.

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



## **Auditor's responsibilities for the audit of the financial statements**

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the Integration Joint Board;
- inquiring of the Chief Financial Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the Integration Joint Board;
- inquiring of the Chief Financial Officer concerning the Integration Joint Board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override

of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## **Reporting on other requirements**

### **Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report**

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

### **Other information**

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. we have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

### **Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement**

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

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

### **Matters on which we are required to report by exception**

We are required by the Accounts Commission to report to you if, in our opinion:

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

We have nothing to report in respect of these matters.

### **Conclusions on wider scope responsibilities**

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

### **Use of our report**

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

[Signature]

Rob Jones (for and on behalf of Ernst and Young),  
Ernst and Young LLP  
5 George Square

Glasgow  
G2 1DY

[Full date]



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	27 September 2023
<b>Agenda Item</b>	8
<b>Title</b>	Audited Annual Report and Accounts 2022/23
<p><b>Summary</b></p> <p>This report provides an overview of the audited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2022 to 31 March 2023.</p> <p>The Chair of Performance and Audit Committee will advise the Integration Joint Board of:-</p> <ul style="list-style-type: none"> <li>• any matters arising from the Performance and Audit Committee</li> <li>• the Performance and Audit Committee's decision on the remittance of the audited Annual Report and Accounts to the Integration Joint Board.</li> </ul> <p>The Performance and Audit Committee Meeting is immediately prior to the Integration Joint Board on 27 September 2023.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>The Performance and Audit Committee is requested to:</p> <ul style="list-style-type: none"> <li>• Agree the audited annual report and accounts and remit to the Integration Joint Board for approval.</li> <li>• Note and comment on the summary overview of financial performance document for 2022/23 prior to publication on the IJB website.</li> </ul>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**27 SEPTEMBER 2023**

**Report by Chief Financial Officer**

**AUDITED ANNUAL ACCOUNTS 2022/23**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide an overview of the audited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2022 to 31 March 2023.
2. The Chair of the Performance and Audit Committee will advise the IJB of any audit findings.
3. A summary overview of the financial year is included as an easy read summary document.

**RECOMMENDATION**

4. The Performance and Audit Committee is requested to:
  - Agree the audited annual report and accounts and remit to the Integration Joint Board for approval.
  - Note and comment on the summary overview of financial performance document for 2022/23 prior to publication on the IJB website.

**BACKGROUND**

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

## REPORT

8. The audited annual report and accounts for the IJB has been prepared in accordance with appropriate legislation and guidance.
9. The annual report and accounts of the IJB are included at Appendix 1 and, subject to Performance and Audit and Integration Joint Board approval, will be signed via the Ernst & Young agreed electronic process. The signing requirements are:

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

10. It is a statutory requirement that the Chief Financial Officer (being the proper officer) provide Ernst & Young with a letter of representation (ISA580) along with the annual report and accounts. This is included at Appendix 2.
11. The Chief Internal Auditor's Annual Report and the Draft Ernst & Young Annual Report confirm the Annual Report and Accounts for 2022/23 are unqualified, unmodified, meet legislative requirements, address best value and appropriate governance is in place.
12. The Chair of the Performance and Audit Committee will advise the IJB on the key points from this committee and associated presentation of audit findings.
13. The key messages from Ernst & Young are rated as Red, Amber or Green and are summarised:

Key Messages		RAG
Financial Statements	The Financial statements and associated working papers are of a good quality and the Annual Governance Statement, reflects the requirements of CIPFA's updated <i>Delivering Good Governance Framework</i> .	Green
Going Concern	There are no matters to report in respect of the IJB as a going concern.	Green
Financial Management	The IJB recorded a net underspend in 2022/23 of £0.6 million. The Chief Financial Officer has, however, regularly highlighted increasing cost pressures in 2023/24 and beyond.  The IJB has had a Reserves Strategy in place since prior to the pandemic to use earmarked reserves to smooth the delivery of savings and service redesign. We do, however, note that this is unsustainable in the short term	Green
Financial Sustainability	In line with the IJB's financial planning expectations, the Board's reserve balances fell significantly in 2022/23. The IJB's General Reserve at 31 March 2023 was £0.27 million, or 0.19% of net expenditure, against the Board's target of 2%.  The IJB estimates that the shortfall in funding to 2027/28 may be £16.1 million. A savings requirement of £7.06 million has been set in the 2023/24 budget. The Board's current projections highlight	Red



	that financial pressures may exhaust the IJB's General Reserves during 2023/24.	
Vision, Leadership and Governance	Governance arrangements are established and worked well throughout 2022/23. The Annual Governance Statement was consistent with both the governance framework, key findings from relevant audit activity and management's assessment of its own compliance with the CIPFA Good Governance framework.  The Performance and Audit Committee maintains a good level of oversight over outstanding audit recommendations.	Green
Use of Resources	The IJB has a well-developed approach in place to monitor and report on key areas of performance, and has worked to enhance the information available for scrutiny.  A Joint Inspection of Adult Support and Protection concluded that the services have major strengths.  The Annual Performance Report highlights that demand pressures and staffing sickness absence levels meant that the Care at Home service reached a crisis point in winter 2022/23.	Green
Best Value	The IJB's performance management and financial reporting arrangements allow the Board to demonstrate the achievement of Best Value.  There is, however, an imminent risk that the delivery and improvement of services may be reduced as a result of the Board's reserves position, and by partner funding not keeping pace with ongoing cost pressures.	Amber

14. With the Financial Statements, Ernst & Young identified one difference that we have adjusted in the financial statements. This is within the remuneration note and reflected a timing difference that allows the most current pension information to be included. This was not material at £1k and did not alter our bottom line, the change was in the Remuneration Report.
15. The red RAG status of Financial Sustainability is no surprise and mirrors our own Strategic Risk Register. The existing cost pressures should be mitigated to some degree by the very recent changes to the cost of employer's superannuation contributions.
16. In addition discussion is ongoing with our partners as part of the budget planning cycle for 2024/25 and beyond, with recognition of the challenges we are facing. Once implications are clearer a revised Medium Term Financial Plan will be brought to the IJB.
17. The Amber rating for Best Value is driven by the Red status of Financial Sustainability, rather than any specific issues around the IJB delivering best value.
18. The action plan included at Appendix E of the Ernst & Young Annual report (extract below) details the 2 recommendations resulting from the audit along with our response.

### Classification of recommendations

**Grade 1:** Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

**Grade 2:** Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

**Grade 3:** Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

No.	Findings and / or risk	Recommendation / grading	Management response / Implementation timeframe
1.	<p><b>Hosted Services</b></p> <p>East Renfrewshire IJB hosts two services on behalf of other IJBs within the NHS Greater Glasgow and Clyde area. We noted that in practice there are no arrangements in place to document and maintain review of operational responsibilities.</p>	<p>The IJB should ensure that operational arrangements are documented and maintained for hosted services.</p> <p style="text-align: right;"><i>Grade 2</i></p>	<p><b>Response:</b> Along with the other IJBs within NHSGGC we will review the arrangements and processes to support reporting on Hosted Services</p> <p><b>Responsible officer:</b> Chief Financial Officer</p> <p><b>Implementation date:</b> 31 March 2024</p>
2.	<p><b>Medium Term Financial Plan</b></p> <p>We note that under the level of current financial pressures, there is a risk that the IJB's General Reserves will be exhausted during 2023/24. There is therefore a need to work with partners to develop a sustainable funding position.</p>	<p>There is an urgent need to work with partners to develop a sustainable funding position.</p> <p style="text-align: right;"><i>Grade 1</i></p>	<p><b>Response:</b> The current reporting to the IJB recognises the unprecedented financial challenges we are facing and that we are likely to deplete earmarked and general reserves during 2023/24.</p> <p>The IJB recognises the importance of the ongoing funding discussions with our partners that the Chief Officer and Chief Financial Officer are engaged in.</p> <p><b>Responsible officer:</b> Chief Financial Officer</p> <p><b>Implementation date:</b> 31 March 2024</p>

19. As with prior years progress will be reported as part of our regular audit reporting to the Performance and Audit Committee.
20. The Hosted Services recommendation relates to all IJBs within NHSGGC. With the exception of one, the IJBs host a range of services on behalf of NHSGGC. The host IJB holds the budget and meets all costs relating to the service as set out in the Integration Scheme. The "risk and reward" of overspend and underspends sits with the host.
21. To promote transparency the Chief Financial Officers have collectively included a note on our respective population use of each hosted service. This note is not a mandatory requirement and is shown in our Annual Report and Accounts at Note 4. The mechanism to identify the split of costs to support this note is based on an activity

snapshot at a point in time each year, and reflects the original basis of allocation identified when IJB annual report and accounts were established.

22. The Chief Financial Officers have agreed to undertake a review of this mechanism, consider whether the costs / activity drivers are appropriate and ensure the annual information is appropriately captured.
23. The main messages from the annual report and accounts remain unchanged from the unaudited position reported in June and summarised below:
24. We ended the year with a £0.590 million operational underspend (0.40%) which will be added to our budget phasing reserve. The main variances to the budget were:
  - £0.460 million underspend in Children and Families was mainly from care package costs and some staff vacancies.
  - £1.534 million underspend within Older Peoples services was mainly from purchased nursing and residential care. This reflects the ongoing trend of reduction in nursing and care home admissions but does offset the increase in community activity, particularly in Care at Home. Given this continued trend budgets have been realigned in 2023/24 to recognise this shift in type of care.
  - £0.646 million overspend within Intensive Services as our care at home costs reflect that we continue to see high demand post pandemic and we had additional costs delivering the service with diminished capacity, particularly over the winter period.
  - £0.727 million overspend within Learning Disability Community Services mainly from care package costs, partially offset by staff vacancies. We have recognised this cost pressure in the 2023/24 budget, which in turn has added to our funding gap and associated saving requirement.
  - £0.774 million overspend in the cost of prescribing as we saw increases in the volume of items prescribed and the costs are impacted by the economic climate and supply chain issues, compounded by Brexit and the war in Ukraine. This overspend is after the £0.456 million balance of the smoothing reserve, set up to meet fluctuation, was fully used.
25. The final Covid-19 spend for the year is shown as £4.564 million as reported in June.
26. Our reserves decreased significantly during the year, in the main reflecting the use and return of the Covid-19 funding received at the end of 2021/22.
27. Within ring-fenced reserves we used £9.264 million for Covid-19 and used £1.630 million per the Scottish Government funding mechanisms for PCIP, Mental Health Acton 15 and Alcohol & Drugs where we needed to use our uncommitted balance prior to drawing any in year funding. We also used the £1.012 million balance of winter funding.
28. We added £0.392 million to our Alcohol & Drugs Partnership reserve. In agreement with the Scottish Government the balance we take into 2023/24 will support the development of a local recovery hub and other committed costs.
29. Our earmarked reserves are in place to phase in savings, support a number of projects, provide transitional funding for service redesign, provide bridging finance for in year pressures, add capacity to support services and to smooth impact of demand and timing of spend across multiple years. We used £2.439 million supporting savings and £2.075 million on planned projects and in year pressures.

30. Given the significant pressures in 2022/23 it is important to note our decreased reserves position leaves us with less flexibility to support fluctuation and demand, such as prescribing, in future years.
31. As agreed by the IJB in March we have also realigned all available earmarked reserves of £0.567 million to support delivery of budget savings in 2023/24.
32. The full detail of our reserves is included in Note 8 of the unaudited annual report and accounts
33. Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently just under 0.19% of the 2022/23 revenue budget.
34. Given the scale of the financial challenge we faced pre-pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges had not allowed any investment into general reserves. This has been discussed at length in prior years and both PAC and the IJB have recognised that whilst this means we are below our policy level the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide.
35. In the event we find ourselves unable to achieve sufficient savings delivery during 2023/24 we may need to un-hypothecate (i.e. un-earmark) any remaining reserves, where we can, to meet operational costs.
36. As with every year we have taken the opportunity between the unaudited and final version of the Annual Report and Accounts to refine some of our narrative and update our performance information. There are no material changes and the only numerical change is within the remuneration note to reflect a timing difference that allows the most current pension information to be included. This was not material at £1k and did not alter our bottom line.
37. A summary overview of the financial year is included as an easy read summary document and this is included at Appendix 3. This is not part of the audited annual report and accounts.
38. The Chief Financial Officer would like to extend sincere thanks to audit, finance and performance colleagues for invaluable input and support in a particularly challenging period.
39. The Chief Financial Officer has consulted with partner colleagues during the annual process to ensure consistency and transparency across all.

## CONCLUSIONS

40. The preparation of the annual report and accounts for the IJB meets all legislative requirements, the Annual Report and Accounts for 2022/23 are unqualified, unmodified, address best value and appropriate governance is in place.
41. There is a significant financial sustainability risk and ongoing savings delivery, action plans continue to be progressed and funding discussions with our partners is fundamental.

## RECOMMENDATIONS

42. The Performance and Audit Committee is requested to:

- Agree the audited annual report and accounts and remit to the Integration Joint Board for approval.
- Note and comment on the summary overview of financial performance document for 2022/23 prior to publication on the IJB website.

## REPORT AUTHOR AND PERSON TO CONTACT

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0141 451 0746

13 September 2023

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

PAC – June 2023: Unaudited Annual Report and Accounts 2022/23

[https://www.eastrenfrewshire.gov.uk/media/9262/PAC-Item-07-26-June-2023/pdf/PAC\\_Item\\_07\\_-\\_26\\_June\\_2023.pdf?m=638227830045630000](https://www.eastrenfrewshire.gov.uk/media/9262/PAC-Item-07-26-June-2023/pdf/PAC_Item_07_-_26_June_2023.pdf?m=638227830045630000)

PAC – November 2022: Audited Annual Report and Accounts 2021/22

[https://www.eastrenfrewshire.gov.uk/media/8444/Performance-and-Audit-Committee-Item-08-23-November-2022/pdf/Performance\\_and\\_Audit\\_Committee\\_Item\\_08\\_-\\_23\\_November\\_2022.pdf?m=638037783585930000](https://www.eastrenfrewshire.gov.uk/media/8444/Performance-and-Audit-Committee-Item-08-23-November-2022/pdf/Performance_and_Audit_Committee_Item_08_-_23_November_2022.pdf?m=638037783585930000)

## BACKGROUND PAPERS

### Add Unaudited June 2023

Annual Report and Accounts 2020/21

[https://www.eastrenfrewshire.gov.uk/media/7153/PAC-Item-08-24-November-2021/pdf/PAC\\_Item\\_08\\_-\\_24\\_November\\_2021.pdf?m=637727683975070000](https://www.eastrenfrewshire.gov.uk/media/7153/PAC-Item-08-24-November-2021/pdf/PAC_Item_08_-_24_November_2021.pdf?m=637727683975070000)

Annual Report and Accounts 2019/20

[https://www.eastrenfrewshire.gov.uk/media/4451/IJB-audited-annual-Report-and-accounts-2019-2020/pdf/IJB\\_Annual\\_Report\\_and\\_Accounts\\_2019-20\\_FINAL\\_web.pdf?m=637441633455770000](https://www.eastrenfrewshire.gov.uk/media/4451/IJB-audited-annual-Report-and-accounts-2019-2020/pdf/IJB_Annual_Report_and_Accounts_2019-20_FINAL_web.pdf?m=637441633455770000)

Annual Report and Accounts 2018/19

[https://www.eastrenfrewshire.gov.uk/media/2248/Integration-Joint-Board-Item-07-25-September-2019/pdf/Integration\\_Joint\\_Board\\_Item\\_07\\_-\\_25\\_September\\_2019.pdf?m=637351714681700000](https://www.eastrenfrewshire.gov.uk/media/2248/Integration-Joint-Board-Item-07-25-September-2019/pdf/Integration_Joint_Board_Item_07_-_25_September_2019.pdf?m=637351714681700000)

Annual Report and Accounts 2017/18

[https://www.eastrenfrewshire.gov.uk/media/2825/Integration-Joint-Board-Item-06-26-September-2018/pdf/Integration\\_Joint\\_Board\\_Item\\_06\\_-\\_26\\_Setpember\\_2018.pdf?m=637375997307930000](https://www.eastrenfrewshire.gov.uk/media/2825/Integration-Joint-Board-Item-06-26-September-2018/pdf/Integration_Joint_Board_Item_06_-_26_Setpember_2018.pdf?m=637375997307930000)

Annual Report and Accounts 2016/17

[https://www.eastrenfrewshire.gov.uk/media/3666/Integration-Joint-Board-Item-10-27-September-2017/pdf/Integration\\_Joint\\_Board\\_Item\\_10\\_-\\_27\\_September\\_2017.pdf?m=637394072745500000](https://www.eastrenfrewshire.gov.uk/media/3666/Integration-Joint-Board-Item-10-27-September-2017/pdf/Integration_Joint_Board_Item_10_-_27_September_2017.pdf?m=637394072745500000)

Annual Report and Accounts 2015/16

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

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



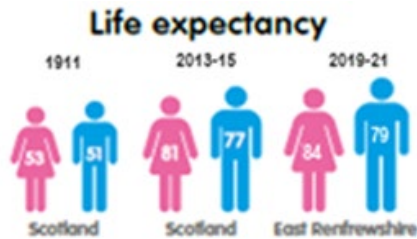
# East Renfrewshire Integration Joint Board for the Health and Social Care Partnership

## Audited Annual Report And Accounts 2022/23

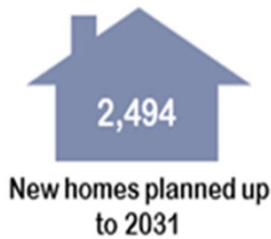
Covering the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023



## About East Renfrewshire – Some General Facts and Figures



The number of people living in east Renfrewshire is projected to increase by 6.4% by the year 2028. This is higher than the Scottish rate of 1.8%



The two age groups that will grow the most



6.4%

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

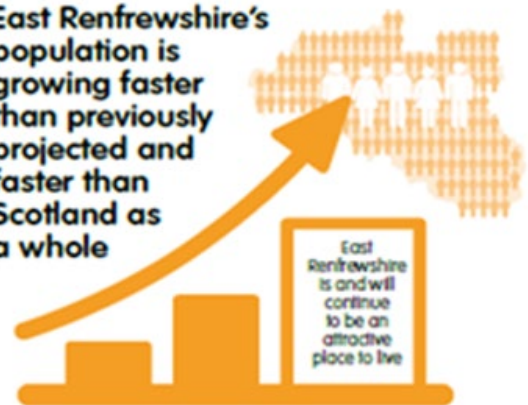
More houses are being built for three reasons



Demand will increase for services



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



The number of people living in east Renfrewshire is projected to increase by 6.4% by the year 2028. This is higher than the Scottish rate of 1.8%



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# Management Commentary

## Introduction

East Renfrewshire Integration Joint Board (IJB), was legally established on 27<sup>th</sup> June 2015 and has the strategic responsibility for planning and delivery of health and social care services for the residents of East Renfrewshire. The vision, values, priorities and outcomes we aim to achieve through working together with the people of East Renfrewshire to improve lives are set out in our HSCP 3 Year Strategic Plan for 2022/25.

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

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

The management commentary in this report discusses our;

- Strategic Planning
- Key Messages and Operational Highlights and Challenges
- Performance Achievement and Challenges
- Financial Performance
- Future Challenges
- Conclusion

## Strategic Planning

The East Renfrewshire HSCP Strategic Planning Group (SPG) has responsibility for the development of our Strategic Plan, supports ongoing review of the plan and provides oversight of the delivery of our strategic priorities. The SPG is a local forum for discussion on emerging themes and key initiatives in health and social care. The SPG is a multi-agency group made up of HSCP officers, IJB voting members, statutory stakeholders (e.g. housing colleagues), third and independent sector representatives, GPs, people who use our services and unpaid carers.

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

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

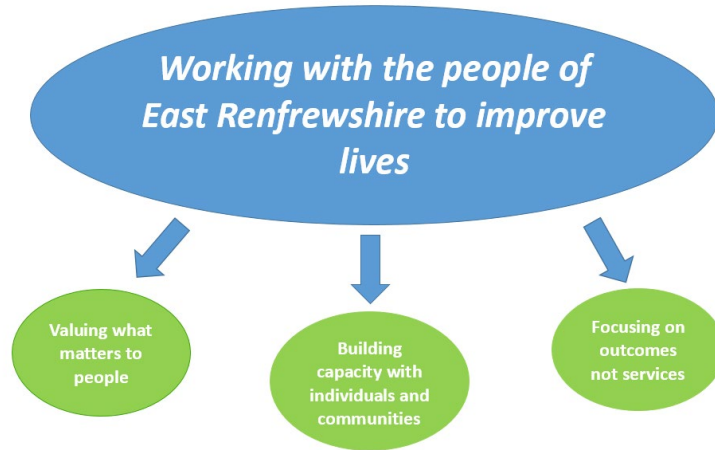
Our population continues to grow and reached 96,580 in 2021. Geographically 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population and by 2043 almost one quarter will be aged 65 or over. In the last decade we have seen a 26% increase in the number of residents aged 85 years and over.



**Strategic Plan 2022/25**

Our current Strategic Plan covers the 3 year period 2022-2025 and sets out the shared ambitions and strategic priorities of our partnership; and how we will focus our activity to deliver high quality health and social care to the people of East Renfrewshire. Our partnership vision statement is:

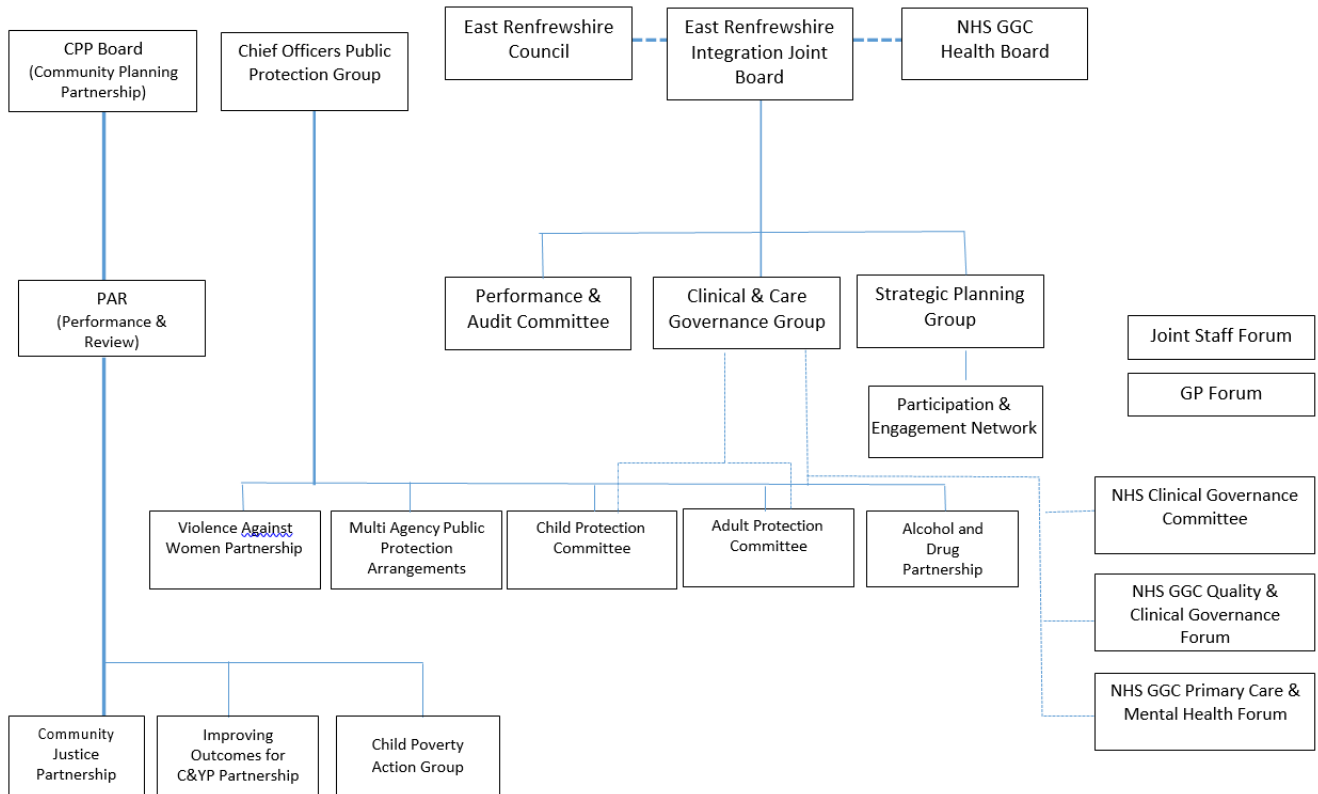


This document and our Annual Performance Report demonstrate how we have supported delivery of our strategic priorities.

We continue to strengthen our supportive relationships with independent and third sector partners, recognising the increased levels of participation in our communities and informal support within our localities that developed during the response to Covid-19. We recognise that we need to extend beyond traditional health and social care services to a long term wider partnership with our local people, carers, volunteers, community organisations, providers and community planners. Work is ongoing to develop a collaborative commissioning model to support how we will work differently and this is reflected in our Strategic Commissioning Plan.



The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership (HSCP). The chart below shows the governance, relationships and links with partners which form the IJB business environment.



## Key Messages, Operational Highlights and Challenges

This was a challenging year for the HSCP as we worked through the ongoing impact of Covid-19 in tandem with a difficult economic climate. During the year we saw:

- Increased demand for services and also an increase in the complexity of support required across adult and childrens services
- We are seeing increasing levels of frailty and isolation for older people as part of the post pandemic impact of Covid
- Along with our partner care providers recruitment and retention of staff has led to capacity challenges and impact on the services we provide and buy, particularly within our Care at Home service
- We are seeing an increase in demand for our recovery services for both mental health and addictions as we emerge from the pandemic

Our Annual Performance Report for 2022/23 provides a detailed overview of the year and demonstrates how the HSCP delivered our key priorities during the year. The commentary included in this report provides an overview of some of the highlights and challenges we faced across the range of services we provide.

## Children and Families

Our children's services have continued to see increasing demand and increasing levels of complexity among referrals including children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis.

Our Children and Adolescent Mental Health Service (CAMHS) continues to experience high demand and a significant level of urgent referrals. However, as our alternative (Tier 2) services, Healthier Minds and the Family Wellbeing service have continued to develop we have been able to significantly reduce waiting times for children requiring support through the CAMHS service; we saw a yearly average of 86% of young people starting treatment within CAMHS which was up significantly from 55% in 2021/22.

For our care experienced children we have maintained excellent performance on permanence with no children in East Renfrewshire with 3 or more placements and 91% of care experienced children supported in the community rather than a residential placement.

Over 2022/23 we have continued the development of the Signs of Safety model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model supports practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. It is the most effective framework to assess and manage risk for children and young people while supporting families. The approach recognises the need to define harm, outline danger and identify safety goals. Implementation of the Signs of Safety model is overseen by a multi-agency implementation group consisting of key partners.

As part of our work to protect people from harm and abuse, we have established and continue to support a Multi-Agency Risk Assessment Conference (MARAC) in East Renfrewshire for high-risk domestic abuse victims. Since the start of the pandemic we have seen higher numbers of referrals to MARAC and greater levels of complexity in the cases being dealt with. We continue to work together with East Renfrewshire Women's Aid Service to provide direct support for women and children who have experienced domestic abuse.

In 2022/23 we continued to see an increase in support required as a result of domestic abuse / violence against women through MARAC. 134 victims and 195 children were discussed at MARAC - an increase of 7.2% compared with 2021/22. These discussions involved 195 children (a reduction of 5% from the previous year). 32% of victims did not have children compared to 26% the previous year. Women without children were not previously visible in the domestic abuse pathway demonstrating increased awareness and risk assessment and improved pathway response.

The HSCP provides support to unaccompanied asylum seeking children arriving into East Renfrewshire. Of the 17 arrivals to the area since 2017, 12 have arrived since May 2022. The average frequency of contact for all arrivals is twice per week and newly arrived young people are supported 7 days per week for the first few weeks.

## Supporting People at Home

We continued to support people to live independently and well at home, despite additional demand pressures on our services due to more people seeking support at home as well as increased levels of frailty and complexity; 80.4% of adults supported at home agreed that they are supported to live as independently as possible with 89% reporting 'living where you/as you want to live'.

We refocused the development of our Community Hub website which has moved the focus of our online directory away from Covid emergency response to promoting social activities, community supports and information. The success of this directory reflects the work of on-going collaboration between local partners and includes information on where to access support and information relating to the cost of living, promoting warm and welcome spaces, support services and access to both local and national resources. At the end of March 2023 the website had 2,435 users with 7,651 page views.

Talking Points continues to be the main route for residents to get advice and support around their health and social care as well as information surrounding accessing community supports. The service has a membership of over 60 local and national organisations that work together to offer the correct support and information as early as possible. This preventative approach based around a person-centred approach is integral in our delivery of Talking Points. During 2022/23 Talking Points have supported 690 calls/referrals with the most frequent reason for referral being loneliness/befriending or looking for group activities. The Talking Points service also supported the development of three new older adult community groups, which work with 120 older residents weekly.

In the aftermath of the Covid-19 pandemic restrictions we continue to see increased frailty and social isolation particularly among older people. Across our services we have seen increased demand and higher levels of complexity among the people we support. Although we are still facing significant challenges, the response to the pandemic demonstrated the resilience of our community-based supports with teams of volunteers and staff keeping touch with the most vulnerable and isolated, notably through the Community Hub.

## Protecting and Supporting Adults at Risk of Harm

Since the start of the pandemic we have developed stronger relationships between partner agencies, promoting an approach to adult support and protection (ASP) that keeps all partners involved and included in discussions and planning, particularly in our routine ASP work and in the undertaking of Large Scale Investigations. We are seeing a continued trend of increasing ASP referrals from pre pandemic levels of 697 in 2019/20 to 1,010 in 2022/23. In the intervening years we had 857 referrals in 2020/21 and 805 in 2021/22.

During 2022/23, the partnership received a Joint Inspection of Adult Support and Protection carried out by the Care Inspectorate in collaboration with Healthcare Improvement Scotland and HM Inspectorate of Constabulary in Scotland. The inspection reported in June 2023 and reported the following key strengths at the partnership:

- Adults at risk of harm experienced improvements in their circumstances because of timely, person-centred, and efficient adult support and protection interventions.
- The overall quality and effectiveness of core adult support and protection processes was a key strength for the partnership.
- Initial inquiries and investigations were highly effective and always determined the correct outcome for adults at risk of harm.
- Oversight of key processes supported staff and ensured consistent robust decision making for adults at risk of harm.
- Strategic leadership for adult support and protection was enthusiastic and focused. This supported targeted and meaningful improvements.
- The adult protection committee offered strong leadership for adult support and protection and offered effective oversight for the delivery of key processes.
- Strategic leaders promoted a culture of learning and continuous improvement which supported the development of adult support and protection services for adults at risk of harm.
- Health was a strong adult support and protection partner. Health services delivered innovative, early and effective interventions for adults at risk of harm.

The inspection set out a number of priority areas for improvement, including: improving the quality of chronologies; greater involvement of adults at risk of harm and their unpaid carers at a strategic level; enhanced multi-agency quality assurance practices; and, building on existing practice to ensure the full involvement of all key partners in relevant aspects of ASP practice going forward.

### Care at Home

We have experienced continuing pressure on our Care at Home service with increased referrals and reducing capacity among partner providers. While these challenges have impacted on our capacity to support reablement (48% in 2022/23 down from 60% in 2021/22), we have managed to support 64.4% of people aged 65+ with intensive care needs (> 10 hours) to receive care at home and this is up from 62% in previous year.

The increasing complexity of people being supported against a backdrop of recruitment challenges, both within the HSCP and by our partner providers has resulted in a difficult year for the service. This led to a particularly difficult period over the winter where we saw staff absence rates reaching 35% in January/February, principally affecting frontline carer and organiser roles. The level of service provided was prioritised for a period of time to those with greater levels of need. For those who received less support than normal from the HSCP there was some mitigation through increased family and community supports and welfare calls.

To support the service over this difficult period staff from other services within the HSCP were mobilised, some undertook training and others gave additional time to support the service. This did mean that capacity was reduced in some other areas including our capacity to work on change, savings redesign and delivery.



## Supporting People Experiencing Mental Ill-Health and Supporting Recovery from Addiction

Our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. There has been high demand across all teams (Community Addictions Team, Adult Mental Health Team, Primary Care Mental Health Team, and Older Adult Team). For older people we are seeing overall wellbeing impacted by issues such as isolation and reduction in mobility.

Despite the demand and capacity challenges we saw that our rate of hospital admissions for mental health remained low at 1.4 admissions per 1,000 population; on average 78% of people waited no longer than 18 weeks for access to psychological therapies, this has improved to above the 90% target.

Within our Recovery Services 96% of those accessing recovery-focused treatment for drug or alcohol issues were able to do so within 3 weeks, a modest increase on the 95% in 2021/22; however 5% of service users moved from treatment to recovery services in the year, down from 9% in the prior year. We increased our resourcing to support 173 alcohol brief interventions during the year which is new activity to 2022/23.

We take a holistic approach to promoting mental health and wellbeing including promoting physical activity linked to mental wellbeing, in partnership with Voluntary Action East Ren, funded by Paths 4 All and NHSGCC. This includes community health walks, strength and balance classes, healthier minds sessions and alcohol brief interventions and counselling sessions.

The peer support model is currently supporting over 70 people. The majority are supported on a 1-1 basis however a schedule of group activities is also in place. The peer support service works with individuals already engaged with services with referrals made by a range of stakeholders. This is an additional, complementary support to help individuals identify their personal goals for recovery. We are also seeing a move away from digital support and a return to in person support as we recover from the pandemic. Lived and living experience involvement in the work of the Alcohol and Drugs Partnership continues to evolve and expand.

The HSCP continues to work to implement the Medication Assisted Treatment (MAT) Standards and ensure fast, appropriate access to treatment. The MAT standards enable people to access same-day prescribing for opioid use disorder, facilitating low barrier access to assessment and treatment.

## Reducing Unplanned Hospital Care

Patterns of accident and emergency use and unplanned hospital admissions were significantly altered by the pandemic; but some measures have moved above pre-pandemic levels during the year. Despite increased activity we remain ahead of target for emergency admissions and A&E attendances.

However during the year we saw an increase in discharges with delay. This is being driven by the pressure on care at home services. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. Our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be put in place straight away. We are also seeing improved performance on emergency readmissions, reflecting the positive support we have in place in the community.

Our discharge without delay averaged 8 delays over 2022/23 and this is up from 7 for 2021/22. For context our pre-pandemic averaged 3 for 2020/21. The HSCP has continued to work with other partnerships and acute services in the Glasgow area to develop new services and pathways that will continue as we move further into recovery.

Our Hospital to Home team targeted work including requests for intermediate care beds, care home liaison, occupancy tracking, data collation, arranging interventions / reablement and carrying out outcome-focussed reviews and care planning. The collaborative working between multiple teams has ensured that delays in hospital discharges have been minimised and kept within manageable levels.

We continue to develop enhanced community support and intermediate care models in partnership with HSCPs across Glasgow. To support timely discharge from hospital through intermediate ('step-down') provision, we provide a 6-bed unit in our Residential Home – Bonnyton House and we purchase additional beds for intermediate care in local Care Homes

Our Community Rehabilitation Teams continue to experience increased pressures due to the ongoing impacts and consequences of the pandemic on our older population, with continued increase in frailty and frailty related falls. We have continued our work to implement frailty pathways and support initiatives to address frailty in our communities. There has been ongoing development of Home First Response/Frailty service and we have established community pathways with Scottish Ambulance Service in relation to falls/ frailty and work with primary care colleagues to identify test of change opportunities for proactive identification of frailty.

### **Supporting Local Care Homes**

Our partnership with local care home providers has continued to develop and strengthen following the pandemic. Commissioning and contracts staff continued to support homes with twice-weekly welfare calls to homes. Every week we hold multidisciplinary Care Home Assurance Meetings and there is a four-weekly Care Home Managers Forums with managers. Regular support meetings take place with care homes experiencing any issues/risks. The HSCP adult support and protection team has worked closely with homes advising and investigating to keep the most vulnerable individuals safe from harm. Bespoke support has been offered to care homes particularly affected during the pandemic and the wellbeing of staff and residents continues to be a high HSCP priority.

## Unpaid Carers

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. Training and awareness-raising on the issues affecting carers was delivered and work continued on the development and promotion of support planning for carers including short breaks. 80% of those asked reported that their 'quality of life' needs were being met, this is down from 92% in 2021/22.

We know the pandemic has impacted significantly on carers, with potentially restricted access to support, resources and activities away from caring. A local network has been created and further sessions are planned throughout 2023. The Carers Collective continue to meet monthly and carers rights information is provided to every carer referred to the Centre. This information is supplemented by group sessions on Carers Rights and Introduction to Caring sessions.

The HSCP and Carers Centre previously secured funding to appoint a dedicated ethnic minority worker. The Centre has been able to sustain this post into their core funding. Among the ethnic minority carers known to the Carers Centre there is a high prevalence of parent carers supporting children on the autism spectrum or Neuro-developmental condition. To support this the Centre has facilitated training and had regular meetings with senior managers from HSCP and Education Department to share their views on services and support required.

The Centre promotes short breaks to ethnic minority carers and in addition to peer support responding to carers' feedback has facilitated day trips, swimming lessons and activities such as weekly badminton sessions and bowling trips. The Carers' Centre is working in partnership with the Centre of Therapy to offer ethnic minority carers access to counselling and Cognitive Behavioural Therapy. Learning from the pandemic has highlighted the importance of online support. The Centre's website and online information incorporates software that translates all information to any required language.

## Community Justice

The provision of unpaid work was significantly impacted by the pandemic with Community Payback Orders (CPOs) suspended on 23rd March 2020 and this continues to have an impact on unpaid work provision. There were 5,874 hours backlog at the end of March 2023, spread over 71 individuals subject to Unpaid Work. This denotes a return to pre-Covid levels of Unpaid Work Orders.

As we work through this 86% Community Payback Orders (CPOs) commenced within 7 days which is significantly up from 58% in 2021/22. We have also seen positive employability and volunteering outcomes for people with convictions at 64% up from 56% in 2021/22 and 100% of people reported that their order had helped address their offending

The HSCP delivers accredited programmes aimed at reducing reoffending. During the year we continued to deliver Moving Forward, Making Changes in a group work capacity. The criminal justice service uses appropriate risk assessment tools to identify need and reduce the risk of further offending. New staff have accessed Trauma Informed Practice training as it has

become available. This has been complemented by all staff undertaking a range of training including supporting young people's mental health.

### **Staff Resilience and Wellbeing**

Our staff across the HSCP continued to deliver services with incredible resilience, commitment and creativity. This ongoing dedication allowed us to work through the impact that Covid-19 still has on our workforce and our population.

The way our staff have been working has changed significantly with hybrid working becoming the norm for large groups of employees. Our wellbeing programme across the health and social care landscape was developed using dedicated funding and support is far wider than our HSCP staff; support is also accessible to Care Homes, Primary Care, Care Providers, Third and Community Sector (staff and volunteers). 85% of HSCP staff agreed that "My manager cares about my health and wellbeing" although this is down from 88% in our previous staff survey.

### **Specialist Learning Disability Services**

The service continued to operate fully throughout various infection control measures in the recovery phases of the Covid-19 pandemic. This often resulted in intermittent closures to admissions and disruption including challenging absence levels similar to those experienced by the wider health and social care system. The associated additional costs were met the Covid-19 funding, as with other services during the year.

Prior to the pandemic the 6 HSCPs within NHSGGC had committed to working together to take forward a programme of redesign of inpatient services, the emphasis being on improving our responses in the community to reduce the use of inpatient beds when not clinically required. We had highlighted a need to review and improve performance in delayed discharge and have worked positively with Scottish Government to shape the original 'Coming Home' report in 2018 – this led to the publication of the recent 'Coming Home Implementation' 2022 report. The delays to the redesign programme meant that the transition reserve to support service redesign was used in full in 2022/23.

Alongside this, the allocation of the Community Living Change Fund aligns to NHSGGC ambitions to redesign services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. East Renfrewshire is leading on this work and have established a programme board which will provide strategic leadership and governance and direct the work of the community and inpatient redesign going forward. Avoiding admission and preventing placement breakdown is a key priority to addressing delayed discharges.

We have developed a multi-agency collaborative group, including all HSCPs, Commissioning, Third Sector and Housing colleagues. This has a delayed discharge work stream chaired by a third sector Chief Executive. The aim of this group is to encourage and influence different practice which may address some of the historical and more recent difficulties.

East Renfrewshire has also led on the Scottish Government's Implementation group with the Head of Service chairing the Dynamic Support Register sub group which will result in a nationally agreed pathway based on early intervention to avoid admission. This has been agreed by COSLA and Government and is to be launched to all Boards / HSCPs in May 2023.

In 2022 the Scottish Government announced that all people with learning disability (and people who identify as having a learning disability) are to receive an annual health check. As host, East Renfrewshire will take a strategic planning lead and develop the NHS Greater Glasgow and Clyde approach to an appropriate delivery model this in collaboration with our 5 fellow partnerships and will host the service going forward.

### **Covid-19 and Flu Vaccination Programme**

The HSCP continued to deliver vaccinations to care home residents and staff, as well as housebound patients within East Renfrewshire as part of the winter vaccination programme. The HSCP again supported the mass vaccination clinics run by Greater Glasgow and Clyde in partnership with East Renfrewshire Council. The weekend clinics held at Barrhead Health and Care Centre represented a significant commitment to ensure the centre worked efficiently and safely, with staff supporting the non-clinical operation through facilities management of the buildings, queue management and liaison with clinical staff.

### **Climate Change**

Whilst the IJB completed the required Public Sector Compliance Report with Climate Change Duties 2022, the information was minimal as the IJB itself does not hold assets or directly deliver services. These are delegated to either the health board or the local authority. Therefore the accountability and responsibility for climate change governance and delivery sits with our partner organisations, with the HSCP supporting such delivery.

### **Other Support**

The Personal Protective Equipment (PPE) hub set up by HSCP support staff remained in operation and continued to distribute essential protective supplies and Lateral Flow Device test kits during the year.




During the year we made some progress on our Recovery and Renewal programme and have widened the scope to include all savings, as many of the workstreams overlap.














Our nationally hosted service, the Scottish Centre of Technology for the Communication Impaired (STCTI) has continued to support individuals across 12 health boards in Scotland making full use of remote and virtual communication.

Our hosted Autism service is seeing increasing demand for assessment and diagnosis, which has more than doubled in the past two years. This has meant significant capacity challenges and the service have implemented a range of measures to maximise performance with waiting lists/times and have improved initial screening process. Increased referrals for neurodevelopment conditions is a national phenomena and a not unique to East Renfrewshire

or NHS Greater Glasgow and Clyde. We are working with colleagues across the system and nationally to consider new approaches to neurodevelopment pathways.

### Key Risks and Uncertainties

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

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

The link to our strategic risk register is included at the end of this document. The full risk register provides details of all the risks above and shows the risk rating pre and post mitigating actions.

The one red risk post mitigating actions is Financial Sustainability. This has been a red risk for a number of years for the HSCP given the pre and post pandemic savings required to deliver a balanced budget, managing demographic and demand pressures, managing the complexity and volatility of prescribing costs, the continued impact of Covid-19 and the ongoing economic factors including cost of living pressures. The IJB members are fully aware of the challenges and risks we are facing and this is regularly discussed at meetings and seminars.

In addition to our Strategic Risk Register, each service area holds an operational risk register and business continuity plan. In addition to the risks shown above there are also a number of uncertainties facing the IJB and these are identified in the future challenges section within this report.

## 2022/23 Strategic Performance Achievements and Challenges

In addition to our quarterly reports we publish an Annual Performance Report which is made publicly available on our website in line with statutory guidance. Our Annual Performance Report demonstrates how we review our performance for 2022/23 against local and national performance indicators and against the commitments within our Strategic Plan.

During 2022/23, the partnership has experienced significant challenges from increased demand pressures and higher levels of complexity often relating to the continuing impacts from the Covid-19 pandemic. Throughout the period, we have continued to maintain and deliver safe and effective services to our residents. During the year, the HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system. This year we have also seen continuing recruitment and retention challenges in the sector impacting on our performance.

Our performance information shows that despite the continuing pressures, there has been strong performance across service areas. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive signs of recovery across many of our performance indicators.

We note the following performance headlines including key achievements and areas where we were not able to meet normal targets:

- Significant improvement in waiting times for children and young people accessing our Child and Adolescent Mental Health Service (CAMHS) with the percentage of people starting treatment within 18 weeks increasing to 86% for 2022/23, up from 55% in 2021/22. Average longest wait (monthly) was 24 weeks down from 41 weeks in the previous year. This improvement in performance has been aided by the ongoing development of our alternative (Tier 2) services: Healthier Minds and the Family Wellbeing service. 93% children and young people supported by the Healthier Minds Team reported improved mental health and wellbeing.
- Continuing strong performance on supporting permanence for our care experienced children (no children experiencing three or more placements); and positive outcomes for child protection cases (100% with increased levels of safety). Our balance of care for children is positive and we have seen an increase in the percentage of children being looked after in the community. However, this indicator was impacted by the pandemic and we are working to return to performance levels seen before 2020.
- We continue to support people to maintain their independence at home and have seen improvement in our balance of care. 64.4% of people aged 65+ with intensive care needs (i.e. requiring 10 hours or more of support per week) are receiving care at home; up from 62% in the previous year. 97% of people aged 65+ live in housing rather than a care home or hospital. And we have increased the number of people self-directing their care through receiving direct payments and other forms of self-directed support although we are still working to return to pre-pandemic levels. The percentage of people with reduced care needs following re-ablement / rehabilitation decreased during the




- year. Performance reflects increased levels of frailty, complexity of hospital discharge, and pressures on service as a consequence of the pandemic including staff absence.
- During 2022/23 we have continued to deal with increased demand across mental health and addiction services due to increases in complexity. We saw continuing improved performance for drug and alcohol service waiting times with 96% accessing treatment within 3 weeks. The proportion of service users moving through treatment to recovery services decreased to 5% during the year. Waiting times for access to psychological therapies remained stable; averaging 75% of people being seen within 18 weeks, missing target (90%) for the year. However, the service continued to build staff capacity during the year and was performing above target (92%) by March 2023.
  - As a result of the continuing pressures on the social care sector and particularly our care at home service during the year, we saw an increase in our average number of delayed discharges and the number of hospital bed days lost to delayed discharge. Other unplanned hospital use remained stable with a slight increase in A&E attendances but a reduction in emergency admissions. Attendances and admission both remain below the levels seen before the pandemic.
  - We continue to support our unpaid carers in partnership with local support organisations. Although we are ahead of target, the proportion of carers reporting satisfaction with their quality of life has reduced from the previous year; reflecting the continuing pressures on carers following the pandemic period. As a partnership, we are working to ensure that carers have had access to the guidance and support they need.
  - The provision of unpaid work was significantly impacted by the pandemic with Community Payback Orders (CPOs) suspended in March 2020 and this continues to have an impact on unpaid work provision. However, the proportion of CPOs completed within court timescales continued to improve, now at 83%. We are also helping more people with convictions into employment and volunteering with positive outcomes for 64%, compared with 56% in the previous year.
  - As a partnership we are focused on tackling health inequalities and improving life chances for our residents. Breastfeeding rates in our most disadvantaged neighbourhoods have increased by 7.5% from the previous year. And we have supported 60 people living in disadvantaged areas to stop smoking.
  - During 2022/23, we have continued to improve personal outcomes for women and families affected by domestic abuse. Improved outcomes were at 90% for women, up 3% from 2021/22; and 82% for children, up 2%.
  - In terms of organisational performance, our timescales for responding to frontline complaints have improved during the year. Sickness absence remains an area of focus for the partnership, and we have an increase in absence across Council and NHS staff groups during 2022/23.

The data shows that despite the ongoing pressures the partnership is facing as we recover from the pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Through our recovery and renewal planning and the delivery of our next Strategic Plan for 2022-2025 we will ensure that our priorities and approaches meet the changing needs of our population.





The extract below shows the headline indicators we look at each year to assess our performance. The RAG status and trend arrows are explained below. Intended performance direction is given in the description of each indicator (i.e. 'increase' or 'decrease').

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




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

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



Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral ( <i>INCREASE</i> )	<b>86%</b>	90%	55%	61%	78%	74%	
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) ( <i>INCREASE</i> )	*	Data only	<b>92.7%</b>	91.1%	94.9%	98.0%	

\*2022/23 data not yet available from Public Health Scotland

Although the overall score for CAMHS waiting times was 86% for the year, by August 2022, CAMHS achieved and has maintained performance ahead of the national waiting time target. From September to the end of the financial year the service consistently achieved 97% and above.

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (INCREASE)	488	600	458	551	575	514	
Percentage of people aged 65+ who live in housing rather than a care home or hospital (INCREASE)	97%	97%	97%	97%	97%	96%	
People reporting 'living where you/as you want to live' needs met (%) (INCREASE)	89%	90%	89%	91%	88%	92%	

While update of Self-directed Support (SDS) increased steadily year-on-year since its introduction, performance fell with the start of the Covid-19 pandemic, dropping from a peak of 575 in 2019/20 to 458 in 2021/22. This reflects pressure on service and also the increased levels of care need and complexity we are seeing since the pandemic. We continue to work to maximise choice and control for the people we support and saw an increase in update of SDS in the 2022/23.

Strategic Priority 3 - Working together to support mental health and well-being							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (INCREASE)	75%	90%	76%	74%	65%	54%	
% of service users moving from drug treatment to recovery service (INCREASE)	5%	10%	9%	6%	16%	22%	

Workforce challenges (vacancies and absences) were the principle reason that we fell below the waiting times target for psychological therapies. Staffing issues mainly related to medical staff. During spring and summer 2022, waiting time performance dropped across three of our teams due to staffing issues.

During the first quarter of 2022/23 performance did not improve as local recruitment was not successful initially. We were subsequently successfully in recruiting to some long-standing vacancies resulting in improved performance during quarters 2 and 3. We have also undertaken work to address those with the longest waiting times on our list. As a result performance has moved towards target, reaching 91.5% for Q1 2023/24.

14 individuals (5%) moved from drug/alcohol treatment to recovery in 2022/23. This is a reduction on the 2021/22 figure (9%) and remains below target (10%). Recovery is a very person-centred process, and is influenced by a number of factors. Some individuals may be discharged after treatment to support their own recovery within the community and this isn't captured in the data. Supporting people to progress through treatment into recovery continues to be the key priority for the service. Additional or alternative ways of measuring this are also being considered locally, and the development of a national measurement tool is underway.

Strategic Priority 4 - Working together to meet people's healthcare needs							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) (DECREASE) (MSG data)	4,652	1,893	4,546	2,342	1,788	2,284	▬
No. of A & E Attendances (adults) (DECREASE) (MSG data)	17,355	18,335	16,877	13,677	20,159	20,234	↓
Number of Emergency Admissions: Adults (DECREASE) (MSG data)	6,564	7,130	6,767	6,517	7,538	7,264	↑
% of last six months of life spent in a community setting (INCREASE) (MSG data)	n/a	86%	90%	90%	88%	86%	▬

During the year, we saw an increase in our average number of delayed discharges and the number of hospital bed days lost to delayed discharge as a result of the continuing pressures on the social care sector and particularly our care at home service. Increased pressures on care at home services through higher demand and staff capacity issues, and higher levels of frailty and complexity among people return to the community from hospital impacted performance on delays. However, we continue to be one of the best performing partnerships for minimising delays in Scotland.

<b>Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities</b>							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) <i>(INCREASE)</i>	80%	72%	92%	91%	92%	78%	↓

<b>Strategic Priority 6 - Working together with our partners to support people to stop offending</b>							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. <i>(INCREASE)</i>	83%	80%	81%	75%	71%	84%	↑

<b>Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities</b>							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
Increase the number of smokers supported to successfully stop smoking in the 40% most deprived SIMD areas. (This measure captures quits at three months and is reported 12 weeks)	60	16	60	66	74	6	—

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
in arrears.) (INCREASE)							
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) (DECREASE)	n/a	Data Only	333	334	295	308	↑

Strategic Priority 9 - Protecting people from harm							
Indicator	2022/23	Current Target	2021/22	2020/21	2019/20	2018/19	Trend from previous year
% Change in women's domestic abuse outcomes (INCREASE)	90%	70%	87%	84%	79%	64%	↑

## Financial Performance

### Funding 2022/23

The net total health and social care funding from our partners for financial year 2022/23 was £175.422 million:

	£ Million
NHS Greater Glasgow and Clyde Primary Care	80.720
NHS Greater Glasgow and Clyde Large Hospital Services	29.075
East Renfrewshire Council Social Care	65.141
East Renfrewshire Council Housing Aids and Adaptations	0.486
<b>Total Net Funding</b>	<b>175.422</b>

The Comprehensive Income and Expenditure Statement (CIES) (page 55) shows the IJB gross income as £204.005 million, as that statement shows service income, grant funding and resource transfer which are included within the net funding from our partners in the table above. The purpose of the CIES presentation is to show the gross cost of the services we provide.

The legislation requires the IJB and Health Board to put in place arrangements to support the set aside budget requirements for unscheduled care (for large hospital services). The Greater Glasgow and Clyde wide Unscheduled Care Commissioning Plan continues to evolve and the latest plan and financial framework was last presented to the IJB in November 2022.

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

## Financial Performance 2022/23

The annual report and accounts for the IJB covers the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

Service	Unaudited Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	14.741	14.281	0.460	3.12%
Older Peoples Services	25.619	24.085	1.534	5.99%
Physical / Sensory Disability	6.309	6.090	0.219	3.47%
Learning Disability – Community	17.902	18.629	(0.727)	(4.06%)
Learning Disability – Inpatients	9.559	9.591	(0.032)	(0.33%)
Augmentative and Alternative Communication	0.265	0.265	-	0.00%
Intensive Services	16.089	16.735	(0.646)	(4.02%)
Mental Health	5.729	5.392	0.337	5.88%
Addictions / Substance Misuse	1.626	1.543	0.083	5.10%
Family Health Services	28.923	28.921	0.002	0.01%
Prescribing	17.098	17.872	(0.774)	(4.53%)
Criminal Justice	0.029	(0.001)	0.030	103.45%
Finance and Resources	1.972	1.868	0.104	5.27%
<b>Net Expenditure Health and Social Care</b>	<b>145.861</b>	<b>145.271</b>	<b>0.590</b>	<b>0.40%</b>
Housing	0.486	0.486	-	-
Set Aside for Large Hospital Services	29.075	29.075	-	-
<b>Total Integration Joint Board</b>	<b>175.422</b>	<b>174.832</b>	<b>0.590</b>	<b>0.40%</b>

The £0.590 million operational underspend (0.40%) is marginally better than the reporting taken to the IJB during the year and this underspend will be added to our budget phasing reserve. The main variances to the budget were:

- £0.460 million underspend in Children and Families was mainly from care package costs and some staff vacancies.
- £1.534 million underspend within Older Peoples services was mainly from purchased nursing and residential care. This reflects the ongoing trend of reduction in nursing and care home admissions but does offset the increase in community activity, particularly in Care at Home. Given this continued trend budgets have been realigned in 2023/24 to recognise this shift in type of care.
- £0.646 million overspend within Intensive Services as our care at home costs reflect that we continue to see high demand post pandemic and we had additional costs delivering the service with diminished capacity, particularly over the winter period.
- £0.727 million overspend within Learning Disability Community Services mainly from care package costs, partially offset by staff vacancies. We have recognised this cost pressure in the 2023/24 budget, which in turn has added to our funding gap and associated saving requirement.

- £0.774 million overspend in the cost of prescribing as we saw increases in the volume of items prescribed and the costs are impacted by the economic climate and supply chain issues, compounded by Brexit and the war in Ukraine. This overspend is after the £0.456 million balance of the smoothing reserve, set up to meet fluctuation, was fully used.

The set aside budget is shown as nil variance as this currently is not a cash budget to the HSCP and the annual amount reported is agreed each year with NHS Greater Glasgow and Clyde. The actual expenditure share for 2022/23 was identified as £29.075 million and is £1.473 million less than our notional budget, although there is nil cash impact. As outlined earlier, work is ongoing to agree the mechanism for bringing the set aside budget into an operational stage and this includes ensuring a balanced budget will be achieved.

The table below shows the £4.564 million we spent on Covid-19 activity, fully funded by the Scottish Government through the ring-fenced reserve balance we brought into 2022/23. Our Covid-19 related spend was reported to the Scottish Government as part of the Local Mobilisation Plan submitted by NHS Greater Glasgow and Clyde Health Board.

Our IJB spend was significantly less than the prior year reflecting the changes to Scottish Government guidance on financial support to adult and social care providers, testing and public health policies in relation to Covid-19 and cessation of support for unachieved savings compared to the funding provided to IJBs, at the end of financial year 2021/22. This resulted in the Scottish Government reclaiming surplus Covid-19 reserves to be redistributed across the wider health and care sector to meet current Covid-19 priorities. For East Renfrewshire HSCP this represented a return of £4.7 million and this was in line with the level of reserves reclaimed from other HSCPs across the country.

<b>Covid-19 Expenditure Summary</b>	<b>£ million</b>
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	3.298
Infrastructure, equipment, PPE	0.132
Sustainability payments to partners	1.134
<b>Total Expenditure</b>	<b>4.564</b>
Funds repaid to the Scottish Government in year	4.500
Funds to be repaid - accounted for at year end	0.200
<b>Total Funds Used and Repaid</b>	<b>9.264</b>
<b>Opening Earmarked Reserve Balance</b>	<b>9.266</b>
<b>Closing Earmarked Reserve Balance (to meet Carers PPE)</b>	<b>0.002</b>

The closing Covid-19 reserve balance reflects the amount the Scottish Government advised should be retained locally to support the ongoing cost of PPE supplies for unpaid carers following the cessation of local PPE Hubs set up during the pandemic response.



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

A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 64-65). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 72).

The information above reflects our management accounts reporting throughout 2022/23 whilst the CIES (Page 55) presents the financial information in the required statutory reporting format; the movement between these of £9.430 million is a result of the management accounting treatment of reserves:

<b>Reconciliation of CIES to Operational Underspend</b>	<b>£ Million</b>	<b>£ Million</b>
IJB operational underspend on service delivery		0.590
Reserves planned use during the year	(16.420)	
Reserves added during the year (prior to operational underspend)	1.124	
Net movement between management accounts and CIES	(15.296)	
IJB CIES deficit		(14.706)

<b>Total Use of Reserves During 2022/23</b>	<b>£ Million</b>
Reserves planned use during the year	(16.420)
Reserves added from operational underspend and new funding	1.714
Total Reserves used during 2022/23	(14.706)

### Reserves

We used £16.420 million of reserves in year and we also added £1.714 million into earmarked reserves. The year on year movement in reserves is set out in detail at Note 8 (Page 70-71) and is summarised:

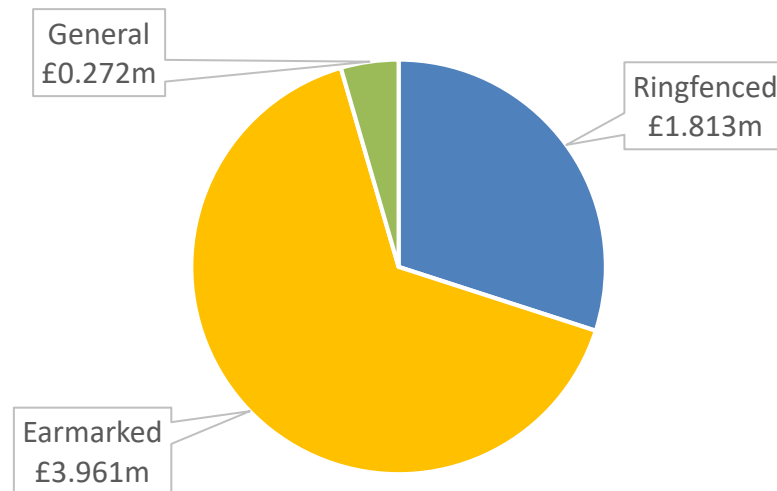
<b>Reserves Movement</b>	<b>£ Million</b>	<b>£ Million</b>
Reserves at 31 March 2022		20.752
Planned use of existing reserves during the year	(16.420)	
Funds added to reserves during the year	1.714	
Net reduction in reserves during the year	(14.706)	
Reserves at 31 March 2023		6.046

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2022.

The reserves of the IJB fall into three types:

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

The current balance of £6.046 million for all reserves falls in these three reserves types:



### Ring-Fenced Reserves

The majority of the £11.906 million reduction in reserves related to the use of specific ring-fenced funding we received from the Scottish Government and in particular the Covid-19 funding received at the end of 2021/22, as detailed above.

In addition to the £9.264 million for Covid-19 we also spent £2.642 million ring-fenced reserves during the year and the Scottish Government funding mechanisms put in place for much of these funds meant we needed to use our uncommitted balance prior to drawing any in year funding for programmes such as the Primary Care Improvement Fund and Mental Health Action 15. We have added £0.392 million to our Alcohol & Drugs Partnership reserve. In agreement with the Scottish Government the balance we take into 2023/24 will support the development of a local recovery hub and other committed costs.

The overall reduction in ring-fenced funding during 2022/23 is not unique to East Renfrewshire and mirrors the national position.

### Earmarked Reserves

Our earmarked reserves are in place to support a number of projects, provide transitional funding for service redesign, provide bridging finance for in year pressures, add capacity to

support service initiatives and to support longer term cost smoothing and timing of spend across multiple years.

Within our earmarked reserves we spent £4.514 million supporting savings and delivering on projects as planned, however it is important to note that our smoothing reserve for fluctuation in prescribing costs and the transition funding to support Learning Disability bed model redesign were both fully utilised in 2022/23.

We have also transferred a number of reserve balances totalling £0.567 million to our budget phasing reserve as agreed during the year by the IJB, recognising the scale of the budget savings in 2023/24.

The balance relates to a number of smaller projects and initiatives with the detail provided at Note 8 (page 70-71).

### **General Reserves**

Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently 0.19% of the 2022/23 revenue budget.

Given the scale of the financial challenge we have faced pre pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges has not allowed any investment into general reserves. We have recognised whilst this means we are below our policy level, the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide.

We received Covid-19 support for unachieved savings during the first two years of the pandemic and when this stopped we used £2.439 million budget phasing reserve in 2022/23 as we work to deliver our legacy savings on a recurring basis. The use of reserves to support savings delivery was an agreed strategy pre Covid-19. Our capacity to deliver change and savings was restricted by operational pressures during 2022/23.

In the event our operational costs exceed budget in 2023/24 we may need to un-hypothecate (i.e. un-earmark) reserves to meet costs.

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

## Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2023/24 to 2027/28 and our Strategic Plan for 2022/23 to 2024/25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how and where we use our funding over time.

The most significant challenges for 2023/24 and beyond include:

- delivering a difficult range savings to ensure financial sustainability, recognising this is at odds with our historic focus on prevention
- managing the real tension between reduced service capacity as a result of savings and maintaining discharge without delay from hospital
- understanding the longer term impacts of Covid-19 on mental and physical health in the longer term
- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening with the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

For 2023/24 the cost pressures identified in our budget are of £10.34 million is offset by available funding of £3.28 million leaving a funding gap of £7.06 million; a savings programme is identified to deliver this in full, but we recognise there may be some areas where we will not achieve a full year by 31 March 2024 and this will be supported by the remaining earmarked reserves we hold.

Our Savings, Recovery and Renewal programme will continue to be reported to the IJB on a regular basis and provides detail on progress on savings, project work and service redesign. The prioritisation of care, to support those with the greatest need is required to deliver around 50% of our savings.

The funding gap in 2023/24 is £7.06 million and presents a very significant challenge particularly when taking into account the continued recovery from Covid-19, pay, inflation and capacity challenges. The funding gap results from:

	ERC £m	NHS £m	TOTAL £m
1. Cost Pressures:			
Pay Award	1.45	0.40	1.85
Inflation, Contracts and Living Wage	2.64	0.41	3.05
Demographic and Demand	2.23	0.10	2.33
Capacity	0.22	0.10	0.32
Prescribing	-	0.35	0.35
2022/23 Legacy Savings	2.44	-	2.44
Total Pressures	8.98	1.36	10.34
2. Funding available towards cost pressures			
	2.25	1.03	3.28
3. Unfunded Cost Pressures			
	6.73	0.33	7.06

The budget agreed by the IJB on 29<sup>th</sup> March 2023 sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met.

The prescribing cost pressure has been limited to the level of funding uplift provided as part of the Scottish government budget settlement, although it needs to be recognised that there still remains significant volatility in both cost and demand.

The legacy savings brought forward from 2022/23 relate to the pre-pandemic budget the IJB agreed for 2020/21, set on the cusp of the first wave of the pandemic. At that time we were clear that we would need to move to prioritisation of care, with focus on those with the greatest level of need, recognising this would have significant impact on care packages as we had exhausted all other options. For context from 2016/17 to 2019/20 (the last year pre pandemic) the HSCP savings we needed to make in social care were £8.4 million.

We subsequently received full support for unachieved savings in 2020/21 and 2021/22 from the Scottish Government as part of the Covid-19 support funding, recognising we did not have operational capacity to work on savings delivery.

The use of reserves to allow time to feed in these legacy savings was part of our reserves strategy pre pandemic and we have met the majority of this saving in 2022/23 from reserves as the Covid-19 funding to support unachieved savings ceased in March 2022.

We now need to look again at prioritisation of care to help meet the cumulative impact of both legacy and new cost pressures in 2023/24, hence the introduction of a Supporting People Framework as part of our approach to achieve required savings:

	ERC £m	NHS £m	TOTAL £m
Summary of Savings to Close Funding Gap:			
Service Savings including structure proposals	2.85	0.33	3.18
Additional pay award funding post budget	0.26	-	0.26
Limit use of support services to contain cost pressures	0.22	-	0.22
Supporting People Framework	3.40	-	3.40
Total of Identified Savings	6.73	0.33	7.06

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook and a report compiled on the position of 29 of the 31 IJB's at the beginning of 2023/24 showed a collective financial gap of £305 million which is 3.6% of the respective total budgets; however within individual IJBs this gap ranges from 1% to 9%. For East Renfrewshire HSCP the total gap is 4.7%, which equates to 10% against the East Renfrewshire Council contribution and 0.4% against the NHS Greater Glasgow and Clyde contribution.

The 2023/24 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

Our partner East Renfrewshire Council has agreed just over £0.75 million non-recurring support in 2023/24 for the HSCP to deliver a number of initiatives related to Covid-19 recovery:

- Increasing our Talking points capacity to support the development of more community groups
- Extend the warm spaces and community cafe initiatives in our Health & Care centres
- Additional staffing cover to help meet pressures over the winter months
- Wellbeing and recovery support along with "go bags" to support domestic abuse survivors
- Financial support for foster carers, recognising the cost of living challenges
- Support to extend the staff and our partners wellbeing programme within the HSCP
- Provide additional materials to support community justice work
- Provide additional wellbeing support for vulnerable individuals, particularly those with additional support needs
- Housing and mental health support for our young people
- Funding to work with older children as they transition into adult services
- Support work for young people affected by drugs and alcohol

Looking forward to 2024/25 and beyond in any one year the modelled cost pressure could range from £9.0 million to £3.4 million depending on the combination of factors, recognising the next 2 years are likely to be particularly challenging before we see economic recovery.

Similarly the resulting potential unfunded gap, as modelled, could range from £5.9 million to £2.3 million. However this will ultimately be determined by the Scottish Government budget settlement each year.

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

The wider economic challenges are significant as we are seeing continued increasing inflation across a number of goods and services and in particular prescribed drugs on a global level, impacting nationally. The war in Ukraine has also impacted on supply of goods. For the UK economy current intelligence suggests that the cost of fuel and utilities may begin to reduce during this year, however this is only one element of the cost of living crisis. Our population and households are not impacted equally by cost of living and those with lower income are disproportionately affected.

Any changes relating to the National Care Service (NCS) will be analysed and reflected in our future plans. The deadline for stage 1 of the Bill relating to the NCS has been extended to January 2024.

We have successfully operated integrated services for almost 20 years so we have faced a number of challenges and opportunities over the years. However our funding and savings challenge take no account of this history. Whilst we have agreed a population based approach for future (NHS) financial frameworks and models this does not address the base budget.

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict and the post Covid-19 impact could continue to be significant. The IJB previously held a reserve to help manage fluctuation in cost and demand, but this has now been fully utilised. Without intervention this could be a £2m overspend in 2023/24 with no funding available to offset this and this is an area difficult to predict in the longer term. Work is ongoing locally, across NHS Greater Glasgow and Clyde and at a national level to monitor this area of pressure.

Maintaining Discharge without Delay performance is a key issue for us. In order to achieve the target we continue to require more community based provision and this is dependent on availability of care. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.

We are in a period now where we are learning to live with Covid-19, its legacy impact and the continued circulation of the virus in our communities. With the exception of a modest sum of £2k to provide PPE to carers the support from the Scottish Government has ended, both for the HSCP and for partner organisations. There is still a risk that should any outbreak occur within a team or a health and care setting there could be impact on capacity and therefore on

service delivery. There may also be associated additional costs of staff cover and infection control.

We continue to use learning from how we delivered services during the pandemic to shape and inform future service models.

The longer term impact on the on the sustainability of our partner care provider market in the post Covid-19 pandemic and current economic climate is a significant issue. Our Strategic Commissioning plan sets out the detail on how we will work with our partners in the third and independent sectors in the coming years. The way we commission services may be impacted by the creation of a national care service. There is an increasing tension between cost expectations from care providers including those on national procurement frameworks and contracts and the funding, or more specifically the lack of that IJBs have to meet any additional increases

We intend to develop our performance and financial reporting in more detail at a locality level to allow fuller reporting and understanding of future trends and service demands and include Covid-19 implications and scenarios. We were not able to progress this work during 2022/23 as capacity did not allow this.

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

- Our Savings, Recovery and Renewal Programme continues and the scope has been widened to incorporate all change and savings activity recognising the cross cutting nature of many workstreams. Progress will be reported to every meeting of the IJB.
- We will update our Medium-Term Financial Plan on a regular basis reflecting the ongoing and legacy impact of Covid-19, the economic climate and any impact from the National Care Service and / or other policy decisions as these become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity, funding, pressures, possible savings and associated impacts. This will also inform our planning for our 2024/25 budget.
- We will continue to monitor the impacts of Covid-19, Brexit, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the ongoing pandemic response. This plan was agreed by the IJB in January 2020 and sets out the combined actions / areas for improvement from the Joint Strategic Inspection of the IJB in 2019 and from the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: Health and Social Care Integration, also 2019.
- We will complete the review of our Integration Scheme; work that had been undertaken pre pandemic has been refreshed during 2022/23 and an NHSGGC wide review is in place.



- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. We intend to continue the development our performance reporting during 2023/24, building on work done in 2022/23.
- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. Given the overwhelming response to the pandemic over a prolonged period our staff are tired both physically and mentally and the wellbeing of our workforce is paramount. We will progress the action plan agreed as part of our Workforce Plan 2022-25.
- We will progress with the redesign of the Learning Disability Inpatient bed model and progress the programme of health checks for people with a learning disability.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the longer term impact of Covid-19 on our population and the capacity for the HSCP and its partners to deliver services and implement our savings, Recovery and Renewal programme whilst maintaining financial sustainability remain significant risks.

## Conclusion

East Renfrewshire Integration Joint Board is well placed in terms of its maturity to meet the coming challenges, building on many years of delivering integrated health and social care services and continuing to lead on developing new and innovative models of service delivery, not only to support financial sustainability, but also meeting the needs of our population.

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

**Anne-Marie Monaghan**  
**Chair**  
**Integration Joint Board**

**27<sup>th</sup> September 2023**

**Julie Murray**  
**Chief Officer**  
**Integration Joint Board**

**27<sup>th</sup> September 2023**

**Lesley Bairden ACMA CGMA**  
**Chief Financial Officer**  
**Integration Joint Board**

**27<sup>th</sup> September 2023**

# Statement of Responsibilities

## Responsibilities of the Integration Joint Board

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to ensure that one of its officers has the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In East Renfrewshire IJB, the proper officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the annual accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003) and (Coronavirus (Scotland) Act 2020).
- Approve the annual accounts for signature.

I confirm that the audited Annual Accounts will be presented on 27<sup>th</sup> September 2023 for approval.

**Anne-Marie Monaghan**  
**Chair**

**Integration Joint Board    27<sup>th</sup> September 2023**

## **Responsibilities of the Chief Financial Officer**

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board as at 31<sup>st</sup> March 2023 and the transactions for the IJB for the period covering 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2022.

**Lesley Bairden ACMA CGMA**  
**Chief Financial Officer**  
**Integration Joint Board      27<sup>th</sup> September 2023**

# Remuneration Report

## Introduction

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

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

For 2022/23 no taxable expenses were claimed by members of the IJB.

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

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

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

## Integration Joint Board

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

## Senior Officers

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

The total remuneration received by the Chief Officer in 2022/23 amounted to £120,811 in respect of all duties undertaken during the financial year. The Chief Financial Officer total remuneration for 2022/23 amounted to £92,805.

Total 2021/22 £	Senior Officer	Salary, Fees and Allowances £	Taxable Expenses £	Total 2022/23 £
115,279	Julie Murray, Chief Officer	120,811	-	120,811
88,285	Lesley Bairden, Chief Financial Officer	92,805	-	92,805
203,564		213,616	-	213,616

Voting Board Members 2022/23		Total Taxable IJB Related Expenses £
Councillor Caroline Bamforth (Chair April to May 22)	East Renfrewshire Council	-
Anne-Marie Monaghan (Chair from June 22 and Vice Chair to May 22)	NHS Greater Glasgow & Clyde	-
Councillor Katie Pragnell (Vice Chair) (from June 22)	East Renfrewshire Council	-
Councillor Owen O'Donnell (from June 22)	East Renfrewshire Council	-
Councillor Paul Edlin (from June 22)	East Renfrewshire Council	-
Diane Foy (from August 2022)	NHS Greater Glasgow & Clyde	-
Jacqueline Forbes	NHS Greater Glasgow & Clyde	-
Amina Khan	NHS Greater Glasgow & Clyde	-
Councillor Tony Buchanan (until May 22)	East Renfrewshire Council	-
Councillor Jim Swift (until May 22)	East Renfrewshire Council	-
Michelle Wailes (until June 22)	NHS Greater Glasgow & Clyde	-

The equivalent cost in 2021/22 was nil for all IJB members. The voting members of the IJB changed following local elections in May 2022 and there was a change of one NHS Non-Executive Director during the year.

The Pension entitlement for the Chief Officer for the year to 31<sup>st</sup> March 2023 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

Senior Officer	In Year Pension Contribution		Accrued Pension Benefits	
	For Year to 31 March 2022 £	For Year to 31 March 2023 £	As at 31 March 2023 £'000	Difference From 31 March 2022 £'000
Julie Murray, Chief Officer	22,249	23,316	Pension	54
			Lump Sum	63
Lesley Bairden, Chief Financial Officer	17,039	17,848	Pension	14
			Lump Sum	-
Total	39,288	41,164	Pension	68
			Lump Sum	63

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

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

However, the IJB has responsibility for funding the employer's contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2022/23 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers' own contributions.

### General Disclosure by Pay Bands

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

<b>Number of Employees 31 March 2022</b>	<b>Remuneration Band</b>	<b>Number of Employees 31 March 2023</b>
-	£80,000 - £84,999	-
1	£85,000 - £89,999	-
-	£90,000 - £94,999	1
-	£105,000 - £109,999	-
-	£110,000 - £114,999	-
1	£115,000 - £119,999	
	£120,000 - £124,999	1

**Anne-Marie Monaghan**  
**Chair**

**Integration Joint Board 27<sup>th</sup> September 2023**

**Julie Murray**  
**Chief Officer**

**Integration Joint Board 27<sup>th</sup> September 2023**

# Annual Governance Statement

## Introduction

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

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

## Scope of Responsibility

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

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

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

## The Purpose of the Governance Framework

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

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



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

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

## The Governance Framework

The main features of the governance framework in place during 2022/23 are summarised below:

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

We continued to hold our IJB meetings on a video conferencing platform and agreed with our chair and vice chair a prioritised agenda for each meeting. We held all meetings as planned during 2022/23. We held three JB seminars during the year focussing on an induction and introduction for new IJB Members and planning for the Budget for 2023/24. We also held a session on the IJB response to the National Care Service consultation.

Our daily huddle remained in place and as the year progressed we reduced the frequency to twice weekly and this allowed our senior managers to meet in the morning to assess the situation, prioritise workloads and support service delivery, particularly over a very challenging winter period. This also provides an informal support network which has been invaluable.

## Best Value

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



## The System of Internal Financial Control

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

- Financial regulations and codes of financial practice.
- Comprehensive budgeting systems.
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts.
- Setting targets to measure financial and other performance.
- Clearly defined capital expenditure guidelines.
- Formal project management disciplines.
- The IJB's financial management arrangements complies with the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2016)'.

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

## Review of Adequacy and Effectiveness

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

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2022/23. A member of East Renfrewshire Council's Audit and Scrutiny Committee is co-opted to the IJB Performance and Audit Committee to promote transparency.

The IJB's Performance & Audit Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

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

During 2022/23 the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditor's opinion as reported to the Audit Committee, confirmed: It is my opinion, based on the information available and assurances provided, that reasonable assurance can be placed on the framework of governance, risk management and internal controls which operated in the East Renfrewshire Integration Joint Board in the year to 31 March 2023.

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

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

### **Governance Issues during 2022/23**

Whilst all operational and transactional governance issues are considered within our partner's governance frameworks, the IJB Performance and Audit Committee also take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31<sup>st</sup> March 2023.

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

### Significant Governance Issues

The IJB continued to meet virtually throughout the year and all meetings were held as planned. The Scottish Government introduced new legislation in 2020/21; The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020. The HSCP has complied with this legislation as appropriate.

The focus on Covid-19 during the year has changed to look at how we live and work with the virus in circulation. The Scottish Government guidance changed during the year in relation to financial support and this was implemented locally. We continue to review our service delivery models and many more services are delivered in person or as a hybrid approach. Our buildings are far busier now that social distancing and other restrictions have eased.

### Operational Governance

The Performance and Audit Committee received an update report to each committee that identified progress on open recommendations as well as any new audit activity and associated response (for both IJB specific and for HSCP operational). The table below summarises the number of recommendations and the status for each audit.

Audit Report	Recommendations		
	Total for HSCP	Considered implemented by HSCP (awaiting verification)	Total open
SDS – Direct Payments	3	0	3
Ordering and Certification	4	4	0
Follow up of Business Operations and Partnerships	2	1	1
Barrhead Centre	11	5	6
HSCP Follow-up	20	12	8
Debtors	2	2	0
Environment Follow-up	3	3	0
Fostering, Adoption and Kinship	3	2	1
Payroll	8	8	0
<b>TOTAL</b>	<b>56</b>	<b>37</b>	<b>19</b>

We were able to restart our Recovery and Renewal programme and have subsequently widened the scope of this to include all savings and change.

We will continue to report Covid-19 activity and costs as required, although there is a significant reduction in the level of reporting post pandemic.

We reported to the IJB on Equality and Human Rights Mainstreaming Report along with an Interim Review of outcomes for 2023. The report provides an update on East Renfrewshire HSCP's equality outcomes and mainstreaming activity for the period 2021-23. This report outlined: the ways in which equalities considerations are part of the structures, behaviours and culture of our partnership; how we carry out our duties and promote equality; and how this is helping us improve as a partnership. The report also set out an interim update on progress towards the partnership's six equalities outcomes.

The Civil Contingencies Act 2004 (CCA), is supplemented by the Contingency Planning (Scotland) Regulations 2005 and “Preparing Scotland” Guidance identifies IJBs as Category 1 responders to an emergency:

- an event or situation which threatens serious damage to human welfare;
- an event or situation which threatens serious damage to the environment;
- war, or terrorism, which threatens serious damage to the security of the UK.

During 2022/23 the IJB did not need to act in this capacity.

### Action Plan

The table below shows the progress made during 2022/23 against the actions that we identified in our 2021/22 annual report and accounts. It does need to be recognised that capacity to progress these actions was impacted by capacity constraints, particularly over the winter months.

Action	Progress
Resource and deliver our Recovery and Renewal programme, with regular reporting including progress on savings to the IJB throughout 2022/23	We took reports during the year to the IJB and covered this at budget seminars. The team is fully resourced, however also supported operational services challenges during the year. The scope of the programme has been extended to cover all savings and change activity within the programme
Refresh our Medium Term Financial Plan (MTFP) and Strategic Risk Register to reflect any changes resulting from the NCS and for economic and inflation factors as required	A refreshed MTFP was presented to the IJB on 28 June 2023 and will be updated for any major changes as they arise
Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde	This is part of an NHSGGC wide programme and will continue to be implemented, The last update to the IJB was in November 2022
Review our Best Value reporting with our Annual Performance Report and develop our performance reporting to look forward as well as report our retrospective position	We established a working group during 2022/23 and have revised our reporting format. Work continues to develop exception reporting
Refresh our Integration Scheme	Work remains ongoing across NHSGGC with partners with consultation expected during the autumn and agreement to submit to the Scottish Government by the end of the financial year
Continue to monitor the costs associated with Covid-19 and sustainability throughout 2022/23 and beyond	We completed the required returns throughout the year via the Local Mobilisation Plan reported through NHSGGC. This funding has ceased however we will continue to monitor the financial impact to inform local reporting and decision making. We will also report on the £0.750 million provided by ERC to support Covid recovery in 2023/24

Recommence review of our Strategic Action Plan, paused during the response to the pandemic	This work will recommence as part of our recovery
Develop our Strategic Commissioning Plan and our approach to collaborative commissioning	Our Strategic Commissioning Plan was agreed by the IJB in August 2023
Implement our Strategic Plan	Implemented during 2022/23
We will implement plans including recruitment for winter and capacity funding	Implemented during 2022/23 including the required reporting to the Scottish Government
We will report the results of the Joint Inspection of services for Children at Risk of Harm	The report was published 16 <sup>th</sup> August 2022 and shared with the IJB thereafter

The actions we will take in 2023/24 to improve strengthening our corporate governance arrangements are:

- Deliver the Savings, Recovery and Renewal programme with progress reported to every meeting of the IJB.
- Maintain the Medium Term Financial Plan and use this to inform the 2024/25 budget planning and beyond.
- Ensuring financial sustainability is a key priority in 2023/24 through IJB reporting, discussion with board members, our funding partners and other stakeholders.
- Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde.
- Our Integration Scheme will be refreshed in line with appropriate guidance and the current timetable across NHSGGC is to complete for submission to the Scottish Government by the current financial year.
- We will continue to monitor the financial impact of Covid where we can to inform local reporting and decision making. We will also report on the £0.750 million provided by ERC to support Covid recovery in 2023/24.
- Take our latest Commissioning Plan to 2025 to the IJB in August 2023 along with an implementation timeline.
- We will recommence review of our Strategic Action Plan, paused during the response to the pandemic and continue to develop of performance reporting.
- We will continue to place equality and fairness at the heart of our planning processes and over the next two years we will work to further progress our agreed equalities outcomes and will review these ahead of our next scheduled report in 2025.
- We will implement the recommendations resulting from the Adult Joint Inspection report, published in June 202 including: improving the quality of chronologies; greater involvement of adults at risk of harm and their unpaid carers at a strategic level; enhanced multi-agency quality assurance practices; and, building on existing practice to ensure the full involvement of all key partners in relevant aspects of ASP practice going forward.

## **Conclusion and Opinion on Assurance**

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

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

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

**Anne-Marie Monaghan**  
**Chair**  
**Integration Joint Board**

**28<sup>rd</sup> June 2023**

**Julie Murray**  
**Chief Officer**  
**Integration Joint Board**

**28<sup>rd</sup> June 2023**



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

### Reporting on the audit of the financial statements

#### Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of East Renfrewshire Integration Joint Board (the 'Integration Joint Board') for the year ended 31 March 2023 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet, Movement in Reserves Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the Integration Joint Board as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

#### Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 14 December 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the Integration Joint Board's current or future financial sustainability. However, we report on the Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

## Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

## Responsibilities of the Chief Financial Officer and Performance and Audit Committee for the financial statements

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

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Integration Joint Board ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the Integration Joint Board's operations.

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

## Auditor's responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the Integration Joint Board;
- inquiring of the Chief Financial Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the Integration Joint Board;
- inquiring of the Chief Financial Officer concerning the Integration Joint Board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Reporting on other requirements

### Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been

properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

### Other information

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. we have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

### **Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement**

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

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

### Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or

- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

### Conclusions on wider scope responsibilities

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

### Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

[Signature]

Rob Jones (for and on behalf of Ernst and Young),  
Ernst and Young LLP  
5 George Square  
Glasgow  
G2 1DY

[Full date]

## The Financial Statements

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

### Comprehensive Income and Expenditure Statement for the year ended 31<sup>st</sup> March 2023

2021/22			2022/23				
Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Objective Analysis	Note	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
16,696	2,468	14,228	Children and Families		18,264	3,850	14,414
26,757	1,884	24,873	Older People's Services		28,325	943	27,382
6,574	308	6,266	Physical/Sensory Disability		7,576	774	6,802
21,479	905	20,574	Learning Disability – Community		24,325	915	23,410
9,901	1,079	8,822	Learning Disability – Inpatients		10,770	1,179	9,591
393	167	226	Augmentative & Alternative Communication		460	195	265
18,608	2,110	16,498	Intensive Services		21,328	3,443	17,885
6,317	303	6,014	Mental Health		6,499	349	6,150
2,958	255	2,703	Addictions / Substance Misuse		3,295	533	2,762
28,231	527	27,704	Family Health Services		29,862	941	28,921
16,589	1	16,588	Prescribing		17,873	1	17,872
864	853	11	Criminal Justice		913	915	(2)
29,017	6,413	22,604	Management and Admin		19,417	17,678	1,739
232	-	232	Corporate Services	6	243	-	243
<b>184,616</b>	<b>17,273</b>	<b>167,343</b>	<b>Cost of Services Managed by ER IJB</b>		<b>189,150</b>	<b>31,716</b>	<b>157,434</b>
			Set Aside for delegated services provided in large hospitals		29,075	-	29,075
27,892	-	27,892	Aids and Adaptations		486	-	486
398	-	398					
<b>212,906</b>	<b>17,273</b>	<b>195,633</b>	<b>Total Cost of Services to ER IJB</b>		<b>218,711</b>	<b>31,716</b>	<b>186,995</b>
			Taxation and Non Specific Grant Income	3	-	172,289	172,289
-	205,900	205,900					
<b>212,906</b>	<b>223,173</b>	<b>(10,267)</b>	<b>(Surplus) or Deficit on Provision of Services</b>		<b>218,711</b>	<b>204,005</b>	<b>14,706</b>

### Movement in Reserves Statement

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

2021/22 £000	Movement in Reserves	2022/23 £000
(10,485)	Balance brought forward	(20,752)
(10,267)	Total Comprehensive Income & Expenditure	14,706
<b>(10,267)</b>	<b>(Surplus) or Deficit on the Provision of Services</b>	<b>14,706</b>
<b>(20,752)</b>	<b>Balance as at 31st March 2023 Carried Forward</b>	<b>(6,046)</b>

The reserves above are all useable.

## Balance Sheet

### As at 31st March 2023

The Balance Sheet as at 31<sup>st</sup> March 2023 is a snapshot of the value at that reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

<b>31<sup>st</sup> March 2022</b>	<b>Balance Sheet</b>	<b>Notes</b>	<b>31<sup>st</sup> March 2023</b>
<b>£000</b>			<b>£000</b>
<b>21,130</b>	<b>Current Assets</b>		<b>9,901</b>
21,130	Short Term Debtors	7	9,901
<b>378</b>	<b>Current Liabilities</b>		<b>3,855</b>
378	Short Term Creditors	7	3,855
<b>20,752</b>	<b>Net Assets - Reserves</b>	8	<b>6,046</b>

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31<sup>st</sup> March 2023 and its income and expenditure for the year then ended.

The audited annual report and accounts will be submitted for approval and issue by the IJB on 27<sup>th</sup> September 2023.

**Lesley Bairden ACMA CGMA**  
**Chief Financial Officer**  
**Integration Joint Board 27<sup>th</sup> September 2023**



## Notes to the Financial Statements

### 1. Accounting Policies

#### 1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2022/23 reporting period and its position as at 31<sup>st</sup> March 2023.

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

IJBs are specified as Section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 supported by International Finance Reporting Standards (IFRS).

#### 1.2 Accruals of Income and Expenditure

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

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

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

#### 1.3 Going Concern

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

The IJB Financial Statements for 2022/23 have been prepared on a going concern basis. The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. In accordance with the CIPFA Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, the IJB is required to prepare its Financial Statements on a going concern basis unless informed by the relevant national body of the intention of dissolution without transfer of services or function to another entity. The Annual Accounts are prepared on the assumption that the IJB will continue in operational existence for the foreseeable future.

The IJB's budget contribution from and direction to partners has been confirmed for 2023/24, and a Medium Term Financial Plan has been prepared covering the period 2023/24 to 2027/28. The IJB considers there are no material uncertainties around its going concern status.

## 1.4 Accounting Convention

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

## 1.5 Funding

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

## 1.6 Reserves

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

Reserves have been created in order to finance expenditure in relation to specific projects. When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service in that year and will be funded by an appropriation back to the Comprehensive Income and Expenditure Statement in the Movement in Reserves Statement.

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

## 1.7 Events after the Balance Sheet Date

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

Where events take place before the date of authorisation and provide information about conditions existing as at 31<sup>st</sup> March 2023 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

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

## 1.8 Related Party Transactions

As partners of East Renfrewshire IJB both East Renfrewshire Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 5 (Page 66-67) in accordance with the requirements of International Accounting Standard 24.

Related parties also include organisations that we may have no transactions with, but who can still exert significant influence over our financial and operating policy decisions. The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's partner bodies, and therefore can indirectly influence the financial and operating policy decisions of the IJB.

### **1.9 Provisions, Contingent Assets and Liabilities**

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

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

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

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

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

### **1.10 Indemnity Insurance**

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

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

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims,

taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31<sup>st</sup> March 2023.

Similarly, the likelihood of receipt of an insurance settlement to cover any claims would be separately assessed, and where material, they would be presented as either a debtor or disclosed as a contingent asset. No such receipts were identified as at 31<sup>st</sup> March 2023.

The cost of participation in the CNORIS scheme was funded on our behalf by NHS Greater Glasgow and Clyde in previous financial years but was met by the IJB for financial year 2022/23.

### **1.11 Corresponding Amounts**

These Financial Statements cover the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023, with corresponding full year amounts for 2021/22.

### **1.12 VAT**

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

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

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

### **1.13 Post - Employment Benefits – Pension Costs**

The accounting requirements for pension costs in respect of Post - Employment Benefits under IAS19 and FRS17 are reflected in the accounts of East Renfrewshire Council and NHS Greater Glasgow and Clyde as the respective employers of current and former staff members. The IJB does not directly employ any members of staff in its own right and accordingly has accrued no liability in regards to post employment pension benefits.

### **1.14 Prior Period Restatement**

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

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

## 2. Expenditure and Income Analysis by Nature

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

2021/22 £000	Expenditure and Income Analysis by Nature	2022/23 £000
(205,900)	Partners funding contribution and non-specific grant income	(172,289)
(17,273)	Fees and charges and other service income	(31,716)
<b>(223,173)</b>	<b>Total Funding</b>	<b>(204,005)</b>
51,244	Employee Costs	56,809
882	Premises Costs	985
479	Transport Costs	401
23,740	Supplies & Services	9,890
61,243	Third Party Payments	71,347
2,499	Support Costs	2,304
16,432	Prescribing	17,717
28,263	Family Health Service	29,940
27,892	Acute Hospital Services	29,075
204	Corporate Costs	213
28	External Audit Fee	30
<b>212,906</b>	<b>Cost of Services</b>	<b>218,711</b>

### 3. Taxation and Non Specific Grant Income

2021/22 £000	Taxation and Non Specific Grant Income	2022/23 £000
67,228	East Renfrewshire Council	50,593
126,738	NHS Greater Glasgow and Clyde	109,533
11,934	Resource Transfer	12,163
<b>205,900</b>	<b>Partners Funding Contribution &amp; Non Specific Grant Income</b>	<b>172,289</b>

The funding contribution from NHS Greater Glasgow and Clyde includes East Renfrewshire's use of set aside for delegated services provided in large hospitals (£29.075 million in 2022/23 and £27.892 million in 2021/22). These services are provided by the NHS, which retains responsibility for managing the costs of providing the service; the IJB however, has responsibility for the consumption of and level of demand placed on these services.

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

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2022/23 accounts for Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services hosted by the East Renfrewshire IJB for other IJBs within the NHS Greater Glasgow & Clyde Area.

The IJB is considered to be acting as a 'principal' and the 2022/23 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2022/23 financial statements. The cost of the hosted service provided to other IJBs as well as that consumed by East Renfrewshire for the Learning Disability Inpatients and Augmentative and Alternative Communication is detailed in the following tables.

2021/22 £000	Learning Disability In-Patient Services Hosted by East Renfrewshire IJB	2022/23 £000
5,655	Glasgow	6,872
1,993	Renfrewshire	1,834
551	Inverclyde	521
310	West Dunbartonshire	291
-	East Dunbartonshire	-
8,509	Learning Disability In-Patients Services Provided to other IJBs	9,518
313	East Renfrewshire	73
<b>8,822</b>	<b>Total Learning Disability In-Patient Services</b>	<b>9,591</b>

2021/22 £000	Augmentative and Alternative Communication (AAC) Hosted by East Renfrewshire IJB	2022/23 £000
97	Glasgow	124
22	Renfrewshire	27
26	Inverclyde	32
4	West Dunbartonshire	5
22	East Dunbartonshire	27
171	AAC Services Provided to other IJBs	215
40	East Renfrewshire	50
<b>211</b>	<b>Total AAC Services</b>	<b>265</b>

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

2021/22 £000	Services Provided to East Renfrewshire IJB by Other IJBs within NHSGGC	2022/23 £000
435	Physiotherapy	476
43	Retinal Screening	50
474	Podiatry	788
289	Primary Care Support	306
342	Continence	419
600	Sexual Health	631
990	Mental Health	1,183
789	Oral Health	978
350	Addictions	374
209	Prison Health Care	232
171	Health Care in Police Custody	156
3,846	Psychiatry	4,032
<b>8,538</b>	<b>Net Expenditure on Services Provided</b>	<b>9,625</b>



## 5. Related Party Transactions

The following financial transactions were made with East Renfrewshire Council and NHS Greater Glasgow and Clyde relating to integrated health and social care functions during 2022/23. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

2021/22 £000	Income – Payments for Integrated Functions	2022/23 £000
130,541	NHS Greater Glasgow and Clyde	121,759
92,632	East Renfrewshire Council	82,246
<b>223,173</b>	<b>Total</b>	<b>204,005</b>

2021/22 £000	Expenditure – Payments for Delivery of Integrated Functions	2022/23 £000
130,541	NHS Greater Glasgow and Clyde	121,759
82,365	East Renfrewshire Council	96,952
<b>212,906</b>	<b>Total</b>	<b>218,711</b>

2021/22 £000	Closing Reserve Balance (held within ERC on behalf of IJB)	2022/23 £000
-	NHS Greater Glasgow and Clyde	-
20,752	East Renfrewshire Council	6,046
<b>20,752</b>	<b>Total</b>	<b>6,046</b>

Related parties also include organisations that we may have no transactions with, but who can still exert significant influence over our financial and operating policy decisions.

The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's partner bodies, and therefore can indirectly influence the financial and operating policy decisions of the IJB.

The value of transactions directly with the Scottish Government in 2021/22 and 2022/23 was nil.

## 6. Corporate Expenditure

2021/22 £000	Corporate Expenditure	2022/23 £000
204	Staff Costs	213
28	Audit Fee	30
<b>232</b>	<b>Total</b>	<b>243</b>

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

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

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

NHS Greater Glasgow and Clyde did not charge for any support services provided in the year ended 31<sup>st</sup> March 2023.

The support services provided through East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and the charge is included for 2022/23. The Covid-19 related costs within these services has been met from our Covid-19 funding.

Fees payable to Ernst & Young in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice for 2022/23 amounted to £29,840. Ernst & Young did not provide any non-audit services during 2022/23.

VAT is not included in the costs identified.

## 7. Short Term Debtors and Creditors

2021/22 £000	Short Term Debtors	2022/23 £000
- 21,130	NHS Greater Glasgow and Clyde East Renfrewshire Council	- 9,901
<b>21,130</b>	<b>Total</b>	<b>9,901</b>

2021/22 £000	Short Term Creditors	2022/23 £000
378 -	NHS Greater Glasgow and Clyde East Renfrewshire Council	3,855 -
<b>378</b>	<b>Total</b>	<b>3,855</b>

## 8. Reserves

As at 31<sup>st</sup> March 2023 the IJB holds earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve is also held to allow us to meet any unforeseen or unanticipated events that may impact on the IJB.

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

The reserves of the IJB fall into three types:

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

The year on year movement in reserves is summarised:

<b>Reserves Movement</b>	<b>£ Million</b>	<b>£ Million</b>
Reserves at 31 March 2022		20.752
Planned use of existing reserves during the year	(16.420)	
Funds added to reserves during the year	1.714	
Net reduction in reserves during the year		(14.706)
Reserves at 31 March 2023		6.046

For the £6.046 million balance of reserves we are taking forward into 2023/24 we expect to use c£5.4 million earmarked reserves:

- £1.4m is ring-fenced SG funding for Primary Care, ADP, MH Action 15
- £1.6m is bridging for savings – pre pandemic strategy
- £0.3m general reserve will support savings / pressures
- £2.1m is committed in year for earmarked activity

We will potentially take forward £0.6m ring-fenced funding into 2024/25

- £0.4m is ring-fenced SG funding, mainly GP related
- £0.2m is committed for staff and contracts

The table on the following page provides the detailed movement across all reserves between 2021/22 and 2022/23.

2021/22 £000	Reserves	Used £000	Added £000	Transfers In / (Out) £000	2022/23 £000
215	Mental Health Action 15	97			118
526	Alcohol & Drugs Partnership	165	392	98	851
142	Drugs Death Taskforce	44		(98)	0
1,985	Primary Care Improvement	1,324			661
181	GP Premises Fund	0			181
9,266	COVID Allocations	9,264			2
1,012	Winter Planning	1,012			0
<b>13,327</b>	<b>Total Ring-Fenced Reserves</b>	<b>11,906</b>	<b>392</b>	<b>0</b>	<b>1,813</b>
2,716	Budget Savings Phasing	2,439	590	567	1,434
165	In Year Pressures				165
456	Prescribing	456			0
<b>3,337</b>	<b>Total Bridging Finance</b>	<b>2,895</b>	<b>590</b>	<b>567</b>	<b>1,599</b>
460	Residential Accommodation	0		(460)	0
35	Health Visitors	35	82		82
58	Home & Belonging	58			0
687	Counselling in Schools	305			382
15	Child Healthy Weight Programme	0		(15)	0
888	Children and Adolescent Mental Health Services	486	71		473
50	Trauma Informed Practice		50		100
29	Whole Family Wellbeing		437		466
24	Unaccompanied Asylum Seekers Children	15			9
<b>2,246</b>	<b>Children &amp; Families</b>	<b>899</b>	<b>640</b>	<b>(475)</b>	<b>1,512</b>
<b>434</b>	<b>Transitional Funding Learning Disability Specialist Services</b>	<b>434</b>	<b>0</b>	<b>0</b>	<b>0</b>
295	Learning Disability Community Living Change	41			254
37	Addictions Residential Rehabilitation				37
61	Mental Health Officer/Community Psychology/Capacity				61
125	Care Home Oversight Support	48			77
85	Augmentative & Alternative Communication		19		104
	- Learning Disability Health Checks		32		32
52	Lead Nurse - Care Homes Allocation	52			0
60	Armed Forces Covenant	47			13
88	Wellbeing	43			45
68	Dementia Funding		41		109
18	Telecare Fire Safety				18
<b>889</b>	<b>Adult Services</b>	<b>231</b>	<b>92</b>	<b>0</b>	<b>750</b>
<b>124</b>	<b>Renewals &amp; Repairs Fund</b>	<b>24</b>		<b>0</b>	<b>100</b>
31	Partnership Strategic Framework	31			0
92	Organisational Learning & Development	0		(92)	0
<b>123</b>	<b>Total Capacity</b>	<b>31</b>	<b>0</b>	<b>(92)</b>	<b>0</b>
<b>7,153</b>	<b>Total Earmarked Reserves</b>	<b>4,514</b>	<b>1,322</b>	<b>0</b>	<b>3,961</b>
<b>272</b>	<b>Total General Reserves</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>272</b>
<b>20,752</b>	<b>Total All Reserves</b>	<b>16,420</b>	<b>1,714</b>	<b>0</b>	<b>6,046</b>

## 9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31<sup>st</sup> March 2023.

## 10. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. This applies to the adoption of the following new or amended standards within the 2023/24 Code:

- Amendments to IAS1 and IFRS Practice Statement 2 Disclosure of Accounting Policies.
- Amendments to IAS8 Definition of Accounting Estimates

The Code requires implementation of these new standards from 1 April 2023 therefore there is no impact on the 2022/23 annual accounts.

These new or amended standards are not expected to have a significant impact on the Annual Accounts.

## 11. Critical Judgements

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of Learning Disability Inpatients Services and AAC services hosted within the East Renfrewshire IJB for other IJB's within the NHS Greater Glasgow & Clyde area. Within NHS Greater Glasgow & Clyde each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal' and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which the 2022/23 accounts have been prepared.

## 12. Estimation Uncertainty

There are no estimations included within the 2022/23 accounts.

## 13. Post Balance Sheet Events

The final annual report and accounts will be presented for approval on 27<sup>th</sup> September 2023.

There have been no adjusting events (events which provide evidence of conditions that existed at the balance sheet date) and no such adjusting events have been reflected in the financial

statements or notes. Likewise there have been no non – adjusting events, which are indicative of conditions after the balance sheet date, and accordingly the financial statements have not been adjusted for any such post balance sheet events.

#### **14. Prior Period Restatement**

There are no restatements included in the unaudited accounts.



## Where to find more information

### In This Document

The requirements governing the format and content of the IJB annual accounts follows guidance issued by the Integrated Resources Advisory Group and by The Local Authority (Scotland) Accounts Advisory Committee (LASAAC). This information does not fall under audit parameters.

### On Our Website

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

### Useful Links

#### Strategic Plan – full plan and summary

[https://www.eastrenfrewshire.gov.uk/media/7569/HSCP-Strategic-Plan-2022-2025/pdf/East\\_Renfrewshire\\_HSCP\\_-\\_Strategic\\_Plan\\_2022-2025.pdf?m=637847662804030000](https://www.eastrenfrewshire.gov.uk/media/7569/HSCP-Strategic-Plan-2022-2025/pdf/East_Renfrewshire_HSCP_-_Strategic_Plan_2022-2025.pdf?m=637847662804030000)

<https://indd.adobe.com/view/badd5a41-54e9-4205-973a-06e3b4134c9b>

#### Medium Term Financial Plan

[https://www.eastrenfrewshire.gov.uk/media/7567/Medium-term-financial-plan-2022-23-to-2026-27/pdf/Medium\\_Term\\_Financial\\_Plan\\_-\\_Mar\\_2022.pdf?m=637846608465330000](https://www.eastrenfrewshire.gov.uk/media/7567/Medium-term-financial-plan-2022-23-to-2026-27/pdf/Medium_Term_Financial_Plan_-_Mar_2022.pdf?m=637846608465330000)

#### Integration Scheme

[https://www.eastrenfrewshire.gov.uk/media/7035/East-Renfrewshire-Integration-Scheme-2018-Update/pdf/East\\_Renfrewshire\\_Integration\\_Scheme\\_-\\_2018\\_Update.pdf?m=637704037531600000](https://www.eastrenfrewshire.gov.uk/media/7035/East-Renfrewshire-Integration-Scheme-2018-Update/pdf/East_Renfrewshire_Integration_Scheme_-_2018_Update.pdf?m=637704037531600000)

#### Annual Performance Report

<https://www.eastrenfrewshire.gov.uk/annual-performance-report>

#### Strategic Risk Register

[https://www.eastrenfrewshire.gov.uk/media/9267/PAC-Item-12-26-June-2023/pdf/PAC\\_Item\\_12\\_-\\_26\\_June\\_2023.pdf?m=638227830063400000](https://www.eastrenfrewshire.gov.uk/media/9267/PAC-Item-12-26-June-2023/pdf/PAC_Item_12_-_26_June_2023.pdf?m=638227830063400000)

It should be noted that the links above relate to the latest published versions of each document at the point of completion of this report and there may be later versions available on our website.

## Acknowledgement

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

**Anne-Marie Monaghan**  
**Chair**  
**Integration Joint Board**

**27<sup>th</sup> September 2023**

**Julie Murray**  
**Chief Officer**  
**Integration Joint Board**

**27<sup>th</sup> September 2023**

**Lesley Bairden ACMA CGMA**  
**Chief Financial Officer**  
**Integration Joint Board**

**27<sup>th</sup> September 2023**



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

Your Ref:

Our Ref:

Date: 27 September 2023

Rob Jones  
 Partner  
 Ernst & Young  
 5 George Square  
 Glasgow  
 G2 1DY

Dear Rob

This letter of representations is provided in connection with your audit of the financial statements of East Renfrewshire Integration Joint Board ("the IJB") for the year ended 31 March 2023. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the financial statements give a true and fair view of the IJB's financial position as of 31 March 2023 and of its income and expenditure for the year then ended in accordance with CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2022/23.

We understand that the purpose of your audit of our financial statements is to express an opinion thereon and that your audit was conducted in accordance with International Standards on Auditing (UK), which involves an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, and is not designed to identify - nor necessarily be expected to disclose - all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

#### **A. Financial Statements and Financial Records**

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated 14 December 2022, for the preparation of the financial statements in accordance with the Local Authority Accounts (Scotland) Regulations 2014, Section 12 of the Local Government in Scotland Act 2003, and CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2022/23.

2. We acknowledge, as members of management of the IJB, our responsibility for the fair presentation of the financial statements. We believe the financial statements referred to above give a true and fair view of the financial position, financial performance (or results of operations) and cash flows of the IJB in accordance with the CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 and are free of material misstatements, including omissions. We have approved the financial statements.
3. The significant accounting policies adopted in the preparation of the financial statements are appropriately described in the financial statements.
4. As members of management of the IJB, we believe that the IJB has a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with the CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, that are free from material misstatement, whether due to fraud or error. We have disclosed to you any significant changes in our processes, controls, policies and procedures that we have made to address the effects of the COVID-19 pandemic on our system of internal controls.
5. We believe that the effects of any unadjusted audit differences, summarised in the accompanying schedule, accumulated by you during the current audit and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. We have not corrected these differences identified by and brought to the attention from the auditor because they are matters of professional judgement.
6. We confirm the IJB does not have securities (debt or equity) listed on a recognised exchange.

## **B. Non-compliance with law and regulations, including fraud**

1. We acknowledge that we are responsible to determine that the IJB's activities are conducted in accordance with laws and regulations and that we are responsible to identify and address any non-compliance with applicable laws and regulations, including fraud.
2. We acknowledge that we are responsible for the design, implementation and maintenance of internal controls to prevent and detect fraud.
3. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
4. We have no knowledge of any identified or suspected non-compliance with laws or regulations, including fraud that may have affected the IJB (regardless of the source or form and including without limitation, any allegations by "whistleblowers"), including non-compliance matters:
  - involving financial improprieties;
  - related to laws and regulations that have a direct effect on the determination of material amounts and disclosures in the IJB's financial statements;
  - related to laws and regulations that have an indirect effect on amounts and disclosures in the financial statements, but compliance with which may be

fundamental to the operations of the IJB's activities, its ability to continue to operate, or to avoid material penalties;

- involving management, or employees who have significant roles in internal controls, or others; or
- in relation to any allegations of fraud, suspected fraud or other non-compliance with laws and regulations communicated by employees, former employees, analysts, regulators or others.

### **C. Information Provided and Completeness of Information and Transactions**

1. We have provided you with:
  - Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
  - Additional information that you have requested from us for the purpose of the audit; and
  - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
2. All material transactions have been recorded in the accounting records and all material transactions, events and conditions are reflected in the financial statements, including those related to the COVID-19 pandemic.
3. We have made available to you all minutes of the meetings of the IJB and Performance and Audit Committee (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the year to the most recent meeting on the following date: 27 September 2023.
4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the IJB's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the year end. These transactions have been appropriately accounted for and disclosed in the financial statements.
5. We believe that the methods, significant assumptions and the data we used in making accounting estimates and related disclosures are appropriate and consistently applied to achieve recognition, measurement and disclosure that is in accordance with the CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2022/23.
6. We have disclosed to you, and the IJB has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.
7. From 1 April 2022 through the date of this letter we have disclosed to you, to the extent that we are aware, any (1) unauthorized access to our information technology systems that either occurred or to the best of our knowledge is reasonably likely to have occurred based on our investigation, including of reports submitted to us by third

parties (including regulatory agencies, law enforcement agencies and security consultants) , to the extent that such unauthorized access to our information technology systems is reasonably likely to have a material impact to the financial statements, in each case or in the aggregate, and (2) ransomware attacks when we paid or are contemplating paying a ransom, regardless of the amount.

**D. Liabilities and Contingencies**

1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.
2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal counsel.
3. We have recorded and/or disclosed, as appropriate, all liabilities related to litigation and claims, both actual and contingent, and have disclosed in Note 9 to the financial statements all guarantees that we have given to third parties.

**E. Going Concern**

1. Note 1 to the financial statements discloses all the matters of which we are aware that are relevant to the IJB's ability to continue as a going concern, including significant conditions and events, our plans for future action, and the feasibility of those plans.

**F. Subsequent Events**

1. There have been no events, including events related to the COVID-19 pandemic, subsequent to period end which require adjustment of or disclosure in the financial statements or notes thereto.

**G. Other information**

1. We acknowledge our responsibility for the preparation of the other information. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and the auditor's report thereon.
2. We confirm that the content contained within the other information is consistent with the financial statements.

*Yours faithfully,*

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(Chief Financial Officer)

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(Chairperson of the Performance and Audit Committee)



# **East Renfrewshire Health and Social Care Partnership Integration Joint Board**

## **Summary Financial Overview 2022/23**

Covering the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023

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## Introduction

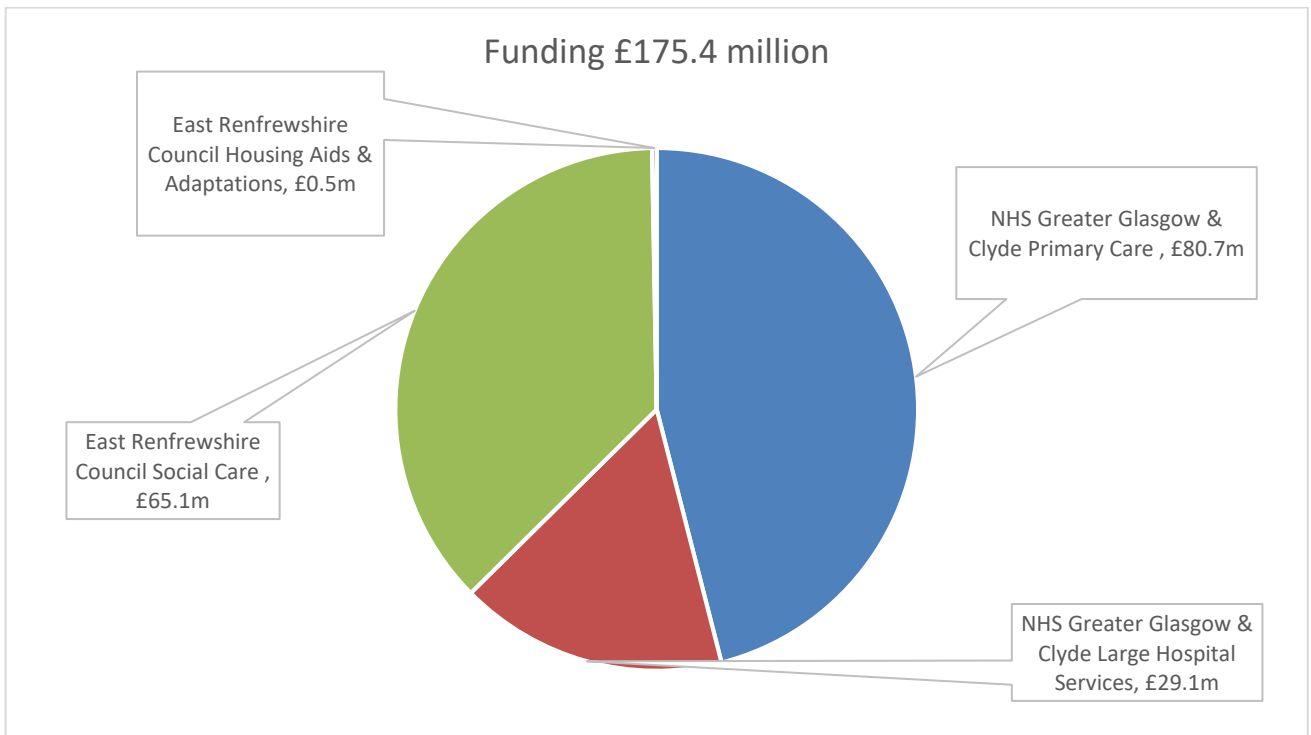
This report provides a summary of the financial position for East Renfrewshire Integration Joint Board (IJB) for the financial year 1 April 2022 to 31 March 2023.

The Annual Report and Accounts for 2022/23 provides a detailed report and full version of the accounts and can be found on our website at [web address will be added following approval of IJB accounts].

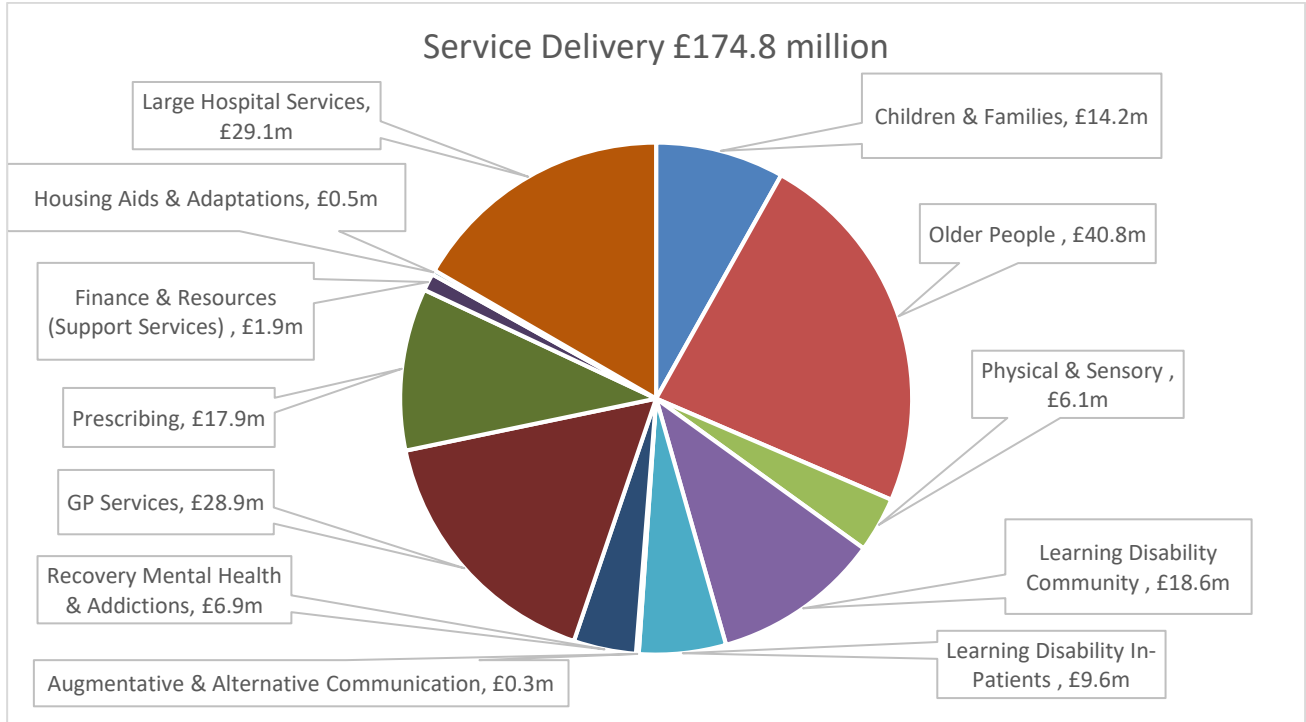
The financial performance for the year includes a section on Covid-19 costs, fully funded by the Scottish Government. We saw our costs relating to this reduce as the Scottish Government guidance changed and this meant some funding was returned to the Scottish Government.

## Financial Performance

The IJB receives the vast majority of its funding from our two key partners East Renfrewshire Council and NHS Greater Glasgow and Clyde and this totalled £175.4 million



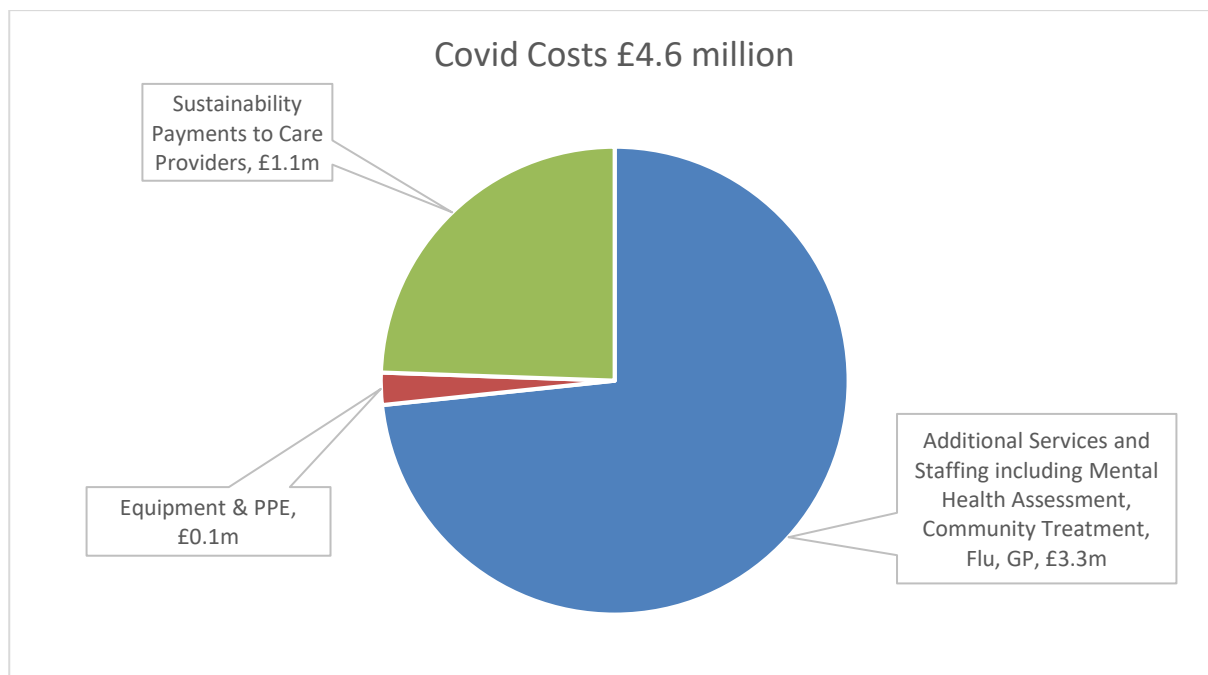
We spent £174.8 million of this funding delivering the following services:



This meant we underspent by under £0.6 million and we added this into the reserves we hold to be used in financial year 2023/24. We also used a number of other funds we had in our reserves during the year.

The IJB started 2022/23 in a challenging position as we needed to make savings of £3.1 million to balance our budget. However, we did not have opportunity to work on redesign or service change to make this saving as our focus was on delivering services, at a time of significant capacity challenges. This meant we needed to use reserves of £2.4 million to make up for unachieved savings. It also means that our savings challenge in 2023/24 becomes higher as we still need to make these savings on a recurring basis.

We received Covid-19 support funding for the additional costs we incurred and we spent £4.6 million over and above our “normal” spending on delivering services. This extra spend was significantly less than in 2021/22 as we did not receive support for unachieved savings and other costs were lower reflecting changes in Scottish Government guidance during the year. This additional cost of £4.6 million was met in full by the Scottish Government from the funding that we received at the end of 2021/22 and the Scottish Government requested the return of the balance of funds of £4.5 million.



### Continuing to Respond to Covid-19 and the Impact on our People

During 2022/23 we saw significant challenges with increased demand for our services and increased complexity of support required. The cost of living crisis has had a wide ranging impact on people across all ages.

We are seeing increasing levels of frailty and isolation for older people as part of the post-pandemic impact of Covid. We are also seeing increasing demand for recovery services for both mental health and addictions as we emerge from the pandemic.

Recruitment and retention of staff within health and social care is a national issue and locally we have had significant capacity challenges when directly providing, or buying care from our partners. Our Care at Home service has been particularly impacted and we had a very challenging winter period.

The Personal Protective Equipment (PPE) hub set up by HSCP support staff remained in operation and continued to distribute essential protective supplies and Lateral Flow Device test kits during the year. This has now ended with the exception of support to carers.

Despite the challenges the HSCP has continued to deliver services and support our vulnerable children and families, adults and older people as we emerge from the pandemic.

### Challenges for 2023/24 and Beyond

Our funding gap in 2023/24 is just over £7 million including the £2.4 million savings we didn't make in 2022/23. Our Savings, Recovery and Renewal programme provides the detail on savings, project work and service redesign. The prioritisation of care (our Supporting People

Framework) to support those with the greatest need is required to deliver around 50% of our savings.

East Renfrewshire IJB is not alone in facing unprecedented cost pressures. The national position across all public sector services shows a challenging financial outlook.

Looking forward to 2024/25 and beyond in any one year our cost pressures could range from £3.4 to £9 million depending on the combination of factors, recognising that the next 2 years are likely to be particularly challenging before we see economic recovery. After allowing for funding we could receive towards these costs the potential savings we would need to close the gap could range from £2.3 to £5.9 million. However, this will ultimately be determined by the Scottish Government budget settlement each year.

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium Term Financial Plan (MTFP) for 2023/24 to 2027/28 and our Strategic Plan for 2022/23 to 2024/25.

We need to be able to set a budget that allows us enough capacity to meet increased demand for services. Our population is growing in size, particularly our number of elderly citizens and we still do not know the ongoing and long term impact of Covid-19 on people's health.

We continue to work closely with our partner Care Providers as they are also facing similar challenges to us. By working together we will deliver the services our population needs.

We do not know what change or local impact may come from the Scottish Government plans for a National Care Service.

Our partner East Renfrewshire Council has agreed just over £0.75 million non-recurring support in 2023/24 for the HSCP to deliver a number of initiatives related to Covid-19 recovery:

- Increasing our Talking Points capacity to support the development of more community groups.
- Extend the warm spaces and community cafe initiatives in our Health and Care centres.
- Additional staffing cover to help meet pressures over the winter months.
- Wellbeing and recovery support along with "go bags" to support domestic abuse survivors.
- Financial support for foster carers, recognising the cost of living challenges.
- Support to extend the staff and our partners wellbeing programme within the HSCP.
- Additional materials to support community justice work.
- Additional wellbeing support for vulnerable individuals, particularly those with additional support needs.
- Housing and mental health support for our young people.
- Funding to work with older children as they transition into adult services.
- Support work for young people affected by drugs and alcohol.

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****PERFORMANCE AND AUDIT COMMITTEE****27 September 2023****Report by Chief Auditor****INTERNAL AUDIT PLAN 2023/24****PURPOSE OF REPORT**

1. In line with the requirements of the Public Sector Internal Audit Standards (PSIAS), a risk based internal audit plan for 2023/24 is detailed below.

**BACKGROUND**

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

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

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

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

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

**PROPOSED AUDIT PLAN FOR 2023/24**

7. In total, 15 audit days have been allocated against IJB within the ERC Annual Audit Plan as approved by the Council Audit and Scrutiny Committee on 30 March 2023. This is

considered to be an adequate number of days due to there being limited IJB specific audits to be carried out.

8. In line with previous years, the Head of Finance and Resources was consulted in preparing the proposed plan, and previous audit findings and risks affecting the IJB were also considered. The plan is prepared on the basis that operational controls over services are assured through the internal audits of NHSGCC and ERC and the IJB internal audit plan therefore complements these other plans.

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

10. As mentioned above, internal audits which are of relevance and interest to the IJB will be carried out in both the Council and the Health Board by their respective internal audit teams and these will be detailed within the relevant organisation's audit plans. For example, within the Council audit plan for 2023/24, there are planned audits on HSCP Emergency Payments, Thornliebank Resource Centre, Payroll, Payment to Care Providers, Creditors and Debtors Control.

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

	Description	Planned days
	Reserve days to address any emerging issues which may arise during the year, days to be used in consultation with the Head of Finance and Resources (Chief Financial Officer).	11
Follow up	Audit the progress against previous IJB internal audit recommendations, undertaking additional testing as required. (no outstanding IJB specific recommendations, HSCP recommendations will be carried out using days allocated to Council.)	0
Planning, reporting and administration	Audit Committee attendance, preparation of reports and miscellaneous time spent liaising with partner organisations and peers.	4
Total		15

## RECOMMENDATION

12. The Committee is asked to approve the planned work for 2023/24.

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

M Blair, Chief Auditor  
8 September 2023



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	27 September 2023
<b>Agenda Item</b>	10
<b>Title</b>	Performance Update – Quarter 1, 2023/24
<p><b>Summary</b></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 Q1 (Apr-Jun) 2023/24 data is available for strategic performance indicators (PIs) this is included. The report includes exception reporting for two PIs, providing more detailed discussion of performance for these measures.</p> <p>Exception reports are reports delving further into the performance of specific measures and mitigation or reasoning for current performance. They look at projected information on how to maintain or improve on current performance.</p>	
<b>Presented by</b>	Steven Reid Policy, Planning and Performance Manager
<p><b>Action Required</b></p> <p>Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2023-24.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****PERFORMANCE AND AUDIT COMMITTEE****27 September 2023****Report by Chief Officer****QUARTER 1 PERFORMANCE UPDATE 2023/24****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 Health and Social Care Partnership (HSCP) Strategic Plan 2022-2025. Where quarter one data is available for strategic performance indicators this is included. The report also includes more detailed exception reports for two key performance indicators.

**RECOMMENDATION**

2. Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2023/24.

**BACKGROUND**

3. The Performance and Audit Committee (PAC) 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. Data availability is significantly more limited at Quarters One and Three with many performance indicators being reported on a 6-monthly cycle.
4. We continue to work with members of the PAC to improve the format and content of our performance reports. At Quarter four, 2022/23 we developed an example 'exception' reporting format in line with recommendations from our working group. For this current report, in addition to our full report on progress against our key performance indicators (Appendix One), we have included two exception reports (Appendix Two) giving more detailed discussion on performance trends for the following measures:
  - Percentage of people waiting no longer than 18 weeks for access to psychological therapies
  - Percentage of people whose care need has reduced following reablement
5. The exception reports 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 if available*

6. For all indicators in our reporting, 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 (pERform) to collate data and produce strategic performance reports. Since the last meeting of PAC, the Planning and Performance team have met with officers working on the development of the new system to discuss requirements for HSCP-level reporting with the aim of increasing automation and flexibility in reporting. More automated reports should be available from the system in time for mid-year reporting in November.

## REPORT

8. The main data report includes available data for Quarter 1 (April to June 2023) for indicators from our Strategic Plan and any updated data relating to end-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.
9. 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
10. The HSCP continues to operate at a high level of performance across service areas, including many that continue to face significant challenges and pressures. During the current period of reporting, staff have shown resilience to deliver services to support the residents of East Renfrewshire.
11. Performance highlights include:
  - Although there was a slight reduction from the previous quarter, we are seeing a trend of significant improvement on **CAMHS waiting times** performance, reflecting the promotion of Tier 2 preventative services for young people. At Q1,

97.2% of all children had been waiting less than 18 weeks, exceeding our target (90%) for the last 3 quarters. Longest waiting times have been steadily reducing and is now performing lower than target at 14 weeks.

- Supporting **choice and control** – the number of people accessing support through Self-directed Support (SDS) Options 1 and 2 has remained stable. 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** - 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).
- In the last quarter, **Reablement** has improved to above target level (60%) with 64% of care needs reduced following period of Reablement. This improvement has followed a challenging period with significant demand pressures and staffing issues for the service. More detail on this measure is given in the exception report at Appendix Two.
- We are seeing excellent perform on waiting times for **drug and alcohol recovery**- with all people seen within three weeks during Quarter 1 (target 90%).
- Following recruitment into the service we have seen improved performance for **psychological therapies waiting times** rising above the 90% target (91.5% Q1). More detail on this measure is given in the exception report at Appendix Two.
- Emergency hospital **admissions** remain stable and within our agreed targets.
- We have also seen improved performance in unscheduled **acute bed days**, and we achieved our target in Q1 for the first time since Q2 2020/21.
- We continue to perform well for meeting court timescales for commencement and completion of **Community Payback Orders** with 85% commencement and 100% completed in Q1.

12. Areas that remain challenging include:

- Minimising hospital **discharges with delay** (and bed days lost) continued to be a challenge for the partnership during the reporting period, averaging 6 a week. Although reaching higher levels during 2022/23, we have seen improvement during the last three quarters and we remain one of the best performing partnerships in Scotland. This remains an area of focused activity to support people to return home or into alternatives in the community.
- **A&E attendances** increased during the quarter and we are now sitting close to our target (set before the pandemic). We are seeing a recent increase in attendances from care homes (and to a lesser extent admissions). In response, we are working closely with local care home to embed a Care Homes Falls Pathway and developing the alignment of OTs, physios and other Allied Health Professionals with our care homes.
- We saw declining performance in our measure of satisfaction for carers during the quarter. This is reflecting the pressures that our **unpaid carers** are experiencing. Although the data is showing a recent decline, we would expect to see fluctuation and will continue to monitor whether there is any longer-term trend.
- Sickness **absence** continues to be an issue for the partnership and we are above our target for both NHS and local authority staff. However, absence rates improved during Quarter One. Absence panels are in place and support is target in service areas with highest levels of absence. We continue to deliver health and wellbeing support to our staff.

**RECOMMENDATION**

13. Performance and Audit Committee is asked to note and comment on the Quarter One Performance Update 2023-24.

**REPORT AUTHOR AND PERSON TO CONTACT**

Steven Reid, Policy, Planning and Performance Manager  
[Steven.Reid@eastrenfrewshire.gov.uk](mailto:Steven.Reid@eastrenfrewshire.gov.uk)

13 September 2023

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

PAC Paper: HSCP Annual Performance Report 2022-23, 26 June 2023.  
[https://www.eastrenfrewshire.gov.uk/media/9264/PAC-Item-09-26-June-2023/pdf/PAC\\_Item\\_09\\_-\\_26\\_June\\_2023.pdf?m=638227830052970000](https://www.eastrenfrewshire.gov.uk/media/9264/PAC-Item-09-26-June-2023/pdf/PAC_Item_09_-_26_June_2023.pdf?m=638227830052970000)

# Appendix One

## HSCP Strategic Plan – 2023-24 Qtr 1

Report Author: Ian Smith / Steven Reid




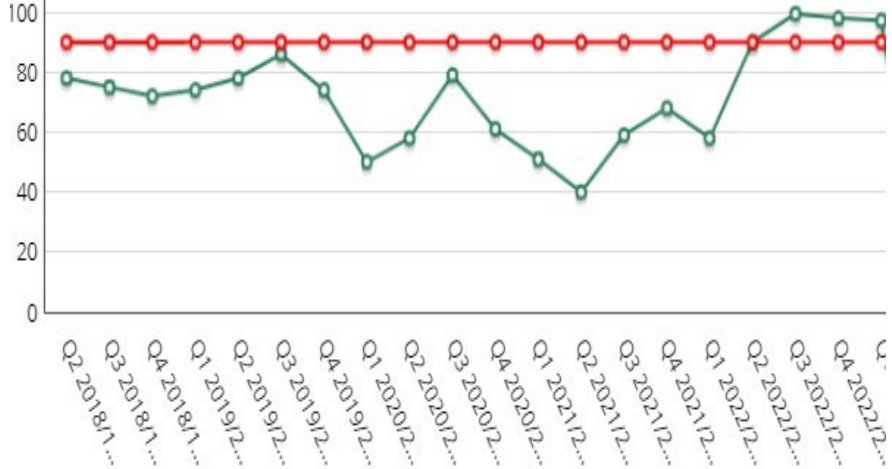
Key:

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

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 well-being**

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral	Qtr 1 2023/24	97.2%	90%	Green	 (declining)		Weekly average for Qtr 1 2023/24, this is down slightly on the previous Q4 2022/23 (98%) but remains above target (90%).

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE -Child & Adolescent Mental Health - longest wait in weeks at month end	Qtr 1 2023/24	14	18	Green	↑ (improving)		Continuing improvement in performance, reflecting work to reducing long waiting times. Longest wait at 28 June 2023 was 14 weeks.

**2. Working together with people to maintain their independence**

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Number of people self-directing their care through receiving direct payments and other forms of self-directed support.	Qtr 1 2023/24	466	600	Red	↓ (declining)		Data calculated from the Social Care returns shows a total of 466 people were in receipt of SDS 1 and 2 Option payments in Qtr 1. A further 707 people were covered under SDS Option 3.


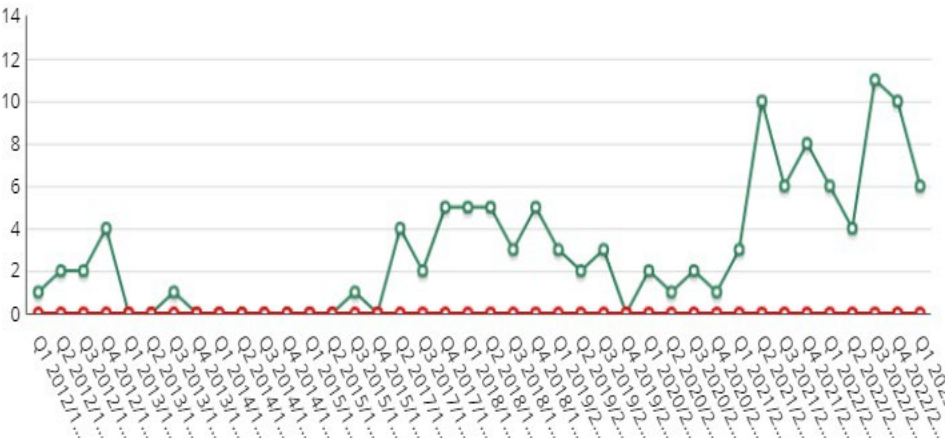

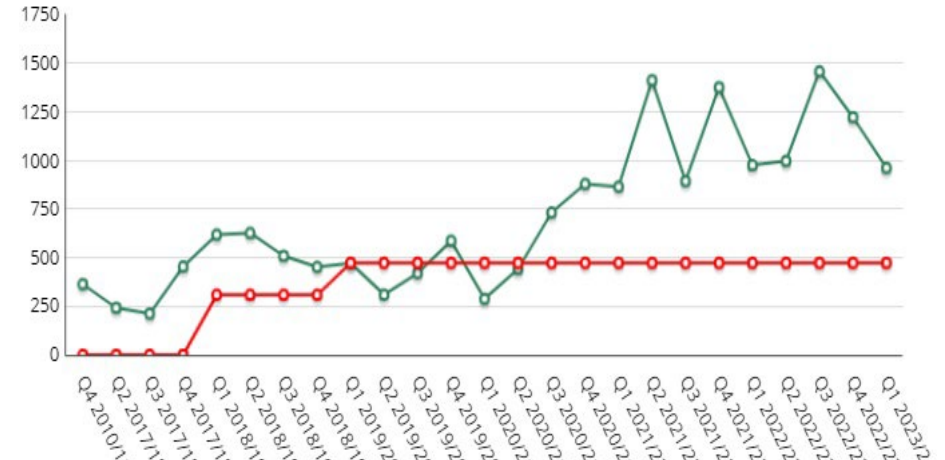
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Percentage of those whose care need has reduced following reablement / rehabilitation	Qtr 1 2023/24	64%	60%	Green	 (improving)		<p>Of the 53 reablement clients discharged this quarter 34 were discharged with no or reduced service (64%). This is an improvement on the end-year (22/23) figure that was sitting below target at 48%. Significant demand pressures and staffing issues for the Care at Home service during and following the pandemic had reduced the positive impacts of reablement.</p> <p><i>More detail is included in our exception report for this measure.</i></p>
INCREASE - People reporting 'living where you/as you want to live' needs met (%)	Qtr 1 2023/24	92%	90%	Green	 (improving)		<p>In Qtr 1 of the total 198 valid responses 183 reported their needs met. Performance this Qtr is up on Qtr 4 (89%).</p>

3. Working together to support mental health and well-being


Description	Data Period	Current Value	Target	Traffic Light	Trend		Latest Note
<p>INCREASE - Percentage of people waiting no longer than 18 weeks for access to psychological therapies</p>	<p>Qtr 1 2023/24</p>	<p>91.5%</p>	<p>90%</p>	<p>Green</p>	<p>↑ (improving)</p>		<p>Weekly average for Qtr 1 is 91.5% which is up from Qtr 4 (86.7%) and now above target. This has been a significant improvement in performance following recruitment to address workforce challenges faced by the service.</p> <p><i>More detail is included in our exception report for this measure.</i></p>
<p>Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks.</p>	<p>Qtr 1 2023/24</p>	<p>97%</p>	<p>90%</p>	<p>Green</p>	<p>↑ (improving)</p>		<p>East Renfrewshire Community Addictions Team saw all referrals within the target of 3 weeks. Glasgow Council on Alcohol saw 7 of their 9 referrals within three weeks and 2 within 3 - 12 weeks of referral.</p>




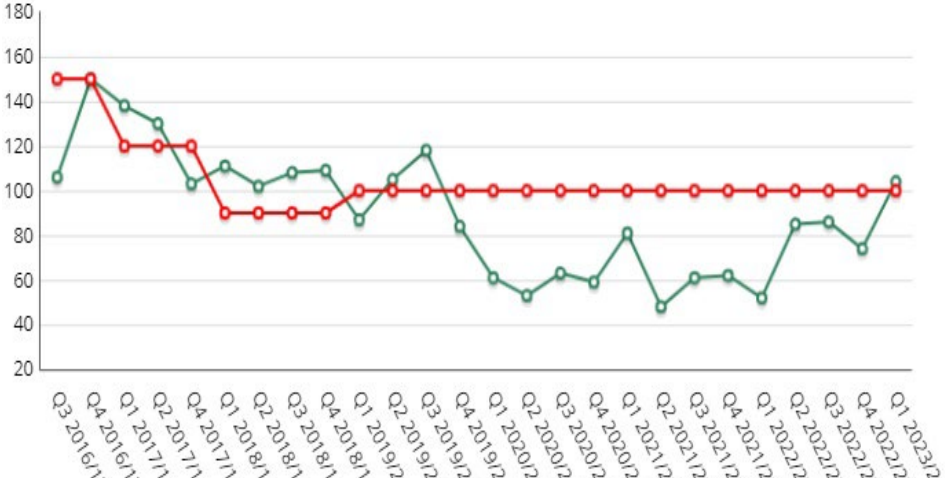



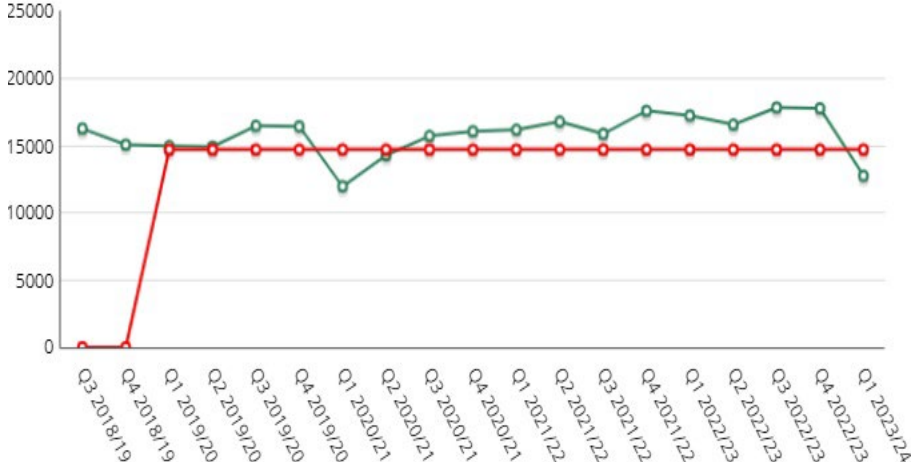
4. Working together to meet people's healthcare needs

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
<p>Delayed discharge: people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (Ave number delayed NHSGGC Acute &amp; MH weekly data)</p>	<p>Qtr 1 2023/24</p>	<p>6</p>	<p>0</p>	<p>Red</p>	<p> (improving)</p>		<p>Weekly average for Qtr 1 2023/24. Down from an average of ten in previous Qtr 4. Performance has improved during the last three quarters and we remain one of the best performing partnerships in Scotland.</p>
<p>DECREASE - Delayed discharges adult bed days lost to delayed discharge (MSG data)</p>	<p>Qtr 1 2023/24</p>	<p>962</p>	<p>473</p>	<p>Red</p>	<p> (improving)</p>		<p>Latest data to Jun 2023, released Sep 2023. Down from 1,222 days lost in Qtr 4.(Source: Scottish Govt, MSG)</p>


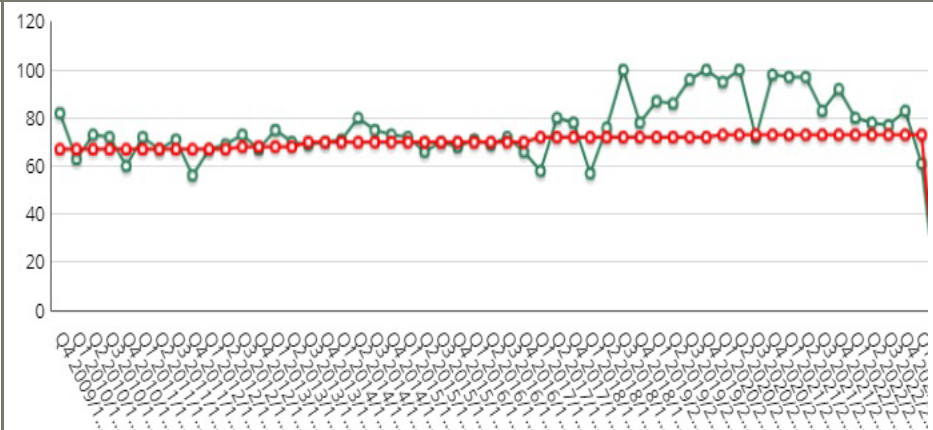
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - Number of Emergency Admissions: Adults (NHSGGC data)	Qtr 1 2023/24	1,666	1,782	Green	 (declining)		Up from 1,582 in Qtr 4. Target reviewed for 2023/24 with no change required (annual target 7,124) as agreed by Head of Adult Services, Communities and Well-Being July 2023.
DECREASE - Number of Emergency Admissions: Adults (MSG data)	Qtr 1 2023/24	1,671	1,781	Green	 (improving)		Latest data to June 2023, monthly data corrected back to April 2022. Down from 1,723 admissions in previous Qtr 4. (Source: Scottish Govt, MSG Sep 2023)

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - No. of A & E Attendances - All	Qtr 1 2023/24	6,585	6,325	Amber	 (declining)		Latest data to June 2023, released Sep 2023. Up from 5,891 attendances in Qtr 4. (Source: Scottish Govt, MSG)
DECREASE - No. of A & E Attendances - Adults	Qtr 1 2023/24	4,634	4,584	Amber	 (declining)		Latest data to June 2023, released Sep 2023. Up from 4,081 attendances in Qtr 4. (Source: Scottish Govt, MSG)

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note																																																								
DECREASE - Emergency Admissions from Care Homes (NHSGGC data)	Qtr 1 2023/24	50	60	Green	 (declining)	 <table border="1"> <caption>Emergency Admissions from Care Homes (NHSGGC data)</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q3 2016/17</td><td>0</td></tr> <tr><td>Q4 2016/17</td><td>100</td></tr> <tr><td>Q1 2017/18</td><td>80</td></tr> <tr><td>Q2 2017/18</td><td>80</td></tr> <tr><td>Q3 2017/18</td><td>110</td></tr> <tr><td>Q4 2017/18</td><td>65</td></tr> <tr><td>Q1 2018/19</td><td>70</td></tr> <tr><td>Q2 2018/19</td><td>60</td></tr> <tr><td>Q3 2018/19</td><td>60</td></tr> <tr><td>Q4 2018/19</td><td>70</td></tr> <tr><td>Q1 2019/20</td><td>60</td></tr> <tr><td>Q2 2019/20</td><td>60</td></tr> <tr><td>Q3 2019/20</td><td>65</td></tr> <tr><td>Q4 2019/20</td><td>60</td></tr> <tr><td>Q1 2020/21</td><td>45</td></tr> <tr><td>Q2 2020/21</td><td>40</td></tr> <tr><td>Q3 2020/21</td><td>35</td></tr> <tr><td>Q4 2020/21</td><td>35</td></tr> <tr><td>Q1 2021/22</td><td>45</td></tr> <tr><td>Q2 2021/22</td><td>20</td></tr> <tr><td>Q3 2021/22</td><td>40</td></tr> <tr><td>Q4 2021/22</td><td>30</td></tr> <tr><td>Q1 2022/23</td><td>30</td></tr> <tr><td>Q2 2022/23</td><td>40</td></tr> <tr><td>Q3 2022/23</td><td>40</td></tr> <tr><td>Q4 2022/23</td><td>30</td></tr> <tr><td>Q1 2023/24</td><td>50</td></tr> </tbody> </table>	Quarter	Value	Q3 2016/17	0	Q4 2016/17	100	Q1 2017/18	80	Q2 2017/18	80	Q3 2017/18	110	Q4 2017/18	65	Q1 2018/19	70	Q2 2018/19	60	Q3 2018/19	60	Q4 2018/19	70	Q1 2019/20	60	Q2 2019/20	60	Q3 2019/20	65	Q4 2019/20	60	Q1 2020/21	45	Q2 2020/21	40	Q3 2020/21	35	Q4 2020/21	35	Q1 2021/22	45	Q2 2021/22	20	Q3 2021/22	40	Q4 2021/22	30	Q1 2022/23	30	Q2 2022/23	40	Q3 2022/23	40	Q4 2022/23	30	Q1 2023/24	50	<p>Emergency admissions from care homes is up significantly on previous Qtr 4 (33). Admissions have remained consistent over the previous couple of years and have generally remained consistently lower than pre-pandemic levels.</p>
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DECREASE - A & E Attendances from Care Homes (NHSGGC data)	Qtr 1 2023/24	104	100	Green	 (declining)	 <table border="1"> <caption>A &amp; E Attendances from Care Homes (NHSGGC data)</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q3 2016/17</td><td>105</td></tr> <tr><td>Q4 2016/17</td><td>150</td></tr> <tr><td>Q1 2017/18</td><td>120</td></tr> <tr><td>Q2 2017/18</td><td>120</td></tr> <tr><td>Q3 2017/18</td><td>120</td></tr> <tr><td>Q4 2017/18</td><td>110</td></tr> <tr><td>Q1 2018/19</td><td>90</td></tr> <tr><td>Q2 2018/19</td><td>90</td></tr> <tr><td>Q3 2018/19</td><td>90</td></tr> <tr><td>Q4 2018/19</td><td>90</td></tr> <tr><td>Q1 2019/20</td><td>100</td></tr> <tr><td>Q2 2019/20</td><td>100</td></tr> <tr><td>Q3 2019/20</td><td>115</td></tr> <tr><td>Q4 2019/20</td><td>85</td></tr> <tr><td>Q1 2020/21</td><td>60</td></tr> <tr><td>Q2 2020/21</td><td>55</td></tr> <tr><td>Q3 2020/21</td><td>65</td></tr> <tr><td>Q4 2020/21</td><td>60</td></tr> <tr><td>Q1 2021/22</td><td>80</td></tr> <tr><td>Q2 2021/22</td><td>45</td></tr> <tr><td>Q3 2021/22</td><td>60</td></tr> <tr><td>Q4 2021/22</td><td>60</td></tr> <tr><td>Q1 2022/23</td><td>50</td></tr> <tr><td>Q2 2022/23</td><td>85</td></tr> <tr><td>Q3 2022/23</td><td>85</td></tr> <tr><td>Q4 2022/23</td><td>75</td></tr> <tr><td>Q1 2023/24</td><td>104</td></tr> </tbody> </table>	Quarter	Value	Q3 2016/17	105	Q4 2016/17	150	Q1 2017/18	120	Q2 2017/18	120	Q3 2017/18	120	Q4 2017/18	110	Q1 2018/19	90	Q2 2018/19	90	Q3 2018/19	90	Q4 2018/19	90	Q1 2019/20	100	Q2 2019/20	100	Q3 2019/20	115	Q4 2019/20	85	Q1 2020/21	60	Q2 2020/21	55	Q3 2020/21	65	Q4 2020/21	60	Q1 2021/22	80	Q2 2021/22	45	Q3 2021/22	60	Q4 2021/22	60	Q1 2022/23	50	Q2 2022/23	85	Q3 2022/23	85	Q4 2022/23	75	Q1 2023/24	104	<p>Attendances from care homes have increased from Qtr 4 (74 attendees). We continue to work closely with our care homes with a focus on minimising unplanned attendances and admissions (including scrutiny of data for individual care homes). We are working to embed a Care Homes Falls Pathway across all care and residential homes. We are also developing our model for aligning AHPs (OTs, physios etc) with care homes and are seeing an increase in referrals.</p>
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Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - Unscheduled Hospital (Acute) Bed Days: Adults (18+)	Qtr 1 2023/24	12,782	14,715	Green	 (improving)		Latest provisional data to June 2023, released Sep 2023. Data corrected back to April 2022. (Source: Scottish Govt, MSG)

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

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - People reporting 'quality of life for carers' needs fully met (%)	Qtr 1 2023/24	61%	73%	Red	 (declining)		In Qtr 1 of the total 41 valid responses 25 reported their needs met. Performance down significantly from 83% in Qtr 4.


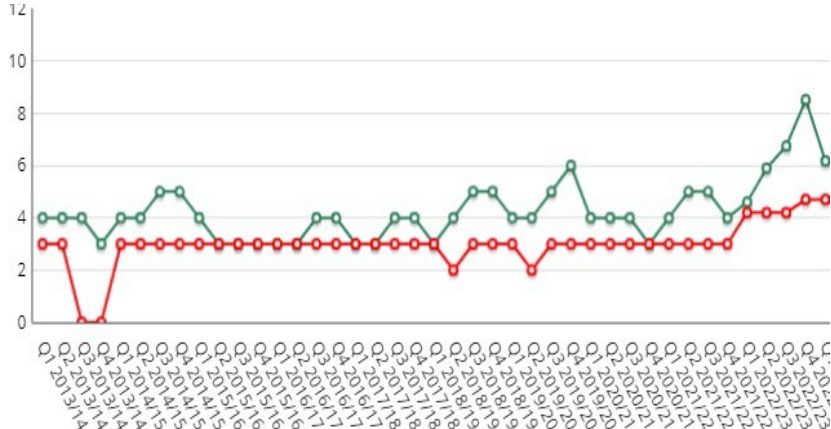
6. Working together with our partners to support people to stop offending

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
<p>INCREASE - Community Payback Orders - Percentage of unpaid work placements commencing within 7 days</p>	<p>Qtr 1 2023/24</p>	<p>85%</p>	<p>80%</p>	<p>Green</p>	<p>↓ (declining)</p>		<p>Seventeen of twenty work placements commenced within 7 days. This is down from 92% in Qtr 4.</p>
<p>INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.</p>	<p>Qtr 1 2023/24</p>	<p>100%</p>	<p>80%</p>	<p>Green</p>	<p>↑ (improving)</p>		<p>All Orders (15) this Qtr were completed within timescale, the same as previous Qtr 4</p>

**Organisational Outcomes**

Efficiency							
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Payment of invoices: Percentage invoices paid within agreed period (30 days)	Qtr 1 2023/24	86.4%	90%	Amber	↑ (improving)	<p>The chart displays the percentage of invoices paid within 30 days from Q1 2005 to Q1 2023/24. The y-axis ranges from 0 to 120. A red horizontal line at 90% represents the target. The current value for Q1 2023/24 is 86.4%. The data shows a sharp increase from near 0% in Q1 2005 to approximately 90% by Q1 2006, with subsequent fluctuations between 80% and 100%.</p>	Data to May 2023 only. Following a review of the PI methodology this Indicator has been revised. The new PI methodology measures the number of invoices paid within 30 calendar days of receipt as a percentage of all invoices paid. Procurement card transactions are excluded. This methodology is in line with the Local Government Benchmarking Framework (LGBF) guidance, and brings ERC into line with other Scottish Councils.

Our people							
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
DECREASE - Percentage of days lost to sickness absence for HSCP NHS staff	Qtr 1 2023/24	7.6%	4.0%	Red	↑ (improving)	<p>The chart displays the percentage of days lost to sickness absence for HSCP NHS staff from Q1 2005 to Q1 2023/24. The y-axis ranges from 3 to 10. A red horizontal line at 4.0% represents the target. The current value for Q1 2023/24 is 7.6%. The data shows significant fluctuations, with values ranging from approximately 4.5% to 9.0% over the period.</p>	Monthly average for Qtr 1, down from 8.92% in previous Qtr 4.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
DECREASE - Sickness absence days per employee - HSCP (LA staff)	Qtr 1 2023/24		4.2	Red	 (improving)		Absence within the HSCP for Qtr 1 has decreased from 8.52 days per employee in Qtr 4. Absence panels have recommended and targeted interventions have been implemented in hot spot areas including Intensive Services as well as increased wellbeing support.



## **Appendix Two – Exception Reports**

### **Psychological Therapies indicator - “Percentage of people waiting no longer than 18 weeks for access to psychological therapies”**

#### **Purpose of the indicator**

The measure sets a ‘referral to treatment’ standard of at least 90% starting treatment within 18 weeks. It allows us to monitor how successfully we are delivering evidence-based psychological therapies to treat mental ill health in a timely way. The measure helps us to assess our performance in meeting the support needs of adults within an appropriate timescale and whether we need to make adjustments to our resourcing of the service or the approaches we are taking.

Psychological therapies refer to a range of interventions which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. The target applies specifically to psychological therapies for treatment of a mental illness or disorder.

This is a nationally agreed ‘HEAT’ target – further information on definitions and measurement can be found [here](#).

#### **What does good look like?**

That everyone who is referred is assessed and if deemed suitable for a psychological therapy, will start treatment within 18 weeks of referral.

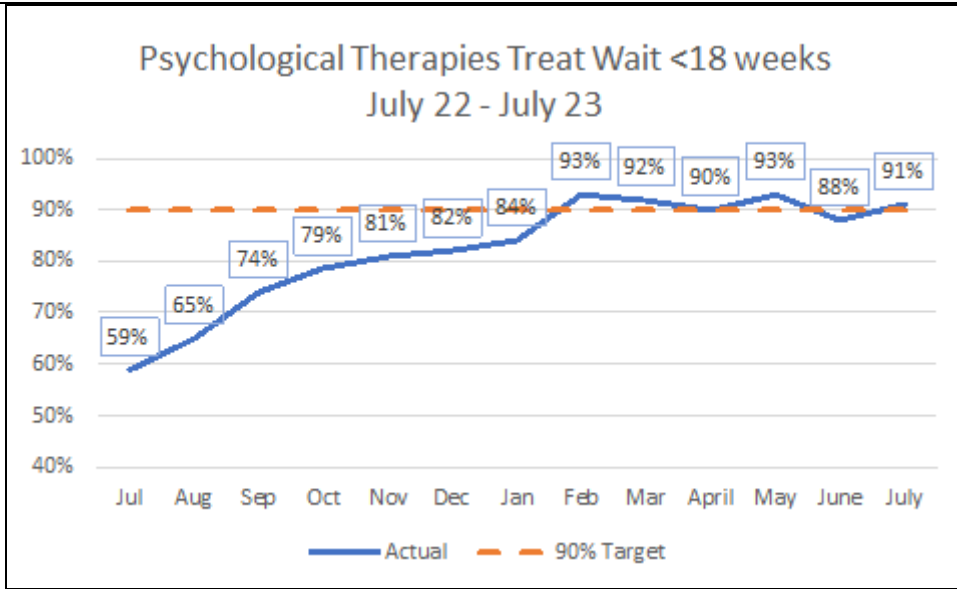
Our aim is that, for most individuals where there is evidence that psychological therapies will be beneficial, this support is provided within a timescale that minimises the risk of further deterioration or crisis.

Timely provision of psychological therapies is a part of our work to provide a wide range of supports to individuals on their journey to recovery from mental ill health. We work in collaboration with a range of partner providers to support early intervention and our ultimate aim is to advance the HSCP Strategic Outcome “People are supported to look after and improve their own mental health and wellbeing”.

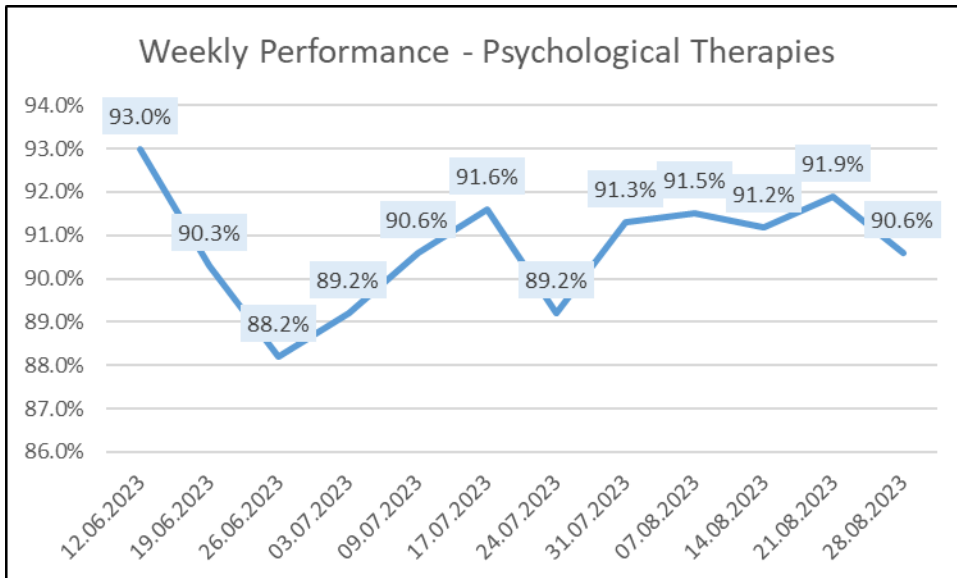
#### **Current status of measure**

This exception report is for Psychological Therapies Treatment Waiting times. Currently the target is that 90% of people will have contact within 18 weeks of referral. At the end of July 2023, the current status of the service is 91% of referrals have started treatment within the 18 week time period. This is a significant improvement on previous performance where we had missed the national target for a number of years.

At the time of the last report, projections estimated the target would be met from February 2023. This was achieved and performance has been sustained on a monthly basis, with the exception of June. The target was narrowly missed at 88% but returned to 91% in July and weekly figures show target met during August. This was due to absences within the team.



The target is monitored very closely on a weekly basis, to ensure early identification of performance issues and allow action to be taken. System recording is kept up-to-date to ensure accurate waiting times are produced. The chart below shows weekly performance over the past 12 weeks. Performance dipped just below 90% in three out of 12 weeks.



**Reason/explanation for current performance**

Workforce challenges (vacancies and absences) have been the principle reason that we have fallen below the waiting times target in the past. Staffing issues mainly relate to medical staffing coverage.

During the first quarter of 2022/23 performance did not improve as local recruitment was not successful initially. We were subsequently successfully in recruiting to some long-standing vacancies resulting in improved performance during quarters 2 and 3. Resolving the workforce issues has contributed to meeting the required waiting times performance of 90% since February. This improvement underlined the impact of addressing workforce challenges in the service.

Staffing remains a key challenge. For example, our Community Mental Health Team (CMHT) has a maternity leave vacancy that went out to recruitment. However we received no applications and we were planning on going out for a second time but the funding was subsequently declined from GGC.

Our PCMHT team are offering up supports to Glasgow NE PCMHT to help reduce their long wait times for LI CBT, this has been in effect for the past couple of months.

### **Mitigating action**

The focus is now on sustaining / maintaining this improved performance.

Recruitment has been undertaken which has resulted in improved performance as vacancies have been filled. We have also undertaken work to address those with the longest waiting times on our list. The highest waits in weeks was recorded in November 2022 at 38 weeks and this has reduced in July 23 to 25 weeks. The total waiting for treatment in July 22 was 219 and reduced to 139 in July 23.

A review of services was undertaken within Adult Mental Health, looking at new patient capacity across 4 Glasgow South and East Renfrewshire Community Mental Health Teams (CMHTs). This has resulted in a plan to look at more flexible approaches for those with the longest waits. This includes moving peripatetic psychology resources to areas identified as having the most need and ensuring the use of digital and group interventions.

Older Adult Mental Health Team (OAMHT) has had an increase in staffing from the OPTIMAL team and the Primary Care Mental Health Team (PCMHT) has appointed new starts in process of allocating new patients. The OPTIMAL team is a Clinical Psychology-led team with a board-wide remit for increasing access to Psychological Therapies (PTs) for older people.

Additional staff members have joined the team and are quickly picking up caseloads and assessing new patients who may be suitable for psychological intervention.

### **Investment**

Based on the current projections no further funding is required as additional capacity is being recruited in each team within current budgets. If this should fail it may be that further funding may be required to recruit further to help meet the target.

### **Context and benchmarking**

Across Scotland health boards have struggled to meet the 90% target and from March 2023 NHS Scotland has not reached target. NHSGGC only achieved target in Q4 2022/23.

The figure continues to be monitored weekly and by Q1 of the current financial year (Apr-Jun 2023) 91.5% of people started treatment within 18 weeks of referral compared to 75% in Q2 of 2022-23 (July - Sep 2022).

**Reablement indicator - “Percentage of people whose care need has reduced following reablement”**

**Purpose of the indicator**

The measure sets a standard of 60% of all service users who receive input from the reablement service to be rehabilitated where the level of support required after discharge from the service has reduced. It is used to measure how successful the service is at using Occupational Therapy input and care workers using reablement methods to allow service users to be more independent in elements of daily living and personal care.

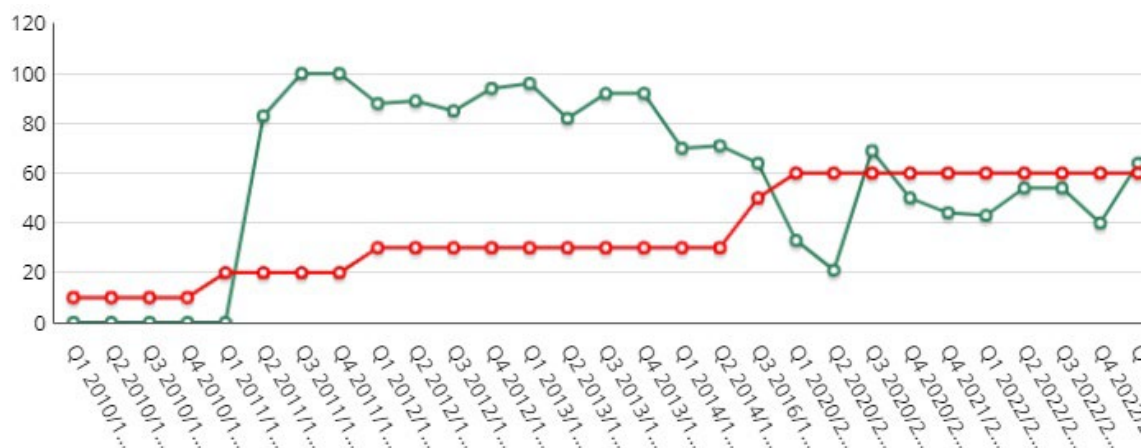
**What does good look like?**

As many people as possible after a period of intense reablement input requires little or no support which means that the need for ongoing care at home services is greatly reduced. This allows people of East Renfrewshire to remain as independent as possible in their own home upon discharge from hospital or a period of need when referred to the service.

**Current status of measure**

This exception report is based on the level of need following discharge from the reablement service. Currently the target is that 60% of people will require less support upon discharge from the service. Our overall performance for 2022/23 was 48%, significantly missing target, however we have seen performance improve for the latest quarterly reporting period.

At the point of reporting at the end of June 2023 the current status of the service is 64% of discharges have reduced or no service. The target rate has been reached for the first time in three years having fallen below this target since Q4 2020/21.



**Reason/explanation for current performance**

As the reablement service was initially established, the number of service users who accessed support was limited. Service users were screened for suitability to the service and whether there was potential for the person to be re-abled. During this period, performance was consistently ahead of target as the service was focused on service users with higher levels of suitability and potential for successful outcomes. As the service developed, reablement has been made available to a wider group of people with varying levels of potential for successful outcomes.

Over the period since the start of the pandemic, the annual number of reablement service users (closed cases) dropped significantly from 300 in 2019/20 to 126 in 2022/23. Last

year, of the 126 total cases, 61 (48%) were closed with the service user requiring a reduced or withdrawn care package. This compares with 2021/22 where, of 156 reablement cases, 94 (60%) were closed with reduced or no care package.

In the last few years, East Renfrewshire care at home service has experienced unprecedented demand pressures with higher levels of care need and complexity among the people we work with. Between March 2020 and March 2023, the average size of care at home packages increased from just over 7 hours to nearly 8.5 hours per week. 14% of our service users now require support from two or more carers; up from 9% in February 2020.

At the same time, the service has experience issues with recruitment and retention and pressures as a result of staff absence. This was particularly the case during quarter 3 of 2022/23 where staffing issues were so significant that we had to reduce service levels to some existing care at home clients and were limited in our ability to accept new packages of care. Across the last 12 month, there has also been higher levels of absence within the care at home OT resource, with long term absence from the service impacting on flow of referrals through reablement. These issues significantly impacted our overall capacity to accept reablement referrals during the year.

In addition, we are seeing that as a result of higher levels of complexity and need, and increased pressure to discharge people as early as possible, people are leaving hospital with higher levels of frailty and less potential for successful outcomes through reablement.

In summary, increased pressures on care at home services through higher demand and staff capacity issues, and higher levels of frailty and complexity among people return to the community from hospital, have reduced our capacity to deliver reablement and we have not been able to achieve the level of outcomes for individuals seen in previous years.

#### **Mitigating action**

The service is working hard to address capacity issues and we are seeing improved performance in Quarter One, 2023/24. Care at home staff on long-term absence have now returned to work and we have successfully recruited to our Band 3 Health Care Assistant within the team. For Quarter One, our performance improved to 64%; of the 53 reablement service users discharged during the period, 34 were discharged with no or reduced service. This is projected to sustain the measure above target of 60% in the coming year.

#### **Investment**

Investment of recruitment of two Band 3 Healthcare Assistants has allowed more intense rehabilitation to take place with more visits taking place with service users. This in turn has helped to reduce timescales between referral to the service and initial visits which makes the reablement process a more positive experience and stops services being embedded before the input of rehabilitation and stops service users becoming dependent on services.

#### **Context and benchmarking**

This is a local measure and we do not have directly comparable data from other partnerships or nationally. The pressures that the service has faced in relation to demand and workforce pressures have been experienced across the social care sector in Scotland since the pandemic.

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>  <b>Held on</b>	Performance and Audit Committee  27 September 2023
<b>Agenda Item</b>	11
<b>Title</b>	Commissioned Services Annual Update
<b>Summary</b>  The purpose of this report is to provide the Performance and Audit Committee with an update on the current arrangements in place to commission health and care with external partners.	
<b>Presented by</b>	Margaret Phelps; Senior Manager Planning and Performance and Commissioning Manager
<b>Action Required</b>  It is recommended that the Performance and Audit Committee note and comment on the arrangements in place to commission health and care with external partners.	
<b>Directions</b> <input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<b>Implications</b> <input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty

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**EAST RENFREWSHIRE PERFORMANCE AND AUDIT COMMITTEE**

**27 September 2023**

**Report by Chief Officer**

**COMMISSIONED SERVICES ANNUAL UPDATE**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide the Performance and Audit Committee with an update on the current 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 arrangements in place to commission health and care services with external partners.

**BACKGROUND**

3. The Performance and Audit Committee on 23 November 2022 received the report on the 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 and 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. This subsequent report seeks to provide an update on the progress made during 2022/23.
4. The Savings, Recovery and Renewal Programme recommenced during 2022 and regularly reports to the Integration Joint Board. As part of the programme, a Commissioned Services Review commenced in November 2022 and supports service redesign, and associated efficiencies. This review provides greater alignment between the refreshed Strategic Commissioning Plan and the Savings, Recovery and Renewal Programme.

**REPORT**

5. The Strategic Plan 2022/25 and Strategic Commissioning Plan 2023/25 describe our partnership and vision recognising the benefits of working collaboratively as a broad and inclusive partnership and includes the range of services commissioned and delivered by our external partners.

6. The report identified that the Strategic Commissioning Plan has been in place since 2018 and required to be reviewed. The Performance and Audit Committee on 29<sup>th</sup> March 2023 approved the proposals for a renewed Strategic Commissioning Plan alongside a period of engagement during May 2023. A final Strategic Commissioning Plan was presented and approved by the Integration Joint Board at the meeting on 16<sup>th</sup> August 2023.
7. The Partnership, under the direction of the Integration Joint Board (IJB), builds on a secure commitment to partnership working in East Renfrewshire. The Strategic Commissioning Plan acknowledges this partnership approach, which underpins 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. The range of contracts planned for 2023/24 were set out in an appendix to the Strategic Commissioning Plan.
8. This Strategic Commissioning Plan reflects the 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.
9. The engagement programme during May to June 2023 builds on the collaborative commissioning work already underway with our partners, which 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. The new Plan has identified a range of opportunities to work together with our external partners to shape the local health and social care environment.

#### Partnership Working – Commissioned Services

10. 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 table below report shows spend for purchased care for the 12 months from April 2022 to March 2023.

<b>Framework</b>	<b>2021/22</b>	<b>2022/23</b>
Care and Support	£20,465,546	£20,795,232
Care Homes for Adults with Learning Disabilities Including Autism	£96,998	£173,921
Care Homes	£12,514,222	£12,234,457
Children's Residential Care and Education, including Short Break, Services	£2,393,130	£1,920,617
Social Care Agency	£230,750	£313,112
Grants	£2,669,945	£2,811,036

Contracts	£1,106,126	£1,127,006
<b>Sub Total</b>	<b>£39,476,717</b>	<b>£39,375,381</b>
<b>Non Framework</b>		
Adults Services	£2,054,207	£2,801,279
Children's Services	£792,333	£1,500,509
<b>Total</b>	<b>£42,323,257</b>	<b>£43,677,169</b>

11. **Care and Support** – An increase of 4.79% was applied to support the Scottish Government pay uplift for adult social care workers to a minimum of £10.50.
12. **Nursing and Residential Care Contracts** – The National Care Home Contract was renewed for 2022/23 at increases for residential care at 10% and 8.9% for nursing care.
13. **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.
14. **Direct Awards** – The HSCP received approval to make 8 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.
15. **Grant Payments** – A review of current grant arrangements during 2022/23 has resulted in the realignment, where applicable, from grant award to contractual arrangements. Overall 22 grant awards were made to 20 organisations totalling £2,811,036.
16. **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 Flexible Framework
  - f. Nursing and Residential Care Contracts
17. 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.
18. 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. In addition, where care of a specialised nature is required which may include developing a bespoke package of care or with costs over £100k; these will require additional approval by the Senior Management Team. In addition, any care package with a value of £50k or more needs to be reviewed by the commissioning team, to ensure the most efficient outcome.

### Collaborative Commissioning

19. Work is ongoing to develop a collaborative commissioning approach for East Renfrewshire HSCP and has resulted in the development of a shared statement of intent setting out agreed principles and approach, which were co-designed, with wider partners and stakeholders.
20. Between June 2022 and March 2023 five collaborative commissioning events were held, these included four face-to-face events and one online event. A summary report, which captured the feedback and key priorities, was collated and shared following each event. Regular reports were presented to the Strategic Planning Group meetings.
21. From the events, a core group was established from our internal and external networks, HSCP services, partner providers, community and voluntary organisations and people and carers who use our services. The events allowed partners to come together, explore challenges, identify opportunities and developments across Scotland and collectively identify opportunities for future collaboration. A number of collaborative commissioning opportunities are underway and will be progressed during 2023/24.
22. More recently, the Strategic Commissioning Plan engagement programme offered an online survey, one face-to-face events and four online events. Key themes were identified and where applicable have been included in the revised Plan. Through our collaborative commissioning approach we will work with partners and stakeholders to develop the following opportunities;
  - 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
  - Cross sector support for young people in periods of transition from school, home and independent living
  - 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 development on local services
  - Asset mapping to understand local assets and reduce duplication of service
  - Collaborative approach to understand use of technology ,current and future housing needs and current allocation routes
  - Explore the feasibility and scope for a cross sector Housing Forum for East Renfrewshire
  - Collaboration on advice and information, providing shared language with consistent themes across directories and websites.
  - Develop the market share split with external partners for care at home to meet demographic demands and achieve best value.
  - Carers short breaks – to explore options and consider collaborative opportunities to progress ideas/suggestions/actions
23. As part of the Savings, Recovery and Renwal programme, the review of commissioned services has completed the initial workstream (£82k saving so far), which focused on supporting services to undertake a review of the high cost packages of care and to review

grant funded initiatives and embark on a process of reinstating monitoring arrangements, as arrangements in place during Covid response revert to a more business as usual approach. Work continues to progress on grant funded initiatives, with a number of reviews and new contract monitoring arrangements implemented. Operational services are now engaged in undertaking reviews as part of the Supporting People Framework implementation. All of the updates on the work is reported through the Savings, Recovery and Renewal to the Integration Joint Board.

24. As part of the implementation of the Supporting People Framework, it was recognised that the collaborative role of external partners in future delivery and to support the review of current care packages was important. We have been working with our third and independent sector partners to develop a shared understanding of the Supporting People Framework, to undertake reviews and to consider if any additional community supports are required. Our partners have demonstrated a commitment to work alongside the Partnership in the implementation and realignment of care packages and to consider where commissioned services may require to be revised to support any service changes.

## CONCLUSION

25. This report recognises the contribution that partners make to the delivery of health and social care services. It sets out the financial contribution and range of contractual arrangements currently in place to support our commissioning across the independent and third sector. The Commissioning Plan has been updated to reflect collaborative commissioning opportunities and the commitment to involving partners, stakeholders and people in new service planning or redesign. It recognises progress made through the commissioning workstream within the Savings, Recovery and Renewal Programme and the participation of partners to the implementation of the Supporting People Framework.

## RECOMMENDATION

26. It is recommended that the Performance and Audit Committee note and comment on the arrangements in place to commission health and care services with external partners.

## REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

1 September 2023

## BACKGROUND PAPERS

None

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	27 September 2023
<b>Agenda Item</b>	12
<b>Title</b>	Audit Update
<p><b>Summary</b></p> <p>This report provides Performance and Audit Committee with an update on:-</p> <ul style="list-style-type: none"> <li>• Any new audit activity relating to the Integration Joint Board since last reported to Performance and Audit Committee in June 2023</li> <li>• Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in June 2023</li> <li>• Summary of all open audit recommendations</li> </ul>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>Performance and Audit Committee are asked to note and comment on the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**27 September 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 June 2023
  - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in June 2023
  - 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 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:

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

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

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

## REPORT

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

8. No new audits have been undertaken in relation to the Integration Joint Board since last reported to Performance and Audit Committee in June 2023.
9. 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. This will be superseded following the Ernst & Young audit report and recommendations on the Annual Report and Accounts which is included on the September PAC agenda.

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

10. Since last reported there has been 1 new audit which is included in this report.

#### **Audit of Debtors (MB/1188/NS)**

11. This Council wide Audit of Debtors was issued on 5 July 2023. The report made 16 recommendations however there was only one which impacted on the HSCP.
12. An extract of the audit report along with our response is included at Appendix 2A.

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

13. At the June 2023 meeting, a total of 56 recommendations were reported; 19 open and 37 which the HSCP considered to be closed but were pending verification from internal audit. Of those 56 recommendations, a further 5 are now considered closed (pending verification).
14. One additional recommendation has been added from the new audit detailed at appendix 2A, bringing the total number of audit actions to 57, as this new recommendation is also considered closed, a total of 14 recommendations remain open.
15. 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.
16. As noted in the previous report, Internal Audit will determine whether closed recommendations have been met when they undertake their follow-up audit and will identify expected timescales where possible. For HSCP specific audits, this is likely to be March 2024. For those audits which include HSCP recommendations as part of wider cross departmental audits, the follow-up timing will be dependent on response due dates from other Council departments.

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
	2A	1 (New)	1	0	1	0
SDS – Direct Payments	2B	0	3	0	0	3
Ordering and Certification	2C	0	4	0	4	0
Follow up of Business Operations and Partnerships Department	2D	0	2	0	1	1
Barrhead Centre	2E	2	11	0	7	4
HSCP Follow-up	2F	2	20	0	14	6
Debtors	2G	0	2	0	2	0
Environment Follow-up	2H	0	3	0	3	0
Fostering, Adoption and Kinship	2I	1	3	0	3	0
Payroll	2J	0	8	0	8	0
<b>TOTAL</b>		<b>6</b>	<b>57</b>	<b>0</b>	<b>43</b>	<b>14</b>

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

17. The Chief Internal Auditor has provided detail on NHS related audit activity and this is included at Appendix 3.

**CONCLUSIONS**

18. 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**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Chief Financial Officer  
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24 August 2023

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

PAC Paper: 26.06.2023 – Audit Update  
[https://www.eastrenfrewshire.gov.uk/media/9266/PAC-Item-11-26-June-2023/pdf/PAC\\_Item\\_11\\_-\\_26\\_June\\_2023.pdf?m=638227830059970000](https://www.eastrenfrewshire.gov.uk/media/9266/PAC-Item-11-26-June-2023/pdf/PAC_Item_11_-_26_June_2023.pdf?m=638227830059970000)

<b>Appendix</b>	1A
<b>Title</b>	Audit Scotland 2021/22 Action Plan
<b>Type</b>	Internal Audit Activity relating to the Integration Joint Board
<b>Status</b>	No change since last reported to PAC June 2023

No	Issue	Risk	Recommendation	Agreed Management Action	Responsible Officer	Timing	Comments
1	<b>Financial sustainability – medium and longer-term financial planning</b>						
	<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. 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.</p> <p>The IJB also recognised;</p> <ul style="list-style-type: none"> <li>• that without support for Covid-19 costs, we would most likely need to invoke financial recovery planning.</li> <li>• that the reserves strategy in place, pre pandemic, to phase in savings would recommence</li> <li>• the pre-pandemic savings plans were significantly impacted by covid demands and policy changes.</li> </ul> <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>		31-Mar-23	<p>A refreshed MTFP will be taken to IJB in June 2023 subject to agreement of the IJB Budget for 2023/24 being considered in March 2023.</p>

<b>2</b>	<b>General Reserve position</b>						
	<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>
<b>3</b>	<b>Key performance indicators</b>						
	<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 included 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>

<b>Appendix</b>	2A
<b>Title</b>	Debtors MB/1188/NS
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	NEW Issued 05/07/2023 4.5.1 considered closed



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

As part of the Annual Audit Plan for 2022/23, an audit of debtors was carried out. The total amount of outstanding sundry debt for the Council as at 4 May 2023 was £3.6million (which is all sundry debt outstanding irrespective of debtor nature and covering both the Council and Leisure Trust), of which £1.3 million (36%) was greater than 12 months old. The top 10 department codes account for £2.1 million (58%) of the total debt.

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

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

**2. SCOPE**

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

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

A follow up of the previous audit (MB/1158/FM) issued in June 2022 was also carried out.

These objectives were agreed with the Senior Revenues Manager and testing was carried out on transactions covering the period April 2022 to March 2023.

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

**3. GENERAL CONCLUSION**

The main areas of concern arising from the audit relate to the level of outstanding debt and the fact that reports from the system suggest that follow up of this is not being done in a consistent manner. There is also concern over the large amount of payroll related debt which is largely unrecovered and over 12 months old.

It was also noted that there continues to be former employees with access to Integra despite this recommendation being made in the previous audit as well as numerous others over the last few years. Managers continue not to follow the leavers guidance that has been put in place by HR.

The sample of credit notes showed that there is a high error rate in relation to accounting for VAT and whilst corrective action has been taken there is potential for this to cause issues with claims being made to HMRC.

The following recommendations are made and require action.

## 4. **FINDINGS AND RECOMMENDATIONS**

### 4.5

#### Integra Users

The system administrator for Integra provided audit with a list of current users as at 21 February 2023 and audit matched this to a list of current employees from the payroll system at the same date.

This highlighted 19 former employees who still had access to the system and in one case this was in relation to a former Director who has approval permissions within the system.

Evidence was obtained that showed that the CEO Business Unit had carried out a review of Integra users in February 2023 and this required all departments to notify any changes in access requirement.

Whilst it is acknowledged that this review may have rectified the anomalies noted by Audit it is a requirement of the leavers process that system access is removed to all systems when an employee leaves and it is not the responsibility of system reviews to highlight this to departments. A similar point regarding notification of leavers was made in the recent creditors report (MB1185FM) issued in June 2023.

#### Recommendations

4.5.1 All Managers should be instructed that they must notify the system administrator immediately of all leavers to allow system access to be removed promptly.

Action: All Directors

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.5.1 (High)	All Managers should be instructed that they must notify the system administrator immediately of all leavers to allow system access to be removed promptly.	We will remind staff of the various actions to be taken when processing a leaver.	31/08/2023	Considered Closed (Pending verification by internal audit)	An integra system alert was sent to all integra users. We have also circulated to our Extended SMT to ensure that managers are aware of the process and steps to take.

<b>Appendix</b>	2B
<b>Title</b>	Self-Directed Support – Direct Payments MB/1171/FM
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Changes since last reported to PAC (June 2023): 4.1.1 - note updated 4.1.2 - note updated 4.1.3 - note updated

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	The financial review of direct payments should be completed as soon as possible.	Already under way. This will be done in a phased approach to manage workload	30-Jun-23	Open	All direct payment recipients have been contacted for a financial review. Information received has been scanned onto carefirst and social work managers directed to review where appropriate. Reminders were sent to those who didn't respond in August 2023. This review work is ongoing and will sit alongside reviews under the Supporting People Framework.
4.1.2 (High)	The HSCP management should ensure going forward, that all direct payment service users have provided receipts to support expenditure and that any unspent monies are recovered on an annual basis.	We will follow the CIPFA and Scottish Government guidance, which exempts some small spends etc. It is sometimes obvious from bank statements what spend is being incurred therefore receipts are not necessary. We will, however, implement a risk-based assessed approach to financial monitoring based on care package cost and previous history. Agreed that unspent monies should be recovered annually, in conjunction with a review by operational staff.	30 June 2023 then ongoing	Open	As above. Balances are being highlighted to care managers and recovery of unspent funds will follow review.
4.1.3 (Med)	Consideration should be given to reviewing the full years bank statements for each service user to ensure that the review is comprehensive and provides appropriate assurance regarding the use of public funds.	All users should receive a financial review, however this should be in line with CIPFA and Scottish Government guidance.	31-Mar-24	Open	Where there is evidence of inappropriate spending, full receipts will be asked for.

<b>Appendix</b>	2C
<b>Title</b>	Ordering and Certification MB/1178/NS
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since last reported to PAC (June 2023) All recommendations considered closed

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-Feb-23	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	Considered Closed (Pending verification by internal audit)	Process established with Commissioning and Procurement to identify and action breached thresholds if applicable
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	Considered Closed (Pending verification by internal audit)	Process in place with Commissioning and services to monitor contracts. Commissioning and procurement have process in pace to review new and existing contracts.
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-Feb-23	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

<b>Appendix</b>	2D
<b>Title</b>	Follow-up of Business Operations and Partnerships Department Audits MB/1177/MB
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Changes since last reported to PAC (June 2023) 4.6.1 - note updated



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"> <li>• the assigned user details are accurate, up to date and only include names of current employees.</li> <li>• individual users do not have more than one mobile or one laptop</li> <li>• 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</li> <li>• clarification is provided to ICT of the reasons for devices where a named employee is not assigned to it. (e.g. pool phone) and this should be noted on the inventory.</li> </ul>	<p>A full review of this year's inventories will be undertaken to ensure each point has been addressed.</p>	Mar-23	<p>Considered closed (pending verification)</p>	<p>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.</p>
4.6.1 (Med)	<p>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.</p>	<p>We will continue to review billing and address high users on an individual basis, with regular overview reports to SMT</p>	Dec-22	Open	<p>Work is ongoing with this however the deadline has been revised as capacity constraints have restricted process. This has been amalgamated with a wider review of equipment which is a work in progress and we expect to complete by end October.</p>

<b>Appendix</b>	2E
<b>Title</b>	Barrhead Centre MB/1173/NS
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Changes since last reported to PAC (June 2023) 4.2.1 now considered closed 4.2.2 now considered closed 4.3.1 note updated 4.7.1 note updated

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 claim 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-Nov-22	Considered Closed (pending verification by internal audit)	Prepaid cards rolled out to all staff (June 2023). There is no need for petty cash to exceed the £25 limit.
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-Nov-22	Considered Closed (pending verification by internal audit)	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-Nov-22	Considered Closed (pending verification by internal audit)	The petty cash account signatories have now been updated and the service is able to access the account
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-Nov-22	Considered Closed (pending verification by internal audit)	Review undertaken Dec 2022. Signatories have now been updated as per 4.2.1 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-Nov-22	Open	A change of address request has been submitted to the bank. We await a response.

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
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-Dec-22	Considered Closed (pending verification by internal audit)	Journal entry to correct miscoding actioned.
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-Nov-22	Considered Closed (pending verification by internal audit)	Review of record cards 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-Nov-22	Considered Closed (pending verification by internal audit)	As above

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
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-Mar-23	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 HSCP Day Opportunities staff will have oversight of this to ensure spend is appropriate to the need to the relevant project and are liaising with VAER on account details. An appointment with the bank is arranged for 20/09/23 when it is expected funds will transfer and account will be closed.
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-Mar-23	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-Mar-23	Open	As above. In the meantime, a column to calculate running balance has been added as requested.

<b>Appendix</b>	2F
<b>Title</b>	Follow-up of HSCP Audits MB/1168/FM
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Changes since last reported to PAC (June 2023) 4.2.1 - note update 4.2.2 - note updated 8.8.1 now considered closed 8.3.1 now considered closed

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-Jan-23	Open	A report has been developed for managers to show varies to costs to assist with reviewing Service Agreements and amending where appropriate. This commenced June 2023 and will be issued monthly going forward
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 meetings will be re-established with operational managers to review.	31-Mar-23	Open	As above. Quarterly meetings will be scheduled which will confirm varies based on the new report. It should be noted that timings of reviews may also be determined by the Supporting People Framework

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-Apr-23	Open	A report has been developed to highlight rates that need updating on CareFirst. The new centralised approach will amend Service Agreements where appropriate (with operational managers separately approving) and will liaise with the commissioning team as required. Given operational capacity challenges we expect to complete a full review by end September 2023.
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-Mar-23	Open	Work is ongoing. New Business Support Assistant in post and has undertaken service agreement training. Housekeeping checks will be saved and reviewed by the Senior Finance Support Officer on a quarterly basis to identify if further action needs to take place. Capacity issues within the finance team have meant this work has been delayed, however would expect to be in place by 31st October 2023.
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-Nov-22	Considered Closed (pending verification by internal audit)	Reminder has been issued



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 be arranged in an emergency situation or when care has been put in place pending assessment process.	30-Nov-22	Considered Closed (pending verification by internal audit)	Reminder has been issued
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-Mar-23	Considered Closed (pending verification by internal audit)	The original comment predated the Supporting People Framework which was approved by the IJB in March 2023 Guidance has been developed which underpins the new 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-Mar-23	Considered Closed (pending verification by internal audit)	As above. Operational managers are currently taking forward reviews on a risk and needs basis. This is further underpinned by the new Supporting People Framework.
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-Nov-22	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	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-Nov-22	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-Nov-22	Considered Closed (pending verification by internal audit)	Confirmation of closure received from bank
7.3.1	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-Nov-22	Considered Closed (pending verification from internal audit)	Reviewed policy for both Kinship and Fostering discretionary payments. This has been shared with relevant staff
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-Mar-23	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-Mar-23	Closed (pending verification by internal audit)	The imprest account has been closed and funds returned.
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-Nov-22	Closed (pending verification by internal audit)	Bank signatories have been updated and there are now 8 signatories on the account to allow for continual access.
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-Nov-22	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-Dec-22	Considered Closed (pending verification by internal audit)	Review completed January 2023 and level of cash held has decreased.
9.1.1 (Med)	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.	Assessment and Review of Adult Carer Support Plans (ACSP) has now been incorporated into the wider assessment and process working group. 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.	31-Mar-23	Considered Closed (pending verification by internal audit)	New ACSP process in place from May 23. Screening Group review all ACSP's with review dates agreed and recorded on Carefirst.

		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.			All existing ACSP's not reviewed within the last 6 months will be prioritised for a review and if required, future review dates will be agreed and recorded on Carefirst using new process
9.1.2 (Low)	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>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>	30-Nov-22	Considered Closed (pending verification by internal audit)	<p>New screening group will set the review date and record on carefirst</p> <p>Carers Newsletters being developed for staff to provide information on the role of the new Carers Lead, Carers Centre and Strategy as well as the ACSP process. The first newsletter was issued in June and is available <a href="#">here</a></p>

9.1.3 (Med)	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>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</p>	31-Mar-23	Closed (pending verification by internal audit)	<p>The Carers Centre has the delegated authority on behalf of the HSCP to offer carers an Adult Carer Support plan and to complete the plan should the carer agree. The offer and plan is recorded on the Carers' Centre's management information system.</p> <p>Support plans that meet the HSCP eligibility framework for support are recorded on Carefirst with a review date set at the time resources and support being agreed.</p>
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<b>Appendix</b>	2G
<b>Title</b>	Debtors MB/1158/FM
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since last reported to PAC (June 2023) All recommendations considered closed

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.2.1 (Med)	Departments must ensure that invoices are raised in advance of the service being provided where possible to minimise the risk of bad debts.	The HSCP invoices highlighted in the report relate to community alarm and residential services. These are always billed in arrears in the event of a death of a service user to allow us to bill for the correct period.	N/A	Closed (pending verification by internal audit)	Will be discussed with Chief Internal Auditor as part of follow up work.
4.2.2 (Low)	To ensure that the charges being levied are clear to the customer, the exact period for which charges are being raised should be clearly stated on the invoice. This should include the start and end period.	This will be included depending on system limitations and further information can be provided to service users if required.	N/A	Closed (pending verification by internal audit)	<p>We have explored system options and this is not possible with the current system. As there is an ongoing project to replace our case recording system we will consider this for future developments.</p> <p>Given the current set up has been in place for a significant number of years we would propose to continue as is in the interim. Where any service user or their family have an issue, we will of course address directly.</p>

<b>Appendix</b>	2H
<b>Title</b>	Follow up of Environment Department Audits MB/1166/NS
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since last reported to PAC (June 2023) All recommendations considered closed



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

<b>Appendix</b>	21
<b>Title</b>	Fostering, Adoption and Kinship Care MB/1154/NS
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Changes since last reported to PAC (June 2023): 1.2.1 now considered closed

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.	Aug-22	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.	Aug-22	Considered closed (pending verification by internal)	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.	Sep-22	Considered closed (pending verification by internal audit)	A paper detailing rates was presented and agreed at the IJB in August 2023

<b>Appendix</b>	2J
<b>Title</b>	Payroll MB/1151/FM
<b>Type</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since last reported to PAC (June 2023) All recommendations considered closed

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-22	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-22	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-22	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-22	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-22	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-22	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-22	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**26 September 2023**

**Report by Chief Auditor**

**NHSGGC INTERNAL AUDIT PROGRESS REPORT 2022/23**

**PURPOSE OF REPORT**

1. To provide summary details of the audits completed by the NHS Greater Glasgow and Clyde (NHSGGC) internal auditors during 2022/23. The internal audit service is currently provided by Azets.

**BACKGROUND**

2. The East Renfrewshire Integration Joint Board directs both East Renfrewshire Council and NHSGGC to deliver services on its behalf to enable it to deliver on its strategic plan.

3. Both East Renfrewshire Council and NHSGGC have internal audit functions which conduct audits across their organisations and report the findings of these to their respective audit committees.

**NHSGGC INTERNAL AUDIT ACTIVITY TO JUNE 2023**

4. The report in appendix 1 provides a summary to the Performance and Audit Committee of the internal audit activity undertaken within the NHSGGC received since the last meeting.

5. No reports were classified as needing immediate major improvement. Two of the reports require substantial improvement or are classified as high risk.

**RECOMMENDATION**

6. The Committee is asked to:

- (a) note the contents of the report.

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

M Blair, Chief Auditor  
31 August 2023

**NHSGGC INTERNAL AUDIT PROGRESS REPORT 2022/23****1. Reports Issued**

Details of further audits from the 2022/23 audit plan have been provided by the NHSGGC internal auditors as summarised below, in addition to follow up work being carried out.

Review	Overall audit rating (Note 1)	No. of issues per grading (Note 2)			
		4	3	2	1
Use of Agency Staff	Substantial improvement required	0	2	3	0
Moving Forward Together - Implementation	High risk associated with the nature of the programme and challenging external factors. (see commentary below)	0	3	3	0
Financial Systems Healthcheck (Payroll)	Minor improvement required	0	1	4	0
Sustainability and Value Programme	Minor improvement required	0	0	2	0
Capital/Estates Planning - Neurological Science Project	Minor improvement required	0	0	2	1
Waiting List Management	Minor improvement required	0	0	3	0
Cyber Resilience	Minor improvement required	0	1	6	0

**2. Use of Agency Staff**

The key role of agency workers is to provide cover for unplanned staffing shortfall that cannot be filled by bank staff. It was found that the increased use of agency workers in 2022 compared with 2019 (when agency staff use was relatively low) was driven more by planned than unplanned absences. It was acknowledged that the high vacancy and absence rates have made effective rota management more challenging, meaning that it can be hard to manage planned absences within the existing staff cohort.

A sample of cost centres (wards) with the highest agency use were reviewed and most were found to also have high vacancy and absence rates. There was however a substantial use of agency workers that could not be attributed to either high vacancy levels or high absence levels and reasons for this were not identified. Grade 3 recommendations were made that further investigations be carried out on the correlation between agency shifts and planned leave and also on identified data quality issues. Lower risk recommendations were made that meetings are minuted and that targeted intervention is taken to understand the reasons for increased reliance on agency workers.

**3. Moving Forward Together Implementation**

The NHSGGC Moving Forward Together (MFT) programme sets out the strategic vision for future delivery models of health and social care services across the whole of Greater Glasgow and Clyde. Without clear and consistent messaging about the volume of work, resourcing and expected timescales, the vitality of the programme in the current environment is unclear. Grade three recommendations were made regarding setting a deadline for finalisation of project plans, setting a series of success measures to assess the performance of the MFT programme, and assessing capacity to deliver the MFT alongside pre-existing commitments. The auditors commented that there was a significant challenge in delivering a substantial change programme of this scale in such a complex and uncertain external environment and for this reason did not consider a rating of 'substantial



improvement required' appropriate however due to the number of external factors at play, the risk in this area is considered high.

#### 4. Financial Systems Healthcheck (Payroll)

There are approximately 40,000 staff members within NHSGGC's offices, hospitals and facilities. In 2018 the eESS system was introduced which provides a single national NHS Scotland approach to HR systems. The audit identified one key area for improvement relating to maintaining pace with current efforts to ensure line managers adhere to eESS procedures for starters, leavers and payroll amendments. Four other less significant recommendations were also made regarding strengthening procedures and eliminating paper based forms to make full use of the eESS system.

#### 5. Sustainability and Value Programme

As part of wider Covid recovery, NHSGGC renamed the Covid Financial Improvement Programme as the Sustainability and Value Programme. The financial plan for 2022/23 identified an overall financial gap of £174.5 million. This programme set out a recurring savings target with the balance to be found from non recurring solutions during the year. A sample of four sector/directorate areas were sampled and robust and effective arrangements were found to be in place to identify and subsequently monitor progress to achieving them. Two low risk recommendations were made regarding operational teams meeting and discussing savings regularly as a means of ensuring targets are realised.

#### 6. Capital/Estates Planning – Neurological Science Project

Early work towards establishment of a governance structure to oversee implementation of the Neurological Science Project was reviewed as part of the audit. An effective evaluation process was found to be in place. Improvement actions identified were lower risk and largely related to external delays in approving the initial agreement and a lack of formal resourcing assessments.

#### 7. Waiting List Management

Achievement of waiting times targets has been challenging. There are a number of complex issues underpinning performance against waiting time standards, notably mismatch between supply and demand for planned care services. Low risk recommendations were made to ensure that underlying patient records are consistently updated so that they are complete and accurate.

**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 attention that create fundamental risks within the organisation</i>
3	<i>High risk exposure – absence/failure of key controls that create significant risks within the organisation</i>
2	<i>Moderate risk exposure – controls not working effectively and efficiently and may create moderate risks within the organisation</i>
1	<i>Limited risk exposure – controls are working effectively but could be strengthened to prevent the creation of minor risks or address general house-keeping issues.</i>

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	27 September 2023
<b>Agenda Item</b>	13
<b>Title</b>	Policy Update
<p><b>Summary</b></p> <p>This paper provides an overview of the policies relating to the Integration Joint Board and when they were last reviewed. This paper is for information only.</p>	
<b>Presented by</b>	Margaret Phelps, Planning, Performance and Commissioning Manager
<p><b>Action Required</b></p> <p>Members of Performance and Audit Committee are asked to note the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**27 September 2023**

**Report by Chief Officer**

**POLICY UPDATE**

**PURPOSE OF REPORT**

1. This paper provides an update on policies relating specifically to Integration Joint Board governance.

**RECOMMENDATION**

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

**BACKGROUND**

3. The Integration Joint Board has a number of policy documents which relate specifically to the governance of the IJB. These comprise:-
  - Integration Scheme
  - Standing Orders
  - Code of Conduct
  - Financial Regulations
  - Reserves Policy
  - IJB Risk Policy and Strategy
  - IJB FOI Policy
  - IJB Publication Scheme
  - IJB Records Management
  - IJB Complaints Handling Procedure
4. Following reports to Performance and Audit Committee in June 2022 and September 2022, it was agreed that an annual overview report showing the review status of each policy would be presented to Performance and Audit Committee each year to promote transparent governance.
5. Where policies do not have a statutory review date, or are dependent on other bodies/legislation changes, a formal review will be prompted at that time. Should there be any legislation or other significant changes during the year, reports will be brought to either PAC or IJB for approval as appropriate.

## REPORT

6. The following table details the review cycle, along with the dates of the last formal review and when the next review is due. Those which do not have a set review period are because changes as triggered by legislation/other bodies.

Policy	Review Cycle	Last Formal Review	Review Due
Integration Scheme	No specific review period – As required by The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) 2014 Act	January 2018	Review in progress – see update at paragraph 7.
Standing Orders	No specific review period – As required by The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) 2014 Act	June 2016	n/a
Code of Conduct	No specific review period – As required by Standards Commission	March 2022	n/a
Financial Regulations	Annually	September 2023	September 2024
Reserves	Annually	September 2023	September 2024
IJB Risk Policy and Strategy	Bi-annually	September 2022	January 2024
IJB FOI Policy	Bi-annually	September 2022	September 2024
IJB Publications Scheme	Annually	September 2023	September 2024
IJB Records Management Plan	Annually	September 2023	September 2024
IJB Complaints Handling Procedure	No specific review period - as required by Scottish Public Services Ombudsman	May 2021	n/a

### Integration Scheme

7. The Public Bodies (Joint Working) (Scotland) Act 2014 (the ‘Act’) requires Local Authorities and Health Boards to jointly prepare an Integration Scheme. It sets out the key arrangements for how Health and Social Care Integration is to be planned, delivered and monitored within their local area.
8. Integration Schemes are required by statute to be reviewed within a “relevant period” of five years from initial publication. In order to ensure consistency where possible across the six HSCPs and to reduce duplication of effort, it was decided to carry out simultaneous reviews to enable revised Schemes to be agreed at the same time.
9. A joint review of the Schemes pan-Partnership working group was established in the second half of 2019 to progress the review, reporting to Chief Officers. This work was delayed in 2020 shortly before going out to consultation following a number of queries raised by the Chairman of the Health Board in relation to the Schemes that required further discussion and editing. The review was subsequently further delayed by the focus on responding to the Covid-19 pandemic.
10. The core content and structure of the draft revised Scheme for East Renfrewshire remains consistent with the existing Scheme, and therefore retains its close alignment with the model Integration Scheme approved by the Scottish Government and the requirements laid

out within the Public Bodies Joint Working Integration Scheme Scotland Regulations 2014. The HSCP has engaged with the Council's Legal Services Team to review the draft with a view to ensuring incorporation of any legal advice for the final draft of the Schemes.

11. The draft Schemes for all six HSCPs will be considered at the Health Board's Finance, Planning and Performance Committee on 4th October 2023 and the East Renfrewshire Scheme will be reviewed at the meeting of East Renfrewshire Council on 25th October 2023. If approved by Council the draft revised Scheme will be subject to consultation with the prescribed consultees as laid out in Prescribed consultees regulations and in accordance with section 46 of the Public Bodies (Joint Working) (Scotland) Act 2014. The working group is preparing a light-touch consultation plan to be run between October and January.
12. Following the consultation exercise the feedback received will be used to make the necessary revisions to the draft Scheme and the updated draft will be presented to Council (and the Health Board) for final approval in February/March 2024. If approved, the Scheme will be presented to the Integration Joint Board for noting and subsequently submitted to the Cabinet Secretary for Ministerial approval.

#### Financial Regulations

13. The financial regulations set out the financial governance regulations under which the Integration Joint Board operates and identifies the roles and responsibilities of the IJB, the Chief Officer and the Chief Financial Officer.
14. There are no changes to the policy, which was last reviewed in September 2023.
15. Members of the Performance and Audit Committee should be assured that if there are any changes in legislation between review periods the regulations will be revised as required.

#### Reserves Policy

16. The Reserves Policy provides the detail to support the governance in respect of reserves. Whilst the reserves policy is unchanged, it is worth noting that the policy has supported our reserves strategy which has served us well over a significant and continued period of change.
17. The optimum/maximum level of general reserve we should hold per our policy is 2% of our budget, however from the outset and recognising the ongoing financial challenge to the IJB we recognise that:
  1. This would take time to build
  2. There is a tension between holding free reserves and not protecting spend on front line services and the IJB have taken clear decision on this in prior years.
18. For context, 2% of our current revenue budget, excluding set aside and Family Health Services, is £118 million. Our current general reserve is just under £0.3 million (0.2%).
19. As part of the 2023/24 budget the IJB agreed to un-hypothecate certain earmarked reserves to support savings delivery in 2023/24. We have discussed reserves at length in previous years.

20. The committee should also note that it is not possible to un-hypothecate the ring-fenced reserves specific to Scottish Government funding initiatives such as Covid support, Primary Care Improvement and Mental Health Action 15.
21. There are no changes to the changes to the reserves policy, which was last reviewed in September 2023.

#### IJB Publication Scheme

22. Section 23 of the Freedom of Information (Scotland) Act 2002 requires Scottish public authorities to produce and maintain a publication scheme. This is called the "publication scheme" duty.
23. The IJB publication scheme is based on the Scottish Information Commissioner's (SIC) model publication scheme. Substantive changes to the scheme would be triggered by SIC, however we review this annually to ensure it remains up to date, in particular, in relation to our guide to information.
24. Since last presented to the Performance and Audit Committee in September 2023, we have digitised our publication scheme which is now hosted within our IJB web pages. Some minor changes were made to wording to meet accessibility standards during the switchover.
25. By hosting the publication scheme online it provides a single place for our key documents and policies to be stored and means that the scheme becomes a live document and remains up to date as and when policies and plans are updated throughout the year.

#### IJB Records Management Plan

26. The Public Records (Scotland) Act 2011 requires public authorities to prepare and implement a Records Management Plan (RMP) which must set out proper arrangements for the management of its records.
27. The IJB Records Management Plan was amended and approved by the IJB in August 2022. Following a review in September 2023 it has been concluded that no further changes are required at this time.
28. Some of the supporting policy documents which relate to our partners may be due for renewal outwith our annual review cycle.

#### **CONCLUSIONS**

29. In order to promote transparent governance, the Performance and Audit Committee will continue to receive an annual overview report on policies relating to IJB governance in September of each year.
30. In the event of any legislative or policy change in the interim, specific reports will be brought to the Performance and Audit Committee and/or the Integration Joint Board as appropriate and will also be reflected in the following annual overview.



**RECOMMENDATIONS**

31. Performance and Audit Committee are asked to note the report and those policies which have been reviewed.

**REPORT AUTHOR AND PERSON TO CONTACT**

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

12 September 2023

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

All policy documents referred to in this paper can be found within the IJB Publication Scheme at <https://www.eastrenfrewshire.gov.uk/ijb-documentation>

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<b>Meeting of East Renfrewshire Integration Joint Board</b>	Performance and Audit Committee
<b>Held on</b>	27 September 2023
<b>Agenda Item</b>	14
<b>Title</b>	IJB Strategic Risk Register
<p><b>Summary</b></p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**27 September 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.

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

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

<b>Risk Score</b>	<b>Overall rating</b>
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 29 March 2023. Since last reported:-
  - No new risks have been added, however the Covid-19 and Recovery risk has been changed to a wider Business Continuity risk.
  - No risks have been removed
  - 4 risk scores have changed (Workforce, Care at Home, Business Continuity, IT,)
  - 1 risk remains red post mitigation (Financial Sustainability)
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. There has also been some changes to wording throughout.
10. Members are asked to note the following:-

Financial Sustainability

11. We have made reference in the risk description that we will require in year funding discussions with partners.
12. The Clinical Director is leading on our local prescribing action plan to attempt to mitigate cost pressures as far as possible, therefore this has been added to the planned mitigation.

Failure of a Provider

13. The draft Strategic Commissioning Plan which was approved by IJB on August and the HSCP leadership team will progress implementation which will include the redesign of care services locally. This will affect the current market share for some care services which may impact on financial sustainability within the marketplace.

Access to Primary Care

14. We are seeing a significant increase in GP registered population due to the new developments at Maidenhill and within Neilston and Barrhead area which is impacting on our locality Practices. This has resulted in a number of list closures and local list closures (level 1b escalation). There has also been a significant number of practices applying to reduce their catchment areas. The HSCP continues to support practices with sustainability issues through the use of the new GGC escalation framework.
15. We have taken part of the GGC wide property strategy and are looking at developing our own local East Renfrewshire strategy to support primary care within our community.
16. We are unable to identify or secure additional premises for PCIP staff, therefore this has been removed from the proposed mitigation. Unfortunately there are no GMS funds or capital investment available to support improvement grants this year.

Increase in frail/elderly population

17. We have increased the current score to 12 (red) due to the increasing demand and complexity, particularly within our older population and the resultant increased in demand for health and social care services. There are specific pressures on social care, equipment and rehabilitation which is currently significantly impacting on our budget for these service areas.
18. We have strengthened the management oversight of equipment requests and are progressing targeted initiatives to better understand and mitigate budgetary risk in this service area.

Workforce Planning and Change

19. The overall workforce risk remains high due to the ongoing capacity constraints and challenges within mental health services, however the board wide Mental Health Strategy has recently been approved by the NHS Corporate Management Team and we have developed our own local interim workforce plan to minimise our retention and recruitment risks.
20. We are also exploring a carefully managed voluntary redundancy process as part of our wider redesign of services to support savings delivery.

In-house Care at Home Service

21. Redesign work has recommenced with oversight from a programme board chaired by the Chief Officer.
22. Management of absence within the service is a continued priority in line with organisational policy.

Analogue

23. To date, 49% of Telecare customers have been transferred from an analogue to a digital alarm unit.
24. A local risk assessment group was established in the summer which is exploring solutions around connectivity and loss of signal issues and developing local contingency plans. The group is also escalating concerns and sharing potential solutions with the Scottish Government Digital Office.
25. We have recently achieved the GOLD Level 1 Excellence Award through the Scottish Government Digital Office with both our Alarm Receiving Centre fully upgraded to Digital and our client base over 20% fully digital demonstrating the standards we have now met through our project endeavours.

### **Post Mitigation - Red and Significant Risks Exception Report**

26. 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**

27. As noted above, pre and post mitigation remains unchanged and the risk has been updated as noted above.
28. 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 remain within operational budget as a result of demand and capacity pressures
  - 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**

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

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

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

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0141 451 0746

September 2023

Chief Officer, IJB: Julie Murray

### **BACKGROUND PAPERS**

PAC Paper: June 2023: IJB Strategic Risk Register Update

[https://www.eastrenfrewshire.gov.uk/media/9267/PAC-Item-12-26-June-2023/pdf/PAC\\_Item\\_12\\_-\\_26\\_June\\_2023.pdf?m=638227830063400000](https://www.eastrenfrewshire.gov.uk/media/9267/PAC-Item-12-26-June-2023/pdf/PAC_Item_12_-_26_June_2023.pdf?m=638227830063400000)

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

[https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_14\\_-\\_29\\_January\\_2020.pdf?m=637284294607930000](https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000)





4.4	2	S	<b>Scottish Child Abuse Inquiry</b>									
			<p>Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care.</p> <p>Possible increase in 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 appear before the inquiry</p> <p>Key learning from S21 work shared with managers</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.</p>	3	3	9				3	3
4.1	3	S	<b>Child Protection, Adult protection and Multi-Agency Public Protection Arrangements</b>									
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPA) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues.</p> <p>"Safe Together" model implemented in HSCP and rolled out across Council</p> <p>Regular reporting to COPP in place for adult, children and high risk offenders.</p>	2	4	8	<p>Review programme of quality assurance and training</p> <p>Implement any recommendations from the Joint Inspection of Adults at Risk of Harm (Report due 27.6.23)</p>	31/12/2023	30/09/2023	1	4

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 and/or unable to meet demand pressures for statutory services. This is further impacted by the diminished earmarked reserves held. This will require in year funding discussions with partners</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies &amp; savings.</p> <p>3) Unable to meet financial pressures within prescribing, including influence of GP prescribers, including demographic changes, economic and distribution factors.</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 following cessation of support funding, There remains financial implications to the IJB with costs such as staff cover in any service where an outbreak of</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress and operational cost pressures.</p> <p>Monitoring for COVID 19 related costs will be maintained following cessation of support funding so we can inform future planning.</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 June 2023</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 areas such as prescribing, hosted services, savings challenges and cost pressures from service delivery.</p> <p>The use of earmarked reserves allowed us to deal with prescribing and other costs volatility in any one year. This is diminished and we have limited reserves to support savings delivery over time.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGCC.</p>				<p>Monitor hosted service arrangements – ongoing and longer.</p> <p>Refresh Medium Term Financial Plan for any significant changes during 2023/24 (including impact of fuel, utilities, pay award, prescribing short supply and other inflation costs) along with all other implications emerging or crystallising during the year.</p> <p>Continue to develop the tripartite financial planning discussions with partners as included in our Strategic Improvement Action Plan.</p> <p>Covid funding exit strategy is in place locally to manage the cessation of Covid support funding.</p> <p>Benchmark our local position with similar HSCP and / or national position and challenges</p> <p>Implement actions from local prescribing action plan</p>	<p>31/03/2025</p> <p>Ongoing</p> <p>Ongoing</p> <p>31/03/2023</p> <p>30/09/2023</p> <p>31/03/2024</p>				<p>Chief Financial Officer</p>



			<p>that providers indicate intention to withdraw from the national care home contract</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home Collaborative provides range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p> <p>Daily safeguarding as part of LSI into Establishment E</p> <p>Revised strategic Commissioning plan developed (approved by IJB August 2023)</p>								
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<b>6</b>	<b>C</b>	<b>Access to Primary Care</b>										
		<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>Inability to recruit 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 to Practices through use of GGC Escalation framework.</p>	<b>3</b>	<b>3</b>	<b>9</b>	<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>Exploring revenue funded solutions around GP space in Newton Mearns and Neilston</p> <p>Working with NHSGGC to support GP practice sustainability</p>	<p>Ongoing (reviewed Sep 23)</p> <p>Ongoing (reviewed Sep 23)</p> <p>Ongoing (reviewed Sep 23)</p> <p>Ongoing (reviewed Sep 23)</p> <p>Ongoing (reviewed Mar 23)</p>	<b>3</b>	<b>2</b>	<b>6</b>	Clinical Director

							Participating in NHSGGC Property Strategy Group and developing local strategy	Ongoing (reviewed Mar 23)				
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5.1	7	<b>C Increase in frail older population</b>									
		<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>Unscheduled Care Delivery Plan approved by IJB in March-22.</p> <p>Annual budget setting takes account of demographic pressures, however any increase in demand need to be funded within existing resources.</p> <p>New front door model manages level of demand 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> <p>Supporting people framework implemented April 23</p> <p>Monitoring includes analysis of waiting lists, admissions and incidents.</p>	4	3	12	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p> <p>Strengthen management oversight of equipment requests</p>	30/09/2023	Ongoing (Review 31/03/24)	3	3
8	C	<b>Workforce Planning and Change</b>									
		<p>Lack of appropriately skilled workforce due to combination of turnover recruitment market, funding and resilience.</p> <p>Risk of further reduction in workforce capacity due to factors such as morale, burnout, industrial action and covid</p>	<p>Workforce planning group in place and includes 3<sup>rd</sup> / independent sector reps</p> <p>HSCP management team actively review all requests to recruit in line with our workforce plan</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Savings, Recovery and Renewal Programme monitors spend and efficiencies</p>	3	4	12	<p>Implement local mental health interim workforce plan</p> <p>Review voluntary redundancy expressions of interest and conclude process</p> <p>Strengthen reporting arrangements around SSSC registrations. <i>(Recommendations from the short-life working group established Mar-22 – to be implemented)</i></p>	31/12/2024	31/03/2024	2	4

			<p>HSCP 3 year Workforce Plan developed</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 programme in place</p> <p>Business Continuity plans support critical service prioritisation where required and cover a range of events including possible industrial action.</p> <p>Interim MH workforce plan developed August 2023</p>									
<b>2.2</b>	<b>10</b>	<b>C</b>	<b>Increase in children &amp; adults with additional support needs</b>									
			<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&amp;R Programme</p> <p>Supporting People Framework (eligibility criteria) developed and approved by IJB 29.03.2023</p>	3	3	9	<p>Implementation of the Supporting People Framework action plan which takes account of the various work required with all stakeholders, and monitors operational delivery risk</p>	30/09/23	3	2	6	<p>Chief Officer HSCP</p>



5.3	11	C	<b>In-House Care at Home Service</b>									
			<p>Ongoing pressures and limited service capacity impacts on service delivery and quality standards Impact on service users and carers</p>	<p>Increased resource to support robust absence management. Due to significant absence numbers</p> <p>Single base operating for Care at Home</p> <p>Ongoing quality assurance and monitoring activity.</p> <p>Winter frontline recruitment commenced</p> <p>Increased OT resource to maximise outcomes and reduce supports required</p> <p>New scheduling system (Total Mobile) in place</p> <p>Proposed service model agreed by DMT and Programme Board established which will provide oversight to care at home redesign</p> <p>Use of intermediate care beds to allow discharge from hospital</p> <p>Enhanced management oversight of hospital discharge</p>	2	4	8	<p>Conclude work to realign staff work patters in order to maximise resource</p> <p>30/09/2023</p> <p>Continuation of Total Mobile implementation</p> <p>Ongoing</p> <p>Progress implementation of new practice model in line with organisational change</p> <p>Ongoing</p> <p>2</p> <p>3</p> <p>6</p> <p>Conclude Care at Home redesign by April 2024</p> <p>April 24</p>	2	3	6	Chief Officer HSCP
	12	S	<b>Failures within IT System</b>									
			<p>Critical information not been received due to failures in IT system</p> <p>Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.</p>	<p>Specific email addresses can be added to whitelist if required.</p> <p>Emails can be manually released.</p> <p>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>New ICT ticket system which has made it easier and improved the speed of releasing blocked emails.</p> <p>Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway</p>	2	2	4	<p>Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure.</p> <p>TBC</p>	2	1	2	IT Business Partner



	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 from analogue to digital.</p> <p>HSCP Head of Service chairing programme board.</p> <p>Analogue to digital implementation plan.</p> <p>Digital ARC went live October 2022.</p> <p>Local Risk assessment group established summer 2023 which looks for solutions to and developing a contingency plan</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>Complete installation of all digital alarm units</p>	<p>Ongoing</p> <p>Ongoing</p> <p>31/01/2025</p>	2	3	6	

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