

Date: 15 June 2022  
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**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD PERFORMANCE AND AUDIT COMMITTEE**

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD - PERFORMANCE AND AUDIT COMMITTEE**

A meeting of the East Renfrewshire Integration Joint Board Performance and Audit Committee will be held on **Wednesday 22 June 2022 at 9.00 am.**

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

The agenda of business is attached.

Yours faithfully

ANNE-MARIE MONAGHAN  
Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
PERFORMANCE & AUDIT COMMITTEE  
WEDNESDAY 22 JUNE 2022**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**AGENDA**

- 1 Apologies for absence**
- 2. Declaration of Interests**
- 3. Minute of meeting of 16 March 2022 (copy attached, pages 5 - 10).**
- 4. Matters Arising (copy attached, pages 11 - 14).**
- 5. Rolling Action Log (copy attached, pages 15 - 18).**
- 6. Audit Scotland Annual Audit Plan (copy attached, pages 19 - 36).**
- 7. Unaudited Annual Report and Accounts (copy attached, pages 37 - 112).**
- 8. 2021-22 End Year Performance Update and postponement of Annual Performance Report (copy attached, pages 113 - 158).**
- 9. Specialist Learning Disability In Patients Service Performance Report 2021 (copy attached, pages 159 - 174).**
- 10. Audit Update (copy attached, pages 175 - 254).**
- 11. Policy Update (copy attached, pages 255 - 260).**
- 12. IJB Strategic Risk Register Update (copy attached, pages 261 - 276).**
- 13. Date of Next Meeting – Wednesday 21 September 2022 at 9am.**

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**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
Performance and Audit Committee  
held at 9.00am on 16 March 2022**

**PRESENT**

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

Councillor Caroline Bamforth	East Renfrewshire Council
Provost Jim Fletcher	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Non-voting IJB member

**IN ATTENDANCE**

Liona Allison	Assistant Committee Services Officer (East Renfrewshire Council)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
Michelle Blair	Chief Auditor (East Renfrewshire Council)
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Ian McLean	Accountancy Manager
Julie Murray	Chief Officer – IJB
Margaret Phelps	Strategic Planning, Performance and Commissioning Manager
Steven Reid	Policy, Planning and Performance Manager
Stephen Shaw	Audit Scotland

**APOLOGIES FOR ABSENCE**

Councillor Barbara Grant	East Renfrewshire Council co-opted Member
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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 24 November 2021.

**MATTERS ARISING**

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

**ROLLING ACTION LOG**

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

Referring to the open action in relation to discussions with Council staff in respect of support cost recharges, the Chief Officer explained these discussions had not yet taken place as the Council had not produced a mid-year review as in previous years.

In addition, she reported that reviewing the format of performance reporting was ongoing.

Ms Monaghan and Ms Forbes both referred to the delay in the internal audit verification process, expressing concern at this, and questioned whether it should be considered for addition to the risk register in terms of any exposure the IJB may suffer as a result of audits not being verified. They also queried if any review of support cost recharges occurred, to reflect that work as originally agreed had not taken place.

Responding to the comments in relation to support cost recharges, the Chief Officer explained the changed funding arrangements in that the IJB now received a flat cash settlement to pay for these services. Consequently, there was a need for a review of the whole recharge process. The need was strengthened further by the proposals for the introduction of a National Care Service. Initial discussions had taken place with the Council's Chief Executive around this matter, who agreed that a review was necessary.

The Chief Financial Officer then gave an explanation of the current model in use and the number of services involved. She clarified that it was only in respect of the Council that the funding was delegated into the IJB budget with the relevant NHS support services provided on behalf of the IJB. This arrangement with the Council was understood to be unique in Scotland.

She clarified that an allocation methodology, not a service level agreement arrangement was used, with Council support services estimating what proportion of their activities related to the HSCP/IJB. Without the Council having a mid-year review of support cost recharges it meant that there was higher uncertainty around what the end-year allocation of support costs by the Council would be. She suggested that there was work that could be done which would improve the amount of information provided to enable planned activity against real time activity to be more accurately shown during the year. She highlighted that in many cases, due to the size of the teams providing support services, costs were fixed and would be there regardless of the level of activity. She also referred to other areas where recharges had increased and explained the reasons for this.

Ms Monaghan having suggested that the issue be added to the Rolling Action Log and that the IJB would be best served by the topic being the subject of a development session to ensure members had a better understanding of the issue, Ms Forbes questioned whether the issue of support service recharges should be covered by Direction, and that in the event the Council was looking to recover more than the agreed amount they needed to approach the IJB to have the Direction varied.

Responding to the comments made, the Chief Financial Officer intimated that subject to budget approval by the IJB, reference could be made in the Direction letter to concerns around support costs. To reassure the committee, she explained that discussions around the level of support cost recharges in the 2022/23 budget had been very robust.

The Chief Auditor then summarised some of the challenges that had faced the audit service in the preceding year, particularly in relation to staffing levels and long-term sickness absence. She clarified that the charges for audit services provided were normally based on actual time spent on any work being carried out.

Having heard Ms Monaghan on the importance of the Board having a better understanding of recharge arrangements, the committee:-

- (a) noted the report;
- (b) agreed that a development session on support cost recharges be arranged for a future seminar; and
- (c) agreed that the question of support cost recharges be added to the Rolling Action Log.

### **EAST RENFREWSHIRE HSCP STRATEGIC PLAN 2022-25**

5. The committee considered a report by the Chief Officer, presenting for consideration the HSCP Strategic Plan for the period 2022-25. A copy of the Plan accompanied the report.

The report set out the statutory basis for the review of the plan at least every 3 years, reminding the committee that in November 2020 it had been agreed that the HSCP would prepare a one-year "bridging plan" for 2021-22, reflecting priorities during recovery from the COVID-19 pandemic. It had also been agreed that during 2021-22, a more comprehensive strategic needs assessment and full programme of community and stakeholder engagement would be undertaken to support the establishment of a full three-year strategic plan for the period 2022-25, to be published by 1 April 2022. This work was now complete and represented in the content of the Strategic Plan.

The report provided details of some of the engagement work that had taken place in preparing the Plan and set out the next steps following consideration by the committee and the IJB.

It was explained that the Plan illustrated how the HSCP would contribute to the priorities established in the East Renfrewshire Community Plan and Fairer East Ren. Under the strategic priorities, key activities and critical indicators that linked to the HSCP contribution to East Renfrewshire Council's Outcome Delivery Plan were set out.

Overall, respondents to the consultation were positive about the inclusive approach to engagement with a majority of consultees being confident that the approaches described in the Plan would deliver on priorities and wider objectives for HSCP, whilst also recognising the challenges to be faced.

The report also highlighted some of the key changes made to the Plan as a result of the consultation, and that the headline planning priorities as listed built on those set out in previous strategic plans.

Further work in relation to helping to inform the next Local Housing Strategy, the production of an Equality Impact Assessment, and the inclusion of greater illustrations and visualisations in an easy read version of the Plan were also outlined.

The report concluded by emphasising the significant work that had been undertaken to develop the Strategic Plan for 2022-25 in consultation with stakeholders and East

Renfrewshire residents, despite the continuing challenges of the pandemic. The Plan represented a strong strategic footing for the partnership over the next three years as recovery and renewal continued following the COVID-19 pandemic. The key messages from the Plan would be communicated through innovative, user friendly methods including development of an easy-read document and interactive online version of the Plan. In the months ahead, a range of delivery plans would be put in place and thematic plans that supported the implementation of the strategy would be refreshed.

The Policy, Planning and Performance Manager having commented further on the Plan, Ms Forbes explained it had been challenging to establish what changes had been made to previous iterations of the Plan as the Plan was presented as a complete document not showing any revisions. She also commented on the issue of the committee meeting immediately prior to the meeting of the Board where the Plan was to be considered. She questioned what would happen in the event the committee had sought substantive changes and how these could not be presented properly to the Board under the current meeting arrangements.

In reply Ms Monaghan referred to the history of the meetings being held on the same day but that there may now be an opportunity for those arrangements to be revisited. She suggested that in the first instance the views of Members on the timing of the meetings be sought.

In relation to any comments made she reassured the committee that the Policy, Planning and Performance Manager would record them and present them to the IJB for consideration. Referring to the Plan, she welcomed the levels of engagement having taken place and the different engagement methods used, this having been an area of concern previously.

The committee:-

- (a) noted the report and Plan; and
- (b) agreed that Members be canvassed for their views on changing meeting arrangements.

### **PERFORMANCE REPORT 2021-22 - QUARTER 3**

**6.** The committee considered a report by the Chief Officer providing an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Interim Strategic Plan 2021-2022.

It was explained that the report included data for Quarter 3 (October to December 2021) and any earlier data for indicators from the Interim Strategic Plan that had not previously been reported to the committee. It provided charts for all measures, and presented each measure with a RAG (red, amber, green) status in relation to the target for the reporting period (where a target had been set), along with long-term and short-term trend arrows and commentary on performance. Many of the data trends continued to reflect the unique circumstances faced by services over the course of the COVID-19 pandemic. It also provided an update on the planned approach for reviewing performance reporting.

The report provided a summary of headline performance, which indicated that despite the continuing pressures exacerbated by the pandemic, there had been strong performance across service areas. Staff continued to work tirelessly during particularly challenging circumstances.



**NOT YET ENDORSED AS A CORRECT RECORD**

The Policy, Planning and Performance Manager was then heard on the report. He referred in particular to positive performance in children's services, increasing numbers of over 65s receiving their care at home; and provision of recovery treatments, amongst others.

Areas where performance improvement was still needed were also commented on, reference being made in particular to the waiting time target for psychological therapies, and staff absence targets, although an improvement on the NHS side in Quarter 3 was noted.

He further advised that work was ongoing to develop a new reporting format, and it was hoped to present proposals either to the next meeting or to a development session.

Full discussion then took place. Ms Monaghan reminded the committee that it had been 2 years since it had been agreed to review reporting arrangements and welcomed that it was now being taken forward. She suggested that as part of the review arrangements a small working group should be set up.

In reply the Chief Officer highlighted that the Quarter 3 data did show that steady progress was being made and that there was a plan of action in place which could be fed into any future discussions. In addition the Policy, Planning and Performance Manager explained that the Council was reviewing its performance management system and so this would be an opportune time to review arrangements to best deliver the committee's requirements.

Councillor Bamforth then commented on the report. Having referred to the fact that some of the data provided measured outputs rather than outcomes, she questioned the accuracy of the figure taken from the Public Health Scotland Infant Feeding Dashboard in relation to breastfeeding. In reply, the Policy, Planning and Performance Manager indicated he would seek clarification and notify members of the committee.

The committee:-

- (a) noted the report; and
- (b) agreed that a short life working group be set up to develop performance reporting arrangements.

**AUDIT UPDATE**

8. Under reference to the Minute of the previous meeting (Item 9 refers), the committee considered a report by the Chief Officer providing an update on new audit activity relating to the HSCP since last reported to the committee in November 2021, summarising all open audit recommendations and providing information on internal audit planned activity for the IJB and the HSCP. Accompanying the report were a series of appendices. These contained information regarding audit activity relating to the IJB and HSCP; and information on recommendations from previous audits. Summary information in relation to the appendices was contained in the report

Referring to the number of open actions awaiting verification by internal audit, the Head of Finance and Resources (Chief Financial Officer) confirmed that she intended to meet with the Chief Auditor before the end of the month to agree which actions were now confirmed as closed off. Subject to confirmation, it was now considered that there were 12 open actions across 5 different audits.

**10**  
**NOT YET ENDORSED AS A CORRECT RECORD**

She referred to the capacity issues from the current year and explained that postponed audits would be factored into the workplan for 2022/23.

Commenting on the report the Chief Auditor explained that in relation to IJB specific actions there was only one that needed to be discussed further with the Chief Financial Officer before a formal response was issued.

She also reassured the committee that audit work which impacted on the HSCP, albeit that they were Council audits, had been taking place throughout the year. These would be reflected in the assurance statement at the end of the year.

Ms Forbes welcomed the planned action, highlighted that the work of both the Council and the health board did have implications for the IJB so it was important to have a comprehensive overview of audit activity.

The committee noted the report.

### **IJB STRATEGIC RISK REGISTER UPDATE**

9. Under reference to the Minute of the previous meeting (Item 10 refers), the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report.

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 24 November 2021 and explained that since then risk control measures in place had been condensed and updated to include any proposed mitigation which has been completed; no new risks had been added; no existing risks had been removed, and 3 risk scores had been reduced. These related to Death or significant harm to vulnerable individual; Scottish Child abuse Inquiry; and Increase in frail older population. In each case the risk level had been reduced from 12 (high) to 9 (medium) with the reasons for this outlined.

Having heard the Chief Financial Officer highlight that this left only one red risk post mitigation – Financial Sustainability, the committee noted the report.

### **DATE OF NEXT MEETING**

10. It was reported that the next meeting of the committee would take place on Wednesday 22 June 2022 at 9.00am.

CHAIR



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	22 June 2022
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<b>Summary</b>	
<p>The purpose of this paper is to update members of the Performance and Audit Committee on progress regarding matters arising from the discussion which took place at the meeting of 16 March 2022.</p>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**22 June 2022**

**Report by Chief Officer**

**MATTERS ARISING**

**PURPOSE OF REPORT**

1. To update the Integration Joint Board on progress regarding matters arising from the discussion that took place at the meeting of 16 March 2022.

**RECOMMENDATION**

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

**REPORT**

3. There are no matters arising which are not addressed in the rolling action log or included on the Performance and Audit Committee agenda for 22 June 2022.

**RECOMMENDATIONS**

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

**REPORT AUTHOR AND PERSON TO CONTACT**

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

Julie Murray, IJB Chief Officer

June 2022

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	22 June 2022
<b>Agenda Item</b>	5
<b>Title</b>	Rolling Action Log
<b>Summary</b>	
The attached rolling action log details all actions, including those which have been completed since the meeting on 16 March 2022.	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<b>Action Required</b>	
Integration Joint Board members are asked to note progress.	

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

June 2022

Action No	Meeting Date	Agenda Item	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
40	16.03.2022	Rolling Action Log	Arrange for a presentation on overhead allocations at a future seminar for Board member	Chief Financial Officer	OPEN		To be arranged prior to 23/24 budget
39	16.03.2022	Rolling Action Log	Refer to overhead allocations in the Directions letter issued to partners.	Chief Financial Officer	CLOSED	Jun-22	Included in directions letters issued to partners
38	16.03.2022	East Renfrewshire HSCP Strategic Plan	Make arrangements to contact members to discuss views on the timing of the Performance and Audit Committee.	Governance and Compliance Officer/Democratic Services Manager	OPEN	Jun-22	We will contact PAC members for their views once new elected members have been appointed to the Committee by the IJB on 22 June
37	16.03.2022	Performance Report 2021/22 – Quarter 3	Make arrangements to set up a short-life working group to review performance reporting arrangements including the format of future performance reports.	Policy, Planning and Performance Manager	OPEN		As above
36	16.03.2022	Performance Report 2021/22 – Quarter 3	Email members to confirm or otherwise the 8% breastfeeding figure on page 18 (Meeting papers page 111).	Policy, Planning and Performance Manager	CLOSED	Apr-22	Briefing issued to members
35	16.03.2022	Audit Update	Arrange to meet to discuss which of the items considered implemented by the HSCP can be closed off.	Chief Financial Officer	OPEN		We are working with colleagues in audit to progress.
34	16.03.2022	IJB Strategic Risk Register	Ensure the colour code for the risk in respect of the Scottish Child Abuse Inquiry is changed from red to yellow	Governance and Compliance Officer	CLOSED	Mar-22	Amended
33	24.11.2021	Rolling Action Log	Reopen Action 22 as the issue of making sure relevant data (eg percentages and absolute numbers) are included in performance reports requires further refinement.	Policy, Planning and Performance Manager	CLOSED	Jun-22	<b>SUPERSEDED BY ACTION 37.</b> As part of our planned review of performance reporting we will produce written guidance specific to HSCP outlining expectations and best practice for data updates where available.
32	24.11.2021	Internal Audit Annual Report 2020-21 and Internal Audit Plan 2021-22	Arrangements should now be made for the implementation of the audit plan.	Chief Auditor	OPEN	Mar-22	Internal audit have capacity issues and some work is postponed to 22/23
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 June 2022
17	23.06.2021	Unaudited Annual Report and Accounts	Make arrangements to add reference about discussions with Council colleagues relative to early notice of central support costs	Chief Financial Officer	OPEN	Sep-22	CFO discussed central support charges with Council colleagues as part of 2022/23 budget. Council did not produce a mid year review for 2021/22. Further work is required to establish post covid activity and associated costs. Due date revised from Jan-22 to Sep-22 to reflect ongoing work. Initial discussions with ERC colleagues and referenced in Directions letter.
15	23.06.2021	Performance Update	Continue to review the format/layout of the report to try and achieve a better balance between looking forwards and backwards	Policy, Planning and Performance Manager	CLOSED	Jun-22	SUPERSEDED BY ACTION 37 +A12:129 We will work with the Chair to look at our in-year reporting to ensure we are looking at forward actions to improve performance as well as a retrospective for future performance updates. The report presented Sep-21 is the statutory annual report. Due date extended to Jun-22 - as this will be included in planned review of performance reporting.

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# East Renfrewshire Integration Joint Board

Annual Audit Plan 2021/22



 AUDIT SCOTLAND

Prepared for East Renfrewshire Integration Joint Board

1 April 2022

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# Introduction

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## Summary of planned audit work

1. This document summarises the work plan for our 2021/22 external audit of East Renfrewshire Integration Joint Board (ERIJB). The main elements of our work include:

- evaluation of the key controls within the main accounting systems
- an audit of, and provision of an Independent Auditor's Report
- an audit opinion on regularity and other statutory information published within the annual report and accounts including the Performance Report, the Governance Statement and the Remuneration Report.
- consideration of arrangements in relation to the audit dimensions: financial management, financial sustainability, governance and transparency and value for money that frame the wider scope of public sector audit
- consideration of Best Value arrangements.

## Impact of Covid-19

2. The coronavirus disease (Covid-19) pandemic has had a significant impact on public services and public finances, and the effects will be felt well into the future.

3. The Auditor General for Scotland, the Accounts Commission and Audit Scotland continue to assess the risks to public services and finances from Covid-19 across the full range of our audit work, including annual audits and the programme of performance audits. The well-being of audit teams and the delivery of high-quality audits remain paramount. Changes in our approach may be necessary and where this impacts on annual audits, revisions to this Annual Audit Plan may be required.

## Adding value

4. We aim to add value to East Renfrewshire Integration Joint Board through our external audit work by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. In so doing, we will help East Renfrewshire Integration Joint Board promote improved standards of governance, better management and decision making and more effective use of resources. Additionally, we attend meetings of the Performance and Audit Committee and actively participate in discussions.

## Respective responsibilities of the auditor and East Renfrewshire Integration Joint Board

5. The [Code of Audit Practice \(2016\)](#) sets out in detail the respective responsibilities of the auditor and East Renfrewshire Integration Joint Board. Key responsibilities are summarised below.

### Auditor responsibilities

6. Our responsibilities as independent auditors are established by the Local Government (Scotland) Act 1973 and the [Code of Audit Practice](#) (including [supplementary guidance](#)) and guided by the Financial Reporting Council's Ethical Standard.

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

### East Renfrewshire Integration Joint Board responsibilities

8. East Renfrewshire Integration Joint Board is responsible for maintaining accounting records and preparing financial statements that give a true and fair view.

9. Also, East Renfrewshire Integration Joint Board has 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 deliver their objectives.

### Managing the transition to 2022/23 audits

10. Audit appointments are usually for five years but were extended to six years due to Covid-19. 2021/22 is the final year of the current appointment and we will work closely with our successors to ensure a well-managed transition.



# Financial statements audit planning

## Materiality

**11.** Materiality is an expression of the relative significance of a matter in the context of the financial statements as a whole. We are required to plan our audit to determine with reasonable confidence whether the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement.

### Materiality levels for the 2021/22 audit

**12.** We assess materiality at different levels as described in [Exhibit 1](#). The materiality values for East Renfrewshire Integration Joint Board are set out in [Exhibit 1](#).

## Exhibit 1

### 2021/22 Materiality levels for East Renfrewshire Integration Joint Board

Materiality	Amount
<b>Planning materiality</b> – This is the figure we use to assess the overall impact of audit adjustments on the financial statements. It has been set at 1.5% of gross expenditure for the year ended 31 March 2022 based on the latest audited financial statements for 2020/21.	£3 million
<b>Performance materiality</b> – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this would indicate that further audit procedures should be considered. Using our professional judgement, we have assessed performance materiality at 60% of planning materiality.	£1.8 million
<b>Reporting threshold (i.e. clearly trivial)</b> – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.	£0.15 million

Source: Audit Scotland

## Significant risks of material misstatement to the financial statements

**13.** Our risk assessment draws on our cumulative knowledge of East Renfrewshire Integration Joint Board, its major transaction streams, key systems of internal control and risk management processes. Also, it is informed by our discussions with management, meetings with internal audit, attendance at committees and a review of supporting information.

**14.** Based on our risk assessment process, we identified the following significant risks of material misstatement to the financial statements. These are risks which have the greatest impact on our planned audit procedures. [Exhibit 2](#) summarises the nature of the risk, the sources of assurance from management arrangements and the further audit procedures we plan to perform to gain assurance over the risk.

### Exhibit 2

#### 2021/22 Significant risks of material misstatement to the financial statements

Significant risk of material misstatement	Sources of assurance	Planned audit response
<p><b>1. Risk of material misstatement due to fraud caused by the management override of controls</b></p> <p>As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p>	<p>Owing to the nature of this risk, assurances from management are not applicable in this instance</p>	<ul style="list-style-type: none"> <li>Gain written assurance from partner bodies' auditors over journal entries and testing the completeness, accuracy and allocation of income and expenditure.</li> <li>We will assess any changes to the methods and underlying assumptions used to prepare accounting estimates compared to the prior year.</li> </ul>

Source: Audit Scotland

**15.** As set out in International Standard on Auditing (UK) 240: *The auditor's responsibilities relating to fraud in an audit of financial statement*, there is a presumed risk of fraud over the recognition of revenue. There is a risk that revenue may be misstated resulting in a material misstatement in the financial statements. We have rebutted this risk for East Renfrewshire Integration Joint Board as the only source of income for the Integration Joint Board is funding from the partner bodies (East Renfrewshire Council and NHS Greater Glasgow and Clyde) and there is limited scope for manipulation.

**16.** In line with Practice Note 10: *Audit of financial statements and regularity of public sector bodies in the United Kingdom*, as most public-sector bodies are net spending bodies, the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk relating to revenue recognition. We have rebutted this risk for East Renfrewshire Integration Joint Board as the Integration Joint Board does not directly incur expenditure or employ staff (other than appointing the Chief Officer and Chief Financial Officer). All expenditure for the Integration Joint Board is incurred and processed by its partner bodies. Details of actual expenditure are provided from the partner bodies and there is limited scope for the Integration Joint Board to manipulate this.

**17.** We have not, therefore, incorporated specific work into our audit plan in these areas over and above our standard audit procedures.

### **Audit risk assessment process**

**18.** Audit risk assessment is an iterative and dynamic process. Our assessment of risks set out in this plan may change as more information and evidence becomes available during the progress of the audit. Where such changes occur, we will advise management and where relevant, report them to those charged with governance.

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# Audit dimensions and Best Value

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## Introduction

19. The [Code of Audit Practice](#) sets out the four dimensions that frame the wider scope of public sector audit. The Code of Audit Practice requires auditors to consider the adequacy of the arrangements in place for the audit dimensions in audited bodies.

## Audit dimensions

20. The four dimensions that frame our audit work are shown in [Exhibit 4](#).

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### Exhibit 3

#### Audit dimensions



Source: Code of Audit Practice

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21. In summary, the four dimensions cover the following:

- **Financial management** – financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.
- **Financial sustainability** – as auditors, we consider the appropriateness of the use of the going concern basis of accounting as part of the annual

audit. We will also comment on financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years).

- **Governance and transparency** – governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership, and decision-making and transparent reporting of financial and performance information.
- **Value for money** – value for money refers to using resources effectively and continually improving services.

## Best Value

**22.** Integration Joint Boards have a statutory duty to make arrangements to secure best value. We will review and report on these arrangements through our Annual Audit Report.

## Audit dimension risks

**23.** We have identified audit risks in the areas set out in [Exhibit 4](#). This exhibit sets out the risks, sources of assurance from management arrangements and the further audit procedures we plan to perform to gain assurances over the risks.

### Exhibit 4

#### 2021/22 Audit dimension risks

Description of risk	Sources of assurance	Planned audit response
<p><b>1. Financial Sustainability</b></p> <p>The Medium-Term Financial Plan presented to the Joint Board in March 2022 outlined financial challenges and uncertainties over the next five years to 2026/27 including the need to achieve savings through change and redesign.</p> <p>The 2022/23 financial plan outlined unfunded cost pressures of £3.147 million. The plan outlines that these costs will be met from identified savings of £0.272 million with the remaining balance of £2.875 million coming from the recovery and renewal programme and supported by budget phasing reserve.</p> <p>There is a risk that East Renfrewshire Integration Joint Board will be unable to achieve a sustainable outturn position going forwards, particularly</p>	<p>The MTFP shows a modelled level of expected cost pressures. The budget settlement for each year may fund some of these pressures Any remaining gap will equate to a new savings challenge.</p> <p>The IJB remains aware of the size and scale of the legacy savings required to balance the budget on a recurring basis and that achieving recurring savings of this magnitude will be very challenging.</p> <p>Given the increases in demand and complexity, combined with a post Covid-19 backlog in</p>	<p>We will review and assess:</p> <ul style="list-style-type: none"> <li>• Financial reports and papers such as budget monitoring reports, the 2021/22 budget, financial plans, savings plans and financial outlook papers</li> <li>• Assumptions and judgements in financial reports and papers for reasonableness</li> </ul>

Description of risk	Sources of assurance	Planned audit response
<p>given the uncertainty around covid-19 and increasing service demands.</p>	<p>medical treatment, it is not yet possible to understand what our new baseline is.</p> <p>Our Recovery and Renewal Programme will recommence, building on lessons from the pandemic response, focussing on service redesign and will include savings challenges across a number of workstreams.</p> <p>The recent investment in health and social care will go some way to supporting service redesign and we will apply our reserves strategy, in place pre-Covid19, to allow us time to smooth in savings.</p> <p>In the event we cannot achieve the required level of savings during 2022/23, allowing for the full year effect in 2023/24, we may need to consider the financial recovery process as defined in the Integration Scheme.</p>	

Source: Audit Scotland

# Reporting arrangements, timetable, and audit fee

## Reporting arrangements

**24.** Audit reporting is the visible output for the annual audit. All Annual Audit Plans and the outputs, as detailed in [Exhibit 7](#), and any other outputs on matters of public interest will be published on our website: [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk).

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

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

**27.** Covid-19 has had a considerable impact on the conduct and timeliness of the audit. We recognise that it is in the best interests of public accountability to get the reporting of audited accounts back to pre-pandemic timelines. To this end, 2021/22 is a transition year with the reporting deadline brought forward by one month relative to the two prior years. We are identifying ways to work more efficiently to expedite the 2021/22 audits whilst at the same time maintaining high standards of quality.

**28.** [Exhibit 7](#) outlines the target dates for our audit outputs. Due to pressures associated with the Covid-19 pandemic we have agreed an audit timetable consistent with the prior year. This means that we will not meet the Audit Planning Guidance deadline of 31 October 2022.

## Exhibit 5 2020/21 Audit outputs

Audit Output	Target date	Performance and Audit Committee Date
Annual Audit Plan	31/03/2022	22/06/2022
Independent Auditor's Report	31/10/2022	23/11/22

Audit Output	Target date	Performance and Audit Committee Date
Annual Audit Report	31/10/2022	23/11/22

Source: Audit Scotland

## Audit fee

**29.** The agreed audit fee for the 2021/22 audit of East Renfrewshire Integration Joint Board is £27,960 (2020/21: £27,330). In determining the audit fee, we have taken account of the risk exposure of the East Renfrewshire Integration Joint Board, the planned management assurances in place and the level of reliance we plan to take from the work of internal audit.

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



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# Other matters

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## Internal audit

**31.** International standards on Auditing (UK) 610: *Considering the work of internal audit* requires us to:

- consider the activities of internal audit and their effect on external audit procedures;
- obtain an understanding of internal audit activities to inform our planning and develop an effective audit approach that avoids duplication of effort;
- perform a preliminary assessment of the internal audit function when there is scope for relying on internal audit work which is relevant to our financial statements' responsibilities; and
- evaluate and test the work of internal audit, where use is made of that work for our financial statements responsibilities to confirm its adequacy for our purposes.

**32.** From our initial review of the internal audit plans, we do not plan to place formal reliance on internal audit's work for our financial statements' responsibilities.

## Independence and objectivity

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

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

## Quality control

**35.** International Standard on Quality Control (UK) 1 (ISQC1) requires a system of quality control to be established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

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

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

# East Renfrewshire Integration Joint Board

## Annual Audit Plan 2021/22

Audit Scotland's published material is available for download on the website in a number of formats. For information on our accessibility principles, please visit:

[www.audit-scotland.gov.uk/accessibility](http://www.audit-scotland.gov.uk/accessibility)

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	22 June 2022
<b>Agenda Item</b>	7
<b>Title</b>	Unaudited Annual Report and Accounts 2021/22
<p><b>Summary</b></p> <p>This report provides an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2021 to 31 March 2022.</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 in relation to the annual report and accounts</li> <li>▪ the Performance and Audit Committee's decision on the remittance of the Unaudited Annual Report and Accounts to the Integration Joint Board.</li> </ul>	
<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> <ol style="list-style-type: none"> <li>a) Agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval</li> <li>b) Agree and endorse the proposed reserves allocations</li> <li>c) Note the annual report and accounts is subject to audit review</li> <li>d) Agree to receive the audited annual report and accounts in November, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board</li> <li>e) Note the summary overview of financial performance document will be presented with the audited accounts in November.</li> </ol>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**22 JUNE 2022**

**Report by Chief Financial Officer**

**UNAUDITED ANNUAL ACCOUNTS 2021/22**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2021 to 31 March 2022 and outline the legislative requirements and key stages.
2. The Chair of the Performance and Audit Committee will advise the IJB of any matters arising from this committee.

**RECOMMENDATION**

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

**BACKGROUND**

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

**REPORT**

7. The (unaudited) annual report and accounts for the IJB has been prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below:
8. **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the IJB or a committee of the IJB whose remit include audit and governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB. The Performance and Audit Committee meet this requirement, as delegated by the IJB
9. **Unaudited Accounts:** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30<sup>th</sup> June immediately following the financial year to which they relate.
10. **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1<sup>st</sup> July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts. The required notice has been agreed with the external auditors and will be published on the HSCP website.
11. **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the IJB or a committee of the IJB whose remit include audit and governance. This will take account of any report made on the audited annual accounts by the 'proper officer' i.e. Chief Financial Officer being the Section 95 Officer for the IJB or by the External Auditor by the 30<sup>th</sup> November immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered. The extended timetable to November, normally September, is a result of the workloads associated with the pandemic.
12. The Performance and Audit Committee will consider for approval the External Auditors report and proposed audit certificate (ISA 260 report) and the audited annual accounts at its meeting on 23 November 2022 (or equivalent date should the committee decide to revise its meeting cycle) and remit to the IJB for approval.
13. **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
14. The annual accounts of the IJB must be published by 30<sup>th</sup> November and any further reports by the External Auditor by 31<sup>st</sup> December immediately following the year to which they relate.



15. **Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the IJB, the Chief Officer and the Chief Financial Officer, namely:

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

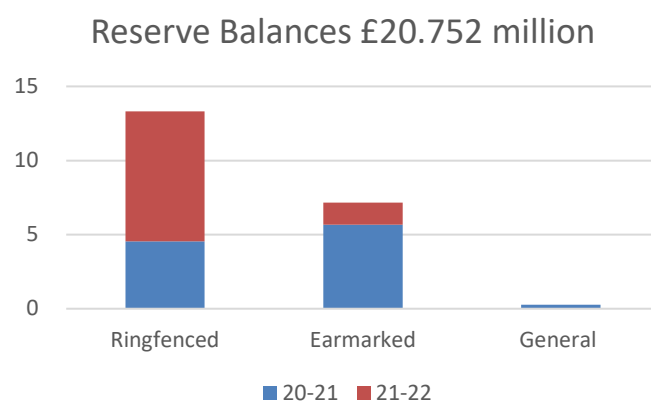
Note: for the unaudited annual report and accounts only the Statement of Responsibilities and the Balance Sheet require to be signed by the Chief Financial Officer.

16. The main messages from the annual report and accounts are set out below:
17. We ended the year with an operational underspend of £0.837 million which was 0.54% of our budget for the year. This was marginally better than the position last reported to the IJB in March when the projected outturn was an underspend of £0.554 million.
18. The Covid-19 spend is shown as £8.945 million and we received new funding late in the year of £15.066 million with the balance taken to our reserves.
19. The main variances to the budget were:
- £1.904 million underspend in within Older Peoples Nursing, Residential and Daycare Services. This reflects the ongoing trend of reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.
  - £1.715 million overspend within Intensive Services as our Care at Home costs reflect that we continued to operate a near full service in the second year of the pandemic. This is the position after we applied £0.826 million of winter funding to meet the increases in demand and complexity within this service.
  - £0.458 million underspend within Learning Disability Community Services from a combination of staff turnover and running costs.

20. Our reserves increased significantly during the year, with further allocations received in the final quarter of 2021/22 mainly for winter funding, Primary Care Improvement Plan and Covid-19. This is summarised:

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

21. The increase in our reserves is in line with the national position and the vast majority of this relates to Scottish Government ring-fenced funding.



22. We received £11.933 million during the year for ring-fenced activity and used £3.153 million. We can only spend this funding on those initiatives that the funding supports; the majority of this increase relates to Covid-19 and this will support the ongoing response to the pandemic in 2022/23.
23. 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 services and to smooth impact of demand and timing of spend across multiple years. We spent £0.785 million supporting service pressures and delivering on projects as planned and added £2.272 million.
24. We signalled the likely significant new funding as part of our revenue monitoring and the IJB approved a number of new reserves be created during 2021/22 and this was reflected in our reporting. Given the dynamic situation we knew that some balances would not be identified until year end.

25. I am now formally proposing that the reserves position is approved as reflected in the detail at note 8 (pages 60-61) in the annual report and accounts. The main points to note are:
- £8.780 million increase to Scottish Government ring-fenced reserves (key components £6.121 million Covid-19, £.069 million Primary Care Improvement Plan and £1.012 million winter funding)
  - £0.783 million increase to our bridging finance strategy (£0.837 million from the operational underspend to support the phasing in of savings less the £0.054 million used in prescribing to smooth the flux in demand)
  - £0.220 million used to support additional observation in our Learning Disability Specialist Service (Hosted)
  - £0.615 million increase within Childrens services;
    - £0.376 million used for Health Visitors, Mental Health Framework and Recovery activity with partners)
    - £0.991 added with almost all of this relating to increased CAMHS funding in that will support the service in 2022/23
  - £0.346 million increase within Adult Services;
    - £0.420 million to support a number of initiatives
    - £0.074 million used to support District Nursing capacity
26. 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 0.15% of the 2021/22 revenue budget.
27. 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. As we have previously discussed, 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. In the event we find ourselves unable to achieve sufficient savings delivery during 2022/23 we may need to un-hypothecate (i.e. un-earmark) reserves to meet operational costs.
28. The prior year set-aside expenditure for 2020/21 was restated from £28.177 million to £28.029 million as colleagues in NHSGGC advised of an error in the previous figures. This reduction of £0.148 million was a result of eliminating expenditure relating to the Royal Hospital for Children included in error. This is notional expenditure to the IJB so has nil impact.

## CONCLUSIONS

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

## RECOMMENDATIONS

30. The Performance and Audit Committee is requested to:
- a) Agree the unaudited annual report and accounts and remit to the Integration Joint Board for approval
  - b) Agree and endorse the proposed reserves allocations
  - c) Note the annual report and accounts is subject to audit review
  - d) Agree to receive the audited annual report and accounts in November, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board
  - e) Note the summary overview of financial performance document will be presented with the audited accounts in November.

## 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)

0141 451 0746

14 June 2022

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

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



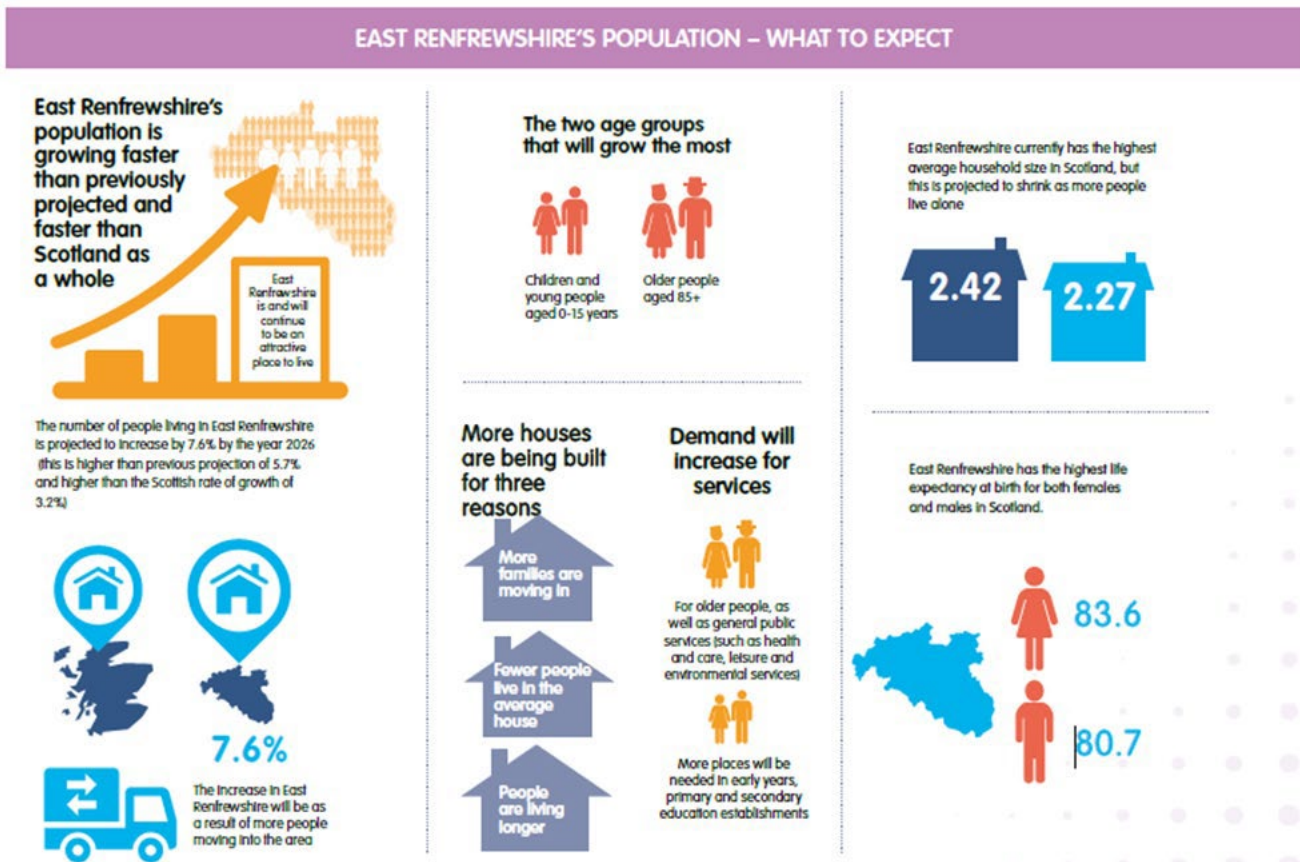
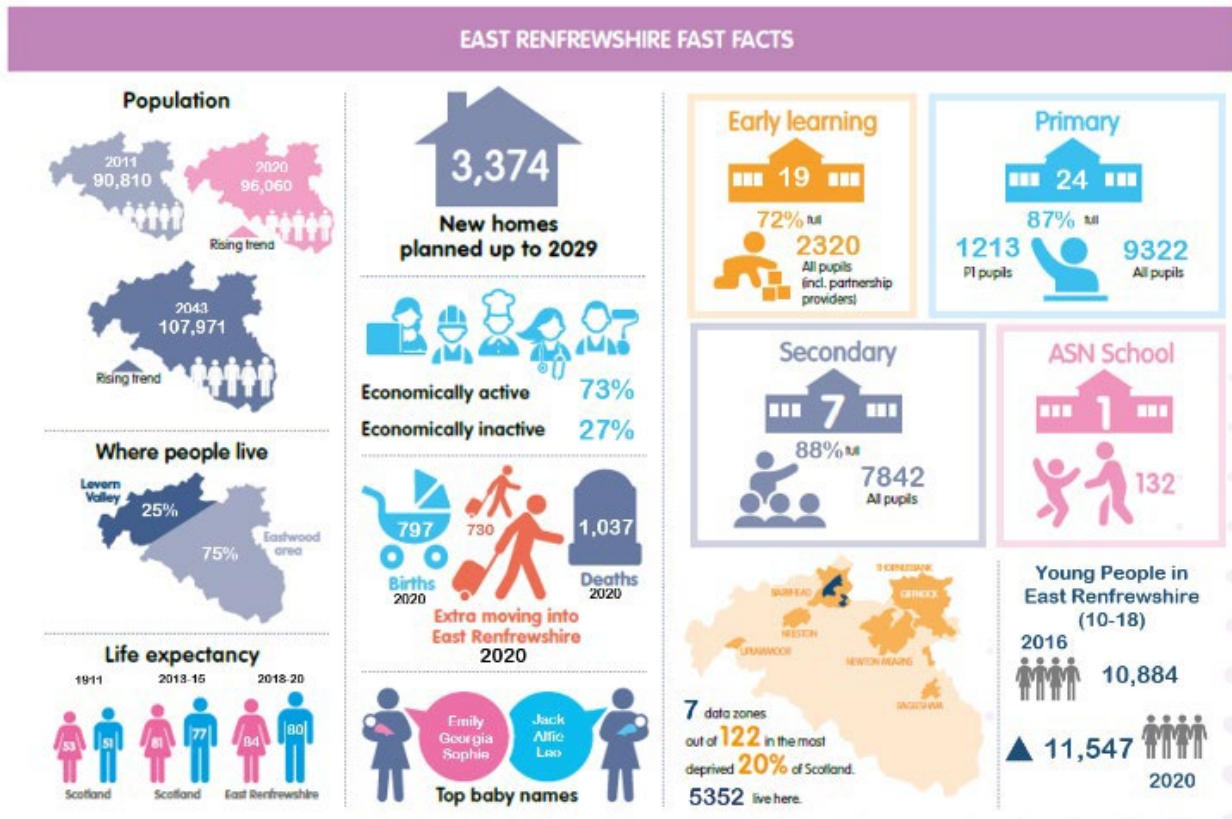
# **East Renfrewshire Health and Social Care Partnership Integration Joint Board**

## **Unaudited Annual Report And Accounts 2021/22**

Covering the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022



## About East Renfrewshire – Some General Facts and Figures



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

Our population is growing and reached 96,060 in 2020. Geographically 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

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



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# Management Commentary

## Introduction

East Renfrewshire Integration Joint Board (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 management commentary in this report discusses our;

- Strategic Planning
- Key Messages and Operational Highlights for 2021/22 including:
  - how our services have continued to respond to the Covid-19 pandemic
  - governance during the ongoing Covid-19 pandemic
  - the financial impact of Covid-19 and funding support
  - the independent review of adult social care and the National Care Service
  - moving towards recovery
  - the key risks and uncertainties we are facing
- Performance Achievements for the year
- Financial Performance
- Future Challenges
- Conclusion

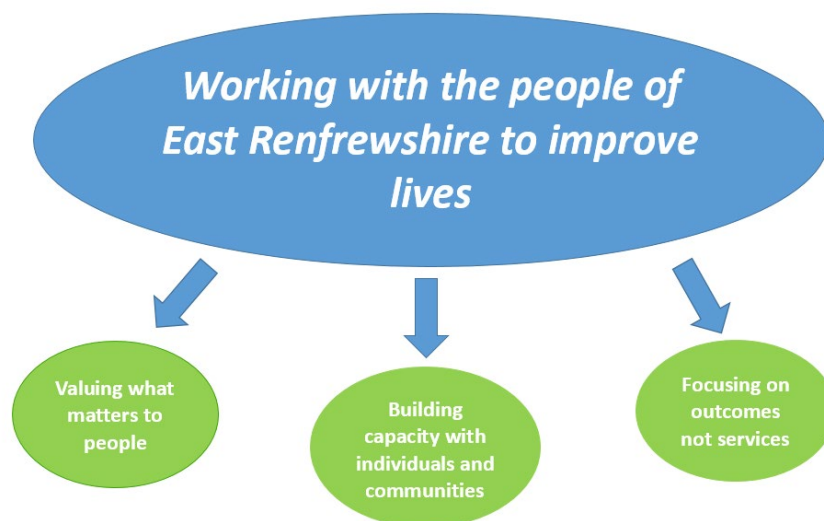
## Strategic Planning

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.

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.

### 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.

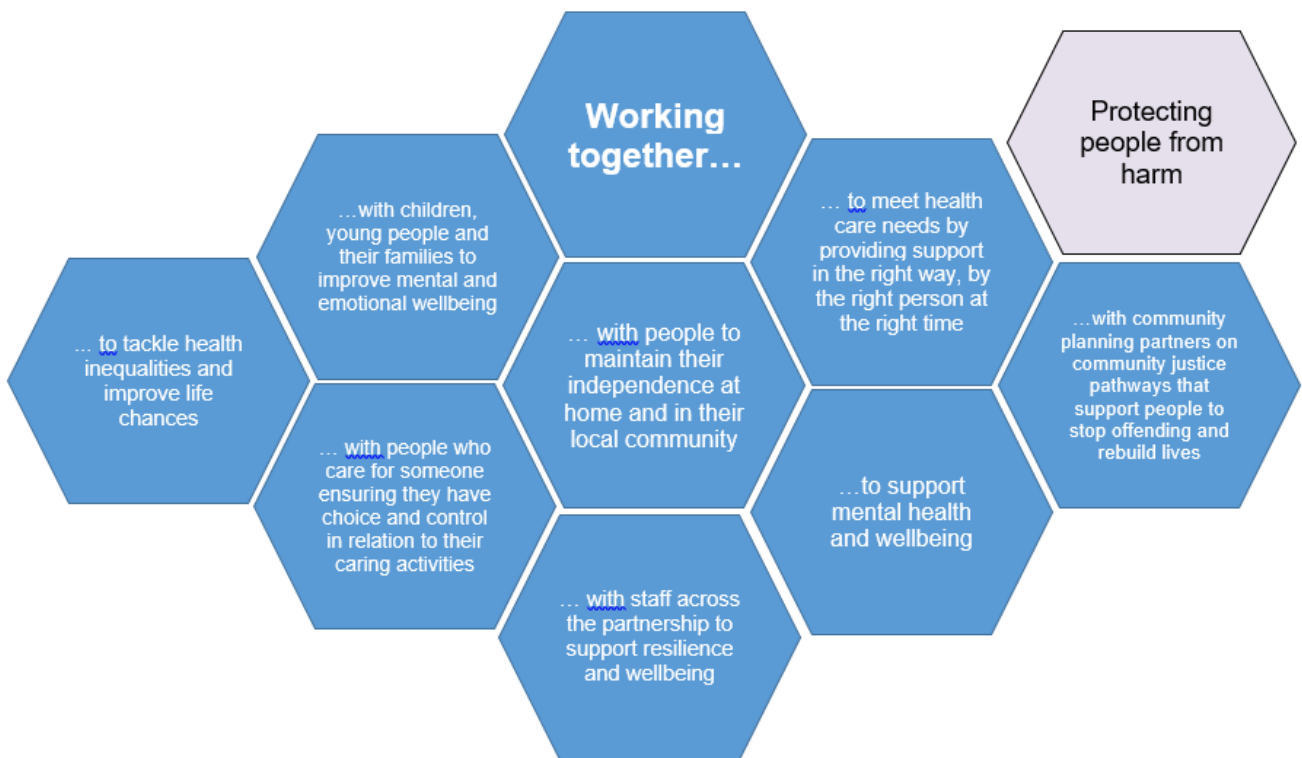
Our current plan has been produced during an exceptionally challenging period as we continued to support local residents and our workforce through the Covid-19 pandemic. Our experiences over this time have reinforced the benefits of partnership working, building on our long standing 17 years of integration and should place us well to begin to understand the lasting impacts of the pandemic.

As we work towards recovery and renewal we continue to strengthen our supportive relationships with independent and third sector partners; recognise the increased levels of

participation in our communities and informal support within our localities that have developed in response to Covid-19.

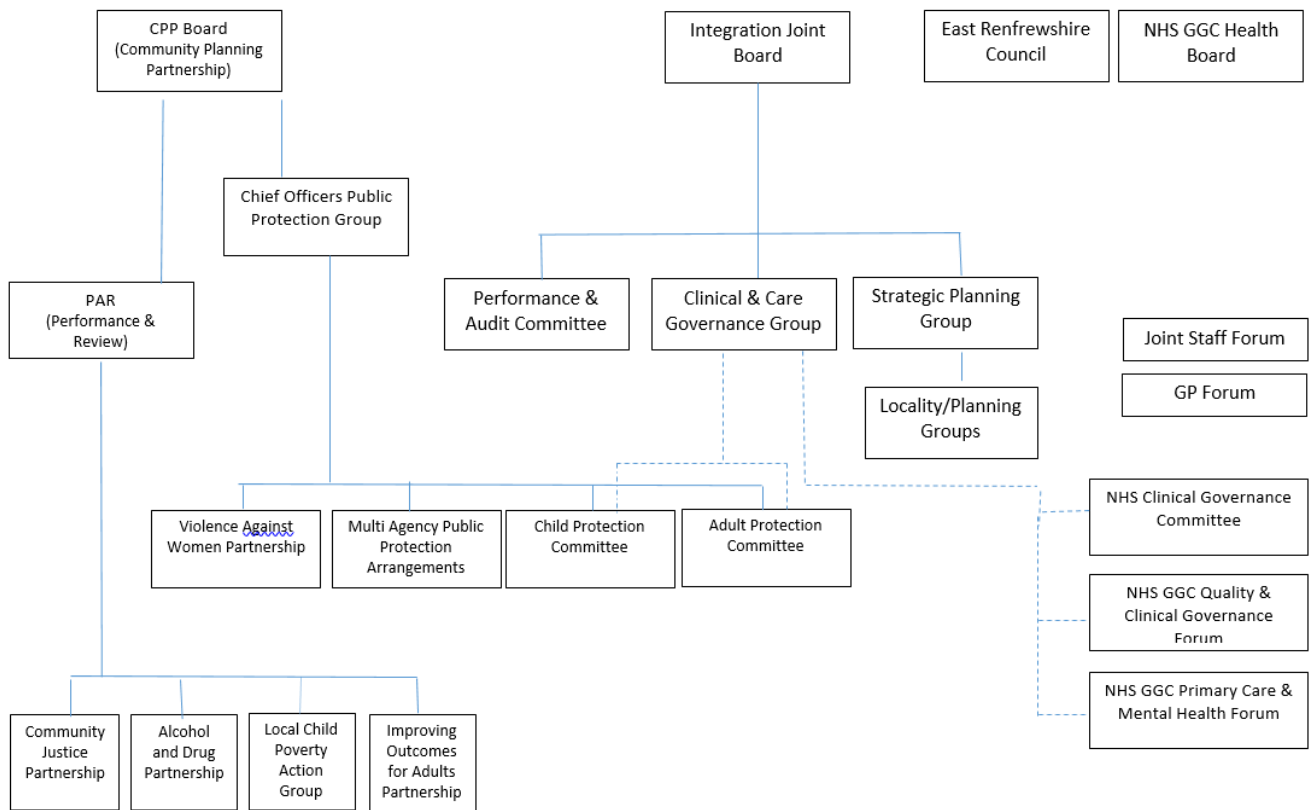
We recognise that we need to extend beyond traditional health and social care services to a long term wider partnership with our local people, carers, volunteers, community organisations, providers and community planners and work has started to develop a collaborative commissioning model to support how we will work differently.

We have reviewed our performance in relation to the strategic priorities in our previous Strategic Plan, assessed our demographic profile and the lessons learned from the Covid-19 pandemic, and in consultation with key stakeholders and communities we have reviewed our strategic priorities and areas of focus within these. The majority of our high-level priorities remain unchanged from our previous three-year plan but we agreed, as part of our 1 year interim plan for 2020/21, to widen our focus on mental health to include community wellbeing and have added a strategic priority relating to the wellbeing of our workforce. We also include a section looking at our cross-cutting, multi-agency work to protect people from harm. This activity underpins and enables the delivery of our other strategic priorities.



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 and Operational Highlights for 2021/22

The year of 2021/22 was shaped by the continued challenge of the Covid-19 pandemic; another unprecedented year where our staff across the HSCP continued to respond with incredible resilience, commitment and creativity. This dedication allowed us to work through the emergence of the Omicron variant and successfully deliver services despite a very difficult and challenging winter period.

We did make a tentative start towards recovery during the year, however the emergence of the Omicron variant meant this was relatively short lived as we needed to again focus on response. The HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system, which reflected the national position.

We have also seen significant recruitment and retention challenges and as the pandemic continued we are also seeing an increasingly fatigued workforce; we are placing a significant focus on supporting staff health and wellbeing, both within the HSCP and with our partners to support our collective staff as best we can.

Our strong local partnerships allow us to continue to respond with innovation and collaborative working with and in support of our local communities.

The Scottish Government recognised the pressures across health and social care and provided additional funding to support winter pressures, to increase capacity and help address recruitment and retention. We received £3.124 million, spent £2.112 million and will take the balance of £1.012 million into 2022/23:

Initiative	£ million	Purpose and Application
Interim Care	0.703	To support delayed discharge pathways with more appropriate care and support. This funding is non-recurring for a six month period from November 2021. We spent £0.198 million and will take £0.505 million into 2022/23.
Care at Home Capacity	1.089	To expand capacity to address increased need and acuity. This funding is recurring. We spent £1.053 million and will take £0.036 million into 2022/23.
Multi-Disciplinary Teams	0.351	To support cross system working including focus on delayed discharge. This funding is recurring. We spent £0.084 million and will take £0.267 million into 2022/23.
Social Care Pay Uplifts	0.741	To support care provider social care staff hourly rate increases. This funding is recurring. We spent the full £0.741 million.
Additional Health Care Assistants	0.240	To support capacity and increase staffing by up to 16 posts. This funding is recurring. We spent £0.036 million and will take £0.204 million into 2022/23.

Our 2022/23 allocation for this funding is £3.472 million of which £0.352 million is non-recurring for Interim Care. We have also received further funding of £0.361 million in 2022/23 to strengthen Social Work. This funding has allowed us to progress activity included within the updates on 2021/22 and our plans for 2022/23 as discussed throughout the report.

### Care Home Support

Support to our care homes continued during the year using our existing support and governance mechanisms including the Care Home Collaborative Hub model developed as part of the ongoing response to the pandemic.

This model comprises three multidisciplinary teams (MDT) (Hubs) of health professionals to support care homes: one to cover Glasgow City HSCP; one hosted by Inverclyde HSCP on behalf of the remaining 5 partnerships; and, one central 'specialist' team with shared resources spanning both local Hubs. Additionally, the MDT Hubs are supported via a Corporate Hub in order to strengthen professional oversight and robust governance. The overarching purpose is to enable care home residents to live their best life aligned to what matters to them. The Hubs provide professional and practical support, oversight and leadership offering a range of additional support in key areas including, but not limited to, infection prevention and control,

person centeredness, food fluid and nutrition, tissue viability, quality improvement, leadership and education.

Our local care homes experienced another challenging year with a number of outbreaks due to the new variant although residents experienced milder symptoms with the majority reported as being asymptomatic. As community transmission was high this affected a number of staff.

Care Homes, like a number of other services, continued to face staff shortages due to the national recruitment crisis across the social care sector. They have managed to stay above minimum staffing levels by implementing contingency plans and recruiting using agency and bank staff. Care Homes have also been creative in terms of extending current staff hours and redeploying staff from non-front facing roles.

Care Home Assurance Tool (CHAT) visits are now established within East Renfrewshire, supported by the Care Home Collaborative colleagues as required. Due to the significant impact of the Omicron variant CHAT visits to the care homes were paused over the winter period. A schedule for the next round of visits is being finalised and a new electronic version of the CHAT will be issued to care home managers week beginning 20 June to complete as part of self-evaluation in advance of the joint visit undertaken by HSCP staff.

### Improving Access to Our Services through our “Front Door”

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

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

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

An initial implementation plan has been completed and we are aiming towards June/July 2022 for the launch of our new model.

### Wellbeing

We previously recognised the enormity of the work of the HSCP in responding to the Covid-19 pandemic and the potential effects of vicarious trauma across our workforce as they support our citizens facing grief, loss and significant changes in their lives. The East Renfrewshire HSCP Wellbeing Group developed a Wellbeing Plan ‘YOU care...WE care too’ to support our workforce to cope with the emotional and physical impact on their overall health and wellbeing.

Supporting staff wellbeing was a key focus in 2021/22. The ways our staff have been working has changed significantly with home working becoming the norm for large groups of employees. The HSCP recruited a Health and Wellbeing Lead Officer; this role has been specifically designed to acknowledge the growing pressures and challenges upon the health and social care workforce, and to create resources, tools and services to support the health and wellbeing of all staff and volunteers who work for and support the HSCP.

In early 2022, we carried out a wellbeing survey to gather the views of the HSCP staff and our external partner staff groups to determine what we could provide to support their wellbeing and resilience. Based on this a range of activities and supports have been provided including online Pilates, bespoke mindfulness groups, local staff walking groups and our Spring Kindness Challenge where we nominated and thanked staff who have gone the extra mile. The next stage includes launching our summer of wellness over the next few months with a range of taster wellbeing sessions for staff, partners and volunteers.

### Children and Families

Our children's services are continuing to see increasing demand and complexity following the pandemic. In particular we are seeing more children with diagnosed neurodevelopmental disorders and a higher prevalence of families in crisis leading to more of these children coming under child protection and an associated increase in numbers coming into care. In 2021/22 we have seen a 30% increase in children placed on the Child Protection Register compared with the previous year. The number of children accommodated in residential care settings has increased by a quarter and 83% have a neurodevelopmental diagnosis.

The Child and Adolescent Mental Health Service (CAMHS) continued to experience high demand and an increase in urgent referrals. In 2021/22 there was a 20% increase in referrals to CAMHS duty system for urgent or crisis referrals. However, referrals to our alternative (Tier 2) services, Healthier Minds and the Family Wellbeing service are increasing while monthly referrals to CAMHS have been reducing. As a result we are beginning to see more positive performance on CAMHS waiting times and the service is aiming to meet its 18 week target for the longest wait by the middle of 2022/23. Healthier Minds referrals were 435 for 2021/22 (599 since the service began in November 2020) and there were 142 referrals to the Family Wellbeing Service.

East Renfrewshire CAMHS has been responding to a significant increase in eating disorder presentations (49 in October 21 – the highest of NHS GGC CAMHS Teams) and has established a dedicated eating disorder clinic. This response has resulted in a significant reduction in hospital presentations: 5 in 2021/22; down from 14 in 2020/21.

In 2021, there was a 112% increase in referrals to the Autism Diagnostic Team compared with the pre-pandemic level. Referrals from CAMHS to East Renfrewshire School Age Autism Team have risen from 16 in 2020 to 50 in 2021. The HSCP and our partners are working together to quantify the level of need in order to be clearer on how to ensure service responses are effective and the workforce is sufficiently equipped to help children with a neurodevelopmental diagnosis and their families in the right way.

We received notification of a Joint Inspection of services for children at risk of harm in East Renfrewshire on 22<sup>nd</sup> February 2022. The inspection is ongoing and case file reading is now complete. Initial feedback on emerging themes from the case file reading and staff survey was positive. A Position Statement has been submitted and interviews and focus groups will take

place over the course of June 2022. The Care Inspectorate will provide their draft report in July 2022 and we expect this will be officially published in August 2022.

### Community Justice

Unpaid work was significantly impacted by the pandemic with Community Payback Orders suspended on 23<sup>rd</sup> March 2020 at the beginning of the pandemic. At the end of March 2022 there remained a backlog of 6,200 hours of unpaid work for East Renfrewshire although this is low in comparison with other areas and only represents 1% of Scotland's overall backlog. During the year we increased our capacity to deliver by focusing on outdoor work activities and increasing the number of supervisors available. We were able to secure additional workshop premises to support this activity including carpentry and joinery with items made by service users being used in community projects, nursery schools and care homes.

### Supporting People at Home

Whilst our day services premises remained closed, our learning disability staff continued to work with our provider partners to maintain outreach and wraparound support for individuals and their families.

Over the last year we have continued to support people to live independently and well at home, despite additional demand pressures on our services due to more people seeking support at home as well as presenting with increased levels of frailty and complexity. 89% reporting 'living where you/as you want to live' is down slightly from 91% in the previous year.

Our Care at Home service operated under continued pressure with increased referrals and reducing capacity amongst our partner providers. Quarterly referral rates have doubled since the pre-pandemic levels of 2019/20 and this level of demand was sustained during 2021/22.

We saw a 48% reduction in support packages from partner providers between 2020/21 and 2021/22 reflecting recruitment challenges and absence levels as a result of Covid-19.

Increased frailty, complexity of need and de-conditioning has been evident with higher referrals to rehabilitation services and twice as many Care at Home service users requiring two or more carers during visits. The percentage of people with reduced care need following re-ablement / rehabilitation is now 60% which is up from 31% at the end of 2020/21 and is nearing the 67% pre-pandemic level.

We have an ongoing recruitment campaign within Care at Home to help us manage increasing demand and to mitigate as best we can recruitment and retention challenges across the sector.

Our Older Peoples Day Services staff continued to support Care at Home for much of the year however a blended model has recently been introduced building on regular discussion with carers to identify the types of support needed.

### 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. With the aid of technology we have been able to offer people ongoing support throughout the pandemic, and access to treatment has been



maintained. The percentage of people waiting no longer than 18 weeks for access to psychological therapies is 76%.

The HSCP has been supporting mental health and wellbeing concerns across care groups related to stress and distress related to the pandemic but also wider economic problems. There have been increased caseloads across all teams (Community Addictions, Adult Mental Health, Primary Care Mental Health, Older Adults). For older people we are seeing overall wellbeing impacted by issues such as isolation and reduction in mobility.

Despite the challenges our mental health hospital admissions remain low (at 1.4 admissions per 1,000 population).

### **Reducing Unplanned Hospital Care**

Patterns of accident and emergency and unplanned hospital admissions remained altered by the ongoing impact of pandemic and the HSCP has worked with other partnership and acute services in the Glasgow area to continue to develop new services and pathways to support both response and a move into recovery.

Our discharge from hospital without delay averaged 7 delays for 2021/22 despite the operational challenges and pressures.

The HSCP continues to work in partnership with Voluntary Action East Renfrewshire to investigate opportunities for the third sector to provide support for older or vulnerable people, when discharged from hospital to settle back home and re-connect/make new connections within their community. This will provide community led support for individuals who have been disproportionately affected by the pandemic and associated restrictions

### **Supporting 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. Check-in calls to carers were delivered by ER Carers, and carers have been offered support to set up and manage a peer support Facebook Group. The Mental Health Carers group continued to run virtually.

The percentage of those asked reported that their 'quality of life ' needs were being met was 92% slightly up from 91% in 2020/21.

### **Protecting and Supporting Adults at Risk of Harm**

Adult Support and Protection (ASP) activity is significantly higher than pre-pandemic levels but decreased during 2021/22 compared with 2020/21.

We have seen an increase in support required as a result of domestic abuse / violence against women. There were 125 victims and 205 children discussed at MARAC (Multi-Agency Risk Assessment Conference) - an increase of 4% and 19% respectively compared to the previous year.

Women's Aid supported 1,226 women and children; a 52% increase across the service and included the highest recorded number of women supported in outreach services in the past two years. Despite this additional demand for support we have continued to improve personal outcome measures for women and families affected by domestic abuse throughout the pandemic.

With our partner East Renfrewshire Council we have identified a new refuge property to support this activity in future years.

### **Hosted Learning Disability Service**

Our service continued to operate at full capacity across our three units throughout the second year of the pandemic. Significant clinical complexity resulted in a need for very close support which meant the service had to activate contingency plans and access staff from our own community learning disability team as well as those across Greater Glasgow and Clyde.

Increased Covid-19 infection rates particularly from the Omicron variant meant a particularly challenging few months for this service.

### **Covid-19 Vaccination Programme**

The HSCP have delivered vaccinations to care home residents and staff, as well as housebound patients within East Renfrewshire as part of the winter vaccination programme. Based on population figures at the start of the programme, 93% of care home residents received their Covid-19 booster, and 90% also received their flu vaccine.

Care home staff were also offered vaccination alongside residents during vaccination visits in addition to accessing the mass vaccination clinics to support optimal uptake of the Covid-19 vaccination.

In total the partnership provided 27% of care home staff with Covid-19 vaccines and 43% with flu vaccines. We continue to encourage uptake of booster vaccinations for all staff.

The housebound patients' vaccination programme commenced in October 2021 for all patients fitting the eligibility criteria. Since October, 1,019 covid-19 booster and 895 flu vaccinations have been administered to housebound patients.

We continue to ensure that all new admissions to care homes and new housebound patients are offered Covid-19 vaccination and / or are up to date with the Covid-19 vaccination programme. Planning is underway for a second booster for over 75s and those who are assessed as clinically extremely vulnerable.

Delivery of the second booster, for those eligible, commenced in March 2022 and was completed in March 2022.

### **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 LFD test kits during the year.

The HSCP 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 represent a significant commitment to ensure the centre works efficiently and safely, with staff supporting the non-clinical operation through facilities management of the buildings, queue management and liaison with clinical staff.

Whilst the Community Assessment Centre within East Renfrewshire only operated for a short period during the first year of the pandemic we provided staffing, albeit limited to when we could release capacity, to those centres that remained in place until the closure of these facilities in March 2022.

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 Support Staff**

There has been continued significant work behind the scenes from our staff who support the front line service delivery illustrated in this report. Their continued dedication and hard work remains invaluable, supporting service delivery, keeping our workplaces safe, ensuring colleagues had the equipment they needed to work through the pandemic, assessing and mitigating risk and continuing to respond to the day job.

### **Governance During Covid-19**

A number of governance arrangements we put in place at the beginning of the pandemic continued during the year including; drawing on business continuity plans to support critical functions and supporting prioritisation of resources, maintaining our Local Resilience Management Team, participating in local and national working groups and maintaining a Covid-19 Risk Register.

We also set up a daily huddle as part of our response to the Omicron variant and this allowed our senior managers to meet each morning to assess the situation, prioritise workloads and support service delivery in a very challenging period. This also provides an informal support network which has been invaluable.

We worked very closely with our partners' governance and response arrangements during the emergency, including East Renfrewshire Council, NHS Greater Glasgow and Clyde, National Chief Officer, Chief Social Work Officer and Chief Financial Officer meetings.

Our IJB met as planned throughout the second year of the pandemic using a virtual meetings solution. This allowed us to maintain our full governance requirements and ensure our statutory obligations were met. Regular communications to the IJB and to our workforce remain in place.

Our Annual Governance Statement provides a comprehensive overview of all governance and assurance activity.

### **Financial Impact of Covid-19 and Funding Support**

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

The additional activity was significant, in line with the 2020/21, and the Scottish Government provided funding to support the associated costs of responding to the pandemic. This included supporting response, sustainability and maintaining new ways of working. We continue to follow the Local Authority (Scotland) Account Advisory Committee (LASAAC) guidance on Accounting for Coronavirus (Covid-19) Grants / Funding streams and our treatment of the £15.066 million funding and associated £8.945 million of costs reflect this. The funding position is summarised:

<b>Covid-19 Related Expenditure Summary:</b>	£ million
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	3.683
Infrastructure, equipment, PPE	0.096
Sustainability payments to partners	1.600
Unachieved savings due to limited capacity	3.566
<b>Total Expenditure</b>	<b>8.945</b>
New Funding Received	15.066
Earmarked Reserve from 2020/21	3.145
<b>Total Funding</b>	<b>18.211</b>
<b>Balance to Earmarked Reserve</b>	<b>9.266</b>

The costs relating to the PPE Hub and testing activity have been met centrally and therefore do not impact the IJB.

### **Independent Review of Adult Social Care and National Care Service Consultation**

The Independent Review of Adult Social Care in Scotland was published in February 2021; the principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families; and the experience of people who work in adult social care.

The Scottish Government subsequently put forward proposals for the establishment of a National Care Service for Scotland (NCS). The proposals go beyond the scope and recommendations of the review and set out how a NCS will define the strategic direction and quality standards for community health and social care in Scotland. The consultation proposes that the NCS will have reformed local delivery boards which work with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver support and services.

The consultation ran from 9<sup>th</sup> August to 2<sup>nd</sup> November 2021 and sought views from stakeholders on:

- Improving Care for People
- Establishing a National Care Service
- The Scope of the National Care Service
- Reforming Integration Joint Boards (as new Community Health and Social Care Board)
- Improving Commissioning of services
- Regulation
- Valuing people who work in social care

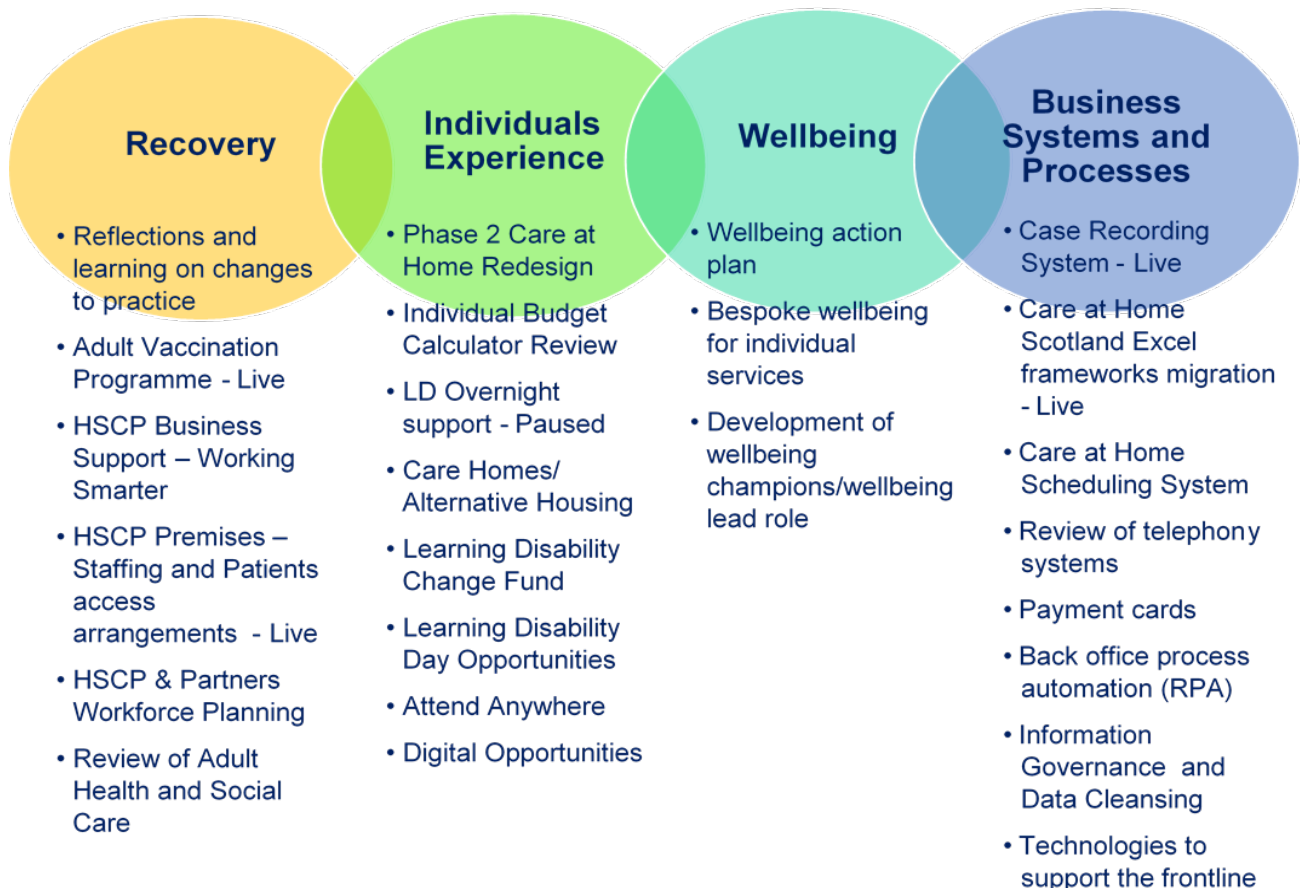
It is expected that the findings from the consultation exercise will have significant impacts for the delivery of social care and wider supports moving forward. We will support any changes that are adopted and will look to include these in our strategic and operational planning, our governance and operational activity as required.

### Moving Towards Recovery

Whilst many of the services the HSCP provides are critical and continued to operate through the pandemic we continue to learn from the last 2 years and will use this knowledge to enhance our recovery.

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

There are currently 25 projects identified, with 9 of these live and further projects will be added as we develop the programme. Our Recovery and Renewal Programme is summarised:



### Key Risks and Uncertainties

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

Area of Risk	RAG
Death or significant harm to a vulnerable individual	Amber
Scottish Child Abuse Inquiry	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-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 recent economic factors including inflation, particularly fuel and utilities. 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. There is a separate risk register for Covid-19 activity. In addition to the risks shown above there are also a number of uncertainties facing the IJB and these are identified in the future challenges section within this report.

## 2021/22 Performance Achievements

In addition to our quarterly reports we publish an Annual Performance Report which is made publicly available on our website in line with statutory guidance. The Annual Performance report demonstrates how we review our performance for 2021/22 against local and national performance indicators and against the commitments within our Strategic Plan.

As we have outlined in this report the Covid-19 pandemic has continued to impact on how we have delivered services during the year. Despite progressing our recovery during the year, the emergence of the Omicron variant during the winter months had a significant impact on progress. The HSCP and our partner organisations experienced increased staff absence with resulting pressures within the health and social care system. As the pandemic has continued we have seen an increasingly fatigued workforce. This year we have also seen significant recruitment and retention challenges in the sector impacting on our performance. However, despite these challenges we have maintained or improved performance in many areas. Some service areas are further forward in their recovery from the pandemic while others remain impacted by disrupted.

Our performance information shows that despite the continuing pressures of the pandemic there has been strong progress 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 improvement across many of our performance indicators.

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

In spite of the continuing impact of the pandemic, we note the following performance headlines including key achievements and areas where we were not able to meet normal targets:

- Strong performance on supporting permanence for our care experienced children; and positive outcomes for child protection cases. Although our balance of care for children is positive we have seen a 25% increase in the number children accommodated in residential care settings during the pandemic. The Child and Adolescent Mental Health Service (CAMHS) continues to experience high demand and an increase in urgent referrals. However, referrals to our alternative (Tier 2) services, Healthier Minds and the Family Wellbeing service are increasing while monthly referrals to CAMHS have been reducing. As a result we are beginning to see more positive performance on CAMHS waiting times at the end of 2021/22.
- Criminal justice work was significantly impacted by the pandemic. However, our services are recovering and were meeting target for completion of unpaid work placements within court timescales. Our backlog of unpaid work to be completed is currently 6,200 hours, among the lowest in Scotland, and we have increased our capacity to meet this backlog.
- Despite seeing a significant increase in referrals for support, we have continued to improve personal outcome measures for women and families affected by domestic

- abuse during the pandemic
- In supporting people to maintain their independence at home we saw an improvement in outcomes following re-ablement (i.e. reduced care) from 2020/21 although we have not returned to pre-pandemic performance and this remains an area for improvement. Performance continues to reflect increased frailty, complexity of hospital discharge, and pressures on service as a consequence of the pandemic.
- During 2021/22 we have continued to deal with increased demand across mental health and addiction services due to increases in complexity. We saw improved performance for drug and alcohol service waiting times, and the proportion of service users moving through treatment to recovery services. Waiting times for access to psychological therapies declined during the Omicron phase and were below target for the year. The service is working to build staff capacity to move back towards target.
- Despite increased unplanned hospital activity we remain ahead of target for emergency admissions and A&E attendances. During the reporting period we have seen an increase in discharges with delay. This is being driven by the pressure on care at home services which is restricting access.
- Support for our unpaid carers continued during the pandemic. Latest data shows maintained performance on outcomes for carers.
- In terms of organisational performance, sickness absence across Council and NHS staff groups increased compared with 2020/21 but remained lower than the pre-pandemic level. Performance on responding to complaints remained below target, reflecting staff pressures during the period.

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

Our recovery and improvement actions as we move beyond the pandemic include the following areas; many of which are reflected in our Recovery and Renewal programme outlined in the Moving Towards Recovery section of our Management Commentary;




- Redesign of service delivery building on lessons from the pandemic e.g. Care at Home, Learning Disability, and Day Opportunities.
- Review and development of our customer journey with those who use our services
- Development of digital opportunities for connectivity and service delivery (e.g. Attend Anywhere)
- Ongoing development of our adult vaccination programmes and other winter planning
- Delivery of a Workforce Wellbeing Action Plan and support for staff wellbeing across the partnership
- Continued development of our workforce planning arrangements, including how our support functions align to service delivery
- Review how and when we use our premises ensuring we maintain safety standards, whilst meeting service requirements and maximising flexibility to allow us to continue to respond rapidly to change
- Establish arrangements to meet the priorities set out in the National Review of Adult Social Care
- Case Recording System Replacement





- Development of staff Health & Wellbeing Theme led by Lead Officer
- Migration of Care at Home and other providers to Scotland Excel Framework
- Staff Engagement Tool Scoping Exercise

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	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral ( <i>INCREASE</i> )	<b>55%</b>	90%	61%	78%	74%	89%	90%	
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) ( <i>INCREASE</i> )	*	Data only	91.1%	94.9%	98.0%	93.6%	91.5%	

\*2021/22 data not available

### Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community

Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. <i>(INCREASE)</i>	458	600	551	575	514	491	364	↓
Percentage of people aged 65+ who live in housing rather than a care home or hospital <i>(INCREASE)</i>	*	97%	97%	97%	96%	97%	97%	↑
People reporting 'living where you/as you want to live' needs met (%) <i>(INCREASE)</i>	89%	90%	91%	88%	92%	84%	79%	↓

\*2021/22 data not available

### Strategic Priority 3 - Working together to support mental health and well-being

Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Percentage of people waiting no longer than 18 weeks for access to psychological therapies <i>(INCREASE)</i>	76%	90%	74%	65%	54%	80%	56%	↑
% of service users moving from drug treatment to recovery service <i>(INCREASE)</i>	9%	10%	6%	16%	22%	12%	9%	↑

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) (DECREASE) (MSG data)	4,546	1,893	2,342	1,788	2,284	1,860	2,704	↓
No. of A & E Attendances (adults) (DECREASE) (MSG data)	16,877	18,335	13,677	20,159	20,234	19,344	18,747	↓
Number of Emergency Admissions: Adults (DECREASE) (MSG data)	6,851*	7,130	6,517	7,538	7,264	7,432	8,032	↓
% of last six months of life spent in a community setting (INCREASE) (MSG data)	89.5%**	86%	89.8%	88.3%	86.2%	85.0%	85.8%	▬

\*Full year data not available for 2020/21. Figure relates to 12 months Jan-Dec 2021.

\*\*Provisional figure for 2021/22

Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
People reporting 'quality of life for carers' needs fully met (%) (INCREASE)	92%	72%	91%	92%	78%	72%	70%	▬

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (INCREASE)	81%	80%	75%	71%	84%	92%	96%	↑
% Change in women's domestic abuse outcomes (INCREASE)	87%	70%	84%	79%	64%	65%	66%	↑

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities								
Indicator	2021/22	Current Target	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
Increase the number of smokers supported to successfully stop smoking in the 40% most deprived SIMD areas. (This measure captures quits at three months and is reported 12 weeks in arrears.) (INCREASE)	*	16	66	74	6	20	27	↓
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) (DECREASE)	*	Data Only	338	295	308	301	297	↓

\*2021/22 data not available

## Financial Performance

### Funding 2021/22

The net total health and social care funding from our partners for financial year 2021/22 was £184.536 million:

	£ Million
NHS Greater Glasgow and Clyde Primary Care	99.079
NHS Greater Glasgow and Clyde Large Hospital Services	27.892
East Renfrewshire Council Social Care	57.167
East Renfrewshire Council Housing Aids and Adaptations	0.398
<b>Total Net Funding</b>	<b>184.536</b>

The Comprehensive Income and Expenditure Statement (CIES) (page 47) shows the IJB gross income as £223.173 million, as that statement shows service income, grant funding, 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 March 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 2021/22

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

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

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

- £1.904 million underspend in within Older Peoples Nursing, Residential and Daycare Services. This reflects the ongoing trend of reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.
- £1.715 million overspend within Intensive Services as our Care at Home costs reflect that we continued to operate a near full service in the second year of the pandemic. This is the position after we applied £0.826 million of winter funding to meet the increases in demand and complexity within this service.
- £0.458 million underspend within Learning Disability Community Services from a combination of staff turnover and running costs.

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

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

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

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 2021/22 was identified as £28.177 million. The associated expenditure for 2020/21 was restated by NHS Greater Glasgow and Clyde to £28.029 million (a reduction of £0.148 million).

Whilst Covid-19 resulted in a reduction in activity (equating to £2.9 million against our notional budget) there is nil cash impact. Increased expenditure due to Covid-19; staff costs, increased beds and pathways, cleaning, testing, equipment and PPE were fully funded by the Scottish Government. As outlined, earlier work is ongoing to agree the mechanism for bringing the set aside budget into an operational stage and this includes ensuring a balanced budget will be achieved.

A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 55). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 62).

The information above reflects our management accounts reporting throughout 2021/22 whilst the CIES (Page 47) 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		0.837
Reserves planned use during the year	(3.937)	
Reserves added during the year	13.367	
Net movement between management accounts and CIES		9.430
IJB CIES underspend		10.267

<b>Total Use of Reserves During 2021/22</b>	<b>£ Million</b>
Reserves planned use during the year	(3.937)
Reserves added from operational underspend and new funding	14.204
Total Reserves added during 2021/22	10.267

## Reserves

We used £3.937 million of reserves in year and we also invested £14.204 million into earmarked reserves, with the majority of this increase from Scottish Government ring-fenced funding (£11.933 million). The year on year movement in reserves is set out in detail at Note 8 (Page 60-61) and is summarised:

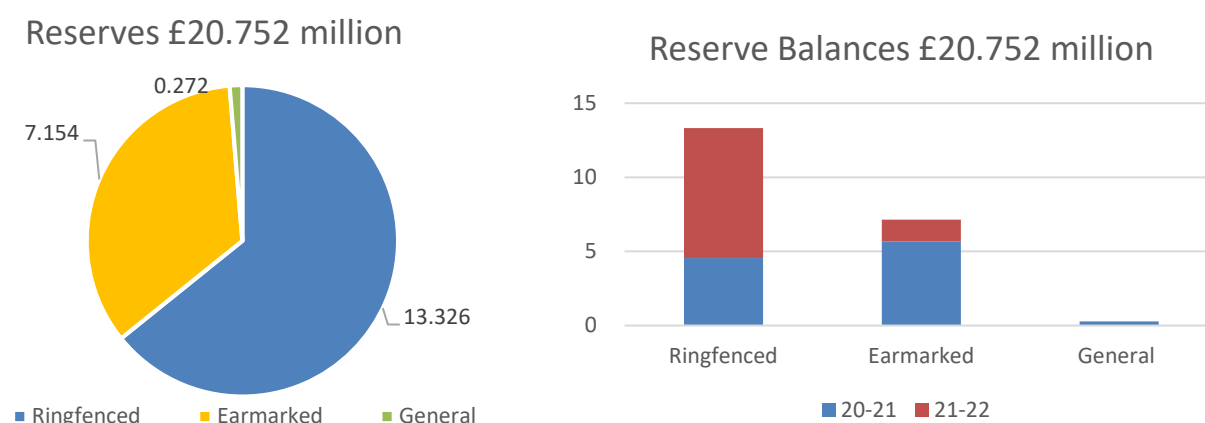
Reserves Movement	£ Million	£ Million
Reserves at 31 March 2021		10.485
Planned use of existing reserves during the year	(3.937)	
Funds added to reserves during the year	14.204	
Net increase in reserves during the year		10.267
Reserves at 31 March 2022		20.752

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

The reserves of the IJB fall into three types:

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

The current balance of £20.752 million for all reserves falls in these three reserves types:



### Ring-Fenced Reserves

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

We only spent £0.008 million of non Covid-19 ring-fenced reserves during the year and we are working on plans to utilise the balances within the scope of each area of activity during 2022/23 as we work towards recovery.

The increase in ring-fenced funding during 2021/22 is not unique to East Renfrewshire and mirrors the national position.



### **Earmarked Reserves**

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

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

### **General Reserves**

Our general reserve remains unchanged at £0.272 million and is well below the optimum level at a value of 2% of budget we would ideally hold. The general reserve is currently 0.15% of the 2021/22 revenue budget.

Given the scale of the financial challenge we have faced pre pandemic the IJB strategy to invest where possible in smoothing the impact of savings challenges has not allowed any investment into general reserves. We have recognised whilst this means we are below our policy level, the prioritisation has been on long term sustainability and minimising the impact of savings over time on those services we provide. We received Covid-19 support for unachieved savings during the pandemic and we expect to utilise the budget phasing reserve in 2022/23 as we work to deliver our legacy savings on a recurring basis.

In the event our operational costs exceed budget in 2022/23 we may need to un-hypothecate (i.e. un-earmark) reserves to meet costs.

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

## **Future Challenges**

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

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

The investment in health and social care by the Scottish Government was welcomed by the IJB and whilst the majority of this new funding supports specific policy decisions such as the

living wage for care providers, we were able to mitigate to some degree our pressures, including pre-pandemic savings.

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

The budget for the year 2022/23 was agreed by the IJB on 16<sup>th</sup> March 2022 and recognised that we have legacy savings of £2.6m from before the pandemic and that the landscape has changed, particularly around demand and complexity, the ability to introduce new charges or increase criteria for care package support. Our reserves strategy, in place pre the pandemic, should see us through the year as we work towards gaining efficiencies from our Recovery & Renewal programme and also by managing, as best we can, the budget we have allowed for to meet increased demand. We are not anticipating Covid funding for unachieved savings in 2022/23.

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

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

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

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

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

The 2022/23 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

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

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

Any changes relating to the NCS will be analysed and reflected in our future plans.

We have successfully operated integrated services for over 17 years so we have faced a number of challenges and opportunities over the years. However our funding and savings challenge take no account of this history. Whilst we have agreed a population based approach for future (NHS) financial frameworks and models this does not address the base budget.

Prescribing Costs; The cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is delegated to the IJB. This is a complex and volatile cost base of around £16 million per year. During 2021/22 the volume of items prescribed began to increase to the pre-pandemic trend; the post Covid-19 implication is not yet clear in terms of complexity of need, population demand and mental health impacts.

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

Care Providers: The longer term impact on the sustainability of the care provider market following Covid-19 is unknown and we continue to work closely with all our partners to work through issues, support where we can and look to develop the best way of working building on our collaborative and ethical commissioning approach as we move forward. This will build on our work to date, including the use of national contractual frameworks along with the implications from the NCS; this may impact on how we commission services.

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

The funding to strengthen Adult Social Work has allowed us to create additional leadership posts within Communities and Wellbeing. This has provided us an opportunity to create a dedicated transition team to support young people with complex needs in the transition to

adulthood, and Long Term Conditions team to support the local residents with long term conditions as we recover from the pandemic.

We intend to develop our performance and financial reporting in more detail at a locality level to allow fuller reporting and understanding of future trends and service demands and include Covid-19 implications and scenarios. We were not able to progress this work during 2021/22 as our focus remained on response.

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

- Our Recovery and Renewal Programme has restarted and will be implemented in 2022/23 and beyond and regular reports will be taken to the IJB.
- We will update our Medium-Term Financial Plan on a regular basis reflecting the ongoing impact of Covid-19, the economic climate and any impact from the NCS as these become clearer. This will allow us to continue to use scenario-based financial planning and modelling to assess and refine the impact of different levels of activity, funding, pressures, possible savings and associated impacts. This will also inform our planning for our 2023/24 budget.
- We will continue to monitor the impacts of Covid-19, Brexit, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will continue to report our Covid-19 activity costs through the NHS Greater Glasgow and Clyde Mobilisation Plan and to the IJB. At this stage we do not expect any further support for non-delivery of savings. This will include how we transition as funding will reduce / cease over time.
- We will continue to work through our Care at Home redesign as part of our Recovery and Renewal Programme recognising the context of significant increase in demand for services, including increased complexity of needs due to the pandemic.
- We will continue to progress and report on our Strategic Improvement Plan until fully complete; work on this was not a priority during the ongoing pandemic response.
- We will complete the review of our Integration Scheme; work had been undertaken pre pandemic and was then put on hold.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. We intend to develop our performance reporting during 2022/23.
- Workforce planning will support identifying our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. Given the overwhelming response to the

pandemic over a prolonged period our staff are tired both physically and mentally and the wellbeing of our workforce is paramount.

- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

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

## Conclusion

East Renfrewshire Integration Joint Board continued, pre Covid-19, to be well placed in the short term to meet the coming challenges, building on many years of delivering integrated health and social care services and continuing to lead on developing new and innovative models of service delivery, not only ensuring financial sustainability, but also meeting the needs of our population.

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

**Chair**  
**Integration Joint Board**                      **22<sup>nd</sup> June 2022**

**Julie Murray**  
**Chief Officer**  
**Integration Joint Board**                      **22<sup>nd</sup> June 2022**

**Lesley Bairden ACMA CGMA**              **22<sup>nd</sup> June 2022**  
**Chief Financial Officer**  
**Integration Joint Board**

## 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 23<sup>rd</sup> November 2022 for approval.

**Chair**  
**Integration Joint Board    22<sup>nd</sup> June 2022**

## 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 2021 and the transactions for the IJB for the period covering 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022.

**Lesley Bairden ACMA CGMA**  
**Chief Financial Officer**  
**Integration Joint Board      22<sup>nd</sup> June 2022**



# 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 2021/22 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 2021/22 amounted to £115,279 in respect of all duties undertaken during the financial year. The Chief Financial Officer total remuneration for 2021/22 amounted to £88,285.

2020/21			Name and Post	2021/22		
Salary, Fees & Allowances £	Taxable Expenses £	Total Remuneration £		Salary, Fees & Allowances £	Taxable Expenses £	Total Remuneration £
114,269	-	114,269	Julie Murray Chief Officer	115,279	-	115,279
87,291	-	87,291	Lesley Bairden Chief Financial Officer	88,285	-	88,285

Voting Board Members 2021/22		Total Taxable IJB Related Expenses £
Councillor Caroline Bamforth (Chair)	East Renfrewshire Council	-
Anne-Marie Monaghan (Vice Chair)	NHS Greater Glasgow & Clyde	-
Councillor Tony Buchanan	East Renfrewshire Council	-
Jacqueline Forbes	NHS Greater Glasgow & Clyde	-
Amina Khan	NHS Greater Glasgow & Clyde	-
Councillor Alan Lafferty (until June 2021)	East Renfrewshire Council	-
Provost Jim Fletcher (from June 2021)	East Renfrewshire Council	-
Councillor Jim Swift	East Renfrewshire Council	-
Flavia Tudoreanu (until November 2021)	NHS Greater Glasgow & Clyde	-
Michelle Wailes (from January 2022)	NHS Greater Glasgow & Clyde	-

The equivalent cost in 2020/21 was nil for all IJB members.

The voting members of the IJB changed following local elections in May 2022.

The Pension entitlement for the Chief Officer for the year to 31<sup>st</sup> March 2022 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

2020/21			Name and Post	2021/22		
In Year Pension Contribution to 31 March £	Accrued Pension Benefits at 31 March			In Year Pension Contribution to 31 March £	Accrued Pension Benefits at 31 March	
	Pension £	Lump Sum £			Pension £	Lump Sum £
22,054	45,593	60,259	Julie Murray Chief Officer	22,249	48,214	60,686
16,847	9,006	-	Lesley Bairden Chief Financial Officer	17,039	10,849	-

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 2021/22 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers' own contributions.

## General Disclosure by Pay Bands

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

## General Disclosure by Pay Bands

<b>Number of Employees 31 March 2021</b>	<b>Remuneration Band</b>	<b>Number of Employees 31 March 2022</b>
-	£80,000 - £84,999	-
1	£85,000 - £89,999	1
-	£105,000 - £109,999	-
1	£110,000 - £114,999	-
-	£115,000 - £119,999	1

**Chair  
Integration Joint Board    22<sup>nd</sup> June 2022**

**Julie Murray  
Chief Officer  
Integration Joint Board    22<sup>nd</sup> June 2022**

# 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 2021/22 are summarised below:

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

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

As a result of Covid-19 from March 2020 we needed to change some of our governance arrangements including; drawing on business continuity plans to support critical functions, establishing our Local Resilience Management Team, participating in local and national working groups and establishing a Covid-19 Risk Register. We have also worked very closely with our partners' governance and response arrangements during the pandemic, including East Renfrewshire Council, NHS Greater Glasgow and Clyde, National Chief Officer, Chief Social

Work Officer and Chief Financial Officer meetings. These arrangements continued through 2021/22.

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 2021/22. We held three JB seminars during the year focussing on Unpaid Carers, the National Care Service, our Strategic Plan for 2022-2025 and the Budget for 2022/23.

## 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 2021/22. A member of East Renfrewshire Council's Audit and Scrutiny Committee was co-opted to the IJB Performance and Audit Committee during 2016/17 to promote transparency.

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

During 2021/22 the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditor's opinion as reported to the Audit Committee, confirmed:

**The Chief Internal Auditor's opinion for 2021/22 will be included in the audited annual report and accounts.**

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

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

\* We are finalising our three-year Workforce Plan covering 2022-2025, in line with Scottish Government timescales.

## Governance Issues during 2021/22

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 2022.

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 ongoing Covid-19 pandemic had a lesser impact on IJB meetings and associated governance than in the first year of the pandemic. 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 HSCP worked with all partners at a local and national level to play our part in the ongoing response to the pandemic with the key impacts included in our management commentary.

As the situation evolved over 2021/22 we have responded to changing restrictions and many iterations of guidance on a range of Covid-19 related issues. We have outlined in this report how we have governed these changes, adapted existing and set up new services and how we have funded the associated costs. Despite the continued dynamic and challenging environment there have been no significant governance issues.

### Operational Governance

Given capacity constraints across the HSCP and within the Internal Audit Team planned work for 2021/22 was delayed and rescheduled into 2022/23.

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 no. for HSCP	Verified as implemented by Internal Audit	Considered implemented by HSCP (awaiting verification)	Total open
Fostering, Adoption and Kinship	3	0	1	2
Payroll	8	0	8	0
Follow up of Corporate and Community Services Audits	6	0	6	0
Carers Legislation	5	0	4	1
Procurement Red Flags	3	0	3	0
Data Protection Act / GDPR	5	0	4	1
Care Finance	14	0	10	4
Homecare	15	12	3	0
Emergency Payment	10	8	2	0
Self-Directed Support	10	0	8	2
Follow up of HSCP Audits	11	2	6	3

We took regular Covid-19 response updates to the IJB during 2021/22 that provided a position statement, risk and mitigation on service delivery and response activity.

We also set up a daily huddle as part of our response to the Omicron variant and this allowed our senior managers to meet each morning to assess the situation, prioritise workloads and support service delivery in a very challenging period. This also provides an informal support network which has been invaluable.

We recognised the ongoing impact of the pandemic and we commissioned an independent review of the HSCP Front Door for adult services in partnership with individuals, families and

professionals in order to ensure that the single point of access to adult services was fit for purpose as we move towards recovery.

The Care Inspectorate announced a joint inspection of services for Children at risk of Harm on 22<sup>nd</sup> February 2022. Onsite work is commencing in June 2022 and we expect the report will be published in August 2022.

We had a brief period during 2021/22 where we had started to look at our recovery prior to the Omicron variant of Covid-19 and this programme of work has recommenced in 2022/23.

We continue to report Covid-19 activity and costs to the Scottish Government via the NHS Greater Glasgow and Clyde Mobilisation Plan as well as to the IJB.

### Action Plan

The table below shows the progress made during 2021/22 against the actions that we identified in our 2020/21 annual report and accounts. It does need to be recognised that capacity to progress these actions was impacted by the ongoing response to the pandemic including the emergence of the Omicron variant, resulting in a very challenging winter for the HSCP.

Action	Progress
Continue to report on our Care at Home redesign as part of our Recovery and Renewal programme.	Phase 2 of the redesign is one of our major projects within the programme and work will commence as we move from response to recovery.
Regularly review and refresh our Medium-Term Financial Plan (MTFP) once the implications from the Covid-19 pandemic and the national care service become clearer. This will include reporting progress on savings achieved and operational financial performance throughout the year.	We last took our MTFP to the IJB in March 2022 and will refresh as a minimum annually and more frequently as issues from the NCS and economic impacts crystallise.
Implement the commissioning arrangements for unscheduled care once the development work has been finalised.	Work is ongoing and the plan and associated financial framework was last reported to the IJB in March 2022.
Review our Best Value reporting with our Annual Performance Report.	This has not progressed during the Covid-19 response, with the exception of attendance at a national workshop in preparation for future work.
Implement our Recovery and Renewal programme with regular reporting to the IJB including the associated financial implications.	We had a brief period where we started to consider recovery during 2021/22 however the ongoing response including the Omicron variant meant there was little capacity to progress.  Our Recovery and Renewal Programme has recommenced and will be regularly reported to the IJB throughout 2022/23.
Refresh our Integration Scheme as work on this was paused during 2020/21.	Work is ongoing in partnership with colleagues across Greater Glasgow and Clyde
Continue to monitor the costs associated with Covid-19 and sustainability throughout 2021/22 and beyond.	We have reported all costs associated with Covid-19 to the IJB through our budget monitoring and have fed into the NHSGGC Local Mobilisation Plan reporting for 2021/22 and for future years.
Recommence review of our Strategic Action Plan.	This work was not a priority during the pandemic response.

The actions to take in 2022/23 to improve strengthening our corporate governance arrangements are:

- Resource and deliver our Recovery and Renewal programme, with regular reporting including progress on savings to the IJB throughout 2022/23.
- Refresh our Medium Term Financial Plan and Strategic Risk Register to reflect any changes resulting from the NCS and for economic and inflation factors as required
- Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde
- 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
- Refresh our Integration Scheme
- Continue to monitor the costs associated with Covid-19 and sustainability throughout 2022/23 and beyond
- Recommence review of our Strategic Action Plan, paused during the response to the pandemic
- Develop our Strategic Commissioning Plan and our approach to collaborative commissioning
- Implement our Strategic Plan
- We will implement plans including recruitment for winter and capacity funding
- We will report the results of the Joint Inspection of services for Children at Risk of Harm

## 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.

**Chair**  
**Integration Joint Board 22<sup>nd</sup> June 2022**

**Julie Murray**  
**Chief Officer**  
**Integration Joint Board 22<sup>nd</sup> June 2022**



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

**AUDIT SCOTLAND REPORT WILL BE ADDED AFTER ANNUAL REPORT AND ACCOUNTS ARE AUDITED**

**(report is normally 4 pages)**

## 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 2022

2020/21			2021/22				
Gross Expenditure (Re-stated) £000	Gross Income £000	Net Expenditure £000	Objective Analysis	Note	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
13,879	1,361	12,518	Children and Families		16,696	2,468	14,228
24,607	3,159	21,448	Older People's Services		26,758	1,883	24,875
5,923	395	5,528	Physical/Sensory Disability		6,574	308	6,266
20,305	1,703	18,602	Learning Disability – Community		21,479	905	20,574
9,818	1,128	8,690	Learning Disability – Inpatients		9,901	1,079	8,822
503	266	237	Augmentative & Alternative Communication		393	167	226
16,078	2,306	13,772	Intensive Services		18,608	2,110	16,498
6,387	492	5,895	Mental Health		6,317	303	6,014
2,488	156	2,332	Addictions / Substance Misuse		2,958	256	2,702
26,198	166	26,032	Family Health Services		28,231	527	27,704
15,858	-	15,858	Prescribing		16,588	1	16,587
696	698	(2)	Criminal Justice		864	853	11
26,874	4,007	22,867	Management and Admin		29,017	6,413	22,604
229	-	229	Corporate Services	6	232	-	232
<b>169,843</b>	<b>15,837</b>	<b>154,006</b>	<b>Cost of Services Managed by ER IJB</b>		<b>184,616</b>	<b>17,273</b>	<b>167,343</b>
28,029	-	28,029	Set Aside for delegated services provided in large hospitals		27,892	-	27,892
174	-	174	Aids and Adaptations		398	-	398
<b>198,046</b>	<b>15,837</b>	<b>182,209</b>	<b>Total Cost of Services to ER IJB</b>		<b>212,906</b>	<b>17,273</b>	<b>195,633</b>
-	118,594	118,594	NHS Greater Glasgow and Clyde	3	-	126,738	126,738
-	57,531	57,531	East Renfrewshire Council	3	-	67,228	67,228
-	11,843	11,843	Resource Transfer	3	-	11,934	11,934
-	187,968	187,968	Taxation and Non Specific Grant Income		-	205,900	205,900
<b>198,046</b>	<b>203,805</b>	<b>(5,759)</b>	<b>(Surplus) or Deficit on Provision of Services</b>		<b>212,906</b>	<b>223,173</b>	<b>(10,267)</b>
<b>198,046</b>	<b>203,805</b>	<b>(5,759)</b>	<b>Total Comprehensive (Income) and Expenditure</b>		<b>212,906</b>	<b>223,173</b>	<b>(10,267)</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.

2020/21 £000	Movement in Reserves	2021/22 £000
(4,726)	Balance as at 31 <sup>st</sup> March 2021 brought forward	(10,485)
(5,759)	Total Comprehensive Income & Expenditure	(10,267)
<b>(5,759)</b>	<b>(Surplus) or Deficit on the Provision of Services</b>	<b>(10,267)</b>
<b>(10,485)</b>	<b>Balance as at 31st March 2022 Carried Forward</b>	<b>(20,752)</b>

The reserves above are all useable.

## Balance Sheet As at 31st March 2022

The Balance Sheet as at 31<sup>st</sup> March 2022 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 2021</b> <b>£000</b>	<b>Balance Sheet</b>	<b>Notes</b>	<b>31<sup>st</sup> March 2022</b> <b>£000</b>
<b>11,245</b>	<b>Current Assets</b>		<b>21,130</b>
11,245	Short Term Debtors	7	21,130
<b>760</b>	<b>Current Liabilities</b>		<b>378</b>
760	Short Term Creditors	7	378
<b>10,485</b>	<b>Net Assets - Reserves</b>	8	<b>20,752</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 2022 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 23<sup>rd</sup> November 2022.

**Lesley Bairden ACMA CGMA**  
**Chief Financial Officer**  
**Integration Joint Board 22<sup>nd</sup> June 2022**



## Notes to the Financial Statements

### 1. Accounting Policies

#### 1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2021/22 reporting period and its position as at 31<sup>st</sup> March 2022.

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 2021/22 supported by International Finance Reporting Standards (IFRS).

#### 1.2 Accruals of Income and Expenditure

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

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

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

#### 1.3 Going Concern

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

#### 1.4 Accounting Convention

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

#### 1.5 Funding

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

#### 1.6 Reserves

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

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

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

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

### **1.7 Events after the Balance Sheet Date**

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

Where events take place before the date of authorisation and provide information about conditions existing as at 31<sup>st</sup> March 2022 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 57) in accordance with the requirements of International Accounting Standard 24.

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

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

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

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

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

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

### **1.10 Indemnity Insurance**

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

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

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims, taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31<sup>st</sup> March 2022.

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 2022.

The cost of participation in the CNORIS scheme was funded on our behalf by NHS Greater Glasgow and Clyde for financial year 2021/22.

### **1.11 Corresponding Amounts**

These Financial Statements cover the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022, with corresponding full year amounts for 2020/21.

### **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

2020/21 (Re-stated) £000	Expenditure and Income Analysis by Nature	2021/22 £000
(187,968)	Partners funding contribution and non-specific grant income	(205,900)
(15,837)	Fees and charges and other service income	(17,273)
<b>(203,805)</b>	<b>Total Funding</b>	<b>(223,173)</b>
46,345	Employee Costs	51,244
1,202	Premises Costs	882
296	Transport Costs	479
20,438	Supplies & Services	23,740
57,140	Third Party Payments	61,243
2,454	Support Costs	2,499
15,708	Prescribing	16,432
26,205	Family Health Service	28,263
28,029	Acute Hospital Services	27,892
202	Corporate Costs	204
27	External Audit Fee	28
<b>198,046</b>	<b>Cost of Services</b>	<b>212,906</b>

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

### 3. Taxation and Non Specific Grant Income

2020/21 (Re-stated) £000	Taxation and Non Specific Grant Income	2021/22 £000
57,531	East Renfrewshire Council	67,228
118,594	NHS Greater Glasgow and Clyde	126,738
11,843	Resource Transfer	11,934
<b>187,968</b>	<b>Partners Funding Contribution &amp; Non Specific Grant Income</b>	<b>205,900</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 (£27.892 million in 2021/22 and £28.029 million in 2020/21). 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 2021/22 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 2021/22 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2021/22 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.

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

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

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.

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

## 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 2021/22. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

2020/21 (Re-stated) £000	Income – Payments for Integrated Functions	2021/22 £000
122,247	NHS Greater Glasgow and Clyde	130,541
81,558	East Renfrewshire Council	92,632
<b>203,805</b>	<b>Total</b>	<b>223,173</b>

2020/21 (Re-stated) £000	Expenditure – Payments for Delivery of Integrated Functions	2021/22 £000
122,247	NHS Greater Glasgow and Clyde	130,541
75,799	East Renfrewshire Council	82,365
<b>198,046</b>	<b>Total</b>	<b>212,906</b>



## 6. Corporate Expenditure

2020/21 £000	Corporate Expenditure	2021/22 £000
202 27	Staff Costs Audit Fee	204 28
<b>229</b>	<b>Total</b>	<b>232</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 2022.

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 2021/22. The Covid-19 related costs within these services has been met from our Covid-19 funding.

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice for 2021/22 amounted to £27,960. Audit Scotland did not provide any non-audit services during 2021/22.

VAT is not included in the costs identified.

## 7. Short Term Debtors and Creditors

2020/21 £000	Short Term Debtors	2021/22 £000
5,890	NHS Greater Glasgow and Clyde	9,751
5,355	East Renfrewshire Council	11,379
<b>11,245</b>	<b>Total</b>	<b>21,130</b>

2020/21 £000	Short Term Creditors	2021/22 £000
760	NHS Greater Glasgow and Clyde	378
-	East Renfrewshire Council	-
<b>760</b>	<b>Total</b>	<b>378</b>

## 8. Reserves

As at 31<sup>st</sup> March 2022 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 2021		10.485
Planned use of existing reserves during the year	(3.937)	
Funds added to reserves during the year	14.204	
Net increase in reserves during the year		10.267
Reserves at 31 March 2022		20.752

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

2020/21 £000	Reserves	Used £000	Added £000	Transfers In / (Out) £000	2021/22 £000
156	Mental Health Action 15	-	59	-	215
191	Alcohol & Drugs Partnership	7	343	-	527
39	Drugs Death Taskforce	1	104	-	142
914	Primary Care Improvement	-	1,069	-	1,983
101	GP Premises Fund	-	80	-	181
3,145	COVID Allocations	3,145	9,266	-	9,266
-	- Winter Planning	-	1,012	-	1,012
<b>4,546</b>	<b>Total Ring-Fenced Reserves</b>	<b>3,153</b>	<b>11,933</b>	<b>-</b>	<b>13,326</b>
1,880	Budget Savings Phasing	-	837	-	2,717
165	In Year Pressures	-	-	-	165
510	Prescribing	54	-	-	456
<b>2,555</b>	<b>Total Bridging Finance</b>	<b>54</b>	<b>837</b>	<b>-</b>	<b>3,338</b>
460	Residential Accommodation	-	-	-	460
183	Health Visitors	148	-	-	35
58	Home & Belonging	-	-	-	58
687	Counselling in Schools	-	-	-	687
15	Child Healthy Weight Programme	-	-	-	15
127	Children and Young Peoples Mental Health Framework	127	-	-	-
101	Recovery Activity with Partners	101	-	-	-
-	- Children and Adolescent Mental Health Services	-	888	-	888
-	- Trauma Informed Practice	-	50	-	50
-	- Whole Family Wellbeing	-	29	-	29
-	- Unaccompanied Asylum Seekers Children	-	24	-	24
<b>1,631</b>	<b>Children &amp; Families</b>	<b>376</b>	<b>991</b>	<b>-</b>	<b>2,246</b>
<b>654</b>	<b>Transitional Funding Learning Disability Specialist Services</b>	<b>220</b>	<b>-</b>	<b>-</b>	<b>434</b>
74	District Nursing	74	-	-	-
295	Learning Disability Community Living Change	-	-	-	295
37	Addictions Residential Rehabilitation	-	-	-	37
16	Mental Health Officer/Community Psychology Capacity	-	45	-	61
51	Care Home Oversight Support	-	74	-	125
70	Augmentative & Alternative Communication	-	15	-	85
-	- Lead Nurse - Care Homes Allocation	-	52	-	52
-	- Armed Forces Covenant	-	60	-	60
-	- Wellbeing	-	88	-	88
-	- Dementia Funding	-	68	-	68
-	- Telecare Fire Safety	-	18	-	18
<b>543</b>	<b>Adult Services</b>	<b>74</b>	<b>420</b>	<b>-</b>	<b>889</b>
<b>100</b>	<b>Renewals &amp; Repairs Fund</b>	<b>-</b>	<b>24</b>	<b>-</b>	<b>124</b>
92	Partnership Strategic Framework	61	-	-	31
92	Organisational Learning & Development	-	-	-	92
<b>184</b>	<b>Total Capacity</b>	<b>61</b>	<b>-</b>	<b>-</b>	<b>123</b>
<b>5,667</b>	<b>Total Earmarked Reserves</b>	<b>785</b>	<b>2,272</b>	<b>-</b>	<b>7,154</b>
<b>272</b>	<b>Total General Reserves</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>272</b>
<b>10,485</b>	<b>Total All Reserves</b>	<b>3,938</b>	<b>14,205</b>	<b>-</b>	<b>20,752</b>

## 9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31<sup>st</sup> March 2022.

## 10. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have a significant impact on the 2021/22 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 2021/22 accounts have been prepared.

In responding to Covid-19, the IJB has been required to act as principal and as agent. An assessment of all Covid-19 related expenditure has been undertaken and this assessment has concluded that the IJB acted as agent in relation to the £500 payment made to Council employees (£0.327 million) and external partner providers (£1.712 million) at the request of the Scottish Government. This assessment has been based on the LASAAC (Local Authorities Scotland Accounts Advisory Committee) guidance issued in relation to this expenditure and as such agency costs are excluded.

## 12. Estimation Uncertainty

There are no estimations included within the 2021/22 accounts.

## 13. Post Balance Sheet Events

The final annual report and accounts will be presented for approval on 23<sup>rd</sup> November 2022.

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**

The 2020/21 set aside figure, provided by NHS Greater Glasgow and Clyde has been restated as this included activity from the Royal Hospital for Children. This resulted in a restated expenditure figure of £28.029; a reduction of £0.148 million.

This resulted in a decrease in total expenditure from £182.357 million to £182.209 million and a reduction in Taxation and Non-Specific Grant income from £188.116 million to £187.968 million.

## Where to find more information

### In This Document

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

### On Our Website

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

### Useful Links

#### Strategic Plan

[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)

#### 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/media/7015/HSCP-Annual-performance-report-2020-2021/pdf/HSCP\\_Annual\\_Performance\\_Report\\_2020-21.pdf?m=637695436741570000](https://www.eastrenfrewshire.gov.uk/media/7015/HSCP-Annual-performance-report-2020-2021/pdf/HSCP_Annual_Performance_Report_2020-21.pdf?m=637695436741570000)

#### Strategic Risk Register

[https://www.eastrenfrewshire.gov.uk/media/7491/PAC-Item-09-16-March-2022/pdf/PAC\\_Item\\_09\\_-\\_16\\_March\\_2022.pdf?m=637825962402470000](https://www.eastrenfrewshire.gov.uk/media/7491/PAC-Item-09-16-March-2022/pdf/PAC_Item_09_-_16_March_2022.pdf?m=637825962402470000)

It should be noted that the links above relate to the associated documents as at June 2022 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 Unaudited 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.

**Chair**  
**Integration Joint Board**                      **22<sup>nd</sup> June 2022**

**Julie Murray**  
**Chief Officer**  
**Integration Joint Board**                      **22<sup>nd</sup> June 2022**

**Lesley Bairden ACMA CGMA**  
**Chief Financial Officer**  
**Integration Joint Board**                      **22<sup>nd</sup> June 2022**





<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	22 June 2022
<b>Agenda Item</b>	8
<b>Title</b>	2021-22 End Year Performance Update and postponement of Annual Performance Report
<p><b>Summary</b></p> <p>Following emergency legislation in response to the Covid-19 outbreak, public authorities were granted the temporary power to delay publication of statutory reports where this would interfere with our coronavirus response. Recognising the continuing pressures from the pandemic, the Scottish Government moved legislation to extend provisions in the Coronavirus Scotland Act (2020) through to the 30th September 2022. This means that IJBs are able to extend the date of publication of Annual Performance Reports through to November, using the same mechanisms as the previous year. Given the continuing volume of work and requirement for input to the review from partners and services, it has been decided that we will postpone publication of our Annual Performance Report to August 2022.</p> <p>This paper provides an update on the End Year performance data for 2021-22 and a summary of key performance trends for consideration. The performance measures were developed to monitor progress in the delivery of the strategic priorities set out in the HSCP Interim Strategic Plan 2021-2022. The interim plan will be succeeded by a new Strategic Plan for 2022-25.</p>	
<b>Presented by</b>	Steven Reid Policy, Planning and Performance Manager
<p><b>Action Required</b></p> <p>The Performance and Audit Committee is asked to:</p> <ul style="list-style-type: none"> <li>• note that the publication date for the HSCP Annual Performance Report 2021-22 has been postponed from 31 July 2022 to 31 August 2022; and</li> <li>• note and comment on the End-Year Performance Update for 2021-22.</li> </ul>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**22 JUNE 2022**

**Report by Chief Officer**

**2021-22 END YEAR PERFORMANCE UPDATE  
AND POSTPONEMENT OF ANNUAL PERFORMANCE REPORT**

**PURPOSE OF REPORT**

1. The purpose of this report is to notify the Performance and Audit Committee of the decision to postpone publication of our Annual Performance Report for 2021-22 and provide a summary update of key performance for 2021-22.

**RECOMMENDATION**

2. The Performance and Audit Committee is asked to:
  - note that the publication date for the HSCP Annual Performance Report 2021-22 has been postponed from 31 July 2022 to 31 August 2022; and
  - note and comment on the End-Year Performance Update for 2021-22.

**BACKGROUND**

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. The 2014 Act requires publication of the report within 4 months of the end of the financial year being reported on, therefore by 31 July each year.
4. In recognition of the exceptional requirements being placed on public bodies as they responded to the Covid-19 outbreak, the Coronavirus (Scotland) Act 2020 made a number of temporary changes to statutory reporting and publication requirements (as well as Freedom of Information requests). This gave public authorities the temporary power to postpone publishing reports if they are of the view that continuing with report preparation would impede their ability to take effective action in response to the coronavirus pandemic.
5. Recognising the continuing pressures from the pandemic, the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30th September 2022. This means that IJBs are able to extend the date of publication of Annual Performance Reviews through to November 2022, using the same mechanisms as the previous year, which are laid out in the [Coronavirus Scotland Act \(2020\), Schedule 6, Part 3](#).
6. Given the volume of work required for a full review of performance and activity during 2021-22, and specifically the requirement for input to the review from partners and services, it has been decided that we will postpone publication of our Annual Performance Review to August 2022. As an interim measure we provide the IJB with a full performance data report and summary of key performance trends below.

**REPORT**

7. The Chief Officer has agreed to delay the publication date for the Annual Performance Report until 31 August in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020 to do so. The staff who would have been involved in the preparation of the report have been heavily engaged in supporting the Covid-19 pandemic response.
8. A draft of the report will be presented to the Integration Joint Board at its next meeting on 10 August for approval. Subject to approval, the report will be published on our website by 31 August and promoted through media channels. We will post a public notification of the rescheduling of the report on our website before the original publication date of 31 July. This approach is in line with most other IJBs in Scotland.
9. The attached performance report includes data for end-year and any updated mid-year data for indicators from our Strategic Plan 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 and commentary on performance. Many of the data trends reflect the unique circumstances faced by services over the course of the Covid-19 pandemic. Explanations of any notable shifts in performance are included in the commentary text.
10. The report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Interim Strategic Plan 2021-22:
  - Working together with children, young people and their families to improve mental and emotional wellbeing
  - Working together with people to maintain their independence at home and in their local community
  - Working together to support mental health and wellbeing
  - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time
  - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities
  - Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives
  - Working together with individuals and communities to tackle health inequalities and improve life chances
  - Working together with staff across the partnership to support resilience and wellbeing
11. The final section of the data report contains a number of organisational indicators relating to our staff and customers.

**Continuing impact of the pandemic**

12. During 2021-22 the partnership has continued to experience unprecedented challenges. Throughout the pandemic period, staff across the HSCP have responded with incredible commitment and have adapted to new ways of working; continuing to maintain and deliver safe and effective services to our residents. As the pandemic has continued we are seeing an increasingly fatigued workforce and we are placing a significant focus on supporting staff health and wellbeing.
13. Despite progressing our recovery during the year, the emergence of the Omicron variant during the winter months had a significant impact on progress. The HSCP and our

partner organisations experienced increased staff absence with resulting pressures within the health and social care system. This year we have also seen significant recruitment and retention challenges in the sector impacting on our performance.

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

### **Supporting children and families**

15. Our children's services are continuing to see increasing demand and complexity following the pandemic. In particular we are seeing more children with diagnosed neurodevelopmental disorders and a higher prevalence of families in crisis leading to more of these children coming under child protection and an associated increase in numbers coming into care. Children accommodated in residential care settings has increased by a quarter and 83% have a neurodevelopmental diagnosis. The Child and Adolescent Mental Health Service (CAMHS) continues to experience high demand and an increase in urgent referrals. However, referrals to our alternative (Tier 2) services, Healthier Minds and the Family Wellbeing service are increasing while monthly referrals to CAMHS have been reducing. As a result we are beginning to see more positive performance on CAMHS waiting times during 2022/23.
16. Headline performance data includes:
  - % starting CAMHS treatment within 18 weeks – 55% (year average) down from 61% in 20/21. Team reporting 63% at end March 22.
  - Care experienced children – positive performance on permanence – 2 children with 3+ placements
  - 91% of care experienced children supported in community – a high rate but reducing during pandemic
  - Child protection - 84% child protection cases with increased safety
  - Reduced % of children subject to child protection offered advocacy – 62%

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

17. Over the reporting period we have continued to support people to live independently and well at home, despite additional demand pressures on our services due to more people seeking support at home as well as increased levels of frailty and complexity. During the year we have seen continuing pressure on our Care at Home service with increased referrals and reducing capacity among partner providers. Quarterly referral rates have doubled since 19/20 and this level of demand was sustained during 2021/22. We saw a 48% reduction in support packages from partner providers between 20/21 and 21/22. Increased frailty, complexity of need and de-conditioning has been evident with higher referrals to rehabilitation services and twice as many Care at Home service users requiring two or more carers during visits.
18. Headline performance data includes:
  - 60% of people with reduced care need following re-ablement / rehabilitation (up from 31% at end 2020/21; was 67% pre-pandemic)
  - 89% reporting 'living where you/as you want to live' – down slightly from 91%
  - 62% aged 65+ with intensive needs receiving care at home – up from 58%

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

19. During 2021-22 our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. With the aid of technology teams have been able to offer people ongoing support throughout the pandemic, and access to treatment has been maintained. The HSCP has been supporting mental health and wellbeing concerns across care groups related to stress and distress related to the pandemic but also wider economic problems. There have been increased caseloads across all teams (Community Addictions Team, Adult Mental Health Team, Primary care mental health team, Older adult team). For older people we are seeing overall wellbeing impacted by issues such as isolation and reduction in mobility.
20. Headline performance data includes:
- Mental health hospital admissions remain low (at 1.4 admissions per 1,000 population)
  - 76% waiting no longer than 18 weeks for access to psychological therapies (av. 2021/22); End March 2022 - 65%
  - 95% accessing recovery-focused treatment for drug/alc within 3 weeks – up from 69% in 20/21
  - 9% of service users moving from treatment to recovery services in the year – up from 6% in 20/21

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

21. Patterns of accident and emergency use and unplanned hospital admissions were significantly altered by the pandemic; but for some measures have been moving above pre-pandemic levels during the year. Despite increased activity we remain ahead of target for emergency admissions and A&E attendances. During the reporting period we have seen an increase in discharges with delay. This is being driven by the pressure on care at home services which is restricting access. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. During the pandemic the team have experienced significant issues around supporting 'adults with incapacity' and establishing appropriate guardianship/Power of Attorney arrangements. However, our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be immediately accommodated.
22. Headline performance data includes:
- Discharge without delay – averaged 7 delays for 2021-22 – up from 3 for 20/21
  - Adult bed days lost to delayed discharge – 4,546 for 21/20 – up significantly from 2,342 in 20/21
  - Adult A&E attendances – 16,877 up from 13,677 in 20/21
  - Adult Emergency admissions – 6,772 - up from 6,518 in 20/21

### **Supporting unpaid carers**

23. Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout 2021-22. Check-in calls to carers were delivered by ER Carers, and carers have been offered support to set up and manage a peer support Facebook Group. The Mental Health Carers group continued to run virtually.
24. Headline performance data includes:
- 92% of those asked reported that their 'quality of life ' needs were being met – up from 91% in 20/21

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

25. The provision of unpaid work was significantly impacted by the pandemic with Community Payback Orders suspended on 23rd March 2020. At end-year we were missing targets for commencement of unpaid work placements within seven days but had reached target for completion of placements within court timescales. At the end of March 2022 there remained a backlog of 6,200 hours of unpaid work for East Renfrewshire although this is low in comparison with other areas and only represents 1% of Scotland's overall backlog. During the year we increased our capacity to deliver by focusing on outdoor work activities and increasing the number of supervisors available.
26. Adult Support and Protection (ASP) activity is significantly higher than pre-pandemic levels but decreased during 2021/22 compared with 20/21. We have seen an increase in support required as a result of domestic abuse / violence against women. 125 victims and 205 children discussed at MARAC (Multi-agency risk assessment conference) - an increase of 4% and 19% respectively compared to 20/21. 1226 women and children supported by Women's Aid - a 52% increase across the service. And the reporting period noted the highest recorded number of women supported in outreach services in the past two years. Despite this additional demand for support we have continued to improve personal outcome measures for women and families affected by domestic abuse throughout the pandemic.
27. Headline performance data includes:
- 58% Community Payback Orders (CPOs) commencing within 7 days – down from 65% in 20/21
  - 81% of unpaid work placement completions within Court timescale – up from 75%
  - Positive employability outcomes for people with convictions – 75% up from 66% in 20/21
  - 100% of people reported that their order had helped address their offending – up from 92% in 20/21
  - Improvement in domestic abuse outcomes women – 87% increase by 3% - target met.
  - Improvement in domestic abuse outcomes children – 84% increase by 1% - target met.

## Supporting staff resilience and wellbeing

28. Supporting staff wellbeing is a key focus of the partnership especially as a result of the pandemic which has placed significant pressure on our workforce. The way staff have been working has changed significantly with home working becoming the norm for large groups of employees. During 2021/22, the HSCP recruited a Health and Wellbeing Lead Officer who is undertaking a scoping exercise across the wider health and social care landscape. This role has been specifically designed to acknowledge the growing pressures and challenges upon the health and social care workforce, and to create resources, tools and services to support the health and wellbeing of all staff and volunteers who work for and support the HSCP.
29. Headline performance data includes:
- 61% response rate for our staff engagement survey (iMatter) – despite challenges of pandemic
  - Composite 'Employee Engagement Index' score was 78% up from 75% at the previous survey
  - 88% of staff agreed that "My manager cares about my health and wellbeing" – up from 85% and best score to date

- 72% agreed that "I feel involved in decisions in relation to my job" – up from 69%
- 75% agree that "I am given the time and resources to support my learning growth" – down slightly from 77%

## **CONCLUSION**

30. Significant work has been undertaken to establish a comprehensive performance report for 2021-22. The data shows that despite the continuing challenges resulting from the pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Through our recovery and renewal planning and the delivery of our next Strategic Plan for 2022-25 we will ensure that our priorities and approaches meet the changing needs of our population. We will complete and publish our Annual Performance Report for 2021-22, building on the performance data and highlighting the experiences of services, partners and residents during the past year.

## **RECOMMENDATION**

31. The Performance and Audit Committee is asked to:
- note that the publication date for the HSCP Annual Performance Report 2021-22 has been postponed from 31 July 2022 to 31 August 2022; and
  - note and comment on the End-Year Performance Update for 2021-22.

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

Steven Reid, Policy, Planning and Performance Manager  
[Steven.Reid@eastrenfrewshire.gov.uk](mailto:Steven.Reid@eastrenfrewshire.gov.uk)

June 2022

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

[Performance and Audit Committee, 22 September 2021, HSCP Annual Performance Report 2020/21](#)



# HSCP Strategic Plan – End Year 2021-22

Report Author: Ian Smith / Steven Reid

Generated on: May 2022



Key:


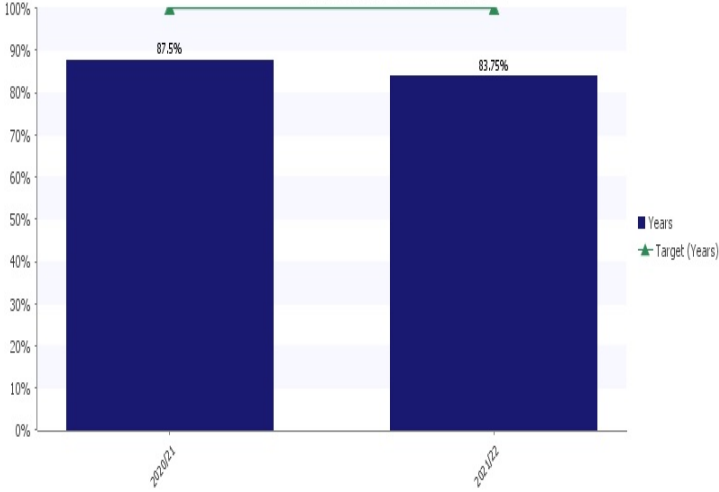

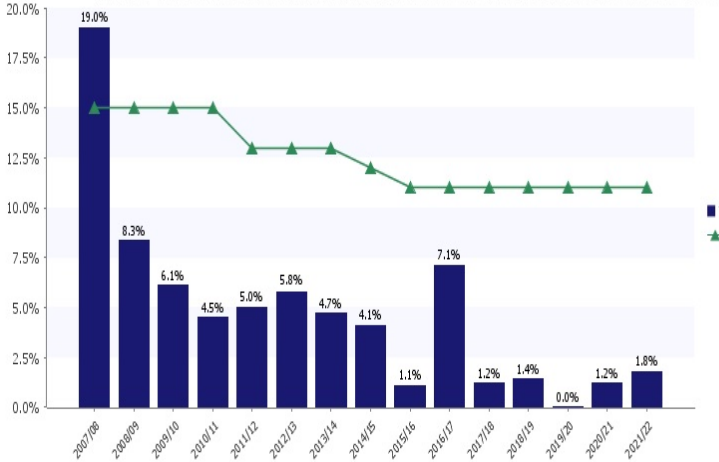
<b>Green</b>	performance is at or better than the target
<b>Amber</b>	Performance is close (approx 5% variance) to target
<b>Red</b>	Performance is far from the target (over 5%)

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


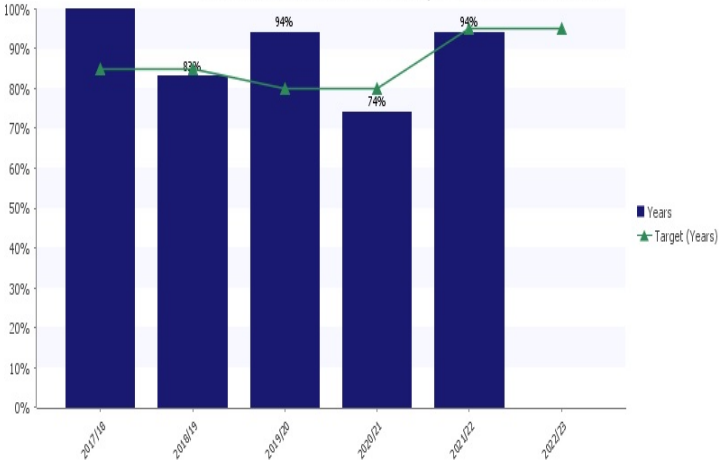

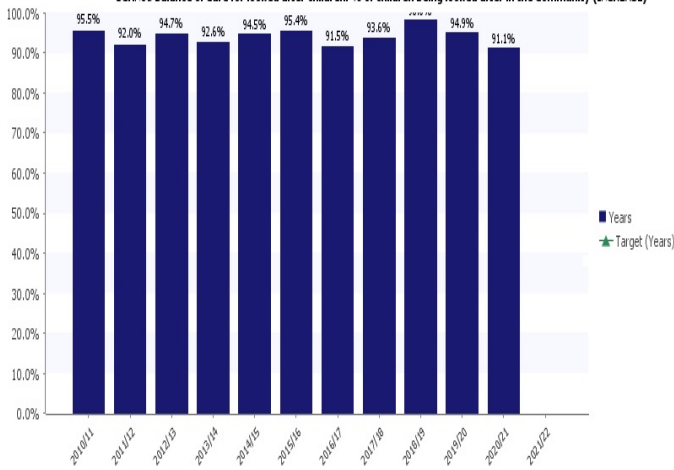
\* INCREASE/DECREASE in PI description gives the intended direction of travel for the indicator

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



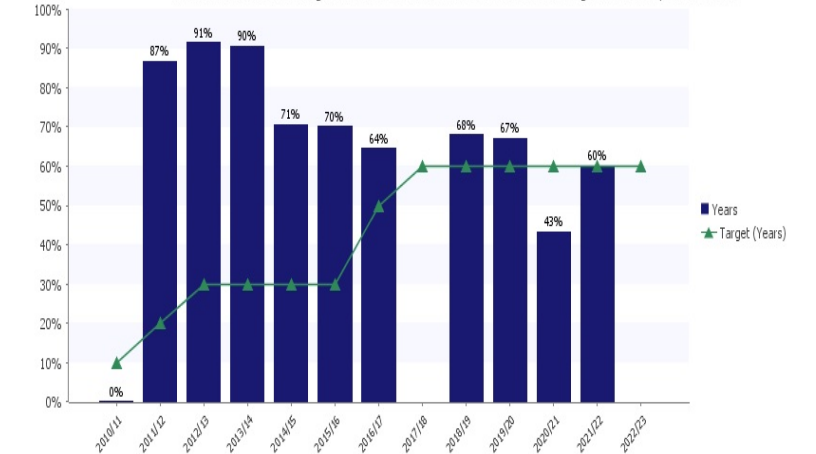
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note								
INCREASE* - To measure the proportion of children and young people subject to child protection who have been offered advocacy.	2021/22	62%	100%	Red	↓	<p>HSCP-ADV-01 INCREASE - Percentage of children subject to child protection who have been offered advocacy</p> <table border="1"> <caption>Chart Data: HSCP-ADV-01 INCREASE - Percentage of children subject to child protection who have been offered advocacy</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2020/21</td> <td>63%</td> </tr> <tr> <td>2021/22</td> <td>62%</td> </tr> <tr> <td>Target (Years)</td> <td>100%</td> </tr> </tbody> </table>	Year	Percentage	2020/21	63%	2021/22	62%	Target (Years)	100%	<p>Whilst service provision is beginning to resume to pre-pandemic levels, there is still an ongoing impact of Covid on our ability to engage with children and young people the way we did under pre-lockdown conditions. We continue to see more consistent offer of advocacy to children subject to child protection.</p>
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<p>To measure the impact of Signs of Safety in increasing safety for children (financial year). Baseline information will be collated going forward.</p>	2021/22	83.75%	100%	Red		<p><b>HSCP-50s-01 INCREASE</b> - Percentage of children with child protection plans assessed by the multi-agency team as having an increase in their scaled level of safety at three monthly review periods</p>  <table border="1"> <caption>HSCP-50s-01 INCREASE Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2020/21</td> <td>87.5%</td> </tr> <tr> <td>2021/22</td> <td>83.75%</td> </tr> <tr> <td>Target (Years)</td> <td>100%</td> </tr> </tbody> </table>	Year	Percentage	2020/21	87.5%	2021/22	83.75%	Target (Years)	100%	<p>All Review CP Planning Meetings (previously known as Review CP Case Conferences) held in Q1 and Q3 of 2021/2022 had an increased score in safety for the children. In Q2, seven out of the nine meetings saw an increase in the safety of the child, however for two the risk increased and appropriate measures were taken to safeguard the children. In Q4, four out of seven meetings, saw an increase in the average safety scaling with one child's safety scaling remaining the same as the previous CP Planning Meeting. Two children's average safety scaling was impacted by the parents' understanding of the seriousness of the concerns.</p>																										
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<p>DECREASE - Percentage of children looked after away from home who experience 3 or more placement moves</p>	2021/22	1.8%	11.0%	Green		<p><b>SOA09PI - 004.1 Percentage of children looked after away from home who experience 3 or more placement moves (REDUCE)</b></p>  <table border="1"> <caption>SOA09PI - 004.1 Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2007/08</td><td>19.0%</td></tr> <tr><td>2008/09</td><td>8.3%</td></tr> <tr><td>2009/10</td><td>6.1%</td></tr> <tr><td>2010/11</td><td>4.5%</td></tr> <tr><td>2011/12</td><td>5.0%</td></tr> <tr><td>2012/13</td><td>5.8%</td></tr> <tr><td>2013/14</td><td>4.7%</td></tr> <tr><td>2014/15</td><td>4.1%</td></tr> <tr><td>2015/16</td><td>1.1%</td></tr> <tr><td>2016/17</td><td>7.1%</td></tr> <tr><td>2017/18</td><td>1.2%</td></tr> <tr><td>2018/19</td><td>1.4%</td></tr> <tr><td>2019/20</td><td>0.0%</td></tr> <tr><td>2020/21</td><td>1.2%</td></tr> <tr><td>2021/22</td><td>1.8%</td></tr> <tr> <td>Target (Years)</td> <td>11.0%</td> </tr> </tbody> </table>	Year	Percentage	2007/08	19.0%	2008/09	8.3%	2009/10	6.1%	2010/11	4.5%	2011/12	5.0%	2012/13	5.8%	2013/14	4.7%	2014/15	4.1%	2015/16	1.1%	2016/17	7.1%	2017/18	1.2%	2018/19	1.4%	2019/20	0.0%	2020/21	1.2%	2021/22	1.8%	Target (Years)	11.0%	<p>Two children had 3 or more placement moves in the reporting year (114 children looked after between 01.04.21 and 31.03.22).</p>
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<p>INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral</p>	<p>2021/22</p>	<p>55%</p>	<p>90%</p>	<p>Red</p>		<p>HSCP-SP18-CAMHS Children and young people commencing treatment for specialist CAMHS within 18 weeks of referral (INCREASE)</p>  <table border="1"> <caption>HSCP-SP18-CAMHS Children and young people commencing treatment for specialist CAMHS within 18 weeks of referral (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2019/20</td> <td>74%</td> </tr> <tr> <td>2020/21</td> <td>78%</td> </tr> <tr> <td>2021/22</td> <td>61%</td> </tr> <tr> <td>2022/23</td> <td>55%</td> </tr> <tr> <td>Target (Years)</td> <td>90%</td> </tr> </tbody> </table>	Year	Percentage	2019/20	74%	2020/21	78%	2021/22	61%	2022/23	55%	Target (Years)	90%	<p>Average weekly data 2021/22. Performance has deteriorated against last year's figure (61%) this is thought to be due to the effects of the continuing Covid pandemic.</p>										
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<p>DECREASE -Child &amp; Adolescent Mental Health - longest wait in weeks at month end</p>	<p>2021/22</p>	<p>41</p>	<p>18</p>	<p>Red</p>		<p>CHCP-CSP-CAMHS Child &amp; Adolescent Mental Health - longest wait in weeks at month end (REDUCE)</p>  <table border="1"> <caption>CHCP-CSP-CAMHS Child &amp; Adolescent Mental Health - longest wait in weeks at month end (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Longest Wait (Weeks)</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>15</td> </tr> <tr> <td>2014/15</td> <td>18</td> </tr> <tr> <td>2015/16</td> <td>16</td> </tr> <tr> <td>2016/17</td> <td>31</td> </tr> <tr> <td>2017/18</td> <td>35</td> </tr> <tr> <td>2018/19</td> <td>34</td> </tr> <tr> <td>2019/20</td> <td>33</td> </tr> <tr> <td>2020/21</td> <td>34</td> </tr> <tr> <td>2021/22</td> <td>41</td> </tr> <tr> <td>Target (Years)</td> <td>18</td> </tr> </tbody> </table>	Year	Longest Wait (Weeks)	2013/14	15	2014/15	18	2015/16	16	2016/17	31	2017/18	35	2018/19	34	2019/20	33	2020/21	34	2021/22	41	Target (Years)	18	<p>Data is average monthly longest wait. Compares to 34 in 2020/21.</p>
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<p>INCREASE - Accommodated children will wait no longer than 6 months for a Looked After Review meeting to make a permanence recommendation</p>	<p>2021/22</p>	<p>94%</p>	<p>95%</p>	<p>Green</p>		<p>CP-1618-LACREV2 Looked After Children away from home will have a LAC Review</p>  <table border="1"> <caption>CP-1618-LACREV2 Looked After Children away from home will have a LAC Review</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>100%</td> </tr> <tr> <td>2018/19</td> <td>83%</td> </tr> <tr> <td>2019/20</td> <td>94%</td> </tr> <tr> <td>2020/21</td> <td>74%</td> </tr> <tr> <td>2021/22</td> <td>94%</td> </tr> <tr> <td>2022/23</td> <td>94%</td> </tr> </tbody> </table>	Year	Percentage	2017/18	100%	2018/19	83%	2019/20	94%	2020/21	74%	2021/22	94%	2022/23	94%	<p>Of the 17 children who are looked after in this period, 16 have waited no longer than 6 months for a Looked After review to make a permanence recommendation. This is lower than the aim of 95% however COVID -19 restrictions had an impact on the ability to carry out assessments in relation to permanence with children and families within timescales.</p>												
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<p>SCHN09: Balance of Care for looked after children: % of children being looked after in the Community</p>	<p>2020/21</p>	<p>91.1%</p>	<p>Data Only</p>	<p>Data Only</p>		<p>SCHN09 Balance of Care for looked after children: % of children being looked after in the Community (INCREASE)</p>  <table border="1"> <caption>SCHN09 Balance of Care for looked after children: % of children being looked after in the Community (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2010/11</td> <td>95.5%</td> </tr> <tr> <td>2011/12</td> <td>92.0%</td> </tr> <tr> <td>2012/13</td> <td>94.7%</td> </tr> <tr> <td>2013/14</td> <td>92.6%</td> </tr> <tr> <td>2014/15</td> <td>94.5%</td> </tr> <tr> <td>2015/16</td> <td>95.4%</td> </tr> <tr> <td>2016/17</td> <td>91.5%</td> </tr> <tr> <td>2017/18</td> <td>93.6%</td> </tr> <tr> <td>2018/19</td> <td>94.3%</td> </tr> <tr> <td>2019/20</td> <td>94.3%</td> </tr> <tr> <td>2020/21</td> <td>91.1%</td> </tr> <tr> <td>2022/23</td> <td>91.1%</td> </tr> </tbody> </table>	Year	Percentage	2010/11	95.5%	2011/12	92.0%	2012/13	94.7%	2013/14	92.6%	2014/15	94.5%	2015/16	95.4%	2016/17	91.5%	2017/18	93.6%	2018/19	94.3%	2019/20	94.3%	2020/21	91.1%	2022/23	91.1%	<p>For this period we are above the national average of children who are looked after in a community rather than a residential setting. The national figure for the period was 90%. During the pandemic we saw an increase in children being looked after outwith the community, particularly for children with additional support needs.</p>
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2. Working together with people to maintain their independence

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
<p>INCREASE - Number of people self directing their care through receiving direct payments and other forms of self-directed support.</p>	<p>2021/22</p>	<p>458</p>	<p>600</p>	<p>Red</p>		<p>CHCP HCC051 Number of people self directing their care through receiving direct payments and other forms of self-directed support (INCREASE)</p> 	<p>Provisional data calculated from the annual Social Care return for 2021/22 shows a total of 458 people were in receipt of SDS 1 and 2 Option payments. A further 688 people were covered under SDS Option 3.</p>
<p>INCREASE - Percentage of those whose care need has reduced following re-ablement / rehabilitation</p>	<p>2021/22</p>	<p>60%</p>	<p>60%</p>	<p>Green</p>		<p>OD2CHCP6-0102 Percentage of those whose care need has reduced following re-ablement / rehabilitation</p> 	<p>There were a total of 195 re-ablement clients this year, 39 remained open at end year. Of the completed cases, 94 were discharged with a reduced or no service; 43 were discharged with the same service and 2 were discharged with increased services (with a further 6 still waiting for services to start). Additionally 4 people were re-admitted to hospital, and a further 7 died. Performance in this regard has significantly increased on the 2020/21 (43%) outturn, and we are now reaching the performance target on this indicator.</p>

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																												
<p>INCREASE - Percentage of people aged 65+ who live in housing rather than a care home or hospital</p>	<p>2020/21</p>	<p>97%</p>	<p>97%</p>	<p>Green</p>		<p><b>HSCP-MSG-Home Percentage of people aged 65+ who live in housing rather than a care home or hospital</b></p>  <table border="1"> <caption>HSCP-MSG-Home Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>95.3%</td></tr> <tr><td>2011/12</td><td>95.3%</td></tr> <tr><td>2012/13</td><td>96.0%</td></tr> <tr><td>2013/14</td><td>96.2%</td></tr> <tr><td>2014/15</td><td>96.4%</td></tr> <tr><td>2015/16</td><td>96.6%</td></tr> <tr><td>2016/17</td><td>96.6%</td></tr> <tr><td>2017/18</td><td>96.5%</td></tr> <tr><td>2018/19</td><td>96.4%</td></tr> <tr><td>2019/20</td><td>96.5%</td></tr> <tr><td>2020/21</td><td>96.6%</td></tr> <tr><td>2021/22</td><td>96.6%</td></tr> <tr><td>2022/23</td><td>96.6%</td></tr> </tbody> </table>	Year	Percentage	2010/11	95.3%	2011/12	95.3%	2012/13	96.0%	2013/14	96.2%	2014/15	96.4%	2015/16	96.6%	2016/17	96.6%	2017/18	96.5%	2018/19	96.4%	2019/20	96.5%	2020/21	96.6%	2021/22	96.6%	2022/23	96.6%	<p>Latest data released June 2022. Indicator is still under development by Scottish Government and may change in future. Due to different configurations of services, figures for the hospital/hospice categories may not be comparable across partnership areas. Figure comprises 91.2% of people living unsupported at home, with a further 5.4% being supported to live at home. (Source: Scottish Govt MSG June 2022)</p>
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<p>Health and Social Care Integration - Core Suite of Indicators NI-18: The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care.</p>	<p>2020/21</p>	<p>58%</p>	<p>63%</p>	<p>Amber</p>		<p><b>HSCP-NI-18 Percentage of adults with intensive care needs receiving care at home</b></p>  <table border="1"> <caption>HSCP-NI-18 Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>72%</td></tr> <tr><td>2011/12</td><td>64%</td></tr> <tr><td>2012/13</td><td>64%</td></tr> <tr><td>2013/14</td><td>61%</td></tr> <tr><td>2014/15</td><td>61%</td></tr> <tr><td>2015/16</td><td>59%</td></tr> <tr><td>2016/17</td><td>63%</td></tr> <tr><td>2017/18</td><td>64%</td></tr> <tr><td>2018/19</td><td>64%</td></tr> <tr><td>2019/20</td><td>57%</td></tr> <tr><td>2020/21</td><td>58%</td></tr> <tr><td>2021/22</td><td>64%</td></tr> <tr><td>2022/23</td><td>65%</td></tr> </tbody> </table>	Year	Percentage	2010/11	72%	2011/12	64%	2012/13	64%	2013/14	61%	2014/15	61%	2015/16	59%	2016/17	63%	2017/18	64%	2018/19	64%	2019/20	57%	2020/21	58%	2021/22	64%	2022/23	65%	<p>In comparison Scotland figure for 2020 was 62.9% Data relates to all adults receiving care at home against care home residents and those receiving continuing care in acute settings. A change in reporting for 2019/20 meant that reported care home residents increased impacting on performance for this indicator. We have also been delivering on our policy to prioritise support to our most vulnerable residents and reducing the number of clients with small care packages. In the reporting period we continued to work to minimise ongoing support needs for individuals, employing additional OT resource to strengthen our reablement approach. We continue to improve our internal data and closely monitor patterns of demand for care at home. Data published March 2022 (Source: Public Health</p>
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INCREASE - People reporting 'living where you/as you want to live' needs met (%)	2021/22	89%	90%	Green	↓	<p><b>HSCP-TP-5 People reporting 'living where you/as you want to live' needs met (%)</b></p> <table border="1"> <caption>HSCP-TP-5 People reporting 'living where you/as you want to live' needs met (%)</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>96%</td></tr> <tr><td>2010/11</td><td>88%</td></tr> <tr><td>2011/12</td><td>94%</td></tr> <tr><td>2012/13</td><td>89%</td></tr> <tr><td>2013/14</td><td>95%</td></tr> <tr><td>2014/15</td><td>79%</td></tr> <tr><td>2015/16</td><td>78%</td></tr> <tr><td>2016/17</td><td>79%</td></tr> <tr><td>2017/18</td><td>84%</td></tr> <tr><td>2018/19</td><td>92%</td></tr> <tr><td>2019/20</td><td>88%</td></tr> <tr><td>2020/21</td><td>91%</td></tr> <tr><td>2021/22</td><td>89%</td></tr> </tbody> </table>	Year	Value (%)	2009/10	96%	2010/11	88%	2011/12	94%	2012/13	89%	2013/14	95%	2014/15	79%	2015/16	78%	2016/17	79%	2017/18	84%	2018/19	92%	2019/20	88%	2020/21	91%	2021/22	89%	Scotland).  In 2021/22 of the 762 valid responses 676 reported their needs met. This year's figure is down on 2020/21 (91%)
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Direct payments spend on adults 18+ as a % of total social work spend on adults 18+	2020/21	8.69%	Data Only	↑	<p><b>SWO2 Self Directed Support spend on adults 18+ as a % of total social work spend on adults 18+ (INCREASE)</b></p> <table border="1"> <caption>SWO2 Self Directed Support spend on adults 18+ as a % of total social work spend on adults 18+ (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>1.2%</td></tr> <tr><td>2011/12</td><td>3.3%</td></tr> <tr><td>2012/13</td><td>2.4%</td></tr> <tr><td>2013/14</td><td>3.01%</td></tr> <tr><td>2014/15</td><td>5.4%</td></tr> <tr><td>2015/16</td><td>5.76%</td></tr> <tr><td>2016/17</td><td>6.63%</td></tr> <tr><td>2017/18</td><td>7.52%</td></tr> <tr><td>2018/19</td><td>8.15%</td></tr> <tr><td>2019/20</td><td>8.44%</td></tr> <tr><td>2020/21</td><td>8.69%</td></tr> </tbody> </table>	Year	Value (%)	2010/11	1.2%	2011/12	3.3%	2012/13	2.4%	2013/14	3.01%	2014/15	5.4%	2015/16	5.76%	2016/17	6.63%	2017/18	7.52%	2018/19	8.15%	2019/20	8.44%	2020/21	8.69%	This is the latest available data for this indicator. We continue to perform well on this measure, % spend on SDS continued to improve (up from 8.44% for 2019/20) This compares to a national average of 8% (Source: Improvement Service March 2022)					
Year	Value (%)																																		
2010/11	1.2%																																		
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																														
SW03: Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home.	2020/21	62.2%	62.0%	Green	↑	<p><b>SW03a % of people aged 65 or over with long term care needs receiving personal care at home (LGBF)</b></p> <table border="1"> <caption>SW03a % of people aged 65 or over with long term care needs receiving personal care at home (LGBF)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>50.7%</td></tr> <tr><td>2010/11</td><td>60.4%</td></tr> <tr><td>2011/12</td><td>61.0%</td></tr> <tr><td>2012/13</td><td>59.7%</td></tr> <tr><td>2013/14</td><td>59.5%</td></tr> <tr><td>2014/15</td><td>59.7%</td></tr> <tr><td>2015/16</td><td>60.0%</td></tr> <tr><td>2016/17</td><td>61.1%</td></tr> <tr><td>2017/18</td><td>59.8%</td></tr> <tr><td>2018/19</td><td>57.4%</td></tr> <tr><td>2019/20</td><td>57.6%</td></tr> <tr><td>2020/21</td><td>62.2%</td></tr> <tr><td>2021/22</td><td>62.2%</td></tr> <tr><td>2022/23</td><td>62.2%</td></tr> </tbody> </table>	Year	Percentage	2009/10	50.7%	2010/11	60.4%	2011/12	61.0%	2012/13	59.7%	2013/14	59.5%	2014/15	59.7%	2015/16	60.0%	2016/17	61.1%	2017/18	59.8%	2018/19	57.4%	2019/20	57.6%	2020/21	62.2%	2021/22	62.2%	2022/23	62.2%	The LGBF data shows that our performance has improved slightly compared with the previous year (57.6%). This compares to a national average of 61.7% The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues. (Source: Improvement Service March 2022)
Year	Percentage																																				
2009/10	50.7%																																				
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2022/23	62.2%																																				

**3. Working together to support mental health and well-being**

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																										
INCREASE - % of service users moving from treatment to recovery service.	2021/22	9%	10%	Red	↑	<p><b>HSCP-ADP-12 % of service users moving from drug treatment to recovery service</b></p> <table border="1"> <caption>HSCP-ADP-12 % of service users moving from drug treatment to recovery service</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>17%</td></tr> <tr><td>2012/13</td><td>10%</td></tr> <tr><td>2013/14</td><td>12%</td></tr> <tr><td>2014/15</td><td>7%</td></tr> <tr><td>2015/16</td><td>13%</td></tr> <tr><td>2016/17</td><td>9%</td></tr> <tr><td>2017/18</td><td>12%</td></tr> <tr><td>2018/19</td><td>22%</td></tr> <tr><td>2019/20</td><td>14%</td></tr> <tr><td>2020/21</td><td>6%</td></tr> <tr><td>2021/22</td><td>9%</td></tr> <tr><td>2022/23</td><td>9%</td></tr> </tbody> </table>	Year	Percentage	2011/12	17%	2012/13	10%	2013/14	12%	2014/15	7%	2015/16	13%	2016/17	9%	2017/18	12%	2018/19	22%	2019/20	14%	2020/21	6%	2021/22	9%	2022/23	9%	Of the total 330 referral caseload in 2021/22, 31 were transferred to the Recovery Team over the year. This is an increase on the 2020/21 figure of 6% (where only 19 individuals moved from treatment to recovery services, due chiefly to COVID restrictions and reduced staffing levels).
Year	Percentage																																
2011/12	17%																																
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow		Latest Note																																				
DECREASE - Mental health hospital admissions (age standardised rate per 1,000 population)	2020/21	1.4	2.3	Green	↑	<p>SOA09P1 - 006.2 Mental health hospital admissions (age standardised rate per 1,000 population) (REDUCE)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2014/15</td><td>3.1</td></tr> <tr><td>2015/16</td><td>3.2</td></tr> <tr><td>2016/17</td><td>3.1</td></tr> <tr><td>2017/18</td><td>3.1</td></tr> <tr><td>2018/19</td><td>2.4</td></tr> <tr><td>2019/20</td><td>1.8</td></tr> <tr><td>2020/21</td><td>2.9</td></tr> <tr><td>2021/22</td><td>2.5</td></tr> <tr><td>2022/23</td><td>2.4</td></tr> <tr><td>2023/24</td><td>2.9</td></tr> <tr><td>2024/25</td><td>2.6</td></tr> <tr><td>2025/26</td><td>3.1</td></tr> <tr><td>2026/27</td><td>1.5</td></tr> <tr><td>2027/28</td><td>1.5</td></tr> <tr><td>2028/29</td><td>1.5</td></tr> <tr><td>2029/30</td><td>1.6</td></tr> <tr><td>2030/31</td><td>1.4</td></tr> </tbody> </table>	Year	Value	2014/15	3.1	2015/16	3.2	2016/17	3.1	2017/18	3.1	2018/19	2.4	2019/20	1.8	2020/21	2.9	2021/22	2.5	2022/23	2.4	2023/24	2.9	2024/25	2.6	2025/26	3.1	2026/27	1.5	2027/28	1.5	2028/29	1.5	2029/30	1.6	2030/31	1.4	<p>Latest data for 2020/21 for non-psychiatric admissions 145.74 (1.45 per 1,000) this is up slightly down from 2019/20 (1.6 per 1,000) but up on 2018/19 (1.5 per 1,000). In comparison East Dunbartonshire's rate is 1.8 per 1,000 in 2021.20 and 2019/20</p> <p>(Source: Public Health Scotland November 2021)</p>
Year	Value																																										
2014/15	3.1																																										
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INCREASE - Percentage of people waiting no longer than 18 weeks for access to psychological therapies	2021/22	76%	90%	Red	↑	<p>HSCP-LDP1718 Psychological therapies - Percentage of people waiting no longer than 18 weeks for access (INCREASE)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>97%</td></tr> <tr><td>2012/13</td><td>58%</td></tr> <tr><td>2013/14</td><td>91%</td></tr> <tr><td>2014/15</td><td>96%</td></tr> <tr><td>2015/16</td><td>96%</td></tr> <tr><td>2016/17</td><td>56%</td></tr> <tr><td>2017/18</td><td>80%</td></tr> <tr><td>2018/19</td><td>55%</td></tr> <tr><td>2019/20</td><td>65%</td></tr> <tr><td>2020/21</td><td>74%</td></tr> <tr><td>2021/22</td><td>76%</td></tr> </tbody> </table>	Year	Value	2011/12	97%	2012/13	58%	2013/14	91%	2014/15	96%	2015/16	96%	2016/17	56%	2017/18	80%	2018/19	55%	2019/20	65%	2020/21	74%	2021/22	76%	<p>Performance for 2021-22 is 76%, which is the average of weekly data during 2021/22. The proportion of people accessing psychological therapies within the 18-week target is still below target (90%) and has also fallen slightly on the 2020/21 figure (74%). There has been considerable work to bring waiting times down (and performance had improved significantly in December 2021 to 87%). Intensive improvement work began in August 2021 and the focus has been on addressing the longest waits. In the Adult Mental Health Team, the longest wait has reduced from 40 weeks in November to 35 weeks in March; longest waits in the Primary Care Mental Health Team have reduced from 31 to 28 weeks and in the Older People's Mental Health Team reduced from 34 weeks to 26 weeks at current time). A number of factors have contributed to latter</p>												
Year	Value																																										
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow		Latest Note																																							
							increase in waits including (a) a reduction in CBT Therapist hours due to long term staff sickness and multiple episodes of short-term staff absence (Covid-related); vacancies in counsellor and mental health practitioner roles. In addition, contingency planning for the Omicron Covid-19 variant resulted in a short pause to services which caused a further increase in waiting times.																																							
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines.	2021/22	0	419	Red	↓	<p style="text-align: center;"><b>HSCP-ADP02bi Alcohol brief interventions - Brief interventions delivered</b></p> <table border="1"> <caption>HSCP-ADP02bi Alcohol brief interventions - Brief interventions delivered</caption> <thead> <tr> <th>Year</th> <th>Years</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>538</td><td>419</td></tr> <tr><td>2011/12</td><td>463</td><td>419</td></tr> <tr><td>2012/13</td><td>440</td><td>419</td></tr> <tr><td>2013/14</td><td>306</td><td>419</td></tr> <tr><td>2014/15</td><td>579</td><td>419</td></tr> <tr><td>2015/16</td><td>1268</td><td>419</td></tr> <tr><td>2016/17</td><td>468</td><td>419</td></tr> <tr><td>2017/18</td><td>331</td><td>419</td></tr> <tr><td>2018/19</td><td>93</td><td>419</td></tr> <tr><td>2019/20</td><td>33</td><td>419</td></tr> <tr><td>2020/21</td><td>5</td><td>419</td></tr> <tr><td>2021/22</td><td>0</td><td>419</td></tr> </tbody> </table>	Year	Years	Target (Years)	2010/11	538	419	2011/12	463	419	2012/13	440	419	2013/14	306	419	2014/15	579	419	2015/16	1268	419	2016/17	468	419	2017/18	331	419	2018/19	93	419	2019/20	33	419	2020/21	5	419	2021/22	0	419	There has been no ABI delivery due to pandemic restrictions. The ABI work is being commissioned out in the coming months to get this work progressing again.
Year	Years	Target (Years)																																												
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow		Latest Note																								
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks.	2021/22	94.6%	90.0%	Green	↑	<p style="text-align: center;"><b>HSCP-ADP-05 Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks.</b></p> <table border="1"> <caption>HSCP-ADP-05 Performance Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>88.9%</td></tr> <tr><td>2012/13</td><td>93.0%</td></tr> <tr><td>2013/14</td><td>93.0%</td></tr> <tr><td>2014/15</td><td>93.0%</td></tr> <tr><td>2015/16</td><td>93.0%</td></tr> <tr><td>2016/17</td><td>93.0%</td></tr> <tr><td>2017/18</td><td>93.0%</td></tr> <tr><td>2018/19</td><td>92.4%</td></tr> <tr><td>2019/20</td><td>71.7%</td></tr> <tr><td>2020/21</td><td>69.0%</td></tr> <tr><td>2021/22</td><td>94.6%</td></tr> </tbody> </table>	Year	Percentage	2011/12	88.9%	2012/13	93.0%	2013/14	93.0%	2014/15	93.0%	2015/16	93.0%	2016/17	93.0%	2017/18	93.0%	2018/19	92.4%	2019/20	71.7%	2020/21	69.0%	2021/22	94.6%	<p>Community Addictions Services have achieved the waiting times target over the course of 2021-22. In Quarter 1, 94.1% of those newly referred began treatment in 3 weeks or less, 98.3% was achieved in quarters 2 and 100% in Quarter 3. This is an improvement on 2020-21 performance of 69%. Quarter 4 data (currently estimated at 86%), and therefore annual figure, is yet to be verified and published by Public Health Scotland but current estimate represents overall improvement. This improvement has been achieved during a period where the caseload has increased by 15% (from 363 in April 2021 to 420 in April 2022). Key vacancies within the team have been filled, increasing capacity. In addition, where opiate use is identified at point of referral, joint assessment with the team medical officer is arranged to enable more rapid start of treatment in these cases.</p>
Year	Percentage																														
2011/12	88.9%																														
2012/13	93.0%																														
2013/14	93.0%																														
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4. Working together to meet people's healthcare needs																					
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note														
DECREASE - people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting (NHSGGC data)	2021/22	7	0	Red	↓	<p>HSCP-GGC-DD3 Delayed discharge (NHSGGC data): people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting (REDUCE)</p> <table border="1"> <caption>HSCP-GGC-DD3 Delayed discharge (NHSGGC data)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>4</td> </tr> <tr> <td>2018/19</td> <td>4</td> </tr> <tr> <td>2019/20</td> <td>5</td> </tr> <tr> <td>2020/21</td> <td>3</td> </tr> <tr> <td>2021/22</td> <td>7</td> </tr> </tbody> </table>	Year	Value	2017/18	4	2018/19	4	2019/20	5	2020/21	3	2021/22	7	Data is quarterly average to March 2021. (Quarterly figures range from 3 to 10 over the period.) This compares to an outturn of 3 in 2020/21.		
Year	Value																				
2017/18	4																				
2018/19	4																				
2019/20	5																				
2020/21	3																				
2021/22	7																				
DECREASE - people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (ISD data)	2021/22	12	0	Red	↓	<p>HSCP-HWBO-DD3 Delayed discharges (ISD data): Adults waiting more than 3 days to be discharged from hospital into a more appropriate care setting (REDUCE)</p> <table border="1"> <caption>HSCP-HWBO-DD3 Delayed discharges (ISD data)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>5</td> </tr> <tr> <td>2017/18</td> <td>5</td> </tr> <tr> <td>2018/19</td> <td>6</td> </tr> <tr> <td>2019/20</td> <td>5</td> </tr> <tr> <td>2020/21</td> <td>7</td> </tr> <tr> <td>2021/22</td> <td>12</td> </tr> </tbody> </table>	Year	Value	2016/17	5	2017/18	5	2018/19	6	2019/20	5	2020/21	7	2021/22	12	Figure relates to the annual monthly average. It has risen from 7 in 2020/21 though this can be attributed to the additional difficulties in discharging people from hospital during the Covid-19 pandemic combined with increasing numbers of Adults with Incapacity. Latest data at May 2022 (ISD)
Year	Value																				
2016/17	5																				
2017/18	5																				
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																												
<p>DECREASE - Delayed discharges (ISD) bed days lost to delayed discharge (REDUCE)</p>	<p>2021/22</p>	<p>4,546</p>	<p>1,893</p>	<p>Red</p>		<p><b>HSCP-HWBO-DD-ALL Delayed discharges (ISD) bed days lost to delayed discharge for adults (incl AWI's) (REDUCE)</b></p>  <table border="1"> <caption>HSCP-HWBO-DD-ALL Delayed discharges (ISD) bed days lost to delayed discharge for adults (incl AWI's) (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>4,829</td></tr> <tr><td>2010/11</td><td>364</td></tr> <tr><td>2011/12</td><td></td></tr> <tr><td>2012/13</td><td></td></tr> <tr><td>2013/14</td><td></td></tr> <tr><td>2014/15</td><td>3,844</td></tr> <tr><td>2015/16</td><td>2,366</td></tr> <tr><td>2016/17</td><td>2,704</td></tr> <tr><td>2017/18</td><td>1,860</td></tr> <tr><td>2018/19</td><td>2,284</td></tr> <tr><td>2019/20</td><td>1,788</td></tr> <tr><td>2020/21</td><td>2,324</td></tr> <tr><td>2021/22</td><td>4,546</td></tr> </tbody> </table>	Year	Value	2009/10	4,829	2010/11	364	2011/12		2012/13		2013/14		2014/15	3,844	2015/16	2,366	2016/17	2,704	2017/18	1,860	2018/19	2,284	2019/20	1,788	2020/21	2,324	2021/22	4,546	<p>Bed days lost to delayed discharge have seen a significant rise this year, almost doubling from 2.324 in 2020/21 (Source: ISD May 2022)</p>
Year	Value																																		
2009/10	4,829																																		
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<p>DECREASE - No. of A &amp; E Attendances (NHSGGC data)</p>	<p>2021/22</p>	<p>11,654</p>	<p>18,332</p>	<p>Green</p>		<p><b>HSCP-GGC-A&amp;E No. of A &amp; E Attendances (NHSGGC data) (REDUCE)</b></p>  <table border="1"> <caption>HSCP-GGC-A&amp;E No. of A &amp; E Attendances (NHSGGC data) (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2014/15</td><td>28,546</td></tr> <tr><td>2015/16</td><td>25,300</td></tr> <tr><td>2016/17</td><td></td></tr> <tr><td>2017/18</td><td>12,587</td></tr> <tr><td>2018/19</td><td>12,943</td></tr> <tr><td>2019/20</td><td>12,748</td></tr> <tr><td>2020/21</td><td>9,854</td></tr> <tr><td>2021/22</td><td>11,654</td></tr> <tr><td>2022/23</td><td></td></tr> </tbody> </table>	Year	Value	2014/15	28,546	2015/16	25,300	2016/17		2017/18	12,587	2018/19	12,943	2019/20	12,748	2020/21	9,854	2021/22	11,654	2022/23		<p>This is a significant increase on 2020/21 (9,854) and represents 18.3% increase on 2020/21. Data from NHSGGC monthly dashboard.</p>								
Year	Value																																		
2014/15	28,546																																		
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																					
<p>DECREASE - Number of Emergency Admissions: Adults (NHSGGC data)</p>	<p>2021/22</p>	<p>7,372</p>	<p>7,124</p>	<p>Amber</p>		<p>HSCP-GGC-EmerAd Number of Emergency Admissions: Adults (NHSGGC data) (REDUCE)</p>  <table border="1"> <caption>HSCP-GGC-EmerAd Number of Emergency Admissions: Adults (NHSGGC data)</caption> <thead> <tr> <th>Year</th> <th>Value</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>6,938</td> <td>-</td> </tr> <tr> <td>2017/18</td> <td>6,946</td> <td>-</td> </tr> <tr> <td>2018/19</td> <td>6,800</td> <td>-</td> </tr> <tr> <td>2019/20</td> <td>6,853</td> <td>-</td> </tr> <tr> <td>2020/21</td> <td>6,217</td> <td>-</td> </tr> <tr> <td>2021/22</td> <td>7,372</td> <td>7,124</td> </tr> </tbody> </table>	Year	Value	Target (Years)	2016/17	6,938	-	2017/18	6,946	-	2018/19	6,800	-	2019/20	6,853	-	2020/21	6,217	-	2021/22	7,372	7,124	<p>Hospital admissions were lower during the pandemic period but rose when lockdown restrictions were reduced. Admissions have risen this year up from 6,217 in 2020/21. This year's figure represents 6.1% of total NHSGGC admissions, or 76.7 admissions per 1,000 population (the NHSGGC average is 102 admissions per 1,000 pop.)</p>
Year	Value	Target (Years)																										
2016/17	6,938	-																										
2017/18	6,946	-																										
2018/19	6,800	-																										
2019/20	6,853	-																										
2020/21	6,217	-																										
2021/22	7,372	7,124																										
<p>DECREASE - Occupied Bed Days (Adult – non-elective) (NHSGGC data)</p>	<p>2021/22</p>	<p>49,389</p>	<p>58,220</p>	<p>Green</p>		<p>HSCP-GGC-OBDD Occupied Bed Days (Adult – non-elective) (REDUCE)</p>  <table border="1"> <caption>HSCP-GGC-OBDD Occupied Bed Days (Adult – non-elective)</caption> <thead> <tr> <th>Year</th> <th>Value</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>66,792</td> <td>-</td> </tr> <tr> <td>2017/18</td> <td>67,347</td> <td>-</td> </tr> <tr> <td>2018/19</td> <td>63,068</td> <td>-</td> </tr> <tr> <td>2019/20</td> <td>61,767</td> <td>-</td> </tr> <tr> <td>2020/21</td> <td>58,336</td> <td>-</td> </tr> <tr> <td>2021/22</td> <td>49,389</td> <td>58,220</td> </tr> </tbody> </table>	Year	Value	Target (Years)	2016/17	66,792	-	2017/18	67,347	-	2018/19	63,068	-	2019/20	61,767	-	2020/21	58,336	-	2021/22	49,389	58,220	<p>Cumulative data to Qtr 3 (April - December 2021).</p>
Year	Value	Target (Years)																										
2016/17	66,792	-																										
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																
DECREASE - A & E Attendances from Care Homes (NHSGGC data)	2021/22	252	400	Green	↓	<p>HSCP-GGC-CHA&amp;E A &amp; E Attendances from Care Homes (NHSGGC data) (REDUCE)</p> <table border="1"> <caption>HSCP-GGC-CHA&amp;E A &amp; E Attendances from Care Homes (NHSGGC data)</caption> <thead> <tr> <th>Year</th> <th>Attendances</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>541</td> </tr> <tr> <td>2018/19</td> <td>430</td> </tr> <tr> <td>2019/20</td> <td>394</td> </tr> <tr> <td>2020/21</td> <td>236</td> </tr> <tr> <td>2021/22</td> <td>252</td> </tr> <tr> <td>2022/23</td> <td>400 (Target)</td> </tr> </tbody> </table>	Year	Attendances	2017/18	541	2018/19	430	2019/20	394	2020/21	236	2021/22	252	2022/23	400 (Target)	<p>A&amp;E attendances from Care Homes remained low over 2021-22 with fluctuation month-on-month. Though higher than 2020/21 (236) they remain significant lower than pre-pandemic levels (e.g. 394 in 2019/20).</p>		
Year	Attendances																						
2017/18	541																						
2018/19	430																						
2019/20	394																						
2020/21	236																						
2021/22	252																						
2022/23	400 (Target)																						
DECREASE - Emergency Admissions from Care Homes (NHSGGC data)	2021/22	141	240	Green	↑	<p>HSCP-GGC-CHEmerg Emergency Admissions from Care Homes (NHSGGC data) (REDUCE)</p> <table border="1"> <caption>HSCP-GGC-CHEmerg Emergency Admissions from Care Homes (NHSGGC data)</caption> <thead> <tr> <th>Year</th> <th>Admissions</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>166</td> </tr> <tr> <td>2017/18</td> <td>338</td> </tr> <tr> <td>2018/19</td> <td>261</td> </tr> <tr> <td>2019/20</td> <td>233</td> </tr> <tr> <td>2020/21</td> <td>154</td> </tr> <tr> <td>2021/22</td> <td>141</td> </tr> <tr> <td>2022/23</td> <td>240 (Target)</td> </tr> </tbody> </table>	Year	Admissions	2016/17	166	2017/18	338	2018/19	261	2019/20	233	2020/21	154	2021/22	141	2022/23	240 (Target)	<p>Hospital admissions from care homes have been lower than expected during the pandemic period, from 233 in 2019/20 to 154 in 2020/21 and again lower this year.</p>
Year	Admissions																						
2016/17	166																						
2017/18	338																						
2018/19	261																						
2019/20	233																						
2020/21	154																						
2021/22	141																						
2022/23	240 (Target)																						

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																											
DECREASE - No. of A & E Attendances - All	2021/22	24,270	25,300	Green	↓	<p><b>HSCP-MSG-A&amp;E No. of A &amp; E Attendances - All</b></p> <table border="1"> <caption>HSCP-MSG-A&amp;E No. of A &amp; E Attendances - All</caption> <thead> <tr> <th>Year</th> <th>Years</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr> <td>2014/15</td> <td>28,546</td> <td>-</td> </tr> <tr> <td>2015/16</td> <td>25,300</td> <td>-</td> </tr> <tr> <td>2016/17</td> <td>25,812</td> <td>-</td> </tr> <tr> <td>2017/18</td> <td>26,993</td> <td>-</td> </tr> <tr> <td>2018/19</td> <td>27,850</td> <td>-</td> </tr> <tr> <td>2019/20</td> <td>27,644</td> <td>-</td> </tr> <tr> <td>2020/21</td> <td>17,824</td> <td>17,824</td> </tr> <tr> <td>2021/22</td> <td>24,270</td> <td>-</td> </tr> </tbody> </table>	Year	Years	Target (Years)	2014/15	28,546	-	2015/16	25,300	-	2016/17	25,812	-	2017/18	26,993	-	2018/19	27,850	-	2019/20	27,644	-	2020/21	17,824	17,824	2021/22	24,270	-	Latest data released June 2022. Compares to 2020/21 figure of 17,824. (Source: MSG Scottish Govt, May 2022)
Year	Years	Target (Years)																																
2014/15	28,546	-																																
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2021/22	24,270	-																																
DECREASE - No. of A & E Attendances - Adults	2021/22	16,877	18,336	Green	↓	<p><b>HSCP-MSG-A&amp;E-Ad No. of A &amp; E Attendances - Adults</b></p> <table border="1"> <caption>HSCP-MSG-A&amp;E-Ad No. of A &amp; E Attendances - Adults</caption> <thead> <tr> <th>Year</th> <th>Years</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>18,332</td> <td>-</td> </tr> <tr> <td>2016/17</td> <td>18,747</td> <td>-</td> </tr> <tr> <td>2017/18</td> <td>19,342</td> <td>-</td> </tr> <tr> <td>2018/19</td> <td>20,234</td> <td>-</td> </tr> <tr> <td>2019/20</td> <td>20,159</td> <td>-</td> </tr> <tr> <td>2020/21</td> <td>13,677</td> <td>18,336</td> </tr> <tr> <td>2021/22</td> <td>16,877</td> <td>-</td> </tr> </tbody> </table>	Year	Years	Target (Years)	2015/16	18,332	-	2016/17	18,747	-	2017/18	19,342	-	2018/19	20,234	-	2019/20	20,159	-	2020/21	13,677	18,336	2021/22	16,877	-	Attendances have risen on 2020/21 (13,677) but remain significantly below pre-Covid levels (e.g. 2019/20 - 20,159, 2018/19 - 20,234). (Source: MSG, Scot Govt June 2022)			
Year	Years	Target (Years)																																
2015/16	18,332	-																																
2016/17	18,747	-																																
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																				
<p>DECREASE - Number of Emergency Admissions: Adults (18+)</p>	<p>2021/22</p>	<p>6,772</p>	<p>7,124</p>	<p>Green</p>		<p><b>HSCP-MSG-EmerAd Number of Emergency Admissions: Adults</b></p>  <table border="1"> <caption>HSCP-MSG-EmerAd Number of Emergency Admissions: Adults</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2014/15</td><td>8,765</td></tr> <tr><td>2015/16</td><td>9,112</td></tr> <tr><td>2016/17</td><td>9,185</td></tr> <tr><td>2017/18</td><td>8,329</td></tr> <tr><td>2018/19</td><td>8,138</td></tr> <tr><td>2019/20</td><td>7,532</td></tr> <tr><td>2020/21</td><td>6,518</td></tr> <tr><td>2021/22</td><td>6,772</td></tr> <tr><td>Target (2021/22)</td><td>7,124</td></tr> </tbody> </table>	Year	Value	2014/15	8,765	2015/16	9,112	2016/17	9,185	2017/18	8,329	2018/19	8,138	2019/20	7,532	2020/21	6,518	2021/22	6,772	Target (2021/22)	7,124	<p>Interim data Jan - Mach 2022, released June 2022. (Source: MSG Scottish Govt, June 2022)</p>
Year	Value																										
2014/15	8,765																										
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2021/22	6,772																										
Target (2021/22)	7,124																										
<p>DECREASE - Unscheduled Hospital (Acute) Bed Days: Adults (18+)</p>	<p>2021/22</p>	<p>64,318</p>	<p>58,863</p>	<p>Amber</p>		<p><b>HSCP-MSG-Unsched Hospital (Acute) Bed Days: Adults</b></p>  <table border="1"> <caption>HSCP-MSG-Unsched Hospital (Acute) Bed Days: Adults</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2018/19</td><td>60,007</td></tr> <tr><td>2019/20</td><td>62,856</td></tr> <tr><td>2020/21</td><td>58,087</td></tr> <tr><td>2021/22</td><td>64,318</td></tr> <tr><td>Target (2021/22)</td><td>58,863</td></tr> </tbody> </table>	Year	Value	2018/19	60,007	2019/20	62,856	2020/21	58,087	2021/22	64,318	Target (2021/22)	58,863	<p>Interim data Jan - Mar 2022, data corrected back to April 2021 released June 2022. (Source: MSG Scottish Govt, June 2022) Compares to 58,087 unscheduled bed days in 2020/21.</p>								
Year	Value																										
2018/19	60,007																										
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Target (2021/22)	58,863																										

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																												
<p>DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-12: Emergency admission rate (per 100,000 population) for adults.</p>	2020/21	9,210		Data Only	↑	<p><b>HSCP-NI-12 Emergency admission rate (per 100,000 population) for adults (REDUCE)</b></p> <table border="1"> <caption>HSCP-NI-12 Emergency admission rate (per 100,000 population) for adults (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>9,682</td></tr> <tr><td>2011/12</td><td>10,527</td></tr> <tr><td>2012/13</td><td>10,676</td></tr> <tr><td>2013/14</td><td>10,493</td></tr> <tr><td>2014/15</td><td>10,729</td></tr> <tr><td>2015/16</td><td>11,404</td></tr> <tr><td>2016/17</td><td>11,425</td></tr> <tr><td>2017/18</td><td>10,497</td></tr> <tr><td>2018/19</td><td>10,342</td></tr> <tr><td>2019/20</td><td>10,438</td></tr> <tr><td>2020/21</td><td>9,210</td></tr> <tr><td>2021/22</td><td>-</td></tr> <tr><td>Target (Years)</td><td>10,951</td></tr> </tbody> </table>	Year	Value	2010/11	9,682	2011/12	10,527	2012/13	10,676	2013/14	10,493	2014/15	10,729	2015/16	11,404	2016/17	11,425	2017/18	10,497	2018/19	10,342	2019/20	10,438	2020/21	9,210	2021/22	-	Target (Years)	10,951	<p>Down from 10,439 in 2019/20. In comparison the Scotland average was 10,951 for the period. Data at March 2022 (Source: Public Health Scotland)</p>
Year	Value																																		
2010/11	9,682																																		
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Target (Years)	10,951																																		
<p>DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-13: Emergency bed day rate (per 100,000) for adults</p>	2020/21	97,056	117,000	Green	↑	<p><b>HSCP-NI-13 Emergency bed day rate (per 100,000) for adults (REDUCE)</b></p> <table border="1"> <caption>HSCP-NI-13 Emergency bed day rate (per 100,000) for adults (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>119,760</td></tr> <tr><td>2011/12</td><td>123,545</td></tr> <tr><td>2012/13</td><td>109,084</td></tr> <tr><td>2013/14</td><td>113,742</td></tr> <tr><td>2014/15</td><td>113,806</td></tr> <tr><td>2015/16</td><td>117,774</td></tr> <tr><td>2016/17</td><td>122,875</td></tr> <tr><td>2017/18</td><td>121,097</td></tr> <tr><td>2018/19</td><td>113,036</td></tr> <tr><td>2019/20</td><td>105,623</td></tr> <tr><td>2020/21</td><td>97,056</td></tr> <tr><td>2021/22</td><td>-</td></tr> <tr><td>Target (Years)</td><td>100,710</td></tr> </tbody> </table>	Year	Value	2010/11	119,760	2011/12	123,545	2012/13	109,084	2013/14	113,742	2014/15	113,806	2015/16	117,774	2016/17	122,875	2017/18	121,097	2018/19	113,036	2019/20	105,623	2020/21	97,056	2021/22	-	Target (Years)	100,710	<p>Down from 105,544 in 2019/20. The Scotland average for the period was 100,710. Data at March 2022 (Source: Public Health Scotland)</p>
Year	Value																																		
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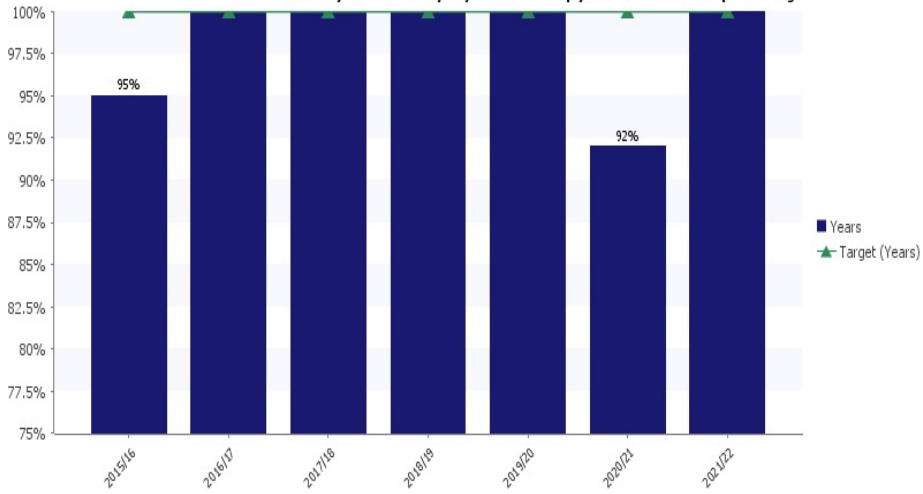
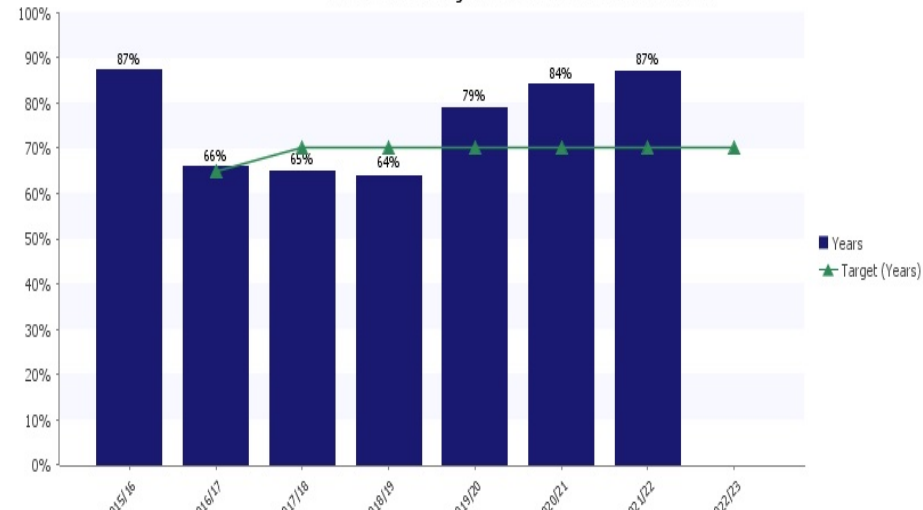
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																								
INCREASE - Health and Social Care Integration - Core Suite of Indicators NI-15: Proportion of last 6 months of life spent at home or in a community setting	2020/21	90%	86%	Green	↑	<p><b>HSCP-NI-15 Proportion of last 6 months of life spent at home or in a community setting (INCREASE)</b></p> <table border="1"> <caption>Data for HSCP-NI-15 Proportion of last 6 months of life spent at home or in a community setting (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>82%</td></tr> <tr><td>2011/12</td><td>84%</td></tr> <tr><td>2012/13</td><td>84%</td></tr> <tr><td>2013/14</td><td>85%</td></tr> <tr><td>2014/15</td><td>84%</td></tr> <tr><td>2015/16</td><td>86%</td></tr> <tr><td>2016/17</td><td>86%</td></tr> <tr><td>2017/18</td><td>85%</td></tr> <tr><td>2018/19</td><td>86%</td></tr> <tr><td>2019/20</td><td>89%</td></tr> <tr><td>2020/21</td><td>90%</td></tr> </tbody> </table>	Year	Value (%)	2010/11	82%	2011/12	84%	2012/13	84%	2013/14	85%	2014/15	84%	2015/16	86%	2016/17	86%	2017/18	85%	2018/19	86%	2019/20	89%	2020/21	90%	Our performance for end-of-life care (89.5%) is slightly below the national average (90%). MSG provisional data at June 2022 (Source: MSG, Scot Govt June 2022)
Year	Value (%)																														
2010/11	82%																														
2011/12	84%																														
2012/13	84%																														
2013/14	85%																														
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2017/18	85%																														
2018/19	86%																														
2019/20	89%																														
2020/21	90%																														


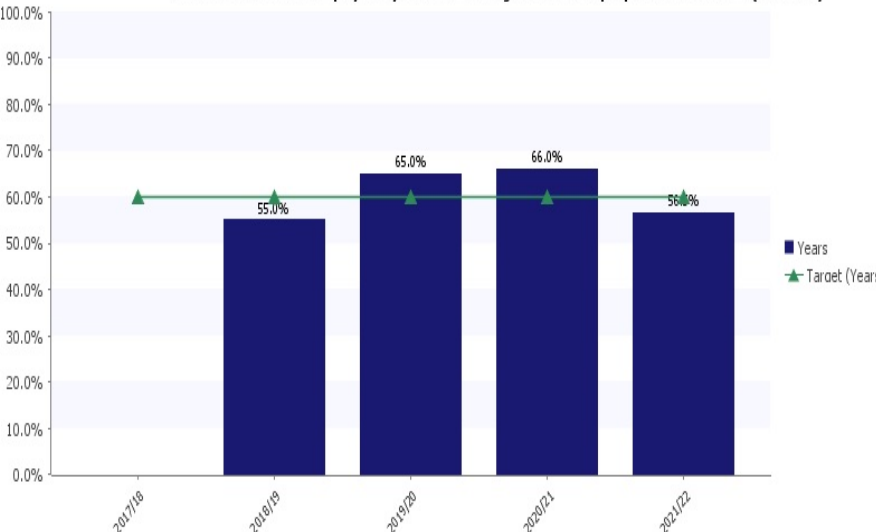

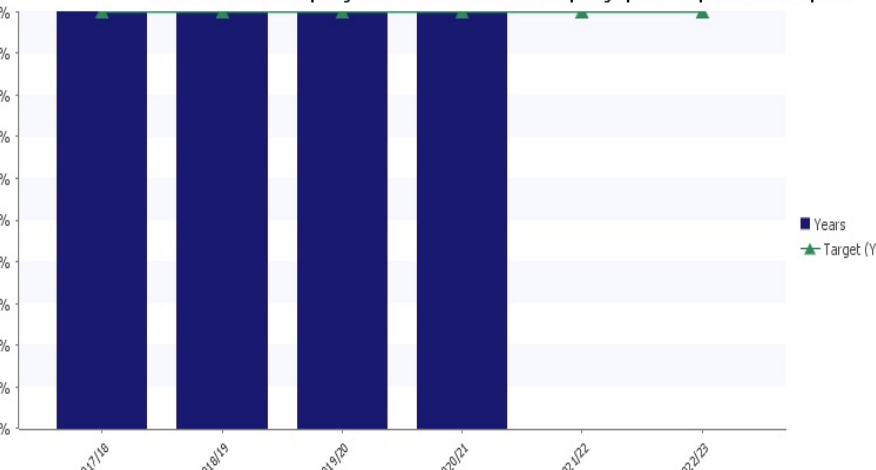
**5. Working together with carers to be able to exercise choice and control**

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																												
INCREASE - People reporting 'quality of life for carers' needs fully met (%)	2021/22	92%	74%	Green	↑	<p><b>HSCP-TP-7 People reporting 'quality of life for carers' needs fully met (%) (INCREASE)</b></p> <table border="1"> <caption>Data for HSCP-TP-7 People reporting 'quality of life for carers' needs fully met (%) (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>82%</td></tr> <tr><td>2010/11</td><td>67%</td></tr> <tr><td>2011/12</td><td>66%</td></tr> <tr><td>2012/13</td><td>69%</td></tr> <tr><td>2013/14</td><td>71%</td></tr> <tr><td>2014/15</td><td>75%</td></tr> <tr><td>2015/16</td><td>69%</td></tr> <tr><td>2016/17</td><td>70%</td></tr> <tr><td>2017/18</td><td>72%</td></tr> <tr><td>2018/19</td><td>78%</td></tr> <tr><td>2019/20</td><td>92%</td></tr> <tr><td>2020/21</td><td>91%</td></tr> <tr><td>2021/22</td><td>92%</td></tr> </tbody> </table>	Year	Value (%)	2009/10	82%	2010/11	67%	2011/12	66%	2012/13	69%	2013/14	71%	2014/15	75%	2015/16	69%	2016/17	70%	2017/18	72%	2018/19	78%	2019/20	92%	2020/21	91%	2021/22	92%	In 2021/22 of the 114 valid responses 107 reported their needs met. This year's figure is up on 2020/21 (91%)
Year	Value (%)																																		
2009/10	82%																																		
2010/11	67%																																		
2011/12	66%																																		
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2019/20	92%																																		
2020/21	91%																																		
2021/22	92%																																		

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

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																												
INCREASE - Community Payback Orders - Percentage of unpaid work placements commencing within 7 days	2021/22	58%	80%	Red	↓	<p><b>CJOIP-PI-6b Community Payback Orders - Percentage of unpaid work placements commencing within 7 days</b></p> <table border="1"> <caption>CJOIP-PI-6b Community Payback Orders - Percentage of unpaid work placements commencing within 7 days</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2010/10</td><td>-</td></tr> <tr><td>2010/11</td><td>-</td></tr> <tr><td>2011/12</td><td>84%</td></tr> <tr><td>2012/13</td><td>91%</td></tr> <tr><td>2013/14</td><td>88%</td></tr> <tr><td>2014/15</td><td>69%</td></tr> <tr><td>2015/16</td><td>51%</td></tr> <tr><td>2016/17</td><td>67%</td></tr> <tr><td>2017/18</td><td>66%</td></tr> <tr><td>2018/19</td><td>91%</td></tr> <tr><td>2019/20</td><td>93%</td></tr> <tr><td>2020/21</td><td>65%</td></tr> <tr><td>2021/22</td><td>61%</td></tr> </tbody> </table>	Year	Percentage	2010/10	-	2010/11	-	2011/12	84%	2012/13	91%	2013/14	88%	2014/15	69%	2015/16	51%	2016/17	67%	2017/18	66%	2018/19	91%	2019/20	93%	2020/21	65%	2021/22	61%	This comprises 38 out of a total of 62 work placements. Performance has fallen this year on the 2020/21 figure (65%)
Year	Percentage																																		
2010/10	-																																		
2010/11	-																																		
2011/12	84%																																		
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2017/18	66%																																		
2018/19	91%																																		
2019/20	93%																																		
2020/21	65%																																		
2021/22	61%																																		
INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.	2021/22	81%	80%	Green	↑	<p><b>CJOIP-PI-6a Community Payback Orders - Percentage of unpaid work placement completions within Court timescales (INCREASE)</b></p> <table border="1"> <caption>CJOIP-PI-6a Community Payback Orders - Percentage of unpaid work placement completions within Court timescales (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>93%</td></tr> <tr><td>2012/13</td><td>83%</td></tr> <tr><td>2013/14</td><td>90%</td></tr> <tr><td>2014/15</td><td>85%</td></tr> <tr><td>2015/16</td><td>75%</td></tr> <tr><td>2016/17</td><td>96%</td></tr> <tr><td>2017/18</td><td>92%</td></tr> <tr><td>2018/19</td><td>84%</td></tr> <tr><td>2019/20</td><td>71%</td></tr> <tr><td>2020/21</td><td>75%</td></tr> <tr><td>2021/22</td><td>80%</td></tr> </tbody> </table>	Year	Percentage	2011/12	93%	2012/13	83%	2013/14	90%	2014/15	85%	2015/16	75%	2016/17	96%	2017/18	92%	2018/19	84%	2019/20	71%	2020/21	75%	2021/22	80%	This comprises 44 out of a total of 55 Orders. There was significant disruption to CPO activity as a result of Covid-19 last year, however performance has increased significantly this year up from 75%.				
Year	Percentage																																		
2011/12	93%																																		
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																								
<p>INCREASE - Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending?</p>	<p>2021/22</p>	<p>100%</p>	<p>100%</p>	<p>Green</p>		<p><b>CJOIP-PI-1 Did your Community Payback Order help you look at how to stop offending?</b></p>  <table border="1"> <caption>CJOIP-PI-1 Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>95%</td> <td>100%</td> </tr> <tr> <td>2016/17</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>2017/18</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>2018/19</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>2019/20</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>2020/21</td> <td>92%</td> <td>100%</td> </tr> <tr> <td>2021/22</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	Year	Percentage	Target	2015/16	95%	100%	2016/17	100%	100%	2017/18	100%	100%	2018/19	100%	100%	2019/20	100%	100%	2020/21	92%	100%	2021/22	100%	100%	<p>Due to the Covid-19 pandemic unpaid work continues to be significantly affected. As a result, just 55 Community Payback Orders were completed compared to 205 in 2019/20, though it is an improvement on last year's figure (44). Four survey forms were returned for those completing CPOs in 2021/22 with a 100% positive response.</p>
Year	Percentage	Target																													
2015/16	95%	100%																													
2016/17	100%	100%																													
2017/18	100%	100%																													
2018/19	100%	100%																													
2019/20	100%	100%																													
2020/21	92%	100%																													
2021/22	100%	100%																													
<p>INCREASE - % Change in women's domestic abuse outcomes</p>	<p>2021/22</p>	<p>87%</p>	<p>70%</p>	<p>Green</p>		<p><b>CJOIP-PI-5 % Change in women's domestic abuse outcomes</b></p>  <table border="1"> <caption>CJOIP-PI-5 Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>87%</td> <td>70%</td> </tr> <tr> <td>2016/17</td> <td>66%</td> <td>70%</td> </tr> <tr> <td>2017/18</td> <td>65%</td> <td>70%</td> </tr> <tr> <td>2018/19</td> <td>64%</td> <td>70%</td> </tr> <tr> <td>2019/20</td> <td>79%</td> <td>70%</td> </tr> <tr> <td>2020/21</td> <td>84%</td> <td>70%</td> </tr> <tr> <td>2021/22</td> <td>87%</td> <td>70%</td> </tr> </tbody> </table>	Year	Percentage	Target	2015/16	87%	70%	2016/17	66%	70%	2017/18	65%	70%	2018/19	64%	70%	2019/20	79%	70%	2020/21	84%	70%	2021/22	87%	70%	<p>From April 2021 – March 2022, East Renfrewshire Women's Aid service reported significant change and improvement for women across all reported outcomes 125 reviews were completed with 87% of women assessed noting improvement in progress in their outcomes overall. Reduction in risk is reflected in the significant increases in the areas of safety with 91% improvement, health &amp; wellbeing 82%, and empowerment and self-esteem 78%.</p>
Year	Percentage	Target																													
2015/16	87%	70%																													
2016/17	66%	70%																													
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2018/19	64%	70%																													
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2020/21	84%	70%																													
2021/22	87%	70%																													

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																					
<p>INCREASE - % Positive employability and volunteering outcomes for people with convictions.</p>	<p>2021/22</p>	<p>56.5%</p>	<p>60.0%</p>	<p>Amber</p>		<p><b>CJOIP-PI-7 % Positive employability and volunteering outcomes for people with convictions (INCREASE)</b></p>  <table border="1"> <caption>CJOIP-PI-7 % Positive employability and volunteering outcomes for people with convictions (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Years (%)</th> <th>Target (Years) (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>60.0%</td> <td>60.0%</td> </tr> <tr> <td>2018/19</td> <td>55.0%</td> <td>60.0%</td> </tr> <tr> <td>2019/20</td> <td>65.0%</td> <td>60.0%</td> </tr> <tr> <td>2020/21</td> <td>66.0%</td> <td>60.0%</td> </tr> <tr> <td>2021/22</td> <td>56.0%</td> <td>60.0%</td> </tr> </tbody> </table>	Year	Years (%)	Target (Years) (%)	2017/18	60.0%	60.0%	2018/19	55.0%	60.0%	2019/20	65.0%	60.0%	2020/21	66.0%	60.0%	2021/22	56.0%	60.0%	<p>Referrals and new registrations for people with convictions – 23 registrations onto Work EastRen programmes with convictions and 13 positive outcomes recorded. Referrals to employability services increased by 44% last year to from 16 the previous year to 23 registrations with 56.5% (13 positive outcomes reported). Referrals continue to be impacted by Covid and remain 57% lower than pre pandemic levels with 23 referrals compared to 54 in 2019/20.</p>			
Year	Years (%)	Target (Years) (%)																										
2017/18	60.0%	60.0%																										
2018/19	55.0%	60.0%																										
2019/20	65.0%	60.0%																										
2020/21	66.0%	60.0%																										
2021/22	56.0%	60.0%																										
<p>INCREASE - People agreed to be at risk of harm and requiring a protection plan have one in place</p>	<p>2021/22</p>	<p>100%</p>	<p>100%</p>	<p>Green</p>		<p><b>OD8-HSCP-PROPLAN People agreed to be at risk of harm and requiring a protection plan have one in place</b></p>  <table border="1"> <caption>OD8-HSCP-PROPLAN People agreed to be at risk of harm and requiring a protection plan have one in place</caption> <thead> <tr> <th>Year</th> <th>Years (%)</th> <th>Target (Years) (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>2018/19</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>2019/20</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>2020/21</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>2021/22</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>2022/23</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	Year	Years (%)	Target (Years) (%)	2017/18	100%	100%	2018/19	100%	100%	2019/20	100%	100%	2020/21	100%	100%	2021/22	100%	100%	2022/23	100%	100%	<p>All residents identified as at risk of harm by the HSCP have a bespoke protection plan in place.</p>
Year	Years (%)	Target (Years) (%)																										
2017/18	100%	100%																										
2018/19	100%	100%																										
2019/20	100%	100%																										
2020/21	100%	100%																										
2021/22	100%	100%																										
2022/23	100%	100%																										

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

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																						
INCREASE - Male life expectancy at birth	2019/20	79.5	80.3	Green	↓	<p>SOA09PI - 005.1A Male Life expectancy at birth</p> <table border="1"> <caption>Male Life expectancy at birth (2012/13 - 2021/22)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2012/13</td><td>79.7</td></tr> <tr><td>2013/14</td><td>79.8</td></tr> <tr><td>2014/15</td><td>79.3</td></tr> <tr><td>2015/16</td><td>80.1</td></tr> <tr><td>2016/17</td><td>80.5</td></tr> <tr><td>2017/18</td><td>80.7</td></tr> <tr><td>2018/19</td><td>80.3</td></tr> <tr><td>2019/20</td><td>79.5</td></tr> <tr><td>2020/21</td><td>80.3</td></tr> <tr><td>2021/22</td><td>80.3</td></tr> </tbody> </table>	Year	Value	2012/13	79.7	2013/14	79.8	2014/15	79.3	2015/16	80.1	2016/17	80.5	2017/18	80.7	2018/19	80.3	2019/20	79.5	2020/21	80.3	2021/22	80.3	<p>Male life expectancy has fallen on the previous estimate of 80.3 years. The Scottish average was 76.8 years of age. (Source: NRS Sept 2021)</p>
Year	Value																												
2012/13	79.7																												
2013/14	79.8																												
2014/15	79.3																												
2015/16	80.1																												
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2018/19	80.3																												
2019/20	79.5																												
2020/21	80.3																												
2021/22	80.3																												
INCREASE - Female life expectancy at birth	2019/20	84	84	Green	▬	<p>SOA09PI - 005.1B Female life expectancy at birth</p> <table border="1"> <caption>Female life expectancy at birth (2012/13 - 2021/22)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2012/13</td><td>83</td></tr> <tr><td>2013/14</td><td>82.8</td></tr> <tr><td>2014/15</td><td>83.4</td></tr> <tr><td>2015/16</td><td>83.5</td></tr> <tr><td>2016/17</td><td>83.7</td></tr> <tr><td>2017/18</td><td>83.7</td></tr> <tr><td>2018/19</td><td>84</td></tr> <tr><td>2019/20</td><td>84</td></tr> <tr><td>2020/21</td><td>84</td></tr> <tr><td>2021/22</td><td>84</td></tr> </tbody> </table>	Year	Value	2012/13	83	2013/14	82.8	2014/15	83.4	2015/16	83.5	2016/17	83.7	2017/18	83.7	2018/19	84	2019/20	84	2020/21	84	2021/22	84	<p>Female life expectancy has remained stable over the past couple of years and compares favourably to the Scottish average of 81 years of age. (Source: NRS Sept 2021)</p>
Year	Value																												
2012/13	83																												
2013/14	82.8																												
2014/15	83.4																												
2015/16	83.5																												
2016/17	83.7																												
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2018/19	84																												
2019/20	84																												
2020/21	84																												
2021/22	84																												

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																								
INCREASE - Male life expectancy at birth in 15 per cent most deprived communities	2018/19	74.7	71.7	Green	↑	<p><b>SOA09PI - 005.1E Male life expectancy at birth in 15 per cent most deprived communities (INCREASE)</b></p> <table border="1"> <caption>Male life expectancy at birth in 15 per cent most deprived communities (Years)</caption> <thead> <tr> <th>Year</th> <th>Value (Years)</th> </tr> </thead> <tbody> <tr><td>2009/09</td><td>71.7</td></tr> <tr><td>2010/10</td><td>71.7</td></tr> <tr><td>2011/11</td><td>71.9</td></tr> <tr><td>2012/12</td><td>71.9</td></tr> <tr><td>2013/13</td><td>71.9</td></tr> <tr><td>2014/14</td><td>71.9</td></tr> <tr><td>2015/15</td><td>71.9</td></tr> <tr><td>2016/16</td><td>73.9</td></tr> <tr><td>2017/17</td><td>73.9</td></tr> <tr><td>2018/18</td><td>73.9</td></tr> <tr><td>2019/19</td><td>74.7</td></tr> </tbody> </table>	Year	Value (Years)	2009/09	71.7	2010/10	71.7	2011/11	71.9	2012/12	71.9	2013/13	71.9	2014/14	71.9	2015/15	71.9	2016/16	73.9	2017/17	73.9	2018/18	73.9	2019/19	74.7	<p>The most recent NRS figure for male life expectancy at birth in SIMD 1 areas of East Renfrewshire was 74.7 years (up from 73.9 years in 2017/18) compared to 84 years in SIMD 5 areas (Published by NRS Dec 2019). For the whole male population estimated life expectancy at birth was 80.3 years, 2017-19. Over the period between 2001-03 and 2017-19, male life expectancy at birth in East Renfrewshire has risen by 5.8%. This is the 8th highest percentage change out of all 32 council areas in Scotland and this is higher than the percentage change for Scotland overall (+5.0%). (Source: National Records of Scotland, December 2020)</p>
Year	Value (Years)																														
2009/09	71.7																														
2010/10	71.7																														
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2016/16	73.9																														
2017/17	73.9																														
2018/18	73.9																														
2019/19	74.7																														
INCREASE - Female life expectancy at birth in 15 per cent most deprived communities	2018/19	79.8	78.1	Green	↑	<p><b>SOA09PI - 005.1F Female life expectancy at birth in 15 per cent most deprived communities (INCREASE)</b></p> <table border="1"> <caption>Female life expectancy at birth in 15 per cent most deprived communities (Years)</caption> <thead> <tr> <th>Year</th> <th>Value (Years)</th> </tr> </thead> <tbody> <tr><td>2009/09</td><td>77.7</td></tr> <tr><td>2010/10</td><td>78.5</td></tr> <tr><td>2011/11</td><td>78.4</td></tr> <tr><td>2012/12</td><td>78.8</td></tr> <tr><td>2013/13</td><td>78.8</td></tr> <tr><td>2014/14</td><td>78.8</td></tr> <tr><td>2015/15</td><td>79.2</td></tr> <tr><td>2016/16</td><td>79.2</td></tr> <tr><td>2017/17</td><td>79.2</td></tr> <tr><td>2018/18</td><td>79.8</td></tr> </tbody> </table>	Year	Value (Years)	2009/09	77.7	2010/10	78.5	2011/11	78.4	2012/12	78.8	2013/13	78.8	2014/14	78.8	2015/15	79.2	2016/16	79.2	2017/17	79.2	2018/18	79.8	<p>The most recent NRS figure for female life expectancy at birth in SIMD 1 areas of East Renfrewshire was 79.8 years (up from 79.2 years in 2017/18) compared to 85.4 years in SIMD 5 areas (Published by NRS Dec 2019). For the whole female population estimated life expectancy at birth was 84 years, 2017-19. Over the period between 2001-03 and 2017-19, female life expectancy at birth in East Renfrewshire has risen by 3.5%. This is the 7th highest percentage change out of all 32 council areas in Scotland and this is higher than the percentage change for Scotland overall (+2.9%). (Source: National Records of Scotland, December 2020)</p>		
Year	Value (Years)																														
2009/09	77.7																														
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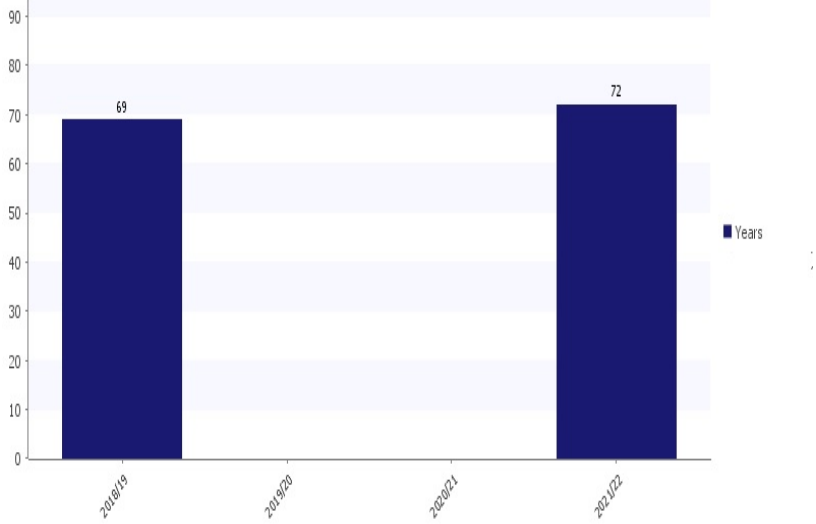

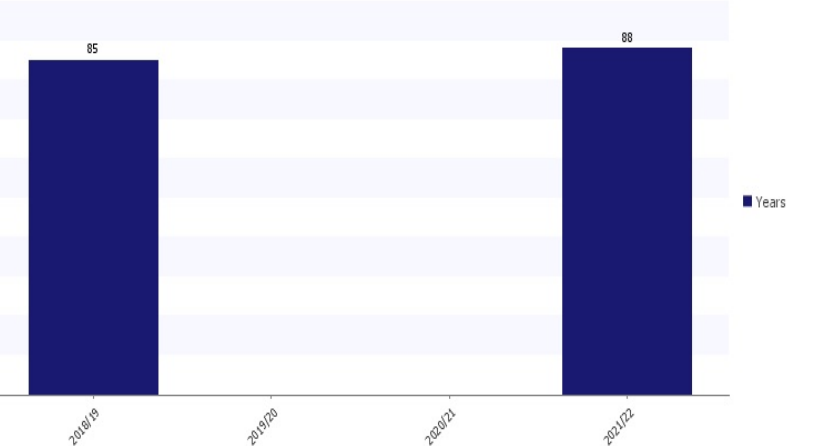


Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																																
Breastfeeding at 6-8 weeks in 15% most deprived SIMD data zones.	2020/21	7.5%	25%	Red	↓	<p><b>OD2CHCP4-0201d Breastfeeding at 6-8 weeks most deprived SIMD data zones (INCREASE)</b></p> <table border="1"> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2007/08</td><td>5.4%</td></tr> <tr><td>2008/09</td><td>19.3%</td></tr> <tr><td>2009/10</td><td>16.9%</td></tr> <tr><td>2010/11</td><td>16.5%</td></tr> <tr><td>2011/12</td><td>19.7%</td></tr> <tr><td>2012/13</td><td>16.3%</td></tr> <tr><td>2013/14</td><td>12.8%</td></tr> <tr><td>2014/15</td><td>13%</td></tr> <tr><td>2015/16</td><td>15.4%</td></tr> <tr><td>2016/17</td><td>17.2%</td></tr> <tr><td>2017/18</td><td>27.8%</td></tr> <tr><td>2018/19</td><td>22.4%</td></tr> <tr><td>2019/20</td><td>15.4%</td></tr> <tr><td>2020/21</td><td>7.5%</td></tr> <tr><td>2021/22</td><td>-</td></tr> </tbody> </table>	Year	Value (%)	2007/08	5.4%	2008/09	19.3%	2009/10	16.9%	2010/11	16.5%	2011/12	19.7%	2012/13	16.3%	2013/14	12.8%	2014/15	13%	2015/16	15.4%	2016/17	17.2%	2017/18	27.8%	2018/19	22.4%	2019/20	15.4%	2020/21	7.5%	2021/22	-	<p>As taken from the Public Health Scotland Infant Feeding Dashboard, the rate of exclusive breastfeeding at 6-8 weeks in SIMD 1 is 7.5% (the 8% previously reported was as a result of rounding) and this refers to 4 out of 53 reviews, completed between 1st April 2020 and 31st March 2021, with a known feeding type. This figure compares to 21.0% for NHS GGC, 19.2% Scotland-wide and 11.3% in East Dunbartonshire. The visible downward trend is exacerbated by the small numbers of infants living in SIMD 1, with East Renfrewshire and, comparator authority, East Dunbartonshire seeing a decrease from 19/20 to 20/21 of 7.9 and 6.9 percentage points, respectively. The gap between the most affluent (SIMD 5) and the most deprived (SIMD 1) areas, increased year on year between 2017 and 2020. However, it has decreased in 20/21 to 34.8%, from an all-time high of 36.6% in 19/20. This suggests that, in relation to breastfeeding, the impact of the pandemic was felt across the SIMD quintiles, rather than exclusively or disproportionately by the most deprived areas.</p>
Year	Value (%)																																						
2007/08	5.4%																																						
2008/09	19.3%																																						
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2020/21	7.5%																																						
2021/22	-																																						

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																								
DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-11: Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate)	2020/21	334		Data Only	↓	<p>HSCP-NI-11 Premature mortality rate per 100,000 persons under 75 (REDUCE)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2018/11</td><td>345</td></tr> <tr><td>2019/20</td><td>350</td></tr> <tr><td>2020/21</td><td>310</td></tr> <tr><td>2021/22</td><td>351</td></tr> <tr><td>2022/23</td><td>364</td></tr> <tr><td>2023/24</td><td>297</td></tr> <tr><td>2024/25</td><td>297</td></tr> <tr><td>2025/26</td><td>301</td></tr> <tr><td>2026/27</td><td>308</td></tr> <tr><td>2027/28</td><td>295</td></tr> <tr><td>2028/29</td><td>334</td></tr> </tbody> </table>	Year	Value	2018/11	345	2019/20	350	2020/21	310	2021/22	351	2022/23	364	2023/24	297	2024/25	297	2025/26	301	2026/27	308	2027/28	295	2028/29	334	This is an increase on the 2018 figure (295). In comparison the Scotland rate in 2020 was 457 per 100,000. (Source: Public Health Scotland, March 2022)
Year	Value																														
2018/11	345																														
2019/20	350																														
2020/21	310																														
2021/22	351																														
2022/23	364																														
2023/24	297																														
2024/25	297																														
2025/26	301																														
2026/27	308																														
2027/28	295																														
2028/29	334																														


**8. Working together with staff across the partnership to support resilience and well-being**

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																		
INCREASE - % Staff who report 'I am given the time and resources to support my learning growth' in iMatter staff survey.	2021/22	75%	90%	Red	↓	<p>HSCP-SPF-3 % Staff who report 'I am given the time and resources to support my learning growth' in iMatter staff survey (INCREASE)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2014/15</td><td>58%</td></tr> <tr><td>2015/16</td><td>71%</td></tr> <tr><td>2016/17</td><td>70%</td></tr> <tr><td>2017/18</td><td>76%</td></tr> <tr><td>2018/19</td><td>77%</td></tr> <tr><td>2019/20</td><td>75%</td></tr> <tr><td>2020/21</td><td>75%</td></tr> <tr><td>2021/22</td><td>75%</td></tr> </tbody> </table>	Year	Value	2014/15	58%	2015/16	71%	2016/17	70%	2017/18	76%	2018/19	77%	2019/20	75%	2020/21	75%	2021/22	75%	Based on 635 responses. iMatter Survey Report September 2021. Although we are missing target for this measure, performance was consistent with the previous survey (76%) and significantly better than previous years.
Year	Value																								
2014/15	58%																								
2015/16	71%																								
2016/17	70%																								
2017/18	76%																								
2018/19	77%																								
2019/20	75%																								
2020/21	75%																								
2021/22	75%																								

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note						
<p>% Staff who report "I feel involved in decisions in relation to my job" in iMatter staff survey.</p>	<p>2021/22</p>	<p>72%</p>		<p>Data Only</p>		<p>HSCP-SPF-4 % Staff who report "I feel involved in decisions in relation to my job" in iMatter staff survey.</p>  <table border="1"> <caption>HSCP-SPF-4 % Staff who report "I feel involved in decisions in relation to my job" in iMatter staff survey.</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2019/20</td> <td>69%</td> </tr> <tr> <td>2021/22</td> <td>72%</td> </tr> </tbody> </table>	Year	Percentage	2019/20	69%	2021/22	72%	<p>Based on 635 responses. This is an improvement on performance in 2019 (69%)</p>
Year	Percentage												
2019/20	69%												
2021/22	72%												
<p>% Staff who report "their manager cares about my health and well-being" in iMatter survey</p>	<p>2021/22</p>	<p>88%</p>		<p>Data Only</p>		<p>HSCP-SPF-6 % Staff who report "their manager cares about my health and well-being" in iMatter survey</p>  <table border="1"> <caption>HSCP-SPF-6 % Staff who report "their manager cares about my health and well-being" in iMatter survey</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2019/20</td> <td>85%</td> </tr> <tr> <td>2021/22</td> <td>88%</td> </tr> </tbody> </table>	Year	Percentage	2019/20	85%	2021/22	88%	<p>This is a very positive score given the challenges and changes to working practices during the pandemic. We have had a focus on wellbeing since the start of the pandemic with a local group that has met regularly and was developed further when our wellbeing lead took over chairing the group in late 2020.</p>
Year	Percentage												
2019/20	85%												
2021/22	88%												

9. Organisational outcomes																									
9.1 Our customers																									
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																		
DECREASE - Average time in working days to respond to complaints at stage one (HSCP)	2021/22	6.4	5	Red	↑	<p>SP5004aHSCP The average time in working days to respond to complaints at stage one (HSCP) (REDUCE)</p> <table border="1"> <caption>SP5004aHSCP Data</caption> <thead> <tr> <th>Year</th> <th>Years</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>8.1</td> <td>5</td> </tr> <tr> <td>2018/19</td> <td>4.6</td> <td>5</td> </tr> <tr> <td>2019/20</td> <td>5.4</td> <td>5</td> </tr> <tr> <td>2020/21</td> <td>8.7</td> <td>5</td> </tr> <tr> <td>2021/22</td> <td>6.3</td> <td>5</td> </tr> </tbody> </table>	Year	Years	Target (Years)	2017/18	8.1	5	2018/19	4.6	5	2019/20	5.4	5	2020/21	8.7	5	2021/22	6.3	5	Above average target response time. (total number of complaints in 21/22 - 40) Use of the new complaints system (introduced June 2021) is still bedding in and may be impacting on monitoring data. This is currently being examined.
Year	Years	Target (Years)																							
2017/18	8.1	5																							
2018/19	4.6	5																							
2019/20	5.4	5																							
2020/21	8.7	5																							
2021/22	6.3	5																							
DECREASE - Average time in working days to respond to complaints at investigation (stage 2 and esc combined) (HSCP)	2021/22	30.8	20	Red	↑	<p>SP5004dHSCP The average time in working days to respond to complaints at investigation (stage 2 and esc combined) (HSCP) (REDUCE)</p> <table border="1"> <caption>SP5004dHSCP Data</caption> <thead> <tr> <th>Year</th> <th>Years</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>20.0</td> <td>20</td> </tr> <tr> <td>2018/19</td> <td>25.7</td> <td>20</td> </tr> <tr> <td>2019/20</td> <td>22.2</td> <td>20</td> </tr> <tr> <td>2020/21</td> <td>34.8</td> <td>20</td> </tr> <tr> <td>2021/22</td> <td>29.0</td> <td>20</td> </tr> </tbody> </table>	Year	Years	Target (Years)	2017/18	20.0	20	2018/19	25.7	20	2019/20	22.2	20	2020/21	34.8	20	2021/22	29.0	20	Above average target response time. (total number of complaints in 21/22 - 21) Use of the new complaints system (introduced June 2021) is still bedding in and may be impacting on monitoring data. This is currently being examined.
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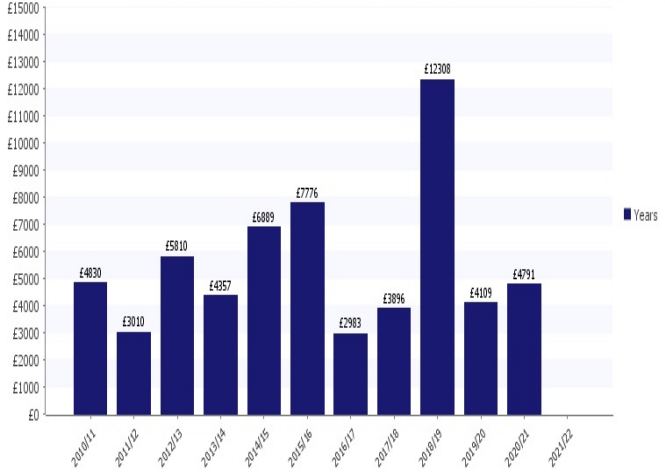
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																										
<p>INCREASE - Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline, 20 days Investigation)</p>	2021/22	70%	70%	Green		<p><b>HSCP Qual 01 Percentage of HSCP (NHS) complaints received and responded to within timescale (INCREASE)</b></p>  <table border="1"> <caption>HSCP Qual 01 Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>70%</td></tr> <tr><td>2011/12</td><td>80%</td></tr> <tr><td>2012/13</td><td>100%</td></tr> <tr><td>2013/14</td><td>84%</td></tr> <tr><td>2014/15</td><td>70%</td></tr> <tr><td>2015/16</td><td>100%</td></tr> <tr><td>2016/17</td><td>63%</td></tr> <tr><td>2017/18</td><td>100%</td></tr> <tr><td>2018/19</td><td>67%</td></tr> <tr><td>2019/20</td><td>56%</td></tr> <tr><td>2020/21</td><td>100%</td></tr> <tr><td>2021/22</td><td>70%</td></tr> </tbody> </table>	Year	Percentage	2010/11	70%	2011/12	80%	2012/13	100%	2013/14	84%	2014/15	70%	2015/16	100%	2016/17	63%	2017/18	100%	2018/19	67%	2019/20	56%	2020/21	100%	2021/22	70%	<p>Performance is down on 2020/21 (100%) although we remain on target.</p>
Year	Percentage																																
2010/11	70%																																
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<p>INCREASE - Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation)</p>	2021/22	71%	100%	Red		<p><b>HSCP Qual 02 Percentage of HSCP (local authority) complaints received and responded to within timescale (INCREASE)</b></p>  <table border="1"> <caption>HSCP Qual 02 Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>79%</td></tr> <tr><td>2012/13</td><td>69%</td></tr> <tr><td>2013/14</td><td>83%</td></tr> <tr><td>2014/15</td><td>60%</td></tr> <tr><td>2015/16</td><td>77%</td></tr> <tr><td>2016/17</td><td>68%</td></tr> <tr><td>2017/18</td><td>81%</td></tr> <tr><td>2018/19</td><td>72%</td></tr> <tr><td>2019/20</td><td>72%</td></tr> <tr><td>2020/21</td><td>72%</td></tr> <tr><td>2021/22</td><td>71%</td></tr> </tbody> </table>	Year	Percentage	2011/12	79%	2012/13	69%	2013/14	83%	2014/15	60%	2015/16	77%	2016/17	68%	2017/18	81%	2018/19	72%	2019/20	72%	2020/21	72%	2021/22	71%	<p>Performance is marginally down on last year's figure (72%).</p>		
Year	Percentage																																
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																		
<p>INCREASE - Health and Social Care Integration - Core Suite of Indicators NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections</p>	2020/21	84%		Data Only		<p style="text-align: center;"><b>HSCP-NI-17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (INCREASE)</b></p> <table border="1"> <caption>HSCP-NI-17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Proportion (%)</th> </tr> </thead> <tbody> <tr> <td>2014/15</td> <td>88%</td> </tr> <tr> <td>2015/16</td> <td>86%</td> </tr> <tr> <td>2016/17</td> <td>88%</td> </tr> <tr> <td>2017/18</td> <td>88%</td> </tr> <tr> <td>2018/19</td> <td>84%</td> </tr> <tr> <td>2019/20</td> <td>84%</td> </tr> <tr> <td>2020/21</td> <td>84%</td> </tr> <tr> <td>2021/22</td> <td>-</td> </tr> </tbody> </table>	Year	Proportion (%)	2014/15	88%	2015/16	86%	2016/17	88%	2017/18	88%	2018/19	84%	2019/20	84%	2020/21	84%	2021/22	-	<p>In comparison the Scotland figure was 82.5%. Data at December 2021 For 2020/21 advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland's care homes. Therefore, to limit the spread of COVID-19, and with agreement from Scottish Government the Care Inspectorate restricted their presence in services unless necessary. This approach resulted in the majority of services not being graded as normal and instead retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic. Note The Care Inspectorate has made revisions to the 2020/21 figures which affect most Health and Social Care Partnerships, this is due to an error in the data in relation to Housing Support and Care at Home Services where services are commissioned in other Local Authorities. (Source: Care Inspectorate)</p>
Year	Proportion (%)																								
2014/15	88%																								
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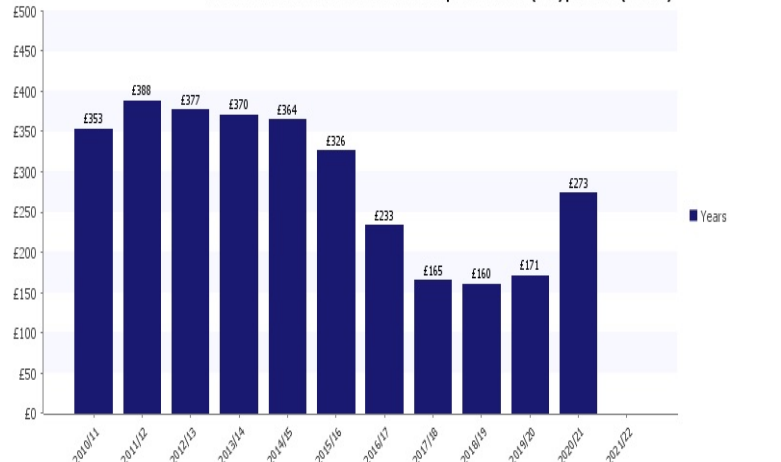
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note												
DECREASE - The total number of complaints received - HSCP	2021/22	48		Data Only	↑	<p>SPS0001HSCP The total number of complaints received (HSCP) (REDUCE)</p> <table border="1"> <caption>SPS0001HSCP The total number of complaints received (HSCP) (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Complaints</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>68</td> </tr> <tr> <td>2018/19</td> <td>125</td> </tr> <tr> <td>2019/20</td> <td>168</td> </tr> <tr> <td>2020/21</td> <td>96</td> </tr> <tr> <td>2021/22</td> <td>48</td> </tr> </tbody> </table>	Year	Complaints	2017/18	68	2018/19	125	2019/20	168	2020/21	96	2021/22	48	Compares to 96 complaints received in 2020/21.
Year	Complaints																		
2017/18	68																		
2018/19	125																		
2019/20	168																		
2020/21	96																		
2021/22	48																		

9.2 Efficiency

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																														
INCREASE - Payment of invoices: Percentage invoices paid within agreed period (30 days)	2021/22	71.5%	90%	Red	↑	<p>CHCP-IN02 Payment of invoices: Percentage invoices paid within agreed period (30 days) (INCREASE)</p> <table border="1"> <caption>CHCP-IN02 Payment of invoices: Percentage invoices paid within agreed period (30 days) (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2014/07</td> <td>77.1%</td> </tr> <tr> <td>2017/08</td> <td>86.91%</td> </tr> <tr> <td>2018/09</td> <td>86.4%</td> </tr> <tr> <td>2019/10</td> <td>91.22%</td> </tr> <tr> <td>2020/11</td> <td>93.02%</td> </tr> <tr> <td>2021/12</td> <td>80.81%</td> </tr> <tr> <td>2022/13</td> <td>76.6%</td> </tr> <tr> <td>2023/14</td> <td>78.8%</td> </tr> <tr> <td>2024/15</td> <td>73.1%</td> </tr> <tr> <td>2025/16</td> <td>52%</td> </tr> <tr> <td>2026/17</td> <td>84.2%</td> </tr> <tr> <td>2027/18</td> <td>73.9%</td> </tr> <tr> <td>2028/19</td> <td>68.8%</td> </tr> <tr> <td>2029/20</td> <td>71.5%</td> </tr> </tbody> </table>	Year	Percentage	2014/07	77.1%	2017/08	86.91%	2018/09	86.4%	2019/10	91.22%	2020/11	93.02%	2021/12	80.81%	2022/13	76.6%	2023/14	78.8%	2024/15	73.1%	2025/16	52%	2026/17	84.2%	2027/18	73.9%	2028/19	68.8%	2029/20	71.5%	<p>This is an improvement on last year's annual average (68.8%) though we remain significantly below target. Payments within the 30 day target were at 73.8% for March 2022. Invoice processing timescales have been impacted by volume and issues presented by home working (processing times when WFH can be slower when relying on home wifi and some staff don't have an optimum workstation set up). Additionally in the final Qtr of the year the section was adversely affected by sickness absence. Moving forward we will continue to work with the Council to improve Purchase2Pay processes.</p>
Year	Percentage																																				
2014/07	77.1%																																				
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																								
<p>DECREASE - The gross cost of "children looked after" in residential based services per child per week £</p>	2020/21	£4791		Data Only		<p><b>SCHN08a The gross cost of "children looked after" in residential based services per child per week £ (REDUCE)</b></p>  <table border="1"> <thead> <tr> <th>Year</th> <th>Value (£)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>4830</td></tr> <tr><td>2011/12</td><td>3010</td></tr> <tr><td>2012/13</td><td>5810</td></tr> <tr><td>2013/14</td><td>4357</td></tr> <tr><td>2014/15</td><td>6889</td></tr> <tr><td>2015/16</td><td>7776</td></tr> <tr><td>2016/17</td><td>2983</td></tr> <tr><td>2017/18</td><td>3896</td></tr> <tr><td>2018/19</td><td>12308</td></tr> <tr><td>2019/20</td><td>4109</td></tr> <tr><td>2020/21</td><td>4791</td></tr> </tbody> </table>	Year	Value (£)	2010/11	4830	2011/12	3010	2012/13	5810	2013/14	4357	2014/15	6889	2015/16	7776	2016/17	2983	2017/18	3896	2018/19	12308	2019/20	4109	2020/21	4791	<p>Compares to £4,109 in 2019/20</p>
Year	Value (£)																														
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<p>DECREASE - The gross cost of "children looked after" in a community setting per child per week £</p>	2020/21	£357		Data Only		<p><b>SCHN08b The gross cost of "children looked after" in a community setting per child per week £ (REDUCE)</b></p>  <table border="1"> <thead> <tr> <th>Year</th> <th>Value (£)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>147</td></tr> <tr><td>2011/12</td><td>95</td></tr> <tr><td>2012/13</td><td>108</td></tr> <tr><td>2013/14</td><td>151</td></tr> <tr><td>2014/15</td><td>186</td></tr> <tr><td>2015/16</td><td>191</td></tr> <tr><td>2016/17</td><td>178</td></tr> <tr><td>2017/18</td><td>205</td></tr> <tr><td>2018/19</td><td>217</td></tr> <tr><td>2019/20</td><td>223</td></tr> <tr><td>2020/21</td><td>357</td></tr> </tbody> </table>	Year	Value (£)	2010/11	147	2011/12	95	2012/13	108	2013/14	151	2014/15	186	2015/16	191	2016/17	178	2017/18	205	2018/19	217	2019/20	223	2020/21	357	<p>Compares to £223 in 2019/20</p>
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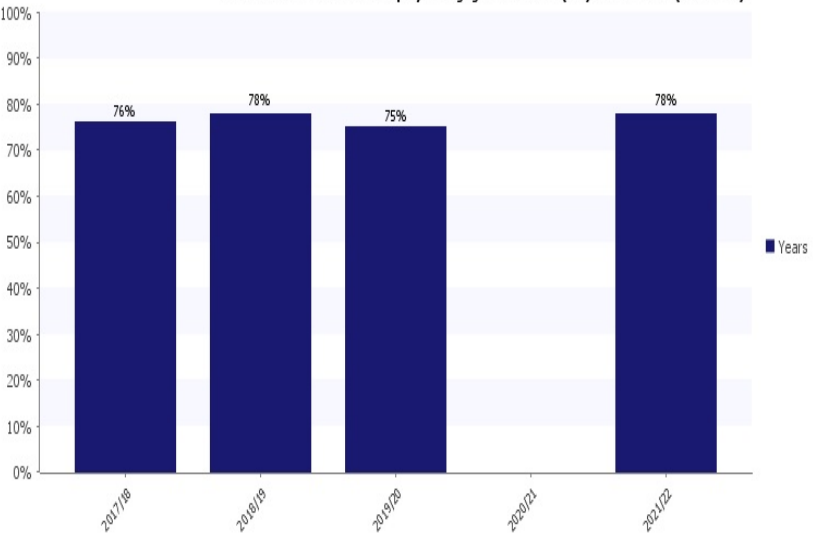


Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note																								
DECREASE - Older Persons (Over65) Home Care Costs per Hour	2020/21	£37		Data Only	↓	<p><b>SW01 Home care costs for people aged 65 or over per hour £ (REDUCE)</b></p>  <table border="1"> <caption>SW01 Home care costs for people aged 65 or over per hour £ (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Cost (£)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>9</td></tr> <tr><td>2011/12</td><td>11</td></tr> <tr><td>2012/13</td><td>10</td></tr> <tr><td>2013/14</td><td>18</td></tr> <tr><td>2014/15</td><td>22</td></tr> <tr><td>2015/16</td><td>25</td></tr> <tr><td>2016/17</td><td>23</td></tr> <tr><td>2017/18</td><td>23</td></tr> <tr><td>2018/19</td><td>25</td></tr> <tr><td>2019/20</td><td>27</td></tr> <tr><td>2020/21</td><td>30</td></tr> </tbody> </table>	Year	Cost (£)	2010/11	9	2011/12	11	2012/13	10	2013/14	18	2014/15	22	2015/16	25	2016/17	23	2017/18	23	2018/19	25	2019/20	27	2020/21	30	<p>Latest available data at March 2022 shows East Renfrewshire's figure (£37) was above the national average of £28 in 2020/21 and we had the highest hourly costs in our LGBF family group with the exception of the Orkney and Shetlands Islands (Source: Improvement Service 2022)</p>
Year	Cost (£)																														
2010/11	9																														
2011/12	11																														
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2019/20	27																														
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DECREASE - The Net Cost of Residential Care Services per Older Adult (+65) per Week	2020/21	£273		Data Only	↓	<p><b>SW05 Net Cost of Residential Care Services per Older Adult (+65) per Week (REDUCE)</b></p>  <table border="1"> <caption>SW05 Net Cost of Residential Care Services per Older Adult (+65) per Week (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Cost (£)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>353</td></tr> <tr><td>2011/12</td><td>388</td></tr> <tr><td>2012/13</td><td>377</td></tr> <tr><td>2013/14</td><td>370</td></tr> <tr><td>2014/15</td><td>364</td></tr> <tr><td>2015/16</td><td>326</td></tr> <tr><td>2016/17</td><td>233</td></tr> <tr><td>2017/18</td><td>165</td></tr> <tr><td>2018/19</td><td>160</td></tr> <tr><td>2019/20</td><td>171</td></tr> <tr><td>2020/21</td><td>273</td></tr> </tbody> </table>	Year	Cost (£)	2010/11	353	2011/12	388	2012/13	377	2013/14	370	2014/15	364	2015/16	326	2016/17	233	2017/18	165	2018/19	160	2019/20	171	2020/21	273	<p>Latest available data at March 2022 shows East Renfrewshire's figure (£273) was below the national average of £439 in 2020/21 and was the lowest in our LGBF family group (Source: Improvement Service 2022)</p>
Year	Cost (£)																														
2010/11	353																														
2011/12	388																														
2012/13	377																														
2013/14	370																														
2014/15	364																														
2015/16	326																														
2016/17	233																														
2017/18	165																														
2018/19	160																														
2019/20	171																														
2020/21	273																														

9.3 Our people

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Notes & History Latest Note																												
<p>DECREASE - Percentage of days lost to sickness absence for HSCP NHS staff</p>	<p>2021/22</p>	<p>6.9%</p>	<p>4.0%</p>	<p>Red</p>		<p><b>HSCP-AB05d Sickness absence (%) NHS (REDUCE)</b></p>  <table border="1"> <caption>HSCP-AB05d Sickness absence (%) NHS (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>3.8%</td></tr> <tr><td>2010/11</td><td>5.4%</td></tr> <tr><td>2011/12</td><td>6.8%</td></tr> <tr><td>2012/13</td><td>5.2%</td></tr> <tr><td>2013/14</td><td>4.9%</td></tr> <tr><td>2014/15</td><td>5.7%</td></tr> <tr><td>2015/16</td><td>5.6%</td></tr> <tr><td>2016/17</td><td>7.2%</td></tr> <tr><td>2017/18</td><td>8.5%</td></tr> <tr><td>2018/19</td><td>6.8%</td></tr> <tr><td>2019/20</td><td>7.3%</td></tr> <tr><td>2020/21</td><td>5.5%</td></tr> <tr><td>2021/22</td><td>6.9%</td></tr> </tbody> </table>	Year	Value (%)	2009/10	3.8%	2010/11	5.4%	2011/12	6.8%	2012/13	5.2%	2013/14	4.9%	2014/15	5.7%	2015/16	5.6%	2016/17	7.2%	2017/18	8.5%	2018/19	6.8%	2019/20	7.3%	2020/21	5.5%	2021/22	6.9%	<p>Within the NHS the average percentage for the year 2021/22 is 6.9% against a target of 4%. This compares to 5.5% for the year 2020/21 which represents an increase of 1.5% year on year.</p>
Year	Value (%)																																		
2009/10	3.8%																																		
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<p>DECREASE - Sickness absence days per employee - HSCP (LA staff)</p>	<p>2021/22</p>	<p>14.7</p>	<p>12.4</p>	<p>Red</p>		<p><b>HSCP-LA-Abs Absence - HSCP (ERC Staff) (REDUCE)</b></p>  <table border="1"> <caption>HSCP-LA-Abs Absence - HSCP (ERC Staff) (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2013/14</td><td>14.5</td></tr> <tr><td>2014/15</td><td>16.4</td></tr> <tr><td>2015/16</td><td>14.2</td></tr> <tr><td>2016/17</td><td>13.6</td></tr> <tr><td>2017/18</td><td>13.0</td></tr> <tr><td>2018/19</td><td>16.4</td></tr> <tr><td>2019/20</td><td>19.1</td></tr> <tr><td>2020/21</td><td>13.6</td></tr> <tr><td>2021/22</td><td>14.7</td></tr> </tbody> </table>	Year	Value	2013/14	14.5	2014/15	16.4	2015/16	14.2	2016/17	13.6	2017/18	13.0	2018/19	16.4	2019/20	19.1	2020/21	13.6	2021/22	14.7	<p>There were 8,449 days lost to absence in 2021/22 which equates to 14.7 days lost per fte. This represents an increase on the 2020/21 outturn (13.6) and we remain above target (12.4) this year.</p>								
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Notes & History Latest Note																						
<p>INCREASE - Percentage of staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System</p>	<p>April 2022</p>	<p>38.75%</p>	<p>80%</p>	<p>Red</p>		<p><b>HSCP-E0-01b Percentage of HSCP local authority staff with Performance Review and Development (PRD) plans in place (INCREASE)</b></p>  <table border="1"> <caption>HSCP-E0-01b Percentage of HSCP local authority staff with Performance Review and Development (PRD) plans in place (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>0%</td></tr> <tr><td>2011/12</td><td>84%</td></tr> <tr><td>2012/13</td><td>79%</td></tr> <tr><td>2013/14</td><td>82%</td></tr> <tr><td>2014/15</td><td>67%</td></tr> <tr><td>2015/16</td><td>91%</td></tr> <tr><td>2016/17</td><td>91%</td></tr> <tr><td>2017/18</td><td>39%</td></tr> <tr><td>2018/19</td><td>-</td></tr> <tr><td>2019/20</td><td>-</td></tr> </tbody> </table>	Year	Percentage	2010/11	0%	2011/12	84%	2012/13	79%	2013/14	82%	2014/15	67%	2015/16	91%	2016/17	91%	2017/18	39%	2018/19	-	2019/20	-	<p>Due to the pressures of the pandemic KSF became a lower of lower priority over the past 2 years. Staff have just completed a piece of work to update all the data on the system to ensure it is now up to date and reflects all recent structural changes. A communication was included in a recent HSCP staff bulletin highlighting that KSF discussions should now take place. An officer has been given the role of KSF Lead for the HSCP and will be targeting managers over the coming months who have lower compliance.</p>
Year	Percentage																												
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2019/20	-																												
<p>INCREASE - iMatter Response Rate - HSCP</p>	<p>2021/22</p>	<p>61%</p>	<p>Data Only</p>	<p>Data Only</p>		<p><b>HSCP-SP18-8.1.1 iMatter Response Rate - HSCP (INCREASE)</b></p>  <table border="1"> <caption>HSCP-SP18-8.1.1 iMatter Response Rate - HSCP (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Response Rate</th> </tr> </thead> <tbody> <tr><td>2017/18</td><td>66%</td></tr> <tr><td>2018/19</td><td>71%</td></tr> <tr><td>2019/20</td><td>67%</td></tr> <tr><td>2020/21</td><td>-</td></tr> <tr><td>2021/22</td><td>61%</td></tr> </tbody> </table>	Year	Response Rate	2017/18	66%	2018/19	71%	2019/20	67%	2020/21	-	2021/22	61%	<p>Decline in response (from 67% in 2019) was to be expected due to the pressures on staff in responding to the Covid pandemic.</p>										
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Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Notes & History Latest Note												
INCREASE - iMatter Employee Engagement Index (EEI) score - HSCP	2021/22	78%		Data Only	↑	<p style="text-align: center;">HSCP-SP18-8.1.2 iMatter Employee Engagement Index (EEI) score - HSCP (INCREASE)</p>  <table border="1" style="display: none;"> <caption>EEI Score Data</caption> <thead> <tr> <th>Year</th> <th>Score (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>76%</td> </tr> <tr> <td>2018/19</td> <td>78%</td> </tr> <tr> <td>2019/20</td> <td>75%</td> </tr> <tr> <td>2020/21</td> <td>-</td> </tr> <tr> <td>2021/22</td> <td>78%</td> </tr> </tbody> </table>	Year	Score (%)	2017/18	76%	2018/19	78%	2019/20	75%	2020/21	-	2021/22	78%	<p>Our EEI score increased from 75 in 2019 to 78 in 2021. This was a very positive result in the context of continuing pressure on staff during the pandemic.</p>
Year	Score (%)																		
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**Indicators with no update at End-Year 2021-22****Supporting independence**

NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible.

NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided

**Meeting people's healthcare needs**

NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home

**Supporting carers**

NI-8: Total combined % carers who feel supported to continue in their caring role.

**Organisational measures**

NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated

NI-5: Total % of adults receiving any care or support who rated it as excellent or good.

NI-6: Percentage of people with positive experience of the care provided by their GP Practice.

NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life

NI-9: Percentage of adults supported at home who agreed they felt safe.

NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

NI-23: Expenditure on end of life care, cost in last 6 months per death

NI-10: Percentage of staff who say they would recommend their workplace as a good place to work

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	22 June 2022
<b>Agenda Item</b>	9
<b>Title</b>	Specialist Learning Disability In Patients Service Performance Report
<p><b>Summary</b></p> <p>This paper provides the Performance and Audit Committee with performance data on Specialist Learning Disability Inpatient Services, which is hosted by East Renfrewshire HSCP on behalf of NHS Greater Glasgow and Clyde. The report focuses on admission and discharge activity from 1 January 2021 to 31 December 2021. The report aims to ensure visibility of the key issues for patients as well as highlighting areas for improvement.</p>	
<b>Presented by</b>	Tom Kelly, Head of Adult Services - Learning Disability and Recovery
<p><b>Action Required</b></p> <p>Members of the 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**

**22 June 2022**

**Report by Chief Officer**

**SPECIALIST LEARNING DISABILITY INPATIENT SERVICES PERFORMANCE REPORT**

**PURPOSE OF REPORT**

1. This paper provides the Performance and Audit Committee with performance data on Specialist Learning Disability Inpatient Services, with a particular focus on admission and discharge activity from 1 January 2021 to 31 December 2021. The aim is to ensure visibility of the key issues for patients as well as highlighting areas for improvement.

**RECOMMENDATION**

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

**BACKGROUND**

3. The vision for learning disability inpatient services is that:-

*'We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services.'*

4. This report focuses on activity relating to our Assessment and Treatment Services (Blythswood House and Claythorn House) which have 27 beds across the two sites. The service is available to people with a learning disability residing in 9 Health and Social care Partnerships, 6 of which are within the NHS Greater Glasgow and Clyde boundary and 3 of which are provided via service level agreements in areas outwith NHS Greater Glasgow and Clyde.
5. The data in this report has been collected from our bed management and patient management systems; EMIS and TrakCare. There are some limitations in the data provided due to patients admitted in the previous years but not yet discharged being included in this report. There was also missing data for the number of individuals appropriately admitted to mental health care, who had not needed specialist learning disability inpatient care.

## REPORT

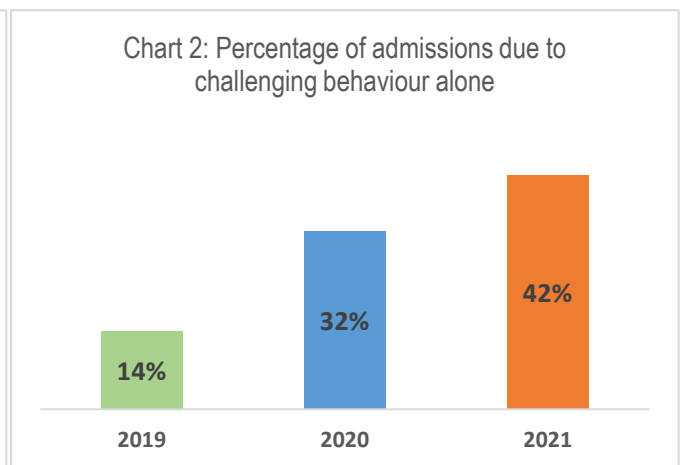
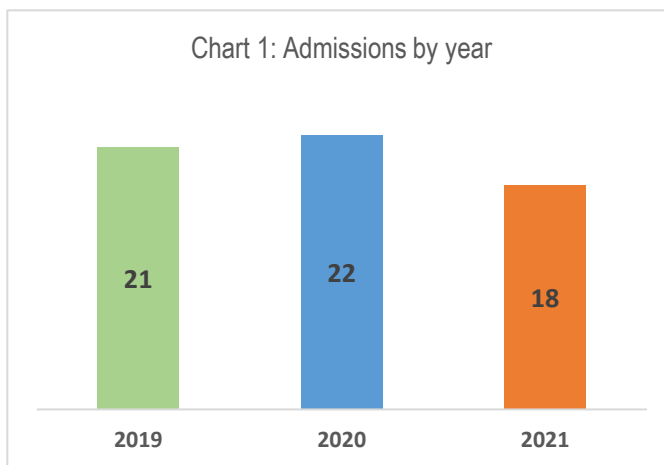
### Key messages

6. The service continued to operate fully throughout the pandemic despite many Covid-19 challenges. Blythswood had to close to admissions when in outbreak status – which happened on only one occasion. Claythorn has never had a Covid-19 outbreak.
7. Beds were mainly occupied by people who were admitted due to mental illness (58%). However, there was an increase in admissions due to challenging behaviour alone from previous years (42% compared to 32% in 2020). There has also been an increased profile of patients with complex needs.
8. Delayed discharge caused significant issues, with a number of patients having no discharge plan for a significant period of time nor a home to return to. The reasons for delay were due to no suitable accommodation and/or no providers in place and/or providers in place having real difficulty with recruitment.
9. People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health.

### Overview of activity in 2021

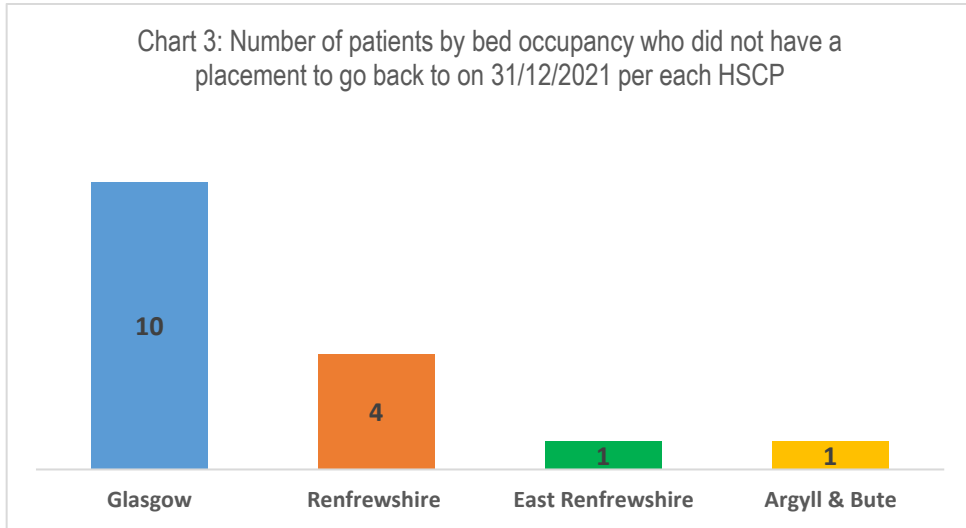
#### Admissions

10. In total, 18 people were admitted during 2021. This is a reduction of 4 people from the previous year and relates directly to a smaller number of discharges during 2021. However, more people were admitted than discharged due to the use of a contingency bed in Claythorn.
11. Of the total numbers of referrals received, 9 of the patients were admitted directly to the service (50%), the remainder through general adult mental health services first.
12. There was an increase in admissions due to challenging behaviour alone from previous years (42% compared to 32% in 2020). This may have been due to the Covid-19 pandemic related reduction in some community supports and provider staffing issues resulting in community services being overall less able to support those with the most challenging behaviour.



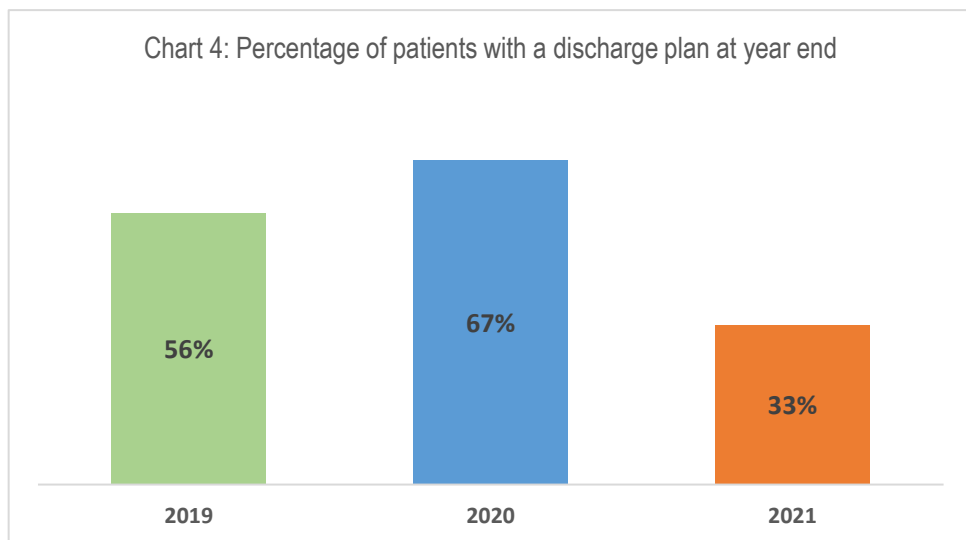
Number of patients without a placement

- 13. At 31 December 2021, 16 inpatients were noted to not have a home to return; they had no community placement. This is over half the patient group and reduces the ability of the service to successfully manage patient flow.
- 14. The chart below provides a breakdown of these patients by HSCP



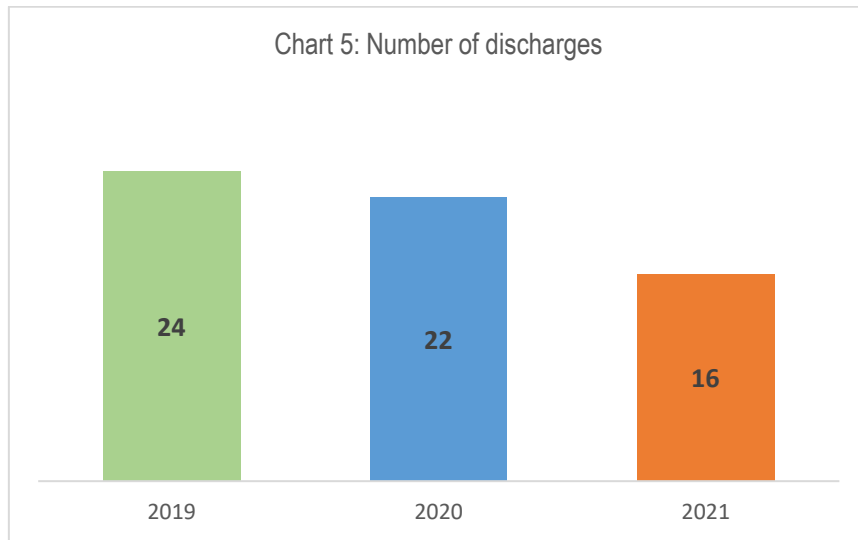
Patients with a discharge plan

- 15. Only 33% of inpatients had a discharge plan on 31 December 2021. This was a significant reduction in the number from the previous year of 67%. Some patients have been waiting a long and unacceptable time for discharge. One patient has been waiting to move out of learning disability hospital provision since 2016.



Number of discharges

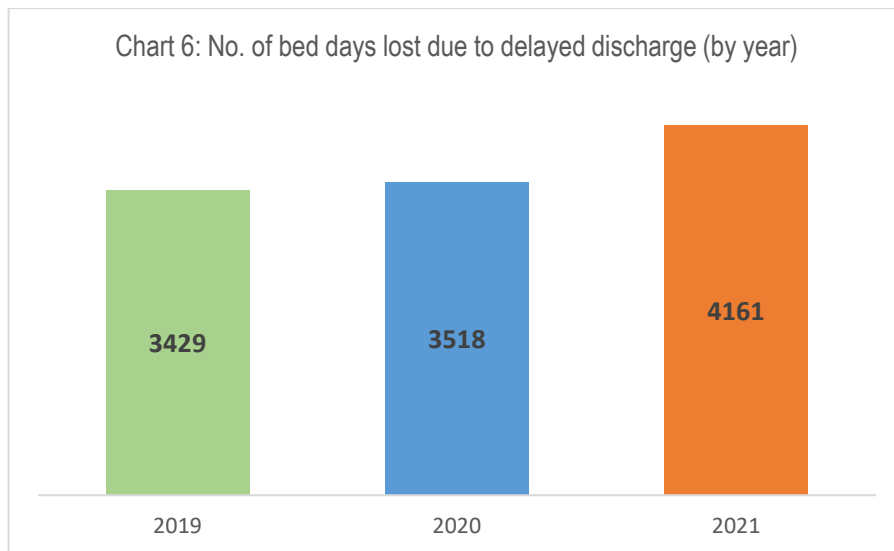
- 16. 16 patients were discharged in 2021 compared with 22 discharges in 2020. One person discharged was re-admitted in the same year (2021) as a result of placement breakdown.



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

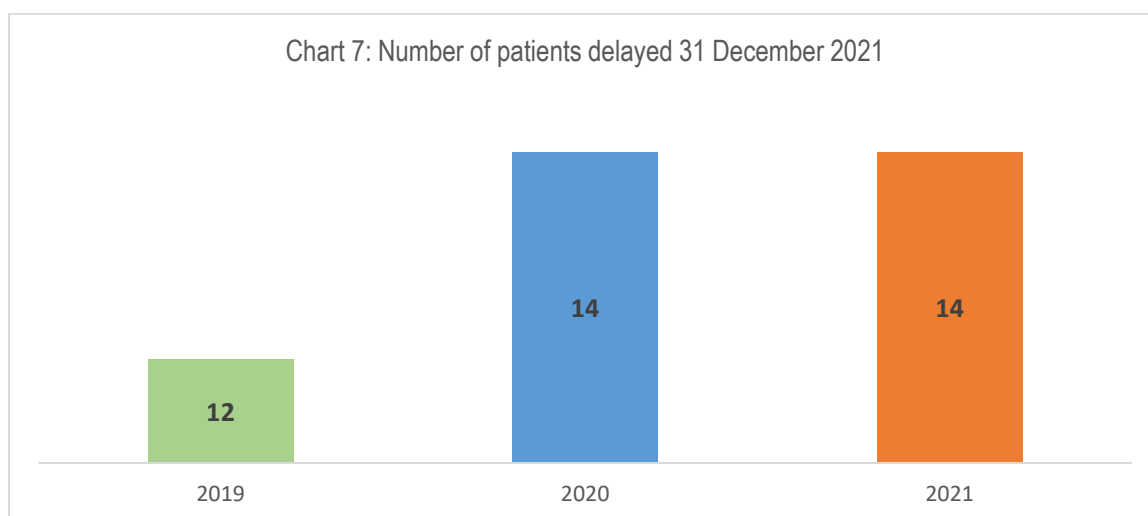
Bed days lost

- 18. There was a 15% increase in beds days lost due to delayed discharge from 2020 to 2021.



Number of patients delayed at the end of each year

19. The number of patients delayed on 31 December 2021 did not improve from 31 December 2020. Over half the patient group (53%) were delayed.

HSCP Activity

20. Table 1 shows the number of referrals, admissions and discharges during 2021 for each HSCP.

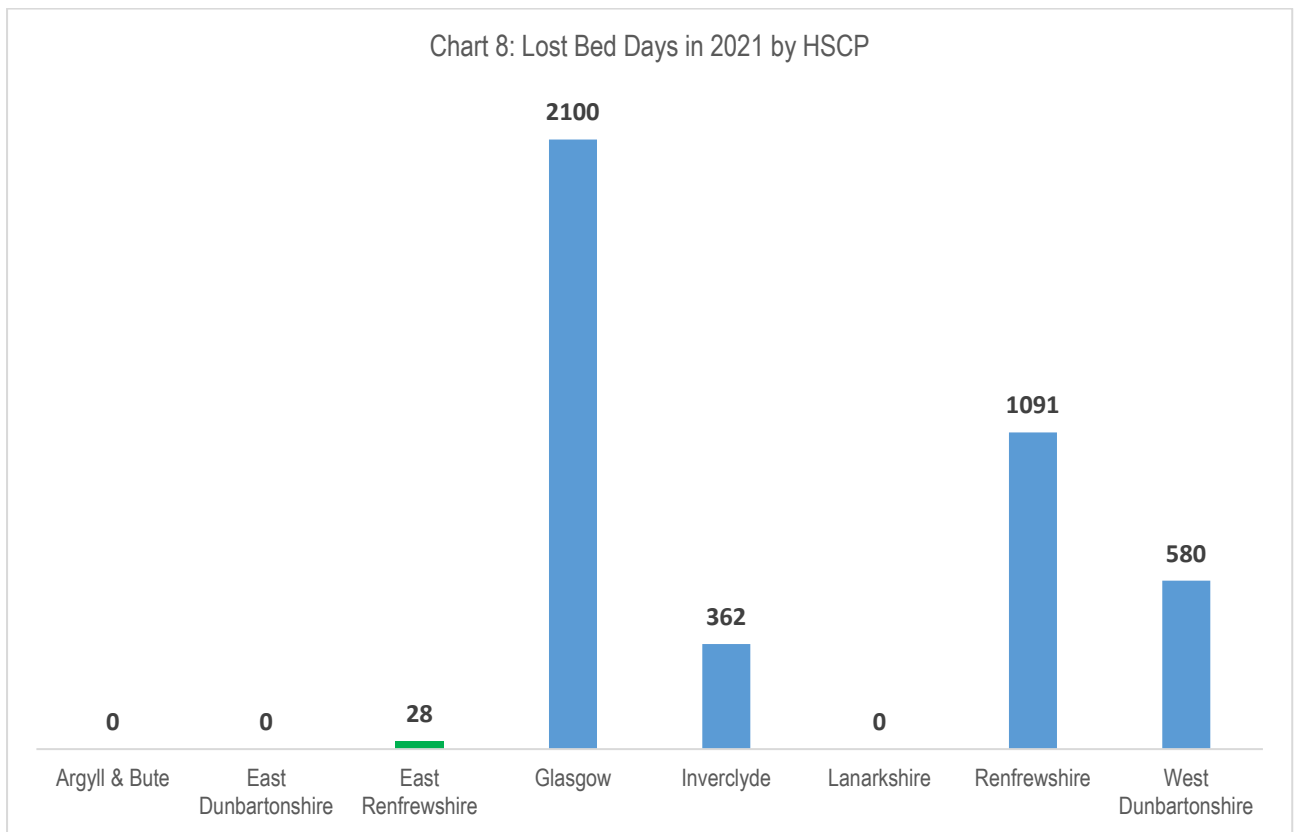
Table 1: 2021

HSCP	Total Referrals	Admissions	Discharges
Argyll & Bute	1	1	0
East Dunbartonshire	0	0	0
East Renfrewshire	2	2	1
Glasgow	12	9	6
Inverclyde	3	1	3
Lanarkshire	0	0	0
Renfrewshire	5	5	4
West Dunbartonshire	0	0	2
<b>Total</b>	<b>21</b>	<b>18</b>	<b>16</b>

21. Table 2 shows the total number of bed days lost for the past 3 years with a breakdown by HSCP for 2021.

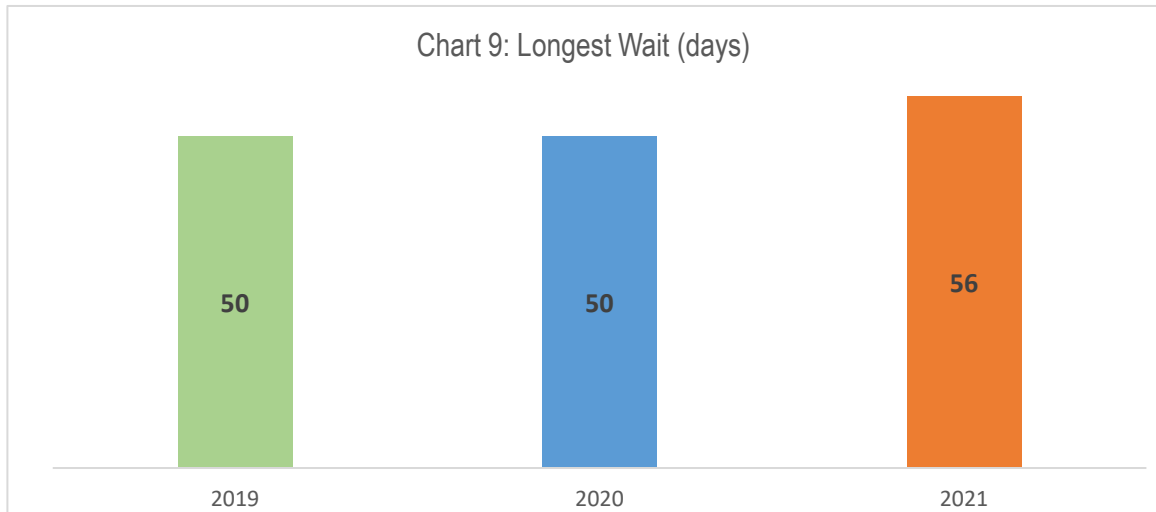
Table 2:

HSCP	2019	2020	2021
Argyll & Bute			0
East Dunbartonshire			0
East Renfrewshire			28
Glasgow			2100
Inverclyde			362
Lanarkshire			0
Renfrewshire			1091
West Dunbartonshire			580
<b>Total Days</b>	<b>3429</b>	<b>3518</b>	<b>4161</b>



Waiting Times

22. The longest wait for a bed was 56 days and this patient went first into a mental health bed before being transferred to a Learning Disability bed.
23. As a result of continuous occupancy, the service is often unable to directly admit several people requiring specialist learning disability assessment and treatment.
24. A group of people were removed from the waiting list as admission was no longer required or an alternative had been established.

Mental Health Adult Services Admissions (with no LD bed transfer)

25. The Learning Disability service is aware of at least 9 patients with a learning disability who were admitted to a mental health bed during 2021 and were not then transferred to a learning disability bed; they remained in a mental health bed throughout their inpatient stay.

**Patient Characteristics Data**Ethnicity

26. The largest ethnic group of patients described in patient records in 2021 is 'white Scottish'. The categories overlap somewhat and require a clearer delineation going forward.
27. The largest ethnic group by admission in 2021 is 'Scottish'.

Chart 10: Ethnicity of all patients during 2021

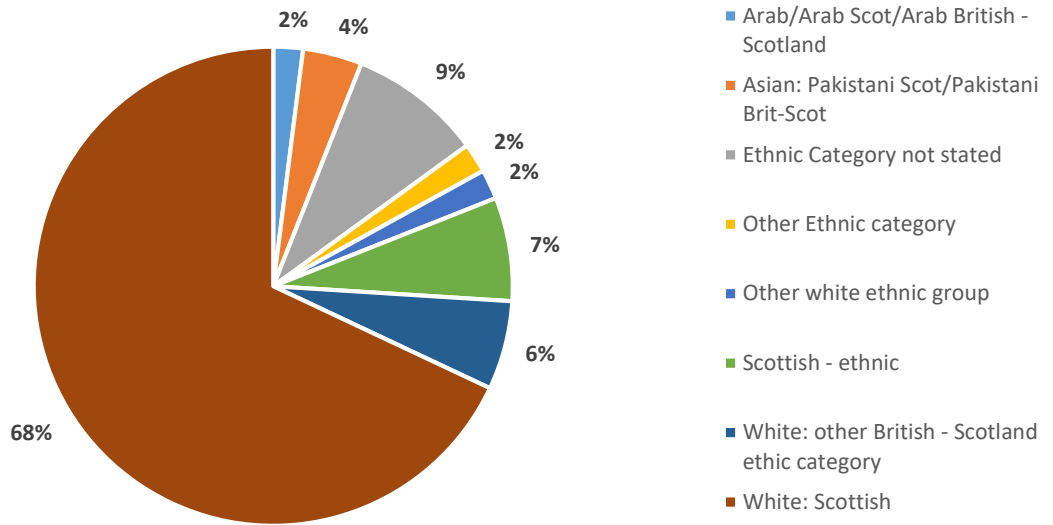
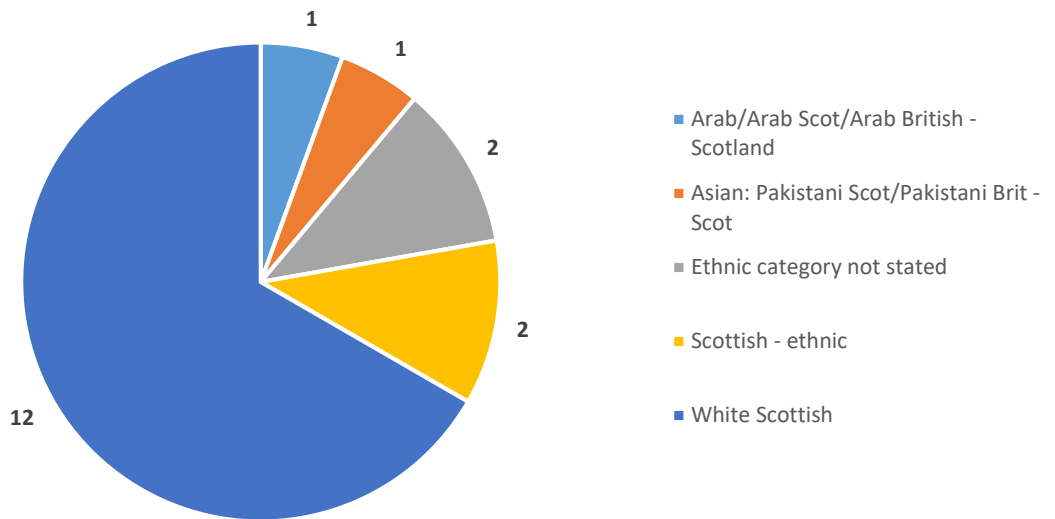


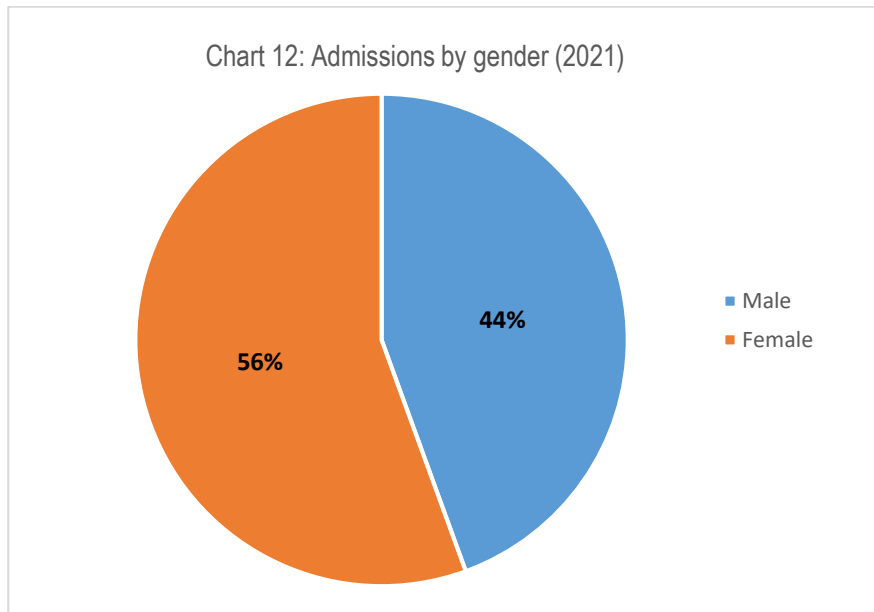
Chart 11: Ethnicity of 2021 Admissions



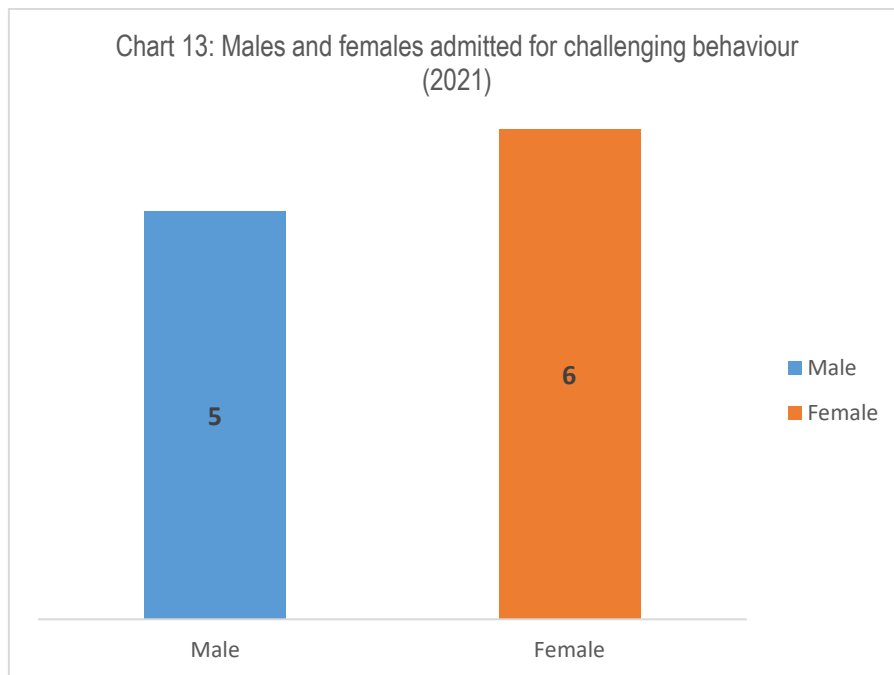


Gender

28. There were slightly more female admissions in 2021 compared to males. This is unusual as in other years there were typically more males admitted.

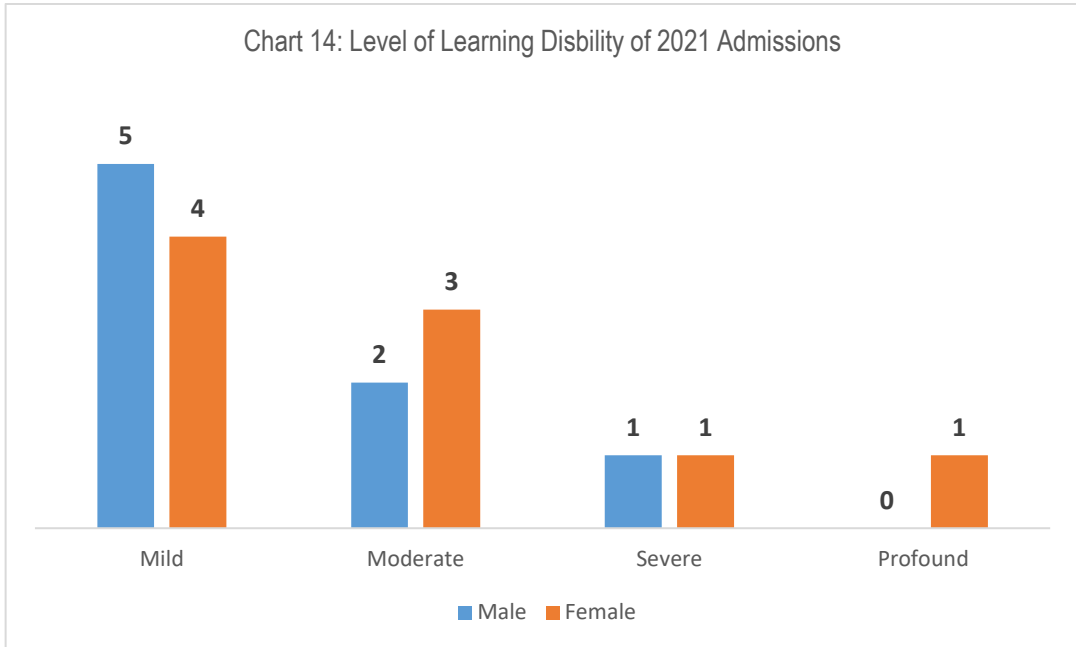


29. There was slightly more females admitted (6) for challenging behaviour compared to males (5) in 2021.



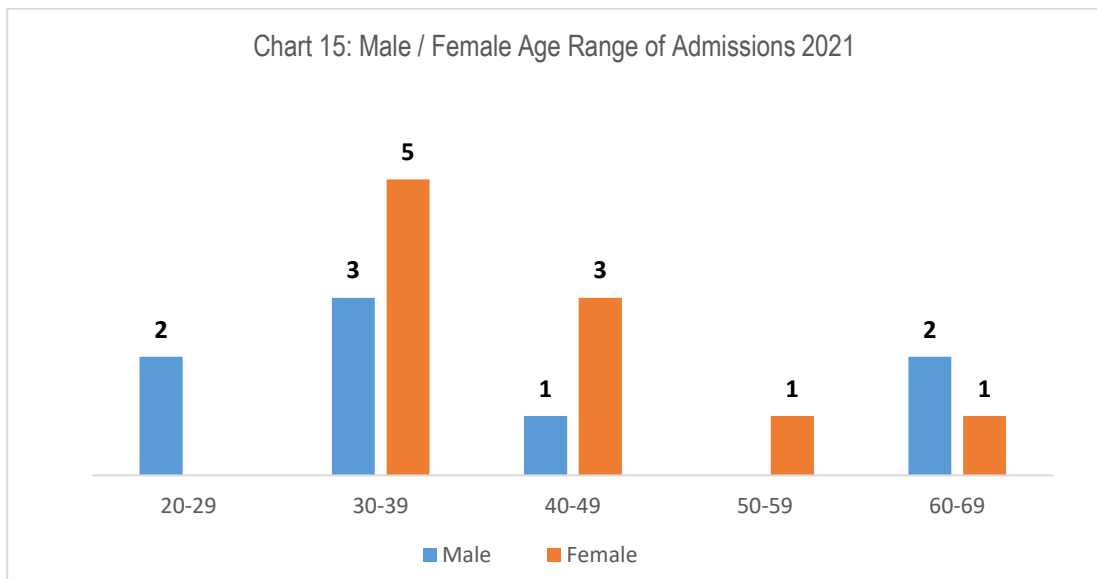
Level of learning disability

30. The level of learning disability was predominantly a mild learning disability followed by moderate for those people admitted in 2021. Only three people had a severe learning disability and one person a profound learning disability. People with a mild learning disability are therefore over represented and people with a profound learning disability underrepresented in comparison to general learning disability population figures.



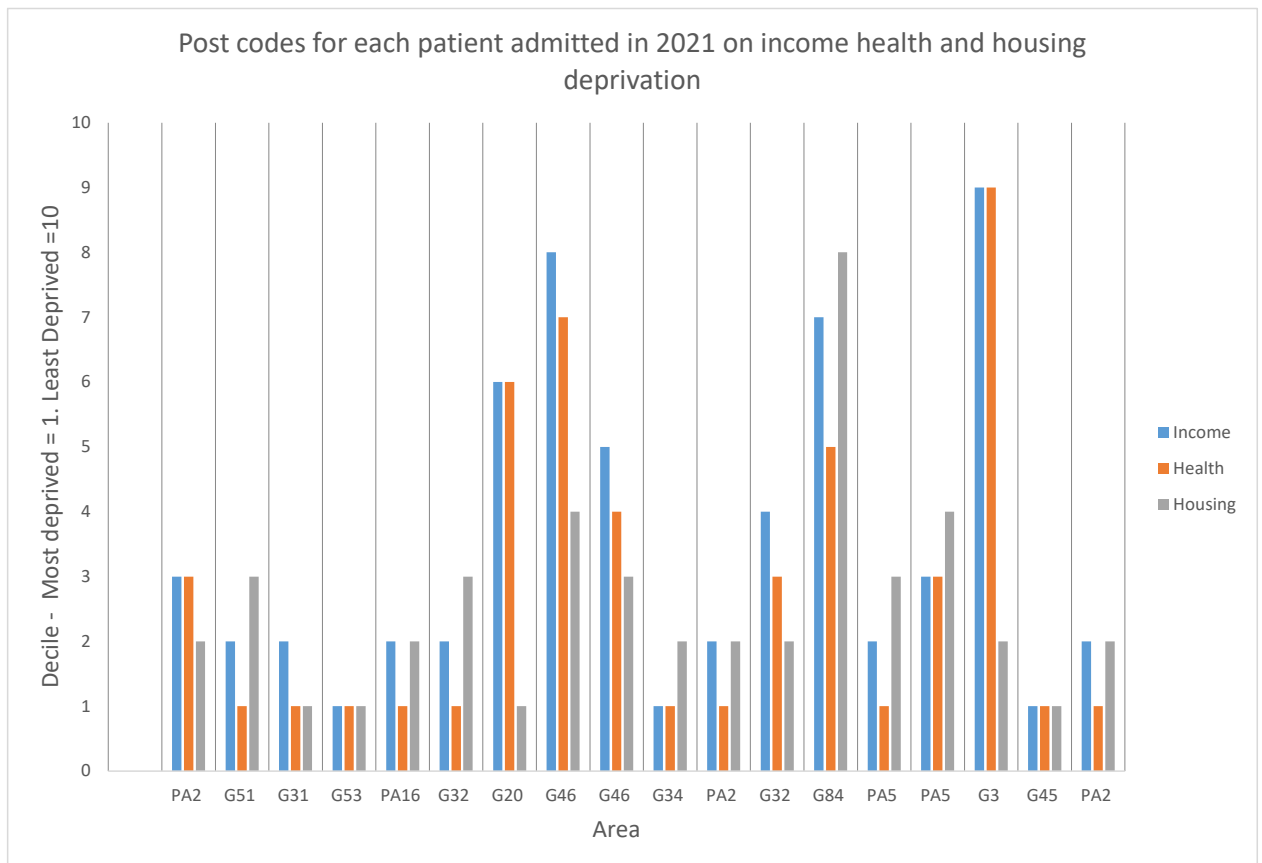
Age range of patients admitted in 2021

31. Most patients admitted were in the age range between 30-39 with an average age of 41 years but the service also admitted young men and older people up to the age of 69.



Levels of deprivation

- 32. Levels of deprivation are usually measured across several types domains including employment, health, education, crime, access to housing and services, and living environment. The ranking system goes from the lowest 1 being most deprived to the highest 10 least deprived.
- 33. 11 patients admitted to learning disability services came from deprived areas which did not surpass a ranking of 3 on the deprivation scale for their postcode area.
- 34. The chart below shows the deprivation levels for every patient admitted in 2021 in 3 of the main domain types for income, health, and housing.



**HoNOS – Learning Disability (Health of the Nation Outcome scales) data**

Overview

- 35. Inpatient Learning Disability services have been using the outcome measure HoNOS-LD since 2015. All patients admitted to a Specialist Learning Disability Service have a HoNOS-LD completed by the Multi-Disciplinary Team on admission, at discharge and on a regular basis during admission (3 or 6 monthly as per protocol). The results across all inpatient units are collected and analysed centrally.

Full results

36. A total of 252 HoNOS-LD were completed over the 3 year period 2018-2021, with 77 completed over 2021. This represented a total of 82 patients over all three inpatient units.
37. Results were available from each of the units as follows:
- Claythorn = 142 results from 66 patients
  - Blythswood House = 77 results from 38 patients
  - Netherton = 33 results from 10 patients

Active treatment

38. There were a total of 171 HoNOS-LD completed for 62 episodes of care including 6 readmissions during 2018-2021. The first and last HoNOS-LD recorded during active treatment were compared to look for a change in score. The results were as follows:

## Subjective ratings:

- First score mean = 2.5, median = 3, range = 0 - 4
- Last score mean = 1.4, median = 1, range = 0 - 4

## Total scores:

- First score mean = 23.8, median = 26.5, range = 1 - 48
- Last score mean = 11.4, median = 11, range = 1 - 42

39. This shows an improvement in both subjective and total scores, although note that some patients were still significantly unwell at the point of the second scores (which is explained by the fact that they were not necessarily ready for discharge by this point). These numbers are very similar to the previous year's analysis. Overall, it shows that patients get better and improve following learning disability inpatient care.

**CONCLUSIONS**Summary and Actions

40. NHS Greater Glasgow and Clyde HSCPs had committed to working together in 2019 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 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.
41. Alongside this, the allocation of the Community Change Fund aligns to NHS Greater Glasgow and Clyde ambitions to redesign services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. NHS Greater Glasgow and Clyde are in the process of establishing 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.
42. Each HSCP has committed to develop a register of people with complex needs to ensure greater visibility of these individuals at risk of hospital admission and/or placement breakdown and the Challenging Behaviour Network Manager has been developing good practice standards and pathways to support this.

43. Our in-patient services had embarked on a series of tests of change led by the Clinical Director, looking at a variety of approaches to reduce unnecessary admissions and support people at home. Future redesign of the service is dependent on excessive delays being addressed in order to effectively implement change in patient bed requirements.
44. Many people are still delayed in hospital and do not have a clear and tangible plan about their future care arrangements. This has been more present in the past two years since the onset of the pandemic.
45. There is a fundamental human rights issue for the people who find themselves living in hospital settings for prolonged periods often with no plan for discharge which must be addressed. There are further negative implications for families and carers.

## **RECOMMENDATIONS**

46. Members of the Performance and Audit Committee are asked to note and comment on the report.

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

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April 2022

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

18.03.2020: PAC Paper Specialist Learning Disability Services Performance

20.03.2019: PAC Paper: Performance Report – Specialist Learning Disability Service

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	22 June 2022
<b>Agenda Item</b>	10
<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 March 2022</li> <li>• Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in March 2022</li> <li>• Summary of all open audit recommendations</li> </ul>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>Performance and Audit Committee are asked to note and comment on the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**22 June 2022**

**Report by Chief Officer**

**AUDIT UPDATE**

**PURPOSE OF REPORT**

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

**RECOMMENDATION**

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

**BACKGROUND**

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

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

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

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

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

## REPORT

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

#### IJB Follow up

8. A new audit report on IJB follow up (MB1163FM) was issued on 31 March 2022 by the Integration Joint Board's Chief Internal Auditor. This supersedes the previous report.
9. The audit concluded that one recommendation had not yet been implemented from the IJB Risk Management audit. This is the same recommendation which has been reported to Performance and Audit Committee previously as outstanding; it was considered partially implemented and would be revisited once the HSCP moved out of Covid 'response'. It is considered low risk.
10. A copy of the audit report, including our response to the one recommendation is included at appendix 1a.

#### Audit Scotland Action Plan

11. Appendix 1b includes the Audit Scotland action plan from the audit of the Annual Report and Accounts 2020/21. This remains in place until the audit of the 2021/22 accounts.

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

12. Since last reported, there have been two new audits undertaken by the Council's internal audit team which impact on the HSCP; an HSCP audit on Fostering, Adoption and Kinship Care, and a Council wide audit on Payroll.

**Audit of Fostering, Adoption and Kinship Care (Appendix 2A)**

13. A review of Fostering, Adoption and Kinship Care was carried out during 2021/22. The audit report issued on 4<sup>th</sup> April 2022 made 3 recommendations for the HSCP. All recommendations are considered to be low risk.
14. A copy of the audit report detailing the recommendations and the HSCP response is attached at Appendix 2a

**Payroll (Appendix 2B)**

15. A Council wide audit was undertaken on payroll during 2021/22. The report issued 22 made a total of 19 recommendations, however only 8 were relevant to the HSCP. One of which was an HSCP specific recommendation. Of the 8 recommendations 4 were low risk; 3 medium and 1 high.
16. A copy of the full audit report along with the recommendations and the HSCP response is attached at Appendix 2b. All recommendations are considered implemented pending verification from internal audit.

**Recommendations from previous audits (Appendices 2C-2K)**

17. In addition to the new recommendations from the audit reports noted above, 11 recommendations remain open from 5 previous HSCP audits.
18. The previous audit recommendations which have still to be implemented by the HSCP, or which the HSCP consider implemented but have yet to be verified by Internal Audit are included at appendices 2c-2k. Internal Audit are currently following up on a number of these audits, including homecare, emergency payments and self-directed support and we hope that a number of these will be closed
19. Since last reported, the status of one recommendation from the Carers Legislation audit has changed to 'considered closed'.

20. The table below summarises the number of recommendations and the status for all audits which impact on the HSCP, include the new audit reports referred to earlier in the report. Further detail is included on the relevant appendix.
21. A new header sheet has been introduced in front of each appendix given the large volume of information and the new activity has been shown at the beginning of each section. This means the appendices' references may not be constant from report to report, however this also means there will be no gaps in references as recommendations are confirmed as verified.

Audit Report and Appendix		Changes since last reported to PAC	Recommendations			
			Total no. for HSCP	Verified as implemented by Internal Audit	Considered implemented by HSCP (awaiting verification)	Total open
Fostering, Adoption and Kinship	2a	New	3	0	1	2
Payroll	2b	New	8	0	8	0
Follow up of Corporate and Community Services Audits	2c	No	6	0	6	0
Carers Legislation	2d	Yes	5	0	4	1
Procurement Red Flags	2e	No	3	0	3	0
Data Protection Act / GDPR	2f	No	5	0	4	1
CareFinance	2g	No	14	0	10	4
Homecare	2h	No	15	12	3	0
Emergency Payment	2i	No	10	8	2	0
Self-Directed Support	2j	Yes	10	0	8	2
Follow up of HSCP Audits	2k	Yes	11	2	6	3
<b>TOTAL</b>			<b>90</b>	<b>22</b>	<b>55</b>	<b>13</b>

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

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

### **CONCLUSIONS**

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

### **RECOMMENDATIONS**

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

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

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

30 May 2022

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

PAC Paper: 16.03.2022 – Audit Update

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

PAC Paper: 22.09.2021 – Audit Update

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

PAC Paper: 23.06.2021 – Audit Update

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

PAC Paper: 27.11.2019 - Audit Actions Update

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

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<b>Appendix</b>	1A
<b>Title</b>	IJB follow up (MB1163FM)
<b>Area</b>	Internal Audit Activity relating to the Integration Joint Board
<b>Status</b>	New

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**REPORT ON IJB FOLLOW-UP**

	<u>Page No</u>
Contents	
Introduction	1
Scope	1
General Conclusion	1
Previous Findings and Recommendations Not Implemented	1
Action Plan	2

Senior Auditor  
MB/1163/FM  
31 March 2022

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REPORT ON IJB FOLLOW-UP

1. INTRODUCTION

A follow-up audit of two reports previously issued to the IJB was carried out.

2. SCOPE

The scope of the audit was to ensure that all of the recommendations which were accepted in the departmental responses had been implemented in the timescales stated. The following reports were included in the audit:

- Audit of IJB Risk Management (MB/1118/RM issued 21 February 2020)
- Follow Up of IJB Audit (MB/1110/RM issued 22 August 2019)

A total of six recommendations were made in the above reports, of which one has not yet been implemented.

3. GENERAL CONCLUSION

All recommendations made in the previous IJB Follow Up audit have been implemented and only one recommendation remains outstanding from the IJB Risk Management audit.

4. PREVIOUS RECOMMENDATION NOT IMPLEMENTED

4.1 Format of Operational Risk Registers

It was previously noted that two operational risk registers were found to be in the previous Council format which was several years out of date. Specifically, the previous version did not require specific timescales to be provided for proposed control measures. It was noted at the IJB meeting on 16 March 2022 that there were plans to undertake a risk session with SMT but it was postponed due to Covid-19. There are plans to re-schedule the session during which housekeeping issues, such as format, will be reviewed.

*Recommendation*

**4.1.1 At the forthcoming SMT risk session, officers should be advised that the most recent version of the ERC operational risk register should be used in all cases.**

Senior Auditor

31 March 2022

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

Ref/ Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1  (Low)	At the forthcoming SMT risk session, officers should be advised that the most recent version of the ERC operational risk register should be used in all cases.	We will reschedule a session on risk and will reissue the current template for use.	30 June 2022	Open	Due to diary commitments, we have scheduled this session with LRMT for mid July.

<b>Appendix</b>	1B
<b>Title</b>	Audit Scotland 2020/21 Action Plan
<b>Area</b>	Internal Audit Activity relating to the Integration Joint Board
<b>Status</b>	No changes since last reported to PAC 16 March 2022

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

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

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

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# Internal Memo

**Our Ref:** MB/1154/NS  
**Date:** 4 April 2022  
**From:** Audit Technician  
**To:** Director of HSCP



**Subject: Audit of Fostering, Adoption & Kinship Care**

A review of Fostering, Adoption and Kinship Care was carried out during 2021/22. The budget in respect of fostering, adoption and kinship care for the financial year 2021/22 was £1,970,952 with an overall estimated spend of £1,473,714. The total spend figure is subject to change as year-end accrual work was ongoing at the time of the audit. It should also be noted that these figures are for a year that has been disrupted by Covid which has resulted in a lower overall cost in relation to foster care.

The last audit of this area was issued in June 2017 and highlighted that there was a lack of documentary procedures for the payment of discretionary amounts which still remains outstanding. All other recommendations have been actioned.

The scope of the audit was to ensure that

- Rates payable have been properly approved
- All payments are in accordance with the set rates and are appropriately authorised
- Appropriate documentation is held for placements and discharges
- Budgetary control is exercised on a regular basis
- Discretionary foster payments are made in accordance with the procedures.

This audit has been conducted in conformance with the Public Sector Internal Audit Standards. A sample of 15 Foster, 15 Kinship and 5 adoption payments were taken and traced to documentation held to support the ongoing payments being made and checks completed to ensure that the payments were in line with the charges approved by the relevant committee. In all cases there was paperwork held to support the payments and the rates being paid were accurate.

In addition to the main samples, a sample of 5 discretionary payments was taken and it was noted that there were no procedures in place detailing how such payments were to be made and there were no pre-approved rates to be used. Each of the discretionary payments was presented to management and assessed based on their individual merits. An audit trail for approval was provided in each case but the lack of a clear documented process leaves scope for disparity between discretionary payments. Audit recognises that no two discretionary payments are the same but there should be a consistent approach to what is paid for and how these are approved.

The following recommendations are made and require attention.

## **1.1 Procedures for discretionary payments**

There appear to be no procedures covering the payment of discretionary payments with each claim made being presented to management and discussed on its own merit and subsequently authorised. Effectively there are no boundaries on appropriate amounts and/or typical items etc that may be purchased.

There should be clear guidance for staff so that they are aware of typical discretionary payments that may be requested for consideration for children placed with carers. This would increase consistency and help to ensure that all children in care had more equal access to available funding and that carers are made more aware of instances where they may be able to receive assistance in furthering the child's development or easing the family's financial burden.

It would also be beneficial if there was a Standard Operating Procedure (SOP) in place to document the steps to be taken by all parties involved in the process from the point of a decision taken to place a child in care through to the creation and authorisation of payments and on to the eventual closing of the care package.

### **Recommendations**

**1.1.1 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.**

**1.1.2 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.**

## **1.2 Annual Approval of Carer Rates**

The sample of payments taken as part of the audit were checked to ensure that they were consistent with the rates that had been approved by the relevant committee.

The carer rates for the current year were obtained and the supporting committee report provided was dated 2016. There was a subsequent report to the IJB in January 2020 but this did not provide a full breakdown of all rates paid.

Each year there is an uplift in the rates being paid and since 2016 this has been 3% and to allow the rates within the audit sample to be agreed it was necessary to apply this 3% to each year since 2016. Once this had been applied the rates in the sample were all accurate.

There is an annual report to Cabinet by all Departments each year detailing the fees and charges that will be applied to services provided by the Council for the new financial year and these are approved by Councillors. To improve transparency in the rates being paid to carers, a full report of all rates with the proposed uplift should be presented to and approved by the IJB.

### **Recommendation**

**1.2.1 An annual report should be presented and approved by the IJB detailing the carer rates to be paid for within each financial year.**

I would be grateful if you could reply to the matters raised as soon as possible and in any case no later than 6 May 2022 by completing the action plan grid on the final page(s) of the report. Please note that all audit recommendations now have a risk rating which is detailed in the action plan grid together with the definitions used.

If you do not agree with any recommendation or cannot implement it please state the reason(s).

Audit Technician  
c.c. Chief Executive

## Appendix 2A: MB1154NS – Fostering, Adoption and Kinship Care

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
1.1.1 (Low)	Procedures covering payment of discretionary monies to carers should be produced and distributed to all relevant staff in order that they are aware of typical examples of where discretionary payments may be made.	By their nature discretionary payments are based on the individual and specific needs of children in placement. Therefore payments are unique and not typical. This is consistent with the authority's statutory corporate parenting duty. Clarification of the approval process will be re-issued to managers as a reminder and will confirm the requirement of additional Head of Service sign off if a payment is above a value of £10,000.	August 2022	Open	
1.1.2 (Low)	A Standard Operating Procedure should be created and issued to all relevant staff documenting the steps involved from the start to end of a placement in care.	We do agree a procedure should be used and the existing CareFirst guidance documents the steps from the start to end of a placement. The CareFirst Guidance will be re-issued to staff.	August 2022	Considered closed (pending verification by internal audit)	Carefirst guidance shared with internal audit 19.05.2022
1.2.1 (Low)	An annual report should be presented and approved by the IJB detailing the carer rates to be paid for within each financial year.	Either a specific report will be issued or this will be incorporated into the budget or revenue monitoring report depending on timing. The annual budget report to the IJB allows for budget increases for allowances.	September 2022	Open	

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<b>Appendix</b>	2B
<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>	New

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**Report on Audit of Payroll**

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Senior Auditor  
MB/1151/FM

**31 March 2022**

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## REPORT ON AUDIT OF PAYROLL

### 1. INTRODUCTION

As part of the 2021/22 audit plan, an audit of payroll was undertaken. The main findings noted in the previous audit of payroll were that there was potential inconsistency in the recovery of payroll related overpayments and there was no guidance on plus rates which were being paid to employees.

*The main risks associated with a payroll system are that payments could be made to fictitious employees, employees could be paid more than they should be and third parties could be paid incorrect amounts.*

*The new HR and payroll system, iTrent was fully implemented in December 2020. The new system includes an employee self-service portal which allows employees to submit mileage, expense and overtime claims and view payslips. These employee requests work flow to line managers on the manager self-service portal for review and authorisation, if appropriate. The manager self-service portal is also used for recording sickness absence.*

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

### 2. SCOPE

Testing included both local government employees and teachers and focused on the period from December 2020 to December 2021. The audit objectives were agreed with the Head of HR & Corporate Services prior to the start of the audit and were as follows:

- Payroll procedures are established
- Controls are in place to ensure that employee records are only created where an authorised post exists and the required documents/authorisations have been obtained
- Records are maintained of all statutory and non-statutory deductions made
- Variations to pay are calculated and authorised correctly
- Controls are in place to ensure that prior to employees leaving, all relevant sections are notified and appropriate documentation is provided to the relevant internal and external bodies
- Payments are made correctly, securely and in a timely manner
- Reconciliations are undertaken regularly
- Data is held in accordance with the organisations information classification and data retention policies.

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

### 3. CONCLUSION

Testing confirmed that the payroll/HR service is generally operating in accordance with procedures and that appropriate controls are in place. However, weaknesses were

identified in the lack of annual employee verification checks and the exit procedures relating to IT systems removal and the return of equipment for leavers.

As highlighted in previous audits, controls around the accuracy of overtime claims are sometimes inadequate with managers wrongly authorising claims at time and a half when plain time is the appropriate rate.

The following recommendations are made and should be addressed.

#### **4. FINDINGS AND RECOMMENDATIONS**

##### **4.1 New Starts**

A sample of 15 Council employees and two ERCLT employees who had commenced employment between 1 December 2020 and 5 July 2021 were selected and checks were carried out to ensure that the correct recruitment procedures were followed and the appropriate documentation had been obtained and saved to the employees file.

It was found that in one case (ERCLT) the Request to Recruit form had not been authorised by the director, although as the director was part of the recruitment panel it appears that this was simply an oversight.

In another case (Council) the employee's contracted hours recorded on the payroll system did not agree to the contracted hours recorded on the Request to Recruit form. The Request to Recruit recorded the contracted hours as 37 hours but the employee was incorrectly set up on iTrent with 35 hours. The employee left Council employment after approximately 5 months so the impact of this error was not material.

In another two cases (one ERCLT and one Council) proper proof of the employee's qualifications were not adequate. In one of these cases the post was a child development officer and there was no evidence of the employee's childcare qualification on file. In the second case the post was an accountant and the evidence of the employee's qualification was insufficient (this employee is no longer employed by ERCLT). There was a screenshot of a search on the register of members for the body but no actual certificate supporting the qualification awarded.

##### ***Recommendation***

4.1.1 Officers must ensure that any Request to Recruit is fully complete and signed by the appropriate Director/Head of Service and that the details are correctly entered on to the payroll/HR system.

4.1.2 Officers must take care to ensure that the details entered on to the HR system agree to the details on the Request to Recruit, unless there is evidence of agreed changes such as a reduction in contracted hours, change in working pattern etc.

4.1.3 Officers must ensure that the appropriate proof of qualification is provided by candidates to allow full verification of the qualification awarded. This should be a certificate issued by the membership body.

4.1.4 The qualifications of the child development officer referred to above should be retrospectively verified and evidence filed to demonstrate that they are suitably qualified for the post.

***Action: Director of Business Operations and Partnerships***

#### 4.2 Systems Access to iTrent

A report listing users and access rights for iTrent was received from the HR Systems Development Officer. A review of this report was carried out to establish if there was sufficient separation of duties between payroll and HR to ensure that no member of staff has access to both areas of the iTrent system. It was found that there are five individuals with access to both the HR and payroll function within iTrent. Two of these users are external to the council (consultants) and three work in HR systems. Access rights for these users include the day to day functions of HR Direct and payroll which means they have access rights to set up new employees on the system and pay them, however access to their own records are restricted. Audit consider the separation of duties in these three cases to be inadequate.

If adequate separation of duties are not in place there is a higher risk that an invalid or fictitious employee could be set up on the system and paid and remain undetected.

##### **Recommendation**

4.2.1 The HR systems employees mentioned above, with access to both HR and payroll functions on iTrent, should have their access rights amended so that they have read only access to the payroll functions.

**Action: Director of Business Operations and Partnerships**

#### 4.3 Leavers

A sample of 15 leavers were selected at random and testing was carried out to ensure that the correct procedures had been followed and information recorded. There is an online leaver's form which should be completed by the employee's line manager in advance of the employee leaving. This form records essential information used by HR and payroll to calculate the employee's final pay and ensure that they are remunerated for any holidays that they are due or any outstanding sums are deducted.

It was found that in six cases a completed leaver's form was not available on Information at Work (I@W).

In a further three cases (excluding those where there was no leavers form) the online leavers form was not submitted to HR prior to the employee's leaving date however, this did not result in any of the employees being overpaid.

In one case the employee's final pay was wrongly calculated due to an error in calculating the annual leave due to be paid to the employee. It was established that workings were not available to show how the 7 days annual leave due to the employee had been transferred into hours and it also highlighted that these calculations were not routinely checked. This resulted in a gross overpayment to the employee of approximately £700. As a result of this coming to light, the HR Direct Team Leader issued a reminder memo to HR Direct staff requesting that annual leave calculation workings are shown on the online leavers form.

When HR receive the online leavers form they send the Exit Procedures Leavers Checklist to the employee's line manager. It is the line manager's responsibility to ensure that the tasks listed on the Exit Procedures Leavers Checklist (including arranging the return of property and notifying ICT to disable systems access) are completed and the form evidencing this is uploaded to Information at Work. It was noted that there were no Exit Procedures Leavers Checklists available on Information at Work for the sample of leavers selected and therefore it could not be verified that line managers had completed these tasks and that the employees ICT systems access had been disabled.

##### **Recommendation**

4.3.1 Line managers must ensure that the online leavers form is fully completed and submitted in advance of the employee leaving.

4.3.2 Line managers must ensure that the Exit Procedures Leavers Checklist is actioned and saved to Information at Work for all leavers.

**Action: All Directors, Head of Accountancy (for all Chief Executive's Office)**

4.3.3 HR should ensure that all online leavers forms are saved to Information at Work.

4.3.4 HR should ensure that manual calculations, such as annual leave calculations, are checked by a second member of the team and saved to Information at Work.

**Action: Director of Business Operations and Partnerships**

#### 4.4 Overtime

A sample of seventeen overtime claims were selected to ensure that they were correctly claimed, authorised and paid. This involved reviewing claims that were submitted on paper, on My Insider and also on the new employee self-service portal on i-Trent.

In two cases in the sample the employees worked part-time and should have worked 37 hours in the week before they were eligible to claim overtime at time and a half. However, in both these cases the employee's additional hours worked were claimed at time and a half instead of plain time. This resulted in one employee being wrongly paid at time and a half for 46.5 hours and the other employee being wrongly paid at time and a half for 16 hours. These amounts should have been claimed at plain time. Furthermore, it was evident that several weeks are often claimed on a single page manual timesheet and this appears to confuse matters regarding which hours have been worked in excess of 37 hours in individual weeks.

In two instances in the sample the employees were grade 10 or above. As such the HR policy states that: "*An employee who is graded Grade 10 or over is not eligible for overtime except in exceptional circumstances. Where a Director or Head of Service considers that a payment should be made to an employee who has reached the overtime ceiling or to an employee paid on or above Grade 10, consideration may be given to the payment of overtime at the appropriate enhanced rate recognising the employee's actual rate of pay. However, the normal recompense for employees Grade 10 or over, where it is required, should be time off in lieu at plain time for the period worked. Where an overtime payment is appropriate for an employee at Grade 10 over a Grade 18 or above must authorise the payment.*" The overtime payments for these two employees were not authorised by a grade 18 or above.

Individual employees overtime claims submitted can be obtained from BOXI to allow the detail of the claims to be reviewed and matched to the payment on the employee's payslip. In most cases in the sample this was reasonably straight forward, however for a small sample of employees it was difficult to match the overtime claim to the sums paid on the employee's payslip. The reason for this is that the date that the claim was paid is not recorded on the BOXI report, making it difficult in some cases due to the volume of transactions to trace the amounts to the employee's payslip.

#### **Recommendation**

4.4.1 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.

4.4.2 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.

4.4.3 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.

**Action: All Directors, Head of Accountancy (for all Chief Executive's Office)**

4.4.4 Consideration should be given as to whether it is possible to include a paid date in the overtime BOXI report to allow the amounts to be traced to the employee's payslip more easily.

**Action: Director of Business Operation and Partnerships**

#### 4.5 **Payment of Double Time Out-with Public Holidays**

An analysis of overtime paid at double time identified several employees with unusually high claims for double time. Upon examination, six employees in the adult support protection section of HSCP were identified that had been paid double time over a period of five weeks for overtime worked at the weekend that should have been paid at time and a half. The total double time claimed for these employees was approximately £17,600 but the correct amount (paid at time and a half) should have been approximately £13,200, which means the potential overpayment was £4,400. The HR Business Partner for HSCP advised that the former Head of Adult Health and Social Care Localities had approved the payment of double time to these employees as there was an emergency situation whereby HSCP had to support the removal of residents from a privately run care home within the East Renfrewshire area due to closure resulting from a large-scale investigation.

This contravenes the council's policy which states that double time can only be paid for hours worked on a public holiday. None of the hours claimed in relation to the above were worked on a public holiday. Furthermore, audit were not provided with documentation to show what the conditions were approved by the Head of Adult Services, Learning Disability and Recovery and which particular employees they related to.

#### **Recommendation**

4.5.1 Double time should only ever be paid for hours worked on a public holiday and there should be no exceptions to this policy.

**Action: Chief Officer HSCP**

#### 4.6 **Annual Employee Verification Checks**

Enquiries were made with the HR Manager to establish when employee verification checks were last carried out. It was established that the last time this exercise was carried out was in 2018/19. The HR Manager advised that some checks were carried out as part of the data transfer between the old and new HR/payroll systems, however not in the same way as the annual employee verification exercise.

Work is underway to implement a systems based process which will require all managers to confirm on iTrent that their employees are current and there are no leavers or ghost employees on their list.

It is expected that this process will be developed and available during April 2022, allowing the checks for 2021/22 to be completed. As the employee verification exercise has not been carried out for several years, this work should be prioritised.

##### ***Recommendation***

4.6.1 Audit should be advised when the systems based employee verification process is rolled out.

***Action: Director of Business Operations and Partnerships***

#### 4.7 **Contracted Hours in Excess of 37 Hours**

A report was generated to show all employees current contracted hours. This was then reviewed to identify any employees with contracted hours in excess of 37 hours per week. Two employees were identified, one of which was already identified in a previous audit and therefore no action is required.

The other employee has contracted hours of 37.5 hours per week. This indicates that they are entitled to 0.5 hours overtime each week ie: 2 hours per 4 week pay period. A review of the employee's payslips shows that the employee is not receiving this overtime payment.

##### ***Recommendation***

4.7.1 A review of employee 6607242 contract should be carried out to confirm their entitlement to overtime as stated above. Consideration should also be given to calculating and paying overtime that was due but was not paid.

***Action: Director of Business Operations and Partnerships***

#### 4.8 **Overtime**

Audit submitted a test overtime claim as an employee would on the iTrent system. It was found that certain essential fields (such as the date the overtime was worked and the actual times the overtime was worked) on the overtime claim were not compulsory and it was possible to submit the claim without recording these details. These fields are essential to allow the manager to ensure that the correct number of hours and rate of overtime is being claimed. It would be beneficial to make the completion of these fields compulsory.

It was also noted that when an employee at grade 10 or above submits an overtime claim the line manager receives only the standard notification that a claim requires to be authorised. It may be worthwhile investigating whether an alert could be built in to the system that would remind the line manager that the employee is a grade 10 or above



and that secondary authorisation should be obtained and consideration given as to whether an overtime payment is appropriate or whether the employee should be recompensed for the overtime worked by way of time in lieu at plain time per the HR policy.

***Recommendation***

4.8.1 Consideration should be given to making the date overtime worked and times worked compulsory fields in the iTrent overtime claim form.

4.8.2 Enquiries should be made to find out if it is possible to build a secondary authorisation alert into the iTrent overtime claim process for employees grade 10 and above.

***Action: Director of Business Operations and Partnerships***

4.9 **Payroll BACS Transmissions and Limits**

The BACS PTX user file was obtained and reviewed to ascertain which payroll officers were able to use BACS. It was noted that there are two officers within the payroll service who are BACS users. These are the payroll manager who has systems authority to authorise BACS transfers and the payroll officer who has systems authority to enable the transfers. It is good practice for BACS transmissions to be carried out independently of payroll to ensure that appropriate segregation of duties are in place.

A review of the BACS limit was carried out for a sample of 3 consecutive payment periods for each pay-run. It was found that for pay-run 7, the amounts paid out were within 3% to 6% of the BACS limit for the three periods under review. For pay-run 10, the amounts paid out were within 1% to 4% of the BACS limit and in one instance in the sample the BACS limit was exceeded. The annual review of the BACS limits was carried out in February 2022 by the Payroll Manager and the Senior Treasury Officer. It was decided that the limit for pay-run 10 would be increased and the limit for pay-run 7 would remain under review. As such, no recommendation is required.

***Recommendation***

4.9.1 BACS transmissions should be carried out independently of payroll to ensure that there is appropriate segregation of duties.

***Action: Director of Business Operations and Partnerships***

4.10 **Sickness Absence**

A sample of ten employees with at least one spell of sickness absence in the period under review were selected and the documentation held in relation to the absences was reviewed.

It was found that on six occasions (out of a total of sixteen) the MA1 or MA2 form was not available for review. In two instances the previous absences were not listed on the MA form and as such absence triggers were missed and correct procedures not followed. In one instance, there was a doctor's fit note missing for part of the period of long term absence. Audit were advised that the MA1 or MA2 forms that were not located were probably saved in Information @ Work but due to recent changes it was not possible to locate them at the time of the audit.

It is noted that the process of recording absence has now changed and forms are filed on iTrent. However, it was observed that there are two different versions of the MA1

form still available on the intranet, both of which still refer to protect + status which has now been superseded. The intranet should be reviewed to ensure that any defunct forms are deleted.

***Recommendation***

4.10.1 Line managers should be reminded of the managing absence policy and their responsibilities as managers.

4.10.2 Line managers must ensure that all absence documentation is filed in the appropriate manner promptly.

***Action: All Directors, Head of Accountancy (for all Chief Executive's Office)***

4.10.3 Absence forms on the intranet should be reviewed to ensure that only the current versions are available.

***Action: Director of Business Operations and Partnerships***

*Senior Auditor*

**31 March 2022**

## Appendix 2B: Payroll (MB/1151/FM)

Ref/Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.3.1 (High)	Line managers must ensure that the online leavers form is fully completed and submitted in advance of the employee leaving.	A reminder will be issued to Managers. We have requested from HR colleagues whether a compliance report can be produced.	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022. System only able to report on who forms have been completed for.
4.3.2 (Med)	Line managers must ensure that the Exit Procedures Leavers Checklist is actioned and saved to Information at Work for all leavers.	As above	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022. System unable to generate reports
4.4.1 (Med)	Line managers must ensure that all employees on 35 hours contracts or part-time contracts have worked 37 hours in the week before overtime at time and a half can be claimed.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.4.2 (Med)	Line managers must ensure that care is taken to look at overtime claimed according to the week in which it was worked to ensure that the correct rate of pay is claimed.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.4.3 (Low)	Line managers must ensure that where an employee at grade 10 or above is claiming overtime that the claim is authorised by an employee at grade 18 or above. Consideration must also be given to whether an overtime payment is appropriate or whether time off in lieu at plain time is more appropriate.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.5.1 (Low)	Double time should only ever be paid for hours worked on a public holiday and there should be no exceptions to this policy.	The example quoted in the report was an exceptional circumstance in an unprecedented pandemic situation and this was agreed to ensure capacity to safely deliver services and protect our residents. The authorising manager has now left however this was discussed with trade unions at the time and steps put in place to ensure it would not happen again.	N/A		
4.10.1 (Low)	Line managers should be reminded of the managing absence policy and their responsibilities as managers.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022
4.10.2 (Low)	Line managers must ensure that all absence documentation is filed in the appropriate manner promptly.	A reminder will be issued to Managers	May 2022	Considered closed (pending verification by internal audit)	Reminder issued to Managers 06.05.2022

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<b>Appendix</b>	2C
<b>Title</b>	Follow up Corporate and Community Services Audits (MB1140NS)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since last reported to PAC 16-Mar-22

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## Appendix 2C: MB1140NS – Follow up Corporate and Community Services Audits

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Med)	Directors should implement a process which ensures that a leavers checklist is completed for every employee who leaves the council and that this form is uploaded to information@work.	Reminder will be issued to all managers. There is no capability to run reports on this and we do not have the capacity to follow up with individual managers for all leavers to ensure this has been completed.	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021
6.2.1 (Low)	Reports should be reviewed for high usage outwith the individual's data package and checks carried out to ensure that this is for business use only. Where necessary, reimbursement should be sought for personal use.	Monitoring process was put in place in 2019 however this fell away during pandemic. This will be reinstated	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued in staff bulletin re data usage. Monitoring process with notification to DMT reinstated
8.1.1 (Med)	Managers should ensure that all periods of absence are recorded in the flexi system and under the correct category to ensure all employee balances are accurate.	Reminder will be issued to managers. Process will be established where Advanced Managers run high debt balance reports quarterly and issue to managers for review	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021 Quarterly task set to run reports
8.4.1 (Low)	All managers responsible for authorising overtime claims should ensure that they are aware of the enhanced rates and when they are applicable.	Reminder will be issued to all managers	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021
8.4.2 (Low)	Officers responsible for maintaining overtime records must ensure that these are complete and available on request to support all overtime paid.	Reminder will be issued to all managers	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021
8.4.3 (Low)	HSCP managers must ensure that they hold appropriate records to demonstrate that waivers have been signed by all employees breaching the EWTD. Where no waiver is held the employees should be prevented from working additional hours.	Reminder will be issued to all managers	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021

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<b>Appendix</b>	2D
<b>Title</b>	Carers Legislation (MB1128FM)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Status Changed: 4.1.4 Updated Notes: 4.1.4 4.2.1

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## Appendix 2D: MB1128FM - Carers Legislation

Ref / Risk Rating	Recommendation	Comments	Timescale for completion	Status	Latest Note
4.1.1 (M)	All carers recorded on the CareFirst system or within the Carers Centre's records should be offered an assessment in accordance with the Carers Eligibility Framework.	<p>Carer's rights awareness sessions currently being delivered to HSCP teams highlight the importance that carers eligible for support from services have their own support plan. That this plan and any actions required to achieve the outcomes of the carer are recorded within the Carefirst system independently of the person they care for.</p> <p>An independent review of carers experience using SDS in East Renfrewshire was requested and received in Jan 2021. This will also be used to inform practice going forward.</p> <p>A new process is being built into assessments referred to as the 'Carers Conversation' this will ensure and evidence, on a carer being identified, they are being offered an Adult Carer Support Plan (ASCP). This will be reviewed in 6 months (Sept 2021) to ensure it is working as expected.</p>	31 March 2022 (with a review for September 2021 included)	Considered Closed (pending verification by internal audit)	<p>Carers Conversation embedded in HSCP forms. Reviewed Feb 22. Questions ensure and evidence offer of ACSP, carers response and action taken</p> <p>Increased awareness of Carers right to Adult Carers Support Plan (ACSP) through Carers Rights &amp; Support Sessions. Delivered to all HSCP frontline teams apart from care at home frontline workers. Last presentation Dec 2021 for GPs.</p> <p>Carers Tracker currently being tested by Eastwood Locality team. Tracker will record offer of ACSP to any carer identified during cared for person's Assessment or Review. Wider roll out planned April 2022.</p> <p>SDS Independent Review was completed with outcome of SDS Strategic Group, which includes carer reps, now established.</p>
4.1.2 (M)	A copy of the carers conversation, assessment, support plan, self-directed support details and RAG minutes (where applicable) should be saved to the document hub on CareFirst or be accessible from documents or systems maintained by the Carers Centre	<p>The carers' personal information and support plan is recorded by East Renfrewshire Carers Centre (ERCC) on Charity Log, a specialist charity database software system and in the Carers Scotland Census.</p> <p>ERCC will distribute an annual questionnaire / survey to carers (date tbc taking account of pandemic and recovery) on behalf of HSCP and provide monthly tracker reports for the HSCP on carer activity.</p> <p>Other relevant carers data will be gathered from The Carers Scotland Census completed every six months by ERCC and the HSCP.</p> <p>A clearly defined process has been developed that will ensure and evidence that each time a carer is identified by the HSCP staff the carer relationship is recorded on the Carefirst system, that they have been</p>	31 March 2022 (with a review for September 2021 included)	Considered Closed (pending verification by internal audit)	<p>Carers Conversations are embedded and recorded in Carefirst forms this was reviewed Feb 22.</p> <p>Wider roll out of awareness raising planned for April 2022.</p> <p>Resource Enablement Group (REG) inform the allocated worker on decision who then records REG outcome in Carefirst observations. This is most often recorded in the cared for person's records as ACSP has been declined and any carers budget is recorded as part of the cared for persons overall budget.</p> <p>Service Agreements for budgets recorded on Carefirst now include Carer Support option.</p> <p>Individual Budget Questionnaire review to be completed</p>

		<p>offered advice, information and support along with an opportunity to have their own support plan. (This process is referred to as the 'Carers Conversation' and will be included in assessments and other relevant forms across HSCP services). This process should start April / May 2021.</p> <p>REG decisions are recorded in the supporting minutes and will identify carer's assessment outcomes.</p>			<p>Carers Centre ACSP records are saved in Charity Log system. These can be accessed with consent from carers through Carers Centre manager. Regular reports are received by HSCP on ACSPs offered, completed and declined, carer support delivered and other activity. Carers Centre also complete Carers Scotland Census.</p>
4.1.3 (M)	<p>The frequency of which carers support plans are reviewed should be documented and evidence of the review and the outcome should be recorded on the CareFirst system or the system and documents maintained by the Carers Centre.</p>	<p>A revised ACSP is being tested by practitioners during April and May 2021 this includes a required review date that will create a review activity on Carefirst system awaiting completion. The ACSP also includes carers outcomes measures that will be recorded in Carefirst and / or Charity Log. The ACSP will be approved for use on completion of testing and any changes required on feedback received</p> <p>The revised ACSP includes a required date for review of plan along with outcome measures. This data will be recorded in Care First and / or Charity Log.</p> <p>Existing ACSPs will be reviewed to ensure a review is offered and if accepted completed with the carer. This review will be completed by September 2021.</p> <p>Where the carer's support has been included within the Outcomes Assessment for the cared for person, further work will be needed as to how we can capture and extract information related specifically to the carer. This is not unique to East Renfrewshire and as these 'joint' assessments are reviewed each carer will be offered an ACSP.</p>	<p>31 March 2022 for existing carers.</p> <p>For joint assessments the date will depend on the date for a joint review</p>	<p>Considered Closed (pending verification by internal audit)</p>	<p>HSCP ACSP's completed after July 21 have review date set by allocated worker on Carefirst and review is recorded on Carefirst.</p> <p>HSCP Carers 'Tracker' (see above) 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>ERCC ACSP's and reviews are saved on Charity Log. Regular activity reports on these are received by HSCP.</p> <p>Reviews of older HSCP ACSPs / Carers Assessments where no review date has been set have still to be actioned this will be highlighted with locality team managers.</p>
4.1.4 (L)	<p>The group of people who are canvassed for the annual survey should be recorded so it is clear which of these are caring for individuals involved with the service.</p>	<p>Please see 4.1.2 above. The methodology supporting the survey will also be recorded.</p>	<p>31-Mar-22</p>	<p>Considered closed (Pending verification by internal audit)</p>	<p>Carers survey 2023 and ongoing will include this question. We asked the group of carers canvassed in retrospect if the person they cared for received support from services. There was a higher response than to the Carers survey with a ratio of 1 in 2 carers saying the person they cared for did receive some element of support from services. It would be reasonable to assume this would also apply to approximately 50% of the carers canvassed in the survey.</p>

					East Renfrewshire HSCP and partners' staff wellbeing survey noted that 20% of staff reported that their caring role impacts on their overall wellbeing. The wellbeing lead officer is creating a plan to provide further support to staff who are carers as part of the overall staff wellbeing plan. A Working Carers Event is being held for HSCP staff during Carers Week on June 8th this will include the offer of advice, information on working carers rights and on support available to them as carers. Learning from event will contribute to any bespoke wellbeing resources/tools to support staff who are also caring for someone in their personal life.
4.2.1 (L)	Managers in HSCP should ensure that all staff complete the EPiC learning resource.	Carers Rights Awareness sessions currently being rolled out across HSCP teams include the recommendation that all staff complete the EPiC learning resource. Numbers of staff completing the course will be able to be evidenced and 20 people have already been recorded since January 2021.  Consideration being given as whether EPiC should be mandatory and included as part of induction for all HSCP staff. A refresher timetable will also be considered.	30-Sep-21	Open	Progress remains slow with this. <b>28</b> staff had completed by Dec 2021 this may be partially due to pressures of pandemic on staff throughout 2020-21.  Discussions on how to improve take up have been requested with Learning and Development with the aim of this becoming mandatory part of induction for all HSCP staff. Learning & Development have agreed to see how they can promote EPiC training more routinely and within an induction context as suggested.

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<b>Appendix</b>	2E
<b>Title</b>	Procurement Red Flags (MB1121RM)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since last reported to PAC 16-Mar-22

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## Appendix 2E: MB1121RM - Procurement Red Flags

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (L)	Where possible, there should be separation of duties between those who evaluate tenders and those who are responsible for writing the tender specification.	This is not always reasonably practicable due to level of resource within the department however this risk will be mitigated by the inclusion of relevant service representation for evaluation of each tender.	01/06/2020	Considered Implemented – pending verification by internal audit	As per comments
4.1.2 (L)	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.	As above	01/06/2020	Considered Implemented – pending verification by internal audit	As per comments
4.4.1 (L)	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.	In any exercise procuring services for social care the tender would contain specific references to the requirement of any bidder meeting the requirements for its staff to be registered with the SSSC and for their services to meet the requirements for registration with the Care Inspectorate. It would be a reasonable undertaking therefore at tender to ask organisations to confirm that they are in a position to commence at award, a service registered with the relevant statutory bodies. The tender would ask bidders to confirm that they are in a position to comply in respect of the category of care being awarded. This could be supplemented by training plans and policies which would provide further suitable information on the ability of the bidder to successfully meet the requirements of the tender.	01/06/2020	Considered Implemented – pending verification by internal audit	As per comments

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<b>Appendix</b>	2F
<b>Title</b>	Data Protection /GDPR (MB1124RM)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since last reported to PAC 16-Mar-22

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## Appendix 2F: MB1124RM - Data Protection /GDPR

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.3.1 (L)	In accordance with the procedures, a record of screening decisions on whether a DPIA is required should be maintained by all departments.	DPIA screening decision to be incorporated into project mandate documentation. This will be overseen by HSCP Change Programme Manager  Issue comms to HSCP detailing when DPIA should be undertaken and a point of contact  Create and maintain DPIA log	31-Dec-20	Considered implemented – pending verification by internal audit	Screening decision incorporated into project mandate. Comms issued in staff bulletin DPIA log has been created however this does not include any historic DPIAs
4.3.2 (L)	Departments should keep evidence of Head of Service sign off if DPO advice in relation to a DPIA is not being followed. DPIAs should be built into each Department's project and change processes.	DPIAs will be signed off at HSCP Change Board as part of the change process.	31-Dec-20	Considered implemented – pending verification by internal audit	Change Board was suspended during Covid-19 – Replaced by Recovery and Renewal Programme Board from June '21
4.4.1 (M)	A review of current contracts and sharing agreements should be completed and in the meantime this control measure moved into the proposed risk control measures column in the next review of the strategic risk register.	A review of existing arrangements needs to take place to identify review periods and this will include diarising future reviews.	30-Jun-21	Partially Implemented	Data protection and information sharing are standard clauses contained with Scotland Excel Frameworks which the majority of our externally commissioned partner providers are part of. Over the 2022/23 financial year a review of non- framework commissioned services including block grant funded and out of area contracts will be undertaken and will ensure data protection and information sharing clauses are part of any service agreement.
4.6.1 (L)	Directors should ensure that all application forms have up to date direct links to a relevant privacy notice rather than a page listing many different council services and leaving the reader to ascertain which one is relevant.	Links have been updated and now take the user straight to HSCP privacy notice	31-Dec-20	Considered implemented – pending verification by internal audit	As per comments
4.8.1 (L)	Departments should monitor that all of their staff are undertaking annual on-line data protection training as a minimum. A prompt to act as a reminder would assist in this regard.	Communication to be issued to all ERC employees reminding them to complete the annual online data protection course	13-Nov-20	Considered implemented – pending verification by internal audit	Training reminder within Core Brief. L&D will include this in reporting to SMT (SMT has been suspended during covid and has yet to restart)

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<b>Appendix</b>	2G
<b>Title</b>	CareFirst Finance (MB1044RL)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since last reported to PAC 16-Mar-22

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## Appendix 2G: MB1044RL – CareFirst Finance

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	Priority needs to be given to ensure that annual review takes place for each client with an authorised service agreement however the Head of Finance and Resources stated that it is not possible to undertake a full annual review on every care package and that this operates on a risk based approach. Details of the risk based approach needs to be documented and approved by the IJB	A risk based approach was agreed a number of years ago. The policy will be revised and taken to the IJB for approval.	31-Mar-19	Considered Closed – pending verification by internal audit	A temporary review team was created to complete reviews for all east Renfrewshire care home residents which was completed in December 2021. This team have now started reviewing care packages of residents in the community with 70 reviews allocated/completed as of March 2022/ Based on the success of this model, a permanent review team has been created to ensure we complete annual reviews timeously. The full team will be in post by April 2022
4.1.2	Operational Managers need to review and prioritise cases to ensure that those most likely to have changed are addressed first. In practice these cases should have been reviewed under routine work.	Will be in line with policy as above.	31-Mar-19	Considered Closed – pending verification by internal audit	The temporary and permanent review teams have and will continue to prioritise reviews according to need and risk.
4.2.1	Action is required by operational managers to ensure that varies processed are appropriate to the client and that service agreements reflect clients' needs accurately. Operational managers should prioritise checking of vary reports to approve all varies processed and to take action to update service agreements where appropriate.	This is already in place, however the formal sign off recording will be strengthened. To avoid duplication of effort and issues the sign off will incorporate some of the points below, as we suggested during the audit.	31-Mar-19	Open	As there is no simple export from CareFirst which gives this data, a report was developed which uses Excel to link three different Carefirst reports; varies processed, invoices paid and commitment. This was initially send out in June 2019 and feedback from managers was that it was data intensive and not user friendly. Changes were made to the report and user guidance was drawn up, which was issued in September 2019 alongside the reports for sign-off. Again, managers still felt the process was cumbersome and it is accepted this report needs work to make it more meaningful, this format remained in place in the interim. In March 2020, the decision was taken to not amend individual care packages unnecessarily due to the pandemic response, in line with national guidance many providers moved to being paid on planned hours. During the Covid response phase, these reports were not produced, but with a move to recovery, the aim is to restart reporting. In addition, a significant piece of work is ongoing with migration to the Scotland Excel national framework. This will act as an additional review of the data and we will continue to develop reporting to best meet everyone's needs.

4.2.2	A positive response should be obtained by the Finance Team from each operational manager regarding review and approval of vary reports to ensure that each case is addressed and the manager is confirming an awareness of the differences and any required actions. This could be combined with the quarterly client verification check (which covers existence of client, commitment value and provider) and signed off within budget monitoring to avoid numerous verification checks.	Per 4.2.1	31-Mar-19	Open	June'21: See above
4.3.1	Operational managers should be reminded that service agreements must be authorised as a priority to avoid backlogs in payments to providers.	Reminder issued 23 May 2018. However the planned centralised entry of service agreements will also improve authorisation times.	31-Mar-19	Considered closed - pending verification	Email issued 24.05.2018. This will be superseded by the centralised entry of service agreements once implemented
4.3.2	Social Workers should be instructed that updating the CFF system is essential and that this must be done before the service agreement commences where possible.	See 4.3.1	31-Mar-19	Considered closed - pending verification	Email issued 24.5.18 attached to scorecard outcome
4.4.1	Regular review of provider rates should take place within the commissioning team and appropriate action taken where anomalies are found. Evidence of this review should be held.	Report developed, will inform actions and any compliance issue will be taken to DMT	31-Mar-19	Considered closed - pending verification	Commissioning, CareFirst and Finance meet weekly to discuss any new rate anomalies. Records are maintained by CareFirst.
4.4.2	The report should be presented to DMT in line with procedures to obtain approval of rates not set by commissioning.	See 4.4.1	31-Mar-19	Considered closed - pending verification	Commissioning report to DMT annually when rates are reviewed. HOS approval for individual non-framework rates is now delegated to locality managers per 4.6.1. The Commissioning team also have access to business objects reports to check rates on an ad-hock basis.
4.5.1	A review of the uprating process should take place to address the processing of varies where a rate has been approved to be paid but needs to be updated on a service agreement. Service agreements should be identified and subject to independent review and update prior to processing the next period invoice.	See 4.2.1 and 4.4.1. However the planned centralised entry of service agreements will mitigate.	31-Mar-19	Open	An exercise is currently underway to address all Service Agreements on the system to ensure rates transition to the Scotland Excel Framework correctly. The annual uplift of rates will be an ongoing process and this will includes non-framework rate changes. A new business support post has recently been filled and this is one of the tasks they will undertake

4.5.2	Processing staff should be reminded to check the number of hours charged to the service agreement to ensure that varies processed for rate changes do not also cover increased charges for additional hours.	Reminder issued during audit and will be routinely reviewed	31-Mar-19	Considered closed - pending verification	Team were reminded at time of audit. This is also included within the procedures to deal with invoice variations.
4.5.3	Housekeeping checks should be implemented ensuring that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared.	This was deemed low risk, when team is fully staffed will be a routine process	31-Mar-19	Open	Invoice processors now regularly complete a tidy action for their allocated providers, ensuring any un-invoiced periods are promptly raised with the provider. Given the dynamics of care package profiles and actual spend there are a large volume of varies which are often not significant. The updating of Service Agreements for the Scotland Excel framework will remove the need for many of these varies.
4.6.1	Head of service approval must be seen by the carefirst team before they enter a non-framework rate.	Sign off process being refreshed	31-Mar-19	Considered closed - pending verification	This requirement was causing a delay in Service Agreements going onto the system, due to the demands already on HOS. As agreed with the Chief Officer, this has now been delegated to Locality Managers.
4.7.1	The deceased clients with open service agreements report should be reviewed and service updated to: <ul style="list-style-type: none"> <li>• Remove clients whose service agreements were not authorised</li> <li>• Ensure that service agreements effectively ended do not appear</li> <li>• Appropriately end agreements on the system,</li> </ul>	Reminder issued 23 May 2018 and also see 4.2.1	31-Mar-19	Considered closed - pending verification	The deceased clients report was updated in July 2018 to ensure cancelled and ended service agreements do not appear on the report. Incomplete/unauthorised service agreements are still included in the report as these require action; i.e. cancelled or completed and authorised.
4.7.2	Homecare Managers should be instructed of the procedure and the requirement to end the service agreements promptly of clients who have died.	See 4.7.1	31-Mar-19	Considered closed - pending verification	All managers instructed, per email of 24th May 2018. Weekly reports are sent to Intensive Services Manager. Any outstanding service agreements are discussed as part of the routine budget meetings.

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<b>Appendix</b>	2H
<b>Title</b>	Homecare (MB1060EL)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since last reported to PAC 16-Mar-22

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## Appendix 2H: MB1060EL – Homecare

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.4.1 (Med)	Call up paperwork should be held on file for all clients.		Dec-18	Considered implemented - pending verification by internal audit	Completed Dec 2018 - All paperwork on CareFirst document hub
4.5.1 (Low)	Annual leave record cards should be created and kept up to date for all homecare employees including patch 7 and the re-ablement team.	Records to be reconciled at the commencement of the new leave year	Jan-19	Considered implemented - pending verification by internal audit	Record cards are available for all staff
4.7.1 (Low)	Consideration should be given to developing a means of ensuring that all providers are offered potential new client services and that services are allocated on a fair and equitable basis to those who are able to fulfil the requirements.	We will consider this with our providers as part of the development of new contractual arrangements	Apr-20	Considered implemented - pending verification by internal audit	Brokerage function in place to facilitate

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<b>Appendix</b>	21
<b>Title</b>	Emergency Payments (MB1077NS)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	No changes since last reported to PAC 16-Mar-22

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## Appendix 2I: MB1077NS - Emergency Payments

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Note
4.1.1 (Med)	Section 12 or 22 monies should not be disbursed unless there is an application form with all sections fully completed and all required signatures obtained	(1) A reminder will be issued to all relevant social workers team leaders and service managers. (2) Existing forms and guidance will be reviewed, agreed and implemented.	Complete	Considered implemented - pending verification by internal audit	Email issued 17-07-2019  Monies are only disbursed when the relevant form has been completed and authorised. Forms have been updated to include a reminder that these must be fully completed and signed, or email authorisation appended.
4.3.3 (Low)	Section 12 and 22 monies should not be used to provide income to purchase items available from other sources (e.g. clothing grants).	Existing forms and guidance will be reviewed, agreed and implemented.	Complete	Considered implemented - pending verification by internal audit	Email issued 21-06-2019. Forms have been updated to include a reminder that these should not be used where alternative funding sources are available. MART assisted with updates to guidance around benefits prior to forms and guidance being reissued.

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<b>Appendix</b>	2J
<b>Title</b>	Self-Directed Support (MB1078EL)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Note updated: 4.1.1

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## Appendix 2J: MB1078EL - Self-Directed Support

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Update
4.1.1 (High)	Financial review of all direct payment clients should be undertaken as soon as possible and resource should be targeted to allow this.	<p>Letters were issued to all Direct Payment recipients w/c 28<sup>th</sup> Jan 2019 reminding them of financial record-keeping responsibilities and advising that HSCP Finance will be writing to them in March/April 2019, asking for a year-end balance and a random month's receipts.</p> <p>Participated in 3 SDS Forum events to explain record keeping, auditing and monitoring requirements to those in receipt of direct payments.</p>	31 <sup>st</sup> July 2019	Open	Financial reviews of Direct Payments recommenced in 2021, however it should be noted that guidance on Direct Payment use was amended due to the pandemic, with people being urged to be more creative and flexible in their approach to paying for available care and support. Where we might previously have simply asked for an accumulation of funds to be returned, we acknowledge that capacity issues and carer stress may mean that people are not able to use their budgets wholly right away, but may decide to use them creatively in future to meet a supported person's outcomes. The finance team work closely with operational colleagues to ensure that any referrals for financial review are carried out promptly, as well as continuing to work through the ongoing rolling reviews.
4.1.2 (Med)	HSCP management should ensure at least annually that all option 1 clients have provided receipts to support expenditure and that any unspent monies are recovered.	<p>Current requirements are that a year-end balance plus one random full months' worth of receipts are asked for.</p> <p>New procedures are currently being produced, which will ensure recovery of surplus funds in accounts, within agreed parameters.</p> <p>The new role of Finance Support Officers (FSO) will be responsible for monitoring of direct payments, liaising with social workers to ensure appropriate use of funds.</p> <p>All clients will be written to in March/April 2019 as part of the annual review.</p> <p>During 2019/20 we will review our existing contractual requirements.</p>	New procedures by 31 <sup>st</sup> July 2019 and reviews ongoing thereafter	Considered closed - pending verification from internal audit	Receipts required as per procedure. 2021 reviews underway
4.2.1 (Med)	A review of the process for direct payments should take place with a view to ensuring that the process is easier to control, monitor and recover monies if necessary. This should take place as a priority.	The process will be re-written to ensure FSOs are all aware of procedures. The spreadsheet log has been altered already to separately identify ended Service Agreements where action is needed with regards to a potential recovery of funds.	July 31 <sup>st</sup> 2019	Considered closed - pending verification from	Process and spreadsheet updated

				internal audit	
4.2.2 (Med)	As soon as an alternative method of payment is implemented, relying solely on a spreadsheet database as a means of monitoring and controlling payment should cease.	Alternative methods of payment will be investigated, including using CareFirst and payment cards.	31 <sup>st</sup> March 2020	Open	Process unlikely to change until new care first replacement system in place
4.3.1 (Med)	Detailed and structured guidance should be produced to assist staff in assessing the appropriate use of direct payment option 1 monies. Where specific circumstances occur and more creative use of DP funding is being considered, there should be a process for recording and authorising this.	Work has already begun around writing new guidance in conjunction with the locality managers. Once approved by DMT, this will be issued to all staff and separate guidance will be made available to clients.	31 <sup>st</sup> July 2019	Considered closed - pending verification from internal audit	All documentation relating to individual budgets and Direct Payments was produced and trained out to staff in summer of 2019. All documentation is also available on the intranet. The care plan should be used to record outcomes and a DP can be used creatively to meet those outcomes.
4.4.1 (Med)	Training across all teams should be provided for operational staff in how to complete DP agreements generally and how to support clients receiving a direct payment, specifically those under option 1.	All documentation is currently being revised in line with the work on Individual Budgets. Thereafter training will be provided to relevant staff. Regular refresher training will be provided as required. We will continue to work with the SDS Forum to ensure any issues they become aware of can be addressed.	31 <sup>st</sup> July 2019 thereafter ongoing	Considered closed - pending verification from internal audit	As above
4.5.1 (Med)	A review of the policy adopted regarding the rate payable to option 1 clients should take place to ensure that: - clients are not placed in financial detriment for choosing option 1 with agency support - a fair and equitable payment policy is adopted for all clients regardless of the option chosen.	Work on implementing Individual Budgets for clients is nearing completion, which will ensure equity across all options. In the interim a review can be requested if clients feel they don't have enough money to pay for the care they are assessed as needing. A reminder of this was sent to staff in Sept 2018 and was forwarded to Internal Audit in November 2018. All care packages will be reviewed to bring them under the new individual budget process, which will commence once the Individual Budget Process is implemented.	31 <sup>st</sup> July 2019 and ongoing thereafter	Considered closed - pending verification from internal audit	New individual budget process implemented Dec 2019. The equivalence rate is the same across all options. Once an indicative budget is known, a plan is costed up within those parameters using the actual rate, if known.
4.6.1 (Low)	The SPAEN checklist should be used by care managers to ensure that all appropriate measures are in place for clients employing a personal assistant and that the client fully understands their obligations as an employer such as having relevant insurances in place.	Information on the responsibilities of becoming an employer, or where to find further information, will be incorporated into the new guidance currently being written. SPAEN membership is not compulsory and other forums and networks are available to people.	31 <sup>st</sup> July 2019	Considered closed - pending verification from internal audit	New DP guidance in place.



4.6.2 (Low)	Clarification should be provided as to how £152 per annum which the HSCP has agreed to fund will be paid i.e. as a separate payment or within the overall SDS package.	<p>This should be costed as part of someone's individual budget going forward.</p> <p>Currently, this is paid in year one. A separate payment may not be necessary depending on the balance of funds in a client's bank account, but if an additional payment is needed and authorised in subsequent years this will be provided. This should be picked up at the operational annual review.</p> <p>It needs recognised that there are alternatives to SPAEN and this will be identified within the review of documentation.</p>	31 <sup>st</sup> July 2019	Considered closed - pending verification from internal audit	Costed as part of budget. HSCP will pay annually if needed, however often slack in budget means it's not necessary for a separate payment.
4.7.1 (Med)	A process should be implemented to allow formal recorded recovery action to be taken to ensure that amounts overpaid are recovered from ongoing payments or repaid directly to the HSCP.	A report has been developed to identify all direct payment care packages that have ended. This report is reviewed monthly to ensure any payment made after an end date (for example due to the timing of notification of the change) will be recovered, linked to the closing statement for the account.	31 <sup>st</sup> July 2019	Considered closed - pending verification from internal audit	As per comment

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<b>Appendix</b>	2K
<b>Title</b>	Follow up of HSCP Audits (MB1087FM)
<b>Area</b>	East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership
<b>Status</b>	Notes updated: 6.1.1 6.1.2

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## Appendix 2K: MB1087FM - Follow up of HSCP Audits

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
5.2.1 (Low)	Officers must ensure that clients with outstanding debt are not allowed to book places on forthcoming Play Schemes until all outstanding invoices have been settled in full.	New policy and procedures were fully implemented for the spring programme. Clients with outstanding debts have made payment arrangements via debtor section.	Complete 01.04.19	Not implemented - internal audit will re-recommend	The HSCP previously considered this implemented however clients with outstanding debt were allowed to book onto playscheme - the Covid pandemic was exceptional and children attending were prioritised based on a multi-agency assessment of need. We will consider whether amendments need to be made to policy and procedure
6.1.1 (Low)	The inventory records should be reviewed and updated to include the serial number of each item.	The inventories will be reviewed and annotated as required. 6 months moving forward	Initial review completed by 30 <sup>th</sup> June 2019 and on going	Open	Inventory procedure currently being refreshed due to complexity of home working. Inventories were updated end March 2022 and meeting arranged with Business Managers to agree service owners.
6.1.2 (Low)	All items of inventory being disposed of must be supported by an authorised inventory deletion form.	Staff reminded that the inventory deletion form should be completed in every case	30 <sup>th</sup> June 2019	Open	As above
7.1.1 (Low)	The printers with serial numbers QLC13102 and JWF82425 should be removed from the St Andrews House inventory list.	The printers are recorded on the central inventory of printers held by IT and no longer itemised on the SAH inventory.	Complete - 2.5.19	Considered implemented – pending verification by internal audit	
7.1.2 (Low)	The relevant paperwork should be completed and signed in respect of all disposals.	Staff reminded of this requirement	Complete - 2.5.19	Considered implemented – pending verification by internal audit	
7.1.3 (Low)	All disposals during the financial year should be recorded in the “disposed” column on the inventory spreadsheet.	Staff reminded of this requirement	Complete - 2.5.19	Considered implemented – pending verification by internal audit	

7.2.1 (Low)	Records on the flexi system should be reviewed and updated to ensure that employees are correctly assigned to the location where they work.	A review will be undertaken and records amended as required	30 <sup>th</sup> June 2019	Considered implemented – pending verification by internal audit	Staff locations have been reviewed on flexi system
7.3.1 (Low)	An update should be provided to audit when the details on the bank statements have been successfully changed.	Manager has again contacted bank to ask that this bank account be closed down. all future correspondence will be directed to Kirkton Service address	Complete - 28 <sup>th</sup> May 2019	Considered implemented – pending verification by internal audit	
7.5.1 (Low)	Evidence that procedures covering payment of discretionary monies to carers are available and have been distributed to all relevant staff in order that they are aware of typical examples of where discretionary payments may be made and improve consistency between cases should be provided to Audit.	The kinship care guidance has been amended to reflect guidance in a likely circumstance. This has been distributed to all relevant staff		Considered implemented – pending verification by internal audit	Kinship care guidance shared with internal audit



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	22 June 2022
<b>Agenda Item</b>	Policy Update
<b>Title</b>	11
<p><b>Summary</b></p> <p>This paper provides an overview of the policies relating to the Integration Joint Board and due dates for review. This is for information only.</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 are asked to note the report and that those policies requiring review will be brought to the September meeting of the Committee and at required intervals thereafter.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**22 June 2022**

**Report by Chief Officer**

**POLICY UPDATE**

**PURPOSE OF REPORT**

1. This paper provides an overview of the current status of policies relating specifically to Integration Joint Board governance, along with dates for future review.

**RECOMMENDATION**

2. Performance and Audit Committee are asked to note the report and that those policies requiring review will be brought to the September meeting of the Committee and at required intervals thereafter.

**BACKGROUND**

3. The Integration Joint Board has a number of policy documents which relate specifically to the governance of the IJB. These comprise:-
  - Integration Scheme
  - Standing Orders
  - Code of Conduct
  - Reserves Policy
  - Financial Regulations
  - IJB Risk Policy and Strategy
  - IJB FOI Policy
  - IJB Publication Scheme
  - IJB Records Management
  - IJB Complaints Handling Procedure
4. Not all policies will have been presented at Performance and Audit Committee in the past; some policies go to PAC, some to IJB and some to both, however to promote transparent governance we propose to bring an annual overview report to this Committee. This will provide a clearer reference point. It is suggested that September is a suitable date for annual review as a number of policy renewals fall then. Should any policies require changes outwith their regular review cycle e.g. legislation changes, the revised policy will be brought to next scheduled meeting of PAC or IJB.
5. Some policies do not have a statutory review date or are dependent on other bodies/legislation changes. We propose that these particular policies are reviewed annually to promote governance.

**REPORT**

6. The table below provides an overview of when policies were last presented to Performance and Audit Committee and when they are next due for consideration.
7. The review dates for each of these policies will differ depending on the initial start date and any legislative changes or requirements.

Policy	Last Approved By:	Last Presented to PAC	Review Cycle	Next PAC date
IJB Risk Policy and Strategy	IJB (29.01.2020)	27.11.2019	Bi-annually	21.09.2022
Financial Regulations	PAC (22.09.2021)	22.09.2021	Annually	21.09.2022
Reserves Policy	PAC (22.09.2021)	22.09.2021	Annually	21.09.2022
IJB FOI Policy	IJB (25.11.2015)	n/a	Not specified – we will review annually	21.09.2022
IJB Publication Scheme	PAC (29.03.2017)	29.03.2017	Not specified – we will review annually	21.09.2022
IJB Records Management	IJB (30.01.2019)	28.11.2018	Annually	21.09.2022
IJB Complaints Handling Procedure	IJB (12.05.2021)	n/a	No specific review period - as required by Scottish Public Services Ombudsman	n/a as required
Integration Scheme	IJB (14.02.2018)	n/a	No specific review period – As required by The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) 2014 Act	n/a as required Review currently underway. Will be presented to IJB in due course
Standing Orders	IJB (01.06.2016)	n/a	No specific review period – As required by The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) 2014 Act	n/a as required
Code of Conduct	IJB (16.03.2022)	n/a	No specific review period – As required by Standards Commission	n/a as required

**CONCLUSIONS**

8. This annual update will promote governance and provide a clear reference point for the review status of all policies relating to the Integration Joint Board.

## RECOMMENDATIONS

9. Performance and Audit Committee are asked to note the report and that those policies requiring review will be brought to the September meeting of the Committee and at required intervals thereafter.

## 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)

June 2022

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

IJB Risk Policy and Strategy: [https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_14\\_-\\_29\\_January\\_2020.pdf?m=637284294607930000](https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000)

Financial Regulations: [https://www.eastrenfrewshire.gov.uk/media/6843/PAC-item-08-22-September-2021/pdf/PAC\\_item\\_08\\_-\\_22\\_September\\_2021.pdf?m=637673822311100000](https://www.eastrenfrewshire.gov.uk/media/6843/PAC-item-08-22-September-2021/pdf/PAC_item_08_-_22_September_2021.pdf?m=637673822311100000)

Reserves Policy: [https://www.eastrenfrewshire.gov.uk/media/6843/PAC-item-08-22-September-2021/pdf/PAC\\_item\\_08\\_-\\_22\\_September\\_2021.pdf?m=637673822311100000](https://www.eastrenfrewshire.gov.uk/media/6843/PAC-item-08-22-September-2021/pdf/PAC_item_08_-_22_September_2021.pdf?m=637673822311100000)

IJB FOI Policy:

IJB Publication Scheme: [https://www.eastrenfrewshire.gov.uk/media/3764/Performance-and-Audit-Committee-Item-05-29-March-2017/pdf/PAC\\_Item\\_05\\_-\\_29\\_March\\_2017.pdf?m=637395819250030000](https://www.eastrenfrewshire.gov.uk/media/3764/Performance-and-Audit-Committee-Item-05-29-March-2017/pdf/PAC_Item_05_-_29_March_2017.pdf?m=637395819250030000)

IJB Records Management: [https://www.eastrenfrewshire.gov.uk/media/2286/Integration-Joint-Board-Item-10-30-January-2019/pdf/Integration\\_Joint\\_Board\\_Item\\_10\\_-\\_30\\_January\\_2019.pdf?m=637351747528500000](https://www.eastrenfrewshire.gov.uk/media/2286/Integration-Joint-Board-Item-10-30-January-2019/pdf/Integration_Joint_Board_Item_10_-_30_January_2019.pdf?m=637351747528500000)

IJB Complaints Handling Procedure: [https://www.eastrenfrewshire.gov.uk/media/2286/Integration-Joint-Board-Item-10-30-January-2019/pdf/Integration\\_Joint\\_Board\\_Item\\_10\\_-\\_30\\_January\\_2019.pdf?m=637351747528500000](https://www.eastrenfrewshire.gov.uk/media/2286/Integration-Joint-Board-Item-10-30-January-2019/pdf/Integration_Joint_Board_Item_10_-_30_January_2019.pdf?m=637351747528500000)

Integration Scheme: [https://www.eastrenfrewshire.gov.uk/media/2794/Integration-Joint-Board-Item-08-14-February-2018/pdf/Integration\\_Joint\\_Board\\_Item\\_08\\_-\\_14\\_February\\_2018.pdf?m=637375984459770000](https://www.eastrenfrewshire.gov.uk/media/2794/Integration-Joint-Board-Item-08-14-February-2018/pdf/Integration_Joint_Board_Item_08_-_14_February_2018.pdf?m=637375984459770000)

Standing Orders: [https://www.eastrenfrewshire.gov.uk/media/5496/Integration-Joint-Board-Item-7-1-June-2016/pdf/IJB\\_Item\\_7\\_-\\_1\\_June\\_2016.pdf?m=637660864758500000](https://www.eastrenfrewshire.gov.uk/media/5496/Integration-Joint-Board-Item-7-1-June-2016/pdf/IJB_Item_7_-_1_June_2016.pdf?m=637660864758500000)

Code of Conduct: [https://www.eastrenfrewshire.gov.uk/media/7445/IJB-item-14-16-March-2022/pdf/IJB\\_item\\_14\\_-\\_16\\_March\\_2022.pdf?m=637822661479670000](https://www.eastrenfrewshire.gov.uk/media/7445/IJB-item-14-16-March-2022/pdf/IJB_item_14_-_16_March_2022.pdf?m=637822661479670000)

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<b>Meeting of East Renfrewshire Integration Joint Board</b>	Performance and Audit Committee
<b>Held on</b>	22 June 2022
<b>Agenda Item</b>	12
<b>Title</b>	IJB Strategic Risk Register Update
<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****22 June 2022****Report by Chief Financial Officer****IJB STRATEGIC RISK REGISTER UPDATE****PURPOSE OF REPORT**

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

**RECOMMENDATION**

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

**BACKGROUND**

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

**Risk levels considering Likelihood and Severity**

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

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

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

## REPORT

7. The Strategic Risk Register is a 'live' document; the latest version is attached at Appendix 1.
8. The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place on 16 March 2022. Since last reported:-
  - No new risks have been added
  - No risks have been removed
  - One risk score has increased – *Workforce Planning and Change*
  - One risk score has been reduced – *In-house Care at Home Service*
9. Risk control measures have been reviewed and updated to reflect any proposed mitigation which has been completed, or where the expected date for completion has been extended.
10. Members are asked to note the following:-

### Financial Sustainability

11. Work to conclude the review of hosted services across all 6 partnerships within NHS Greater Glasgow and Clyde was paused during our Covid-19 response and has yet to recommence. March 2023 has been added as an indicative at present.
12. Updated risk description and mitigation to reflect the risk associated with the current economic climate, in particular, inflation, fuel and utilities. This will be addressed in revenue monitoring and the medium term financial plan throughout the year.

### Failure of a Provider

13. Our Commissioning and Contracts services have increased contract monitoring and we will review this in September 2022.

### Workforce Planning and Change

14. We are experiencing significant issues within Adult Mental Health due to retention of consultants. This is a board wide issue however East Renfrewshire are presently seeing the acute effect of the shortages and our 3 whole time equivalent Consultant posts will be vacant come August 2022. We have escalated the issue to the Associate Medical Director in Mental Health and are working with professional leads and Mental Health Clinical Director to explore solutions, both in the medium and longer term. A paper on psychiatry is due to be presented to NHSGGC CMT from the Mental Health Clinical Director at the end of June.



In-house Care at Home Service

15. The current risk score for care at home, prior to any further mitigation, has been reduced from 12 to 8 now that the new Senior Homecare Manager is in post and we have recruited additional frontline staff, meaning the likelihood of the service being impacted due to capacity has reduced. Our enhanced recruitment and advertising campaign remains ongoing. An engagement event as part of the remobilisation of service redesign is scheduled for August, therefore the due date for all proposed mitigation has also been extended.
16. A short life working group looking at professional registrations has been established and had its first meeting in March. The group is reviewing current processes and will make any necessary recommendations to strengthen reporting arrangements around all registrations including SSSC. It is hoped this work will be concluded by the end of the year.

Covid-19 and Recovery

17. Our recovery and renewal programme which was paused during our response to the Omicron variant has recommenced and recruitment of the project team is underway.
18. Scoping of accommodation and resource requirements is ongoing and we are developing proposals of how accommodation will be utilised to meet service needs and demands in line with the new policies on hybrid working; NHS GGC Blended Working Guidance and ERC The Way we Work.

Analogue to Digital Switchover

19. The go live date for the Alarm Receiving Centre unit has been postponed until 24 August 2022, mainly due to IT issues. A project manager has been recruited and will join the team shortly.

**Post Mitigation - Red and Significant Risks Exception Report**

20. 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

21. Financial Sustainability remains a high/red risk as last reported. Whilst the budget agreed by the IJB on 16 March 2022 recognised the significant investment by Scottish Government in health and social care we still have legacy savings of £2.6 million that we need to achieve on a recurring basis.
22. As noted above, the current economic climate, fuel and utilities, inflation in particular, combined with the unknown impact of Covid-19 in the longer term are also cause for concern. Therefore this risk is still considered red post mitigation.
23. There remains risk that the HSCP could become unsustainable due to one of the following causes:
  - Unable to deliver in full the existing savings on a recurring basis
  - Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies and savings

- Implications from hosted services should current arrangements change
- Prescribing volatility
- Any unfunded Covid-19 costs will add to our pressures

## RECOMMENDATIONS

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

## REPORT AUTHOR AND PERSON TO CONTACT

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

[lesley.bairden@eastrenfrewshire.gov.uk](mailto:lesley.bairden@eastrenfrewshire.gov.uk)

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30 May 2022

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

PAC Paper: March 2022: IJB Strategic Risk Register Update

[https://www.eastrenfrewshire.gov.uk/media/7491/PAC-Item-09-16-March-2022/pdf/PAC\\_Item\\_09\\_-\\_16\\_March\\_2022.pdf?m=637825962402470000](https://www.eastrenfrewshire.gov.uk/media/7491/PAC-Item-09-16-March-2022/pdf/PAC_Item_09_-_16_March_2022.pdf?m=637825962402470000)

PAC Paper: November 2021: IJB Strategic Risk Register Update

[https://www.eastrenfrewshire.gov.uk/media/7155/PAC-Item-11-24-November-2021/pdf/PAC\\_Item\\_11\\_-\\_24\\_November\\_2021.pdf?m=637727683985700000](https://www.eastrenfrewshire.gov.uk/media/7155/PAC-Item-11-24-November-2021/pdf/PAC_Item_11_-_24_November_2021.pdf?m=637727683985700000)

PAC Paper: September 2021: IJB Strategic Risk Register Update

[https://www.eastrenfrewshire.gov.uk/media/6844/PAC-item-09-22-September-2021/pdf/PAC\\_item\\_09\\_-\\_22\\_September\\_2021.pdf?m=637673822316270000](https://www.eastrenfrewshire.gov.uk/media/6844/PAC-item-09-22-September-2021/pdf/PAC_item_09_-_22_September_2021.pdf?m=637673822316270000)

PAC Paper: June 2021: IJB Strategic Risk Register Update

[https://www.eastrenfrewshire.gov.uk/media/5750/PAC-Item-11-23-June-2021/pdf/PAC\\_Item\\_11\\_-\\_23\\_June\\_2021.pdf?m=637596213490230000](https://www.eastrenfrewshire.gov.uk/media/5750/PAC-Item-11-23-June-2021/pdf/PAC_Item_11_-_23_June_2021.pdf?m=637596213490230000)

PAC Paper: November 2020: IJB Strategic Risk Register Update

[https://www.eastrenfrewshire.gov.uk/media/4339/Performance-and-Audit-Committee-item-8-25-November-2020/pdf/Performance\\_and\\_Audit\\_Committee\\_item\\_8\\_-\\_25\\_November\\_2020.pdf?m=637413112993830000](https://www.eastrenfrewshire.gov.uk/media/4339/Performance-and-Audit-Committee-item-8-25-November-2020/pdf/Performance_and_Audit_Committee_item_8_-_25_November_2020.pdf?m=637413112993830000)

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

[https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_14\\_-\\_29\\_January\\_2020.pdf?m=637284294607930000](https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000)

## EAST RENFREWSHIRE INTEGRATION JOINT BOARD

## STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 01.06.2022

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner
					Risk Score	Overall rating				Likelihood (probability)	Impact (Severity)	Risk Score (LxI)	
						11-16	HIGH						
						5-10	MEDIUM						
						1-4	LOW						
						L	I				L	I	LxI
n/a	1	S	<b>Death or significant harm to vulnerable individual</b>										
			Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions.  Consequences could include: - Loss of life or long term damage and impact on service user & family. - Possible perception of failure of care. - Poor workforce morale. - Reputational damage.	Professional leadership for social work practice strengthened  We continue to operate within Clinical and Care Governance Framework  ASP Quality Assurance Framework continues to be implemented and reported to APC  Quality assurance of Adult Service Improvement Plans  Senior Management rota for chairing ASP implemented  Continual audit against compliance of MHO standards  Professional supervision policy adopted for social work and social care staff.  Review of rising demands and pressure points across adult services.  Rolling training programme.				New Governance Framework providing assurance to CSWO being developed.  Review risk management frameworks as we move towards recovery.	31.08.2022  31.12.2022				Head of Adult Services / Chief Social Work Officer
						3	3	9			2	3	6

4.4	2	S	<b>Scottish Child Abuse Inquiry</b>									
			<p>Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care.</p> <p>Capacity to meet the demands of the S21 notice and the possibly increased demand of access to records and potential claims against the Council as Inquiry work progresses.</p>	<p>Adult Protection Committee and Child Protection Committee have been sighted on these issues.</p> <p>Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. The Inquiry requested further information which was submitted in Jan-22. The Inquiry will begin to take evidence from Jun-22 onwards – it is unclear at this point whether ER will be cited to court</p> <p>Key learning from S21 work shared with managers</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.</p>	3	3	9			3	3	9
4.1	3	S	<b>Child Protection, Adult protection and Multi-Agency Public Protection Arrangements</b>									
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPA) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues.</p> <p>"Safe Together" model implemented in HSCP.</p> <p>Regular reporting to COPP in place for adult, children and high risk offenders.</p>	2	4	8	<p>Introduce rolling review of PVGs on 3 yearly basis. Consistent with Care Inspectorate regulations.</p> <p>Strengthen reporting arrangements around SSSC registrations. (<i>Short-life working group established Mar-22 - progressing action plan</i>)</p> <p>Roll out "Safe Together" across Council</p>	30/06/2022	31/12/2022	31/12/2022	1

4	C	<b>Financial Sustainability</b>										
<p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies &amp; savings.</p> <p>3) Implications of cessation of prescribing risk share and changes from hosted services funding structure.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food and utilities/other inflation</p> <p>5) Financial risks relating to Covid-19 There is a significant financial implication to the IJB if the costs of the response to the crisis are not fully funded. There are likely to be longer term implications with associated financial impact. The post Covid landscape is unclear</p> <p>6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding.</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress.</p> <p>Detailed financial planning and monitoring for COVID 19 is in place and costs are considered by the Scottish Government as part of the NHSGCC response.</p> <p>Budget seminars are held with IJB Members.</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in the budget setting process with each of our partners.</p> <p>Medium Term Financial Plan latest revision Mar-22</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including prescribing and hosted services.</p> <p>The use of earmarked reserves allows us to deal with prescribing volatility in any one year.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGCC.</p> <p>Ongoing monitoring of wider economic factors and inflation impacts</p> <p>Regular monitoring and planning combined with our reserves strategy allows us to maximise funding streams.</p>						<p>Conclude review of hosted service arrangements (indicative date)</p> <p>Refresh Medium Term Financial Plan for any significant changes during 2022/23 (including impact of fuel, utilities and other inflation costs)</p> <p>Develop the tri-partite financial planning discussions with partners as included in Strategic Improvement Action Plan.</p>	<p>31/03/2023</p> <p>Ongoing (review 31/03/2023)</p> <p>Ongoing (review 31/03/2023)</p>				<p>Chief Financial Officer</p>
3	4	12	3	4	12							

5.2	5	C	<b>Failure of a Provider</b>										
<p>Risk of failure of a key care provider, including care home, care at home and other care providers due to significant care concerns financial instability, staff recruitment and retention difficulties.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> <li>- disruption to service delivery</li> <li>- requirement to implement contingency plans</li> <li>- impact on individuals and families with potential disruption to care arrangements</li> </ul>			<p>We work with the Care Inspectorate to ensure robust action plans for improvement are in place.</p> <p>We work with providers at risk to agree phased and managed approach to closure if required. Escalation process in place.</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market.</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home assurance group established May 2020 (meets twice weekly).</p> <p>Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support.</p> <p>Two community hubs established to provide range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p>	4	3	12	<p>Reshape strategic commissioning plan based on outcome of the work exploring models of service delivery. Annual progress will inform our longer term approach.</p> <p>Increased monitoring by Commissioning and Contracts service</p>	30/09/2022	Ongoing (Review-Sep22)	3	3	9	Chief Financial Officer / Heads of Service

6	S	<b>Access to Primary Care</b>										
		<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>Inability to recruit/cover posts resulting in poor access for local residents.</p>	<p>Primary Care Improvement Plan agreed by IJB.</p> <p>Local practices are supported to manage list size by encouraging patients from out with the practice's contracted catchment area to register with a GP more local to them.</p> <p>Work with practices to maximise premises capacity to enable them to extend primary care team.</p> <p>Back scanning completed for practices to ensure all East Renfrewshire practices notes are scanned to free up space.</p>	3	3	9	<p>Work with planning department to consider impact and mitigation for new housing developments.</p> <p>Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Signpost new residents to Practices registering patients for postcode area.</p> <p>Scoping ways to increase capacity for PCIP staff at existing sites, and exploring potential other sites</p> <p>Exploring revenue funded solutions around GP space in Newton Mearns and Neilston</p>	<p>Ongoing (review Sep 22)</p> <p>Ongoing (review Sep 22)</p> <p>Ongoing (review Sep 22)</p> <p>Ongoing (review Sep 22)</p>	3	2	6	Clinical Director
5.1	7	<b>Increase in frail older population</b>										
		<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Scottish Government provides additional resources (winter planning) for Health and Social Care with emphasis on managing demographic pressures.</p> <p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>UCC Delivery Plan approved by IJB in March-22.</p> <p>Concluded redesign work focusing on rehabilitation</p> <p>Annual budget setting takes account of demographic projections.</p>	3	3	9	<p>Reopen and further rollout of Talking Points as part of Community Led Support programme diverting people to community resources and building own assets. (Reviewed Mar-22)</p> <p>Reviewed front door arrangements to ensure fit for purpose in terms of recovery – new model launching Summer</p>	<p>Ongoing (review Aug 22)</p> <p>31/07/2022</p>	3	2	6	Chief Officer HSCP

8	C	<b>Workforce Planning and Change</b>										
		Lack of appropriately skilled workforce due to combination of loss of experience from retirement of ageing workforce and changes to registration and job requirements leads to a reduction in service levels and inability to deliver redesigns in line with Strategic Plan requirements. Use of temporary contracts as mitigation for financial uncertainty impacts on ability to recruit and retain staff.	<p>Workforce planning group restarted and includes 3<sup>rd</sup> / independent sector reps</p> <p>HSCP management team actively review of all request to recruit and the number of temporary contracts have been minimised.</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Recovery and Renewal Programme established (Jun'21)</p> <p>Interim HSCP workforce plan developed and work commenced on 3-Year Plan</p> <p>Trauma Steering Group continues to meet regularly</p> <p>Working with professional leads and MH Clinical Directors to explore medium and longer term cover.</p>	4	4	16	<p>Submit draft 3-Year HSCP Workforce Plan to Scottish Government by 31 July 2022</p> <p>Develop workforce information to include data on staff with long term health conditions to better understand the impact of covid-19 on service delivery. Continue to monitor covid and long covid absence to help inform service delivery (Reviewed Mar-22)</p> <p>Continue providing personalised supports to workforce in relation to trauma experienced during covid. (Reviewed Mar-22)</p> <p>Medium term cover arrangements to be agree and put in place</p> <p>Longer term recruitment plan to be developed board wide (position paper on psychiatry to be presented to NHSGGC Board-June)</p>	<p>31/07/2022</p> <p>Ongoing (review Aug22)</p> <p>Ongoing (review Aug22)</p> <p>31/07/22</p> <p>30/09/22</p>	2	4	8	Chief Officer HSCP
2.2	10	S	<b>Increase in children &amp; adults with additional support needs</b>									
		Increase in the number of children and adults with additional support requirements leading to a rise in demand on services.	<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>Concluded work to review transitions and new strategy developed</p>	4	3	12	<p>Present Transitions Strategy to Children Services Partnership Group for sign off</p> <p>Implement Transitions Strategy - transition team to be developed to lead delivery of strategy</p> <p>Continued monitoring and Covid support to partly offset increased demand.</p>	<p>30/04/2022</p> <p>30/09/2022</p> <p>Ongoing (review Sep 22)</p>	4	2	8	Chief Officer HSCP



5.3	11	C	<b>In-House Care at Home Service</b>										
			<p>Ongoing pressures and limited service capacity impacts on service delivery and quality standards Impact on service users and carers</p>	<p>Increased resource to support robust absence management.</p> <p>Single base operating for Care at Home</p> <p>Ongoing quality assurance and monitoring activity.</p> <p>Significant frontline recruitment progressing</p> <p>Increased OT resource to maximise outcomes and reduce supports required</p> <p>Payment of carried over annual leave made to increase staff availability</p> <p>Enhanced recruitment and advertising arrangements continuing</p>	2	4	8	<p>Re-mobilise the service redesign activity – engagement event schedule for august</p> <p>Conclude work to realign staff work patters in order to maximise resource</p> <p>Enhance data availability and reporting capability of hospital referrals</p>	31/08/2022	2	3	6	Chief Officer HSCP
	12	S	<b>Failures within IT System</b>										
			<p>Critical information not been received due to failures in IT system</p> <p>Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.</p>	<p>Specific email addresses can be added to whitelist if required.</p> <p>Emails can be manually released. Analysis completed of referral source and destination mapping, to ensure information can be shared with ICT mailboxes and specific senders / emails prioritised, should an issue arise.</p> <p>Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway solution) concluded 14.4.20 with changes to rules that should reduce some of the technical complexity with regards to email blocking.</p> <p>HSCP continue to work with ICT BRMs for both partner organisations to highlight and address both intermittent and known ICT issues</p>	3	2	6	<p>Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure.</p>	TBC	2	2	4	IT Business Partner

13	C	COVID19 & RECOVERY										
		<p>The significant impact of the pandemic on our workforce, supply chain, demand for and availability of services, delayed discharge targets, IT, accommodation, and resultant impact on financial and service planning.</p>	<p>Business Continuity and Operational Recovery Plans are in place and are reviewed by senior management regularly. Resilience Management Team continues to meet fortnightly.</p> <p>HSCP represented at local and national groups as well as integral part of our partners (ERC &amp; NHSGGC) response and recovery.</p> <p>Testing regimes remain in place for care homes and health and social care staff Majority of staff fully vaccinated</p> <p>Use of intermediate care beds to allow discharge from hospital for those awaiting care at home service.</p> <p>Increased communication and intelligence sharing with partners other statutory bodies implemented.</p> <p>Ongoing engagement and reporting with partner providers including Care Homes.</p> <p>Revised Initial Contact Team procedures to alleviate pressures at 'front door' with further review underway</p> <p>Redeployment of staff to support critical functions.</p> <p>Infection control procedures and arrangements for PPE in place.</p> <p>Regular Covid-19 cost monitoring informs our revenue reporting as well as reporting to the Scottish Government through NHSGGC.</p> <p>Recommended Recovery and Renewal Programme (paused during response phase) with funding in place for project roles.</p>	4	3	12	<p>Following scoping of accommodation and resource requirements develop proposals of how accommodation will be utilised to meet service needs and demands in line with NHSGGC Hybrid working and ERC The Way we Work</p>	30/06/22	3	3	9	

	14	C	ANALOGUE TO DIGITAL SWITCHOVER										
			<p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p>	<p>Programme board established and full project team in place to take forward the transition to analogue to digital.</p> <p>HSCP representation on programme board.</p> <p>Analogue to digital implementation plan.</p> <p>ARC (Alarm Receiving Centre) system procured Nov 21</p> <p>Decision made re first tranche of dispersed alarm units</p> <p>Recruited HSCP Senior User</p>	3	3	9	<p>ARC Go Live date</p> <p>There is a Capital Project with our partner East Renfrewshire Council to manage replacement of analogue devices and peripherals within people's houses.</p> <p>Monitoring global supply issues in relation to chip shortages</p>	<p>24/08/22</p> <p>Ongoing</p> <p>Ongoing</p>	2	3	6	

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